

SERVICE SPECIFICATIONS

Service	Community Smoking Cessation Service
Authority Lead	Barry Dickinson
Provider Lead	
Period	1st April 2016 – 31st March 2021
Date of Review	October 2017

1	Service Overview
1.1	National context and evidence base
1.1.1	National Context
	<p>Smoking is one of the largest causes of preventable ill health and premature death in England today. It kills an estimated 86,500 people a year (20% or one-fifth of all deaths) and leads to an extra 560,000 admissions to hospital. It accounts for approximately 5.5% of the total NHS budget (Portsmouth Joint Strategic Needs Assessment (JSNA, 2012). Reducing prevalence is a key priority in improving the health of the population.</p> <p>Smoking remains the main cause of preventable morbidity and premature death in England, leading to an estimated annual average of 86,500 deaths between 1998 and 2002 (Twigg et al, 2004). It is a primary reason for the gap in healthy life expectancy between rich and poor. Among men, smoking is responsible for over half the excess risk of premature death between the social classes (Jarvis and Wardle 1999).</p> <p>A wide range of diseases and conditions are caused by cigarette smoking, including cancers, respiratory diseases, coronary heart and other circulatory diseases, stomach and duodenal ulcers, erectile dysfunction and infertility, osteoporosis, cataracts, age-related macular degeneration and periodontitis (US Department of Health and Human Services, 2004). Following surgery, smoking contributes to lower survival rates, delayed wound healing and post-operative respiratory complications (US Department of Health and Human Services 2004).</p> <p>Smoking is the primary reason for the gap in life expectancy between rich and poor.</p>
1.1.2	Evidence for effective treatment
	<p>NICE has developed public health guidance, PH 10 Smoking Cessation Services. This guidance has identified a number of evidence based effective interventions that include;-</p> <p>Brief intervention advice that involves opportunistic advice, discussion, negotiation or encouragement and referral to more intensive treatment, where appropriate. The package provided depends on a number of factors including the individual's willingness to quit, how acceptable they find the intervention and previous methods they have used.</p>

Once an individual has made a commitment to stop smoking then there are number of methods identified to support a successful quit. This includes group and individual behaviour change and the use of pharmacotherapies such as Nicotine Replacement Therapy. Using licensed medication such as nicotine replacement therapy doubles the chances of successfully quitting, while using a combination of behavioural support and medication further increases success rates.

The community based scheme involves individual behavioural counselling, where scheduled face-to-face meetings are arranged between someone who smokes and a counsellor trained in smoking cessation. Typically, it involves weekly sessions over a period of at least 4 weeks after the quit date and is normally combined with pharmacotherapy. Behavioural support aims to strengthen the smoker's motivation not to smoke and advise on ways on avoiding, escaping from or minimising urges to smoke with simple practical strategies. Pharmacotherapy will help reduce physiological cravings for nicotine.

1.1.3 Local context

Estimated prevalence for 2011/12 indicates that 22.9% of Portsmouth adults (aged 18 years and above) smoke - significantly higher than the estimated prevalence for the SE Region and for England. The local rate is not statistically significantly different to the estimated prevalence rate in 2010/11

Portsmouth's rate of mortality due to smoking in persons aged 35 years and above (261 deaths per 100,000 persons aged 35 years and above) was significantly higher than that of England (211 deaths per 100,000 persons of that age group) and of the SE Government area (182 deaths per 100,000 persons of that age group). Portsmouth's rate was the highest of the seven Unitary Authorities in the ONS Regional Centres group. (2008-2010)

The Tobacco Control Profiles also show that, compared to England, Portsmouth has significantly higher rates of:

- Deaths from lung cancer, 2009-11
- Deaths from chronic obstructive pulmonary disease, 2009-11
- Lung cancer registrations, 2008-10.17

1.1.4 Smoking Cessation in the city

The percentage of successful quitters attending NHS smoking cessation services in Portsmouth increased year-on-year from 49% in 2009/10 to 51% in 2010/11 and to 60% in 2011/12. This increase has slowed down in the past three years, in part due to the national rise in the use of e-cigarettes. However, smoking remains one of the most significant preventable causes of ill-health and premature death for Portsmouth residents and the public health strategy is to ensure as many people as possible are supported to quit smoking using nationally recommended treatment and support.

1.1.5 Community Stop-smoking Services

In October 2015 specialist smoking cessation services transitioned into the Wellbeing Service. Services operating under this contract specification replace community pharmacy and GP based smoking cessation services which have regularly contributing 20-25% of the city's reported 4 week quits.

This specification is for community based stop smoking support services to be delivered in existing community venues, by appropriately skilled staff who will support people to stop smoking and support the work of the more specialist service delivered in the wellbeing service. Community services operating under this contract will be expected to support the any Portsmouth resident presenting to their service with non-complex tobacco dependency; more complex cases, such as those with co-morbid mental health issues, should be referred to the wellbeing service for support.

Studies have shown that it takes between 6 to 12 weeks post quitting before the amount of nicotinic receptors in the brain return to the level of a non-smoker. Many of the nicotine replacement therapy programmes are designed for 12 week support.

2 Service Detail

- 2.1 The service has appropriate smoking cessation material available for the user group and promotes its uptake. This includes keeping stocks of:
- brief advice leaflets
 - posters
 - Carbon Monoxide Monitor and consumables
- 2.2 The service reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 2.3 The service can demonstrate that members of staff involved in the provision of the service have undertaken CPD relevant to this service. This CPD needs to be updated on an annual basis.
- 2.4 All staff providing 1:1 counselling must be accredited to National Centre for Smoking Cessation and Training (NCSCT) Level 2, Intermediate Stop Smoking Advisors. Where providers' staff have previously completed locally accredited training, a period of 12 months will be permitted to complete the NCSCT online courses from commencement of this contract.
- 2.5 The service is required to participate in PCC organised assessment of service provision.
- 2.6 The service is required to co-operate with any assessment of service user experience agreed by the Commissioners of the service.
- 2.7 The Provider will participate in at least two smoking cessation focussed promotions per year. One of these will be decide in house by the provider. One will be directed by the PCC team and will coincide with city wide/ national health promotion e.g. Stoptober or national No Smoking Day.
- 2.8 The service will support service users to access the best service for their individual needs to achieve a successful quit, referring to the smoking cessation specialists in the wellbeing hub where appropriate in line with referral pathways.

3 Scope, Eligibility & Outcomes

3.1 Aims and objectives of service

- 3.1.1 To improve access to and choice of smoking cessation support services closer to peoples' homes.
- 3.1.2 To provide quicker access to early assessment of potential smoking related harm.
- 3.1.3 To provide an early intervention to reduce the number of people who are smokers
- 3.1.4 To reduce smoking related illnesses and deaths by helping people to give up smoking.

3.1.4 To help service users access additional treatment by offering timely referral to specialist services where appropriate.

3.1.5 To minimise the impact on the wider community by reducing the levels of smoking and the associated second hand smoke that may be inhaled by the service users family and friends.

3.2 **Service description/pathway**

3.2.1 The service comprises of several levels of activity

- Offering advice to identified smokers and assessment of willingness to quit
- Effective signposting of smokers to a service that suits their particular need, including referral to the wellbeing hub
- Working with clients to set quit date and then to support that quit through motivational interviewing and other behaviour change techniques and where needed supply of nicotine replacement therapy
- Assessment of smoking status at 4 weeks
- Working with clients who have successfully quit to sustain their efforts up to 12 weeks
- Assessment of smoking status at 12 weeks.

3.2.2 The area used for provision of the service provides a sufficient level of privacy and safety.

3.2.3 The contractor has a duty to ensure that staff providing the service have relevant knowledge and are appropriately trained in the operation of the service. The minimum training standard is to have successfully completed the NCSCT level 2 training.

3.3 **Pre-quit assessment**

3.3.1 The service will offer a pre-quit assessment to ensure only appropriate clients are enrolled onto a programme: -

3.3.1a Clients who are identified as being current active smokers. Smokers who have not smoked for more than 48 hours are not eligible to join the programme. Smokers wishing to join the programme must record a positive smoking Carbon Monoxide (CO) reading confirming the smoking status.

3.3.1b Clients must also be eligible for Smoking Cessation Programme by residency or GP registration.

3.3.1c Access routes to the pre-quit assessment include:

- General and targeted health promotion
- General health promotion events in the community
- Advice given alongside any other relevant health intervention being delivered by the provider, such as self-care of minor ailments or medicine review if applicable
- Identification within another local service e.g. Emergency contraception or alcohol brief intervention.

3.3.2 The pre-quit assessment will give education, advice and support to the smoker and understand their concerns, motivation, confidence and importance to them of accessing stop smoking service at this time.

3.3.3 Clients who do not wish to make a quit smoking attempt at this time should be given a Smoking Cessation leaflet so that they are aware of current services should they wish to seek support in the future.

3.3.4 Clients who wish to make a quit smoking attempt will be signposted to the most appropriate service or offered a direct service as appropriate to their needs.

3.4 **Smoking Cessation Programme (SCP) (8-12 Week Programme)**

The SCP provides up to 12 weeks behavioural support including, where appropriate, the use of supporting medication, which currently is the provision of 8 week's nicotine replacement therapy (NRT), limited to, combination therapy for the first 4 weeks (combination therapy is defined as dual NRT products, typically a nicotine replacement patch combined with an oral product such as nicotine replacement gum, lozenge, mouth-spray, oral strips, nasal spray, inhalator) followed by single use therapy for the remaining four weeks.

3.4.1 Clients will need to set a quit date to receive medication.

3.4.2 If the client fails to quit smoking on their initial quit date, a second quit date can be set. In doing so, the individual's motivation and perceived ability to quit needs to be re-assessed.

3.4.3 If the individual fails to quit smoking on their initial quit date the treatment programme will cease. If the Provider continues to provide medication to clients who fail to quit smoking, the cost of medication will not be reimbursed.

3.4.4 Clients will be seen weekly for the first four weeks (those who achieve successful quit date) where after they can be seen fortnightly if they are continue to abstain from smoking.

3.4.5 Initial Assessment (Week 1)

- This can immediately follow the Pre-Quit Assessment based on eligibility, motivation and commitment of client
- Client registers with Provider
- Initial assessment must include a carbon monoxide (CO) test and an explanation of its use as a motivational aid
- include an explanation of the benefits of quitting smoking
- include a description of the main features of the tobacco withdrawal syndrome and the common barriers to quitting including how to cope with cravings
- Identify treatment options that have proven effectiveness; in particular the effectiveness of combination NRT and in detail the range of NRT products available under the SCP, and the effective use of
- explain the treatment programme provided under the LCS - eligibility, duration, aims, how it works and the benefits of having support
- explain and emphasise the commitment to not smoke one puff from the quit date
- explain expectation in terms of regular attendance and taking of CO readings at each session
- apply appropriate behavioural support strategies to help the person quit
- arrange follow up appointment

3.4.6 If appropriate, the Smoking Cessation adviser may supply NRT from a locally agreed formulary and will advise on appropriate and effective use.

3.4.7 Supply of treatment must be recorded on the person's record.

3.5 Follow up consultations (Week 2 - 12)

3.5.1 Follow up consultations will include smoking status validation using a CO test. A further supply of NRT treatment could be made at these consultations if the client has achieved the initial quit date, or has achieved a revised quit date.

3.5.2 If the client fails to stop smoking, treatment will be stopped and the client will be recorded as failed to quit.

3.5.3 If the client fails to return after the initial assessment the client will be recorded as lost. Clients who do not attend the initial assessment and one further consultation will not be reimbursed for.

3.5.4 Week 1 - 4 will, if appropriate and required, provide the client with combination NRT therapy.

3.5.5 4 Week Quit/Outcome. During week 5 or 6 of the SCP it is likely the client will be able to record a successful 4 week quit/outcome. This will require validation as a successful quitter as defined by the DH. This can be recorded at quit date -3 days to +14 days past day 28 of quit attempt. (This means a '4 week successful quit' can be recorded from day 25 to day 42 past the clients quit date).

Smoking status will need to be validated by a CO reading. This will need to be achieved in 85% of successful quitters. In the absence of a client being unable to record a CO reading but claiming they have remained abstinent from smoking, a self-reported status will be recorded.

3.5.6 Week 5 - 12: Once the client has achieved a successful 4 week quit/outcome and is progressing well they can be seen fortnightly. NRT can only be issued for 8 weeks in total. For weeks 5 - only one NRT product will be provided. Further provision must be purchased by the client.

3.5.7 12-week follow-up: This should include CO test for validation but if client has stopped attending or is unable to provide a CO reading a self-reported smoking status at 12 weeks can be recorded. A 12 week successful quit/outcome is quit date -3 days to +14 days past day 84 of quit attempt. (This means a '12 week successful quit' can be recorded from day 81 to day 98 past the clients quit date).

3.5.8 The provider should maintain appropriate records to ensure effective ongoing service delivery and audit. Either PharmOutcomes or Outcomes4Health should be used for this purpose.

3.5.9 A completed record consists of the minimum data set as defined within the 'NHS smoking cessation services: service and monitoring guidance'.

3.6 Coverage

Provision will be made from appropriate and accessible community venues covering all geographical areas of Portsmouth.

3.7 Acceptance and exclusion criteria

The service is for people who either live in Portsmouth City (PO1 to PO7) or who are registered with a GP practice that is part of NHS Portsmouth CCG. If an individual is neither resident nor registered with Portsmouth GP but routinely works in Portsmouth, and they cannot conveniently access services in their home area, then they may access this service.

There is strong guidance that service users need to be referred to the setting that will give them the best possible chance of successfully quitting, this may include accessing self-help resources such as NHS Smoke Free.

Requests from customers less than 18 years of age should be referred to the Public Health Young Peoples team. There may be exceptions where a young person wants to quit with other family members but a suitable qualified professional must be involved in that assessment and be assured the young person is Fraser competent before giving any healthcare advice.

Referrals to the wellbeing service should include:

- Clients wishing to access group sessions
- Clients wishing to use Varenicline
- Clients who are pregnant
- Clients with severe mental health conditions (including non-medical drug addiction)
- Clients who have failed more than twice in 12 months with the community scheme.

Unless there is sufficient evidence that the Provider has the required level of training and ability to support the client with additional needs, for example, Providers who wish to see pregnant smokers will need to complete the NCSCT Module Smoking in Pregnancy and the Post-Partum period.

3.8 Interdependencies with other services

3.8.1 The service is professionally supported by the smoking cessation lead in the Wellbeing service.

3.8.2 Pharmacy or GP delivered services may link service provision with other NHS or PCC public health services for example Medicine Use Review, Emergency Hormonal Contraception, Healthy Weight, men's healthy lifestyle assessment and Health Checks.

3.8.3 Clients seeking Champix to support their quit attempt should be referred to their GP for Prescribing. The Provider may still offer behavioural support alongside the GP prescribing support.