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| **Rationale of Checklist** | | | |  |
| This checklist will be completed by the LPC sub-committee for every new or recommissioned service specification sent to the LPC for comment/consultation. The response summary is completed after consultation and agreement by the sub-committee.  The Checklist contains the LPC sub-committee’s comments/recommendations for any requested changes to the proposed/draft service specification in order to achieve / improve further the green rating. It will be sent to the service commissioner for consideration of amendments ideally prior to go-live of the service.  The LPC’s purpose is to work positively with commissioners to ensure high quality outcomes from the service, which are both professionally and commercially viable for contractor participation. | | | |  |
| **Response summary feedback from the LPC** | | | |  |
| Stop Smoking Service  Isle of Wight Council via prime provider solutions4health | | | |  |
|  | | | |  |
| The LPC has rated this service specification as Amber based on the comments made below. Our recommended actions to further improve the service are:   1. Training - There is no remuneration backfill for the time for face to face training. A share of these staff costs by provision of backfill payments for attending would be welcomed by contractors. 2. Any unsatisfactory performance to be reviewed in conjunction with the LPC. 3. Invoice payment to be made within 30 days. | | | |  |
| **Time-line & Next Steps for the LPC** | | | |  |
| The LPC will publish this service participation rating to contractors in 10 **days’ time**.  Publication of this recommendation will be via individual email and posting on our website.  Commissioners are asked to please respond promptly with feedback / proposed changes so that they can be included within the LPC’s recommendation to its contractors. | | | |  |
| **Commissioners response to LPC feedback** | | | |  |
| Please enter response here, returning promptly to [alison.freemantle@cpsc.org.uk](mailto:alison.freemantle@cpsc.org.uk) | | | |  |
| **Point Covered** | | | **Action or Notes** |  |
|  | | **LPC Consultation** | |  |
| LPC Consulted? | | | No |  |
| LPC Consulted with sufficient time to comment? | | | Has been copied from the existing HCC contract which we have commented on. |  |
|  | | **Remuneration** | |  |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | | | CO monitor, consumables and servicing costs paid for by Solutions for Health.  No backfill costs for training.  SLA **recommends,** but not required, sessions for new advisors to shadow advisors, or alternatively shadowing a colleague in their area of work and/or provide approved written evidence of health behavioural change skills and experience gained elsewhere.  Recommendation of 6 monthly attendance for service development update meetings.  No backfill cost for any of these. |  |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? | | | Invoices submitted via PharmOutcomes within first working week of month for previous month.  Payment to be made by Solutions for Health within 50 days of invoice date.  Invoices not submitted within 3 months or missing the end of quarter or year will not be paid except in exceptional circumstances. |  |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | | | CO monitor provided by Solutions for Health.  Servicing and consumables provided by Solutions for Health. |  |
| Is remuneration fair? | | | Adequate remuneration for successful quits based on ‘Payments by Results (PbR)’ framework endorsed by DH including additional payment if CO monitoring use to confirm status.  Reimbursement of NRT products at drug tariff price +5% VAT for up to 8 weeks’ supply of product per patient.  No remuneration for training, service update meeting attendance and shadowing recommended. |  |
|  | **Is/does the Service.....** | | |  |
| Sustainable? | | | Yes |  |
| Clinically sound and in line with appropriate National or local guidance? | | | Yes.  Healthier Lives, Healthy People: A Tobacco Control Plan for England  NICE guidelines  Promotion of healthy lifestyles (Public Health) |  |
| Enhance patient care? | | | Yes, increased quality measures through increased time of consultation expectations and improved quit rates. |  |
| Have suitable monitoring arrangements and termination clauses? | | | Performance will be monitored quarterly, and feedback will be provided to the pharmacies delivering the service.  Either party can terminate the agreement with 3 months written notice.  Termination clause - Pharmacies who repeatedly fail to meet performance measures in any one quarter will be reviewed by Solutions4Health staff to identify the problems and agree a corrective course of action and timetable with the pharmacy. Services that continue to provide substandard service within four months of a service review will no longer be commissioned by the S4H stop smoking service unless exceptional circumstance have occurred. |  |
| Enhance relationships with other HCPs? | | | Yes, greater participation and successful quit rates will enhance reputation with the commissioners and other HCPs involved in the patient’s care. |  |
| Deliverable? | | | Yes |  |
| Attractive enough for contractors to consider it worthwhile? | | | Maybe  Significant upfront training time requirement. |  |
| Have performance criteria that supports a quality service? | | | Yes  Ideally a minimum of 4 quitters per month.  4 week quit success rates should be above 50%.  Minimum of 30% of patients setting a quit date to complete an evaluation.  12 week quit status recorded for at least 20% of quitters. |  |
|  | **Service Delivery** | | |  |
| Are the performance measures reasonable and achievable? | | | Yes.  Clients who are relapsed, pregnant, have a serious mental illness of two or more long term conditions, should be referred to the specialist service. |  |
| Is the administration proportional to size or service and remuneration? | | | Yes, recording on PharmOutcomes.  Invoicing via PharmOutcomes. |  |
| Are any reporting systems suitable to all contractors? | | | Yes |  |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | | | Required: Achievement of on-line NCSCT Stop Smoking Practitioner.  Attendance at regular 6 monthly update meetings is recommended but not mandatory.  Shadowing an advisor is recommended. Alternative shadowing or approved written evidence of behavioural change skills and experience gained elsewhere is also accepted.  ANY EXISTING ADVISORS FROM A PREVIOUS SCHEME MAY CONTINUE AND DO NOT NEED NEW TRAINING. |  |
| Does record keeping or sharing of information requirements meet current IG regulations. | | | Yes |  |
|  | **Miscellaneous Information** | | |  |
| Any other information specific to this service. | | | Mirrors the HCC service.  Champix PGD and NRT voucher supply remain unchanged.  Significant training requirements for no guaranteed income. |  |
| Suggested RAG Rating | | |  |  |