

Locally Enhanced Service for Smoking Cessation in General Practice

Reference: LES 36

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Enhanced Service Specification for a Smoking Cessation Service in

General Practice

Promoting health and wellbeing is an essential, core function of general practice and is not an enhanced service function. In smoking cessation terms this core service would include identifying smokers, recording smoking status in patient records, providing advice on quitting and referring into local smoking cessation services.

This service specification outlines an extended level of smoking cessation service (Level 2) to be provided within general practice settings.

1. Service Aims

- To reduce the smoking prevalence within the working and residential population of Barking and Dagenham.
- To increase the number of patients that general practices support to stop smoking and refer into other smoking cessation services.
- To enable those wishing to stop smoking to be given the appropriate help through lifestyle support, nicotine replacement therapy (NRT), intensive specialist advice, or through referral to other specialist services.

2. Service Outline

1. GP/Nurse/Receptionist request smoking status
2. Record smoking status
3. Offer smoking advice and book 'routine' smokers into Level 2 enhanced smoking cessation service offered by the practice. Refer more heavily dependant smokers and those with complex medical histories to the smoking cessation team.
4. Provide level 2 service delivering 1:1 intensive support on a weekly basis over a 4 – 6 week period
5. Monitor quit rates and CO levels at 4 weeks
6. Record and submit all client data to the Stop Smoking Team via the web based data system.

3. Service Criteria for the Enhanced Service

The contractor will be required to sign a written agreement with the Stop Smoking Team to provide this service. See Section 11 of this document.

The contractor will make available a suitable consultation area / room clearly signposted where clients can sit at a table and have private conversations, which cannot be overheard.

The contractor has a duty to ensure that staff involved in the provision of the service has the relevant knowledge and are appropriately trained in the operation of the service, in accordance with training identified in section 5. Payment will not be made for any services where they were delivered by any staff that has not completed this training.

The contractor has a duty to ensure that staff involved in the provision of the service is aware of and operate within local protocols.

Access to this service will include;

- Self-referral by the individual; or
- Referral by Stop Smoking Service; or
- GP referral as a result of the 'Promotion of healthy lifestyles or 'signposting'

The contractor will confirm

- By assessment the readiness to quit, and
- The eligibility of the person to access the service

The contractor will arrange mutually convenient times for one to one counseling.

The **initial assessment** should include:

- an assessment of the person's readiness to make a quit attempt;
- an assessment of the person's willingness to use the appropriate support treatments.

The **initial consultation** should:

- include a carbon monoxide (CO) test and an explanation of its use as a motivational aid;
- include a description of the effects of passive smoking on children and adults;
- 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;
- identify treatment options that have proven effectiveness;
- describe what a typical treatment programme might look like, its aims, length, how it works and its benefits;
- maximize commitment to the target quit date;
- apply appropriate behavioral support strategies to help the person quit; and

- conclude with an agreement on the chosen treatment pathway, ensuring the person understands the ongoing support and monitoring arrangements.

Follow up consultations, in line with NICE guidelines, should be agreed with the person and will include smoking status validation using a CO test. A further supply of treatment could be made at these consultations.

The **4-week follow up** should include self-reported smoking status, followed by a CO test for validation.

Practices must make contact with patients 'lost to follow-up' before returning monitoring forms or marking as complete on the web based system. This will require a minimum of 2 telephone calls or other contacts to ascertain quit status and if quit, it is preferable (not mandatory) that CO validation is carried out;

People not wishing to initially engage or those who choose not to complete the programme may be offered appropriate health literature or referral to an alternative stop smoking service.

The client must sign the necessary documentation

A successful quitter is as defined by the DH stop smoking guidelines," as having successfully quit smoking at 4 weeks from their quit date (or within 25 to 42 days of the quit date)".

A completed record consists of the minimum data set as defined within the 'NHS smoking cessation services: service and monitoring guidance' *Appendix 1* (www.dh.gov.uk/assetRoot/04/07/81/16/04078116.pdf).

4. Quality Indicators

The practice has appropriate health promotion material available for the user group and promotes its uptake.

The practice has a standard operating procedure for smoking cessation and reviews this and the referral pathways for the service on an annual basis.

Practices operating a Level 2 service must demonstrate that staff involved in the provision of the service has undertaken CPD relevant to this service.

Practices operating this service should aim to **maintain a success rate between 35% - 70%** as stated in the service and monitoring guidance 2010-11. Anyone falling below this level will be assessed by the specialist staff from the Stop Smoking Service.

Use best endeavours to ensure a **minimum of x quitters per year per practice** this minimum being subject to any amendments agreed at a Review; The target is based on % list over 19 (this target will be pro rata for those practices signing up to the LES during 2010-11)

Every level 2 advisor failing to reach the required target or maintain a success arte within the expectation reporting parameters receive an annual review. Recommendations will be made following assessment and a probationary period given to improve performance. Failure to implement recommendations or continually under performance may result in de-registration.

5. Stop Smoking Service Obligations inc. Equipment and Training

The materials and equipment required, including CO monitors and disposable mouthpieces, are supplied free of charge to the general practice by the Stop Smoking Team.

The Stop Smoking Team will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.

The Stop Smoking Team will be responsible for the promotion of the service locally, including the development of publicity materials, which contractors can use to promote the service to the public.

The Stop Smoking Team will provide:

- health promotion material relevant to the service users and making this available to practices.
- promotional material to aid pharmacists to actively recruit smokers to the service

The Stop Smoking Team will provide details of relevant referral points, which staff can use to signpost service users who require further assistance.

The stop smoking locality team will provide ongoing support for each level 2 advisor through 6 weekly visits.

Training

- The stop smoking service will provide a minimum of 3 level 2 advisor dates every year. These multidisciplinary sessions will allow new staff to become accredited to provide the service or may also be suitable for existing staff that need to be re trained.
- The stop smoking service will provide an annual update to support level2 advisors to provide high quality stop smoking services.
- The stop smoking service will provide annual level 1 training to enable practice staff to recruit and support clients into the services.
- The stop smoking service will provide training on the web based data system, which will be implemented from July 2010. Ongoing support will be provided by the locality team.

Accreditation

- In order to become an accredited advisor the 1 day level 2 smoking cessation training session must be attended.

The contractor must protect personal data in accordance with the provisions and principals of the Data Protection Act legislation and must ensure the reliability of the staff that has access to such data.

9. Monitoring & Evaluation

The contractor should maintain appropriate records to ensure effective ongoing service delivery and audit.

The contractor will co-operate with any locally agreed NHS-led assessment of service user experience.

10. Variation

The services or any aspect of this agreement may be varied if:

- The parties agree in writing, or
- Upon request by CHS where there is a change in the Trust's service priorities or where there is a change in the way in which this agreement is required to work as requested by:
 - Changes in legislation, guidance or directions from the Department of Health, or
 - Other exceptional circumstances
- Proposals to vary the service may be initiated by any party. A request to vary the service will require at least one month's written notice unless the parties agree otherwise.

11. Default and termination

Any party may terminate this agreement by immediate notice to the other parties if any of the other parties refuses or fails to carry out any of its obligations, if the matter complained of is:

- Incapable of rectification, or
- Capable of rectification, but has not been rectified within 14 days of the notice being sent to the reasonable satisfaction of the non-defaulting party serving the notice.

If the contractor has failed to perform the services in accordance with this agreement or is otherwise in breach of this agreement, and the contractor has not remedied the breach where it is capable of being remedied within such a time as may have been notified to the contractor, the Stop smoking service may terminate this agreement in respect of the services only and provide or procure a third party to provide such services.

The Stop smoking service may terminate this agreement by immediate notice if the contractor ceases to provide general medical services.

Upon termination of this agreement each party shall return to the relevant party all the other party's documents and materials and all copies thereof which are of a confidential nature.

The contractor shall co-operate fully with the Stop smoking service during any handover leading to termination of this agreement. This co-operation shall extend to full access to all documents, reports, summaries and any other information reasonable required by the stop smoking service to achieve an effective transition without disruption to routine operational requirements.

The contractor shall not be entitled to assign or sub-contract its rights or obligations under this agreement to any person without prior written consent of the Stop smoking service.

Name:..... Signed:..... Date:.....
Stop Smoking Service Manager

Name:..... Signed:..... Date:
General Practice Contractor