North Yorkshire County Council

Smoking Cessation Service in General Practice

Service Specification

1. Introduction

This Service Specification will contribute to the overall delivery of the local Stop Smoking System. Providers delivering these services will have close working relationships with other GP's, pharmacies, and the local Specialist Stop Smoking Service (known as Living Well Smokefree).

They will have a good understanding of other provision in their area.

They will know who to contact within the Living Well Smokefree Service for specialist support and advice, and to access local training.

2. Population Needs

Smoking remains the leading cause of preventable death.

On average each year smoking kills 985 people in North Yorkshire (2015-17, Tobacco Profiles).

Reducing smoking prevalence is identified as a key outcome in the Public Health Outcomes Framework. Smoking remains the single greatest contributor to health inequalities and premature death and disease.

Towards a Smokefree Generation: a tobacco control plan for England (July 2017) sets out the vision to create a smokefree generation. To drive down prevalence of smoking to 5% or below by 2022.

Approximately 77,211 (15.6%) adults smoke in North Yorkshire. The total annual cost of smoking to the NHS across North Yorkshire is £30.8 m. The smoking prevalence in North Yorkshire is lower than the regional average (17%) but higher than the national average (14.9%).

3. Key Service Outcomes

Providers will deliver a Smoking Cessation Service in North Yorkshire, achieving the following outcomes:

- A minimum of 12 Service Users per year seen and treated (this is negotiable for smaller providers at expression of interest stage)
- Minimum contact time per patient for quit success – 1 hour and 50 minutes
- Number of Service Users who set a quit date and quit at 4 weeks should be within 50-70%
- Achieve CO validation of at least 85% threshold
- Achieve lost to follow up rate lower than 15% threshold
- Seek service user feedback (using standard questionnaire)
- Contribute to reducing health inequalities by targeting priority groups
- Identified registered advisors to fulfil stipulated training requirements
- Complete all templates in full on Outcomes4health.

Priority groups for services:

Priority Group	Definition
Routine & Manual Workers	Self-reported (as defined by occupation)
People with a diagnosed mental health condition	Anyone with a diagnosed/self-declared mental health condition
Pregnant Smokers and their wider family network	Referred to the Living Well Smokefree Service ONLY
People with a diagnosed long term condition	COPD, (Bronchitis, Emphysema, Diabetes) CVD, CHD, Asthma
Users of drugs and/or alcohol	Self-reported
People who smoke who have a planned admission to hospital	Self-reported

4. Scope

Aims and objectives of the Service
To provide a Smoking Cessation Service in North Yorkshire by providing appropriate and evidence based support for smokers who want to quit.

To provide a programme of smoking cessation support and treatment that includes:

- Identify smokers and offer support
- Deliver support by trained staff
- Deliver behavioural support and enable access to appropriate pharmacotherapy (see Service Specification Schedule 1, NYCC Medicines Formulary)
- Collect mandatory data for each Service User seen
- Provide an NCSCT approved service for 12 weeks which includes behavioral support and the provision of pharmacotherapy. Service Users must be offered weekly review appointments for at least the first four weeks of their quit attempt. To increase the likelihood of long-term quit success Service Users should ideally continue to be provided access to pharmacotherapy for the remaining 12 weeks.
- Refer smokers on to the Living Well Smokefree service where appropriate.

Service description/pathway
The provision of a high-quality evidence-based Smoking Cessation Service is a high priority for North Yorkshire. Services have already helped many people to stop smoking successfully and are a key part of tobacco control and health inequalities policies both at local and national levels.

Evidence-based smoking cessation support is highly effective both in cost and clinical terms. It should therefore be seen in the same way as any other clinical service and offered to anyone who expresses an interest in stopping.

The service model is based on the national standards for delivery: Local Stop Smoking Services: Service and delivery guidance 2014.

The application process flowchart is set out in Service Specification Schedule 2.

Care Pathway
The advisor should carry out the baseline assessment at the first appointment with the Service User. This should take approximately 30 minutes and determine:

- Motivation.
- Readiness to quit.
- Level of dependence.
- Product choice (NRT/Bupropion/Varenicline).
- Treatment approach – developing support plan.
- Carbon monoxide (CO) monitor reading.
- Encourage Service User to set a quit date.
- Suggest/provide appropriate information/reading.

Ready to set quit date

- Develop pre-quit plan.
- Discuss coping strategies.
- Record medical history and ensure they have access to appropriate pharmacotherapy when required.
- Issue NRT or POMs available on North Yorkshire's formulary (Service Specification Schedule 1) and record on O4H templates.
- Discuss what will happen in future sessions and agree contract with Service User/elicit commitment to treatment programme.
- Where required and appropriate arrange and complete a change of product e.g. NRT.
- Appropriate advice regarding non-licensed nicotine inhaling products (e.g. e-cigarettes)
- Provide access through FP10 to Varenicline or Bupropion.

Not ready to set quit date

- Discussion about the pros and cons of stopping smoking.
- Provide Information on stopping smoking.
- Suggest to the Service User that they get back in touch and make another appointment when they feel ready to set a quit date.

A quit date must be agreed with Service Users wishing to utilise the GP Smoking Cessation Service for support.

Service Users must be offered weekly review appointments for at least the first four weeks of their quit attempt. To increase the likelihood of long-term quit success, Service Users should ideally continue to be supported throughout the full 12-week programme.

A CO monitor reading should be taken at each appointment and must be used to confirm the smoking status of all Service Users at four weeks.

All pregnant women should be referred directly to the Living Well Smokefree Service.

Providers achieving less than 50% quit success and/or not achieving other aspects of KPI's will be alerted by the Commissioner and support will be offered and provided to improve via the Living Well Smokefree Service.

Data Collection
All Smoking Cessation Service monitoring data is captured on Outcomes 4 Health (O4H), the web based client data management system.

- Complete all relevant sections of O4H database.

- Ask Service User to consent.
- Record the 4-week outcome on O4H. O4H has a facility which requires the 4-week outcome to be recorded. Failure to complete the 4-week outcome (quit, not quit, LTFU) within the specified time frame (25-42 days) will subsequently default to no payment for that Service User successfully quitting at 4 weeks.
- Quitter follow ups will be actioned by the GP Living Well Smokefree Advisor.

Data Management
The Provider must:

- ensure all data management systems comply with Data Protection requirements
- complete all Service User monitoring templates for payment and performance purposes to be submitted via O4H
- maintain full Service User records.

Staffing
The Service is best served by a minimum of two staff; this will allow for continuity of service during periods of leave or sickness and to facilitate internal peer clinical support.

Providers of the Service must have contingency plans in place to ensure these minimum staffing levels.

Staff who provide the Service must complete and attend:

- Online NCSCT training: Stop Smoking Practitioner training and certification
- Living Well Smokefree North Yorkshire's face to face training

Facilities and Equipment
The Service should be provided in an appropriate confidential room/area.

A CO monitor must be used to confirm smoking status of all Service Users. Services are responsible for providing and changing batteries on the CO monitor and replacing the provided T/D-pieces monthly. **Any provider who loses their CO monitor is responsible for the cost of a replacement monitor.**

The Living Well Smokefree Team is responsible for calibrating the CO monitor annually (or appropriate to make and model of CO monitor) and providing appropriate consumables.

Branding
The Living Well Smokefree Service has resources available to promote the Living Well Smokefree Service which will be available to your organisation.

Days/hours of operation
Service Users should be able to access the Service on at least a weekly basis. The Service should preferably be available on various days and times to accommodate the Service User groups, e.g. evenings and weekends.

Referral criteria and sources
Service Users should have smoked tobacco within the previous 48 hours (for e-cigarette users please see guidance Service Specification Schedule 3) and motivated to quit. Can be self-referred or referred from other Health Care Professional and other agencies.

If a Service User or prisoner has started a structured behavioural support programme delivered by a trained stop smoking practitioner, then referral to a community stop smoking service upon discharge/ release constitutes a **transfer of the patient's behavioural support programme** and the 48 hours rule does not apply.

To reduce health inequalities, Smoking Cessation Services must target key groups:

- Routine and Manual Workers;
- Mental Health;
- Users of Drugs and/or Alcohol;
- Pregnant Smokers and wider family network (Specialist service only);
- Planned Hospital Admissions;
- Long Term Conditions;

Referral processes
Secure professional or self-referrals can be made through any of the following routes into the Living Well Smokefree Service:

Website: www.northyorks.gov.uk/stopping-smoking
Email: stop.smoking@northyorks.gov.uk
Tel: 01609 797272

Discharge processes
Service Users are seen by the Provider during their treatment episode (4 week monitoring purpose) and continue to be supported ideally through the full 12-week programme until the Service User and advisor feel that no more appointments are required. All Service Users at discharge (successful quitters or relapsed quitters) are offered the opportunity to engage again with service if and when required.

After repeated relapse, the Provider can refer Service Users to the Living Well Smokefree Service for more intensive support.

Response time and prioritisation
Providers must be able to offer Service Users an appointment with their advisor within 2 weeks. If the waiting list exceeds 2 weeks, the Provider must contact the Living Well Smokefree Service to develop an action plan to reduce waiting times. This may include the Living Well Smokefree Service Advisor running additional clinics to reduce waiting times or call the central hub offering Service Users an alternative source of provision e.g. Community Pharmacy.

Population covered
The Service is to be provided within North Yorkshire County Council's geographical boundary. The service is available to smokers who are registered with the Provider Practice.

Any acceptance and exclusion criteria
Exclusion criteria:
Smokers who are pregnant, smokers with complex issues or smokers who have had several failed quit attempts and /or require more intensive support.

Interdependencies with other services
The smooth delivery of services relies upon relationship between the following:
- Living Well Smokefree Service for CO monitors/calibration/consumables
- Living Well Smokefree Service for training and continued support
- Clinical governance e.g. Infection Control.

Stopping smoking links into a range of networks and screening programmes:

- Tier 2 Weight Management
- NHS Health Check (CVD Pathways)
- COPD
- Cancer screening
- Mental Health
- Learning disabilities

- Living Well
- North Yorkshire Horizons (Drug and Alcohol Service)

5. Applicable Service Standards

Clinical Governance & Quality Assurance
Staff seeing young people 16-18 should complete annual child protection training and understand the safeguarding children procedures for their organisation.

The Provider will work to the following policy guidance:

- Local Stop Smoking Services, service and delivery guidance 2014 (NCSCT)
- All future updates to above document.

The contracted service provider will work to the following public health NICE guidance:

- NICE Smoking cessation - bupropion and nicotine replacement therapy (TA39) (replaced by PH10) www.nice.org.uk/guidance/TA39
- NICE Tobacco: harm-reduction approaches to smoking: June 2013 www.nice.org.uk/guidance/PH45
- NICE Quitting smoking in pregnancy and following childbirth PH 26: June 2010
- www.nice.org.uk/guidance/PH26
- **NICE Stop smoking interventions and services, 2018 (NICE guideline NG92) www.nice.org.uk/guidance/ng92**
- NICE Workplace interventions to promote smoking cessation, 2007 (PH5) www.nice.org.uk/guidance/PH5
- NICE Varenicline for smoking cessation, 2007 (TA123) www.nice.org.uk/guidance/TA123
- NICE Smokeless tobacco cessation - South Asian communities 2012 (PH39) www.nice.org.uk/guidance/PH39
- NICE Preventing the uptake of smoking by children and young people, 2008 (PH14) www.nice.org.uk/guidance/PH14

Quality Assurance

To ensure quality and Service User safety, all trained advisors to achieve:

- Accredited 'Stop Smoking Practitioner', NCSCT, www.ncsct.co.uk/
- Newly trained advisors will attend the free local face to face stop smoking service training.
- The Practice Manager will be alerted if this has not been achieved.
- To keep abreast of research and service developments, all trained advisors must attend a half day annual refresher course provided by the Living Well Smokefree Service.

Service Users who smoke should be assessed for their motivation and readiness to quit. Frontline staff should undertake a brief intervention with smokers and ensure that they refer concerned smokers and Service Users wanting to quit to your organisation's trained Advisor.

- It is advised that frontline staff carrying out the brief intervention complete the online NCSCT very brief advice training to enable them to do this effectively.
- Outcomes 4 Health clinical records may be audited by NYCC to ensure accuracy of record keeping.

Applicable local standards

Performance Indicator	*Indicator*	*Threshold*	*Method of Measurement*	*Consequence of Breach*
Service user Experience	Patient satisfaction survey	n/a	Report via Living Well Smokefree Service overall report	**Potential withdrawal of contract for negative service user feedback**
Outcomes	CO Monitoring	85% minimum	O4H	**Improvement plan**
	% Quit	Achieve minimum of 50%	O4H	**Improvement plan and monitoring over subsequent 2 quarters with potential loss of contract for underperformance**
	LTFU	Below 15%	O4H	**Improvement plan**

Report to the Commissioner within 24 hours any complaints relating to service provision within this specification and or untoward incident, e.g. involving Service User/Service User carers, allergic reaction to medication, violence and aggression towards staff, Service User trips, slips, falls, etc.

Activity Plan / Activity Management Plan
Providers not achieving :

- 50% quit success rates
- 12 quitters (or agreed minimum) per year
- Minimum 85% CO validation rates
- Minimum 15% lost to follow up rate (LTFU)

6. Price

Tariffs will be paid as outlined below:

- £115 – on a payment by results basis for successful 4-week validated quits.

NB: all pharmacotherapy supplied as part of this Service will be reimbursed by NYCC.

7. Payment

Payment schedule:

Payment will be made monthly in arrears based on a successful 4-week outcome (quit) which has been entered onto O4H. All outcomes, quit', 'not quit' or 'lost to follow up' need to be entered by the dates stated in the **Schedule for Completing Quarterly Monitoring** (see Service Specification schedule 4). Failure to complete 4-week outcomes within the specified time frame will result in non-payment for those Service Users who successfully quit. Retrospective data cannot be amended.

Provider's activity will be generated centrally by the Commissioner and forwarded to finance for payment. There will be no requirement for providers to send invoices.

O4H has a report facility that allows each provider to access their own staff's performance data including payments due. This can be on either a monthly or quarterly basis.

Schedule 1

North Yorkshire County Council's (NYCC) Smoking Cessation Formulary

1. Introduction

This formulary is a list of medicines that are available for use as part of the Smoking Cessation Service. It is intended to support product choice by Providers who are commissioned directly by NYCC to deliver Smoking Cessation Services.

- Formulary choices are listed in section 2. For full prescribing information, please refer to manufacturers' Summary of Product Characteristics (SPC). It is recommended to be used and incorporated into provider's product choice pathways/documentation.
- There is no evidence to suggest one type of Nicotine Replacement Therapy (NRT) is more effective than another. **Therefore product selection should be guided by clinical assessment, patient need, tolerability and cost-effectiveness**.
- The chances of stopping smoking are increased when NRT is used in a combination of nicotine patch plus a faster acting form and is further enhanced when provided with behavioural support.
- Varenicline tablets are an effective alternative to NRT with behavioural support. It requires a more detailed assessment to determine Service User suitability.

Evidence review recommends:

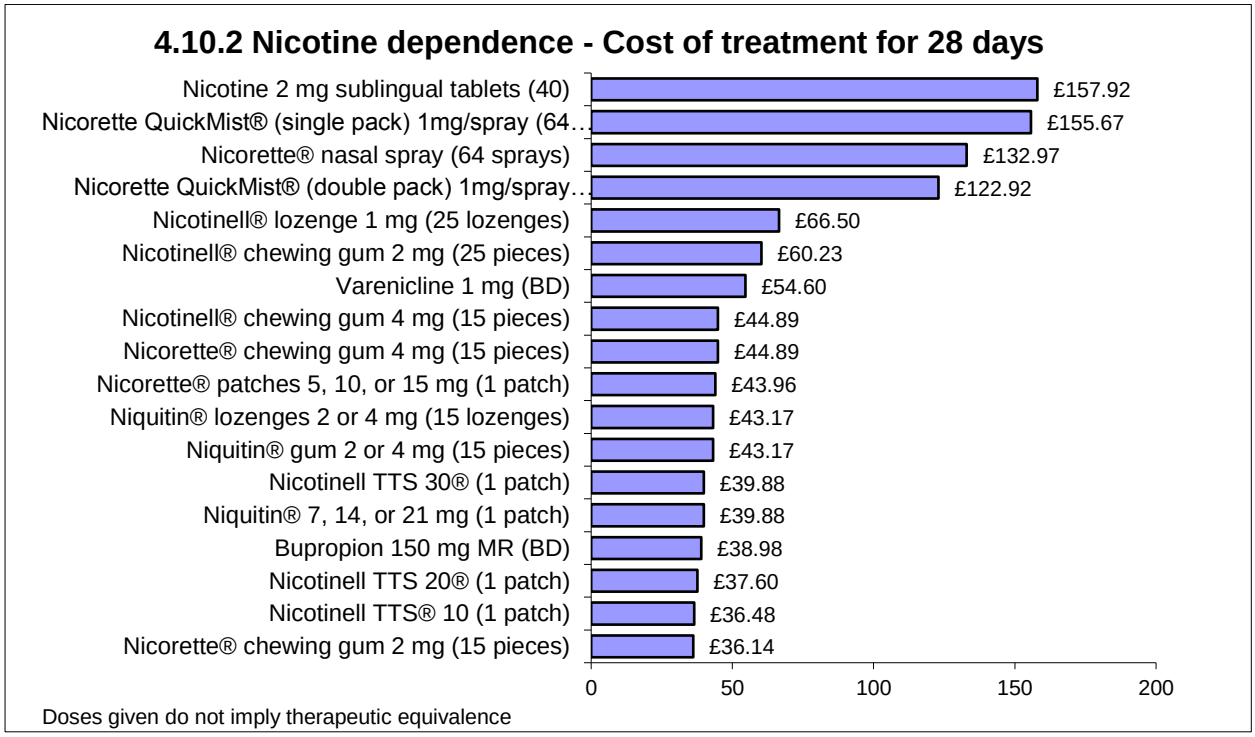
1st line: NRT patch plus short acting agent + behavioural advice (most effective)

1st line (alternative): Varenicline + behavioural advice (most cost-effective)

2nd Line: Bupropion

(Pharmacotherapy to be provided as part of a programme of behavioural support)

The Regional Drug & Therapeutics Centre (Newcastle) has produced cost comparison chart that lists the weekly costs of therapies (April 18)



2. Formulary list of pharmaceutical products:

NRT includes patches (24hr and 16hr), gum, lozenge, inhalator, microtab, nasal spray and oromucosal spray. **Form choice** should reflect patient needs, tolerability and cost considerations.
The formulary reflects the most cost effective brand for each presentation, strength and flavour (See Table 1). Prices will be based on April 2019 Drug Tariff prices and updated every 6 months.

1st LINE: – Nicotine Replacement Therapy (See Table 1)

Offer NRT patch plus short acting agent (e.g. gum or lozenge) as a first line.

- If patients cannot tolerate gum/lozenges, or these are unsuitable then offer alternative short acting product, such as the inhalator.
- The nasal spray, oromucosal spray and sub-lingual tablets **should only** be offered to patients after other short acting forms of NRT have been tried or are unsuitable.

Table 1: NRT Formulary products & corresponding brand (April 2019 NHS Drug Tariff Prices)

Presentation	Strength	Brand	Flavour / pack size	Indication
Transdermal Patches: 24 hour	7mg, 14mg, 21mg	Nicotinell Or equivalent	N/A	Relieve and/or prevent cravings and nicotine withdrawal symptoms. Patches cannot be used for relief of acute cravings)
: 16 hour	10mg,15mg, 25mg	Nicorette Or equivalent	N/A	
Gum	2mg	Nicorette Nicotinell	Freshmint/ Fruitfusion/Icy White / Fruit/Mint /original Pack size (96's)	To be chewed when the user feels the urge to smoke.
	4mg	Nicorette, Nicotinell	Freshmint/ Fruitfusion/Icy White/ Fruit/Mint/original	

			Pack size (96's, 105's)	
	6mg	Nicorette	Fruitfusion Pack size (105)	
Lozenges	1.5mg, 4mg	NiQuitin Minis	Mint Pack size (20's, 60's)	Relief of nicotine withdrawal symptoms including cravings.
	1mg, 2mg	Nicotinell NiQuitin	Mint Pack (36's, 72's, 96's)	
	2mg	Nicorette Cools	Pack size (20's, 80's)	
	4mg	NiQuitin	Mint/ Menthol mint/ original. Pack size (36's, 72's)	
Inhalation Cartridge (Inhalator)	15mg	Nicorette	N/A	Useful for patients who need "as required" craving control.
Nicotine mouthspray	1mg/dose	Nicorette QuickMist	13.2ml or 26.4ml (13.2 ml pk = 150 doses)	Useful for patients who need "as required" craving control.
Nicotine nasal spray	500mcg/dose	Nicorette Or equivalent	10ml	
Nicotine sublingual tablet	2mg	Nicorette Microtab	100 tablet pack	

Alternative 1st line choice: - Varenicline (Champix)

- Varenicline is an alternative first line option for those in whom NRT is unsuitable.
- It is available as Treatment initiation packs, 0.5mg tablets and 1mg tablets (See Table 2).
- Treatment with varenicline begins 1 week before the quit date.

Table 2: Available packs of Varenicline

Presentation	Brand
Varenicline 0.5mg + Varenicline 1mg tablets (11x0.5mg +14x1mg) 25 tablet pack (11x0.5mg +14x1mg + 28x1mg) 53 tablet pack	Champix 0.5mg/1mg 2week treatment initiation pk Champix 0.5mg/1mg 4week treatment initiation pk
Varenicline 1mg tablets (28 pack)	Champix 1mg tablets (28 tablet pack)
Varenicline 0.5mg tablets (28 pack)	Champix 0.5mg tablets (28 tablet pack)

2nd Line Choice

Bupropion is included as second-line alternative to varenicline.
Buproprion (Zyban) – available as: 150mg modified release tablets (60 tablet pack size)

Prescribing Points:

i. The 24-hour patches may be more suitable for those who experience cravings within the first 30 minutes of waking. The 16hr patch should normally be applied on waking and removed on retiring to bed. Its use may help avoid the vivid dreams and sleep disturbance, which may be associated with the 24hr

patches. Patches should be applied to dry non-hairy skin. The site of application should be rotated, avoiding the same area for several days.

ii. If gum is used, it may be offered on a fixed dose or ad lib basis. For highly dependent smokers, or those who have failed with 2 mg gum, 4 mg gum should be offered. Gum should be chewed slowly when the individual feels the urge to smoke. When the taste becomes strong the gum should be 'parked' between the gum and cheek until the taste subsides after which it should be re-chewed. The gum will become exhausted after about 30 minutes.

iii. If lozenges are used, suck lozenge until taste becomes strong, then rest lozenge between gum and cheek. Repeat once the taste fades.

iv. Provide short duration supplies/prescriptions (fortnightly) in early stages of the quit attempt. This can be linked to motivational support and will help reduce potential wastage.

v. All types of licensed nicotine-containing products are available to people who smoke, as part of a structured quit attempt (either singly or in combination). Take into account their preference and level of dependence.

vi. Service Users wishing to use an unlicensed nicotine containing product (such as e-cigarettes) to quit ***can*** access Smoking Cessation Services to receive behavioural support. However advisors currently cannot supply or give specific advice on e-cigarette products (until these products have MHRA licensing).

References:
1. Stead, L.F., Perera, R., Bullen, C., Mant, D., Hartmann-Boyce, J., Cahill, K., Lancaster, T. (2012) Nicotine replacement therapy for smoking cessation (review).
https://www.ncbi.nlm.nih.gov/pubmed/23152200 Accessed 22/8/17

Schedule 2

North Yorkshire County Council Primary Care Approved Provider List (APL)
Process for commissioning new Providers

Request made to provide Smoking Cessation Service via APL	
↓	
Potential Provider directed to NYCC To access Application/Assessment to become a smoking cessation service provider	
↓	
Potential Provider completes documentation and returns to NYCC as outlined in the documentation.	
↓	
Applications received. Following evaluation of provider responses, any further queries which NYCC want confirming from potential provider, will be undertaken at this stage.	
↓	
NYCC informs Potential Providers of the outcome of the evaluation panel.	
↓	↓
Successful	**Unsuccessful**
↓	↓
Successful Provider receives notification from, NYCC copying in (e-mail) to the Living Well Smokefree Service.	Potential Provider advised why they have been unsuccessful and advised they can re-apply again.
↓	
Application approved and instructions how to contact the Living Well Smokefree Service Training Lead to arrange staff attending face to face training.	
↓	
On completion of training, Mentor visits to provider to supply CO monitor and offer support where appropriate.	
↓	
Provider commences service. Mentor to provide support visits every 6 month to monitor compliance with service specification.	
↓	

Schedule 3

North Yorkshire Protocol for Service Users accessing stop smoking services using Non Licensed Nicotine products (E-cigarettes)

- Service Users wishing to use an unlicensed nicotine containing product (such as e-cigarettes) to quit ***can*** access stop smoking service to receive behavioural support. However advisors currently cannot give advice on e-cigarette use (until these products have MHRA licensing). Data of these Service Users quit attempt is recorded on O4H as would any other quit attempt and payments relating to quit attempt can be claimed as long as the Service User had smoked tobacco within 48 hours prior to accessing the service. If a patient or prisoner has started a structured behavioural support programme delivered by a trained stop smoking practitioner, then referral to a community stop smoking service upon discharge/ release constitutes a **transfer of the patient's behavioural support programme** and the 48 hours rule does not apply.

- Service Users who are ***not smoking*** but wish to quit using long-term unlicensed nicotine products (such as e-cigarettes) can receive behavioural support, however under current monitoring guidance these Service Users cannot be recorded as a quit attempt* and therefore service providers cannot claim payment on O4H. It may be more appropriate to refer these Service Users to the Living Well Smokefree Service for support.

  **Current stop smoking service monitoring and guidance data sets only count quit attempts for Service Users giving up smoking tobacco. Service Users using e-cigarettes are vaping which is not classed as smoking under the current stop smoking service monitoring guidance*.

Schedule 4
Quarterly Monitoring

2019-2020

	QUARTER 1 APRIL – JUNE 2019	QUARTER 2 JULY – SEPTEMBER 2019	QUARTER 3 OCTOBER – DECEMBER 2019	QUARTER 4 JANUARY – MARCH 2020
LAST QUIT DATE OF QUARTER	30 June	30 September	31 December	31 March
4 WEEK FOLLOW UP DATE	28 July	28 October	28 January	28 April
4 WEEK FOLLOW UP MUST BE COMPLETED BY	12 August	14 November	13 February	12 May

Important information
Please ensure 4-week 'follow ups' are completed (Quit, Not Quit or Lost to follow up) and entered onto Outcomes 4 Health (O4H) by the dates shown in Green.

NB
O4H has a facility which requires the 4-week outcome to be recorded. Failure to complete this 4-week outcome within the schedule timescale will subsequently result in no payment being made also for these Service Users who set a quit date.