

SAMPLE GP SMOKING CONTRACT

APPENDIX A

SERVICE SPECIFICATIONS

All subheadings for local determination and agreement.

Service Specification No.	
Service	GP NHS Stop Smoking Service – Level 2
Authority Lead	Lesley Thomas
Provider Lead	
Period	1 st April 2013 – 31 st March 2014
Date of Review	31 st March 2014

1. Population Needs

1.1 National/local context and evidence base

- 1.1 Smoking is the single greatest cause of preventable illness and premature death in the U.K. Moreover, more than any other identifiable factor, smoking contributes to the gap in life expectancy between the most deprived and the most affluent.
- 1.2 Across Devon the prevalence of smoking is estimated as 18.1%¹ generally and 26% for routine and manual groups² (R/M). However, this figure varies across wards and there are 76/201 wards³ where tobacco attributable mortality is higher than expected. In Devon around one in ten women smoke in pregnancy (9.4%)⁴. Smoking during pregnancy is estimated to contribute to 40% of all infant deaths. Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth, placental complications and perinatal mortality.⁵
- 1.3 Helping a patient to stop smoking is one of the most cost effective of all medical interventions.
- 1.4 Smokers are up to four times⁶ more likely to quit with pharmacotherapy coupled with behavioural support from an NHS Stop Smoking Advisor, compared to quitting without support.

1.5 Numbers Needed to Treat:

Comparisons of numbers needed to treat (NNT) to prevent one death over ten years are shown below:

¹ Association of Public Health Observatories Health Profile Devon 2012

² Office for National Statistics (2009) Smoking and drinking among adults, 2007.

³ What a Waste. Premature Deaths due the smoking – the picture in the South West. SWPHO September 2008

⁴ Department of Health, Health Improvement Analytical Team. Statistical Release Smoking Status at Delivery

⁵ NHS Evidence – National Library for Public Health.

http://www.library.nhs.uk/PUBLICHEALTH/ViewResource.aspx?resID=394362&utm_medium=email&utm_campaign=National+Library+for+Public+Health+...&utm_source=YMLP&utm_term=Statisticalrelease%3A+smoking+a... [accessed 14.12.10]

⁶ West, R. (2012) Stop smoking services: increased chances of quitting. NCSCT Briefing #8. London; National Centre for Smoking Cessation and Training.

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TABLE 1. Comparison of Numbers Needed to Treat

Compiled by Dr Alex Bobak, GPSI in smoking cessation Wandsworth.

[Available at: http://www.uknsc.org/2006_UKNSCC/presentations/alex_bobak_1.html]

Intervention	Outcome	NNT
Statin (as primary prevention)	Prevent one death (from MI, Stroke or other cause) over 5 years	107 (Bandolier)
Antihypertensive therapy in mild hypertension	Prevent one stroke, MI, death over one year	700 (Bandolier)
Cervical cancer screening	Prevent one death over 10 years	1140 (Gates; A. Family Phys 2001)
GP brief advice to stop smoking	Prevent one premature death	80 (Raw, McNeill, West)
GP brief advice to stop smoking	Prevent one premature death	38-56 (Eddy)
GP brief advice to stop smoking + pharmacological support + behavioural support	Prevent one premature death	16-40 (Aveyard, West & Revell, Schroader)

2. Key Service Outcomes

2.1 Insert any locally agreed outcomes and quality requirements which are NOT Quality Outcomes Indicators which should be set out in Appendix C

2.1 Practices should return Monitoring forms that meet the following quality requirements.

2.2 Practice quit rates should fall within the Department of Health recommended range of 35%-70%.

2.3 The minimum data set required for a complete monitoring form is:-

- name (or unique identifier)
- date of birth
- gender
- address (minimum postcode)
- ethnicity
- profession (or marked unknown)
- signature (or ticked for verbal consent if returned electronically)
- outcome (or marked lost to follow up if 3 attempts to contact failed).

Incomplete forms will be returned by Devon County Council (DCC) for further completion.

2.4 A full monitoring form should be submitted for every patient, even those who are unsuccessful

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in their quit attempt.

Lost to Follow Up:

- 2.5 Patients should be contacted to establish whether they have quit smoking within 25-42 days of their quit date. This should be attempted up to **three** times and in preference by various methods (telephone, face to face, email, letter or text). If the four-week outcome for this client is unknown after three attempts at contact they should be recorded on the monitoring form as LTFU (lost to follow up).

3. Scope

3.1 Aims and objectives of service

- 3.1 The main aim of this specification is to support the reduction of smoking prevalence in the geographical area covered by Devon County Council. In addition, it enables smokers to access a choice of high quality support to stop smoking to best suit their needs.

The specification also aims to:

- provide high quality, accessible, convenient and comprehensive stop smoking services across the county
- ensure that robust data is collected by DCC in order to measure outcomes and effectiveness of the service,
- support the Government's Tobacco Plan (published March 2011) which supports the Public Health White Paper Healthy Lives, Healthy People

3.2 Service description/pathway

3.2.1 The Provider (GP Practice) will:

- provide one or more in-house Stop Smoking Advisers, trained and registered with the Level 3 (Specialist) service of Devon County Council. At least one Stop Smoking Adviser from the surgery must attend annual training updates provided by the Specialist Stop Smoking Service. These updates will be made available across the county and publicised by the Stop Smoking Service.
- offer clients stop smoking appointments with a Level 2 (Intermediate) stop smoking adviser within their own practice premises. Please note: patients must not be placed on waiting lists for stop smoking support. Patients who cannot be seen within one week must be referred to the nearest alternative Level 3 support clinic by calling the NHS local Stop Smoking Service on tel: 01884 836024
- provide a suitable area for consultation with clients
- prominently advertise the availability of support to stop smoking within the practice posters/resources available from Public Health, DCC and <http://smokefree.nhs.uk/resources/>
- refer those patients deemed unsuitable for support within the practice to the Level 3 Specialist Stop Smoking Service, tel 01884 836024. The Specialist Service are trained to help those that find it very hard to quit e.g. the very dependent or those who relapse frequently

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- complete an DCC stop smoking monitoring form for each patient entering the service and setting a quit date. Monitoring forms should be returned to Public Health, Devon County Council, when the intervention is completed, regardless of the outcome
- perform a Carbon Monoxide breath test (smokerlyzer) to confirm patients have quit smoking at four weeks after their quit date. Results to be recorded on the monitoring form. (Department of Health Service & Monitoring Guidance 2011-12 requires 85% of four-week quitters to be validated with a CO breath test)
- ensure four-week follow-up occurs between 25 and 42 days from quit date being set, where possible
- make contact with patients that are 'lost to follow-up' before returning monitoring forms to DCC. This will require an attempt to make contact with the client at different times of the day, with up to three attempts made if unsuccessful
- agree to undertake a review of the service if quit rates are less than 40% or lost to follow up rates are more than 30%. This may result in additional training
- prescribe medication according to NHS Stop Smoking Service Monitoring Guidance 2012-13, i.e. using recommended nicotine dependence assessment tests, and the joint formulary

3.2.2 The **initial assessment** should include an assessment of the person's readiness to make a quit attempt.

3.2.3 The **initial consultation** should include:

- a carbon monoxide (CO) test and an explanation of its use as a motivational aid
- an explanation of the benefits of quitting smoking
- a description of the main features of tobacco withdrawal and the common barriers to quitting
- treatment options that are proven effective
- a description of the support offered – i.e. its aims, length and benefits
- an agreement on the chosen treatment pathway

3.2.4 **Follow up consultations** should include appropriate support strategies to help the person quit, further supplies of medication where appropriate and CO monitoring.

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

3.2.6 The client must sign the monitoring form. In the case of electronically submitted monitoring data, the stop smoking adviser should indicate verbal consent of the patient by checking the consent box.

3.2.7 A successful quitter is as defined by the Department of Health Stop Smoking Service Monitoring Guidance 2012-13 as 'having successfully quit smoking at four weeks if he/she has not smoked at all between two and four weeks after setting the quit date'.

3.2.8 Full records of all procedures and audits should be maintained in such a way that aggregated data and details of individual patients are readily accessible, should DCC request it for inspection. Any request to the practice for such audits, will have a minimum deadline period of 4 weeks.

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3.2.9 The Commissioner (Devon County Council) will:

- provide accessible training to all healthcare professionals to support the delivery of this specification. Contact Point: Health Promotion Devon on 01884 836024 or ndht.hpctraining@nhs.net
- provide training to any member of service provider staff who requires it to equip them to be an intermediate adviser. Advisers need not be qualified healthcare professionals
- provide one Carbon Monoxide monitor ("smokerlyzer") and disposable mouthpieces to every practice in the scheme. The CO monitor will remain the property of Public Health, DCC
- offer calibration and servicing of CO monitors, and provide replacement mouthpieces, as required. These will also be available at training and update events
- maintain a list of all registered intermediate advisers and keep them updated via regular newsletters and training updates. Cascade best evidence and any updated information on clinical effectiveness and new products etc to all registered advisers and service providers
- remunerate the practice for monitoring forms completed and returned, as specified in the payment schedule, on a quarterly basis. Reconciliations of activity will take place twice a year.
- monitor the quit rates of individual practices, reporting back on a quarterly basis and where appropriate include a breakdown by specific groups
- provide specific training and support for practices that have a quit rate of less than 40% or 'Lost to Follow up' rates of over 30%, if it is required.

3.3 Population covered

3.3.1 Smokers in the Devon County Council footprint. Torbay and Plymouth residents may be included if the full service from start to end is provided by the Devon practice.

3.4 Any acceptance and exclusion criteria

3.4.1 Smokeless tobacco is not covered by this contract, eg chewing tobacco.

Further attempts to quit after failing at 28 days

3.4.2 It is recognised that some patients require a longer time than 28 days to successfully quit. In such cases, the Level 2 stop smoking adviser should motivationally assess the patient again and use their professional judgement over whether to continue to provide behavioural support and pharmacotherapy. In such cases, the original monitoring form should be submitted as a 'not quit' (qualifying for a payment of £25) and a new monitoring form with a new quit date should be raised. This procedure should only be used in cases where the patient is clearly able to quit in the next six weeks. It must not be used where patients appear to be 'cutting down to quit'.

3.4.3 No more than **four** monitoring forms for the same patient may be submitted in any one financial year.

3.5 Interdependencies with other services

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3.5.1 This document specifies the enhanced service for the level 2 (Intermediate) service provided in a surgery setting for smokers wishing to quit using nicotine replacement therapy, varenicline, or bupropion.

Stop Smoking Service definitions:

3.5.2 The Level 2 (Intermediate) service comprises the provision of behavioural support by trained and registered Stop Smoking Advisors in GP surgeries and other primary care settings together with pharmacotherapy where indicated. Training is provided by the Devon County Council Level 3 (Specialist) service.

3.5.3 The Level 3 (Specialist) service is commissioned directly by DCC and

- works with more challenging clients referred by Level 1 and 2 services
- provides one to one clinics and group sessions across Devon
- provides training and support for stop smoking advisors in Level 2 settings
- provides intensive support to difficult client groups and settings such as prisons and mental health institutions

3.5.4 The Level 1 service comprises Brief Intervention delivered by health care professionals in a wide variety of settings, including primary care. It consists of:

- offering brief, or very brief, advice to all smokers (30 seconds – three minutes)
- referring those who are ready to quit to a Stop Smoking Advisor (Level 2 or 3)
- referring more challenging clients or repeat service users to the Level 3 (Specialist) service

Return of Monitoring Forms:

3.5.5 Monitoring forms can be completed manually and returned by courier to Lauren Shannon, Public Health, Devon County Council, County Hall, Topsham Road, Exeter EX2 4QL. Alternatively, they may be emailed by nhs.net to d-pc.PHIT@nhs.net. Electronic versions of the monitoring form can be obtained from Matt Edmunds at matt.edmunds@nhs.net.

3.6 Any activity planning assumptions

n/a

4. Applicable Service Standards

4.1 Applicable national standards eg NICE

Relevant NICE guidance is:-

Adult Cessation

- [Brief interventions and referral for smoking cessation](#) (PH1)
- [Smoking cessation services](#) (PH10)
- [Varenicline for smoking cessation](#) (Technology appraisal 123)
- [Identifying & supporting people most at risk of dying prematurely](#) (PH15)

Other standards:-

The Russell Standard http://www.ncsct.co.uk/publication_The-Russell-Standard.php

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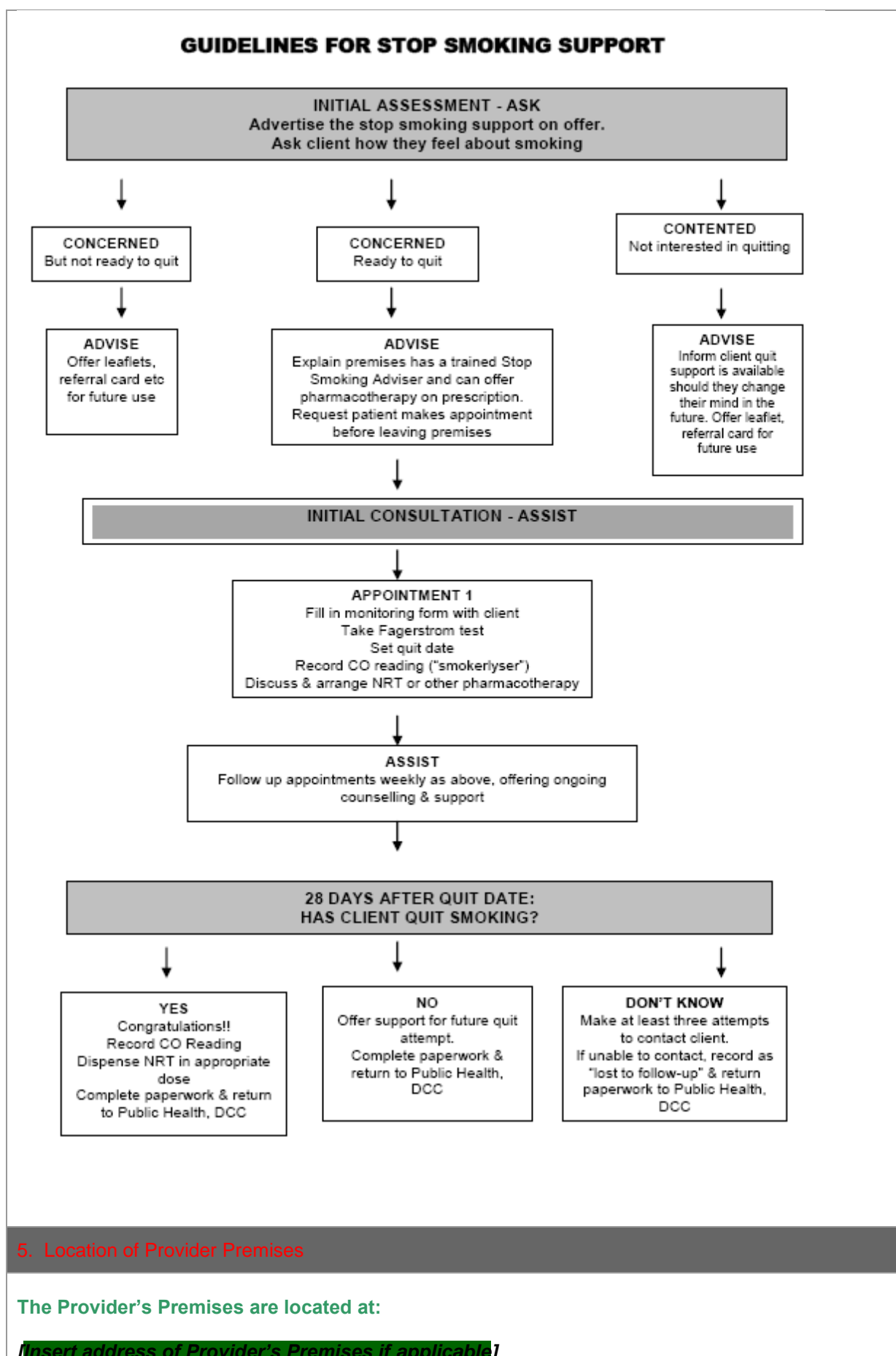
The NCSCT Standard Treatment Programme http://www.ncsct.co.uk/shopdisp_a-standard-treatment-programme-for-smoking-cessation.php

4.2 Applicable local standards

The treatment programme is mapped below. Follow up appointments are best face to face, but may be by telephone or e-contact.

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6. Pricing

Payment will be made as follows:-

One option only will apply

- | | | |
|----|--|-----|
| 1. | Fully completed monitoring form that meets requirements of 4.1 and status at 28 days is 'not quit' | £25 |
|----|--|-----|

OR

- | | | |
|----|--|-----|
| 2. | Fully completed monitoring form that meets requirements of 4.1 and status at 28 days is 'quit' | £50 |
|----|--|-----|

OR

- | | | |
|----|---|-----|
| 3. | Fully completed monitoring form That meets requirements of 4.1 and status at 28 days is 'quit' AND CO validation is completed | £55 |
|----|---|-----|

Therefore, the highest payment available is £55.

Payment will not be made for Quarter 4 monitoring forms received after the Quarter 4 cut-off date of 7th June 2014)