

SPECIFICATION

Service	Stop Smoking Service
Council Lead	Paul Gray
Provider Lead	<NAME>
Period	1st April 2022 – 31st March 2023

1. Population Needs

National/Local Context and Evidence Base

The Council's Thrive agenda expresses the Council's ambitions for the people of Gateshead. In response to having too many people out of work, living in poverty and living shorter lives, the Council pledges to:

- Put people and families at the heart of everything we do
- Tackle inequality so people have a fair chance
- Support our communities to support themselves and each other
- Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough
- Work together and fight for a better future for Gateshead

The Joint Strategic Needs Assessment (JSNA) for Gateshead assists in identifying the key features facing people in Gateshead. The JSNA identifies key strategic priorities to improve the health and wellbeing of our population:

- Gateshead has an adult population of around 27 805 smokers, or 17.1% of those aged eighteen years and over (ONS, 2019).
- Local survey data highlights wide variations across Gateshead, with highest smoking rates in the most deprived areas (see Appendix A).
- Nearly a quarter of adults in routine and manual occupations smoke.
- Smoking remains the single greatest contributor to health inequalities and premature death and disease in Gateshead
- Over 600 Gateshead residents die every year from smoking related illnesses – around one death every 14 hours.

Smoking is the single largest cause of preventable mortality in England. This is recognised in the Government's Public Health White Paper 'Healthy lives, healthy people', which states that 'reducing smoking rates represents a huge opportunity for public health.'

Reducing smoking prevalence is identified as a key outcome in the Public Health Outcomes Framework and local prevalence remains above the national average.

NICE guidance clearly identifies a number of effective stop smoking interventions for everyone involved in, or responsible for stop smoking services, including brief intervention, individual behavioural counselling, group behaviour therapy, pharmacotherapy, self-help materials, telephone counselling and quit lines.

The Provider must work with the Council to deliver Services in line with all National Standards including:

- “Towards a Smokefree Generation - A Tobacco Control Plan” (July 2017)
- DoH Excellence in Tobacco Control – 10 High Impact Changes to Achieve Tobacco Control
- National Centre for Smoking Cessation and Training Local Stop Smoking Services: Services and delivery guidance (2014)
- Healthy lives, healthy people: Improving outcomes and supporting transparency – Public Health Outcomes Framework (January 2012)
- Stop smoking interventions and services – NICE guideline 92, 2018
- NCSCT Electronic cigarettes: A briefing for stop smoking services http://www.ncsct.co.uk/publication_electronic_cigarette_briefing.php
- COVID-19: Face-to-face consultations and CO monitoring (<https://www.ncsct.co.uk/usr/pub/COVID-19%20bulletin%2018.11.20.pdf>)

2. Key Service Outcomes

- Contribute to a reduction in smoking prevalence in Gateshead
- Achieve a minimum success rate of 50% for those setting a quit date
- Minimum of 85% of successful quits to be CO verified

3. Scope

3.1 Aims and objectives of the Service

The primary role of the Provider in delivering this Service is to enable smokers to live smokefree lives. The Service the Provider is to deliver will contribute to a reduction in harm from tobacco and to the achievement of local and national targets as outlined below:

- To contribute to the Council target of individuals stopping smoking at 4 weeks as set out in Schedule 2
- To provide smoking cessation services to a minimum of 5% of local smokers each year (see Appendix A for an indication of numbers of smokers in different parts of Gateshead)
- To help reduce smoking prevalence to 5% in Gateshead by 2025
- To reduce smoking prevalence in the following priority groups:
 - pregnant women

- people with long term conditions (including cardiovascular disease, type 1 diabetes, asthma and chronic obstructive pulmonary disease)
- people with mental health problems
- black, Asian and minority ethnic communities
- lesbian, gay, bisexual and transgender communities
- young people
- smokers who through the NHS Health Checks Programme are identified as being at higher risk of developing cardiovascular disease
- those living on a low income
- the homeless
- people living with disabilities
- Armed Forces veterans

3.2 Service description

The Provider must make the Service available to any smoker **living or working** in Gateshead who wishes to stop smoking or to reduce the amount they smoke.

Advice

The Provider must give very brief advice, based upon “Ask, Advise, Act”, to all known smokers unless inappropriate to do so (training delivered by the Council will outline when it would be inappropriate).

Support

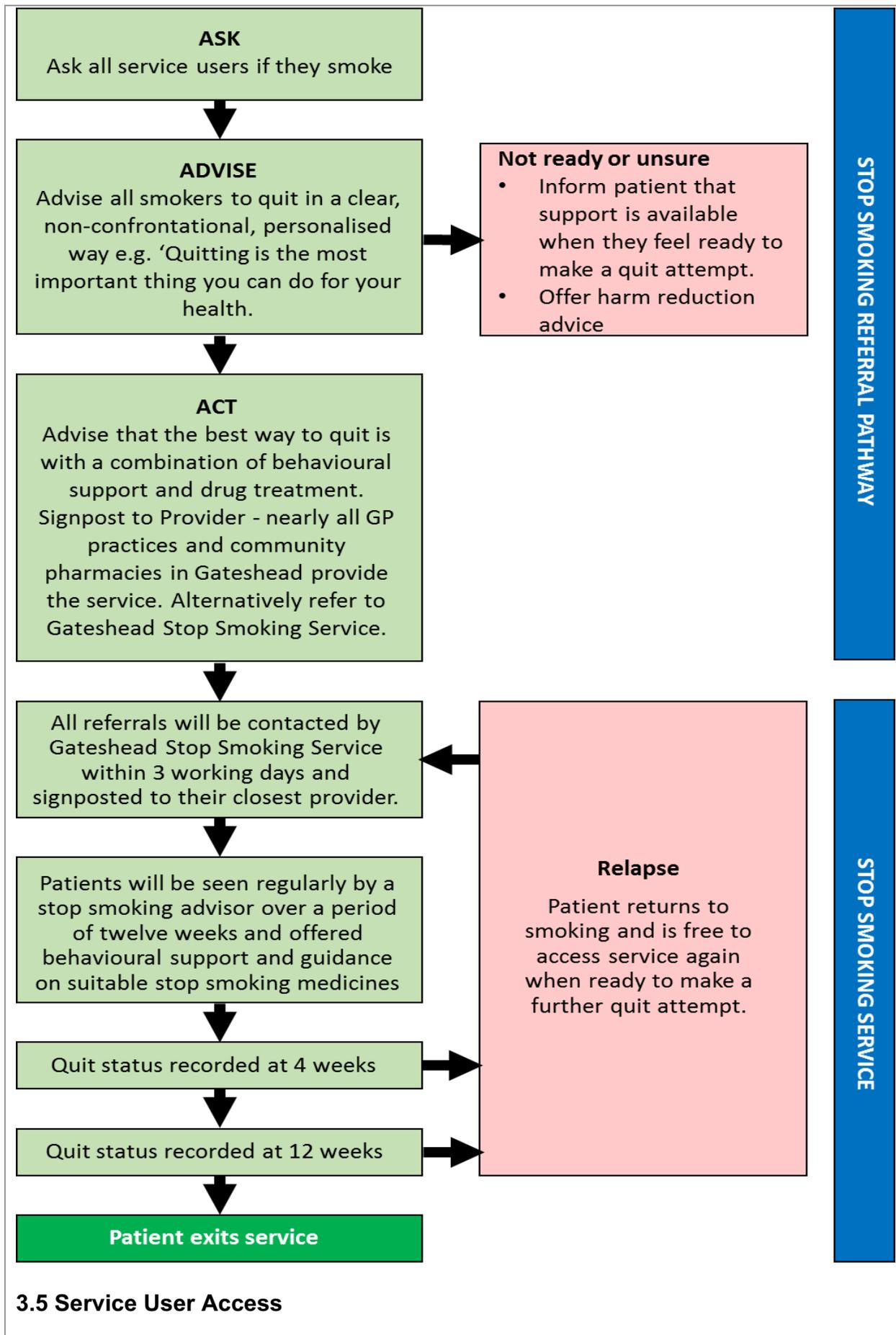
Stop Smoking support can be provided by anyone who is trained as a stop smoking advisor and may be delivered in a variety of evidence-based formats including but not exclusive to 1:1 support, group support (open and closed), and telephone or email interventions. The Service must be delivered by the Provider in line with the standards and techniques laid down in the stop smoking training manual, as supplied by the Council.

Service Users are to be supported for up to 12 weeks. Additional clinical support may be required for any Service User requiring assessment for prescription only medication.

3.3 Definitions

Stop Smoking Advisor means the trained advisors appointed by the Provider to provide the Services in accordance with this Contract.

Service means the availability of stop smoking services by the Provider appointed by the Council. **3.4 Service Description/Care Pathway**



- Service Users may approach the Provider direct at point of delivery i.e. at a local pharmacy, GP practice, community providers etc.
- The Services can be provided on a one to one basis or via access to group support, at the discretion of the Provider.
- The Provider must ensure that dedicated time is available for Stop Smoking Advisors to deliver the Service, including the availability of specific appointments times and appropriate private consultation space for Service Users.
- If a Service User cannot be offered an initial contact within 48 hours and an appointment within 3 days then they **must** be referred/signposted by the Provider to another nearby Stop Smoking Service provider.
- The Stop Smoking Advisor is required to facilitate Service User access to individualised support to stop smoking medicines and aids for a maximum of up to 12 weeks, as detailed in the 'Guidance for people providing a Stop Smoking Service' (Appendix B).
- Some Service Users may need prescription only medication. The Advisor will help the Service User to access this from their GP. The GP will decide whether the Service User will safely benefit from the prescription of this medication.
- The Council will provide a single point of contact to receive and respond to queries regarding the Stop Smoking Service. The Council will also make arrangements to receive referrals from third parties, including Foundation Trusts and other stop smoking services, and will signpost those eligible to their local service provider.

3.6 Assessment

- The Advisor will communicate to the Service User details of the Service and what will happen from assessment onwards.
- The Provider must inform Service Users of available treatment options and support (as defined by NICE Guidance) prior to commencing a quit attempt. Service Users must also be made aware that some pharmacological interventions may not be clinically appropriate for all individuals.
- The Provider will submit data on the online database (details of the database will be supplied by the Council) for all Service Users and the Quit status must be recorded for both 4 and 12 weeks as "quit", "not quit", or "lost to follow up". If this information is not supplied by the Provider then a payment (in accordance with Schedule 3) will not be generated by the Council.

- In all cases, the Provider must obtain consent from the Service User to record and share information in accordance with information governance guidelines (see Clause 17 Service User Health Records of the Terms and Conditions of the Contract).

3.7 Intervention

- The Provider must offer stop smoking interventions to Service Users who are motivated to stop or reduce smoking.
- The Provider must ensure treatment options that are delivered comply with NICE and NCSCT guidance and current local 'Guidance for people providing a Stop Smoking Service' (Appendix B).
- The Stop Smoking Advisor will deliver Stop Smoking Services using evidence-based interventions as appropriate for the individual Service User. These could include:
 - 1:1 support, group support (open and closed) telephone and online support
 - New, non-evidence-based delivery models, which may be piloted on a small scale if agreed by the Council in advance. These must be carefully evaluated and evidence of such evaluation submitted to the Council before being adopted as a significant contributor to overall service delivery
- The Provider must facilitate access to, and where appropriate, supply stop smoking drugs and aids based on 'Guidance for people providing a Stop Smoking Service' (Appendix B). The Provider must complete all necessary paperwork to gain extra support and access to stop smoking medication for the Service User.
- Interventions must be efficiently managed and there must be sufficient administrative support for general organisation, Service User contact processes and data handling to ensure all information is submitted in a timely manner.

3.8 Supporting a Quit Attempt

- In weeks 1 – 4 (i.e. the 4 weeks following the quit date) the Provider must offer weekly support for a quit attempt (to ensure relapse prevention) and appointments for sessions must be scheduled when Service Users are booked into treatment.
- The first session should be 30 minutes in length.
- In weeks 4 – 12 the Provider is expected to offer ongoing support at least once every two weeks via face to face meetings, text, phone (as appropriate)

Group-based intervention sessions should be at least an hour in length and offer a minimum total of six hours' contact over a six-week treatment period – i.e. pre-quit to 4 weeks post-quit.

Providers should consider how they can adapt this offer to housebound Service Users through, for example, a mixture of visits and telephone support. The Council is happy to discuss how Providers could deliver a bespoke Service for individual housebound Service Users.

3.9 Completion

The Provider must ensure that its Stop Smoking Advisors carry out a 4 and 12 week follow-up of all Service Users:

- Service Users who do not complete / drop out of the 12 week support programme must be followed up.
- Follow up must be completed in person or by telephone or text contact, with a minimum of 3 attempts by the Stop Smoking Advisor to contact a Service User (where telephone contact is not feasible a letter or email must be sent). Where it has not been possible to contact a Service User after 3 attempts the Service User must be recorded as 'lost to follow-up' on the online database, follow up attempts should be documented on the Service User record.
- Smoking status is to be confirmed for all Service Users reported as having quit at 4 weeks by use of a Carbon Monoxide (CO) monitor (See Appendix C, Carbon Monoxide Monitoring Equipment), with the exception of where follow-up has been carried out by telephone. CO verification must be made in a minimum of 85% of cases.
- Adequate Service User records must be maintained by the Provider to facilitate Service audits and comply with clinical governance and kept for a minimum of 3 years. Data must be collected on all Service Users treated to support the accurate calculation of success rates. Such data must be recorded on the online database as soon as possible after the completion of each session with the Service User (see Clause 17 Service User Health Records of the Terms and Conditions of the Contract).
- The expected success rate of Service Users setting a quit date converting to 4 week quitters ranges from 50% to 70%.

3.10 Harm reduction/reducing tobacco consumption

Some Service Users:

- may not be able (or do not want) to stop smoking in one step
- may want to stop smoking, without necessarily giving up nicotine
- may not be ready to stop smoking, but want to reduce the amount they smoke.

These Service Users may be advised to:

- Cut down prior to stopping smoking
- Reduce the amount of tobacco smoked
- Be temporarily abstinent from smoking

Service Users may be advised that any one of these options may be pursued with or without the help of nicotine containing products ie. NRT or vaping. Service Users should be advised about different NRT products available for purchase and how to use them, plus advice on vaping (vapes are not provided by the stop smoking service – see 3.13 below). NRT cannot be provided by voucher for those who are not sufficiently motivated to set a quit date. GPs may choose to provide NRT on prescription for such Service Users.

Support may be provided for Service Users to pursue any one of these options in anticipation of eventually engaging with the Stop Smoking Service to make a quit attempt.

Payments are not made for the provision of support as detailed in this section 3.10.

3.11 Access to Medicines

The Stop Smoking Advisor must provide the Service User with access to pharmacological aids in accordance with the 'Stop Smoking Product Guide' (Appendix C). However, behavioural support should still be provided to Service Users who wish to use unlicensed, self-purchased products (ie. vaping devices), whether this use is in combination with or instead of a licensed product.

There are three routes to access medication for use in the Stop Smoking Service:

1. Voucher of Recommendation for NRT only issued by a Stop Smoking Advisor. **The Provider must make this available to the Service User.**
2. Referral for assessment of an individual's suitability for Bupropion or Varenicline by a GP or other prescribing clinician. **The Provider must recommend this if appropriate to the Service User's needs.**
3. Prescription FP10s (for NRT, Bupropion or Varenicline) (GP). **The Provider must recommend this if appropriate to the Service Users needs**

3.12 General Medicines Management

The Provider must ensure that Stop Smoking Advisors:

- Only recommend pharmacological treatments that are recommended by NICE technology appraisals.

- Do not offer pharmacological treatments that have not been approved for use in Gateshead.
- Do not offer pharmacotherapy outside its product licence.
- Do not offer pharmacotherapy that is clinically inappropriate for the Service User.
- Are required to maintain a record of all pharmacotherapy e.g. by retaining a copy of the relevant Service User monitoring form or entering a record on the GP clinical system or patient medication record.
- Complete a Yellow Card if an adverse reaction is reported by a Service User. (<http://yellowcard.mhra.gov.uk>)

Voucher of Recommendation (NRT Only)

- The Provider's Stop Smoking Advisors who do not have a prescribing qualification, but who have undertaken the local Stop Smoking Advisor training may recommend Nicotine Replacement Therapy (NRT) using the approved local NRT Voucher. NRT Vouchers must be issued in line with the local 'Guidance for people providing a Stop Smoking Service' (Appendix B).
- Eligibility Criteria for access to the NRT voucher scheme are:
 - Service Users must be motivated to stop smoking and be receiving advice by a trained Stop Smoking Advisor.
 - Service Users must live or work within the borough of Gateshead.
- The NRT Voucher is to be completed by the Stop Smoking Advisor indicating a recommended course of NRT for up to 12 weeks: this comprises two 1-week periods, followed by five 2-week periods. For each period of either one or two weeks, a single voucher of recommendation for NRT can be issued to the Service User. Each voucher can be used for up to two different products.
- The advisor must record details of the recommended NRT in the Service User's records and on the online database as soon as possible after the completion of each session with the Service User (also see Clause 17 Service User health records of the Terms and Conditions of the Contract).
- The Providers participating in the local voucher scheme will provide a voucher of recommendation to the Service User.
- The Service User must be advised by the Stop Smoking Advisor that the voucher is a recommendation and may be changed or declined at the point of dispensing by the pharmacist if the product is deemed to be unsuitable for the Service User.
- The Stop Smoking Advisor takes full responsibility for any recommendation that they make through the voucher process.

Referral for recommendation for extra support and assessment of Service User suitability (Bupropion and Varenicline)

- If a Service User decides to use a medication other than NRT (ie. Varenicline or Bupropion), the Advisor must use the local letter of recommendation to request support from the Service User's GP.
- Stop Smoking Advisors must inform Service Users that treatments recommended may not be considered clinically appropriate by their GP and may be changed or declined based on clinical judgement.
- Stop Smoking Advisors recommending and prescribing pharmacotherapy must follow the 'Stop Smoking Product Guide' (Appendix C).

Prescription FP10's (NRT, Bupropion or Varenicline)

- GP prescribers or independent non-medical prescribers providing stop smoking interventions may prescribe approved stop smoking therapy on an FP10 prescription.
- The Provider's Stop Smoking Advisors who are also a supplementary non-medical prescriber may supply stop smoking therapy in accordance with a clinical management plan agreed with an independent prescriber.
- The Provider's Stop Smoking Advisors prescribing pharmacological therapy must ensure they maintain their professional competence in accordance with Schedule 1.
- Prescribers must ensure they have a prescriber code and access to a suitable prescribing budget. Prescribing must adhere to local 'Stop Smoking Product Guide' (Appendix C) and other relevant local prescribing guidelines.
- Some Service Users may require a supply of NRT beyond the twelve week supply normally provided by the service. Such Service Users may be directed to their GP to ask for NRT to be provided upon prescription.

3.13 Electronic cigarettes / Vaping

E-cigarettes/vape mods are now the most popular way to stop smoking. They are not currently provided by the Service. However, Providers are encouraged to contact the Council if they are interested in piloting the use of vapes in their Stop Smoking Service.

The Gateshead Stop Smoking Service is "vape friendly". This means that the Service supports those wishing to use a vape device as part of their quit attempt. Further, Advisors may suggest that heavily nicotine dependent users consider vaping in addition to using other licensed NRT products. They cannot advise on the use of particular vape devices.

For people who smoke and who are using, or are interested in using, a nicotine-containing e-cigarette/vape mod on general sale to quit smoking, explain that:

- although these products are not licensed medicines, they are regulated by the Tobacco and Related Products Regulations 2016
- many people have found them helpful to quit smoking cigarettes
- people using e-cigarettes should stop smoking tobacco completely, because any smoking is harmful
- the evidence suggests that e-cigarettes are substantially less harmful to health than smoking but are not risk free
- the evidence in this area is still developing, including evidence on the long-term health impact

For further advice see:

http://www.ncsct.co.uk/usr/pub/Electronic_cigarettes._A_briefing_for_stop_smoking_services.pdf

3.14 Service Promotion

- Every contact with Service Users is also a Health Improvement contact and the Provider's Stop Smoking Advisors should emphasise the benefits of stop smoking and smokefree environments, using nationally branded and listed materials.
- The Provider and the Stop Smoking Advisor should promote local and national events such as No Smoking Day and Stoptober. The promotional materials for these events will be provided through the Council's Public Health Team and/or Public Health England and/or NHSE.
- If the Provider also delivers NHS Health Checks they must ensure that Service Users who are identified as wanting to quit smoking during their check are offered Services under the terms of this Contract.
- Localised promotional materials will be available from the Council's Public Health Team and possibly others for display by the Provider.

3.15 Response Time & Detail and Prioritisation

The Provider must make initial contact with the Service User within 48 hours of receiving the referral (including self-referral) with an appointment offered within 3 days.

Appointments for priority groups (see section 3.1) must be made available within 2 days of referral.

3.16 Location(s) of Service Delivery

The Service is to be provided within the locality of Gateshead within the opening hours of the Provider.

The Service shall be delivered from facilities and settings which are suitable for the purpose and support the confidentiality and dignity of the Service User.

Where the Service User is housebound and would usually receive care at home the Provider should consider how the Stop Smoking Service could be extended to that individual.

3.17 Information Management

Each Service User must be required by the Provider to sign a consent form to give permission to retain and share their information. The Provider must keep records of these signatures and produce them to the Council when requested for audit purposes.

If the patient is being supported remotely (ie. by telephone) the Provider must seek verbal consent and record this (ie. date and time of consent being issued).

In accordance with clause 17 Service User Health Records of the Terms and Conditions of the Contract, the Provider's Stop Smoking Advisor must create, maintain, store and retain Service User health records for all Service Users. The Provider must retain Service User health records for the periods of time required by law and securely destroy them thereafter in accordance with any applicable Guidance.

The Provider and the Stop Smoking Advisor must enter information onto the online database for payment by the Council and for data monitoring purposes as soon as possible after the completion of each session with the Service User.

3.18 Confidentiality

The Provider and the Stop Smoking Advisors must not disclose any personal information unless requested by Council's authorised personnel – this includes:

- The identity of any Service User;
- The medical conditions of, or the advice received by, any Service User.
- Any information that may lead to the identification a Service User.

These are examples only and this list should not be considered exhaustive.

See clauses 13 and 17 of the Terms and Conditions of the Contract for further information.

3.19 Audit & Inspection

The Provider must allow the Council's internal and other nominated auditors access to all or any papers and service records relating to this Contract for the purposes of audit and consent to the disclosure of relevant information for fraud prevention, detection and inspection.

The Provider will be required to undertake occasional audits that are sensible, reasonable and agreed in advance between the Council and the Provider.

See Clause 34 of the Terms and Conditions of the Contract for further information.

3.20 Population Covered

The Provider must make the Service available to all smokers over the age of 12 who reside or work in Gateshead in accordance with equality and diversity legislation.

The Service must accept self-referrals and referrals from a range of community and health professionals, these could include midwives; hospital staff, health visitors; occupational health; pharmacists; primary care staff; community workers and others.

3.21 Any Acceptance and Exclusion Criteria

The Service is only available to smokers aged 12 and over.

Those who have already stopped smoking by the time they have their first appointment with an Advisor can be supported if they have quit smoking within the preceding 72 hours.

Those whose quit attempt started during a stay in a secondary care facility or during time in prison may be supported where they have been abstinent from smoking for up to 14 days prior to discharge/release.

The exclusive use of nicotine vapourisers is not considered as smoking and the Service is **not** to be made available for those who do not smoke tobacco.

3.22 Interdependencies with Other Services

The Provider and the Stop Smoking Advisor(s) are required to work closely with the Council's Public Health Team to ensure that Staff are appropriately trained and to support the referral pathways. Training and support are available through the Council's Public Health Team for all Stop Smoking Providers.
(See Schedule 1 for further information).

The Provider is responsible for ensuring that the Council's Public Health Team is informed of the details of all Stop Smoking Advisors delivering the Service on behalf of the Provider. The Provider is responsible for informing the Council's Public Health Team of any change in circumstances which could affect the delivery of the Stop Smoking Service, such as the loss of a trained Advisor.

The Provider and the Stop Smoking Advisors will be required to work with a Council Mentor who will support the Provider to be able to deliver stop smoking support. The role of the Mentor is to provide guidance to the Provider and the Stop Smoking Advisor on the operational delivery of the Service.

All Providers must comply with Performance Indicator thresholds (see Schedule 2)

3.23 Any Activity Planning Assumptions

Each Stop Smoking Advisor of the Provider carrying out the Services under this Contract is expected to achieve a quit rate at 4 weeks within the range of 50% to 70%.

Those Stop Smoking Advisors whose rates fall below 50% will be contacted by the Council's Public Health Team's Mentor to discuss additional support. Refresher training, observed practice and coaching for Stop Smoking Advisors to improve performance will be provided by the Council's Public Health Team.

Stop Smoking Advisors whose conversion rates are above 70% will also be approached by the Council's Public Health Team to capture any best practice information about how to achieve these rates so that it can be shared with other providers.

4.0 COVID-19 : Face to Face Support and CO Monitoring

Since March 2020, stop smoking services (SSS) have admirably maintained service delivery in response to the challenges of COVID-19 by adapting to remote smoking cessation consultations and maintaining provision of stop smoking medication. CO monitoring was paused across all stop smoking interventions as a consequence.

Face-to-face behavioural support

Behavioural stop smoking support may now be resumed in person, face-to-face, by following government COVID-19 guidance. This is in line with the resumption of other public health interventions, including drug and alcohol support and treatment by community healthcare providers.

Providers of community healthcare services (such as SSS) should ensure that measures are in place so that all service delivery settings are COVID-19 secure, including using social distancing, staff and service users wearing face masks (with a supply of disposable masks available for users who arrive without one), optimal hand hygiene, frequent surface decontamination, ventilation and other measures where appropriate. SSS should also advise/remind clients not to attend appointments if they have any COVID-19 symptoms. Measures should be reviewed and adjusted along with any changes in local or national government advice.

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/new-recommendations-for-primary-and-community-health-care-providers-in-england

Any decision by service providers to resume face-to-face provision should be considered alongside local coronavirus restrictions, as well as operational practicalities within the stop smoking service. Remote behavioural support remains a practical option for continuity of stop smoking provision, where services consider that this remains the best local option.

Carbon monoxide (CO) monitoring

CO monitoring is evidence-based and recommended by the National Institute for Health and Care Excellence (NICE). It is an effective tool for reinforcing motivation during quit attempts as well as validating outcomes, and it is also routinely used by healthcare professionals to identify smokers as part of referral pathways into support to quit.

A group consisting of representatives from Public Health England and NHS England and NHS Improvement was established in May 2020 to explore the level of potential risk from CO monitoring and COVID-19 virus transmission. The group has obtained information on several aspects of this potential risk, including:

1. Infection prevention and control
2. Viral filtration efficacy
3. Risk assessment

Information obtained by the group has now been reviewed by the National COVID-19 Response Centre (NCRC). Based upon the analysis of viral filtration systems within CO monitors, as well as standard infection control processes, PHE advise that the risk of COVID-19 virus transmission via use of CO monitors is minimal. Therefore, PHE recommend that SSS should resume use of CO monitors wherever face-to-face service provision is being delivered.

Where stop smoking support continues to be delivered remotely, SSS providers will not receive sanctions for being unable to carry out CO verification with self-reported four-week quitters.

When resuming CO monitoring, staff should ensure that they follow their manufacturer's guidance on the safe handling/cleaning of monitors. Additional COVID-19 specific guidance now includes:

- Carry out the test with a minimum 2 metre distance between the SSS adviser and the client, using verbal instructions on how to use the monitor.
 - Ensure the client is not facing the advisor when blowing into the machine.
 - Ensure the room where CO monitoring is taking place is well-ventilated.
 - Ask the client to dispose of the mouthpiece into the bin themselves, then wash their hands/use sanitiser.
 - NOTE: CO monitoring is not classed as an Aerosol Generating Procedure (AGP) and so does not require a FFP3 filtration mask for the adviser undertaking the test.
- ncsct.co.uk 2

When resuming CO monitoring in any setting, staff should adhere to their monitor manufacturer's latest guidance on the safe use of products, including the regular

cleaning of monitors, replacement of consumables and use of relevant Personal Protection Equipment (PPE) in relation to COVID-19 guidance.

4. Applicable Service Standards

4.1 Applicable national standards e.g. NICE

NICE PH1: Brief interventions and referral for smoking cessation

NICE PH5: Workplace interventions to promote smoking cessation

NICE PH6: Behavioural Change

NICE PH10: Smoking cessation services in primary care, pharmacy, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities

NICE PH15: Identifying and supporting people most at risk of dying prematurely

NICE PH26: Quitting smoking in pregnancy and following childbirth

NICE PH39: Smokeless tobacco cessation: South Asian Communities

NICE PH45 Tobacco Harm Reduction

NICE PH48 Smoking cessation - acute, maternity and mental health services

NICE quality standard QS43 Smoking: supporting people to stop

NICE quality standard QS82 Smoking: reducing and preventing tobacco use

NICE guideline 92: Stop smoking interventions and services

The Provider and the Active Intervention Advisor are expected to maintain National Centre for Smoking Cessation and Training standards and competencies, including "Local Stop Smoking Services Service and Delivery Guidance (2014)".

http://www.ncsct.co.uk/publication_telephone-counselling-for-smoking-cessation-review.php

4.2 Applicable local standards

Not applicable

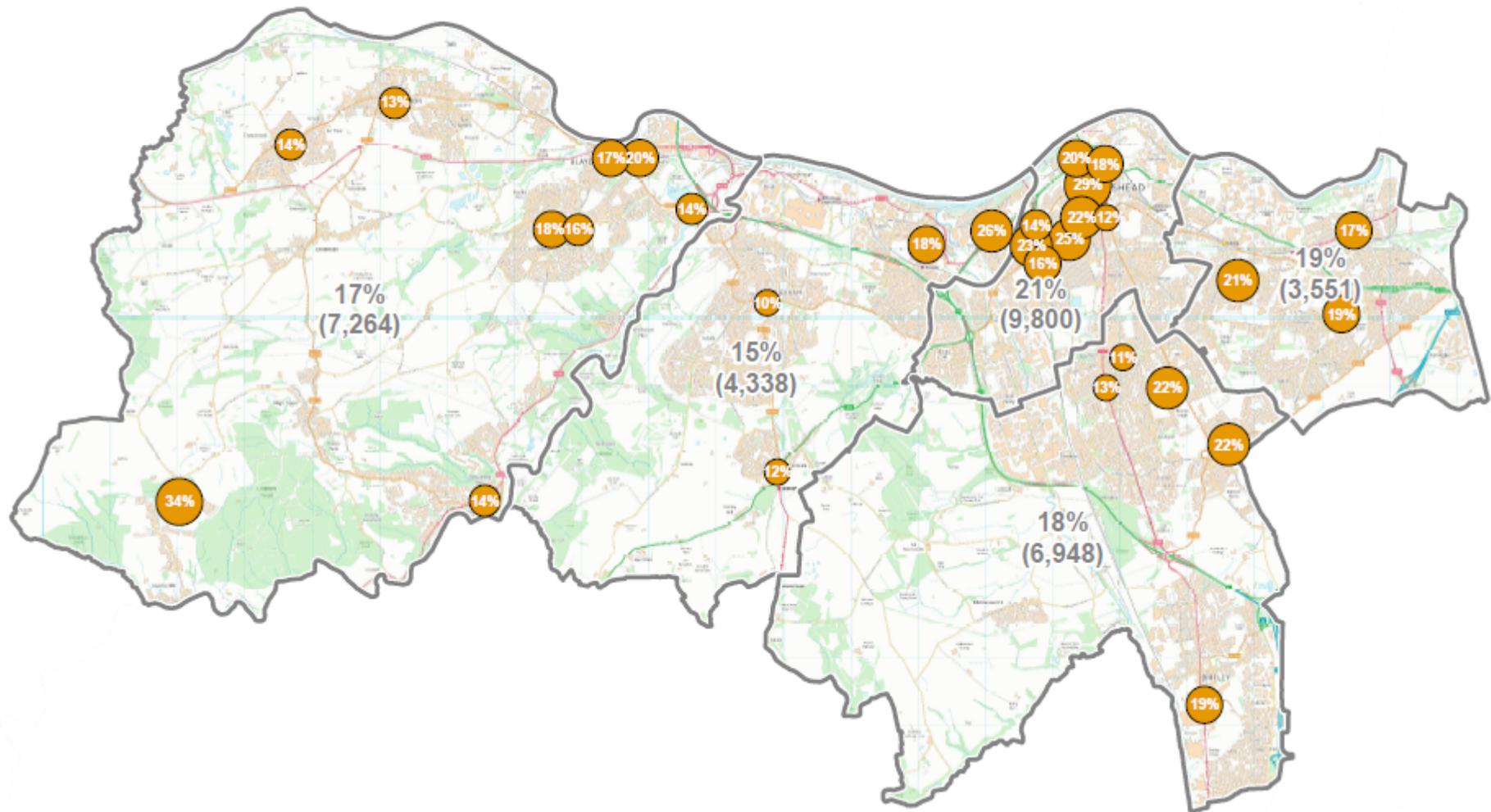
5. Location of Provider Premises

The Providers address as shown in the Contract Particulars.

APPENDIX A

Estimated Smoking Prevalence by GP Practice and Combined GP Practice Estimates by Locality (QOF 2018/19)

Contains Ordnance Survey data © Crown copyright and database right 2020



APPENDIX B

Guidance for people providing a 'Stop Smoking Service' on the Recommendation and Supply of 'Stop Smoking Medicines' 2014)

http://www.ncsct.co.uk/usr/pub/LSSS_service_delivery_guidance.pdf

Overview

1.1 Intended users

This guidance should be used to support the decision-making process of Stop Smoking Advisors when recommending, prescribing or supplying medicines to support stop smoking attempts.

The guidance is intended to cover the Gateshead local authority area.

The guidance is to support the use of medicines, **not alone**, but in conjunction with an evidence-based stop smoking support programme delivered by a Stop Smoking Advisor commissioned by Public Health within Gateshead Council.

The guidance therefore relates to the Stop Smoking Service and is not intended to support potential reduction in smoking or periods of abstinence.

1.2 Guidance covers

Medicines only and should be used following appropriate training and in conjunction with Summary of Product Characteristics (SPCs) and Patient Information Leaflet (PILS).

It is the responsibility of the Stop Smoking Advisor to ensure that they have an appropriate knowledge of all products available so that they are able to support the Service User in making an informed choice about their treatment. This includes, for example, potential side effects, contraindications, cautions and drug interactions.

1.3 Concerns

If the Stop Smoking Advisor has any concerns relating to the provision of medicines, or the health or wellbeing of a Service User, then they should be referred to an appropriate healthcare practitioner, normally the Service User's GP.

1.4 Exclusion

The guidance is not intended to remove clinical responsibility for the recommending, prescribing and supply of medicines to support stop smoking attempts.

This guidance does not cover

- The support that is offered in conjunction with medicines
- The process of supply that is employed
- Medicines recommended, prescribed or supplied for reasons other than a stop smoking attempt

1.5 Recommending - for prescription only medicines (varenicline or bupropion)

In making a recommendation to a healthcare practitioner (normally a GP or NMP) to supply a prescription only medicine (POM), it should be remembered that there is a clinical responsibility associated with writing a prescription. It should therefore **not** be assumed that this recommendation will be accepted by the person taking the responsibility for the generation of the prescription. **This should be made explicit to the Service User at the time of recommendation.**

1.6 Prescribing

The prescriber has clinical responsibility for the generation of the prescription and may choose not to generate a prescription for a Service User.

1.7 Supply

The supplier, being the pharmacist, has clinical responsibility for the supply of the medicine and retains the right not to dispense a medicine. There would normally be a reason for not dispensing a product and the reason would be made clear to the Service User. The reason will also be communicated to the Stop Smoking Advisor who made the request to supply (this would normally be by phone) The potential for the pharmacist to decline to dispense should be made explicit to the Service User at the time of generation of a voucher or prescription unless the voucher or prescription has been generated with full access to the patient's notes and / or medical history, including concurrent medicines.

1.8 All practitioners should

- **Not** generate a voucher, request a prescription to be generated, prescribe or supply a medicine if they feel that the process is outside their own area of competence.
- **Not** submit to pressure from Service Users, or other practitioners, to generate a voucher, request a prescription to be generated, write a prescription or make supply of a medicine.
- **Ensure** that they have an appropriate level of indemnity insurance to cover them for their role within the Stop Smoking Service

1.9 Updates and CPD

All practitioners are responsible for ensuring that they are fully aware of the content of the SPCs and the implications of the content on their recommendations

2 NICE Guidance & Gateshead Council Guidance on Choice of Medicine

2.1 NICE (Public Health Guidance 10, February 2008)

States that Stop Smoking advisers and healthcare professionals may recommend and prescribe nicotine replacement therapy (NRT), varenicline (Champix®) or bupropion (Zyban®) as an aid to help people to quit smoking, along with giving advice, encouragement and support, or referral to a Stop Smoking Service.

NICE states that one medication should not be favoured over another and that the Service User should be involved in the choice. However, before

recommending, prescribing or supplying a treatment, the following should be taken into account

- The person's intention and motivation to quit
- How likely it is they will follow the course of treatment
- Which treatments the individual prefers
- Whether they have attempted to stop before (and how)
- Their previous experience of stop smoking aids
- **If there are medical reasons why they should not be prescribed particular pharmacotherapy (medicine)**
- **Contraindications highlighted within the product licensing documentation of the pharmacological agents (medicines)**
- **The potential for adverse events associated with the pharmacological agents**
- **Potential drug interactions with other medicines, prescribed or OTC (over the counter), that the Service User may be taking**

NRT, varenicline (Champix®) or bupropion (Zyban®) should be recommended, prescribed or supplied as part of an abstinence-contingent treatment, in which the smoker makes a commitment to stop smoking on or before a particular date (target stop date).

2.2 Combinations

In the first instance, consider offering a combination of nicotine patches and another form of NRT (such as gum, inhalator, lozenge or nasal spray) to people who

- show a high level of dependence on nicotine or
- who have found single forms of NRT inadequate in the past

Varenicline (Champix®) or bupropion (Zyban®) should not be offered in any combination.

2.3 Supply

The initial supply of medicines should only last until 1 week after the target stop date.

Further recommendations, prescribing or supply should be for a maximum of 2 weeks provided that the Service User has demonstrated, on re-assessment, that their quit attempt is continuing.

The Stop Smoking Service supports Service Users for 12 weeks; this includes the facilitation of supply of medicines.

Towards the end of the 12 week period of support it may be that, in exceptional circumstances, there are Service Users who have maintained abstinence for almost 12 weeks but who are not yet able to cope without the support of medicines.

In these circumstances an extended period of medicines support may be requested, provided that this extension falls within the product licence of the agent being utilised by the patient.

It is considered that an extension of medicines support, for Service Users who have been abstinent for three months, is appropriate when weighed up against the potential for the Service User to recommence smoking and when the risks of smoking are weighed up against the risks, and potential benefits, of continuation of treatment.

It is usual for Service Users requiring support for more than 12 weeks to be referred to a healthcare professional.

In addition to this, provision of treatment beyond 12 weeks is outside the terms and conditions outlined within the contract. Therefore, if it is envisaged that if a Service User may require treatment beyond 12 weeks via the voucher scheme the commissioner of the service should be contacted in advance of the provision for authorisation to supply. (0191 4332929).

If a smoker's attempt to quit is unsuccessful further attempts may be supported.

2.4 Reporting Side Effects and 'Yellow Card Scheme'

Any side effects that the Service User experiences should be reported using the 'Yellow Card Scheme'. This can be done directly to the CSM (Committee on the Safety of Medicines) using the yellow cards found at the back of the BNF (British National Formulary) or on line at <http://yellowcard.mhra.gov.uk/>

Advisors who are not in a position to report directly should seek advice from their line manager or the person responsible for the delivery of the stop smoking service within their organisation (this would normally be the contractor who has signed the contract for the service or their deputy).

Service Users may also report any side effects or on line at <http://yellowcard.mhra.gov.uk/>
Further information relating to the Yellow card Scheme can be found at <http://yellowcard.mhra.gov.uk/>.

Please also use the Yellow Card Scheme website to report any suspected side effects or safety concerns with e-cigarettes and the e-liquids used for vaping

Any risks that may be associated with NRT are substantially outweighed by the well-established dangers of continued smoking.

Users should stop smoking completely during therapy with NRT. They should be informed that if they continue to smoke while using NRT, they may experience increased adverse effects, including cardiovascular effects. (i.e. effects on the heart and circulation)

NICE has published further guidance on 'quitting smoking in pregnancy and following childbirth' (June 2010).

3. Useful Phone Numbers

Paul Gray
Commissioner of Stop Smoking Service
Gateshead Council Public Health Team

0191 4332929

Appendix C

Carbon Monoxide monitoring Equipment

All Active Intervention Advisors are allocated an individual Carbon Monoxide monitor (CO monitor) by the Council's Public Health Team when they complete their basic Stop Smoking training.

The Provider is responsible for the management and maintenance of all allocated equipment e.g. CO monitors. The monitors remain the property of the Council.

All equipment shall be regularly cleaned, maintained and serviced as required by the Stop Smoking Advisors / Provider.

CO monitors are to be calibrated by the Provider according to manufacturer's guidance to ensure accurate recording of results (usually on an annual basis).

Should CO monitors be found by the Council, in the absolute discretion of the Council, to not be being properly maintained by the Provider, the Council reserves the right to re-take possession of the CO monitor and take action under clause 24 of the Terms and Conditions of this Contract.

Consumables

Disposable mouth pieces and other consumables to support the use of CO monitors are provided free to the Provider by the Council. For information about consumables please contact:

Gemma King
Health and Wellbeing Intervention Lead
Gateshead Council Public Health – 0191 433 3058

<https://sotw.callitquits.co.uk>

APPENDIX D

Stop Smoking Product Guide

Treatment Options		Assessing dependence	
<p>Varenicline (Champix) Prescription only</p> <p>0.5mg/1mg (if patient experiences sickness remain at 0.5mg)</p> <p>Treatment period 12 weeks</p> <p>Dependency (fagerstrom score) Titration is required to optimal dose Days 1-3 0.5mg once daily Days 4-7 0.5mg twice daily Weeks 2-12 1mg twice daily Set quit day between day 8 - 14</p> <p>The dose can be reduced to 500 micrograms (0.5mg) twice daily in those who do not tolerate the 1mg dose. Another twelve weeks of treatment can be given to abstinent individuals to reduce the risk of relapse, at the discretion of the GP.</p> <p>Advantages Blocks nicotine receptors, reducing cravings and pleasure from smoking.</p> <p>Disadvantages Should be used with care in patients with history of a depression. Can cause sickness and drowsiness and dizziness. No licence for under 18 yrs. Not for use in pregnancy, breastfeeding or renal failure. Cautioned with epilepsy. Close monitoring of patients is recommended (particularly those on anti psychotic medication).</p> <p>Available Products 0.5, 1mg</p>	<p>Zyban (Bupropion) Prescription only</p> <p>150mg tablet</p> <p>Treatment period 7-9 weeks</p> <p>Dependency (fagerstrom score) One 150mg tablet to be taken for the first 6 days, followed by 2 tablets per day for the following 6 to 8 weeks (with at least 8 hours between each tablet). A quit date should be set for between day 11 and 14.</p> <p>Note: Patient can drop to one tablet per day if they are experiencing side effects.</p> <p>Advantages Proven to be effective medication with long-term abstinence rates doubled compared to placebo.</p> <p>Disadvantages Many possible contraindications and side effects including drowsiness, dry mouth, insomnia and headaches. Not to be prescribed for use in pregnancy or breast feeding under 18's, history of liver disease, kidney disease, eating disorders, head injury, seizure risk</p> <p>Available Products 0.5, 1mg</p>	<p>Fagerström test for smoking dependency</p> <p>How soon after waking up do you smoke your first cigarette?</p> <p>Do you find it difficult not to smoke in places where smoking is not allowed (e.g., hospital, cinema, train)?</p> <p>Which cigarette would you find hardest to give up?</p> <p>How many cigarettes do you smoke in a typical day?</p> <p>Do you smoke more frequently during the few hours after waking than the rest of the day?</p> <p>Do you smoke if you are so ill that you are in bed most of the day?</p>	<p>Score</p> <p>a) Within 5 minutes 3 b) 6-30 minutes 2 c) 31-60 minutes 1 d) After 60 minutes 0</p> <p>a) Yes 1 b) No 0</p> <p>a) The first one in the morning 1 b) Any other 0</p> <p>a) 31 or more 3 b) 21-30 2 c) 11-20 1 d) 10 or less 0</p> <p>a) Yes 1 b) No 0</p> <p>a) Yes 1 b) No 0</p> <p>Scoring</p> <p>0-2 Very low dependence 3-4 Low dependence 5 Medium dependence 6-7 High dependence 8-10 Very high dependence</p>

Treatment Options Table illustrating NRT VS dependency

Treatment option	NRT PATCH for single use or as first product when used as a dual therapy	NRT Lozenge & NRT Mini lozenge for single use (max dose of 15 pieces per day)	NRT Lozenge & NRT Mini lozenge when used as a second product (max dose of 15 pieces per day)	NRT Inhalator for single use (max dose 6 cartridges per day)
NRT Available	25/15/10mg 16hr patch 21/14/7mg 24 hr patch	4mg/2mg/1mg (Lozenge) 4mg/1.5mg (Mini lozenge)	4mg/2mg/1mg (Lozenge) 4mg/1.5mg (Mini lozenge)	15mg
Dependency (Fagerström score)	Weeks 1-4 Very high / high 25mg/21mg 1 per day Medium 25mg/21mg 1 per day Low/very low 15mg/14mg 1 per day	Weeks 1-4 Very high / high 4mg/ 12-15 pieces Medium 4mg/ 8-15 pieces Low/very low 2mg /1.5mg 8-12 pieces	Weeks 1-4 Very high / high 4mg/ 8-12 pieces Medium 2mg/1.5mg 8-12 pieces Low/very low 2mg/1.5mg 3-6	Weeks 1-4 Very high / high Not suitable Medium 6 cartridges per day Low/very low 3-6 cartridges per day
Please note: All doses shown are per day				
Treatment period: 12 weeks	Weeks 5-8 Very high / high 15mg/14mg 1 per day Medium 15mg/14mg 1 per day Low/very low 10mg/7mg 1 per day	Weeks 5-8 Very high / high 4mg/8-12 pieces Medium 4mg/8-10 pieces Low/very low 2mg/1.5mg 6-10 pieces	Weeks 5-8 Very high / high 4mg/ 4-8 pieces Medium 2mg/1.5 mg 4-8 pieces Low/very low 2mg/ 1.5mg 1-4 pieces	Weeks 5-8 Very high / high Not suitable Medium 3-5 cartridges per day Low/very low 2-4 cartridges per day
	Weeks 8-12 Very high / high 10mg/7mg 1 per day Medium 10mg/7mg 1 per day Low/very low 10mg/7mg 1 per day	Weeks 8-12 Very high / high 4mg/ 1-6 pieces Medium 4 mg / 1-5 pieces Low/very low 2mg/1.5mg 1- 5 pieces	Weeks 8-12 Very high / high 4mg/ 1-6 pieces Medium 2mg/1.5mg 1-6 pieces Low/very low None	Weeks 8-12 Very high / high Not suitable Medium 1-4 cartridges per day Low/very low 1-2 cartridges per day
Advantages	Easy to use with excellent safety and tolerability profile.	Minis more discreet than the standard lozenge. Fast acting.	Easy to regulate dose, could prevent over eating; helpful with cravings; sugar free.	Helps to keep hands/ mouth busy.
Disadvantages	Localised itching/ discomfort may occur at first but should fade. 24 hour patches may cause sleep disturbance.	Stomach upset; stinging in mouth; hiccups; localised irritation. Large lozenge-high sodium content, bulky.	Stomach upset; stinging in mouth; hiccups; localised irritation. Large lozenge-high sodium content, bulky.	Most effective if used with shallow puffing action. Not to be inhaled into the lungs.
Available Products	NRT 16 hour patch: 7 pack NRT 24 hour patch: 7 pack	Lozenge 4mg, 2mg, 1mg pack of 96 or 72 Mini lozenge 4mg, 1.5mg pack of 60	Lozenge 4mg, 2mg, 1mg pack of 96 or 72 Mini lozenge 4mg, 1.5mg pack of 60	Pack of 20, 36

NRT Inhalator when used as a second product (max dose 6 cartridges per day)	NRT Microtab for single use (max dose 40 pieces per day)	NRT Microtab when used as a second product (max dose 40 pieces per day)	NRT Nasal Spray for single use (max dose 32 doses/64 sprays per day)	NRT Nasal Spray when used as a second product (max dose 32 doses/64 sprays per day)
15mg	2mg	2mg	Nicotine 10mg mitred spray	Nicotine 10mg mitred spray
<p>Weeks 1-4 Very high / high 4-6 cartridges per day Medium 2-4 cartridges per day Low/very low 1-3 cartridges per day</p> <p>Weeks 5-8 Very high / high 3-5 cartridges per day Medium 2-3 cartridges per day Low/very low 1-2 cartridges per day</p> <p>Weeks 8-12 Very high / high 1-4 cartridges per day Medium 1-2 cartridges per day Low/very low None</p>	<p>Weeks 1-4 Very high / high 30-40 pieces per day Medium 20-25 pieces per day Low/very low 12-15 pieces per day</p> <p>Weeks 5-8 Very high / high 20-30 pieces per day Medium 10-20 pieces per day Low/very low 7-12 pieces per</p> <p>Weeks 8-12 Very high / high 1-15 pieces per day Medium 1-8 pieces per day Low/very low 1-5 pieces per day</p>	<p>Weeks 1-4 Very high / high 20-30 pieces per day Medium 15-25 pieces per day Low/very low 5-10 pieces per day</p> <p>Weeks 5-8 Very high / high 15-25 pieces per day Medium 5-15 pieces per day Low/very low 3-7 pieces per day</p> <p>Weeks 8-12 Very high / high 1-15 pieces per day Medium 1-10 pieces per day Low/very low 0-3 pieces per day</p>	<p>Weeks 1-4 Very high / high 20-32 doses/40-64 sprays Medium 10-20 doses/20-40 sprays Low/very low Not suitable</p> <p>Weeks 5-8 Very high / high 10-20 doses/20-40 sprays Medium 5-10 doses/10-20 sprays Low/very low Not suitable</p> <p>Weeks 8-12 Very high / high 3-10 doses/6-20 sprays Medium 1-5 doses/2-10 sprays Low/very low Not suitable</p>	<p>Weeks 1-4 Very high / high 5-20 doses/10-40 sprays Medium Not suitable Low/very low Not suitable</p> <p>Weeks 5-8 Very high / high 3-15 doses/6-30 sprays Medium Not suitable Low/very low Not suitable</p> <p>Weeks 8-12 Very high / high 1-15doses/2-10 sprays Medium Not suitable Low/very low Not suitable</p>
Helps to keep hands/ mouth busy.	Can be used discretely; easy to adjust dose; very few side effects.	Can be used discretely; easy to adjust dose; very few side effects.	Works quickly and easy dose adjustment.	Works quickly and easy dose adjustment.
Most effective if used with shallow puffing action. Not to be inhaled into the lungs.	Stomach upset, stinging in mouth; hiccups, localised irritation.	Stomach upset, stinging in mouth; hiccups, localised irritation.	May cause sneezing and irritation at first, runny nose, watering eyes.	May cause sneezing and irritation at first, runny nose, watering eyes.
Pack of 20, 36	2mg Microtab pack of 100	2mg Microtab pack of 100	10mg Nasal Spray (200 sprays per bottle)	10mg Nasal Spray (200 sprays per bottle)

NRT QuickMist for single use (max dose 32 doses/ 64 sprays per day)	NRT QuickMist when used as a second product (max dose 32 doses/ 64 sprays per day)	NRT Gum for single use (max dose of 15 pieces per day)	NRT Gum when used as a second product (max dose of 15 pieces per day)
13.2ml spray	13.2ml spray	4mg/2mg/1mg	4mg/2mg/1mg
<p>Weeks 1-4 Very high / high 20-32 doses/40-64 sprays Medium 10-20 doses/20-40 sprays Low/very low Not suitable</p> <p>Weeks 5-8 Very high / high 10-20 doses/20-40 sprays Medium 5-10 doses/10-20 sprays Low/very low Not suitable</p> <p>Weeks 8-12 Very high / high 3-10 doses/6-20 sprays Medium 1-5 doses/2-10 sprays Low/very low Not suitable</p>	<p>Weeks 1-4 Very high / high 5-20 doses/10-40 sprays Medium 4-15 doses/8-30 sprays Low/very low Not suitable</p> <p>Weeks 5-8 Very high / high 3-15 doses/6-30 sprays Medium 2-10 doses/4- 20 sprays Low/very low Not suitable</p> <p>Weeks 8-12 Very high / high 1-15doses/2-10 sprays Medium 0-5 doses/0-10 sprays Low/very low Not suitable</p>	<p>Weeks 1-4 Very high / high 4mg/ 12-15 pieces Medium 4mg/ 8-15 pieces Low/very low 2mg/ 8-12 pieces</p> <p>Weeks 5-8 Very high / high 4mg/8-12 pieces Medium 4mg/8-10 pieces Low/very low 2 mg/6-10 pieces</p> <p>Weeks 8-12 Very high / high 4 mg/1-6 pieces Medium 4mg/1-5 pieces Low/very low 2 mg/1-5 pieces</p>	<p>Weeks 1-4 Very high / high 4mg/ 12-15 pieces Medium 2mg/ 8-12 pieces Low/very low 2mg/ 4-8 pieces</p> <p>Weeks 5-8 Very high / high 4mg/8-12 pieces Medium 2mg/4-8 pieces Low/very low 2 mg/1-6 pieces</p> <p>Weeks 8-12 Very high / high 4 mg/1-6 pieces Medium 2mg/1-6 pieces Low/very low None</p>
Works quickly and easy dose adjustment.	Works quickly and easy dose adjustment.	Helps to keep hands/ mouth busy.	Helps to keep hands/ mouth busy.
Hiccups, stinging mouth, localised irritation.	Hiccups, stinging mouth, localised irritation.	Difficult with dentures, jaw ache, stomach upset, hiccups, localised irritation.	Difficult with dentures, jaw ache, stomach upset, hiccups, localised irritation.
13.2ml spray, 2 x 13.2ml Spray (150 sprays per bottle)	13.2ml spray, 2 x 13.2ml Spray (150 sprays per bottle)	Nicorette: x 105, x 30 Niquitin CQ: x 96, x 24 Nicotinell: x 96, x 24	Nicorette: x 105, x 30 Niquitin CQ: x 96, x 24 Nicotinell: x 96, x 24

SCHEDULE 1

CONDITIONS PRECEDENT

1. **CQC**

Provide the Council with a copy of the Provider's registration with the CQC upon request where the Provider must be so registered under the Law.

2. **Insurance**

Provide the Council with a copy of the insurance policies upon request to illustrate that the Required Insurances (as detailed in the Terms and Conditions and Invitation to Tender) are in place;

3. **Training & Qualifications**

- Anyone wishing to provide a Stop Smoking Service must complete the training endorsed and approved by the Council and meet the national competencies for Stop Smoking Advisors (as set out by the National Centre for Smoking Cessation and Training ('NCSCT') <http://www.ncsct.co.uk/>).
- In addition, the Provider/ Stop Smoking Advisors are required to meet update requirements, currently attendance at annual update training, or undertake other updates by the Council and be responsible for ensuring that their CO monitor is maintained and calibrated in line with manufacturer's guidance and the requirements of this Specification.
- In the circumstance that a Stop Smoking Advisor has been inactive for a period of 6 months then a refresher training session is required to be undertaken before Service delivery can recommence.
- In the circumstance that a Stop Smoking Advisor has been inactive for a period of one year or more they will be required to complete the full New Stop Smoking Advisor Training (2 days) to continue practising as an advisor.
- Staff involved in delivery of 'rolling groups' or 'drop in clinics' must be trained to national standards and such groups must be delivered by advisors with sufficient expertise to support quitters at different stages of the quitting process simultaneously. Training to provide this support is in addition to the Stop Smoking Advisor training.

4. **Patient Group Directive**

Not applicable at this time.

SCHEDULE 2

PERFORMANCE INDICATORS

The Provider must supply the Council with such information as it may reasonably request for the purposes of monitoring the Provider's performance in relation to this Service.

Data Collection

Service User monitoring forms must be completed by the Provider for each quit attempt using the online database provided by the Council (<https://sotw.callitquits.co.uk>) for each Service User who sets a quit date.

All fields must be completed to ensure data is not lost.

Data returns should include details of Service Users receiving NRT, Bupropion (Zyban) or Varenicline (Champix), as appropriate.

Individual Service User records should be updated on the online database as soon as possible after the session with the Service User.

Data Submission Dates

Data entered onto the online database are used by the Council to generate automatic payments at the end of each month.

It is the responsibility of the Provider to ensure information is up to date for payment.

Any delay in submitting data will result in a delay in payment.

Stop Smoking Services are monitored nationally and regionally on a quarterly basis. The information for this submission will be taken from the online database.

The following table sets out the Performance Indicator Threshold levels to be met by the Provider:

Performance Indicators	Threshold	Method of Measurement	Consequence of breach
Quit rate at 4 weeks	50-70%	Data taken from Online database	Quit rate below 50% support from mentor. Below 50% for 6 months referred to Council's commissioners to review the Contract.
Minimum number of individuals setting quit dates per annum	6	Data taken from Online database	Referred to Council's commissioners to review the Contract.

CO verified 4 week quit	85%	Data taken from Online database	Possible action under Clause 24 of the Terms and Conditions (Default and Suspension)
Quit rate at 12 weeks	To be monitored	Data taken from Online database	Referred to Council's commissioners to review the Contract. Possible action under Clause 24 of the Terms and Conditions (Default and Suspension)

Data will be taken from the online database in the following areas to assess where support is required to the Provider from the Council. The Provider must ensure that data is recorded on the online database:-

- Number of individuals setting a quit date
- Number of 4 week quits
- Number of CO verified 4 week quits
- Number of 12 week quits
- Number of CO verified 12 week quits
- Number of lost to follow ups

SCHEDULE 3

PRICING

In consideration of the Provider delivering the Service the Council will pay the Provider the following Price

Element to be Delivered	Amount
Quit Date Set	£15.50
4 week quit	£41.00
12 week quit	£41.00

The Provider shall submit to the Council on a monthly basis all information relating to number of quit dates set, 4 week quits and 12 week quits achieved using the online database which will automatically generate a claim for each payment.

It is the responsibility of the Provider to ensure that all data entered onto the online database is accurate and up to date by the end of each month. Any delay in submitting data will result in a delay in payment.

The Council shall pay the Provider the price following verification of the online claims, within 30 days of the end of the month.

The Price shall remain as set out in this Schedule during the financial years 2022 and 2023.

In the event that the Contract is extended in accordance with Clause 2.4 of the Terms and Conditions the Price shall continue at the same rate, unless a variation is agreed with Council.

Where Service Users have stopped smoking during a stay in secondary care or prison:

There will be patients who self-refer to the Service after having been supported to stop smoking during an episode of secondary care (ie. hospital admission) or whilst in prison.

Those Service Users will have been signposted from secondary care to their local stop smoking service and may present having not smoked for not longer than 14 days. For payment purposes:

- the amount of £15.50 may still be claimed for the first appointment equating to the payment for "Quit Date Set". This reflects the activity that the Provider will need to undertake i.e. NRT check, registration on Database etc.

- the amount of £41.00 may still be claimed where that Service User is confirmed as smokefree **four weeks from the date at which they are initially confirmed by the Provider as smokefree.**