Smoking Cessation Services -
Specification
SERVICE SPECIFICATIONS

Population Needs

The Joint Strategic Needs Assessment (JSNA) for the Royal Borough of Windsor and Maidenhead (RBWM) provides local data for smoking and associated ill-health. Approximately 15.5% of the adult population of RBWM is estimated to smoke (17,561 smokers). Local Tobacco Control Profiles showed that smoking levels amongst younger residents were a particular concern. Modelled estimates suggest that incidence of smoking amongst the 11-15, 15-16 and 16-17 age bands all came very close to the national average which is more than expected given the Borough's level of affluence.

There are particular challenges within key groups. Approximately 8% of pregnant women smoke. Smoking in pregnancy causes low birth weight and poorer childhood development. Evidence shows that too many young people take up smoking. According to the WAY survey in 2014/15, nearly 8% of 15 year olds smoked. In the JSNA, it notes that “Additional services targeting pregnant and under 18 smokers should be considered

People with learning disabilities have a shorter life expectancy and increased risk of early death compared to the general population. The health inequalities faced by people with learning disabilities in the UK start early in life and result, to an extent, from barriers they face in accessing timely, appropriate and effective health care. Rates of smoking among adolescents with mild learning disability are higher than among their peers.

National studies show that smoking is higher amongst people with mental ill-health. Nationally 33% of people with a mental health problem smoke compared to 18.7% in the population as a whole. A Public Health England and NHS England survey found that smoking rates among service users in mental health units is even higher at 64%. People with mental health problems die between 10 and 20 years earlier than people with good mental health, with high smoking rates being the single largest factor. With proven, clear links between smoking and dementia and lung disease (with well-known implications for early death and disability and linked social care costs), it is therefore vital to commission services to prevent smoking through early intervention and continually support the most vulnerable residents to stop smoking.

Service Aims

The aim of this service is to reduce prevalence of smoking in the royal Borough of Windsor and Maidenhead (RBWM) by the delivery of:

- A Borough-wide population based health promotion programme aimed at preventing uptake of smoking and harm reduction. The service will develop and deliver innovative strategies, appropriate to the target audience, to engage with groups at higher risk of harm from smoking
- Systematic signposting to self-help services to support smoking reduction for the population of RBWM
- The provision of skilled smoking cessation consultation and support in community, acute and primary care settings to targeted population groups within RBWM. The service will improve access to pharmacological and non-pharmacological aids via advisors who have received training at the appropriate level in line with the NHS Centre for Stop Smoking Services Training. The services will deliver a required level of smokers staying quit for 6 months after the quit date.

Evidence Base

The service shall be set up to deliver smoking prevention, signposting and specialist smoking cessation support in a range of settings to meet the needs of local communities. The service shall provide (a) health promotion in line with current best practice (b) support to behaviour change using brief intervention and nudge theories and (c) intensive support, either on a one to one basis, or on a group therapy basis, to support smokers who wish to stop smoking.
The service shall be set up and delivered in line with the following guidance and statutory framework for the provision of health promotion, behaviour change and smoking cessation services:

- NICE QS92 Smoking Harm Reduction; July 2015
- NICE QS43 Smoking cessation: Supporting people to stop smoking; August 2013
- NICE QS82 Smoking: reducing tobacco use; March 2015
- NHS Stop Smoking Service and Monitoring Guidance 2010/11
- NICE PH10 Smoking Cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach groups (NICE 2008).
- NICE PH1 Brief interventions and referral for smoking cessation in primary care and other settings (NICE 2006)
- NICE Technology Appraisal Varenicline for smoking cessation (NICE 2007)
- NICE PH6 Behaviour change: the principles for effective interventions; October 2007
- NICE PH49 Behaviour change: individual approaches: January 2014

The service will also be informed by other government policy as detailed in:

- 10 High Impact Changes to achieve Tobacco Control (DH) May 2008
- A Smoke Free Future (DH) 2010
- Audit Commission Best Practice:
- Cabinet Office. Applying Behavioural Insight to Health: a discussion paper; December 2010
- Cabinet Office. EAST: Four Simple Ways to Apply Behavioural Insights: April 2014
- National Audit Office. Tackling inequalities in life expectancy in areas with the worst health and deprivation; July 2010

Services provided should be in accordance with the minimum standards set out within these documents. Providers must also ensure compliance with current NICE guidance and updates as appropriate.

General Overview

In the UK, one person dies from a smoking-related disease every four minutes and smoking contributes to a wide range of health problems. The Department of Health estimates that it costs the NHS £1.7 billion each year. The government has recognised that by reducing the prevalence of smoking among people in routine and manual groups, some minority ethnic groups and disadvantaged communities will help reduce health inequalities more than any other measure to improve the public’s health.

In RBWM it is estimated that 17,566 people still smoke and, if they carry on smoking, half can expect to die prematurely from a smoking related disease. Cardiovascular disease, lung cancer and chronic obstructive pulmonary disease are all significant challenges within the Borough. In order for the council to meet its strategic commissioning aims of reducing mortality from these conditions and reducing health inequalities, effective stop smoking services are fundamental to the overall public health approach.

Stop smoking services are only one element of the overall approach to tobacco control. The main focus of these services is to identify smokers, offer assistance to stop, and provide information and raise awareness.

Objectives

Specific objectives are:

- To develop and deliver innovative health promotion strategies, using technology and social media where appropriate, to support the prevention of smoking and to support RBWM’s vision of making non-smoking the social norm
- To deliver numbers Setting a Quit Date (SAQD), Four Week Quitters (4WKQ) and Twelve Week Quitters (12WKQ) and Six Month Quitters (6MQ) aimed at the target populations namely pregnant
women, young people (under 18) those with mental health conditions and learning disabilities.

- To ensure all smokers who want to stop smoking can access either appropriate specialist cessation support (target populations) or advice and guidance on where to access such services.
- To signpost smokers who are not in priority groups described above to NHS Smoke free and local retail schemes for advice and support.
- To reduce smoking rates in the Royal Borough, improving the health of the population and reduce smoking related deaths
- To provide a cost effective service that is accessible across the Royal Borough of Windsor and Maidenhead.
- To provide an appropriate level of service to ensure outcomes are achieved

Expected Outcomes including improving prevention

The services are intended to deliver the smoking cessation targets in line with the Care Quality Commission standards and contribute to locally agreed outcomes, by reducing the number of smokers and the prevalence of smoking-related illnesses and deaths within the local population. Delivery of smoking cessation is identified as a local and national priority.

Work with Tobacco control alliance and local public health teams on prevention. Target communities relevant for this specification are pregnant smokers, those with mental health conditions and young people (those under age 18).
Scope

Service Description

The services shall be set up to deliver prevention, harm reduction and specialist stop smoking cessation support, monitoring and follow up offering a service in line with the guidance detailed in section 1.4 across RBWM. The service must be staffed by appropriately qualified personnel. Smoking cessation interventions should be run by advisors who have received training at the appropriate level in line with the NHS Centre for Smoking Cessation and Training. The following sections define requirements for Service Scope and Quality and Reporting.

Service Scope

The Provider will be required to:

- Offer evidence-based specialist prevention and smoking cessation support, monitoring and follow up in accordance to NICE and NCSCT NHS guidance (as detailed above in section…).
- The programme of prevention should be tailored to the target population, using media accessible and acceptable. The provider will be expected to develop innovative strategies for engaging with populations at increased risk of harm, including young people and those with learning disabilities.
- Work in collaboration with RBWM officers and the Royal Berkshire Fire and Rescue Service to further extend and promote the Smoke Free Homes initiative
- Signpost individuals not in the target groups for smoking cessation services to alternative self-help and support, including NHS Smokefree and private providers.
- Smoking cessation support shall typically constitute intensive counselling (one to one), group sessions, drop in clinics and web/telephone support
- Services shall be offered in a variety of settings to meet the needs of the local community in geographical proximity to areas where the client group live or work. To include the following: healthcare settings including General Practice, Secondary Care (acute and mental health settings) and Community Pharmacy. Other settings may include Community Dentists and Community settings may include workplace, community centres, Children’s Centres, shopping centres, children/young peoples’ clubs and associations, pubs/licensed premises, prisons and home visits for pregnant women and those with long-term illness or disability (including any mental health conditions).
- Provide an accessible service that includes evening and weekend provision.
- Deliver services within identified wards with higher levels of deprivation across the Royal Borough of Windsor and Maidenhead
- Deliver specialist stop smoking support to young people in a range of appropriate settings that are specifically accessible to these groups.
- To undertake promotional work to encourage people from the target groups to come and access services.
- To link in with appropriate 3rd sector agencies.
- Tailor service provision to meet the needs of smokers from recent migrant communities, disadvantaged communities and low income groups.
- Provide culturally sensitive and specific services, including multilingual services in appropriate locally spoken languages, to meet the needs of groups who find it harder to use current services. To deliver specific targeted interventions to meet the needs of BME and hard to reach groups.
- Identify key groups (e.g. acute trust, prisons, mental health, workplaces, inequalities) in agreement with the commissioner. A programme of interventions are prepared and delivered in order to support clients wishing to quit in these settings.
- Explore new opportunities and ways to provide services to the community.

Quality and Reporting

The Provider will be required to:
Pharmacotherapies

Offer and supply at least 8 weeks of free Nicotine Replacement Therapy (NRT) and all relevant pharmacotherapies in accordance with NICE guidance and NCSCT guidelines. Provide prompt availability of pharmacotherapies together with appropriate referral back to GP when required. This should include offering Varenicline or Zyban as appropriate and in line with Berkshire Public Health protocols and NICE and HTA guidelines through GP prescription or a Patient Group Direction (PGD). The costs of GP & other subcontractor prescribed medication will be reimbursed back to the provider service on a quarterly basis ie. It is important to note that the costs of these prescribed medications to all patients SAQD will be reconciled as part of total quarterly payments.

To provide a monthly breakdown of NRT, Champix and Zyban usage for all clients.
To follow any updated DH or other reliable guidance for the provision of Pharmacotherapies, agreeing any changes with the commissioner as required.
Training
- Deliver the service through appropriately trained, skilled and experienced professionals – trained to appropriate level of competence in line with the NCSCT.
- Deliver training to other providers or sub-contractors of the smoking cessation service, and other providers through agreement in line with NCSCT and NICE guidelines. Provide mentoring to level 2 advisors to support and develop best practice. The Provider is expected to provide regular refresher training for staff and ensure that staff are working to the most recent published standards.

Carbon Monoxide Monitoring
- Use CO monitoring to confirm quit status as a routine part of service provision. Purchase and maintain CO monitors and other equipment used during intervention programmes and events.

Data Reporting
- The provider shall define and operate processes to capture and report as agreed in formats specified by the Royal Borough, profiling smokers by multiple criteria including (but not limited to), socio-economic classification, eligibility for free prescriptions, intervention setting and type, CO validation tests, demography, ethnicity and other minimum data sets in accordance with the NCSCT and that required for Department of Health and NHS Information Centre monitoring of smoking cessation services. Reporting will also include schemes and events such as Stop b4 the Op and Stoptober.
- Maintain all necessary data collection procedures and ensure full and accurate data completion of monitoring forms and timely returns according to the requirements of The Royal Borough of Windsor and Maidenhead as they arise and as specified in Section 8 in this service specification. To meet all externally and Commissioner set deadlines for submission of all data.
- Collect informed consent from all clients for client contact details with an explanation that the client may be contacted for 52 weeks follow up and for audit purposes.
- Provide quarterly collated activity data in the format of the DH returns to RBWM (Public Health smoking lead) on a quarterly basis within 5 working days of the DH return date.
- To submit monthly service performance reports using Monthly Service Performance Report to the Commissioner by 15\textsuperscript{th} of the following ie April return to be received by 15\textsuperscript{th} May. Alternatively access to a live anonymised database supersedes the requirement for monthly reporting. Reporting (with database access) will be quarterly.
- Provide up-to-date data as required by RBWM outside of monthly and quarterly reporting.

Record Keeping and Data Protection
- Collect and record evidence of patient ID and NHS number.
- Maintain detailed client records that provide information on each stage of treatment as well as client motivation and quit history. The provider should maintain appropriate records to ensure ongoing effective service delivery and audit. Records should be retained for a minimum of two years. These forms should include all information required for the DH gold standard monitoring forms.
- On a six monthly basis the commissioning organisation will arrange for an audit of patient records to reconcile 4 week quit returns.
- Establish administrative processes to ensure the secure storage and handling of all records. Compliance with the Data Protection Act must be adhered to at all times. Electronic transmission of data must be in accordance with the NHS Information Security Management code of practice. A signed data confidentiality agreement must be obtained from each member of the public attending the service to ensure anonymised or psuedoanonymised data can be shared with the commissioning organisation. This agreement should included the statement “_____”
- Attend regular quarterly and ad-hoc performance monitoring meetings as required by RBWM.
Marketing

- Provide support on an agreed basis with the Commissioner, for public campaigns to promote smoking cessation, including No Smoking Day, Stoptober and World No Tobacco Day events. Purchase and distribute national promotional and local materials to the wider health economy (e.g. GPs, pharmacists, etc.) within RBWM.
- Produce and distribute bespoke promotional and reporting materials. Provision of information packs for smokers accessing the service in accordance with the national branding for smoke free NHS. http://smokefree.nhs.uk/resources/
- Publicise the service and generate own referrals and market the service to generate activity in line with the national branding. http://smokefree.nhs.uk/resources/
- Respond to requests from the commissioning organisation and other local statutory and community organisations for support for promotion of smoke free initiatives and tobacco policy initiatives.
- The provider will report quarterly on marketing events and promotional activities performed in that quarter.

Patient Experience

- Conduct surveys of all patients who complete the course to gather their suggestions for continuous improvement.
- Contact all patients who drop out to understand their reasons.
- Develop service development action plans from the results of patient experience surveys for discussion with commissioners at quarterly reviews.

2.2 Accessibility/acceptability

All clients will be treated equally and be given access to the smoking cessation service regardless of gender (including gender reassignment), race, nationality, ethnic or national origin, age, disability, religion, beliefs, or sexual orientation. The service will be flexible and responsive, adapting to the individual needs of clients in terms of their circumstances. The Provider will work in partnership and in an integrated way across General Practice, acute sector, community health services, and third sector providers to deliver the service. In delivering services to young people the provider will be expected to meet the You’re Welcome Quality Criteria (DH 2005).

2.3 Whole System Relationships

This service will support relevant RBWM and local CCG Care Pathways. Stop Smoking Services will be expected to contribute to discussions and action planning for tobacco control in RBWM.

Relationships will include the following agencies:

- RBWM including its constituent departments
- NHS Community Health
- NHS Acute Hospital Services
- General Practices
- Local pharmacies and dental practices
- Voluntary sector, community groups and local businesses.

2.4 Interdependencies

This service will form interdependent links with all of its referring agencies across local NHS (includes GPs, pharmacies, schools, hospitals, dentistry, etc).
2.5 Relevant networks and screening programmes

- Sub national tobacco control networks
- Berkshire Tobacco Control Alliance
- NHS Health Check Programmes
- Local Authority Networks

The provider will hold sub contract arrangements with other organisations, including, but not limited to RBWM Community Pharmacies and General Practices and local charities and community groups. The provider to keep updated lists of GP and Community Pharmacy sub contractors and to be shared with the commissioner. The provider remains responsible for ensuring that sub-contractors maintain the quality standards detailed in this service specification.

No other work within the scope of this contract shall be assigned to any sub-contractor by the provider. All additions to this list must be agreed and approved by RBWM, by contract variation.

3.1 Service model

The smoking cessation provision will be offered by the Provider and subcontractors, delivered in both healthcare and non-healthcare settings by staff with relevant knowledge and who are appropriately trained in the operation of the service. The Provider has a duty to ensure that the staff involved in providing the service are made aware of, and act in accordance with NHS codes of practice and NICE guidance.

3.2 Care Pathway(s)

3.2.1 These services shall be community based and take open referrals that may include any of the following: individual referrals, self-generated by the provider, GPs, Community Health Services, local pharmacies or other professional, workplaces, acute sector, occupational health etc. Care Pathways will be developed and agreed for different care settings as agreed with the commissioning organisation. These services are to be provided broadly in line with the list of activities set out below:

- Evidence-based specialist cessation support
- Offer at least 8 weeks of Nicotine Replacement Therapy (NRT) and all relevant pharmacotherapies in accordance with NICE guidance. Provide prompt availability of pharmacotherapies through direct supply together with appropriate referral back to GP when required or through a Patient Group Direction (PGD).
- Monitoring and follow-up in accordance with NICE and NHS Stop Smoking Service and Monitoring guidance.

3.2.2 Initial assessment should, at a minimum, include:

- An eligibility test (see 4.4)
- An assessment of the clients commitment to make a quit attempt
- An assessment of the client’s willingness to use appropriate treatments

3.2.3 Initial consultation should, at a minimum, include:

- A carbon monoxide (CO) test, and an explanation of its use as a motivational aid
- A description of the effects of passive smoking on children and adults
- An explanation of the benefits of quitting smoking
- Information on the nature of tobacco withdrawal syndrome and advice on the management of withdrawal symptoms together with a description of the common barriers to quitting
- Comprehensive advice about available/appropriate treatment options that have proven
effectiveness and methods of access

- Informing of client expectations in relation to the structure and process of the intervention including the programme’s aims, duration, how it works, and its benefits

3.2.4 The remainder of the programme should also cover:

- Reinforcement of the motivation and commitment to the target quit date
- Building of a repertoire of coping and behavioural support strategies
- Agreement on the chosen treatment pathway, ensuring the client understands the ongoing support and monitoring arrangements
- Onward planning (at the end of treatment) in relation to coping mechanisms, follow-up/support options and pharmacotherapy
- Assessment of client satisfaction with the intervention provided

3.2.5 If considered appropriate, the provider will deliver treatment from the full range of NRT products by Direct Supply and prescribed medication and will advise on its use.

3.2.6 The 4 week, 12 week, six month and one year follow-up must include self-reported smoking status followed by a CO test for validation. A CO test must be attempted in at least the % of cases identified in Section 7 based on the most recent NHS Stop Smoking Services Guidelines.

3.2.7 A successful 4 WKQ is defined by the ‘NHS Stop Smoking Services and Monitoring Guidance”. A successful quitter is a self reported quitter whose expired air CO reading is assessed 28 days from their quit date (-3 or +14 days) and whose CO is found to be less than 10ppm. Any clients whose follow up dates fall outside this timing range may not be counted / counted as lost to follow up.

3.2.8 A successful 12 WKQ is defined as a self reported quitter whose expired air CO reading is assessed 84 days from their quit date (-3 or +14 days) and whose CO is found to be less than 10ppm. Any clients whose follow up dates fall outside this timing range may not be counted / counted as lost to follow up.

3.2.9 A successful 6 month quit is defined as a self-reported quitter whose expired air CO reading is assessed 6 months from their quit date and whose CO is found to be less than 10ppm. Any clients whose follow up dates fall outside this timing range may not be counted / counted as lost to follow up.

Referral, Access & Acceptance Criteria

4.1 Geographic coverage/boundaries

To include patients who are registered with RBWM GP’s and clients who work or reside within RBWM.

4.2 Location(s) of Service Delivery

Service shall be offered in a variety of settings to meet the needs of the local community in geographical proximity to areas where the client group live or work.

Specific services will be provided to target harder to reach groups in settings and at times that meet their needs.

To include the following: healthcare settings (GPs, hospitals (acute and mental health and pharmacies), workplace settings, community settings, Children’s Centres, shopping centres (Retail Marketing Units), children/young people setting, clubs and associations, pubs/licensed premises and home visits for pregnant women and those through long-term illness of disability.
The physical area used for the service must provide a sufficient level of privacy and safety and be accessible to disabled clients.

4.3 Days/Hours of operation

Should include day time, evening and weekend access over 7 days for 52 weeks of the year: On a quarterly basis provide a report on clinic provision by settings and times across Berkshire.

4.4 Referral criteria & sources

Open access should be available to all eligible clients.

Confirmation of client eligibility is the responsibility of the provider of the service, the criteria to include:

- Client registered with a RBWM GP practice
- Client resides within the RBWM catchment area
- Client must be able to commit to a twelve week programme
- Clients have not failed an attempted quit in the previous six months (this is at the discretion of the service provider)

Patient’s resident but not registered with a RBWM GP must register with a GP before treatment is invoiced. Providers should signpost how to do this.

4.5 Referral route

Referral from multiple sources as below for any smoker committing to the programme:

- Patients can receive the specified stop smoking service support either through referral from another health/community/social care professional or by self or carer-referral.
- Immediate intervention at drop in clinics in high footfall areas.
- All clients should be contacted by the service within 4 working days of receipt of referral.

4.6 Exclusion criteria

Patients not meeting criteria in 4.4.

4.7 Response time & detail and prioritisation

Appropriate administrative systems must be used to ensure clients are managed through an efficient booking service, including appointment dates and times. For initial sign up to the smoking cessation programme, clients will be managed on a first come first served basis.

5. Discharge Criteria & Planning

The Provider will deal with all administration requirements from the point of referral onwards including a bookings and appointments system.

The provider will notify the clients GP of the outcome of the intervention and of any further treatment required in line with client consent.

Discharge of clients will be based on:

- Evidence of a confirmed Twelve Week Quit being established and confirmed by self report or CO levels monitored at 25-42 days follow up and 81-98 days from quit date set.
- Non attendance at consecutive appointments.

The provider is committed to delivering services to all clients who Set a Quit Date until discharge.
6. Prevention, Self Care and Patient and Carer information.

The provider shall ensure that there are structured processes to establish and publicise the service in accordance with The Code of Practice for Promotion of NHS Services, as issued by the Department of Health and as may be amended from time to time.

3. Applicable Service Standards

N/A

4. Key Service Outcomes

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Indicator</th>
<th>Threshold</th>
<th>Method of Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Public Health Outcome</td>
<td>Number of 4-week smoking quitters who attend NHS</td>
<td></td>
<td></td>
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<tr>
<td>Indicators</td>
<td>Commissioned Stop Smoking Services</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Number of 12-week smoking quitters who attend NHS</td>
<td>See 9.1 Activity</td>
<td></td>
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<tr>
<td></td>
<td>Commissioned Stop Smoking Services</td>
<td></td>
<td>Monthly patient datasets</td>
</tr>
<tr>
<td></td>
<td>Number of 6 month quitters</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Service User Experience</strong></td>
<td>Of all Service Users responding to the satisfaction question, the percentage reporting that they were satisfied with the service (Response Good or better)</td>
<td>≥ 80%</td>
<td>User Satisfaction Survey</td>
</tr>
<tr>
<td>-----------------------------</td>
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<tr>
<td>% Service Users reporting an excellent experience.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Experience Improvement Plan</strong></th>
<th>User Feedback + Complaints</th>
<th>N/A</th>
<th>Analysis of complaints received</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th><strong>Reducing Inequalities</strong></th>
<th>4 Week and 12 Week Quitter</th>
<th>≥ 40% of 4 and 12 WKQ</th>
<th>Quarterly Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant smokers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young people (aged under 18)</td>
<td></td>
<td>≥ 20% of 4 and 12 WKQ</td>
<td></td>
</tr>
</tbody>
</table>
### Smokers with mental health conditions

**Reducing Barriers**

New front line staff (teachers, school nurses youth workers, social care, voluntary care staff) trained in brief smoking cessation interventions and referral methods to Stop Smoking Services.

**Numbers of Provider and Sub contractor Staff Trained**

- Training Sessions delivered and Attendances
- 6 Training Sessions delivered per annum
- ≥ 10 Attendees per session

- Count Attendance Registers returned to Commissioner, specifying trainer details
- Count Attendance Registers returned to Commissioner
- Examples of case studies.

### Outcomes

<table>
<thead>
<tr>
<th>No. Setting A Quit Date (SAQD)</th>
<th>SAQD</th>
<th>Quarterly Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO Monitoring Target</td>
<td>CO Quit Confirmation</td>
<td>&gt;65%</td>
</tr>
</tbody>
</table>

### Performance & Productivity

#### Quit Success Rates

- 6 month quit rate % (number of 6 month quits/ people SAQD)
- 4 WKQ Rate % (number of 4 week quits / people SAQD )
- 12 WKQ Rate % (number of 12 week quits / number of 4 week quit success rates)

<table>
<thead>
<tr>
<th>6 month quit rate</th>
<th>&gt;20%</th>
<th>Quarterly Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 WKQ Rate</td>
<td>&gt;60%</td>
<td>Quarterly Review</td>
</tr>
<tr>
<td>12 WKQ Rate</td>
<td>&gt;60%</td>
<td>Quarterly Review</td>
</tr>
</tbody>
</table>

### Access

- Number of Out of Hours clinics delivered per week.
- Number of Clinics in NHS Setting

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Quarterly Review</th>
</tr>
</thead>
</table>


### 5. Location of Provider Premises

The Provider's Premises are located at:

Not Applicable: service provided in a range of public and community locations.

### 6. Individual Service User Placement

Not Applicable
ESSENTIAL SERVICES

Not Applicable
INDICATIVE ACTIVITY PLAN

Annual commissioned quitter volumes are as follows:

<table>
<thead>
<tr>
<th></th>
<th>RBWM</th>
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<tbody>
<tr>
<td>Maximum UA annual spend</td>
<td>£120,000 - £128,000</td>
</tr>
<tr>
<td>100% spend value 4WKQ (4 week quits)</td>
<td>220</td>
</tr>
<tr>
<td>100% spend 12WKQ (12 week quits)</td>
<td>130</td>
</tr>
</tbody>
</table>
ACTIVITY PLANNING ASSUMPTIONS

Not Applicable
ACTIVITY MANAGEMENT PLAN

Activity Plan / Activity Management Plan

Providers will be commissioned to deliver an annual activity plan. This will specify the minimum number of 4 and 12 week quitters to be delivered.

Providers will be paid on a Payment by Results basis for quitters delivered up to the maximum agreed spend. Providers will submit monthly invoices detailing the quitters delivered at each tariff.

Providers will be allowed no tolerance over the maximum spend at year end – no performance over this maximum spend will be paid for unless agreed in advance by contract variation.

Targets may be agreed with the minimum target (for example by target group and by quarter), but must still follow the year end stipulations.

Capacity Review

While the distribution of quitters by UA may be amended for future years and numbers may be increased, a minimum of 660 4 week quitters will be commissioned to ensure continued service viability at the agreed tariffs for the length of this contract (2016-2019).

Progress against targets will be reviewed quarterly. Both provider and commissioners accept that delivering a contract across six UA’s with separate budgets will require a spirit of partnership in performance management and commit to interpreting these guidelines with due flexibility where required.
NON-TARIFF AND VARIATIONS TO TARIFF PRICES

Non-Tariff Prices

10.1 Currency and Price

<table>
<thead>
<tr>
<th>Basis of Contract</th>
<th>Currency</th>
<th>Price</th>
<th>Thresholds</th>
<th>Expected Annual Contract Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 week quitter – Target population</td>
<td>£</td>
<td>330</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 week quitter – Target population</td>
<td>£</td>
<td>110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 month quitters – Target population</td>
<td>£</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>£</td>
<td></td>
<td>£</td>
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</tr>
</tbody>
</table>

*delete as appropriate

All payments are all-inclusive and will fund all pharmacotherapy. Any prescription costs incurred by central prescribing budgets will be recharged to providers at each quarter end.

Target Populations

Pregnant
Under 18 years of age (ie ≤ 17)
Those with mental health conditions

Employment status to be established using the determining socio-economic classifications algorithm p106 NHS Stop Smoking Service and Monitoring Guidance 2010/11

Variations to Tariff Prices

These prices are intended to be fixed for the length of the contract. This does not preclude annual review and variation if provider and commissioner agree there is justification for change.
EXPECTED ANNUAL CONTRACT VALUES

Not applicable
## Section B Part 8.1: Quality Requirements

<table>
<thead>
<tr>
<th>Section name</th>
<th>Quality Requirement</th>
<th>Threshold</th>
<th>Method of Measurement</th>
<th>Consequence of breach</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Workforce</strong></td>
<td><strong>Staff Appraisals</strong></td>
<td>No. of staff appraisals by professional group</td>
<td>All staff to have an annual appraisal</td>
<td>Provider report</td>
<td>As per clause 47</td>
</tr>
<tr>
<td><strong>Patient Experience</strong></td>
<td>Patients asked &quot;Would they recommend the hospital as a place to receive treatment&quot;</td>
<td></td>
<td>Results form patient satisfaction questionnaires</td>
<td>As per clause 47</td>
<td>Quarterly (broken down monthly)</td>
</tr>
<tr>
<td><strong>National Standards</strong></td>
<td>The Provider will deliver clinical services in line with relevant Royal College/Professional Body standards and guidelines wherever possible unless the Co-ordinating Commissioner has commissioned a different level of service. The Provider will inform the public health shared team if any applied standards and guidelines are breached. The public health shared team reserves the right to request the Provider to carry out an audit against a relevant Royal College/Professional Body standard or guideline if a specific issue or concern arises (e.g. through complaints, incidents, serious untoward incidents, national audits, patient surveys etc)</td>
<td></td>
<td>Exception reporting</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Governance</strong></td>
<td>The Provider will agree to send the Commissioner papers from the provider's Clinical Governance Committee (or equivalent) for the purpose of assuring quality of the Provider Services.</td>
<td>Full compliance</td>
<td>Provider Clinical Governance reports</td>
<td>As per clause 47</td>
<td>Quarterly</td>
</tr>
<tr>
<td><strong>SIRIs</strong></td>
<td>The Provider verbally notifies the Commissioner immediately (or as a maximum within 24 hours) of a SUI. SUI reported to the Provider within two working days. Final investigation report and action plan available to Commissioner within 45 working days (unless otherwise negotiated). Commissioner representation on SUI panels (if applicable).</td>
<td>Full compliance with reporting of SUIs as set out in Section C part 7.3</td>
<td>SIRI reports, RCA investigations reports, lessons learnt and action plan</td>
<td>As per clause 47</td>
<td>Monthly</td>
</tr>
<tr>
<td>Section name</td>
<td>Quality Requirement</td>
<td>Threshold</td>
<td>Method of Measurement</td>
<td>Consequence of breach</td>
<td>Frequency</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>-----------</td>
<td>---------------------------------------------------------------------------------------</td>
<td>-----------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Incidents</td>
<td>The Provider will have a robust process for Patient Safety Incident reporting, management and learning</td>
<td></td>
<td>The Commissioner will have sufficient assurance that learning takes place as a result of an incident.</td>
<td>Twice yearly incident reports.</td>
<td>As per clause 47</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>The Provider will have processes in place to safeguard children and will have a training strategy in place.</td>
<td></td>
<td>All staff should have an appropriate level of training in safeguarding, according to their contact with children.</td>
<td>Report on training to include the total number of eligible staff for training and the Number of staff trained.</td>
<td>As per clause 47</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>Safeguarding The Provider will have processes to safeguard vulnerable adults and will have a training strategy in place.</td>
<td></td>
<td>All staff should have an appropriate level of training in safeguarding, according to their contact with adults.</td>
<td>Report on training to include the total number of eligible staff for training and the Number of staff trained.</td>
<td>As per clause 47</td>
</tr>
<tr>
<td>CAS alerts</td>
<td>Implementation of national alerts such as relevant drug alerts, NPSA alerts, Central Alerting System (CAS) and patient safety notices should be within the allocated time.</td>
<td>95%</td>
<td>Provider report twice yearly</td>
<td>As per clause 47</td>
<td>Twice Yearly</td>
</tr>
<tr>
<td>Clinical Audits</td>
<td>The Provider will be expected to contribute records of all eligible patients to National Clinical Audits</td>
<td>n/a</td>
<td>Annual Provider report.</td>
<td>As per clause 47</td>
<td>annually</td>
</tr>
<tr>
<td>Complaints</td>
<td>The Provider shall have a Complaints Policy and Procedure that deals with patient complaints and concerns in a timely manner.</td>
<td></td>
<td>establish baseline and then set threshold No and description of complaints received in quarter. Total number of complaints referred on to the Ombudsman and number upheld by Ombudsman (per quarter). Complaints policies and procedures available to commissioner on request.</td>
<td>As per clause 47</td>
<td>Quarterly (broken down monthly)</td>
</tr>
<tr>
<td>Section name</td>
<td>Quality Requirement</td>
<td>Threshold</td>
<td>Method of Measurement</td>
<td>Consequence of breach</td>
<td>Frequency</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>----------------------------------</td>
<td>----------------------------------------------------</td>
<td>-----------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td><strong>Patient Experience</strong></td>
<td>The Commissioner expects Providers to utilise a range of patient feedback mechanisms (e.g. complaints, comments, questionnaires, etc) to develop action plans for improvement, to measure the impact of the improvement activity and to feedback outcomes to individual patients/users/carers or representative groups.</td>
<td>85% Internal patient satisfaction</td>
<td>Quarterly provider report on Internal patient experience.</td>
<td>As per clause 47</td>
<td>Quarterly (broken down monthly)</td>
</tr>
<tr>
<td><strong>Patient Information</strong></td>
<td>The Provider will have evidence of a comprehensive Patient Information programme of work.</td>
<td>n/a</td>
<td>Provider report on annual review of patient Information leaflets</td>
<td>As per clause 47</td>
<td>Annual</td>
</tr>
<tr>
<td><strong>Reducing Barriers</strong></td>
<td>New front line staff (teachers, school nurses youth workers, social care, voluntary care staff) trained in brief smoking cessation interventions and referral methods to Stop Smoking Services. Numbers of Provider and Sub contractor Staff Trained</td>
<td>6 Training Sessions delivered per annum ≥ 10 Attendees per session</td>
<td>Quarterly provider report. Count Attendance Registers returned to Commissioner, specifying trainer details</td>
<td>As per clause 47</td>
<td>Quarterly</td>
</tr>
<tr>
<td><strong>Reducing Inequalities</strong></td>
<td>4 Week, 12 Week and 6 month Quitter Young People &lt;18 Years ≥ 40% of 4 and 12 WKQ* Pregnant Women ≥ 20% of 4 and 12 WKQ* those with mental health conditions ≥ 40% of 4 and 12 WKQ* 6 month quitters – 20% of all quitters</td>
<td>Quarterly provider report</td>
<td>As per clause 47</td>
<td>Quarterly</td>
<td></td>
</tr>
<tr>
<td><strong>CO Monitoring Target</strong></td>
<td>CO Quit Confirmation</td>
<td>&gt;65%</td>
<td>Quarterly provider report (broken down monthly)</td>
<td>As per clause 47</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

* Note to reducing inequalities targets for young people, those with mental health conditions and pregnant women. It is anticipated that to effectively address these target groups will require commissioning of a specialist service to work with partner organisations: midwifery services and schools. It is planned to review the commissioning of such specialist services during this contract.
Nationally Specified Events
Not applicable to this service

Never Events
Not applicable to this service

18 Weeks Referral-to-Treatment Standard for Consultant-led Services  Financial Adjustments Table
Not applicable

Clostridium difficile Adjustments Tables
Not applicable
QUALITY INCENTIVE SCHEMES

Nationally Mandated Incentive Schemes

Not applicable

Commissioning for Quality and Innovation (CQUIN) Table 1: CQUIN

Scheme

CQUIN is not applicable to this contract as appropriate incentives are included in the tariff. Commissioners and Providers are free to include in future years if quality kpi's are identified that would benefit from incentivisation.

Locally Agreed Incentive Schemes

Not applicable
ELIMINATING MIXED SEX ACCOMMODATION PLAN

Not applicable
### Service Development and Improvement Plan

<table>
<thead>
<tr>
<th>Description of Scheme</th>
<th>Milestones</th>
<th>Timescales</th>
<th>Expected Benefit</th>
<th>Consequence of Achievement/Breach</th>
</tr>
</thead>
<tbody>
<tr>
<td>[insert as defined locally]</td>
<td>[insert as defined locally]</td>
<td>[insert as defined locally]</td>
<td>[insert as defined locally]</td>
<td>Subject to Clause 47 (Contract Management)</td>
</tr>
</tbody>
</table>
SERVICE USER, CARER AND STAFF SURVEYS

Service user satisfaction is to be monitored using the attached client satisfaction form and results analysed and discussed with commissioners at quarterly review meetings in order to identify areas of service strength / weakness to inform continuous service improvement.

Client Satisfaction
Form - GENERIC.doc
CLINICAL NETWORKS AND SCREENING PROGRAMMES

Not applicable
REPORTING AND INFORMATION MANAGEMENT

Section B Part 14.1: National Requirements Reported Centrally

1. The Provider and Commissioner shall comply with the reporting requirements of SUS and UNIFY2 where applicable.

2. Compliance with the required format, schedules for delivery of data and definitions as set out in the Information Centre guidance, Review of Central Returns (ROCR) and all Information Standards Notices (ISNs), where applicable to the service being provided.

3. The Provider shall ensure that each dataset that it provides under this Agreement contains the Organisation Data Service (ODS) code for the relevant Commissioner, and where the Commissioner to which a dataset relates is a Specialised Commissioning Group, or for the purposes of this Agreement hosts, represents or acts on behalf of a Specialised Commissioning Group, the Provider shall ensure that the dataset contains the ODS code for such Specialised Commissioning Group.

4. The Provider shall collect and report to the Commissioner on the patient-reported outcomes measures (PROMS) in accordance with applicable Guidance.

5. Providers of substance misuse services shall comply with the reporting requirements for the National Drug Treatment Monitoring System (NDTMS) returned to the National Treatment Agency where applicable.
National Requirements Reported Locally

1. Monthly activity report, as described in Clause 41.9.

2. Monthly Service Quality Performance Report, as described in Clause 45.1, and details of performance against the Quality Requirements, including without limitation details of all Quality Requirements satisfied, and details of and reasons for any failure to meet the Quality Requirement.
   Report to be provided monthly in the template provided as specified in Appendix B.14.A.16 - Service Quality Performance Report.

   Format and frequency as specified in Appendix B.14.A.16 - Service Quality Performance Report. (N/A)


5. Complaints monitoring report.

   Schedule B Part 11. Verbal monthly updates at CPM (Contract Performance Meeting). Formal quarterly report on status of each SDIP entry for either the Provider or the Commissioner as applicable. (Appendix B.14.A18 – SDIP Report). (N/A)


9. Monthly report of local audits of the percentage of patients risk assessed for venous thromboembolism who receive the appropriate prophylaxis in accordance with Guidance.
   Format and frequency as specified in Appendix B.14.A16 Service Quality Performance Report in the CQUIN section. (N/A)

10. Where radiotherapy services are provided, report and provide data in accordance with Guidance to support the Commissioners monitoring of the 31 day standard for radiotherapy (according to which Patients should not wait more than 31 days from Consultant referral to commencement of radiotherapy treatment).
Format and frequency as specified in Appendix B.14.A20 – Radiotherapy services Report and Data. (N/A)

11. In relation to the Cancer Registration dataset reporting (ISN), report on staging data in accordance with Guidance.

Frequency, format and method for delivery as defined in the ISN. (N/A)

12. Report and provide monthly data and detailed information relating to violence-related injury resulting in treatment being sought from Staff in A&E departments, Urgent Care and Walk in Centres, and from Ambulance Services Paramedics (where the casualties do not require A&E department, Urgent Care and Walk in Centre attendance), to the local Community Safety Partnership (CSP) in accordance with applicable Guidance (College of Emergency Medicine Clinical Guideline Information Sharing to Reduce Community Violence (July 2009)). Format and method of delivery shall be in accordance with the applicable Guidance.

Appendix B.14.A15 – Violence-related injuries Report and Data. (N/A)

13. Where abortion services are provided, report and provide data to support the monitoring of delivery of contraception at abortion services.

Format and frequency as specified in Appendix B.14.A28 – Contraception Data. (N/A)

14. Monthly summary report of all incidents requiring reporting.

Format and method for delivery as per Section C Part 7.3 – Incidents Requiring Reporting Procedure.

15. Report, where appropriate, performance against the 18 week Referral-to-Treatment Standard.

Reports used: as specified in Appendix B.14.A2 – RTT Patient Level datasets and Unify returns. (N/A)

16. Where appropriate, report of progress against milestones in Data Quality Improvement Plan as defined in Section B Part 14.4. (N/A)

17. In light of the requirements of the Climate Change Act 2008, the Department’s Sustainability Strategy “Taking the long term view”, and in line with the national NHS Strategy: “Saving Carbon, Improving Health”, the Provider shall, as applicable, demonstrate their measured progress on climate change adaptation, mitigation and sustainable development, including performance against carbon reduction management plans.

Local Requirements Reported Locally

3.1 All contracted data and information returns from the Provider to be sent to:

3.2 Public.health@rbwm.gov.uk or relevant specified officer on or before due date.

3.3 Definitions of frequency for reporting: Monthly, Quarterly and Annually means the next submission date (2 days following SUS Inclusion Date) following the month the return relates to, unless otherwise specified in the schedule.

3.4 The Provider will submit all commissioner-based reports and datasets to the Commissioner at GP practice level. Any reports where this is not possible will be highlighted and justified to the Commissioner with a timetable for inclusion.

Section B Part 14.4: Data Quality Improvement Plan (N/A)

<table>
<thead>
<tr>
<th>Data Quality Indicator</th>
<th>Data Quality Threshold</th>
<th>Method of Measurement</th>
<th>Milestone Date</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix B.14.A – Local requirements to support contract monitoring

<table>
<thead>
<tr>
<th>Ref</th>
<th>Data request</th>
<th>Frequency / Deadline</th>
<th>Details</th>
<th>Format</th>
<th>Applicable? (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4</td>
<td>Contract Monitoring Report</td>
<td>Monthly 10th working day after month end</td>
<td>Dataset: SmokingCessation template.xlsx</td>
<td>Excel spreadsheet or csv file</td>
<td>Y</td>
</tr>
<tr>
<td>A16</td>
<td>Service Quality Performance Report</td>
<td>Quarterly 15th working day after quarter end to inform quarterly review meeting</td>
<td>To be agreed as longstop item.</td>
<td>Electronic format of choice</td>
<td>Y</td>
</tr>
<tr>
<td>A17</td>
<td>Complaints Monitoring Report</td>
<td>Quarterly 15th working day after quarter end to inform quarterly review meeting</td>
<td>To be agreed as longstop item..</td>
<td>Electronic format of choice</td>
<td>Y</td>
</tr>
</tbody>
</table>
Workforce Planning Standards (N/A)

The Annual workforce plan is required by January 2013 to include a narrative on the following:
1) Anticipated shortages - actions taken how workforce will change over next year and staffing groups affected.
2) What will be the direct impact of workforce changes on staff groups by number.
3) How will the Trust maintain staff engagement during challenging time.
4) A completed operating plan template for 2013/4

The information in table 2, workforce template details, is required for the Coordinating Commissioners measurements/reporting in the following categories a) temporary staff, b) total workforce WTE, c) management numbers, and d) clinical staff numbers.

Table 1 - Workforce Planning Standards

<table>
<thead>
<tr>
<th>Data Requested</th>
<th>Outcome</th>
<th>Frequency of reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Survey</td>
<td>Action Plan of how to achieve the year-on-year improvement on staff survey outcomes to include staff health and well being</td>
<td>Reduction year on year on the standards where the Provider has been assessed in the bottom 25% from the national survey questions.</td>
</tr>
<tr>
<td>Workforce Numbers and Paybill</td>
<td>number of workforce in post</td>
<td>Report monthly on workforce data and plans</td>
</tr>
<tr>
<td>Temp Staff</td>
<td>% temporary staff used against % of total employed staff</td>
<td></td>
</tr>
<tr>
<td>Sickness Absence</td>
<td>Sickness absence – numerator the number of full time equivalent staff days lost to sickness absence. Denominator – the number days due to be worked.</td>
<td>Target 3.2% rolling average by March 2013</td>
</tr>
<tr>
<td>Turnover</td>
<td>Staff turnover – numerator the number of full time equivalent leavers from the organisation. Denominator – the number of staff in post.</td>
<td>Target 12%</td>
</tr>
</tbody>
</table>

Table 2 - Workforce template:

Workforce Template 2012-2013 (16-12-20)