

**West Herts PBC Chair's Meeting**  
**Smoking Cessation (January 17<sup>th</sup> 2008)**

**1.0 General Background**

- Smoking is one of the key contributory factors to life expectancy, ill health and health inequality. Smoking is a key public health issue (Choosing Health, Public Service Agreements, SHA Local Delivery Plans and the NHS Operating Framework).
- Lower smoking prevalence associated with less admissions for MI, angina, COPD and decreased prescribing costs for antibiotics
- Estimated 200,000 smokers in Hertfordshire

**2.0 Department of Health Targets 2007/08**

- East & North Herts 3,489
- West Herts 3,454

In 2006/07, the target was met by specialist service (23%), intermediate service (27%), MIQUEST (50%)

*primary care  
community pharmacists  
— data quality facilitators supplied data to DH*

**3.0 Current service provision in Hertfordshire**

- 'Intermediate' service (level 2) provided by primary care i.e. through practices and community pharmacists which is evidence based
- Specialist service (level 3) provided by the PCT which offers one to one support and is evidence based

(Note: PCT specialist service targets high risk groups e.g. pregnancy, co morbidities, multiple failures to quit. The specialist service provides support to intermediate service providers through advice and information, visits and county wide training. The service also raises awareness of the services in the community and with key agencies)

*Success rate in Herts is 68% of those who make IT to first referral*

**4.0 Previous LES Arrangements for Smoking Cessation 'Intermediate' Services**

- Historically, different LES arrangements across Herts. Agreement by 2 PCTs and PBCs to roll forward current arrangements until March 31<sup>st</sup> 2008
- Only methods recommended by NICE have been funded
- EoE SHA requires single LES in place for smoking cessation across Herts with suggested maximum payment
- LES budget held by PBC groups to commission 'intermediate' services from practices and community pharmacists

## 5.0 QoF

- QoF payments relate to recording of smoking status and provision of advice to at risk groups

*does not have 05/06 figures*

## 6.0 Future Arrangements for 2008/09

The draft LES is based on:

- NICE guidance
- New national DH guidance : NHS Stop Smoking Services - Service and Monitoring Guidance (October 2007/08: )
- East of England Commissioning Framework

It is worth noting from April 1<sup>st</sup> 2008 that:

- 4 week quits that have not been the result of 1:1 structured multi session interventions by trained staff cannot be counted as DH quits i.e. cannot count towards the target

## 7.0 Discussion Points

- Primary care based 'intermediate service' to provide robust evidence based services
- One Smoking Cessation LES in Hertfordshire
- Next Steps

**Summary Outline Document  
Proposed Local Enhanced Service 2008/09  
for the Provision of Stop Smoking Services**

### **1.0 Introduction**

The purpose of this paper is to outline out a possible model for a Local Enhanced Service (LES) for enhanced support to aspects of clinical care which are considered beyond the scope of essential or additional medical services.

This enhanced service specification is for the provision of an Intermediate Stop Smoking Service across East and North Hertfordshire PCT and West Hertfordshire PCT. An Intermediate Smoking Cessation Service is the provision of a stop smoking service, which is delivered by trained professionals to patients as a 1:1 consultation.

The scheme is open to General Medical and Dental Practitioners and intermediate providers, such as Pharmacists under the NHS Community Pharmacy Contractual Framework (April 2005).

### **2.0 Aims of the LES**

- To assist in reducing the smoking prevalence in Hertfordshire
- To assist in meeting the national smoking cessation target (4 week quitters)
- To facilitate easy access for patients into NHS Stop Smoking Services
- To ensure that patients who use a service provided through a LES agreement will experience a high quality evidenced based service.
- To provide relevant smoking cessation data to the PCT and DH

### **3.0 Key Elements of the Service**

This Local Enhanced Service (LES) covers the following:

- Staffing
- Direct Service Delivery
- Facilities
- Protocol for Provision of Service
- CO Monitoring

- Payment
- Quality Monitoring
- Review

### **3.1 Staffing**

Intermediate Stop Smoking Advisers are defined as health professionals who have attended the mandatory level two smoking cessation training provided within Hertfordshire by the PCTS' Hertfordshire Stop Smoking Service since November 2000, or equivalent accredited smoking cessation training as agreed by the PCTs.

### **3.2 Direct Service Delivery**

- Stop Smoking Advisers must see patients on a one to one basis/couples, space allowing, in a private and confidential setting and should provide a minimum of one and a half hours of patient contact over a period of four to six weeks.
- A telephone service may also to be provided for patients unable to access the above sessions (e.g. those with disabilities).
- Adequate patient records should be maintained (to include all client contacts, medications used and smoking status)
- Clinic records must be kept in a locked and secure storage area and procedures for this storage must comply with Caldicott guidelines
- Relevant records must be kept for a minimum of 2 years (to allow for possible audit)
- When seeing patients between the ages of 12 to 16 years the PCT guidance should be followed (Appendix 11 – to follow).
- Providers may not subcontract service provision to other parties and claims made on that basis will not be paid

### **3.3 Facilities**

The consultation should take place in an appropriate area/room where:

- There is adequate waiting space for patients
- Confidentiality can be maintained at all times
- There is adequate light and ventilation
- There is access to patient records – electronic/paper (ensure signature)
- Staff can access a telephone or other method of communication with reception/colleagues in an emergency

### **3.4 Protocol for Provision of Service**

The patient will be seen for a minimum of one and a half hours over 4-6 weeks.

All service providers should maintain adequate client records (to include all client contacts, medications used and smoking status)

#### **a) Appointment 1 (Pre Quit Date)**

The first appointment will last for approximately 20-30 min and is the detailed assessment of the patient. It should include:

- Outline of Service to patient
- Patient is required to sign the declaration on DH Clinic Record form (Appendix 1) if they agree to enter into service
- Patient details are entered on DH Clinic Record form and Health Questionnaire
- Initial patient assessment of smoking status and history using the clinic record form should cover:
  - ◊ Discussing current smoking habit
  - ◊ Smoking history (and previous quit attempts)
  - ◊ Previous use of NRT / Zyban / Champix
  - ◊ Assessment of nicotine dependency and appropriate feedback to patients
  - ◊ Discussing readiness to change, (motivation and confidence)
- Comprehensive advice about available/appropriate drug treatments and access to NRT and Zyban (prescription, Over The Counter).
- Fill out Letter of Recommendation to supply Nicotine Replacement Therapy (Appendix 2 & 3)
- Take and record Carbon Monoxide reading on patient clinic record
- Set and record quit date
- Make next appointment

Where NRT is recommended, the patient must be advised of which pharmacies are approved to supply NRT by the PCT. Approved pharmacies will be working under a PCT authorised NRT Service Specification (Appendix 4) and Pharmacists working under the Service Specification must have signed to say they agree to work within the bounds of the Service Specification (Appendix 5).

Where Zyban or Champix is recommended, the patient must be referred to their GP.

All other appointments are approximately 15 minutes in duration

**b) Appointment 2** (quit date or shortly after)

Should provide counselling time to cover

- Checking their use of NRT / Zyban / Champix / will power
- Helping the patient through the early quitting process/
- Recording CO reading where possible or smoking status by self report
- Recording any other information (e.g. side effects from NRT, Zyban or Champix)
- If a patient is having serious side effects advise that they seek GP opinion
- Completing the relevant information on DH Clinic Record Form (Appendix 1)

**c) Appointment 3** takes place two to three weeks post quit date . The content of this appointment is a repeat of appointment 2.

Appointment 2 or 3 could be a motivational phone call

**d) Appointment 4 (Four Weeks post quit date)**

Counselling time to cover:

- Take and record CO reading
- Record any other information
- Complete DH Clinic Record Form (Appendix 1)
- Provide advice on staying stopped (give information on telephone numbers)
- Complete follow up on 4 week monitoring form and sign and return to PCT

Please note that if a patient has had two failures with an enhanced service provider, they should be referred to the PCT Specialists through the Herts Stop Smoking Service (HSSS).

### **3.5 Carbon Monoxide (CO) Validation**

a) CO validation should be offered at the first appointment and throughout the quit attempt.

b) CO validation at 4 weeks from patient's quit date must be attempted in at least 85% of cases

An 'attempt' to carry out CO verification should comprise a minimum of 3 separate attempts to contact the patient via telephone, text or e-mail in order to arrange a face to face CO validation

c) After , the quit date, CO should be less than 10ppm

d) CO validation must be recorded on the patient record form and DH form

e) Recalibration and maintenance of CO monitors and supply of consumables will be the responsibility of the provider; use of CO monitors will be audited for clinical governance purposes

f) Carbon Monoxide monitors should only be used by staff that are appropriately trained as Stop Smoking Advisers

#### **4.0 Payment to Providers**

4.1 The proposed payment will be £30 for each 4 week quit

4.2 Payment is based on

- the patient following a 1:1 structured multi sessional smoking cessation programme and who quits smoking for at least four weeks (28 days).
- Attempting and recording CO monitoring
- the return of quality monitoring paperwork to PCT Hertfordshire Stop Smoking Service (i.e. DH monitoring form)

4.3 Timescale for return of DH Forms

- Patients' quit dates must be within the present or previous financial quarter. Incomplete or illegible forms (e.g. without postcode data, names etc.) will be returned for completion and payment may be withheld
- If a patient has quit in the last quarter of the year i.e. during January-March then forms must be returned by the due date at the end of the quarter in order to comply with DH year end deadlines.
- Payment cannot be made for late data in any circumstance.

4.4 An agreed invoice template should be used

4.5 In addition:

- Providers must ensure in order to be eligible for payments that the patient is registered with a GP
- The provider must also ensure in order to be eligible for payments that the patient is not receiving smoking cessation services from another approved provider and the above criteria have been completed.

#### 4.6 Process for Payment:

From 2008/09 each provider contracted to provide this Enhanced Service:

- Will receive £30.00 for each patient following the smoking cessation programme and who quits smoking for at least four weeks (28 days)
- must complete a quarterly invoice (patient quit dates must be within the last 3 months)
- will receive payments paid quarterly in arrears.

Completed invoices by practices who are intermediate providers to should be sent to: PSU, Charter House, Parkway, Welwyn Garden City, Hertfordshire, AL8 6JL

Completed invoices by pharmacists who are intermediate providers should be sent to: FSA, Charter House, Parkway, Welwyn Garden City, Hertfordshire, AL8 6JL

Please note that payment cannot be made for late data as the DH will not accept late data

#### 4.7 Other Payments

- Pharmacists working under the Service Specification will receive £1.50 for NRT supplied (per item)
- Pharmacists working under the Service Specification will receive the cost + VAT for each item of NRT/Zyban/Champix
- Pharmacists supplying NRT must return an invoice for the supply of NRT together with copies of the Letters of Recommendation to supply NRT

(please note: more details on NRT pgd to follow)

#### 5.0 Quality Monitoring

To ensure that the service provided meets the standards expected by the PBC/PCT, the following is required:



- Completed DH Clinic Record Form (Appendix 1) for all patients seen
- Accurate monitoring of the success of the service through annual patient evaluation
- Equip the PCT with the specific data needed to make returns to the Department of Health (DH) ie all DH forms sent quarterly to the PCT to meet DH deadlines
- Comply with the BNF/NICE guidelines on the use of Nicotine Replacement Therapy/Zyban/Champix and in accordance with the PCTs' policies
- Will provide any additional information which may be required to meet PCT/DH requirements
- All staff who provide the service must attend mandatory annual update provided by the PCT

## **6.0 Review**

This enhanced service agreement will be reviewed annually.

## **7.0 Appendices**

To follow

