

Service Level Agreement/Partnership Agreement

01/04/2015 – 31/03/2018

Between

North 51 Ltd

&

Community practice and pharmacy staff (The provider)

For

Provision of Stop Smoking Service Services in Telford
and Wrekin

Name of Service.

Quit 51 Stop Smoking Service is a smoking cessation service that aims to provide an evidence based, specialist stop smoking support programme to smokers wanting to quit. NICE guidelines (2008) and Dept of Health monitoring guidance (2014) have been integrated within this document

Timescale of Service Level Agreement

It is expected that the Community staff will deliver smoking cessation support following the provided North 51 Ltd operating guidelines to clients over 12 years of age who live or are registered with a GP within LA boundaries from the commencement of this contract until 31st March 2018. The terms of any extension may vary depending on resources, demand, capacity, performance, competition and the market.

In the event of the contract expiring after a provider has begun the treatment North 51 Ltd will continue to fund those patients who had begun treatment.

Purpose of Service

The North 51 Ltd Quit 51 smoking cessation service aims to provide an evidence-based, specialist stop smoking support programme to smokers wanting to quit. The service is focussed on the needs of disadvantaged smokers and hard to reach groups, including pregnant women and their families, routine and manual workers and BME communities.

Proposed Service

Service providers (contracted community organisations, Community Practice and Pharmacy staff) will need to be able to work in partnership with North 51 Ltd to provide an evidenced based smoking cessation service.

Obligations

North 51 Ltd will provide access to the minimum data set and ensure patients are aware and consent to their details being shared with agreed partners.

Provider Obligations

The provider (Community Practice and Pharmacy staff) will meet the service level specified in the provider to provider agreement, to the outcomes and timescales agreed with within the agreed governance standards and within the reporting and discharge regime.

The provider will report immediately any untoward incident to the North 51 team.

1. Service Specifications

The Provider should follow the standard operating guidelines for North 51 Ltd smoking cessation service.

2. Quality Principles

- All staff working within participating community organisations, GP surgeries or Pharmacies must adhere to the guidelines of this service
- Service providers will operate within the existing North 51 Ltd Smoking Cessation services operational procedures. The advising staff must work to the provided standard service specification for the service.
- The contractor will be expected to achieve a level of success, which is consistently within National limits (minimum of 45% CO validated quit rate, minimum of 90% co validated outcomes).
- The contractor shall ensure that staff employed to deliver the service in the community organisation, GP practice or Pharmacy have received registration for providers from the NCSCT and are fully aware of how the North 51 Ltd Smoking Cessation service operates.
- The contractor shall also ensure that any paperwork relating to the service, local procedures and guidelines issued by Quit 51 are easily accessible in the surgery or pharmacy.
- All client information will be entered on to the 'Quit Manager' web based secure system. If this is not possible, individual requests to continue on paper system will be considered by service manager on an individual basis. All paper Client data monitoring forms must be returned to North 51 Ltd promptly following the four week review and 12 weeks review. This will reduce the payments made to the contractor if paper records are used.
- Consultations should take place in a room or area that has been accredited for the purpose of providing patients with a confidential and accessible service.
- The contractor will display appropriate smoking cessation promotional material including information on all North 51 Ltd and local specialist stop smoking services that are available. All material should be in an appropriate format accessible to all. Posters will be supplied by Quit 51 and at least one poster should be visible at all times.
- The contractor will actively pursue brief intervention whenever possible.
- Those involved in delivering smoking cessation support will have the necessary skills and competencies through undertaking the two day North 51 Ltd training programme, or online NCSCT training which includes brief intervention skills, offering intensive advice and support and smoking in pregnancy, awareness and use of service protocols and completion of paperwork. Advising staff will be expected to undertake quarterly North 51 Ltd clinical supervision sessions and to adhere to the competency framework

2.1 Session Protocol

- Interventions should have clear structure & content as detailed below, and in the Standard Treatment protocol supplied.
- Minimum of 8 appointments across 12 weeks preferably face to face to ensure continued monitoring, client compliance and ongoing access to medication.
- Offer weekly support for at least the first four weeks of a quit attempt.
- CO verification should always be attempted.
- Advisors need to be aware of other local health partners that clients can access and how to signpost/refer. i.e. exercise referral scheme, drug & alcohol services.

2.2 Initial Consultation – 20 -30 Minutes approx

This list is only to provide required content and does not need to be followed in the order given here.

- Outline of service.
- Inform client about structure and process of sessions.
- Assess motivation and discuss readiness to quit using motivational interviewing tools.
- Discuss – Current smoking habits. Smoking history (including previous quit attempts). Previous use of NRT/Zyban/Champix.
- Assessment of nicotine dependence and appropriate feedback to client.
- Information regarding all pharmacotherapy options.
- Explain provision of pharmacotherapy via direct supply
- Set & record quit date on QM/ client record sheet
- Discuss possible withdrawal symptoms & management.
- Assist client in developing coping strategies and stop smoking plan
- Discuss monitoring and CO
- Describe and discuss the 'not a puff' rule.
- Take & record CO level.
- Provide additional supplementary resource material e.g. Booklets, leaflets, CD's etc.
- Enter client details on QM/monitoring form as appropriate. Refer to occupational classifications. (Appendix 2)

- Obtain client signature/virtual verbal consent indicating consent to treatment, follow-up, collection of anonymised information and sharing outcome with GP
- Make follow-up appointment via Quit Manager or diary sheet & record on client appointment card.
- Provide client with contact details for access to advice & support between appointments and amending appointments

2.3 Follow-up Session 2 – 15 minutes

- Assess use of NRT/Zyban/Champix
- Confirm Quit date & record (again only on client record sheet at present).
- If not set quit date, reassess motivation to stop, discuss rationale of aiming to be smoke free rather than cutting down. Explain policy in relation to continuing supply of NRT
- Provide supply of NRT /GP script request
- Record CO reading
- Praise clients achievements
- Support client through early quitting period
- Discuss withdrawal symptoms & reinforce coping strategies
- Discuss exercise referral scheme and weight management issues if appropriate
- Make next appointment
- Reinforce the 'not a puff' rule.
- If a client DNA's, contact by phone and where possible, leave a message/text
- A minimum of 3 contact attempts must be attempted after D.N.A. including phone call, text, and letter
- All contact or contact attempts should be recorded on QM

2.4 Review sessions– 15 Minutes

- Evaluate use of treatment
- Further supply of NRT/GP script request
- Record smoking status
- Take & record CO reading
- Guidance on weight gain & withdrawal symptoms

- Discuss benefits of quitting
- Reinforce the 'not a puff' rule
- Make appointment for follow-up
- Record on QM/ client record sheet

2.5 Four/twelve Weeks post Quit Date – 15 minutes (Session number will vary depending on when QD set)

- Confirm smoking status
- Congratulate Client! Offer Congratulations Card
- Record CO reading
- Complete 4-week follow up within DOH parameters (25 – 42 days post quit) on QM/ client monitoring form. Ensure all sections of monitoring form completed & send directly to North 51 Ltd HQ. Retain client record sheet, if still seeing client.
- Reinforce the continued 'not a puff' rule
- Send Quit letter to G.P.
- Inform client about 52-week follow-up (phone call from North 51 Ltd).
- Definition of 4 week quitter (from DOH monitoring guidance)

A CO-verified four-week quitter = a client who has not smoked for the final two weeks of a four week period and their expired air CO reading is found to be less than 10ppm.

A self-reported four week quitter = the above without CO validation

Every effort should be made to record CO reading to validate 4wk quit status.

2.6 Final Session – 15 Minutes

- Discuss any problems clients may have.
- Record CO reading.
- Offer advice on staying stopped and relapse prevention.
- If clients require further supply of NRT issue G.P. prescription request.
- Give client contact numbers & explain procedure to re-access service if necessary.

- **Clients will only be able to access the service four times in any 12 month period. However if the client is committed to stopping the adviser should use professional judgment when assessing readiness to stop and begin a new treatment episode if appropriate e.g. re-sign client and agree new quit date. Care should be taken to ensure the client is not using NRT for prolonged periods without a break (seek advice from specialist advisors or team leader if uncertain).**
- If client has successfully quit & is willing to be identified in a media campaign, e.g. Newspaper article, radio or television interview, complete media request form (on QM).

3. Costs / Funding

- Funding of the service will be based on a locally agreed rate set to reflect a fair return for the service provided. The payment structure will be a quit date set, 4 week quit, 12 weeks quit and reimburse NRT which is paid at tariff plus 5% VAT:
- **£5** for each and every client who agrees a quit date under the terms of the service schedule.
- **£25** for each and every client who achieves a validated 4 weeks quit smoking status under the terms of the service schedule.
- **£50** for each and every client who achieves a validated 12 weeks quit smoking status.
- **Total fee: £30 per 4 week quitter**
- **Extra £50 for 12 weeks quitter**

Payments and invoicing will be undertaken via Quit Manager.

4. Monitoring and Performance

Health and Safety

4.1 Personal Safety

- Advisors have a responsibility to ensure safety of client & themselves.

4.2 Clinical Risk

- All staff must report accidents, incidents & near misses. Reporting should be made via telephone to **0800 622 6968** as soon as practicable.

5. Equality & Inclusion

- All advisors must ensure ease of access to potential service users. This may include use of interpreting/translating services, home visits & telephone/ text support. Home visits can be arranged with community advisers by contacting the Quit 51 HUB on 0800 622 6968
- Clients who are not normally able to attend appointments should be offered telephone support or referred to the referral management team by setting a call back in QM and allocating it to Carol Harris-Jones.
- Clients whose first language is NOT English should be offered the use of an interpreter.
- British Sign Language Interpreting Service can be contacted for hearing impaired clients
- Allow additional time when booking appointments i.e. a double slot.
- Advisors must always deliver the North 51 Ltd service in a way which considers the clients individual needs e.g. clients with learning difficulties, mental health needs, sensory impairment, may require longer appointment times and longer period of support It is also good practice to liaise with support workers if appropriate.

6.Safeguarding

Vulnerable Adults

- ☐ Advisors must be aware of the policy, procedure and pathway for referral of vulnerable adults.

Domestic Violence

- ☐ All contractors have the opportunity and duty to identify people who are experiencing domestic violence, awareness of local policies and procedures and know how to get help and support.

7 Client Monitoring & Data Collection

Client Records

- Quit Manager (QM) should be used where available (see user guide).
- All sections of the client monitoring form must be fully completed before returning to North 51 ltd for audit and data collection purposes. There should be no blanks, N/A or “client declined to provide information.” To be used as applicable.
- All monitoring forms must be signed by client/ virtual consent on QM, indicating consent to treatment and follow-up and pass on of outcome data to GP.
- Client record forms/session outcome on QM must be completed at each point of contact, either face to face or telephone/text. Details should include each stage of treatment as well as client motivational and quit history. Upon completion return to North 51 ltd and retain a copy for your records.
- Monitoring information must be entered in QM as soon as four-week review completed & no more than 6 weeks after Quarter end.

8 DBS & Annual Declaration to GPhC.

North51 will:

- accept the annual declaration that Registered Pharmacist and Registered Technicians make to the GPhC to enable them to deliver the service.
- require all other staff engaged in delivering the service to have an up to date DBS (Disclosure and Barring Service).
- undertake the DBS screening at a cost of £60 and the subcontractor will pay half of the cost of the screen up on invoice i.e. £30
- fund DBS screening for up to two members of staff per Pharmacy at half the cost
- facilitate additional DBS screening at pay the full cost.

9. Carbon Monoxide Monitors

9.1 Infection Control

- All advisors to have supplied CO monitors which do not need calibrating for 5 years.
- Disposable mouthpieces connect to the monitor with a D-piece. This must be changed **every month** or after use with patients with known communicable conditions. Record that this has been done in your folder, e.g. first Tuesday of the month.
- Do not use the monitor if the client has an obvious airway infection.

Both client and adviser should use alcohol free hand sanitizer prior to handling monitor/mouthpiece

- The plastic tubes mouthpieces are for single-use and can be disposed of as normal waste, unless heavily soiled e.g. Mucous or Blood.
- Ask the client to remove their own mouthpiece after use and put it in the bin.
- The monitor should be cleaned after every session using an alcohol free wipe.

10. Carbon monoxide poisoning

- A client may self-report that they are not smoking but, on testing, exhibit abnormally high expired CO levels. In such cases, they should be given advice about possible CO poisoning. E.g. advise to have all gas appliances checked by appropriately qualified person.
- Health and safety Executive (HSE) research from 2006* suggested that low-level chronic CO poisoning is a potential issue; with 8% living with dangerous levels of CO (CO is thought to kill 50 people each year and injure about 200).
- Health and Safety Executive (2006) Review of Domestic Gas Safety. HSE

11.0 Nicotine Replacement Therapy (NRT), Bupropion (Zyban) & Varenicline (Champix)

11.1 NRT

Clients can obtain up to 12 weeks supply of NRT via : -

- Direct supply from the adviser
- Request from the adviser to central team for home delivery
- NRT must only be supplied to clients who fit the inclusion criteria.
- To be classified as stable cardiovascular or cerebrovascular disease the client should not have had an event, which required medical attention or a change of medication/treatment within the preceding three months. If in any doubt do not supply NRT and give GP prescription.
- The clients GP should be notified that NRT has been supplied to clients who fit the special precaution criteria below and give client an NRT information leaflet.
 - Stable Cardiovascular (Heart) disease ○ Stable Cerebrovascular (Stroke) disease ○ Pregnant or Breastfeeding women ○ Diabetes Mellitus
 - Hyperthyroidism (overactive thyroid gland) ○ Renal or hepatic impairment (severe liver and kidney disease) ○ Peptic Ulcer (active stomach ulcer)
 - Currently taking medicines listed in the GSL
- NRT will be provided on a weekly basis for 12 weeks. Ideally a client should be seen on a weekly basis to get the best possible outcome, 8 weeks is the minimum a client should be seen. However, where this is not possible it is ok to give a 2 week supply.
- Supply is free to clients who are exempt from prescription charges or have a prepayment certificate.
- If client is not exempt from prescription charges, one payment of the current NHS Prescription charge should be paid at the pharmacy or client given details, by the community adviser, of how they can purchase a 3 month pre-payment prescription card. We encourage all clients who have to pay for prescriptions to buy a 12 week pre-payment card which they can get from you or online.

- A quit date should be discussed before the initial supply and the client needs to demonstrate they are aiming to be abstinent within the next two to four weeks.
- You should reassess motivation if the client has not managed to abstain from smoking after four weeks of treatment and provide client with NRT/Champix if they remain motivated to stop completely.
- More than one NRT product can be supplied and is recommended first line treatment. This is clearly outlined on the protocol and should be given as one background product (eg patch + a PRN top up product) A 16 hour or 24 hour Nicotine patch may be combined with a maximum of 6 doses of a short acting product.
- Completion of the client assessment questionnaire on QM or monitoring form. Please note where NRT is used in the special precaution groups that clients are aware of the potential risks and benefits.
- Space is available for you to add any advice given, e.g. Client is diabetic, advised to monitor blood glucose levels, letter sent to GP to notify of supply of NRT.
- Virtual signature to be obtained on QM or monitoring form and on the adviser signature sheet

The protocol must be adhered to. There is no scope for flexibility.

11.3 Recording NRT supply for Sessions

- Use the relevant QM section (see user guide) or client record sheet if paper records are used. This is to record supply of NRT under the GSL and the client's progress. It is patient specific; therefore client's details should be completed.
- Paper records should be completed in black ink, signed, timed & dated. Please enter if the client has smoked or not smoked rather than, good or bad week. Keep comments objective.
- Full details of the product supplied, should be given, including dose, (rather than step 1 or 2), Brand and box size e.g. Nicotinell 21mg x 1box = 7 days
- Please check that the client's health has not altered since the initial assessment and that there are no exclusion criteria for NRT. Tick box as appropriate. You are signing to say that you have assessed for any exclusion criteria for NRT at each supply.
- Enter batch and expiry date and sign accordingly.
- When supplying NRT please be aware that a week's supply may be more than 1 pack. Please also take into account previous supplies and clients remaining stock of NRT when issuing further supplies.

11.5 GP Prescription requests

GP prescription requests may be required in the following circumstances: -

- Client excluded from supply under protocol for the direct supply of Nicotine Replacement Therapy.
- Request for the GP to consider prescribing NRT product
- Request for the GP to consider prescribing Bupropion or Varenicline. The client should be advised to make an appointment with their GP.
- Varenicline is contraindicated in pregnancy and cautioned in patients with a history of Psychiatric disorders. There is no clinical data for its use in patients with epilepsy

11.6 Bupropion and Varenicline

- If a client is considering, and is suitable for using Bupropion or Varenicline the North 51 Ltd Advisor should refer the client to their GP. The GP should see and assess the patients on an individual basis.
- Bupropion is contraindicated in patients with a history of seizures, eating disorders CNS tumour, alcohol/benzodiazepine withdrawal, under 18's, pregnancy and breastfeeding. It should be used with caution in patients on concurrent medication which could lower seizure threshold, alcohol abuse previous head trauma and diabetes
- Once a client has been prescribed Bupropion any adverse or unexpected side effects should be reviewed by the client's GP. ASAP.
- The decision to prescribe or not lies with the Clients GP.

12. Service issues

Providers will need to demonstrate they can comply with the following:

Governance

Clinical Governance

- Services will be structured with consideration to clinical governance issues where appropriate including:
- Clear lines of responsibility and accountability.
- Participation in quality improvement activities where appropriate.

- Adherence to policies and procedures, and consideration given to risk management. · A commitment to further training for staff where necessary and maintenance of skills.
- Procedures for all professional groups to identify and remedy poor performance.
- The use of clinical guidelines is considered to be consistent with good clinical practice.
- The service will be subject to audit in order to inform the longer term planning of enhanced services for Smoking Cessation.
- The Provider shall comply with the following: Data Protection Act 1998; Caldecott Guidelines 1997, Access to Health Records 1998 and Confidentiality Code of Practice 1998.

Organisational and Operational

- Service providers will operate within the existing North 51 Ltd Smoking Cessation services operational procedures.
- The service provider will be expected to achieve a level of success, which is consistently within National limits.
- Service provision should **take account of holiday and sickness cover** to allow for **continuity of service for patients** who have commenced a programme of care.

Indemnities

- It is the responsibility of the provider to ensure that staff working on their behalf are appropriately indemnified and will ensure that they have appropriate public liability insurance.

Sub-Contracting

- The contractor will not assign any part of the service delivery to a third party.

Duration and Termination

- This service level agreement shall come into force on 01-04-2015 and any parties may terminate the Agreement even though the other parties are not in default by giving 3 months written notice. During the period of the notice, the

parties shall co-operate to ensure that the interests and needs of the Service Users may be met under whatever new arrangements are proposed.

- Either party shall be entitled to terminate this service level agreement by notice in writing to the other if:
- That other party commits any continuing or material breach of any of the provisions of this Agreement and, in the case of a breach capable of remedy, fails to remedy the same within 14 days after receipt of a written notice giving full particulars of the breach and requiring it to be remedied;
- Another party, or individual with which there is not an Agreement takes possession or a receiver is appointed over any of the property or assets of that other party;
- That other party makes any voluntary arrangement with its creditors or becomes subject to an administration order;
- A petition is presented, or a resolution is passed, for the winding up of that other party;
- That other party ceases, or threatens to cease, to carry on the services of this service level agreement.
- During the period of Termination the parties shall:
- Work to ensure that the interests and needs of users are met
- Endeavour to reconcile all financial matters including sums outstanding
- Return any property of the other party

Financial

- The provider will be financially and overall responsible for the continued provision of this service agreement for its duration.

Signed on behalf of North 51 Ltd

Emma Croghan

Date:

Name, Title

On behalf of provider

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Date