



**Template sub-contract for the
provision of clinical services for
use with the NHS Standard
Contract 2019/20 (Shorter Form)**

Template sub-contract for use with the NHS Standard Contract 2019/20 (Shorter Form)

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This template sub-contract should be read in conjunction with the guidance on the NHS standard sub-contract for the provision of clinical services 2019/20 (full length and shorter form versions), which is available on the [NHS Standard Contract 2019/20 web page](#).

Guidance: This template sub-contract is a template only and should be populated by the Head Provider following receipt of appropriate legal advice.

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PART B: SUB-CONTRACT CONDITIONS

Service Conditions

General Conditions

SUB-CONTRACT PARTICULARS and SCHEDULES

This Sub-Contract records the agreement between the Head Provider and the Sub-Contractor and comprises:

1. the **Sub-Contract Particulars and Schedules**
2. the **Sub-Contract Conditions**
3. the **General Conditions and Service Conditions**

as further defined or applied by this Sub-Contract.

IN WITNESS OF WHICH the Parties have signed this Sub-Contract on the date(s) shown below

SIGNED by

.....
Signature

Dominic Mckenna for and on behalf of
Lancashire and South Cumbria NHS Director of Operational Finance
Foundation Trust

.....
Date

SIGNED by

.....
Signature

[insert authorised signatory's name]

for and on behalf of
[insert Sub-Contractor's name]

.....
Title
.....
Date

PART A: SUB-CONTRACT PARTICULARS AND SCHEDULES**CONTRACT SUMMARY**

Sub-Contract Reference	QS (Ph) 2020
Head Provider	Lancashire and South Cumbria NHS Foundation Trust Sceptre Point Sceptre Way Walton Summit Preston PR5 6AW Tel: 01772 695300 lct.enquiries@lancashirecare.nhs.uk
Sub-Contractor	?????
Effective Date	1st April 2020
Expected Service Commencement Date	1st April 2020
Longstop Date	31st July 2020
Service Commencement Date	1st April 2020
Sub-Contract Term	12 months commencing on 1 st April 2020 (subject to extension under Schedule 1C where applicable)
Expiry Date	31st March 2021
Option to extend Sub-Contract Term?	YES (see Schedule 1C)
Notice Period (for termination under GC17.2)	1 month
Where notice given by the Head Provider:	1 month after Service Commencement Date
Where notice given by the Sub-Contractor:	1 month
Details of Head Contract	Commissioner(s): Lancashire County Council Date: January 2020 Contract Term: 12/5/19 – 31/3/20 Services: Smoking Cessation/ Public Health

SUB-CONTRACT SERVICES

Service Categories	Indicate <u>all</u> that apply
Continuing Healthcare Services (CHC)	
Community Services (CS)	√
Diagnostic, Screening and/or Pathology Services (D)	

SUB-CONTRACT PARTICULARS and SCHEDULES

Service Categories	Indicate <u>all</u> that apply
Continuing Healthcare Services (CHC)	
End of Life Care Services (ELC)	
Mental Health and Learning Disability Services (MH)	
Patient Transport Services (PT)	
Essential Services? (NHS Trusts only)	NO

GOVERNANCE AND REGULATORY

Sub-Contractor's Nominated Individual	[] Email: [] Tel: []
Sub-Contractor's Information Governance Lead	[] Email: [] Tel: []
Sub-Contractor's Caldicott Guardian	[] Email: [] Tel: []
Sub-Contractor's Senior Information Risk Owner	[] Email: [] Tel: []
Sub-Contractor's Accountable Emergency Officer	[] Email: [] Tel: []
Sub-Contractor's Safeguarding Lead	[] Email: [] Tel: []
Sub-Contractor's Child Sexual Abuse and Exploitation Lead	[] Email: [] Tel: []
Sub-Contractor's Mental Capacity and Deprivation of Liberty Lead	[] Email: [] Tel: []
Sub-Contractor's Freedom To Speak Up Guardian(s)	[] Email: [] Tel: []

CONTRACT MANAGEMENT

Addresses for service of Notices	<p>Lancashire and South Cumbria NHS Foundation Trust Address: Sceptre Point, Sceptre Way, Walton Summit, Preston, PR5 6AW Email: contracts@lancashirecare.nhs.uk</p> <p>Insert Pharmacy provider address</p>
Head Provider Representative(s)	<p>Phillip Gooden Strategic Lead - Integrated Community Wellbeing Community and Wellbeing Network Lancashire and South Cumbria NHS Foundation Trust Second Floor, Civic Offices, Union St, Chorley, PR7 1AL T: 07773532771 E: philip.gooden@lancashirecare.nhs.uk W: www.lancashirecare.nhs.uk @LancsQuitSquad @LSCFT_NHS</p>
Sub-Contractor Representative	<p>?</p>

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

A. Conditions Precedent

The Sub-Contractor must provide the Head Provider with the following documents before the Expected Service Commencement Date, each in a form satisfactory to the Head Provider:

1.	Evidence of appropriate Indemnity Arrangements Insert sub-contractor insurance details/ certificates
2.	Evidence of CQC registration (where required) N/a?
3.	Evidence of Monitor's Licence (where required) N/a?
4.	[Insert any additional requirements] N/a

C. Extension of Contract Term

1. The Head Provider may opt to extend the Sub-Contract Term by 1 year.
2. If the Head Provider wishes to exercise the option to extend the Sub-Contract Term, the Head Provider must give written notice to that effect to the Sub-Contractor no later than 1 month before the original Expiry Date.
3. If the Head Provider gives notice to extend the Sub-Contract Term in accordance with paragraph 2 above, the Sub-Contract Term will be extended by the period specified in that notice and the Expiry Date will be deemed to be the date of expiry of that period.

SCHEDULE 2 – THE SERVICES

A. Sub-Contract Service Specifications

1. National/local context and evidence base

Tobacco use is the biggest public health threat globally and up to half of all current users will die of a tobacco-related disease. It is a risk factor for many health conditions including lung, throat, mouth, breast and colorectal cancer; chronic obstructive pulmonary disease and emphysema; cardiovascular disease, coronary heart disease and stroke; miscarriage and low birth weight in babies; and hypertensive heart disease (caused by high blood pressure).

Smoking remains one of the most significant contributors to premature mortality and ill-health. Reducing the number of people who smoke is a key public health priority.

While rates of smoking have continued to decline over the past decades, around 20 per cent of adults in England still smoke, 20.6 percent in Lancashire County and 20.6% in the East locality and 21.8% in the Central locality.

Smoking: Lancashire County Council Key findings (April 2017 to March 2018)

- Rates are directly standardised and are for 100,000 of the smoking population aged 35 and over, unless otherwise stated.
- In the Lancashire-12 area, an estimated 14.2% of adults (18+) smoke, which is in line with the England estimate of 14.4% (Annual Population Survey, 2018). Blackpool (21.1%) has a significantly higher estimated proportion of adult smokers, while Blackburn with Darwen (16.2%) is similar to England.
- At a district level, only Chorley (8.0%) and South Ribble (10.3%) are significantly lower than England's. Burnley (24.8%) is significantly higher, while the other districts in the Lancashire-12 area are similar to England.
- In the period 2017/18, approximately 3,182 people (16+ years) were recorded as 'successful quitters at four weeks (CO validated)' in the Lancashire-12 area, giving a rate of 2,197 per 100,000 smokers, which is significantly better than the England rate (1,477). Blackburn with Darwen (2,130) is also significantly better than England, while Blackpool (832) is significantly worse.
- During the 2017/18 period, Lancashire-12 recorded a significantly higher rate of smoking-attributable hospital admissions compared to England rate (1,705 vs 1,530). Blackburn with Darwen (1,890) and Blackpool (2,990) also recorded rates that were significantly above England.
- The smoking-attributable mortality rate is significantly higher in Lancashire-12 (299.5), Blackburn with Darwen (389.0) and Blackpool (449.9) compared to England (262.6) (2015-17).
- 27.7% of young people in Lancashire-12 aged 15 responded to the question 'Have you ever used/tried electronic cigarettes?', with either 'currently', 'used to' or 'have tried', which is significantly higher than England (18.4). The proportion is almost a third for Blackburn with Darwen (32.2%) and 33.9% for Blackpool; both are also significantly higher than England (2014/15).

The Lancashire County Council health behaviors Joint Strategic Needs Assessment report (2015) indicated that electronic cigarette use is low across Lancashire-12, with only five per cent of respondents (aged 16+) stating they use e-cigarettes occasionally or daily. Although they are considered less harmful than tobacco use, the full health impacts are not yet known. There are also concerns over the contents of e-cigarettes and associated safety issues, including fire and the risk of explosion when the devices are being recharged.

Reducing smoking during pregnancy is one of the three national ambitions in the Tobacco Control Plan published in July 2017, which is "reducing smoking amongst pregnant women (measured at time of giving birth) to 6% by the end of 2022.

Smoking in Pregnancy: Lancashire County Council Key findings (April 2017 to March 2018)

- In the Lancashire-12 area, the proportion of pregnant women known to be smokers at time of delivery (SATOD) (13.9%) is significantly higher than the England average (10.8%). However, the recent trend, in line with the national picture, is showing a decline in SATOD in the Lancashire-12 area.
- In Blackburn with Darwen (14.5%) and Blackpool (26.0%) the proportion of women known to be smokers at time of delivery is significantly higher than the England average, with the recent trend showing a decline in SATOD in both local authorities.
- Across the Lancashire-14 clinical commissioning groups (CCGs), SATOD prevalence ranges from 26.0% in NHS Blackpool CCG to 10.4% in NHS Chorley & South Ribble CCG; NHS West Lancashire CCG|15.2%, NHS Fylde and Wyre CCG|15.6%, NHS East Lancashire CCG|15.2%, NHS Blackburn with Darwen CCG| 14.5%, NHS Morecambe Bay CCG|13.9%, NHS Greater Preston CCG|12.6%.
- In the eight Lancashire-14 CCGs SATOD is above the current national ambition of 6% or less.
- Smoking status is unknown for some maternities and therefore caution should be used when making comparisons with earlier periods and between CCGs. In Lancashire-14, 1.1% of maternities have an unknown smoking status in 2017/18, compared to 1.9% at the national level.

Smoking is the primary cause of preventable morbidity and premature death. Deaths caused by smoking are more numerous than the next six most common causes of preventable death combined (i.e. drug use, road accidents, other accidents and falls, preventable diabetes, suicide and alcohol abuse)¹.

Tobacco does not only affect those individuals who smoke. Evidence shows that there is a clear link between exposure to environmental tobacco smoke and a 25% increased risk in non-smokers of developing CHD and lung cancer and a 75% risk of stroke². 37% of children in England are exposed to tobacco smoke within the home. Children's exposure to tobacco smoke leads to an increased risk of sudden infant death syndrome, developing respiratory disease, glue ear and coronary heart disease in later life³.

The government publication '**Towards a Smokefree Generation: A Tobacco Control Plan for England**' sets out the vision to create a smokefree generation. We will have achieved this when smoking prevalence is at 5% or below. To deliver this, the government sets out the following national ambitions which will help focus tobacco control across the whole system:

- Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less.¹³
- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less.
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population.

To do this we need all public services to work together, leading the way in helping people to stop smoking.

After 2022, we will continue to reduce smoking prevalence further, on our way to a smokefree generation.

¹ The Information Centre for Health and Social Care (2012). *Statistics on Smoking: England, 2012*.

² Scientific Committee on Tobacco and Health Great Britain (SCOTH) (1998) *Report of the Scientific Committee on Tobacco and Health*. London: TSO 1998 and Scientific Committee on Tobacco and Health Great Britain (SCOTH) (2004) *Secondhand smoke: Review of evidence since 1998*. Scientific Committee on Tobacco and Health (SCOTH), November 2004.

³ Royal College of Physicians (2010). *Passive smoking and children*. A report by the Tobacco Advisory Group. London: RCP, 2010.

The Public Health Outcomes Framework includes adult (aged 18 or over) smoking prevalence in England as one of the indicators for its health improvement aspirations. Upper tier local authorities are responsible for developing and meeting targets for adult smoking prevalence which reflect local priorities and needs.

2. Aims and objectives of service

Aims

The Intermediate Stop Smoking Service will deliver smoking cessation treatment stipulated by this specification. The service will be responsible for maintaining the quality of treatment delivered in line with the quality principles set out in this specification and for ensuring that client data confidentiality is protected in line with agreed protocols

The service will provide comprehensive and consistent smoking cessation treatment for smokers in Lancashire who wish to quit, which is equitable and accessible and which meets local authority targets and aspirations.

The service will assist to deliver particularly target geographical areas of high deprivation and priority these groups in order to reduce health inequalities.

The service will respond to the needs of the population in different parts of the local authority area, and will engage with and support the wider tobacco control agenda.

Objectives

- Contribute to achieving the 4 week quit target in LCFT NHS Stop Smoking Specialist Service.
- Work with LCFT NHS Stop Smoking Specialist Service to achieve an integrated service.
- Reduce smoking by provision of evidence based cessation advice and support.
- Provide targeted interventions in areas or groups with high prevalence, as a contribution to reducing inequalities in health related to smoking.
- Achieve optimal success rates for interventions provided.
- Provide smokers with effective, flexible and quick access to stop smoking support.
- Achieve smoking cessation and associated targets.
- Engage with smokers to provide services that are responsive.
- Ensure the service provides optimum reach and achieve optimal success rates for interventions provided.
- Provide evidence based interventions with accurate activity monitoring information and timely data on smoking status for the local Stop Smoking Service.
- Raise awareness of the harms associated with smoking and awareness of stop smoking support through local promotion in clinics that you provide in.
- Deliver stop smoking interventions across community, health and workplace settings.
- Work in partnership with the Stop Smoking Specialist Service to support the wider tobacco control agenda;
- Provide regular service user feedback to inform service improvements by conducting regular audits;
- Promote the Lancashire Smokefree Homes programme.

The service will improve patient health and wellbeing by supporting cessation of tobacco use. This will lead to improved health outcomes including; prevention of smoking related disease; preventing the worsening of existing smoking related disease; in some cases reversing existing harms to health; improving financial outcomes.

3. Service description/care pathway

Service model

The Intermediate service will assist the lead provider of Specialist Stop Smoking Services for LCFT within a wider programme of tobacco control. The Service will operate within the

framework of a behaviour change model which is evidence based, and will comply with the quality principles for the provision of Stop Smoking Services set out by the Department of Health guidance.⁴ However within this broad framework there is flexibility for a range of approaches to fulfil the objectives outlined above

The service will be community focussed to provide a service which meets smokers' needs and offers a wide range of options, including motivational interviewing and some elements of cognitive behavioural therapy. Within these options provision should be made for highly dependent smokers or other categories of client who require an intensive level of support. The flow chart at Appendix 2 provides further details.

The Service will provide a variety of intervention types as set out in the NHS Stop Smoking Services Service and Monitoring Guidance 2011/12 (and any subsequent guidance) including;

- Face to face one to one support
- Telephone Support
- Drop in Support
- Text based support
- Couple/family support
- Open (Rolling) Group Support

Each type of intervention will provide multiple sessions of behavioural support, structure and approved pharmacotherapy with validation through Carbon Monoxide monitoring. For those interventions where there is insufficient evidence for a recommendation to be made the service should follow the guidance and evaluation of the DH and contribute to the evaluation process. The service will offer support for at least 12 weeks and in some case longer dependant on client needs. A reducing to quit programme for up to two weeks will be provided if appropriate⁵. A quit attempt should then be made. Complete cessation must be no later than 14 weeks. The reducing to quit programme should not be offered to pregnant or breastfeeding clients. Data regarding the numbers and demography of clients and quit rates using this service should be routinely collected and submitted to the commissioner on a quarterly basis.

The client should be able to re-access the service at any time in order to make another quit attempt, or to receive further support to maintain their smokefree status.

The service must ensure that staff delivering the service are appropriately trained on training in smoking cessation treatments to at least level 2 of the National Centre for Smoking Cessation and Training⁶, receive the support they need to carry out their roles and remain up to date with national guidance and research developments. The service must be prepared for possible audits of their operations at any time and should maintain detailed records of their activities for inspection. Relevant records should be kept for a minimum of 2 years.

The service will support communications strategies on smoking cessation and tobacco control in partnership with the LCFT Specialist Stop Smoking Service. The DH Smokefree campaign brand and all logos from the Specialist Stop Smoking Service should be used on all client information and promotional materials.

Service quality and client confidentiality

The service will be responsible for maintaining the quality of treatment delivered and for ensuring that client data confidentiality is protected in line with agreed protocols.

Location(s) of service delivery

The service will assist the Specialist Stop Smoking Service to situate clinics and group sessions in venues which are as accessible as possible, taking into account public transport links, suitable premises and level of demand, and in particular disadvantaged groups and areas where smoking prevalence is known to be high. Venues will include: primary care settings,

⁴DH (October 2012), Local Stop Smoking Services: key updates to the 2011/12 service delivery & monitoring guidance for 2011/12

⁵ NICE (June 2013) Guidance on tobacco: harm-reduction approaches to smoking

⁶ <http://www.ncsct.co.uk/>

leisure centres, acute health settings (hospitals, mental health and maternity units), community venues, higher education establishments and other satellite services.

The Service will form part of an integrated framework of stop smoking support in LCFT NHS Lancashire. Coordination and support will be undertaken by LCFT NHS Lancashire Specialist Stop Smoking Service which will ensure compatible governance arrangements are in place to monitor and oversee the quality of the all services provided.

Days/hours of operation

The Service will offer support 52 weeks per year excluding Bank Holidays.

Pharmacotherapy

The service will facilitate the appropriate use of NICE recommended pharmacotherapy products to maximise the chance of successful quit attempts. All current and any new NICE-recommended smoking cessation products should be made available to smokers who want to quit as first line treatment options as soon as possible, and explained to the client to enable them to make an informed choice. Currently, NRT is available for smokers accessing the service via a local voucher scheme and NHS prescription. Other pharmacotherapy is available via NHS prescription, usually from the client's GP. The service should ensure that all pharmacotherapy is provided to clients in accordance with relevant NICE guidance^{7 8}, LCFT Medicines Policy and local prescribing guidelines.

Infection Control

The service should have systems in place for control of infection particularly with regard to CO monitor use as outlined in the Department of Health guidance.

Governance

The Service should have systems in place for clinical governance, monitoring and quality assurance of the service. The Services will ensure client confidentiality is maintained and that storage and use of records and data complies with data protections requirements.

Safeguarding

The service should have systems and procedures for safeguarding in line with LCFT policy and procedures.

Interdependencies

- LCFT NHS Lancashire Stop Smoking Service and other providers e.g. community pharmacies
- Links to NRT voucher scheme
- Links to Weight Management, Health Trainers and other Healthy Lifestyle Services

Facilities and Equipment

The service should include all required facilities and equipment to provide effective and efficient stop smoking support. The service must have a suitable private room for client appointments, and other relevant resources and equipment such as patient information and visual aids. Carbon monoxide monitors will be supplied by LCFT NHS Lancashire Specialist Stop Smoking Service to Service providers and will remain the property of LCFT. In the event of the service

⁷ National Institute for Health and Clinical Excellence (2007) *Varenicline for smoking cessation*. NICE

⁸ National Institute for Health and Clinical Excellence (2008) *Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities*. NICE

no longer being provided the CO monitor will be returned. LCFT NHS Lancashire Specialist Stop Smoking Service will provide calibration of monitors on request; however the Service is responsible for arranging this at the appropriate intervals in line with the manufacturer's recommendations. In the event of the CO monitor being lost or damaged through improper use, it will be the responsibility of the Intermediate Service to purchase a replacement

Brief advice/intervention and specialist training

The service will ensure that staff delivering the service are appropriately trained on training in smoking cessation treatments to at least level 2 of the National Centre for Smoking Cessation and Training⁹, receive the support they need to carry out their roles and remain up to date with national guidance and research developments. The service must be prepared for possible audits of their operations at any time and should maintain detailed records of their activities for inspection. Relevant records should be kept for a minimum of 2 years.

Skills, competences and qualifications

New stop smoking advisers must have successfully completed 'Stop Smoking Practitioner training & certification' and shadow Specialist Stop Smoking Advisors for min 5 -10 hours or when competent before delivering unsupervised smoking cessation interventions. In addition all trained advisers must attend an annual update provided by the specialist stop smoking service. Current and new advisers must undertake Stage 2 assessment and possess NCSCCT certification within six months. Further guidance can be found on the NCSCCT website, at http://www.ncsct.co.uk/publication_training-and-assessment-programme.php

Marketing and promotion activity

The service will contribute to and support local, sub-national and national communications strategies on smoking cessation and tobacco control in partnership with the NHS, local government and non-governmental agencies. The service will also promote the annual No Smoking Day, Stoptober and any other campaigns as required. It will ensure all promotion is in line with DH guidance.

The service will use social marketing approaches to ensure the service is based on smokers' needs and meets their expectations.

Data Collection, analysis and submission

The service must provide activity data on all clients treated to LCFT NHS Specialist Stop Smoking Service for inclusion in the returns. The attached template should be completed as soon as the 4 week outcome has been obtained. This needs to be between day 25 and 42 and submitted no later than day 42 to the Specialist Stop Smoking Service as required using the standard template attached which allows information to be analysed on client access and outcomes by socio-economic group, geographical area, age, gender, ethnicity, adherence rates and treatment choice. All fields should be fully completed and the form signed. Clients should be asked for their consent to the Specialist Service contacting their GP if needed.

4 week quits that have not been the result of interventions delivered by Stop Smoking Service staff or their trained partners may not be included in the monthly or quarterly data returns. For definitions see the diagram at appendix 1, from "Local Stop Smoking Services: key updates to the 2011/12 service delivery & monitoring guidance for 2011/12".

Care pathway(s)

The service will provide advice and information on weight management, healthy eating, physical activity, NHS vascular health checks and other healthy lifestyle issues, including sources of support, and signpost or arrange referral where indicated.

The diagram at Appendix 3 illustrates the different levels of support the provider will be expected to deliver according to the needs of the clients.

⁹ <http://www.ncsct.co.uk/>

Prevention, self-care and patient information

Appropriate advice and information will be given to all clients and carers regarding:

- pharmaceutical products,
- relapse prevention,
- behaviour change maintenance,
- CO monitoring and choice of intervention

in line with NHS Stop Smoking Services Service and Monitoring Guidance 2011/12 (and any subsequent guidance)

The service will be available for on-going telephone support for those clients currently accessing the service who are experiencing difficulties such as medication side effects, to liaise with Stop Smoking Service prescribers where necessary and to be responsible for producing yellow card reports to the CSM where appropriate.

The service will assist the Specialist Stop Smoking Service with 'Supporting a Smokefree Pregnancy Scheme,' provide information, actively recruit, and refer women that are eligible into the programme to the specialist service.

The service will encourage smokers to access treatment and also as motivational support for clients.

The service will provide support for those using non smoked tobacco or nicotine products, e.g. oral tobacco products, or electronic cigarettes. A minimum of 4 weeks support should be offered.

The service will also promote the Lancashire Smokefree Homes Scheme and actively obtain pledges from clients to implement a Smokefree home and car.

4. Population covered

The service should be available to all residents in North, West, East and Central Lancashire who wish to stop smoking as well as those people who work in the locality but live outside the area. The service should not refuse clients who live in neighbouring areas but ensure that the East and Central Lancashire service is the one which is most convenient for them. The service should be available to anyone staying (e.g. in hospital), or registered with a GP within the boundary of East and Central Lancashire.

Prioritisation

While the service will have open access, priority groups are:

- Routine and manual workers, long-term unemployed and never worked groups
- Pregnant women and their partners
- Young People (16-25 years)
- Smokers living in disadvantaged areas
- Prisoners
- Black and Minority Ethnic communities
- Smokers within Acute and Mental Health Trusts
- Smokers within substance misuse services

5. Any acceptance and exclusion criteria

All smokers may be supported within the Stop Smoking Service who are

- Nicotine dependent
- Motivated to stop smoking
- Wish to engage with the support on offer

The service is not expected to promote the service to children and young people (those aged under 16 years), but will provide support on request to any young person over 12 years.

Requests to support a child who is younger than 12 years will be assessed for acceptability on a case by case basis. Parental support is encouraged but not essential.

It is recognised that many smokers will require multiple attempts to quit and should be offered recurrent support in line with the NHS Stop Smoking Services - Service and Monitoring Guidance 2011/12.

Only clients who are unable or unwilling to accept treatment at the time will be excluded. However the service can refuse to support individuals who are abusive to staff or cause damage to property or venues, or who fraudulently attempt to obtain medication.

Repeat quitters are welcome to re-attend the service after a smoking adviser has assessed their readiness to make another quit attempt. The client should then start a new treatment episode. (See flow chart at Appendix 1)

6. Applicable national standards e.g. NICE, Royal College

All services delivering should comply with the national guidance,¹⁰ and should be underpinned by the evidence base contained within the following documents:

- Healthy Lives, Healthy People: A tobacco control plan for England. (HM Government March 2011)
- Local Stop Smoking Services: key updates to the 2011/12 service delivery & monitoring guidance for 2011/12 (Department of Health, October 2012)
- Healthy lives, healthy people: Improving outcomes and supporting transparency, Department of Health, January 2012.

To qualify as an NHS Stop Smoking Service provider you must meet minimum quality standards. The Stop Smoking Service will be underpinned by the following evidence based practice from authoritative sources particularly:

- Thorax Guidelines
- Update Thorax Guidelines
- NICE Guidance on the Use of NRT and Bupropion
- NICE Guidance on Workplace Interventions to Promote Smoking Cessation
- NICE Guidance on Smoking Cessation Services
- NICE Guidance on the use of Varenicline
- NICE Guidance on Brief Interventions and Referral in Primary Care and other settings
- NICE Guidance on workplace smoking
- NICE Guidance on smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual groups, pregnant women and hard to reach communities
- NICE Guidance on Preventing the uptake of Smoking by Children and Young People
- NICE Smokeless tobacco cessation-South Asian Communities
- NICE Guidance on tobacco: harm-reduction approaches to smoking
- NICE Guidance on smoking cessation in secondary care: acute, maternity and mental health services
- All NICE Technological Appraisals for Smoking related Pharmacotherapy, including Champix.
- Standards for training in smoking cessation treatments
- Improving services for tobacco control, Health Care Commission

And any others which are developed.

¹⁰ Department of Health (2011) *NHS Stop Smoking Services: Service and monitoring guidance 2011/12*. DH

7. Applicable local standards

Response times

Clients should be offered an appointment on the time, day and venue of their choice. The waiting time for an appointment should not exceed 1 week.

Business continuity

The service will have a plan to ensure business continuity in the event of reduction in capacity which may affect the delivery of the service. Must ensure that client appointments are not cancelled due to sickness, other absences. If the service likely to be disrupted, you should contact the Specialist Service Manager immediately.

B. Indicative Activity Plan

Activity Performance Indicators	Threshold	Method of measurement	Consequence of breach	Report Due
Assist Specialist Service to achieve 3,165 East, 3,187 Central, 2,471 North and 759 West validated smoking quitters in 2017/18	East 3,165 Central 3,187 North 2,471 West 759	Quarterly returns	Service review to identify actions to improve performance. Possible withdrawal of contract.	Quarterly
Assist Specialist Service to achieve pregnant women to be successfully stopped smoking at 4 weeks	East 80 Central 86 North 45	Quarterly returns	Service review meeting to identify actions to improve performance	Quarterly
Assist Specialist Service to achieve at least 6% quits to come from BME groups	N/A	Quarterly returns	Service review meeting to identify actions to improve performance	Quarterly
Assist Specialist Service to achieve at least 50% of smoking quits to come from routine and manual workers, long-term unemployed and never worked groups	N/A	Quarterly returns	Service review meeting to identify actions to improve performance	Quarterly
The service should achieve a success rate for 4 week smoking quitters of between 35 – 70%	N/A	Quarterly returns	Service review meeting to identify actions to improve performance	Quarterly
The service should aim to achieve a CO validation rate of 85% of reported 4 week quits	N/A	Quarterly returns	Service review meeting to identify actions to improve performance	Quarterly
Assist Specialist Service to achieve at	N/A	Quarterly returns	Service review meeting to identify	Quarterly

least 50% of quits pledge to adopt a smokefree home and car			actions to improve performance	
Improve productivity	The lost to follow up for smokers at 4 week quit date should be less than 20%	Quarterly returns	Service review meeting to identify actions to improve performance	Quarterly

Activity Performance Indicators	Threshold	Method of measurement	Consequence of breach	Report Due
Number of smokers accessing the Intermediate Stop Smoking Service who are successfully quit smoking at 4 weeks	The service should aim to achieve an Indicative activity = 50 quits per year capped any over is paid at the discretion of the SSS	Activity monitoring forms	Service review meeting to identify actions to improve performance	Quarterly
Proportion of smokers who setting a quit date who are successfully quit at 4 weeks	Minimum quit rate of 35%	Activity monitoring forms	Service review meeting to identify actions to improve performance	Quarterly

D. Essential Services (NHS Trusts only)

No

G. Other Local Agreements, Policies and Procedures

A Steering Group, comprising commissioners, provider representatives and other relevant personnel as necessary will meet on a regular basis to oversee progress against the service specification, including the targets, and agree any new procedures or changes necessary.

Data sharing of individual performance will be provided to each pharmacy at the end of each quarter.

This service specification will be reviewed initially after 6 months and thereafter on an annual basis within the contract period of the service level agreement, and will take account of emerging guidance from the NHS Centre for Smoking Cessation and Training.

Sub-contractor will act as data controller and data processor.

Contract Review Meetings






Contract review meetings with the Authority will be undertaken on a quarterly basis as a minimum, but monthly for at least the first six months of contract delivery. The meetings will be held on Lancashire County Council premises and will be scheduled in advance for the full financial year. The Provider must ensure that a robust Performance Management function is in place to support effective reporting as required by the Authority for the duration of the contract. The Provider will be expected to submit all performance and activity data two weeks prior to the contract meeting.

The Provider will also be expected to meet with commissioners outside of this formal arrangement as required to ensure effective delivery and development of this service.

J. Transfer of and Discharge from Care Protocols

Service Users will be discharged/transferred to or from the care of the Sub-Contractor as per the instructions provided by the Head Provider.

K. Safeguarding Policies and Mental Capacity Act Policies

				
Safeguarding and Protecting Children ar	Safeguarding Adults Procedure (1).pdf	Risk Management Policy (1).pdf	Risk Management SOP (1).pdf	MCA Policy and Obtaining Authorisati

SCHEDULE 3 – PAYMENT

In order to receive any payment all data returns must be sent to the NHS Stop Smoking Service no later than day 42 of setting a quit date.

This will be submitted to LCFT finance department by the SSS following receipt of monitoring forms and will be paid at the end of each quarter. Please note, this is always 3 months behind due to the collection of data being submitted e.g Q4 payment April – June will be paid into agreed account in September.

Payment will not be made for any of the following:-

- 1) If no quit date is set and 4 week outcome is not completed i.e. Quit, Not quit or lost to follow up (this must also include the date of last cigarette.)
- 2) Spontaneous quit (e.g. if client attends and has already quit smoking).
- 3) For any incomplete monitoring forms or consultation forms.
- 4) For any late returns of data (i.e. any data out of the 26 – 42 day period (from the client setting a quit date.)

Basis of Contract	Unit of Measurement	Price	Expected Annual Contracted Value
Cost per case	Smokers setting a quit date who are successfully quit at 4 weeks capped at 50 quits per annum any amount over 50 quits achieved to be reviewed by stop smoking service	Client achieves 4 week quit (CO Verified) = £80.00 Client achieves 4 week quit (Self Report) = £45.00	Total payment £80 on a successful 4 week CO verified quitter £45 for self-reported quit
Bonus payments	50 x 4 week quits co verified		£250-00

SCHEDULE 4 – QUALITY REQUIREMENTS

A. Operational Standards and National Quality Requirements

Ref	Operational Standards/National Quality Requirements	Threshold	Guidance on definition	Consequence of breach	Timing of application of consequence	Applicable Service Category
	Duty of candour	Each failure to notify the Relevant Person of a suspected or actual Notifiable Safety Incident in accordance with Regulation 20 of the 2014 Regulations	See CQC guidance on Regulation 20 at: https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour	Recovery of the cost of the episode of care, or £10,000 if the cost of the episode of care is unknown or indeterminate	Monthly	All

The Sub-Contractor must report its performance against each applicable Operational Standard and National Quality Requirement through its Service Quality Performance Report, in accordance with Schedule 6A.

SCHEDULE 4 – QUALITY REQUIREMENTS

C. Local Quality Requirements

Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Applicable Service Specification
<p>Expected Outcomes The Service is to assist the Specialist Stop Smoking Service to achieve the following</p> <ul style="list-style-type: none"> •A reduction in smoking prevalence and the number of smokers across East and Central Lancashire • A reduction in health inequalities by ensuring that the support services are aimed at target populations: <ul style="list-style-type: none"> – Routine and manual workers, long-term unemployed and never worked groups – Pregnant women and their partners. – Smokers residing in disadvantaged areas. – Black and Minority Ethnic communities. – Smokers within Acute and Mental Health Trusts. 					

SUB-CONTRACT PARTICULARS and SCHEDULES

Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	of	Applicable Service Specification
– Smokers within substance misuse services.						
A reduction in the risk of developing smoking related conditions, including COPD						
A reduction in exposure to secondhand smoke and associated risks						
Improved patient satisfaction						
Improved coordination and access to services						
Improved information about stop smoking support and interventions						
More frontline staff engaging with Stop Smoking Services and referring or delivering stop smoking interventions						
Integration into the wider tobacco control agenda						
All prospective clients will be contacted by the service within 2 working days of their initial enquiry. Waiting time for appointments should not exceed 1 week.						

SUB-CONTRACT PARTICULARS and SCHEDULES

Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Applicable Service Specification
<p>At least 80% of clients should be satisfied with the service provided.</p> <p>All clients withdrawing from treatment will be contacted to establish why.</p>					
<p>Services will be as flexible and accommodating as possible in terms of location, times of operation, language etc and will record any instance where it has not been possible to meet a clients' request for treatment.</p>					
<p>The quit rate should not be below 35% and the lost to follow up rate for smokers setting a 4 week quit date should be less than 20%.</p>					
<p>The service should aim to treat at least 10% of the local population of smokers with a higher proportion coming from wards identified as more deprived. Plan to be agreed with commissioner to identify priority wards.</p>					
<p>The service should aim to achieve a CO validation rate of 85% of reported 4 week quits</p> <p>The service should achieve a success rate for 4 week smoking quitters of between 35 – 70%</p>					

SUB-CONTRACT PARTICULARS and SCHEDULES

Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Applicable Service Specification
For 2017/18 the Provider(s) of the LCFT Lancashire Stop Smoking Service will continue to work towards meeting the following 4 week quitter targets for 2017/18 = East 3,165 Central 3,187, North 2,471 and West 759 validated quitters.					
It is expected that the service provider will be participate in regular review meetings at the invitation of the Specialist Service Manager.					

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

A. Reporting Requirements

Report Required	Reporting Period	Format of Report	Timing and Method for delivery of Report
Performance and activity data will be shared at the end of each quarter.			

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

C. Incidents Requiring Reporting Procedure

Procedure(s) for reporting, investigating, and implementing and sharing Lessons Learned from: (1) Serious Incidents (2) Notifiable Safety Incidents (3) Other Patient Safety Incidents

As per LCFT Incident Policy and service condition 33 of NHS Standard Full Length Contract which states:

SC33 Incidents Requiring Reporting

33.1 The Provider must comply with the arrangements for notification of deaths and other incidents to CQC, in accordance with CQC Regulations and Guidance (where applicable), and to any other relevant Regulatory or Supervisory Body, any NHS Body, any office or agency of the Crown, or to any other appropriate regulatory or official body in connection with Serious Incidents, or in relation to the prevention of Serious Incidents (as appropriate), in accordance with Good Practice and the Law.

33.2 The Provider must comply with the NHS Serious Incident Framework and the Never Events Policy Framework, and must report all Serious Incidents and Never Events in accordance with the requirements of those Frameworks.

33.3 The Parties must comply with their respective obligations in relation to deaths and other incidents in connection with the Services under Schedule 6C (Incidents Requiring Reporting Procedure) and under Schedule 6A (Reporting Requirements).

33.4 If a notification the Provider gives to any relevant Regulatory or Supervisory Body directly or indirectly concerns any Service User, the Provider must send a copy of it to the relevant Commissioner, in accordance with the timescales set out in Schedule 6C (Incidents Requiring Reporting Procedure) and in Schedule 6A (Reporting Requirements).

33.5 The Commissioners will have complete discretion (subject only to the Law) to use the information provided by the Provider under this SC33, Schedule 6C (Incidents Requiring Reporting Procedure) and Schedule 6A (Reporting Requirements) in any report which they make to any relevant Regulatory or Supervisory Body, any NHS Body, any office or agency of the Crown, or to any other appropriate regulatory or official body in connection with Serious Incidents, or in relation to the prevention of Serious Incidents, provided that in each case they notify the Provider of the information disclosed and the body to which they have disclosed it.



Incident Policy.pdf

SCHEDULE 7 – PENSIONS

Not Applicable

SCHEDULE 8 – TUPE

TUPE regulations and cabinet office 'fair deal' provisions apply where all 'relevant transfers' have been identified.

PART B: SUB-CONTRACT CONDITIONS

1. Operation of this Sub-Contract

1.1 The Head Provider has entered into the Head Contract with the Commissioner, and under this Sub-Contract agrees with the Sub-Contractor that the Sub-Contractor will perform certain of the services under the Head Contract on the Head Provider's behalf. The rights and obligations of the Head Provider and the Sub-Contractor are set out in the Sub-Contract Particulars and Schedules and in the Service Conditions and General Conditions as amended or added to by these Sub-Contract Conditions.

2. Interpretation

2.1 The Service Conditions and General Conditions in the Head Contract are incorporated into and form part of this Sub-Contract, as modified by this Sub-Contract. Any reference to any Schedule or the Particulars in the Service Conditions or General Conditions will, for the purposes of this Sub-Contract, be interpreted as referring to the corresponding element of the Sub-Contract Particulars and Schedules.

2.2 Except as provided expressly in these Sub-Contract Conditions, terms as defined in the Head Contract will have the same meaning when used in this Sub-Contract.

2.3 Definitions:

General Conditions and **Service Conditions**: the General Conditions and Service Conditions published by NHS England for the NHS Standard Contract 2019/20 (Shorter Form)

Head Contract: the contract between the Commissioner and the Head Provider in the form of the NHS Standard Contract 2019/20 (Shorter Form)

Sub-Contract Services: the services specified in Schedule 2A

2.4 Except as provided expressly in this Sub-Contract, the rules of interpretation in the Head Contract will apply to this Sub-Contract.

2.5 For the purposes of this Sub-Contract, and unless the context otherwise requires, the following references in the Service Conditions and General Conditions will be interpreted as follows:

Term:	meaning for this Sub-Contract:
"Commissioner", "Relevant Commissioner", "Responsible Commissioner" or "Co-ordinating Commissioner"	Head Provider
"this agreement", "this Contract" or "Contract"	(this) Sub-Contract
"Parties"	the Head Provider and Sub-Contractor
"Provider"	Sub-Contractor
"Services"	Sub-Contract Services
"Sub-Contract", "Sub-Contractor", etc.	sub-contract, sub-contractor, etc.

2.6 The Schedules, as well as the Service Conditions and General Conditions (as amended) form part of this Sub-Contract and will have effect as if set out in full in the body of this Sub-Contract. Any reference to this Sub-Contract includes the Schedules.

2.7 If there is any conflict or inconsistency between the sections of this Sub-Contract, the following order of

priority applies:

- 2.7.1 the Sub-Contract Conditions
- 2.7.2 the Sub-Contract Particulars and Schedules
- 2.7.3 the Service Conditions and General Conditions.

2.8 The following definitions will apply in addition to, or instead of, the definitions in the Head Contract:

Authorised Person	the Head Provider is added to the list of Authorised Persons
CQUIN	any references to CQUIN in any applicable definitions are deleted.
Referrer	the Head Provider is added to the entities listed in this definition.

3. Commencement and duration

3.1 This Sub-Contract comes into force on the Effective Date and will continue in force until the Expiry Date unless:

- 3.1.1 it is terminated earlier in accordance with GC17; or;
- 3.1.2 the Head Contract is terminated for any reason, in which case this Sub-Contract will (unless the Parties agree otherwise in writing) terminate immediately and automatically, without further action being necessary by the Parties, and subject to all the rights of the Parties accrued up to the date of termination; or
- 3.1.3 the Commissioner, in accordance with the Head Contract, requires the removal of the Sub-Contractor, or the termination of this Sub-Contract or any Sub-Contract Service.

3.2 Delivery of the Sub-Contract Services will begin on the Service Commencement Date (unless the Head Provider notifies a different date to accord with service delivery under the Head Contract, or the Parties agree otherwise).

4. Co-operation

4.1 The Sub-Contractor will co-operate with the Head Provider and (where requested) directly with the Commissioner in order to ensure effective delivery of the Sub-Contract Services. Where the Sub-Contractor informs the Head Provider of issues which require action under the Head Contract or under any related sub-contract, the Head Provider will endeavour to resolve those issues with the Commissioner or with the relevant sub-contractor.

4.2 The Sub-Contractor must deliver the Sub-Contract Services and perform its obligations under this Sub-Contract in such a manner as to ensure the Head Provider is able to comply with its obligations under the Head Contract insofar as those obligations relate to, depend on or may be affected by the Sub-Contract Services, including compliance by the Sub-Contractor with any positive or negative obligation.

5. Payment

5.1 In consideration of the Sub-Contractor's provision of the Sub-Contract Services, the Head Provider will pay to the Sub-Contractor the Price as set out in Schedule 3.

5.2 Unless stated otherwise in Schedule 3, the Sub-Contractor must invoice the Head Provider, within 10 days

of the end of each month, the Price in respect of the Sub-Contract Services provided in the preceding month together. Each invoice must contain and be accompanied by such information and be addressed to such individual as the Head Provider may inform the Sub-Contractor from time to time.

- 5.3 The Head Provider must pay each undisputed invoice received in accordance with clause 5.2 within 30 days of receipt. Payment is exclusive of any applicable VAT for which the Head Provider will be additionally liable to pay the Sub-Contractor upon receipt of a valid tax invoice at the prevailing rate in force from time to time.
- 5.4 If a Party contests in good faith any part of any payment calculated in accordance with this Sub-Contract the contesting Party must promptly notify the other Party, and any uncontested amount must be paid in accordance with this Sub-Contract. If the matter has not been resolved within 20 Operational Days of such notification, the contesting Party must refer the matter to Dispute Resolution.

6. Alterations to Service Conditions and General Conditions for the purposes of this Sub-Contract

6.1 The following provisions are deleted:

Service Conditions (SC): SC6.3, 29.1, 36.1 to 36.26, 36.28 and 38;

General Conditions (GC): GC1.1, 1.2, 3, 9.9, 10.1, 13.2, 13.4, 17.4 and 21.9

and any cross-references to those provisions are also deleted.

6.2 In the following provisions, references to the "Commissioner", "Commissioners" or "Co-ordinating Commissioner" (as applicable):

6.2.1 will continue to refer to the Commissioner:

Service Conditions (SC): SC5.1, 23.2, 24.3, 28.5, 30.3, and (where the term "Commissioner" is used in relation to its being the Responsible Commissioner) SC36.31.3 and 36.31.6;

General Conditions (GC): GC21.13

Definitions: "Best Practice", "Local Counter Fraud Specialist" and "Service User"

6.2.2 will refer to the Commissioner and the Provider:

General Conditions (GC): 21.18, 22.4, 23.3

and any reference in those provisions to a request or notice being given by a Commissioner will be deemed to apply where such a request or notice is given directly or is passed on to the Sub-Contractor by the Head Provider.

6.3 The following provisions will be amended (or will apply) as set out or described below:

Service Conditions:

SC33.5 (Incidents Requiring Reporting)	The right to use information provided by the Sub-Contractor in any report made in connection with Serious Incidents is available to the Commissioner as well as to the Head Provider.
SC36.27 (Prices)	The last sentence of this Condition is deleted, and replaced with: "The Sub-Contractor's liability under this SC36.27 will not exceed the Head Provider's liability under the equivalent provisions of the Head Contract, or (if less) that proportion of the Head Provider's liability that was caused by the Sub-Contractor's breach of the Operational

	Standards, National Quality Requirements or Local Quality Requirements".
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General Conditions:

GC13.4 (Variations)	Notwithstanding the deletion of GC13.4, the Parties acknowledge that the Head Provider must comply with National Variations and that the Head Contract (and consequently this Sub-Contract) may be terminated for non-acceptance of a National Variation, and accordingly the Parties will co-operate to agree to vary this Sub-Contract to the extent necessary to enable the Head Provider to comply with National Variations.
GC14.2 (Dispute Resolution)	The words "jointly by NHS Improvement and NHS England (where the Provider is an NHS Trust), or" are deleted.
GC16 (Suspension)	The Head Provider may also suspend the Sub-Contract Services where those services are suspended by the Commissioner under the Head Contract.
GC17.4.1 (Termination)	The notice period is extended from 20 Operational Days to 40 Operational Days where the Head Provider's failure to pay is due to the failure of the Commissioner to pay under the Head Contract.
GC20.3 (Confidential Information)	A new GC20.3.6 is added as follows: "20.3.6 or (where the disclosing Party is the Head Provider) to the extent that the Head Provider is required to disclose such information under the Head Contract".
GC21.19 to 21.22 (Patient Confidentiality, Data Protection, Freedom of Information and Transparency)	These Conditions will only apply if either the Head Provider or the Sub-Contractor is a public body.
GC22.2 (Intellectual Property)	<p>The licence of Sub-Contractor Deliverables granted by the Sub-Contractor under GC22.2 will apply in favour of the Commissioners for the purposes set out in GC22.2, and in favour of the Head Provider for the purposes of receiving the Sub-Contract Services and performing its obligations under the Head Contract.</p> <p>GC22.3.2 will not apply to this Sub-Contract, notwithstanding that the Sub-Contractor may apply to NHS England's NHS Identity team for permission to use the NHS Identity where it does not otherwise have permission to use the NHS Identity.</p>

GC29 (Third Party Rights)	The following text will be added after GC29.1.6: "and for the avoidance of doubt the Commissioner may enforce any provision of this Sub-Contract to the extent that it is expressed as applying in favour of the Commissioner".
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6.4 The following time periods are amended as set out below in order to allow for related actions under the Head Contract:

Provision	timescale in the Service Conditions or General Conditions	amended timescale for this Sub-Contract
SC30.2	5 Operational Days (for notification of the activation of the Sub-Contractor's Incident Response Plan, etc.)	4 Operational Days
SC36.29	20 Operational Days (for the Head Provider to reimburse statutory benefits)	24 Operational Days
GC11.4 and 11.5	5 Operational Days (for Sub-Contractor to provide information about Indemnity Arrangements) and 10 Operational Days (to provide evidence of post-termination cover)	4 Operational Days and 8 Operational Days respectively
GC 15.6	10 Operational Days (for notification to appoint an Auditor)	8 Operational Days
GC17.5.4	20 Operational Days (for Sub-Contractor to remedy breach)	16 Operational Days
GC21.17.3 and 21.17.4	2 Operational Days (for Sub-Contractor to provide a copy of or transfer an FOIA request)	1 Operational Day in each case
GC21.17.6	5 Operational Days (for Sub-Contractor to provide relevant information)	4 Operational Days

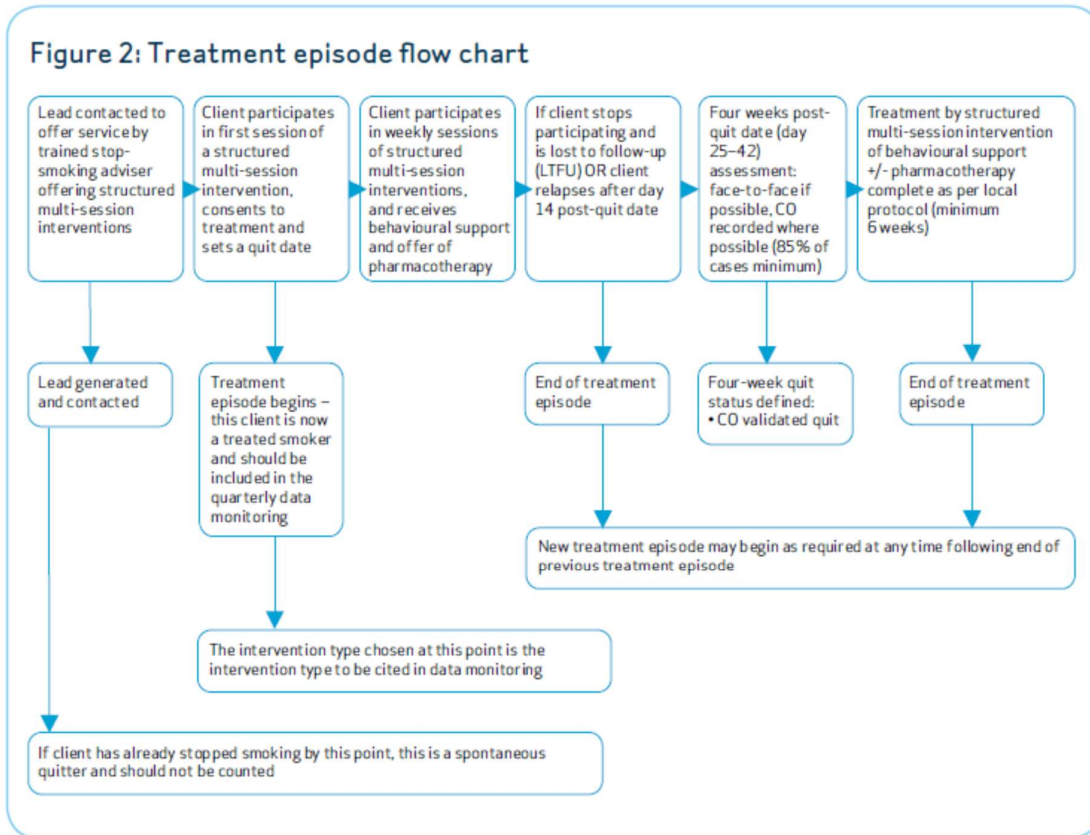
SERVICE CONDITIONS

[refer to the NHS Standard Contract 2019/20 (Shorter Form) Service Conditions]

GENERAL CONDITIONS

[refer to the NHS Standard Contract 2019/20 (Shorter Form) General Conditions]

Appendix 1: Local Stop Smoking Services: key updates to the 2011/12 service delivery & monitoring guidance for 2011/12, p 36



Appendix 2

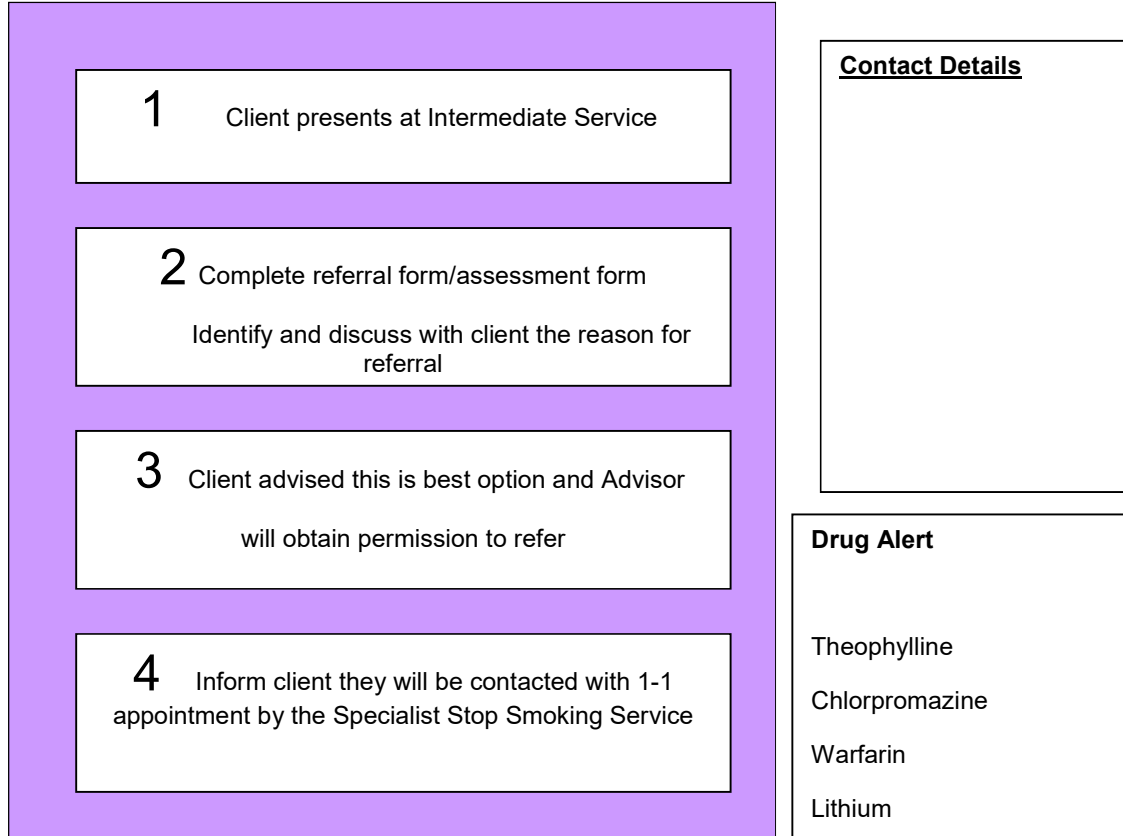


CRITERIA FOR CLIENT REFERRAL TO LEVEL 3 SPECIALIST SERVICE: FLOWCHART

Research has proven some patients with certain conditions can benefit from more intensive support from Specialist Services. The following should be referred to Specialist Advisors if the patient is willing and able to attend:-

- Nicotine Replacement Therapy (NRT) not tolerated
- More than **two** supported attempts at quitting
- Presents with history of long term use of NRT **OR** unable to discontinue NRT after 12weeks
- Smokeless Tobacco use
- Young persons under 16yrs
- Pregnancy. **Speak to a Specialist Level 3 Advisor prior to treating these clients**
- Health problems such as:
 - a) Established Mental Health Illness e.g. Bi-polar, Schizophrenia
 - b) Alcohol Dependence and Substance Misuse e.g. cannabis
 - c) Those with communication difficulties. E.g. hard of hearing, learning disability
 - d) Taking the drugs as indicated in Drug Alert box (see below)

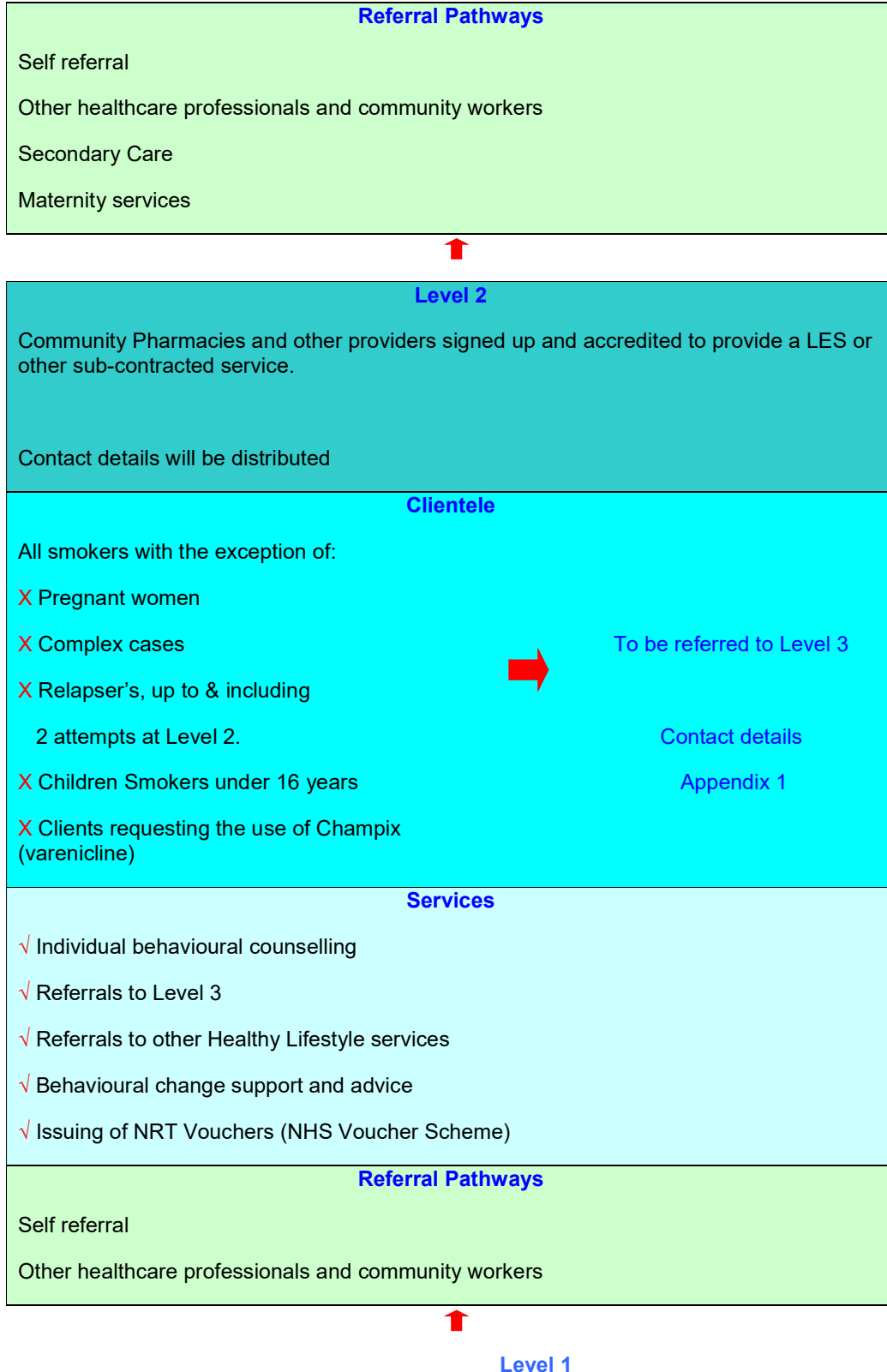
In the above situations, if the client does not wish to be referred to the Stop Smoking Specialist Service, it is better they receive support rather than none at all, but if you are NOT a Pharmacist, then please discuss these clients with your Pharmacist and/or a Specialist Level 3 Advisor prior to treating.



Appendix 3:

Stop Smoking Service pathways

Level 3
Clientele
<p>All smokers including:</p> <ul style="list-style-type: none"> ✓ Pregnant women ✓ Complex cases ✓ Repeat relapser's (after 2 attempts at Level 2) ✓ Children under 16 years
Services
<ul style="list-style-type: none"> ✓ Individual behavioural counselling ✓ Group behaviour therapy ✓ Assessment & referrals for Zyban (bupropion) and Champix (varenicline) ✓ Referrals to other Healthy Lifestyle services ✓ Issuing of NRT Vouchers (NHS Voucher Scheme)



It is also recommended that all other staff adopt the Very Brief Advice – 30 seconds to save a life model within day to day practice. There will be no additional payments attached to this as it is regarded as basic day to day health promotion.

VERY BRIEF ADVICE (AAA) - 30 seconds to save a life

1. ASK and record smoking status

Smoker- ex - smoker – non smoker

2. ADVISE patient on health benefits

Stopping smoking is the best thing you can do for your health

3. ACT on patients response

Build confidence, give information, refer, prescribe