**PUBLIC HEALTH SERVICE SPECIFICATION FOR**

**GP PRACTICE SUPPORT TO STOP SMOKING**

**1 APRIL 2025 to 31 MARCH 2029**

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| 1.1 | **CONTRACT MANAGEMENT:**  B&NES Council Representative: Cathy McMahon, Public Health Development and Commissioning Manager  Provider’s Representative: |
| 1.2 | **AIM OF THE SERVICE:**  The aim of the service is to reduce health inequalities in B&NES by providing targeted and intensive support to individuals to increase their chances of quitting smoking for good, reducing the harm from smoking tobacco to themselves and their families.  This service specifically supports B&NES residents to live free from the harms of tobacco. It will improve the health of the population of B&NES by providing help and support to smokers who want to stop smoking or reduce the harm associated with smoking tobacco through the direct provision of behavioural support services and access to stop smoking aids.  The service contributes to the Be Well B&NES vision:  *Bath and North East Somerset: Where children and adults are enabled to live healthy lives*.  Be Well B&NES[[1]](#footnote-1) is a ten-year programme of change which works toward the vision of Bath and North East Somerset being a place where children and adults are enabled to live healthy lives. The Be Well B&NES Framework adopts a whole systems approach, recognising and working on the complex commercial, social, economic, environmental, and individual factors that influence our health behaviours.  Be Well B&NES provides a mechanism for whole system, integrated working across a range of health improvement areas including:   * Good food for all * Living free from harms of tobacco, drug and alcohol * Achievable active lifestyles * Good emotional wellbeing for all |
| 1.3 | **Context**  Smoking is still the single biggest cause of premature death and disease nationally and locally. Life expectancy in B&NES differs significantly by area with women in our most deprived area dying up to 10 years earlier than women who live in our least deprived areas. The difference is 5 years for men. Smoking accounts for approximately half this difference in life expectancy.  Adult smoking prevalence in B&NES is currently 11%, is on a decreasing trend, and benchmarks similar to our nearest statistical neighbours[[2]](#endnote-1). Smoking prevalence is much higher amongst routine and manual workers in B&NES at 28.4% and amongst those in drug and alcohol treatment, with mental health conditions and amongst ethnic minority groups including gypsy, Roma, traveller and boater communities.  In 2017 the government set an objective for **England to be smokefree by 2030**, meaning only 5% of the population would smoke by then. The aim by the end of 2022 was to reduce smoking prevalence in adults from 15.5% to 12% and to reduce smoking in pregnancy from 10.7% to 6%. This was to be achieved by supporting people not to start smoking, helping people to quit, ensuring those with mental health conditions had equal priority to those with physical health conditions and backing innovative technology to support safe quitting.  The Khan Review; Making Smoking Obsolete (2022) highlighted that England is unlikely to achieve the target of being smoke free by 2030 without significant additional commitment from Government. Alongside recommendations for increased investment, legislation and prevention activity within the NHS the review also recommended accelerating the path to vaping. This has informed the Government's announcement in 2023 of a number of initiatives including the **Swap to Stop scheme** enabling 1 million smokers to access free vaping kits over a 2-year period through local authority and NHS trust partners.  In October 2023, the Government published [Stopping the start: our new plan to create a smokefree generation](https://www.gov.uk/government/publications/stopping-the-start-our-new-plan-to-create-a-smokefree-generation)1. This included a programme of funding to support current smokers to quit smoking, with £70 million additional funding per year for local stop smoking services and support. LA public health teams have been allocated additional public health grant to support delivery of ambitious targets to increase smoking support and the number of people setting a quit date. B&NES ambitions are to increase the number of people setting a quit date by 2,800 over the course of five years from 24/25.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Yr /No. Setting a quit date (SQD) | 24/25 | 25/26 | 26/27 | 27/28 | 28/29 | Total | | Challenge | 649 | 919 | 919 | 919 | 919 | 4,325 | | B&NES Baseline 22/23 | 305 | 305 | 305 | 305 | 305 | 1,525 | | Additional SQD required | 344 | 614 | 614 | 614 | 614 | 2,800 |   The NHS will also be making a significant contribution to achieving a smoke-free society, by supporting people in contact with NHS services to quit. The **NHS Long term plan commitment** is for all people admitted to hospital who smoke to be offered NHS-funded tobacco treatment services.  During 2023 NHS England also announced that it would be offering **Lung Health Check Screening** for all ‘ever smokers’ aged 55 – 74 by 2029. A successful pilot of this programme ran in 2022 in the Somerset, Wiltshire, Avon and Gloucester area and resulted in earlier identification of lung cancer in patients and significantly increased the numbers of people accessing stop smoking support following contact with the programme.  **The B&NES, Swindon and Wiltshire Partnership Inequalities Strategy (2021 – 2024)** prioritises a whole system approach and making inequalities everyone’s business. It aims to provide a framework for system activity on health inequalities. The Strategy has 3 phases, initially raising awareness and then moving on to focus on the NHS Core 20 plus 5 priorities. These include a focus on the 20% most deprived populations, the 5 clinical areas CVD, cancer, respiratory health, maternity and mental health. The plus groups are defined at place and for B&NES include socially excluded and vulnerable groups including looked after children and migrants.  For adults the plus groups in B&NES are people from ethnic minority backgrounds, people experiencing homelessness and people living with severe mental illness. |
| 1.4 | **Evidence Base**  **Smoking cessation interventions**   * NICE has produced guidelines on the effectiveness of different smoking cessation interventions. The evidence is clear that behavioural support makes stopping smoking, and staying stopped much more likely. The evidence is also clear that stop smoking aids have a positive impact and help people quit for good. More information can be found at   <https://www.nice.org.uk/guidance/ng209>   * The National Centre for Smoking Cessation Training provides evidence and effectiveness of stop smoking interventions and guidance on service delivery and monitoring. This can be found at:   <https://www.ncsct.co.uk/publications/topCategory/briefings-practice-guidance>  **Stop smoking aids**  Stop smoking aids include NRT, stop smoking medications (bupropion, cytisine and varenicline) and nicotine containing e-cigarettes (vapes). Stop smoking aids can be categorised as first choice and second choice based on how effective they are.  First choice stop smoking aids are the most effective:   * Combination NRT (use of a nicotine patch plus a faster-acting NRT product) * Nicotine containing e-cigarettes (vapes) * Nicotine analogue medications (varenicline and cytisine)   Second choice stop smoking aids include:   * Single-form NRT * Bupropion   Information and guidance on the use and prescribing of stop smoking aids in BSW is found here;  <https://bswformulary.nhs.uk/>  **Harm Reduction**   * Whilst there are health harms associated with all tobacco use, smoking tobacco is by far the most hazardous to health. If people are unable to quit nicotine altogether they can reduce harm by stopping smoking to get nicotine, and use a safe pharmaceutical nicotine product instead.[[3]](#footnote-2) * NICE guidance on treating tobacco dependency, whilst recognising that quitting smoking is always the best option for smokers, supports the use of licensed nicotine containing products (NCPs) to help smokers not currently able to quit to cut down, and as a substitute for smoking, where necessary indefinitely. * Currently around a third of smokers attempt to quit in any given year. It is crucial that those who want to stop are encouraged and supported to do so, cutting down or abstaining in the short-term offers a way forward for those who do not feel ready. * There is evidence that if the large numbers of smokers who are not ready to quit, but are interested in cutting down, are encouraged to do so in a systematic way, by substituting Nicotine Replacement Therapy (NRT) for the cigarettes they cut out, it leads to a significant percentage of them moving on to quit. Even those that don’t go on to stop smoking are more motivated to make a quit attempt in future.   **Nicotine containing e-cigarettes**  Nicotine-containing e-cigarettes are vaping devices filled with nicotine-containing e-liquid. These devices must be notified to the MHRA and must meet the requirements of the [European Union (2014) Tobacco Products Directive](https://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX:32014L0040) (definition informed by the [MHRA's e-cigarettes regulations for consumer products](https://www.gov.uk/guidance/e-cigarettes-regulations-for-consumer-products)).   * Nicotine containing e-cigarettes are the most popular quitting tool in the country at present. Whilst not completely risk free, they are significantly less harmful than smoking. Using e-cigarettes is significantly safer than smoking and the vapour released from e- cigarettes poses no measurable risk to bystanders.   A recent Cochrane review[[4]](#endnote-2) of the use of e-cigarettes to quit smoking found that people are more likely to stop smoking for at least six months using nicotine e-cigarettes than using nicotine replacement therapy or e-cigarettes without nicotine.  Local policy and guidance on vaping products is available here;  <https://www.bathnes.gov.uk/sites/default/files/Vaping%20Guidance%20Update%202023.pdf> |
| 1.5 | **DESCRIPTION OF SERVICE:**   * The provision of behavioural support to people who want to stop smoking or reduce harm from smoking through one-to-one support and advice or groups, access to stop smoking aids and onward referral to specialist services where appropriate.   **Service Requirements**  Primary care staff are expected to make every contact count with all smokers through delivery of very brief advice and referral to an in-house stop smoking practitioner or the B&NES Wellness service as appropriate.   * Practices are expected to have at least one trained stop smoking practitioner in the practice. This person can be from a clinical or non-clinical staff group. * Practices are expected to deliver evidence-based stop smoking behavioural support and access to stop smoking aids in line with the NCSCT Standard Treatment Programme to maximise clients' chances of quitting.   A description of the Standard Treatment Programme is here;  <https://www.ncsct.co.uk/publications/ncsct-standard-treatment-programme>   * The practice will advertise stop smoking services in the surgery and promote the service with people who are attending the practice. * The practice will offer clients stop smoking appointments in the surgery with a trained member of staff. * The practice will offer up to 5 weekly support sessions to clients as needed. These can be run as group sessions online, face to face or by phone. * The stop smoking practitioner will agree with the client and provide access to stop smoking aids in line with BSW Community Stop Smoking Guide. <https://bswformulary.nhs.uk/> * The practice will support people with relapse prevention to maintain a sustained quit attempt through reflection throughout the intervention on cravings/urges, risks, continued use of smoking aids as appropriate and options for ongoing support post 4 week quit. * The practice will offer information to partners and families on maintaining a smoke free home to support a quit attempt through the provision of information and advice, acknowledging the role of interpersonal relationships and situational issues that are connected to cigarette use. * Perform a Carbon Monoxide (CO) validation test at every face-to-face session to maintain motivation and to confirm a client has stopped smoking 28 days (-3 days/+14 days) after their quit date. Training will be provided by B&NES Wellness Service. * Ongoing support will be provided for patients that have been successful at reaching four weeks post-quit for up to 12 weeks from their quit date, including the provision of NRT as required * Ensure staff involved in the provision of the service are aware of and act in accordance with NICE guidance on Smoking Cessation and Harm Reduction and local guidance on Nicotine Replacement Therapy and e-cigarettes. * Where clients are not ready to undertake an abrupt quit and set a quit date but wish to cut down their tobacco consumption, they should be offered harm reduction advice in line with NICE guidance or referred to the Wellness service for additional support if necessary. These clients may also benefit from access to the Swap to Stop programme (see below). * Practices will work with the Wellness Service to facilitate outreach to increase access to stop smoking support in the community e.g. enabling outreach clinics and drop-in services in the surgery.   **Children and Young people**  In line with NICE guidance NG209 professionals working with children and young people who smoke (12 –17yrs) are recommended to:   * Offer young people information, advice and support on how to stop smoking. * Use professional judgement to decide whether or not to offer Nicotine Replacement Therapy (NRT) to young people over 12 years who show clear evidence of nicotine dependence. If NRT is prescribed, offer it as part of a supervised regime.   Do not offer cytisine, varenicline or bupropion to people aged under 18. The Provider should use professional judgement to consider, and where appropriate, act on any safeguarding issues coming to their attention as a result of providing the service. This shall be in line with local safeguarding procedures <https://bcssp.org.uk/>  **Supporting smokers who want to quit using e-cigarettes**  Where clients are using e-cigarettes or wanting to use e-cigarettes to support them to cut down or quit smoking practices should provide advice and support in line with NCSCT guidance.  Smokers who have tried other methods of quitting without success can be encouraged to try nicotine containing e-cigarettes to stop smoking.  Whilst licensed NRT products are the recommended option for pregnant women and people, if they choose to use an e-cigarette to stay smoke free, they should not be discouraged from doing so.  We encourage professionals to offer clear and accurate information on the relative harm of nicotine, e-cigarettes and smoked tobacco and to offer behavioural support to smokers who want to quit using e-cigarettes.  The NCSCT have produced a useful guide for stop smoking advisors to enable an ‘e-cigarette friendly’ conversation with clients.  <https://www.ncsct.co.uk/publications/Vaping_briefing>  The B&NES Wellness Service actively encourages smokers using e-cigarettes to access support through the specialist stop smoking team and can support them in their attempt to cut down, quit completely or to prevent relapse to smoking.  E-cigarettes can be used safely in conjunction with NRT, such as patches for example, similar to the use of other oral nicotine products such as gum, lozenges or inhalators.  People wanting more information about using e-cigarettes to cut down or quit can be directed to the Better Health website for comprehensive evidence-based information.  <https://www.nhs.uk/better-health/quit-smoking/ready-to-quit-smoking/vaping-to-quit-smoking/>  **Swap to Stop programme**  B&NES is currently taking part in the Government Swap to Stop programme which enables us to offer free vape kits to smokers over 18 who are interested in switching to vaping to support their quit attempt.  The Swap to Stop programme is aimed at adult smokers who are not yet ready to formally set a quit date or commit to a structured stop smoking attempt, however they are motivated to try vaping and have not tried it before.  It is a less intensive standalone intervention which offers smokers a free 4 week vaping starter kit and only involves the smoker committing to 2 light touch follow up points (between 2-3 weeks and at 28 days) to record how they got on.  Swap to Stop intervention can be delivered by anyone in the practice who has completed the B&NES Swap to Stop training (1hr online).  If at the 28 day follow up (or before) the person would like support to continue their quit attempt they can then be supported by a stop smoking practitioner via the Standard Treatment Programme.  To offer this service to clients, practice-based staff need to attend the Swap to Stop VBA+ training provided by the Wellness Service or B&NES Council and to deliver the following;   * A 5–10-minute (Very Brief Advice +) intervention with the client * Discuss the key principles of smoking cessation and coping mechanisms. * Explain how vapes work, and their relative harm compared to smoking. * Issue a vape starter kit (or voucher) and encourage client to start using immediately * Measure outcomes for clients receiving this level of support. 2 light touch follow ups (at 2-3 weeks and 28 days) * Learn how to record data and complete the Swap to Stop monitoring form. * Where clients request additional support make a referral into practice-based stop smoking practitioner or the Wellness service if the smoker is interested in that option, or signpost to online quitting resources.   The Swap to Stop programme is a time limited offer and practices will be notified if the offer is likely to reduce or change once DHSC have notified Local Authorities of their intentions.  **USER GROUP:**  **Smokers who live, work or are registered with a GP in B&NES.**  **Eligibility criteria**  Anyone who smokes or uses any other form of tobacco aged 12 years and above.  Anyone aged 18+ using e-cigarettes to cut down or quit smoking.  The service is available to people who meet any of the above criteria, and are either:   * Living in the B&NES area * Working in the B&NES area * Registered with a B&NES GP   **Referral process**  Everyone who smokes should be offered a very brief intervention, information on their smoking cessation support options and access to a practice-based practitioner for support.  Where clients are likely to have to wait more than 2 weeks for an appointment with the practice-based Stop Smoking practitioner they should be referred to the B&NES Wellness Service.  The practice will ensure that people are referred to appropriate specialist support should the needs of the client not be met in the surgery this would include maternity services, drug and alcohol treatment services and mental health services if appropriate;   * Pregnant women and people * Those with drug or alcohol concern * People with diagnosed mental health conditions * People with long term conditions exacerbated by smoking * Those who are experiencing significant barriers to success e.g. regular relapse.   **DAYS/HOURS OF OPERATION:**  As a minimum the service will be offered within the normal practice opening hours however, practices can offer appointments out of hours or at weekends to meet the needs of the working population for example.  **EQUIPMENT/FACILITIES:**   * The practice will ensure that the area in which the service is offered is appropriate for privacy and confidentiality.   **Training and Quality assurance**  **Training for staff**   * The practice will ensure at least one member of staff is fully trained as an NCSCT Certified Stop Smoking Practitioner <https://elearning.ncsct.co.uk/england> * NCSCT provide high quality free e-learning practitioner training. Once complete participants complete an online assessment to achieve certification and entry to the NSCST training register. * Local skills-based training is also provided by the B&NES Wellness Service. This additional training (one full day) supports application of learning, skills development and helps practitioners to fully understand the local support offer, share experience and good practice and learn from highly skilled experts in smoking cessation. * If a member of staff is already trained as a Stop Smoking Practitioner, this Service Specification does not require that they re-train. However, they are expected to keep their practice up to date and to attend an annual local refresher session (2-3 hours per year) delivered by the B&NES Wellness Service. * The Provider should ensure that health and safety, safeguarding, equality and diversity training is provided to staff delivering this service and fully comply with the Multi agency Safeguarding Adults Policy and the LSCB Inter-Agency Procedures for Children and Young People.   Quality indicators   * The practice will aim to achieve at least a 50% quit rate for the service. * The practice will aim to achieve at least 50% of 4-week quitters to be CO validated * The practice will co-operate with audit requests and quality assurance visits as required. Commissioners will notify practices of these requests/visits in advance and requirement will be a maximum of one audit and visit per year.   The above quality indicators are not linked to the payment schedule. Where practices are not meeting quality indicators commissioners will work with practices to review and offer support, training and guidance where appropriate.  **SUPPORT FOR PRACTICES:**  Wellness Service   * The Public Health and Prevention team within B&NES Council commission the B&NES Wellness Service to provide support, training and data collection services to GP practices that are providing stop smoking services. The service also provides specialist stop smoking support for clients with more complex support needs and will receive referrals direct from primary care for stop smoking support. * The Wellness Service also provides equipment, advice and guidance to practices on Carbon Monoxide monitoring to support motivation to quit and quit verification. * The Wellness Service will provide regular best practice forums for trained smoking cessation practitioners in general practice to maintain competence and keep advisors up to date with service developments. * Local training, support and advice is available from the B&NES Wellness Service. * On-line training to update on specific areas of cessation practice e.g. working with pregnant women and people, smoking and mental health, vaping etc is available free from National Centre for Smoking Cessation and Training [www.ncsct.co.uk](http://www.ncsct.co.uk) * The Wellness Service will provide a named liaison person for each area who will support the practice in delivery of this service. * CO Monitors, consumables and training in how to use and maintain them will be provided by the B&NES Wellness Service * Promotional material, leaflets and resources to support communication with patients and colleagues are available free from the B&NES Wellness Service. * Additional campaign material to support national campaigns is available via the DHSC Campaign Resource Centre <https://campaignresources.dhsc.gov.uk/>   **Data recording and reporting**  The practice will contribute towards the annual B&NES Set a quit date and 4-week quitter targets.  For each individual receiving stop smoking support, the practice must complete a NHS Stop Smoking Service Monitoring Form (IRS). This form is embedded on SystmOne for ease of use.  Please complete this form for all individuals supported, even if they do not manage to quit smoking after 4 weeks, as payment is only made on receipt of a correctly completed Monitoring form.  Quarterly returns on all activity will be collated by B&NES Wellness Service using data submitted via the IRS form on SystmOne and this information will be used to audit payment claims.  In addition to the above, practices will record aggregated data for the Swap to Stop programme on a quarterly basis to include;   * Total number of clients receiving vape starter kits, * Level of support received * Outcome at 28 days (quit/not quit/LTFU)   This data to be shared quarterly with B&NES Wellness Service. |
| 1.6 | **Payment schedule and claims**  B&NES Council will pay practices for the following activity;  **Swap to Stop**   |  |  | | --- | --- | | **Activity** | **Payment** | | VBA + Consultation, issue of a voucher code or vape kit and 2 light touch follow ups (2-3 weeks and 28 days) | £5.00 |   **4 week Quit attempt**   |  |  | | --- | --- | | **Activity** | **Payment** | | Initial consultation with a patient | £10.00 | | Follow up telephone appointment (up to a max of 4) | £2.50 each (Max payment - £10.00) | | Follow up face to face appointment (one per patient) | £5.00 | | Completion and submission of IRS form | £2.50 | | Quit - Self verification or | £35.00 | | Quit- CO verification | £40.00 |   Therefore, the maximum claim per patient for 4 week quit activity is:   |  |  | | --- | --- | | Maximum payment per patient for CO verified quitter | £67.50 | | Maximum payment per patient for Self-verified quitter | £62.50 | | Maximum payment per patient\* for a Not quit/lost to follow up | £27.50 |   Claims for activity must be made within 3 months of completion of intervention. Any claims received beyond 3 months of intervention will not be paid.  Annual review of payment will be undertaken at start of each financial year. |

1. <https://democracy.bathnes.gov.uk/documents/s83043/Be%20Well%20BNES%20framework%20draft_02%2007%2024.pdf> [↑](#footnote-ref-1)
2. <https://fingertips.phe.org.uk/profile/tobacco-control> [↑](#endnote-ref-1)
3. Royal College of Physicians (2007) Harm reduction in nicotine addiction: Helping people who can’t quit [↑](#footnote-ref-2)
4. <https://www.cochrane.org/CD010216/TOBACCO_can-electronic-cigarettes-help-people-stop-smoking-and-do-they-have-any-unwanted-effects-when-used> [↑](#endnote-ref-2)