

# Service Specification

## Hospital Stop Smoking Service (SRFT)

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on behalf of Salford CCG

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**Period:** April 2018 – March 2021

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## 1. Introduction

### 1.1. General

Nationally it is estimated that 25% of patients in acute hospitals are smokers – (<https://www.brit-thoracic.org.uk/documnet-library/audit-and-quality-improvement/audit-reports/bts-smoking-cessation-audit-report-2016/> ).

For people accessing secondary care services there are additional advantages of quitting, including shorter hospital stays, lower drug doses, fewer complications, higher survival rates, decreased infections and fewer readmissions after surgery. Addressing patients' smoking needs to be a routine part of their treatment plan.

## 2. Population Needs

### 2.1. National and Local Context

#### National Context

The Tobacco Control Plan for England \* sets out a managed and targeted approach to further reduce smoking prevalence, a core target of the plan is to reduce smoking prevalence amongst adults in England from 15.5% to 12% or less by 2022.

Smoking accounts for approximately half the difference in life expectancy between the richest and poorest in society. This difference in the variation in smoking prevalence can be seen across England; from places where adult smoking is as low as 5% to others where smoking remains above 25%.

Providing support for smokers to quit is highly cost effective and the evidence is clear that smokers who receive a combination of pharmacotherapy and skilled behaviour support are up to four times as likely to quit successfully.

\*Towards a Smokefree Generation - A Tobacco Control Plan for England. DoH 2017.[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/630217/Towards\\_a\\_Smoke\\_free\\_Generation\\_-\\_A\\_Tobacco\\_Control\\_Plan\\_for\\_England\\_2017-2022\\_\\_2\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/630217/Towards_a_Smoke_free_Generation_-_A_Tobacco_Control_Plan_for_England_2017-2022__2_.pdf)

#### Regional Context

Greater Manchester\*\*has stated it is leading the way for tobacco control in the UK, by setting an unprecedented ambition to reduce smoking prevalence levels at a pace and scale greater than any other major global city. The ambition is to reduce smoking by a third by the end of 2020, and achieve an overall adult smoking prevalence off 13%.

There is a downward trend in smoking prevalence across most of Greater Manchester. The difference of nearly 8% between the borough with the highest prevalence (Manchester 21.7%) and lowest smoking rate (Stockport; 12.2%) masks the fact that smoking related inequalities impact every borough.

Across Greater Manchester, the number of people trying to quit smoking with the help of NHS Stop Smoking Services has fallen significantly since around 2015. This is partly due to the emergence of

e-cigs as an 'alternative' to smoking, but also because there are populations where smoking remains very entrenched.

Despite the fall in participation, the success rate of the Stop Smoking NHS service in Greater Manchester went up in the last year with 39.1% of people saying they had managed to quit by their target date.

In 2017, Greater Manchester Health and Social Care Partnership published its Tobacco Plan 'Making Smoking History' which sets out an ambition to reduce smoking prevalence across GM by a third to 13% by 2020.

The Plan also proposes to increase the number of smokers making a stop smoking attempts and to support short-term quits.

\*\*Making Smoking History: a Tobacco Free Greater Manchester 2017:2021. GM Health and Social Care Partnership. <http://www.gmhsc.org.uk/wp-content/uploads/2018/04/Tobacco-Free-Greater-Manchester-Strategy.pdf>

## 2.2. Local Context

Tobacco smoking is still the leading cause of ill health and premature death in Salford. Half of all smokers die prematurely because of their smoking and have health problems for an average of 10 years before they die. The Salford average of adults who smoke in Salford is 22.9%, but there are areas where smoking rates are above 30%, reflected in Salford's health inequalities.

The rate of smoking attributable hospital admissions for 2016/17 in Salford reflects this, with a rate of 2,549 per 100,000 compared to 1,685 per 100,000 for England (Salford Tobacco Profile).

There is a need to provide high quality stop smoking interventions in the acute setting. This specification sets out the requirements of a dedicated stop smoking service in Salford Royal Foundation Trust.

## 3. Service Outputs and Outcomes

The service will contribute to the following Public Health Outcomes:

- Smoking prevalence in adults
- Mortality from causes considered preventable
- Mortality from all cardiovascular diseases (including heart disease and stroke)
- Mortality from cancer
- Mortality from respiratory diseases

## 4. Scope of Service

### 4.1. Aims and Objectives

#### 4.1.1. Aims

The aims are

- To provide a dedicated, focused and co-ordinated smoking cessation service within Salford Royal Foundation Trust, for all patients who smoke.
- To collaborate with the Salford Council Specialist Stop Smoking Service to support targeted smokers to quit.
- Achieve a successful quits in smokers.

#### 4.1.2. Objectives

The objectives are to:

- Provide a service delivered by a competent and confident workforce trained to Level 2 or 3 stop smoking interventions (NCSCT) [www.ncsct.co.uk/index.php](http://www.ncsct.co.uk/index.php)
- Collaborate with the Specialist Stop Smoking team in Salford Council's Health Improvement Services to provide a joined up pathway for those smokers who are supported to quit whilst in hospital and who are then discharged before a 4 week quit can be achieved through the hospital team.
- Collaborate with the Specialist Community team to provide electronic cigarette (e-cig) friendly support, to complement the existing Nicotine Replacement Therapy (NRT) service.
- Provide effective NRT support service through the hospital pharmacy.
- Where quits are achieved within the Hospital setting, carry out Carbon Monoxide testing to validate the quit.
- Support the delivery of quit smoking pathways across the hospital system.
- Develop and make available information resources for staff and for patients on the service and support available.
- Complete the day to day data monitoring requirements for all smokers accessing support within the hospital
- Ensure data is made accessible to the Commissioner in a timely manner to meet the quarterly deadlines for Department of Health reporting, using the agreed system.
- Provide quarterly performance updates to the commissioner as required.
- Develop and implement a system to track effectiveness of referrals made following a brief intervention in all appropriate parts of the Hospital.
- Support the development and delivery of SRFT smoke free initiatives for patients.

- Maintain carbon monoxide monitoring equipment

### **Accessibility/ acceptability**

- Services are to be provided in appropriate locations within SRFT buildings which allow access by patients. This includes access by patients such as language.
- All patients to be first contacted by the service within 1-2 days depending on length of stay in hospital

### **Whole System Relationships**

- Referrals/ relationships need to be made with clinical pathways for respiratory illnesses (including COPD and asthma), vascular screening, cardiac rehab, maternal care, diabetes and GI services
- Collaboration in the delivery of support with the Specialist Community stop smoking service

### **Interdependencies**

- Level 2 and level 3 providers of stop smoking services in Salford.
- Acute service providers
- Antenatal service providers
- Mental Health service providers
- Substance Misuse services

## **4.2. Service Delivery**

The SRFT stop smoking service will be managed, overseen and co-ordinated by SRFT stop smoking team.

The Service will provide a core face to face service to the patient in the hospital setting. Other approaches can be provided to back up the core approach).

There is no maximum number of sessions, but a minimum to initiate a quit and provide adequate support will be expected (suggest minimum of 3).

Advisors will guide smokers into the most appropriate quit option, whilst they are in hospital.

A range of nicotine replacement therapy will be accessible to support a planned quit, incl Champix..

The Service will provide information and advice on e-cigarettes as an aide to quit smoking in line with Salford's e cig guidance (in production).

The Service will actively collaborate with the Specialist Community service:

- to provide a managed hand over of patients who quit in hospital and who require specialist support to maintain their quit
- in the development of specific stop smoking / clinical expertise related to smoking conditions
- shared development of resources

- pathway development

Where smokers are handed onto Specialist Community Support, relevant patient data will also be shared with the Specialist Advisor. Patients accessing the hospital service will be made aware of this and consent will be requested.

The service will collect data as follows: core patient details, assessment date, quit date, quit, type and amount of NRT, other support information where appropriate.

The Service will be actively promoted to patients across the hospital and specifically with patients who have a smoking related condition on admission.

The Service will signpost smokers who are assessed as being able to benefit from non-specialist support to Primary Care provision (GP and Community Pharmacy).

Staff delivering the service will be trained in an appropriate range of approaches and skills to motivate and enable smokers to quit. These are set out in National Centre for Smoking Cessation Training guidelines.

Hospital advisors will support development of skills in other hospital workers, to aid the delivery of effective stop smoking support, through training, skills share.

#### **4.2.1. Care pathways and protocols**

Existing stop smoking referral and support pathways (as in 2017/18) will be maintained and additional ones will be developed and may include:

- Referrals via inpatient and outpatient services
- Ward based referrals
- Referrals and case management following agreed pathways between SRFT providers and Specialist Community Stop Smoking Service.
- Other jointly managed quits with other providers of stop smoking services
- Referrals to other out of area stop smoking services

### **4.3. Population**

#### **4.4. Inclusion and Exclusion Criteria**

##### **4.4.1. Inclusion criteria**

The service will cover all Salford residents aged over 16 years who are admitted to SRFT, in particular those patients who are deemed at 'high risk', e.g. diagnosed with respiratory illnesses and cardio vascular conditions.

- SRFT patients and employees.

- Where in patients are not Salford residents / GP registered, stop smoking advice will be provided, with signposting to the patients local stop smoking service as appropriate.

#### 4.4.2. Exclusion criteria

- Under 16 year olds

#### 4.5. Referral criteria & sources

- Self referral
- Referral from any service in SRFT
- Referral from other acute provider

### 5. Service Monitoring

- The Service will provide quarterly performance reports to the commissioner on activity, key performance indicators (KPIs) and identified outcome measures.
- The Service will ensure monitoring data is available prior to reporting deadlines for submission of quit smoking data to Dept of Health. Dates to me made available.
- See Appendix A for KPIs.

### 6. Applicable Service Standards/ Guidance

Relevant NICE guidance is:

- NICE guidelines NG92. March 2018. Stop smoking interventions and services.
- E-cigarettes: an evidence update. <https://www.gov.uk/government/publications/e-cigarettes-an-evidence-update>
- Stop Smoking Services PH10 February 2008, updated Nov 2013.
- Smoking Harm Reduction PH45 June 2013
- Smoking Cessation in acute, mental health and maternity services PH48, November 2013
- Making Smoking History: A Tobacco Free Greater Manchester 2017-2021
- Models of delivery for stop smoking services – options and evidence, PHE, Sept 2017

### 7. Prices & Costs

Basis of contract	Unit of measurement	Price	Expected Contract Value
		<b>Pay</b> (including on costs)	
		<b>Total £160,136</b>	<b>£160,136</b>



## Appendix A – Key Performance Indicators

	KPI	Note
1	Number of smokers attending SRFT who access face to face support via an assessment – 1500 per quarter.	
2	<p><b>Initial assessment:</b></p> <p>100% of patients referred to the Stop Smoking Service are assessed for motivation to quit.</p> <p>Expected to be in the region of 150 to 200 per month.</p>	This is dependent on the hospital pathway for accessing stop smoking service and responsiveness of the Stop Smoking Service.
3	<p><b>Motivating a quit attempt:</b></p> <p>Patients assessed by a stop smoking advisor are encouraged and supported to quit.</p> <p>80% of smokers who are engaged by the service, initiate a quit attempt from the initial engagement.</p>	<p>This is the % of smokers who are engaged in a quit attempt, following referral and assessment.</p> <p>Monitored through quit date.</p>
4	<p><b>Maintenance of stop smoking support</b></p> <p>90% of smokers who initiate a quit attempt in hospital are provided with either a referral / signpost to community provision on discharge.</p>	This % includes those smokers who are handed over to Specialist Community Service.
5	<p><b>Achievement of quit in patients who initiate a quit and who are in hospital for sufficient time to record a 4 week quit</b></p> <p>35% of patients who start a quit and achieve a successful 4 week quit</p>	This relates only to those patients who are in hospital for sufficient time. It is not a requirement to achieve quits in the sense that smokers will be passed on to other community provision as described in the specification.

<p><b>6</b></p>	<p><b>Effectiveness</b></p> <p>For those smokers who require specialist support on discharge from SRFT, there is a handover to the Specialist Stop Smoking Community Service.</p> <p>Through collaboration, for those smokers who are handed over to the Specialist Community Service, 40% achieve a successful quit.</p>	<p>These smokers will be those who are heavy smokers, history of previous attempts and have a smoking related illness / smoking related admission.</p> <p>Handover criteria and process to be agreed between Hospital and Community Specialist Services.</p> <p>A CO reading is required to validate the quit.</p>
<p><b>7</b></p>	<p><b>People supported to quit using e-cigs:</b></p> <p>Development of a protocol to support people to quit using an e-cig.</p> <p>Monitoring of outcomes from e cig users:</p> <ul style="list-style-type: none"> <li>- Number of smokers switching to e cigs whilst in hospital</li> <li>- Quits achieved (ie no longer using tobacco products) whilst in hospital.</li> </ul>	<p>No set measurement. Requirement is to monitor this part of the service.</p> <p>Note that a 'quit' achieved whilst in hospital through switching from tobacco smoking to an e-cig needs to be recorded.</p> <p>Monitoring at 4 weeks post quit date required to count as 4 week quit.</p>
<p><b>8</b></p>	<p>CO test all referrals who attend the service</p> <p>At least 80% of smokers receiving support to have a CO test on quitting and at discharge.</p>	
<p><b>9</b></p>	<p>Provision of e cig information resources for staff and patients.</p>	<p>Provide copies of information</p>