APPENDIX A

SERVICE SPECIFICATIONS

All subheadings for local determination and agreement.

Service Specification No.	
Service	**Dental Stop Smoking Service**
Authority Lead	**Lesley Thomas**
Provider Lead	
Period	**1st April 2013 – 31st March 2014**
Date of Review	**31st March 2014**

1. Population Needs

1.1 National/local context and evidence base

1.1 Smoking is the single greatest cause of preventable illness and premature death in the U.K. Moreover, more than any other identifiable factor, smoking contributes to the gap in life expectancy between the most deprived and the most affluent.

1.2 Across Devon the prevalence of smoking is estimated as 18.1%[1] generally and 26% for routine and manual groups[2] (R/M). However, this figure varies across wards and there are 76/201 wards[3] where tobacco attributable mortality is higher than expected. In Devon around one in ten women smoke in pregnancy (9.4%)[4]. Smoking during pregnancy is estimated to contribute to 40% of all infant deaths. Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth, placental complications and perinatal mortality.[5]

1.3 Helping a patient to stop smoking is one of the most cost effective of all medical interventions.

1.4 Smokers are up to four times[6] more likely to quit with pharmacotherapy coupled with behavioural support from an NHS Stop Smoking Advisor, compared to quitting without support.

[1] Association of Public Health Observatories Health Profile Devon 2012
[2] Office for National Statistics (2009) Smoking and drinking among adults, 2007.
[3] What a Waste. Premature Deaths due the smoking – the picture in the South West. SWPHO September 2008
[4] Department of Health, Health Improvement Analystical Team. Statistical Release Smoking Status at Delivery
[5] NHS Evidence – National Library for Public Health. http://www.library.nhs.uk/PUBLICHEALTH/ViewResource.aspx?resID=394362&utm_medium=email&utm_campaign=National+Library+for+Public+Health+...&utm_source=YMLP&utm_term=Statisticalrelease%3A+smoking+a... [accessed 14.12.10]
[6] West, R. (2012) Stop smoking services: increased chances of quitting. NCSCT Briefing #8. London; National Centre for Smoking Cessation and Training.

1.5 The effects of tobacco use on the population's oral health are alarming. The most significant effects of smoking on the oral cavity are: oral cancers and pre-cancers, increased severity and extent of periodontal diseases, and poor wound healing (Allard *et al*., 1999). Some of the most common diseases and problems are outlined in Box 1. The clear link between oral diseases and tobacco use provides an ideal opportunity for oral health professionals to become actively involved in cessation activity and tobacco control initiatives. *The Report of the Scientific Committee on Tobacco and Health* in 1998 stipulated that 'dentists and dental hygienists can play an important role in providing information to the general public on known health risks of smoking, including those associated with dental disease.' The report recommends that all dentists and dental hygienists be given smoking cessation training and be encouraged actively to promote smoking cessation in the dental practice (Department of Health, 1998b).

1.6 Dentists and their teams have an important role to play in this area of prevention. Asking patients routinely about their tobacco use and assessing their motivation to quit are simple but important pieces of information that can be collected during a clinical history. Patients who are motivated can be referred to the local NHS Stop Smoking Service or given advice and support in the dental setting.

Tobacco-induced and associated conditions (Johnson, 1997)

Oral cancer

Leukoplakia – lesions which are potentially malignant:

- nodular leukoplakia
- verrucous leukoplakia
- erythroleukoplakia

Oral mucosal conditions:

- smoker's palate
- smoker's melanosis

Tobacco-associated effects on the teeth and supporting tissues:

- periodontal diseases
- premature tooth loss
- acute necrotising ulcerative gingivitis
- staining

Other tobacco-associated oral conditions:

- halitosis
- candidal leukoplakia
- leukoedema.

BOX 1

Smoking cessation evidence (West *et al.*, 2000)

Intervention element	Target population	Increase in percentage of smokers abstaining for six months or longer
Very brief advice to stop (three minutes) by clinician, versus no advice	Smokers attending GP or outpatients	2
Brief advice to stop (up to ten minutes) by clinician, versus no advice	Smokers attending GP or outpatients	3
Adding NRT to brief advice, versus brief advice alone or brief advice plus placebo	Smokers attending GP or outpatients	5–8
Intensive support (Smoking Cessation Service), versus no intervention	Smokers attending GP or outpatients	7
Intensive behavioural support (Smoking Cessation Service) plus NRT or Zyban, versus no intervention	Smokers attending specialist service	13–19

It is recognised that face-to-face behavioural support can lead to 7% of smokers stopping for at least six months (Lancaster and Stead, 2000). Adding NRT or Zyban to the behavioural support increases six month success rates on average by 8% (Silagy *et al.*, 2001). Thus the combined effect of behavioural support and NRT or Zyban on six month abstinence rates is between 13 and 19% (Table 1).

Table 1
Summary of effectiveness of interventions.
Extracted from HDA Helping Smokers Stop: A guide to the dental team. 2004
Further medications are available since this research, increasing success further.

2. Key Service Outcomes

2.1 Insert any locally agreed outcomes and quality requirements which are NOT Quality Outcomes Indicators which should be set out in Appendix C

2.1 The minimum data set required for a complete monitoring form is:-

- name (or unique identifier)
- date of birth
- gender
- address (minimum postcode)
- ethnicity
- profession (or marked unknown)
- signature (or ticked for verbal consent if returned electronically)
- outcome (or marked lost to follow up if 3 attempts to contact failed).

Incomplete forms will be returned by Devon County Council (DCC) for further completion.

2.2 A full monitoring form should be submitted for every patient, even those who are unsuccessful in their quit attempt.

Lost to Follow Up:

2.3 Patients should be contacted to establish whether they have quit smoking within 25-42 days of their quit date. This should be attempted up to three times and in preference by various methods (telephone, face to face, email, letter or text). If the four-week outcome for this client is unknown after three attempts at contact they should be recorded on the monitoring form as LTFU (lost to follow up).

3. Scope

3.1 Aims and objectives of service

3.1 The main aim of this specification is to support the reduction of smoking prevalence in the geographical area covered by Devon County Council . In addition, it enables smokers to access a choice of high quality support to stop smoking to best suit their needs.

The specification also aims to:

- provide high quality, accessible, convenient and comprehensive stop smoking services across the county
- increase the choices that smokers have to access high quality smoking cessation support that best suit their needs
- ensure that robust data is collected by Public Health, DCC in order to measure outcomes and effectiveness of the service,
- support the Government's Tobacco Plan (published March 2011) which supports the Public Health White Paper Healthy Lives, Healthy People
- target a client group that is not reached through other stop smoking service providers

3.2 Service description/pathway

3.2.1 The Provider (dental surgery) will:

- provide one or more in-house Stop Smoking Advisers, trained and registered with the Devon Level 3 Stop Smoking Specialist service. At least one Stop Smoking Adviser from the surgery must attend annual training updates provided by the Specialist Stop Smoking Service. These updates will be made available across the county and publicised by the Specialist Stop Smoking Service.
- offer clients stop smoking appointments with a Level 2 (Intermediate) stop smoking adviser within their own practice premises. Please note: patients must not be placed on waiting lists for stop smoking support. Patients who cannot be seen within one week must be referred to the nearest alternative Level 3 specialist support clinic by calling the NHS local Stop Smoking Service on tel: 01884 836024.
- provide a suitable area for consultation with clients. This does not have to be in a separate consultation room, but may be a quiet area within the premises
- prominently advertise the availability of support to stop smoking within the practice posters/resources available from DCC and http://smokefree.nhs.uk/resources/)
- refer those patients deemed unsuitable for support within the practice to the Level 3 Specialist Stop Smoking Service, tel 01884 836024. The Specialist Service are trained to help those that find it very hard to quit e.g. the very dependent or those who relapse frequently
- provide a Letter of Request to the patient to obtain NRT from participating pharmacies in the scheme
- complete a DCC stop smoking monitoring form for each patient entering the service and setting a

quit date. Monitoring forms should be returned to Public Health, Devon County Council, when the intervention is completed, regardless of the outcome

- perform a Carbon Monoxide breath test (smokerlyzer) to confirm patients have quit smoking at four weeks after their quit date. Results to be recorded on the monitoring form. (Department of Health Service & Monitoring Guidance 2012-13 recommends 85% of four-week quitters to be validated with a CO breath test)

- ensure four-week follow-up occurs between 25 and 42 days from quit date being set, where possible

- make contact with patients that are 'lost to follow-up' before returning monitoring forms to DCC. This will require an attempt to make contact with the client at different times of the day, with up to three attempts made if unsuccessful

- agree to undertake a review (if deemed necessary by the commissioner) if quit rates are less than 40% or lost to follow up rates are more than 30%. Further training may be recommended.

- provide letters of request for varenicline or bupropion to the client to present to their GP where that is the appropriate pharmacotherapy and the client's GP surgery supports that scheme. In the case of varenicline, the client must have attempted to quit at an earlier stage using nicotine replacement therapy. Where this medication is used the provider will also:

    - provide a Letter of Outcome of Quit Attempt to the client's GP where the GP has prescribed varenicline or bupropion

    - inform the client that they will incur up to four prescription fees for a full course of medication

    - inform the client of possible side effects of the medication

3.2.2 The **initial assessment** should include an assessment of the person's readiness to make a quit attempt.

3.2.3 The **initial consultation** should include:

- a carbon monoxide (CO) test and an explanation of its use as a motivational aid

- an explanation of the benefits of quitting smoking

- a description of the main features of tobacco withdrawal and the common barriers to quitting

- treatment options that are proven effective

- a description of the support offered – i.e. its aims, length and benefits

- an agreement on the chosen treatment pathway

3.2.4 **Follow up consultations** should include appropriate support strategies to help the person quit, further supplies of medication where appropriate and CO monitoring.

3.2.5 The **Four-week follow up** should include self-reported smoking status, followed by a CO test for validation.

3.2.6 The client must sign the monitoring form. In the case of electronically submitted monitoring data, the stop smoking adviser should indicate verbal consent of the patient by checking the consent box.

3.2.7 A successful quitter is as defined by the Department of Health Stop Smoking Service Monitoring

Guidance 2012-13 as 'having successfully quit smoking at four weeks if he/she has not smoked at all between two and four weeks after setting the quit date'.

3.2.8 Full records of all procedures and audits should be maintained in such a way that aggregated data and details of individual patients are readily accessible, should DCC request it for inspection. Any request to the practice for such audits, will have a minimum deadline period of 4 weeks.

3.2.9 The Commissioner (Public Health, Devon County Council) will:

- provide accessible training to all healthcare professionals to support the delivery of this specification. Contact Point: Health Promotion Devon on 01884 836024 or ndht.hpdtraining@nhs.net
- provide training to any member of service provider staff who requires it to equip them to be an intermediate adviser. Advisers need not be qualified healthcare professionals
- provide one Carbon Monoxide monitor ("smokerlyzer") and disposable mouthpieces to every practice in the scheme. The CO monitor will remain the property of Public Health, DCC
- offer calibration and servicing of CO monitors, and provide replacement mouthpieces, as required. Calibration is available through the Stop Smoking Service
- maintain a list of all registered intermediate advisers and keep them updated via training updates. Cascade best evidence and any updated information on clinical effectiveness and new products etc to all registered advisers and service providers
- the Level 3 Specialist Stop Smoking Service will accept referrals for the out of hours service e.g. evening groups, as well as for clients with special circumstances, e.g. pregnancy, mental health issues
- remunerate the practice for monitoring forms completed and returned, as specified in the payment schedule. .
- provide specific training and support for practices that have a quit rate of less than 40% or 'Lost to Follow up' rates of over 30%, if deemed necessary.

3.3 Population covered

3.3.1 Smokers in the Devon County Council footprint.

3.4 Any acceptance and exclusion criteria

3.4.1 Smokeless tobacco is not covered by this contract, eg chewing tobacco.

Further attempts to quit after failing at 28 days

3.4.2 It is recognised that some patients require a longer time than 28 days to successfully quit. In such cases, the Level 2 stop smoking adviser should motivationally assess the patient again and use their professional judgement over whether to continue to provide behavioural support and pharmacotherapy. In such cases, the original monitoring form should be submitted as a 'not quit' (qualifying for a payment of £25) and a new monitoring form with a new quit date should be raised. This procedure should only be used in cases where the patient is clearly able to quit in the next six weeks. It must not be used where patients appear to be 'cutting down to quit'.

3.4.3 No more than **four** monitoring forms for the same patient may be submitted in any one financial year.

3.5 Interdependencies with other services

3.5.1 This document specifies the enhanced service for the level 2 (Intermediate) service provided in a dental surgery setting for smokers wishing to quit using nicotine replacement therapy, varenicline, or bupropion.

Stop Smoking Service definitions:

3.5.4 The Level 1 service comprises Brief Intervention delivered by health care professionals in a wide variety of settings, including primary care. It consists of:

- offering brief, or very brief, advice to all smokers (30 seconds – three minutes)
- referring those who are ready to quit to a Stop Smoking Advisor (Level 2 or 3)
- referring more challenging clients or repeat service users to the Level 3 (Specialist) service

3.5.5. The Level 2 (intermediate) service comprises the provision of behavioural support by trained and registered Stop Smoking Advisors in primary care and community settings together with pharmacotherapy where indicated. Training is provided by the Level 3 Devon Stop smoking (specialist) service.

3.5.6 The Level 3 (Specialist) service is commissioned by DCC and

- works with more challenging clients referred by Level 1 and 2 services
- provides one to one clinics and group sessions across Devon
- provides training and support for advisors in Level 2 settings
- provides intensive support to difficult client groups and settings such as prisons and mental health institutions

3.6 Any activity planning assumptions

n/a

4. Applicable Service Standards

4.1 Applicable national standards eg NICE

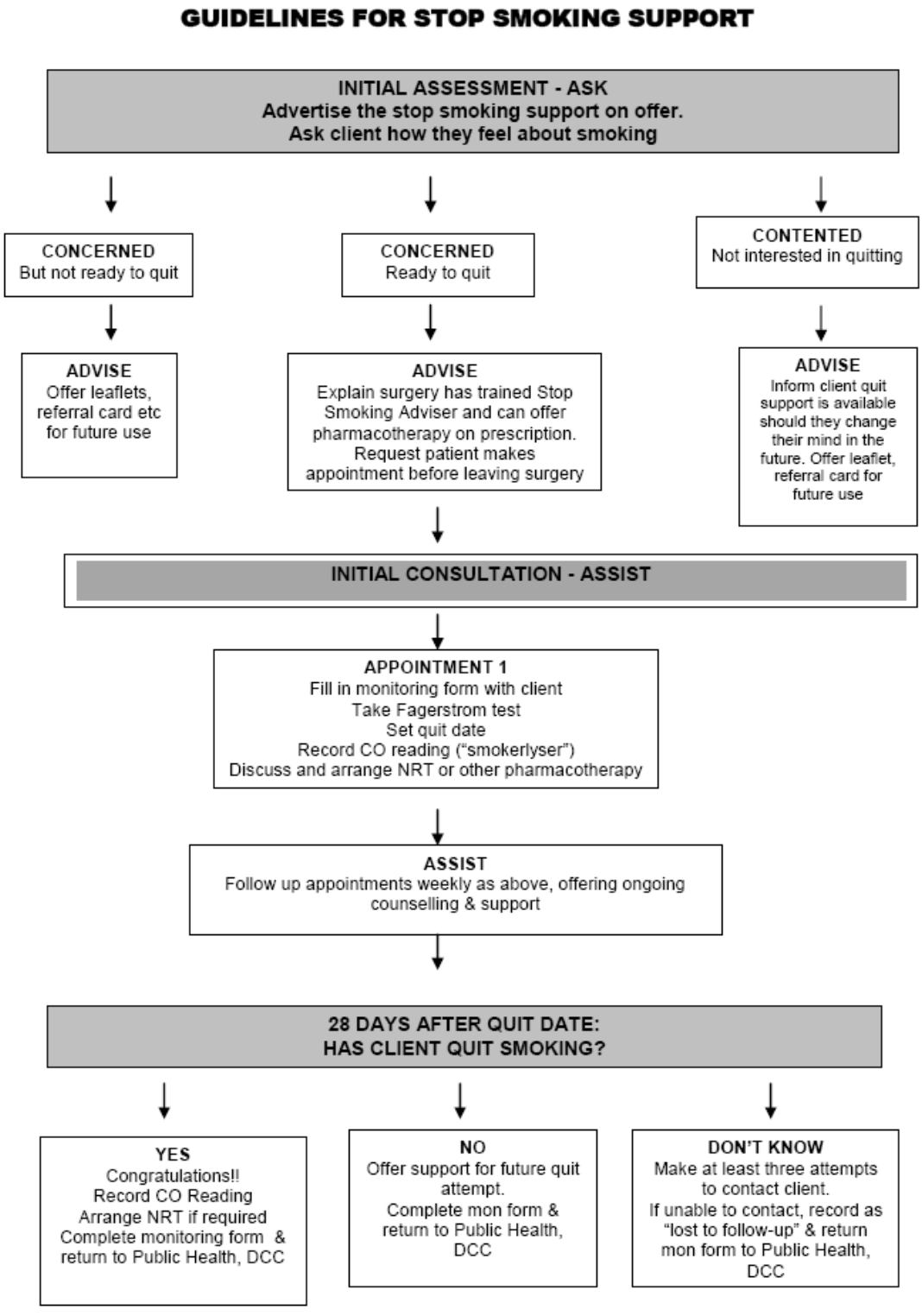
Relevant NICE guidance is:-
Adult Cessation

- Brief interventions and referral for smoking cessation (PH1)
- Smoking cessation services (PH10)
- Varenicline for smoking cessation (Technology appraisal 123)
- Identifying & supporting people most at risk of dying prematurely (PH15)

Other standards:-
The Russell Standard http://www.ncsct.co.uk/publication_The-Russell-Standard.php
The NCSCT Standard Treatment Programme http://www.ncsct.co.uk/shopdisp_a-standard-treatment-programme-for-smoking-cessation.php

4.2 Applicable local standards

The treatment programme is mapped below. Follow up appointments are best face to face, but may be by telephone or e-contact.



5. Location of Provider Premises

The Provider's Premises are located at:

[Insert address of Provider's Premises if applicable]

6. Payment Schedule

6.1 Payment will be made as follows:

One option only will apply

1.	Fully completed monitoring form where patient has set a quit date and consented to treatment status at 28 days is 'not quit'	£25
	OR	
2.	Fully completed monitoring form where patient has set a quit date consented to treatment status at 28 days is 'quit'	£50
	OR	
3.	Fully completed monitoring form where patient has set a quit date consented to treatment status at 28 days is 'quit' CO validation is completed	£55

Payment will not be made for Quarter 4 monitoring forms received by Public Health after the cut-off date of 7th June 2014.

ANNEX 1

NHS Dental Stop Smoking Service 2013-14

Dental Surgery Name and Address

Name of Lead Dentist:	
Please provide an email address for the lead dentist:	

STOP SMOKING SERVICE TRAINED STAFF IN THE DENTAL SURGERY		
Name of staff member (adviser)	**Date trained by Stop Smoking Service course**	**Email address for adviser**

The agreement is to cover a one year period commencing 1st April 2013.

Please complete this form and fax, email or post it to:

Public Health
Devon County Council
County Hall
Topsham Rd
Exeter EX2 4QD

Fax 01392 267885
Email d-pc.PHIT@nhs.net