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| **Rationale of Checklist** | | | |
| This checklist will be completed by the LPC sub-committee for every new or recommissioned service specification sent to the LPC for comment/consultation. The response summary is completed after consultation and agreement by the sub-committee.  The Checklist contains the LPC sub-committee’s comments/recommendations for any requested changes to the proposed/draft service specification in order to achieve / improve further the green rating. It will be sent to the service commissioner for consideration of amendments ideally prior to go-live of the service.  The LPC’s purpose is to work positively with commissioners to ensure high quality outcomes from the service, which are both professionally and commercially viable for contractor participation. | | | |
| **Response summary feedback from the LPC** | | | |
| **Smoking Cessation service, Quit4Life** | | | |
| The LPC has rated this service specification as Amber based on the comments made below. Our recommended actions to further improve the service are:   1. Training onus on new and existing advisors has increased in terms of frequency of compulsory update training and shadowing requirements for new advisors. Failure to attend can result in termination of contract if not achieved. There is no remuneration backfill for this time which makes the service a very high demand on staff resource and less attractive for providers to participate. A share of these staff costs by provision of backfill payments for attending would be welcomed by contractors. 2. ~~Change from service ‘may’ to ‘will’ be terminated for non-achievement of performance improvements in the following quarter following a sub 40% quit rate in a pharmacy. There may be exceptional circumstances (new advisor), so suggest change to within 6 months’ inclusion to cover this.~~ 3. ~~Please clarify how much the quit success rate should improve by the following quarter. Is it by a minimum 5%, to above 40%, or to the recommended minimum of 50%?~~ 4. ~~The minimum of 4 quit dates set per month introduced does not take into account the high chance of patients not being eligible for the service within a pharmacy environment on the grounds that they are exempt due to:~~    1. ~~Having 2 or more medical LTCs~~    2. ~~Having a SMI~~    3. ~~Being pregnant~~   ~~It would be preferable if these referrals were also able to be counted within this minimum~~  ~~criteria to avoid unnecessary risk of termination of service in pharmacies with high~~  ~~prevalence of the exemption categories mentioned.~~ | | | |
| **Time-line & Next Steps for the LPC** | | | |
| The LPC will publish this service participation rating to contractors in **28 days’ time (28th February)**.  Publication of this recommendation will be via individual email and posting on our website.  Commissioners are asked to please respond promptly with feedback / proposed changes so that they can be included within the LPC’s recommendation to its contractors. | | | |
| **Commissioners response to LPC feedback** | | | |
| Please enter response here, returning promptly to [richard.buxton@hampshirelpc.org.uk](mailto:richard.buxton@hampshirelpc.org.uk)  Thank you for your comments and feedback. We have made some changes accordingly.   1. We have made a change in payments to include non CO validated four week quitters at £25. The CO validation rate remains a key part of performance management. 2. We now include alternatives to ‘Learning in Action’ to enable staff to learn from experienced colleagues within their pharmacy and accept previous health behaviour change experience. 3. We will ensure our training is as flexible as possible whilst continuing to meet national standards. Dates to be provided well in advance unless exceptional circumstances. We will continue to develop the training programme to promote easier access. 4. We have clarified the actions following a service review to appreciate that training etc. may take longer and unforeseen exceptional circumstances may have occurred. 5. Quit4Life appreciate and do share training costs for providers. Training is still provided free of change. (There is a significant charge if staff attend training outside of Quit4Life) 6. In point 12.7 we have changed the ‘4 clients per month’ rule to reflect the loss of pregnant clients and possible reduction in clients with SMI or LTC’s (the last 2 groups NOT being exempt but should be OFFERED a referral to promote informed client choice). Ideally 4 clients are seen now. 7. We note that there is now a direct referral contract where pharmacies are paid to refer clients. Referrals will be taken into consideration in reviewing a providers’ activity levels 8. We have added notes re completion and payment of 12 week quitters to highlight that Quit4Life service will follow up clients after 14 weeks if pharmacies have not done so.   The pharmacies will not be paid, however, if Quit4Life have confirmed the 12-week status unless there are exceptional circumstances and evidence of the provider attempting to contact the client prior to 14 weeks. | | | |
| **Point Covered** | | | **Action or Notes** |
|  | | **LPC Consultation** | |
| LPC Consulted? | | | Yes |
| LPC Consulted with sufficient time to comment? | | | Yes, service due to commence 1st April 2017 |
|  | | **Remuneration** | |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | | | Set up of CO monitor, consumables and servicing costs involved are all covered by Quit4Life.  No remuneration backfill for training, shadowing Quit4Life advisors or recommended attendance of update meetings.  Minimum 3 sessions for new advisors recommended to shadow Quit4Life advisors, or alternatively shadowing a colleague in their area of work and/or provide approved written evidence of health behavioural change skills and experience gained elsewhere.  Minimum requirement of 6 monthly attendance is expected for service development update meetings. |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? | | | Yes, invoices need to be printed within first working week from QuitManager and submitted to Quit4Life.  Invoices not submitted within 3 months or missing the end of quarter or year will not be paid except in exceptional circumstances. |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | | | Costs covered by Quit4Life. |
| Is remuneration fair? | | | Yes, improved remuneration to incentivise successful quits based on ‘Payments by Results (PbR)’ framework endorsed by DH.  Increase from £10 to £25 as long as client attend 2 sessions.  Introduction of a £25 bonus for a 4-week quit if no CO validation, or a £50 bonus if CO validation.  Introduction of a £30 fee for 12-week follow-up quits.  Reimbursement of NRT products at drug tariff price +5% VAT for up to 12 weeks’ supply of product per patient. (was 8 weeks)  No remuneration for the large amount of training, updates and shadowing requirements in becoming and remaining an advisor. |
|  | **Is/does the Service.....** | | |
| Sustainable? | | | Yes |
| Clinically sound and in line with appropriate National or local guidance? | | | Yes.  Healthier Lives, Healthy People: A Tobacco Control Plan for England  (DH definitions)  NICE guidelines  Promotion of healthy lifestyles (Public Health) |
| Enhance patient care? | | | Yes, increased quality measures through increased time of consultation expectations and improved quit rates. |
| Have suitable monitoring arrangements and termination clauses? | | | Performance will be monitored by Quit4Life and quarterly feedback will be provided.  Suspension & termination clauses now defined and based on specific performance criteria, unless local agreement by Quit4Life. (\* see note below re: performance measures) |
| Enhance relationships with other HCPs? | | | Yes, greater participation and successful quit rates will enhance reputation with the commissioners. |
| Deliverable? | | | Yes |
| Attractive enough for contractors to consider it worthwhile? | | | Yes |
| Have performance criteria that supports a quality service? | | | Yes, increase in minimum performance levels in-line with DH expectations.  Increase in performance rate from 35% to 50% minimum success rate at 4 weeks (national average now 49%).  Enforcement of termination of contract if pharmacy falls under 40% success rate in a quarter and does not achieve a minimum 5% improvement by the end of the following quarter & achieve 50% success rate within 4 months after reasonable intervention unless there are exceptional circumstances.  Minimum of 30% (reduced from 60%) of patients setting a quit date to complete an evaluation form. |
|  | **Service Delivery** | | |
| Are the performance measures reasonable and achievable? | | | Yes.  Clients who are Pregnant women must be referred to Quit4Life. \*  Clients with an SMI or 2 or more medical LTCs, must be offered a referral to Quit4Life. \*  \* Performance minimum of ideally 4 patients seen per month who set a quit date unless locally agreed with Quit4Life, otherwise service ‘may’ be terminated. |
| Is the administration proportional to size or service and remuneration? | | | Yes, process is well established, via QuitManager directly to Quit4Life.  Invoices need sending once per month by post. |
| Are any reporting systems suitable to all contractors? | | | Yes |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | | | Achievement of Quit4Life smoking cessation training, level 2 and refresher training completed every 12months.  Achievement of on-line NCSCT Stop Smoking Practitioner.  Achievement of NCSCT Mental Health training module.  Attendance at regular 6 monthly update meetings required.  £250 charge maybe applied for additional training required due to an advisor being changed within 12 months of being trained at a location. This is to encourage the pharmacy to carefully consider selection of proposed advisors.  Period of ‘learning in action’ recommended to attend Quit4Life specialist sessions to shadow a Quit4Life advisor has now increased from 1 to 3. Alternative shadowing or approved written evidence of Health behavioural change skills and experience gained elsewhere is now accepted. |
| Does record keeping or sharing of information requirements meet current IG regulations. | | | Adherence with Data Protection Act must be achieved.  Media request should be referred to SHFT Comms Dept. |
|  | **Miscellaneous Information** | | |
| Any other information specific to this service. | | | Heavy onus on recommended elements of training and performance make this service Amber.  This is not by poor service design, rather that the service is only suitable to those pharmacies confident of achieving and maintaining the high expectations of performance the service desires. There is a risk to pharmacies in missing target criteria and therefore possible termination of the service, resulting in profit loss, due to heavy staff investment costs recommended to participate in & needed to maintain the service.  A sharing of these costs would make the service more attractive to pharmacies to continue providing (see staff backfill costs for attending training sessions recommendation above in Response Summary Feedback) |
| Suggested RAG Rating | | |  |