**Programme Specification 2023-28**

## National training function to support the ongoing provision of high-quality stop smoking services in England

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1. Introduction
   1. The Office for Health Improvement and Disparities (OHID) works across the Department of Health and Social Care (DHSC), the rest of government, the healthcare system, local government and industry to be creative about how we shift our focus towards preventing ill health, in particular in the places and communities where there are the most significant disparities.
   2. As part of DHSC, OHID brings together expert advice, analysis and evidence with policy development and implementation to shape and drive health improvement and equalities priorities for government.
   3. The Authority is seeking to secure a national training function to support the ongoing provision of high-quality stop smoking services in England from 2023-28.
2. Definitions

|  |  |
| --- | --- |
| **Expression or Acronym** | **Description** |
| The Authority | The Department of Health and Social Care |
| OHID | The Office for Health Improvement and Disparities |
| DHSC | The Department of Health and Social Care |
| Healthcare professional | An individual working in a role that offers health advice and/or care to the public |
| Local Stop Smoking Service | Local authority commissioned service for helping smokers to quit |
| Specialist stop smoking practitioner | An individual trained to the required standards to deliver stop smoking interventions |
| Open Access | Free access to information and unrestricted use of electronic resources for everyone |

1. Purpose and Background
   1. Purpose:

A national training function is required to enhance and maintain the quality and consistency of stop smoking interventions delivered across the country, providing specialist stop smoking practitioners with the knowledge and skills to deliver effective evidence-based interventions.

* 1. Background:

Reducing health disparities is a core part of the Governments Levelling Up agenda. Smoking is one of the most significant contributors to health disparities and the provision of effective stop smoking support in local communities is vital to help those in most need to change their smoking behaviour. Having an appropriately trained workforce with the knowledge, skills and confidence to treat tobacco dependence is therefore vital, particularly in the more deprived communities where smoking prevalence is higher and the consequences of smoking greater.

* 1. Although prevalence has declined in recent decades, smoking remains the single largest cause of premature death in England, as well as the leading cause of health inequalities. Nearly 6 million adults in England still smoke, with approximately 64,000 dying each year as a result1.
  2. The burden of smoking is experienced across the health and care system. Costs to the NHS are estimated at £2.4 billion each year, with a further £1.2 billion for social care and substantial further costs across society associated with lost productivity, fires, litter etc.2
  3. Local stop smoking services (LSSS) were established in England in 1999/2000 and rolled out universally in 2002-03.
  4. LSSS provide evidence-based interventions to support smokers to stop smoking and have been shown to be effective in reducing health inequalities*.*3Smokers are up to three times more likely to quit successfully with support from LSSS4.
  5. Ensuring that smokers attending LSSS have the best possible chance of quitting is vital for improving individual and public health outcomes and reducing health inequalities. The continued provision of training for stop smoking practitioners to deliver evidence-based and effective behavioural support is essential to achieving this aim.
  6. NICE Guidance (NG209)5 states that those providing stop smoking advice and support should meet the published training standards to ensure they are able to provide effective behavioural support and advice on medications to support smokers to stop. The National Training Function is essential to ensuring local services and practitioners meet this requirement.
  7. The National Training Function for stop smoking services was established by the Department of Health in 2009 with the remit to improve and maintain standards of stop smoking services across England. Initially carrying out detailed research to identify the competencies (knowledge and skills) required to effectively help smokers to stop, developing training standards and setting out standard treatment programmes to inform the provision of local stop smoking services and treatment interventions. This function now provides a range of on-line training and assessment programmes, resources for commissioners, managers and practitioners in stop smoking services and clinical expertise to DHSC, the NHS and Local Authorities.
  8. The Authority continues to require a national training function to enhance and maintain the quality and consistency of stop smoking interventions delivered across the country, providing specialist practitioners with the knowledge and skills to deliver effective evidence-based interventions.

1. Service Requirements
   1. The successful service provider will lead and manage a national training programme for stop smoking practitioners and the provision of evidence-based information related to smoking cessation across England on behalf of the Authority, helping to ensure the continuation of high quality and effective stop smoking interventions.
   2. The service provider will provide and host evidence-based online training programmes for stop smoking practitioners and other healthcare professionals, including an assessment and certification system with a robust mechanism for quality assurance of related learning outcomes.
   3. The service provider will provide and host specialty modules to support practitioners’ in developing the knowledge and skills required to deliver evidence-based interventions for certain high risk and priority groups, e.g. pregnant women and those with mental health problem.
   4. The service provider will provide and host training modules to increase the skills and capacity of healthcare professionals to engage with smokers at every opportunity, e.g. very brief advice on smoking and information on second-hand smoke.
   5. The service provider will provide an enquiry service to respond to requests from commissioners, managers and practitioners, related to clinical and service delivery aspects of stop smoking interventions as well as providing technical support with training and accessing resources.
   6. The service provider will provide written materials which will include training standards, standard treatment programmes, practice guidance for local stop smoking services, clinical briefings on a wide range of topics as agreed with the Authority, information on stop smoking aids and relevant research summaries.
   7. The service provider will provide resources, briefings and products, responding to developments in the evidence base and the needs of stop smoking service commissioners, managers and practitioners,
2. Deliverables/Outcomes/Outputs
   1. Supporting stop smoking services to deliver evidence-based and effective interventions to smokers who want to quit.
   2. Providing training and assessment for stop smoking practitioners.
   3. Enabling healthcare professionals throughout the healthcare system to engage with smokers and offer very brief advice.
   4. Supporting commissioners and managers to configure services in the most effective and cost-effective way.
   5. Being a resource and source of information and advice for practitioners, managers and commissioners of stop smoking services.
   6. Providing expertise and assistance to DHSC on issues relating to tobacco dependence and smoking cessation, with support offered to NHS England and other stakeholders as agreed with the Authority.
   7. Working to address inequalities in smoking prevalence and the variation in uptake of services across the country.
3. Service Delivery Principles
   1. The Supplier shall deliver all the Services requirements in accordance with the following principles:
   2. On-line training will be provided on a bespoke accessible website in both desktop and mobile optimised formats, which will be available 24 hours a day 365 days a year.
   3. The service provider shall ensure that notification of scheduled maintenance and/or system upgrades is provided to all the Authority led contacts. A message shall be placed on the website at least 2 (two) weeks in advance of the action taking place, which will remain visible on the website throughout the 2 (two) week period.
   4. The range of online training modules must include as a minimum:

* In-depth training for specialist stop smoking practitioners
* Further specialty training for smoking in pregnancy advisors, mental health advisors and pharmacy staff
* Training on delivering Very brief advice on smoking in primary care, maternity and community settings, including on second-hand smoke
* Stop smoking medications
* Guidance on vaping for health professionals
  1. The enquiry service offered by the service provider will provide:
* technical support to users accessing the training and other material, with queries responded to within 1 working day;
* clinical and service delivery support on all aspects of delivering stop smoking interventions, with queries responded to within 2 working days;
* a telephone helpline and email support address that is monitored 9-5pm Monday to Friday.
  1. The service provider will update guidance for local areas on commissioning and delivering stop smoking services, to reflect new models of service and intervention delivery. This includes a full revision of [Service and Delivery Guidance](https://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php)9 to be undertaken during 2023/24.
  2. All training will be Open Access, with a registration process in place for specialist practitioner training, requiring participants to successfully complete this before accessing specialty modules e.g. mental health and smoking in pregnancy.
  3. Resources, briefings and other products will be produced in response to developments in the evidence base and the needs of stop smoking service commissioners, managers and practitioners, will be open access. On average there will be three expert briefings per year, in addition to communications in response to evidence, policy & clinical updates.
  4. All training and resources must be developed in collaboration with leading academics to review evidence and set out best clinical practice.
  5. All material will be regularly reviewed and updated to ensure all content is current, reflects the evidence base and responds to service requirements. Minimum annual review of all material, in addition to in-year changes made in response to major policy or research developments.
  6. Where updates to training are not possible immediately, communication will be issued within 48 hours of any significant policy or research development impacting on service delivery e.g. email alert or posted on the website.
  7. Any publications produced as part of this contract must be subject to a robust quality assurance process, consistent with the DHSC publications standard. All materials must carry the phrase “commissioned and supported by DHSC”.
  8. Training and materials developed under this contract are made available to other government departments and where other government departments commission resources from the service provider they will be made available to the Authority, with no additional cost to either funder.
  9. The service provider will be required to explore routes for securing organisational sustainability beyond the programme funded by the Authority.
  10. There are established standards to which training of stop smoking practitioners should adhere. A taxonomy of behaviour change techniques used in behavioural support for smoking cessation has enabled the competences required to undertake the role of stop smoking specialist to be determined6;the specific knowledge and skills required for delivery of effective behavioural support for smoking cessation have been identified7; and these have been translated into learning objectives which form the current Training Standard8.
  11. The successful service provider will be expected to ensure that all training in the delivery of behavioural support for smoking cessation adheres to the evidence and standards referred referenced above, focusing on those behaviour change techniques for which there is the most evidence of effectiveness.
  12. The delivery of outputs must be agile and responsive to the needs of local services and the national policy context, for instance with rapid response to emerging clinical or policy issues that will impact on stop smoking service or treatment interventions.
  13. The service provider will work with the latest evidence on behaviour change techniques, online training and evidence-based stop smoking interventions.
  14. The service provider will lead and/or participate in research activities to further enhance the evidence base on smoking cessation, tobacco control, behavioural support and other related issues.
  15. The service provider will maintain a contact list of registered practitioners and stakeholders signed up to received communications and alerts.

1. Key Performance Indicators

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No. | KPI Name | KPI Description | Reporting  Frequency | Inadequate | Requires Improvement | Approaching target | Good |
| 1 | % of significant policy or research developments communicated within 48 hours | Communicate any significant policy or research development impacting on service delivery within 48 hours e.g. email alert or posted on the website. | Quarterly | <90% | 91% - 98% | >99% | 100% |
| 2 | % of technical enquiries answered within 1 working day | Respond to enquiries requesting technical support with accessing the training and other material on the website within 1 working day. | Quarterly | <90% | 91% - 94% | >95% | 100% |
| 3 | % of clinical enquiries answered within 2 working days | Respond to enquiries regarding clinical or service delivery issues within 2 working days. | Quarterly | <80% | 81% - 89% | >90% | 100% |
| 4 | % of training programmes and written briefings updated | Review and update all content (training and briefings) at least annually. | Quarterly | <90% | 91% - 94% | >95% | 100% |
| 5 | % of reports delivered on time | Quarterly and annual reports to be provided within 21 days of the end of each quarter. | Quarterly | <70% | 80% | 90% | 100% |
| 6 | Number of evidence or policy briefings delivered per year | Resources, briefings and products responding to developments in the evidence base and the needs of stop smoking service commissioners, managers and practitioners. | Quarterly | 0 | 1 | 2 | 3+ |
| 7 | Website up time | Website uptime excluding scheduled maintenance | Quarterly | >100% | n/a | n/a | 100% |

1. Budget/Payment Schedule
   1. The initial contract period of three years will have a maximum contract value of £561,000.00 exclusive of Value Added Tax with the optional extension periods having a maximum of value of £187,000.00 exclusive of Value Added Tax per annum.
   2. Payment will be made quarterly in arrears once an accurate and timely invoice is received, and the Authority’s project manager is content that the agreed relevant milestones have been completed for the quarter.
2. Contract Term
   1. Three years, with the option to extend for a further two one-year periods (3+1+1).
   2. The initial contract period will begin start on 1st April 2023 and end on 31st March 2026.
3. Authority Responsibilities
   1. The Authority will nominate a programme manager to be the key point of contact for the service provider. This individual will attend steering group meetings, receive quarterly/annual reports and manage contract/KPI meetings.
4. Contractor Responsibilities
   1. The service provider will form an external stakeholder steering group, that meets at least twice a year, to provide governance and oversight for the development and running of the programme.
   2. Provide the Authority with timely and ongoing evaluation and quality assurance information relating to the programme.
   3. Provide Business Continuity and Contingency Plan, and Exit plan in accordance with the contract.
   4. Facilitate to the Authority any required information for the completion of the Data Protection Impact Assessment.
   5. The service provider will provide quarterly and annual reports to the Authority’s programme manager.
   6. Liaise with the Authority’s representative/ contract manager as may be applicable given the nature and the extent of services required
5. Reporting Requirements
   1. The service provider will allocate sufficient funds to monitor outputs and processes to demonstrate effective working of the programme in accordance with agreed aims and objectives, and to ensure appropriate monitoring and evaluation against these.
   2. Specific outputs associated with this contract will be monitored by quarterly and annual reporting of engagement and uptake of training, resources produced or updated and number/type of enquiries dealt with.
   3. The reports will set out the following activities:

* The total number practitioners accessing (DHSC funded) online courses and gaining certificates for successful completion, including recertification for specialist practitioners.
* The number of practitioners from England undertaking and passing the specialty modules in mental health and pregnancy.
* The number of practitioners from England accessing the Very Brief Advice (VBA) on Smoking, VBA on Second-hand Smoke, VBA on Smoking for Pregnant Women and Stop Smoking Medications training modules.
* Publications, briefings and other significant communications issued.
* Any other significant activities including involvement in research projects and research outputs.
* A summary of relevant activity funded through other sources, including other Government Departments, NHS England and local authorities.
* An annual statement of income and expenditure against the DHSC contract should also be provided.
* An update on all KPI’s
  1. Quarterly meetings will be held between the Authority and the service provider to discuss progress on the activity and delivery against aims and objectives for the national training function.
  2. The service provider will attend meetings at either the Authority’s or their own offices to discuss progress, as required by the Authority. Some meetings may be held remotely via video conferencing if both parties are in agreement.
  3. There will be a post contract review to evaluate performance against the objectives of the contract.

1. Location
   1. The service will be carried out from the service providers premises, with the function delivered on-line or remotely.
2. Staff Qualifications and Training
   1. The successful service provider must have an existing positive reputation and credibility with commissioners, providers and practitioners of stop smoking services and extensive experience within the field of tobacco control and smoking cessation.
   2. They will have proven knowledge of delivering training programmes on a national scale and an understanding of working locally and nationally with other relevant organisations.
   3. Stop smoking services in England are viewed from abroad as a world-class example of good practice, therefore the service provider should also have an international reach and reputation to support continuation of these high-profile activities.
3. Data

## Security

* 1. The service provider shall deliver the service in accordance with the HMG Security Policy Framework. <https://www.gov.uk/government/publications/security-policy-framework>
  2. The service provider shall have a Cyber Essentials Scheme Basic Certificate or equivalent at the commencement date of the contract. Cyber Essential Scheme requirements can be located at: <https://www.ncsc.gov.uk/cyberessentials/overview>.
  3. The service provider shall ensure that Customer’s and Service Users information and Data is secured in a manner that complies with the Government Security Classification Policy rating of OFFICIAL-SENSITIVE. [May-2018\_Government-Security-Classifications-2.pdf (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/715778/May-2018_Government-Security-Classifications-2.pdf)
  4. The service provider shall ensure that the Government Security Classification Policy rating is also applied when information and Data is transmitted across all applicable networks and/or in line with the Authority’s requirements.
  5. The service provider shall, where required, have the capability to employ encryption to information / Data which shall be sent across a network or extracted by electronic means. The service provider shall ensure that the level of encryption complies in full with the Government Security Classification Policy rating of OFFICIAL-SENSITIVE and/or in line with the Authority’ requirements.
  6. The service provider shall ensure that any suspected or actual security breaches are reported to the Customer’s representative immediately and depending on the impact of the breach, shall be included in monthly/quarterly performance reporting to the Authority.
  7. The service provider shall comply with all relevant legislation, organisational and cross Government policy and guidelines in relation to Data and asset security.

## Standards

* 1. The service provider shall provide secure solutions that comply with any restrictions or requirements arising out of Customer’s security policies. This shall include, but not be limited to:

Cyber Essentials Scheme Basic Certificate; or

NHS Data Security and Protection Toolkit; or

ISO 27001 Information Security Management as agreed;

* 1. The service provider shall not charge a premium to the Authority for any additional standards and/or security compliance applicable to the contract, unless otherwise agreed in advance by the Authority

1. Social Value

The DHSC follows the Social Value model created by the Government and that include 5 themes and 8 policy outcomes. This contract supports:

**Theme 5 Wellbeing: Improve health and wellbeing.**

Model Award Criteria (MAC) 7.2: Influence staff, service providers, customers and communities through the delivery of the contract to support health and wellbeing, including physical and mental health.

Sub-criteria for MAC 7.2: Influencing support for health and wellbeing

Activities that demonstrate and describe the tenderer’s existing or planned:

● Measures to raise awareness or increase the influence of staff, service providers, customers, communities and/or any other appropriate stakeholders to promote health and wellbeing, including physical and mental health, through its performance of the contract, e.g. through engagement; co-design/creation; training and education; partnering/collaborating; and volunteering.

To this effect we will require A time-bound action plan and process, including how you will implement your commitment and by when.

1. References
2. OHID analysis. 2022. Based on smoking attributable mortality (new method) 2017-2019. [Local Tobacco Control Profiles - Data - OHID (phe.org.uk)](https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132885/pat/159/par/K02000001/ati/15/are/E92000001/iid/93748/age/202/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0.%202021)
3. Action on Smoking and Health (2022). [Smoking costs society £17bn – £5bn more than previously estimated - Action on Smoking and Health (ash.org.uk)](https://ash.org.uk/media-and-news/press-releases-media-and-news/smoking-costs-society-17bn-5bn-more-than-previously-estimated/)
4. Bauld L, Judge K, Platt S. (2007). Assessing the impact of smoking cessation services on reducing health inequalities in England: observational study. Tobacco Control. 16:400–4.
5. National Centre for smoking cessation and training (2019). Stop smoking services: increased chances of quitting. [8. stop smoking services v7 (ncsct.co.uk)](https://www.ncsct.co.uk/usr/pub/Stop%20smoking%20services%20effectiveness.pdf)
6. NICE Guidance (NG209). Tobacco: Preventing uptake, promoting quitting and treating dependence. <https://www.nice.org.uk/guidance/ng209>
7. Michie S, Hyder N, Walia A, West R (2011). Development of a taxonomy of behaviour change techniques used in individual behavioural support for smoking cessation. Addictive Behaviors, 36 (4), 315-319.
8. Michie S, Churchill S, West R (2011). Identifying evidence-based competences required to deliver behavioural support for smoking cessation. Annals of Behavioral Medicine, 41(1), 59-70
9. NCSCT Training Standard: Learning Outcomes for Training Stop Smoking Practitioners. <http://www.ncsct.co.uk/usr/pub/NCSCT_training_standard.pdf>
10. NCSCT [Service and Delivery Guidance](https://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php): [Local Stop Smoking Services: Service and delivery guidance 2014 (ncsct.co.uk)](https://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php)