OXFORDSHIRE COUNTY COUNCIL

# Remodelling of Tobacco cessation services in Oxfordshire

**Consultation Report**

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## 1.1 Introduction

This consultation report is for service users, service providers, other stakeholders and Oxfordshire County Council (the 'Council'). It is available on the Councils consultation portal (https://tinyurl.com/oxonlsss) and also as a hard copy on request (requests for a hard copy to be sent to Public.Health@Oxfordshire.gov.uk and quote 'Remodelling of tobacco cessation services').

The purpose of this consultation report is to give an overview of the activities, and various means by, which the Council reached out to service users and other interested stakeholders to inform them about the 'Remodelling of tobacco cessation services' consultation. And to provide a summary of the outcomes.

The consultation ran from **17th July** until **17th August 2017** and was initiated by the Council.

All feedback from the consultation will assist the decision making by the Council.

The Council would like to thank everyone who took the time to participate in the consultation and provided feedback.

## 1.2 Why were services being considered for remodelling and why was this consultation needed?

Tobacco cessation services in Oxfordshire are currently provided through Local Stop Smoking Services (LSSS). A LSSS aims to help smokers of tobacco to quit through access to licensed stop smoking pharmacotherapy (patches, gum etc.), alongside behavioural support, from a trained Stop Smoking Advisor. There is a strong evidence base on the effectiveness of these services.

The Council currently commission LSSS's through a combination of:

- 70 GP Practices;
- 79 Community Pharmacies;
- a Community Outreach Provider.

These Contracts were due to end (GP Practices and Community Pharmacies) or reach a Contractual break clause (Community Outreach Provider) on **31st March 2018**.

In line with good practice, the Council considered the suitability of all three types of services and the existing Contracts. This was achieved through a 10-week pre-consultation phase (**1st May until 10th July 2017**) that included:

- Reviewing the latest evidence, best practice and national guidance;
- Monitoring the current smoking prevalence for Oxfordshire to establish the current population need;
- Reviewing the current trends in use and performance of LSSS in Oxfordshire;
- Outcomes from eight-weeks of engagement with residents, ex-service user's and service providers;
- Mapping the current models of service delivery based on value for money.

The outcomes from the above led to the Council to believe that, whilst still being committed to providing tobacco cessation services; a reshaped model of delivery could serve the residents and employees of Oxfordshire better from 1st April 2018.

The Council has made a commitment to make consultation an important part of the way it plans, manages and delivers its services. Through the use of consultation exercises, the Council provides relevant stakeholders the opportunity to have their say and will listen to other views. This helps the Council stay in touch with what the people of Oxfordshire need and want. This is especially important when the Council need to make decisions which entail a change in services.

The pre-consultation phase, and specifically an eight-week engagement that included views from 95 people and ex-Service User's helped Commissioners in determining future models of service delivery. The views gathered helped develop six options which were proposed for a formal consultation (see Table 1).

*Table 1. The six options proposed for the 'Remodelling of tobacco cessation services' consultation*

| | |
|---|---|
| Option 1 | Recommission GP Practices and Community Pharmacies to provide a LSSS based on current provision. Exercise the extension clause of the existing Community Outreach Services until 31st March 2020. Maintain current wider tobacco control activity/investment (the 'Status Quo'). |
| Option 2 | Commission GP Practices and Community Pharmacies to provide a LSSS for anyone who wants to stop smoking only. This would not include any Community Outreach Services. |
| Option 3 | Commission a combined service based on a model which would incorporate a LSSS with open access and referral to face-to-face services, targeted outreach for priority groups, an online/telephone offer and prevention education. Increase wider tobacco control activity/investment. |
| Option 4 | Commission Service Provider/s to provide a LSSS that targets priority groups only on a Community Outreach basis only, offering to the wider community and target groups. |
| Option 5 | Commission an online and telephone based LSSS only. |
| Option 6 | Commission prevention and education only, and have local people self-fund stopping smoking. No LSSS. |

Relevant stakeholders were given the opportunity to select which of the six options outlined above was their preferred option.

**1.3 How did we tell people about the consultation?**

In order to raise awareness of the consultation on the six options outlined in Table 1, the Council informed a wide range of stakeholders and invited them to pass on information that the consultation was taking place to others who may have been interested.

A stakeholder mapping exercise provided a comprehensive list of 23 potential groups of consultees who were subsequently advised of the consultation. This included, but were not limited to:

- Voice of Oxfordshire Youth (VOXY);
- OXME;
- Social Media (including the Council's Twitter and Facebook accounts)
- NHS England Area Team (including the Strategic Clinical Network);
- Oxfordshire Clinical Commissioning Group (including the GP Bulletin, Locality Groups, Medicines Management and Planned Care Departments);
- Oxfordshire Respiratory Task Group;
- Public Health England;
- Oxfordshire University Hospitals Foundation NHS Trust (including Maternity and Respiratory Departments);
- Oxford Health Foundation Trust (including Mental Health, Health Visiting and School Health Nurse Departments);
- Oxfordshire Local Medical Committee;
- Practice Managers Committee of GP Practices in Oxfordshire;
- Oxfordshire Local Pharmaceutical Committee;
- 79 Pharmacy Service Providers;
- 70 GP Service Providers;
- The Community Outreach Service Provider;
- GP Practice Federations;
- Practice Nurse Forum;
- Other Oxfordshire County Council Departments (including Trading Standards, Fire and Rescue and Libraries);
- District and City Councils;
- Oxfordshire Local Enterprise Partnership;
- Oxfordshire Drug and Alcohol Support Services;
- South East Business Portal;
- Talking Health (the Oxfordshire Clinical Commissioning Group patient newsletter).

All consultees were encouraged to share the consultation with other colleagues.

To support the consultation and better inform respondents, the Council included a 'Tobacco cessation supporting document' that provided further details of the six options, including a list of pros and cons for each option. In addition, a video summary of the six options with narration was posted as an alternative communication method and had 153 views.

**1.4 How did we get people's feedback?**

An online questionnaire, together with the supporting information materials outlined in Section 1.3, were made available via the Council's consultation portal: https://tinyurl.com/oxonlsss

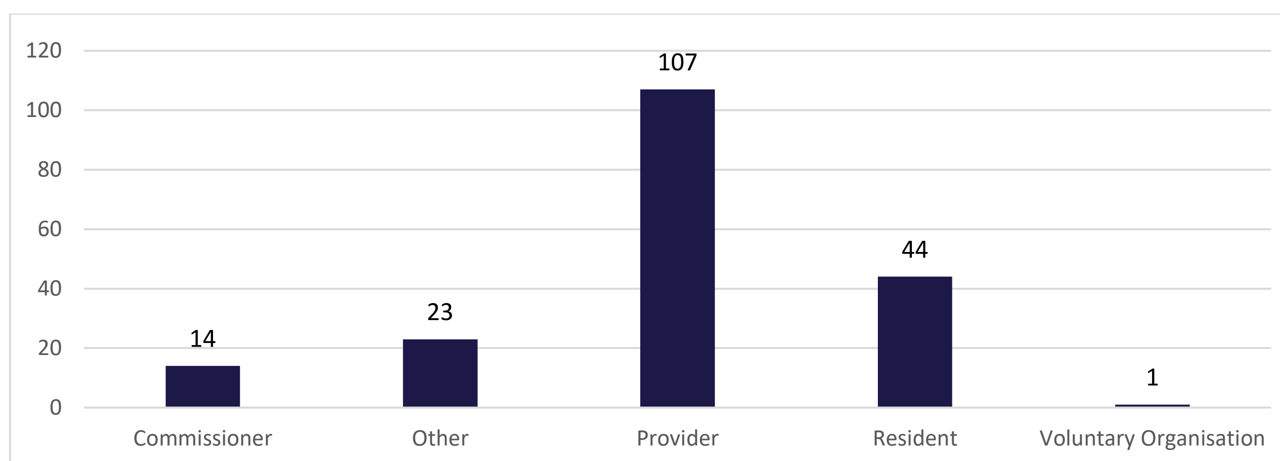
**1.5 What responses have we had and from whom?**
There were a total of 189 responses to the consultation, two of these responses were incomplete and did not select a preferred option.

In order to make the consultation process accessible, the consultation was made 'open' on the portal and questions were kept concise. This included the decision by the Council to not ask responders for certain personal/demographic details (such as age, gender or ethnic group). Whilst this additional information would have been of value, the main priority was to maximise the number of respondents to the consultation. Not including the need for respondents to state personal/demographic details was aimed at removing any barriers to completion.

**Question 1: Background of the 189 respondents:**

- 14 (7%) were 'Commissioners';
- 23 (12%) was defined as 'Other';
- 107 (57%) were 'Providers';
- 44 (23%) were 'Residents';
- 1 (1%) was a 'Voluntary Organisations'.

*Figure 1. Response to the consultation broken down by type of respondent.*




**Question 2: The preferred model of tobacco cessation services for Oxfordshire residents selected by 187 of the 189 respondents:**

- 59 (32%) selected Option 1;
- 10 (5%) selected Option 2;
- 108 (58%) selected Option 3;
- 8 (4%) selected Option 4;
- 1 (0.5%%) selected Option 5;
- 1 (0.5%%) selected Option 6.

*Figure 2. Response to the consultation broken down by preferred option selected.*

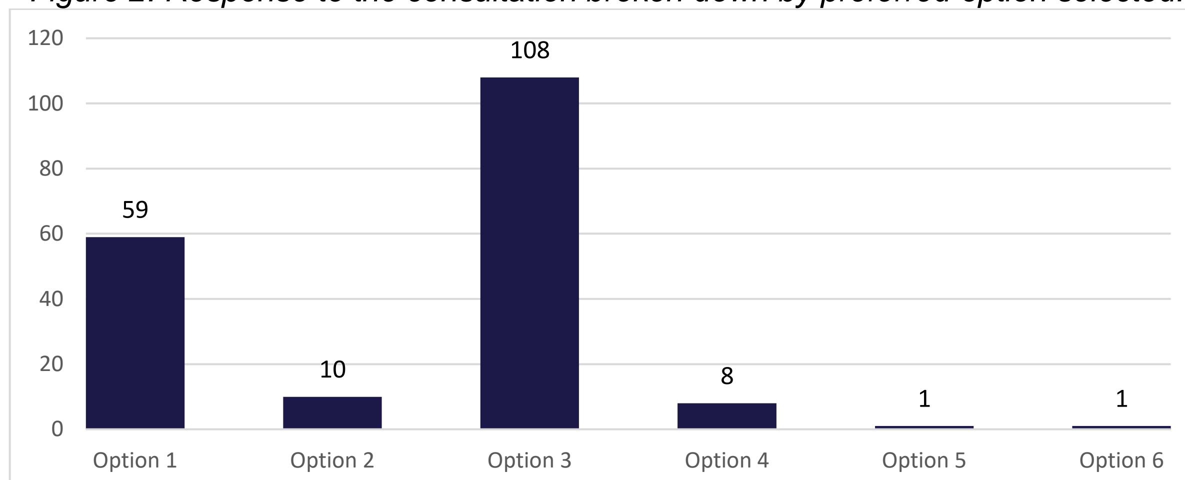



*Table 2. Response to the consultation broken down by preferred option selected and by type of respondent*

| | Commissioner | Other | Provider | Resident | Voluntary |
|---|---|---|---|---|---|
| **Option 1** | 3 | 6 | 35 | 15 | 0 |
| **Option 2** | 1 | 0 | 7 | 2 | 0 |
| **Option 3** | 10 | 15 | 58 | 24 | 1 |
| **Option 4** | 0 | 2 | 3 | 3 | 0 |
| **Option 5** | 0 | 0 | 1 | 0 | 0 |
| **Option 6** | 0 | 0 | 1 | 0 | 0 |

**Question 3: Opportunity for the respondent to provide additional free text comment:**

- 84 (44%) of the 189 respondents provided an additional comment, of these two were not suitable for consideration. The key messages from 82 comments reviewed are summarised in Section 1.6 and the comprehensive list is included in Appendix A.

### 1.6 What were the key messages from the consultation?

The key themes made from the consultation are summarised below and, where appropriate, the Council provide assurances (in italic) that the views expressed will be taken into account and factored into the planning of the approved preferred option.

**Model of LSSS delivery**

Responses reiterated the need for the Council to continue to commission a LSSS through a range of settings. *If the preferred approach is approved, the Council will commission a universal evidence-based LSSS with specialist behavioural support and pharmacotherapy available for all smokers to access. The intervention types would increase to include support via face-to-face, telephone, email, SMS, online and use of mobile digital applications. There will be a requirement of the provider of*

*the service to provide access to face-to-face services across all District and City Councils weekly.*

**Evidence-base**
Responses referred to the need to commission services based on the appropriate evidence base. *The Council remains assured that, based on the latest available evidence, providing a LSSS to support smokers to quit is highly cost effective and the evidence is clear that smokers who receive a combination of pharmacotherapy and skilled behavioural support are up to four times as likely to quit successfully. A broad range of peer-reviewed evidence and official guidance is available on LSSS and how these should be commissioned/provided. This includes information from the Cochrane Collaboration, guidance from the National Institute of Clinical Excellence (PH10) and the National Centre for Smoking Cessation Training Service and Delivery Guidance. Any service commissioned will include interventions according to the latest evidence of effectiveness. The Contract will have flexibility to change during its life to accommodate for any changes in that evidence-base, such as electronic cigarettes.*

**Priority populations**
Responses highlighted the need for the Council to target the LSSS to priority populations. *If the preferred approach is approved, the Council will ensure those in priority populations are offered, and can easily access, effective support (i.e. behavioural support and pharmacotherapy) to maximise reductions in smoking prevalence and health inequalities. Priority populations may include pregnant women, people with mental ill health, routine and manual workers and those with long term conditions. The Contract will have flexibility to change during its life to accommodate for any changes in the priority populations.*

**Training**
Responses stated the need for the service to be delivered by suitably trained staff. *If the preferred approach is approved, the Council will ensure all staff delivering a stop smoking intervention will be trained to the appropriate National Centre for Smoking Cessation Training standard.*

**GP Practices and Community Pharmacies**
Responses provided a mixed response in the role of Primary Care settings, such as GP Practices and Community Pharmacies, in the future of LSSS. *The Council acknowledges that both GP Practices and Community Pharmacies have been key in championing people stopping smoking and supporting them to quit over the last three decades. Without this contribution, the local smoking prevalence would not be 11.9% in adult population, which is lower than both the regional average (14.6%) and National average (15.5%). However, the model of delivering a LSSS universally through GP Practices and Community Pharmacies is now outdated. The preferred approach should ensure that those in priority populations are offered, and can easily access, effective support to maximise reductions in smoking prevalence and health inequalities. The pre-consultation phase included a service user review of existing services and it was evident that current LSSS's not do provide acceptable access to our priority populations. If the preferred approach is approved, it provides the Council the opportunity to address inequalities locally through a revised model of service*

*delivery. The intensity of support offered is an important factor. An increase in Community Outreach settings, with appropriately trained staff, will provide access to increased support to achieve the best outcomes.*

*If the preferred approach is approved, Primary Care settings may still provide stop smoking support and access to pharmacotherapy but not under Contract with the Council. There is evidence that providing smokers with stop smoking medications (including advice on their use), such as through a GP Practice on prescription or buying over the counter from a Community Pharmacy, is still effective. If the preferred approach is approved, the provider of the service would continue to provide access for staff based in these type of settings to become newly accredited or re-accredited as a Stop Smoking Advisor in line with the National Centre for Smoking Cessation and Training standards. In addition, the Council will ensure there is an option for the future provider of the LSSS to allocate, or sub-contract, Stop Smoking Advisors to GP Practices or Community Pharmacy settings if there is deemed sufficient need and demand.*

*If the preferred approach is approved, the Council would state the interdependencies that the provider of the service is required to work with and provide access to Very Brief Advice training; this would include staff based in Primary Care settings. There would be a requirement for the provider to implement a function for staff based on these settings to either e-mail and/or submit referral forms online direct to the provider that is secure and has ease of use.*

**Tobacco Control**
Responses detailed there was a need for other work streams, outside of LSSS's, to reduce the prevalence of smoking. *The Council acknowledge that LSSS are not the main driver for reducing smoking prevalence in Oxfordshire; national policy and a robust Local Tobacco Control Plan are more able to achieve this. However, the LSSS will sits within an overall tobacco control programme for the County and will form part of a wider action to reduce local smoking prevalence. If the preferred approach is approved, the Council will have the resources to develop a new Local Tobacco Control Plan for 2018/19 in accordance with the new National Tobacco Control Plan (launched in 2017).*

**1.7 Next Steps**
The commissioners responsible for tobacco cessation services in Oxfordshire presented an Options paper to the Councils Commercial Services Board (CSB) via the Gateway Review Panel using, in part, the outcomes from the consultation on **Tuesday 28th August 2017**. This provided assurances to the CSB that any commercial activity the Council embarks on has all risks mitigated, opportunities are maximised and it is managed appropriately to facilitate and enforce delivery of the Council's strategic objectives.

The preferred option (Option 3) was approved. A second paper, that provided the commercial Business Case, was submitted to the CSB (via the Gateway Review Panel) on **Wednesday 27th September**. The Council made a final decision on Friday **29th September 2017** on the future of tobacco cessation services in Oxfordshire and

agreed to commission a new service in line with option 3 that takes into consideration the views expressed via the consultation.

An invitation to tender will be posted on the South East Business Portal (this is where the Council advertise all of its tenders) the week commencing **9th October 2017** for a new model of service delivery from **April 2018**.

For further information, please contact Stephen Pinel, Health Improvement Principal, stephen.pinel@oxfordshire.gov.uk.

**Appendix A – Summary of Messages**
All key comments made from the consultation are summarised in detail below and, where appropriate, provide assurances (in italic) that the views expressed will be considered and factored into the planning of the approved preferred option.

**Most Preferred Option (Option 3)**

- The majority of respondents (58%) selected option 3 as their preferred option.
- Across all types of respondents, option 3 was the most selected option. This included 55% of residents and 55% of providers preferring option 3.
- There were 48 comments from the 108 respondents that selected option 3 as their preferred option. Of these 48, five were Commissioners, eight Other, 23 Providers, 11 Residents and one a Voluntary Organisation.

Key messages from 'Commissioners' that selected option 3:

- Three respondents supported the move of any future LSSS is delivered 'out of medical settings' (such as GP Practices) and recommended making them accessible through a 'range of settings' including workplaces that targeted routine and manual employees.
    - *If option 3 is commissioned, the Council would ensure that the priority populations will be defined annually during the life of the Contract based on need using the latest available data on prevalence and service use; this would currently include routine and manual employers and access to LSSS within the workplace and/or referral pathways for. For example, in 2016 an estimated 24.6% of routine and manual workers in Oxfordshire were smokers, over twice the County average for the wider adult population.*

- One respondent recommended letting a Contract that is based on 'Performance by Results' (PbR).
    - *This is currently in place for the existing Community Outreach Contract. If option 3 is commissioned, the Council would consider the inclusion of a PbR payment structure to incentivise the provider.*

- One respondent made reference to the offer of one-to-one support as 'key', and for this to be 'well advertised' with 'open referral' and 'well trained' 'staff.
    - *If option 3 is commissioned, the Council will include universal face-to-face access to LSSS that can be self-referred into through one point of access. Any Contract let would include a marketing and communications strategy that is approved by the Council. All staff providing the LSSS on behalf of the provider would be required to be accredited as a Stop Smoking Advisor in line with the National Centre for Smoking Cessation and Training standards as a minimum.*

- One respondent made reference to the use of electronic cigarettes as a cessation aid.
    - *If option 3 is commissioned, the Council would ensure that any potential service user wishing to stop smoking tobacco using an electronic cigarette can still receive access to the behavioural support through a Council commissioned LSSS and all staff were trained appropriately in line with the*

*National Centre for Smoking Cessation and Training standards. Any Contract let would be flexible over its length to adapt to any changes in national guidance on the use, and prescribing of, electronic cigarettes as a cessation aid.*

- One respondent requested assurances that if option 3 was selected that it would include provision / access to drug and alcohol users.
  - *If option 3 is commissioned, the Council would pre-define the 'priority populations' based on need using the latest data on prevalence and service user use. In addition, the Council would state the interdependencies required with other local services that any provider would need to work with and provide access to Very Brief Advice training; this would include the Community Integrated Drug and Alcohol Service (currently provided in Oxfordshire by Turning Point).*

- One respondent made reference to priority populations 'do not access Primary Care to access health services linked to lifestyle change', but noted that remains a need for staff based in GP Practices and Community Pharmacy settings to be provided access to training that 'enables them to provide Very Brief Advice' to the wider population and generate onward referral into a LSSS.
  - *If Option 3 is commissioned, the Council would state the interdependencies that the provider of the service is required to work with and provide access to Very Brief Advice training; this would include staff based in Primary Care settings. There would be a requirement for the provider to implement a function for staff based on these settings to either e-mail and/or submit referral forms online direct to the provider that is secure and has ease of use. The Council also acknowledge that if Option 3 is commissioned, GP Practices and Community Pharmacies may still provide stop smoking support, but would not be under Contract with the Council. The Council would still provide access for staff based in these settings to become newly accredited or re-accredited as a Stop Smoking Advisor in line with the National Centre for Smoking Cessation and Training standards.*

Key messages from 'Others' that selected option 3:

- Three respondents (a local Health Professional, a Medical Professional and a Local Government Officer) acknowledged that the current priority populations would likely access 'community settings' or receive support 'through outreach work' as opposed to GP Practice and Community Pharmacy settings. Targeting priority populations through community outreach would 'help to reduce health inequalities' and still ensure 'the service is accessible to all'. There was also a need to target LSSS provision 'where people spend most of their day' and this was suggested as 'in schools and workplaces'.
  - *If Option 3 is commissioned, the Council would ensure the model would include the above recommendations. The Council will ensure those in priority populations are offered, and can easily access, effective support (i.e. behavioural support and pharmacotherapy) to maximise reductions in smoking prevalence and health inequalities.*

- Two respondents, one working in Public Health and one County Councillor, recommended any future service maintained links with GP Practice and Community Pharmacy settings as 'some generations may only have contact with GPs'. This could include 'leaflets that GPs, practice nurses and pharmacies can give out, with info on quitting'.
    - *If Option 3 is commissioned, the Council would state the interdependencies that the provider of the service is required to work with and provide access to Very Brief Advice training; this would include staff based in Primary Care settings. There would be a requirement for the provider to implement a function for staff based on these settings to either e-mail and/or submit referral forms online direct to the provider that is secure and has ease of use.*

- Two respondents, one a professional and one County Councillor, both made reference to the need to increase wider local tobacco control activity and investment outside of supporting current smokers of tobacco to quit. Recommendations included 'targeted work to tackle the supply and acceptability of illicit/illegal tobacco, with the added incentive of tackling criminality in local communities', 'work with Trading Standards to reduce under-age purchases and smuggling in of cigarettes' and 'work with schools to stop children from taking up smoking'.
    - *If Option 3 is commissioned, the Council would increase both staff and financial resources to broader tobacco control work that would adhere to both the new Tobacco Control Plan for England and current guidance from the National Institute for Health and Care Excellence on the development of a local tobacco control strategy and its delivery. It would seek support from stakeholders, such as the NHS, in developing a new Local Tobacco Control Alliance to support the implementation of the local strategy.*

- One respondent, an employer, commented that they currently signpost employees to the LSSS which 'has been really beneficial'.
    - *If Option 3 is commissioned, the Council would ensure the model would continue to include workplace based interventions and/or establishment of referral pathways for employers into Community Outreach settings.*

- One respondent, a Cardiac Rehab Nurse, stated the value of an acute (hospital) setting smoking lead that historically 'worked really well' and 'ensured staff were updated regularly'.
    - *If option 3 is commissioned, the Council would state the interdependencies required with other local services that any future provider would need to work with and provide access to Very Brief Advice training; this would include all acute settings in Oxfordshire. In addition, the provider would be required to provide a presence in these settings to embed access to signposting resources and referral pathways for staff.*

Key messages from 'Provider' that selected option 3:

- Eleven respondents, mainly from GP Practice settings (GP's, Nurses or Practice Managers), made reference to the limitations of the universal LSSS offer through

Primary Care. It was stated as 'inconvenient' for Service Users, with the opening hours making 'taking time off work difficult'. 'Many appointments are 'DNAed' (Did Not Attend) which costs the GP Practices resources. This option would 'free up much needed GP, nurse and HCA time for other patient services' that can't be delivered in alternate settings. There was a theme linked to current pressures on GP Practices and Community Pharmacies and increasing referrals to a separate specialist stop smoking service, as seen in other lifestyle services, is an effective (intervention and financial) alternative for those looking to quit smoking.

- *The comments reflect the Service User use data analysed through the pre-consultation exercise, where 8 out of 10 people preferred to access LSSS without having to use their GP Practice. If option 3 is commissioned, the Council would no longer fund a LSSS through GP Practices. The Council acknowledges that both GP Practices and Community Pharmacies have been key in championing people stopping smoking and supporting them to quit over the last three decades. Without this contribution, the local smoking prevalence would not be 11.9% in adult population, which is lower than both the regional average (14.6%) and National average (15.5%). If option 3 is commissioned as the model for LSSS, GP Practices and Community Pharmacies may still provide stop smoking support, but not under Contract with the Council. The Council would continue to provide access for staff based in these settings to become newly accredited or re-accredited as a Stop Smoking Advisor in line with the National Centre for Smoking Cessation and Training standards.*

- Of those eleven respondents, there was several references why they selected option 3, this included that maintaining universal access was an 'excellent idea' and Community Outreach settings alongside online/digital and telephone support is 'more accessible'.

- In contrast to the above comments, seven respondents highlighted the value of people still being provided advise to stop smoking through their GP Practice or local Community Pharmacy. One, a GP Practice, stated 'patients take advice seriously from a GP that they should stop smoking'. One respondent, the Community Outreach Service, made reference to 'a handful of GP's who are very much proactive in providing a thorough smoking cessation service to their patients' and 'shouldn't be prevented in carrying out a job'.
    - *As highlighted previously, if option 3 is commissioned, GP Practices and Community Pharmacies may still provide stop smoking support, but not under Contract with the Council. In addition, the Council will ensure there is an option for the provider to allocate or sub-contract Stop Smoking Advisors to GP Practice or Community Pharmacy settings if there is deemed sufficient need and demand.*

- There was also a trend within this group of respondents related to continued need for training, for example 'some skills in smoking cessation and an easy way to refer people for support once we have raised their level of interest and motivation'. One, a GP, made reference to 'there is a value to having that personal service in the GP surgery with trusted professionals, however there is limited capacity for follow-up so an online/telephone service would complement'.

- *If Option 3 is commissioned, the Council would state the interdependencies that the provider of the service is required to work with and provide access to Very Brief Advice training; this would include staff based in Primary Care settings. These settings would also be provided access to signposting resources and referral pathways into either the online/digital, telephone or Community Outreach LSSS depending on choice/preference*.

- One respondent asked if Stop Smoking Advisors 'were available in schools and colleges' and that 'other benefits to health' are used to motivate behaviour change in this priority group.
  - *The Council currently commission the School Health Nurse and College Nurse services, which includes the need for schools to have in place School Health Improvement Plans that contains provision of stop smoking advise to students. The commissioners of tobacco cessation services will continue to work the relevant leads in the Council of this service. If option 3 is commissioned, the Council would continue to ensure LSSS are made available children and young people. The offer of an SMS, online or digital application services will increase access. Importantly, if option 3 is commissioned, the Council would increase both staff and financial resources to broader tobacco control work, outside of a LSSS, that would include investment in prevention education within school based settings; this would include tailoring the messages appropriately to the target audience.*

- One respondent, recommended that the service should 'change clinical locations regularly and try to capture more deprived areas'.
  - *If option 3 is commissioned, the Council would regularly review locations of the Community Outreach settings and ensure it was reaching the target populations that will be annually defined.*

- One respondent, highlighted that any new service should 'be more concerned about the quality of the quits instead of quantity'.
  - *The Council agree, the outcomes from the pre-consultation phase included a review of existing services, and the quality of the Community Outreach settings was significantly greater than GP Practice and Community Pharmacy settings when assessed by quit rate, Carbon Monoxide validation rate and lost to follow-up rate. This is, in part, an outcome of staff employed through the Community Outreach settings deliver support as all, or most, of their role. If option 3 is commissioned, the Council will include quality indicators within the Contract that is let and would be performance managed through the Councils Contract Management processes.*

- One respondent raised concerns in regards to how patient identifiable data would be stored in the Community Outreach settings.
  - *If option 3 is selected, the Council would ensure any provider adheres to the Data Protection Act and the new General Data Protection Regulations*

*(when they come into effect). In addition, the Contract let would be inclusive of an agreed Information Governance protocol that outlines how the provider stores data and the provider would be required to provide the Council assurances that suitable policies and procedures were in place through the Contract period; this includes how data is kept when outside designated premises. All staff employed by the provider will be required to achieve a suitable level of training and competency in regards to Information Governance. This would be monitored through the Councils Contract Management processes.*

- One respondent, a Stop Smoking Advisor, provided specific feedback on working for the current Community Outreach service.
  - *Whilst of value to the Council, the nature of the comments was deemed out of scope of the purpose of this consultation on future models.*

Key messages from 'Residents' that selected option 3:

- There were several references to why they selected option 3, this included 'this seems the most comprehensive option' and that 'younger people will interact with online apps in a positive way'. One agreed that the model 'should be universal but with additional targeted initiatives for those most likely to smoke'. Another, an ex-Service User that stopped smoking successfully through a Community Outreach setting, stressed the importance of 'maintaining open access and a variety of options for support'.

- Three respondents, all ex-Service Users, provided recommendations that all staff should be appropriately trained.
  - *If option 3 is commissioned, any Contract let would require all Stop Smoking Advisors to be accredited in line with the National Centre for Smoking Cessation and Training standards as a minimum.*

- Two respondents highlighted the current model is 'out dated' that 'no longer caters so well for the people who still smoke'. There was emphasis on a need to commission future services 'that is in line with best practice and guidance' and are 'more flexible, responsive and innovative'.
  - *If option 3 is commissioned, the Council would ensure the model adhered to the new Tobacco Control Plan for England, current guidance from the National Institute for Health and Care Excellence and the latest National Centre for Smoking Cessation and Training LSSS service and delivery guidance. In addition, if option 3 is commissioned, the Council are supportive of providing a flexible service that can adapt during the life of the Contract as and when the need changes but contains the scope to innovate. For example, making use of technologies and digital applications that arise during the life of the Contract*

- Two respondents, both ex-Service User, provided specific feedback on their experience of the current service.
  - *Whilst of value to the Council, the nature of the comments was deemed out of scope of the purpose of this consultation on future models.*

- One respondent, an ex-Service User, provided feedback that accessing the service '*in front of so many people*' through some Community Outreach settings, such as shopping centres, was not ideal.
  - *If option 3 is commissioned, the Council would ensure the model include a variety of options for people to access services that best suited there need such as face-to-face, online/digital or telephone LSSS's.*

- One respondent seeked 'reassurance that there would still be access to smoking cessation advice and support via my GP'.
  - *If option 3 is commissioned, GP Practices may still provide stop smoking support but not under Contract with the Council. GP Practices would be provided access to training that maintain staff accreditation as a Stop Smoking Advisors in line with the National Centre for Smoking Cessation and Training standards. There would also be access for these settings to signposting resources and referral pathways into either the online/digital, telephone or Community Outreach LSSS (depending on the individuals preferred choice).*

Key message from 'Voluntary Organisations' that selected option 3:
- One respondent highlighted that there remains a need to 'definitely have a stop smoking service in place'.
  - *If option 3 is commissioned, LSSS provision would be maintained beyond April 2018 in Oxfordshire.*

**Second Preferred Option (Option 1)**
- The second most selected preferred option by respondents, behind option 3, was option 1 (32%) that would see the 'Status Quo' maintained.
- Across all types of respondents, option 1 was the second most selected option with the exception of Voluntary Organisations (as there was only respondent from this group).
- There were 25 comments from the 59 respondents that selected option 1 as their preferred option. Of these 25, two were Others, 17 Providers and six Residents.

Key messages from 'Others' that selected option 1:
- One respondent who identified themselves as a senior academic in an area of health sciences, made reference to the low prevalence of smoking in Oxfordshire and therefore the 'current approach is working' whilst we 'outperform other areas'.
  - *The Council agree that for 11.9% of the adult population smoking in Oxfordshire is low when compared to both the regional average (14.6%) and National average (15.5%). While these figures are encouraging, the inequality in who smokes tobacco in the Oxfordshire population is of concern to the Council. For example, an estimated 24.6% of routine and manual workers in Oxfordshire were smokers in 2016, over twice the average for the wider adult population. The pre-consultation phase included a service user review of existing services and it was evident that current LSSS's not do provide acceptable access to priority populations. In addition, the recently*

*published Tobacco Control Plan for England provides an action for Local Authorities to eliminate health inequalities through targeting those populations where smoking rates remain high. If option 3 is commissioned, it provides the Council the opportunity to address inequalities locally through a revised model of service delivery. The Council would also aim, as a minimum, to maintain the total number of smokers successfully quitting through LSSS in Oxfordshire but will seek targeted successful quits in the proportions from the defined priority populations to address local inequalities.*

- One respondent, a Consultant treating patients with smoking related conditions, highlighted that it is important for GP Practices and Community Pharmacies 'to still be able to offer this service to the patients they will frequently see with smoking related conditions'.
    - *If option 3 is commissioned, GP Practices and Community Pharmacies may still provide stop smoking support, but not under Contract with the Council. The Council will ensure there is an option for the provider to allocate, or sub-contract, Stop Smoking Advisors to GP Practice or Community Pharmacy settings if there is deemed sufficient need and demand based on priority populations i.e. high prevalence of registered smokers with long term conditions.*

- The same respondent also queried that one option that was not included was an 'open tender for a new provider for community outreach' plus new Contracts for GP Practices and Community Pharmacies.
    - *This suggested option would be similar to option one. A new outreach service would have been commissioned at the end of the extended contract if this were the preferred option of the public consultation. This included a full review of current trends in use and performance of LSSS in Oxfordshire, an eight-week engagement phase with residents, ex-service user's and service providers and a mapping of value for money. The six options selected were based on the outcomes of the review and opinions expressed by participants in the pre-consultation phase.*

Key messages from 'Providers' that selected option 1:

- Thirteen respondents, majority from GP Practice settings (GP's, Nurse and Health Care Assistants) and including the Local Pharmaceutical Committee (representing Community Pharmacy providers), all expressed preferences to maintain an offer through GP Practices and Community Pharmacies settings as they have the 'right skill' sets and 'experience' to do so. Plus, Service Users 'appreciate' access to the service. The Local Pharmaceutical Committee highlighted the introduction of 'Healthy Living Pharmacies' would ensure that Service Users are 'given additional advice and support in their local pharmacy'. They also advised that 'removing the option to access the service from local services such as GPs and Pharmacies would impact on the more rural quitters'.
    - *If option 3 is commissioned, these settings may still provide stop smoking support but not under Contract with the Council. The Council would continue to provide access for staff based in these settings to become newly accredited or re-accredited as a Stop Smoking Advisor in line with the National Centre for Smoking Cessation and Training standards. In addition, the Council will*

*ensure there is an option for the future provider to allocate, or sub-contract, Stop Smoking Advisors to GP Practices or Community Pharmacy settings if there is deemed sufficient need and demand, such as in rural settings where there are less appropriate Community-based settings for use. All smokers in the County will have access to online/digital and telephone services to receive support to stop smoking.*

- Two respondents, both GPs, asked ‘what is the evidence of effectiveness of any of the 6 options?’ and stated ‘the options were quite narrow’.
  - *The six options selected by the Council for formal consultation were based on the outcomes from the eight-week pre-consultation phase that included a review of latest evidence, best practice and national guidance on LSSS. This pre-consultation exercise allowed commissioners to provide options that were reflective of the views of the participants of the engagement process.*

- One respondent, a Stop Smoking Advisor in a GP Practice, queried how Service Users would access pharmacotherapy/medication if accessed through a Community Outreach Service.
  - *If Option 3 is commissioned, the Council will ensure the provider will need to provide service users access to all evidenced based pharmacotherapy/medication.*

- One respondent, working for the current Community Outreach Service, made reference to the current service ‘doing a great job’ and ‘why not invest and improve on the existing service?’.
  - *The outcomes from the pre-consultation phase supported this view with current generic use, performance and value for money all greater in the Community Outreach Model when compared to GP Practices and Community Pharmacies. However, the Community Outreach Service Contract is intertwined to the current GP Practice and Community Pharmacy services as part of an overall model of delivery of LSSS for the County. If these two other LSSS were to cease following the consultation, the Community Outreach Service Contract would need varying to an extent that would require a re-tender under EU procurement law.*

- One respondent, a Practice Manager at a GP Practice, questioned using the ‘four-week’ outcomes as a performance metric.
  - *The national outcome measure of LSSS is set by Public Health England. If option 3 is commissioned, the provider would still be required to report on ‘four-week’ outcomes so the Council meets national reporting requirements. However, future services will include additional performance metrics linked to 12-week and one year outcomes.*

- The same respondent also stated that the fee paid to GP Practices to report on ‘four-week’ outcomes ‘does not encourage practices to fully engage’ with LSSS as the overhead costs are not covered.

  - *If option 3 is commissioned this point would not be applicable. If option 1 is commissioned, the pricing tariffs would be reviewed. There is no guarantee that an increase of fees would be affordable subsequent to such a review.*

Key messages from 'Residents' that selected option 1:

- One respondent suggested it would be a 'shame' to no longer access a LSSS through their GP Practice, one stated how they had successfully stopped through support of their GP Practice and another shared how GP Practices were 'in a good position to help people stop smoking'.
  - *If option 3 is commissioned, GP Practices may still provide stop smoking support, but not under Contract with the Council. The Council would continue to provide access for staff based in these settings to become newly accredited or re-accredited as a Stop Smoking Advisor in line with the National Centre for Smoking Cessation and Training standards. In addition, the Council will ensure there is an option for the future provider to allocate, or sub-contract, Stop Smoking Advisors to GP Practice or Community Pharmacy settings if there is deemed sufficient need and demand.*

- One respondent provided a view that the LSSS needs to be available in 'as many different settings as possible'.
  - *If option 3 is commissioned, there will be a reduction in the number of face-to-face settings contracted to provide this service. Settings would be dictated by local need and demand. The Council would maintain a universal offer through a range of settings, including face-to-face, online/digital and telephone support. This will help in increasing accessibility for those potential Service Users that prefer not to seek face-to-face support. During the eight-week engagement phase with 89 residents, ex-service user's and service providers, there was strong support of having an online/digital offer.*

- One respondent highlighted the value of maintaining a Community Outreach Service as it helped them quit smoking.
  - *Options 1, 3 and 4 include the retention of this type of LSSS.*

- One respondent highlighted that Community Outreach Service 'very important as getting to the surgery can be difficult' and recommended that GP Practices could 'refer and follow up with quitters using the community support' available.
  - *If option 3 is commissioned, the Council would state the interdependencies required with other local services that any provider would need to work with and provide access to Very Brief Advice training; this would include GP Practices and Community Pharmacy. There will also be access to signposting resources and referral pathways into either the online/digital, telephone or Community Outreach LSSS (depending on the individuals preferred choice).*

- One respondent recommended that one option, not offered as part of the consultation, could have been to extend the existing Community Outreach Service Contract for two years as 'change often affects the effectiveness of the

service' but not recommission the GP Practice and Community Pharmacy services with the surplus funding used to add a telephone and online service.
  - *The Council considered this option prior to consultation, but as the Community Outreach Service Contract is intertwined to the current GP Practice and Community Pharmacy services in terms of the direct support it provides the 149 sites, the Contract would need varying to an extent that would require a re-tender under EU procurement law.*

**Third Preferred Option (Option 2)**

- The third most selected preferred option by respondents, behind option 3 and 1, was option 2 (5%).
- There were four comments from the 10 respondents that selected option 2 as their preferred option. Of these four, three were Providers and one a Resident.

Key messages from 'Providers' that selected option 2:

- One respondent, Community Pharmacy Provider, provided a rationale to the benefits of a LSSS within a Community Pharmacy.
  - *The Council agree that there are a range of advantages to providing advice to stop smoking through Pharmacy settings and acknowledges that Community Pharmacies having been key in championing people stopping smoking and supporting them to quit over the last three decades. Without this contribution, the local smoking prevalence would not be 11.9% in adult population, which is lower than both the regional average (14.6%) and National average (15.5%). However, the outcomes from the pre-consultation phase, specifically the analysis of current trends in use and performance of existing LSSS, supported the view that service users are no longer using LSSS based in Community Pharmacies for help to stop smoking.*
  - *If option 3 is commissioned, GP Practices and Community Pharmacies may still provide stop smoking support, but not under Contract with the Council. The Council would continue to provide access for staff based in these settings to become newly accredited or re-accredited as a Stop Smoking Advisor in line with the National Centre for Smoking Cessation and Training standards. In addition, there would also be access for Community Pharmacies to Very Brief Advice training, signposting resources and establishment of referral pathways into either the online/digital, telephone or Community Outreach LSSS (depending on the individuals preferred choice).*

- One respondent, a GP Practice, noted that the current fee paid to GP Practices to support a service user to quit is 'low considering the amount of time needed' and a 'higher rate of payment to consult with patients would be great.'
  - *If option 3 is commissioned this point would not be applicable. If option 2 is commissioned, the pricing tariffs would be reviewed in partnership with the Local Medical Council and Local Pharmaceutical Committee prior to any retender. There is no guarantee that an increase of fees would be affordable subsequent to such a review.*

Key messages from the 'Resident' that selected option 2:

- One respondent provided feedback on the current Community Outreach service and the delay in responding to a request for support.
  - *If option 3 is commissioned, the Council would ensure the let Contract includes a minimum timeframe required for the service provider to respond to a potential service user.*

**Other Options (Option 4, 5 and 6)**

- The fourth most selected preferred option by respondents, was option 4 (4%) followed by option 5 and 6 (both 1%).
- There were four comments from these 10 respondents that selected option 4, 5 or 6 as their preferred option. Of these four, two were Providers and two a Resident.

Key messages from 'Providers' that selected option 4, 5 or 6:

- One respondent, a local GP that selected option 4, advised commissioners that 'smoking is a significant health inequalities issue' and would 'favour an approach that increases targeted work that actively addresses the incentivising factors that encourage people to smoke in the first place'. It was recommended that the Council 'don't wait for people to come and seek smoking cessation services from their GP - disrupt their behaviour earlier on'.
  - *The Council agree, and whilst option 4 would in part address this, if option 3 is commissioned it would also maintain an open access offer to any Oxfordshire resident or employee that smoked regardless of the social circumstances.*
  - *The Council would increase both staff and financial resources to broader tobacco control work that would adhere to both the new Tobacco Control Plan for England and current guidance from the National Institute for Health and Care Excellence on the development of a local tobacco control strategy and its delivery; this aims to address work further upstream through target prevention education. The Council would seek support from stakeholders, such as the NHS, in developing a new Local Tobacco Control Alliance to support the implementation of a Local Plan.*

- One respondent, a service provider that specialises in a digital LSSS offer and selected Option 5, advised of the success of 'online platforms and tools' with targeting the younger generation.
  - *The Council agree, and whilst option 5 would help address this, the prevalence of smoking amongst certain populations in Oxfordshire requires the need to maintain a face-to-face LSSS. If option 3 is commissioned, the Council would still implement an online/digital offer alongside a range of other services to meet the need of the local population.*

Key messages from the 'Residents' that selected option 4, 5 or 6:

- One respondent emphasised that for an option 4 to be implemented, the Council would 'need to publicise it widely'.
  - *Any Contract let, regardless of the preferred option, would include a marketing and communications strategy that is approved by the Council.*

- One respondent, that selected option 4, stated that 'it will probably come down to the cheapest option as funding continues to be cut'.
    - *Whilst there are well publicised pressures on Local Authority budget, the officers responsible for commissioning tobacco cessation services selected the 6 options that were all within the same spend value than the existing services. The future commissioned service will not be the cheapest option but the one that provides the greatest return on investment and value for the tax payer.*