City and Hackney Stop Smoking Service Key Performance Indicators and Monitoring Requirements

Stop smoking service intervention - Minimum activity levels and CO validation				
Ref	**Objective**	**KPI**	**Annual Target**	**Reporting Frequency**
1.1.	To treat at least 5% of the number of eligible smokers in City and Hackney.[1]	1.1. Total number of people setting a quit date	1.1. 1600[2]	Quarterly
1.2.		1.2. Hackney people setting a quit date	1.2. 1500	Quarterly
1.3.		1.3. City people setting a quit date	1.3. 100	Quarterly
1.4.	To provide an integrated local stop-smoking service (SSS) which is fit for purpose, highly effective, accessible and responsive to local needs	1.4. % of people who set a quit date who have quit at 4 weeks	1.4. 50%[3]	Quarterly
1.5.		1.5. Stretch target for 4 week quits	1.5. 60% stretch target (5% PbR allocation) - see note 1 below	Quarterly
1.6.		1.6. Percentage of CO verified 4 week quits	1.6. 85%	Quarterly
1.7.		1.7. % of people who set a quit date who are still quit at 12 weeks	1.7. 40%	Quarterly

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[1] This is based on NICE Guidance NG209 recommendations that SSS should treat at least 5% of the estimated local population who smoke each year

[2] This based on the adult (18+) estimated number of smokers, increased slightly to reflect the lower age eligibility of the service. Based on experience elsewhere, it is expected that very few under 18s will access the service but this will need to be monitored (see priority groups reporting section below).

[3] NICE NG209 recommends a quit rate of at least 35% at 4 weeks. We are aiming for a higher quit rate based on what we know is achievable (performance of the current service)

Stop smoking service intervention - Minimum activity levels and CO validation				
Ref	**Objective**	**KPI**	**Annual Target**	**Reporting Frequency**
1.8.		1.8. CO Validation at 12 weeks	1.8. Year 1 to establish baseline and trajectory	Quarterly
1.9.		1.9. % of people setting a quit date lost to follow-up at 4 weeks[4]	1.9. <15%	Quarterly
1.10.		1.10. % of 4 week quitters followed up at 6 months with quit status established	1.10. 60%	Quarterly
1.11.		1.11. % of 4 week quitters followed up at 12 months with quit status established	1.11. 40%	Quarterly
1.12.	To offer a range of different options to ensure people wanting to quit can access appropriate and flexible support tailored to their needs and preferences	1.12. Harm reduction outcome for service users who do not go on to quit (measure to be determined)	1.12. To be baselined in Y1	Quarterly

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[4] A treated smoker is counted as 'lost to follow up at 4-weeks' if, on attempting to determine the 4-week quitter status s/he cannot be contacted. Criteria based on Assessing smoking cessation performance in NHS Stop Smoking Services: The Russell Standard (Clinical) (2005)

	Stop smoking service intervention - Minimum activity levels and CO validation			
Ref	**Objective**	**KPI**	**Annual Target**	**Reporting Frequency**
1.13.	To provide an integrated local stop-smoking service (SSS) which is fit for purpose, highly effective, accessible and responsive to local needs	1.13. % of all 4 week quitters who are satisfied with the service	1.13. 90%	Quarterly
1.14.		1.14. % completion of the Stop Smoking Services Collection data set via NHS Digital's Strategic Data Collection System (SDCS)[5]	1.14. 95%	Quarterly

Additional data required:
Number of people setting a quit date and 4 week quits by setting/provider
Number/% lost to follow up at four weeks - overall and by age, sex and key priority group (see below)
Number/% lost to follow up at 12 weeks - overall and by age, sex and key priority group (see below)
Service delivery locations and clinic times
% of service users that opt for harm reduction pathway reported overall and by key priority group (see section 4 below)
% of service users that opt for harm reduction pathway and **do not** go on to a completed 4 week quit reported overall and by key priority group (see section 4 below).
% of service users that require longer term interventions (beyond 12 weeks) reported overall and by key priority group (see section 4 below)
% of service users that require longer term interventions (beyond 12 weeks) and then go on to a completed 4 week quit reported overall and by key priority group (see section 4 below).
Recorded outcome of service users that opt for harm reduction pathway and do not go on to a completed 4 week quit

Note 1: Payment by Results
KPI 1.5 is a Payment by Results (PbR) measure covering a total of 5% of the annual budget. There are two targets for 4 week quits, a minimum performance target of 50% and a stretch target of 60% or greater
If the stretch target of 60% is achieved, the full PbR element will be paid (based on a full year of activity).
If the % of people who set a quit date that become 4 week quits is 50% or below, no PbR element will be paid
If performance is between the minimum and stretch target, the service will receive part payment proportional to the performance achieved.

Worked Example:
If the total cost of the service was £720,000 then the total allocated to PbR (5%) would be £36,000. If performance at the end of the first year of the contract against KPI 1.5 was a quit rate of 52.5% (above the minimum target but only a quarter of the way towards achieving the stretch target) the PbR payment at the end of the first year would be £9,000 (1.25% of the maximum 5% available)

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[5] Details of the submission to the SDCS can be found at NHS Digital's Stop Smoking Services Collection webpage

Triage and Referral Management

Ref	Objective	KPI	Annual Target	Reporting Frequency
2.1.	To provide an integrated local stop-smoking service (SSS) which is fit for purpose, highly effective, accessible and responsive to local needs	2.1. % of calls answered first time	2.1. 95%	Quarterly
2.2.		2.2. % clients contacted within 2 working days of receipt of referral	2.2. 95%	Quarterly
2.3.		2.3. % clients first appointment offered within 5 working days of receipt of referral	2.3. 85%	Quarterly

Additional data required:
Numbers and sources of referral - overall and by age, sex and key priority group (see below)
Number of people making contact with services by email and by phone
Breakdown of where referrals are being sent to (location and type of service)
Website analytics showing:
- number of website visitors
- number of pages viewed
- bounce rate
- top visited pages
- number of new visitors
- number of web chats and video calls
- reports on website downtime detailing number of support issues raised and average time to resolve
- evidence of digital media activity (e.g. tweets, facebook/Instagram/TikTok posts, short videos) in English and other languages

Training				
Ref	**Objective**	**KPI**	**Annual Target**	**Reporting Frequency**
3.1.	To provide a range of inclusive smoking cessation training that can be adapted to suit those working with specific target audiences	3.1. Number of VBA training sessions delivered each year (with a minimum of 6 attendees at each session).	3.1. 6	Quarterly
3.2.		3.2. Number of stop smoking practitioner (NCSCT Knowledge [Stage 1] and Practice [Stage 2]) training sessions delivered each year (with a minimum of 6 attendees at each session)	3.2. 4	Quarterly
3.3.		3.3. Number of stop smoking practitioner refresher training sessions delivered each year (with a minimum of 6 attendees at each session)	3.3. 2	Quarterly
3.4.		3.4. % of trainees who rate the training as good or very good	3.4. 85%	Quarterly

Additional data required:
Evidence that at least 10% of stop smoking practitioner, specialty courses and refresher training sessions are delivered out of hours in order for staff (e.g. pharmacy) to attend
List of number of attendees by which organisations/communities they represent
List of all SSS advisors and training qualifications
Number of specialty training sessions delivered each year (with a minimum of 6 attendees per session) which are Fully NCSCT Certified. This includes:
- Smoking Cessation in mental health
- Smoking Cessation in pregnancy and the post-partum period
- Stop Smoking Medications
- Vaping: a guide for healthcare professionals
- VBA on smoking in pregnant women
- VBA on secondhand smoke: promoting smokefree homes and cars
- VBA for homelessness services

Priority Groups

Ref	Objective	KPI	Annual Target	Reporting Frequency
4.1.	To prioritise high risk groups and high prevalence communities with a primary focus on reducing inequalities in smoking-related harms	4.1. % of those setting a quit date who live in the most deprived areas in City and Hackney*	4.1. 50%	Quarterly
4.2.		4.2. % of those setting a quit date who are in routine and manual occupations	4.2. 45%	Quarterly
4.3.		4.3. % of those setting a quit date who are from key/high prevalence local communities: a. Turkish/Kurdish/Cypriot b. black Caribbean/African/other c. Bangladeshi d. Eastern European	4.3. a. 10% b. 15% c. 2% d. 1.5%	Quarterly
4.4.		4.4. % of those setting a quit date who have a diagnosed serious mental illness	4.4. 5%	Quarterly
4.5.		4.5. % of those setting a quit date who are pregnant women	4.5. 2%	Quarterly

Additional data required:

Reporting on the following by age group (incl under 18s), sex, ethnic group (list to be provided by the commissioner) and other key priority groups (see section 4):
- number of referrals
- number setting a quit date
- quit aid(s) used (including e-cigarettes)
- number and % 4 week quits
- number and % 12 week quits
- number following a harm reduction pathway

% of people setting a quit date with a diagnosed health condition caused/exacerbated by smoking (including COPD, CVD, cancer)

Reporting on referrals from the NHS Long Term Plan Treating Tobacco Dependency Teams at Homerton and ELFT (inpatients, maternity and mental health services).
% of women who have quit during pregnancy who have maintained their quit throughout pregnancy
Number setting a quit date and number of 4 week quitters with multiple needs such as those experiencing homelessness and substance misuse
Number setting a quit date and number of 4 week quitters from the LGBT community
Number setting a quit date and number of 4 week quitters by housing tenure (including social housing)

Based on lowest IMD quintile. The authorised officer can provide postcode data to support the service in identifying service users living in the most deprived areas.