Stop Smoking Service Development

This training standard was developed for the National Training Service (NTS) Alliance in consultation with subject matter experts.

The purpose of this training standard is to provide a benchmark for knowledge and skills that should be included when providing training on Stop Smoking Service Development. This is to help ensure consistency in training content and alignment with best practice.

This standard is not designed to be prescriptive of how, when, or in what format training is delivered.

Version 1.1 (August 2017)

Training Standard:

Stop Smoking Service Development

The following information outlines benchmarks or competencies for training people in Stop Smoking Service development roles.

What: The need for Service Development training standards	Stop Smoking Service development must meet a series of contractual requirements and quality benchmarks
Who: The intended audience	Those working in roles inside organisations that develop, manage, or provide Stop Smoking Services.
Where: The location of services	Service development occurs within organisations that provide Stop Smoking Services.
When: The time the services are offered	Service development is an integral part of improving and maintaining high quality care and service delivery outcomes and is therefore offered throughout the year as needed.
How: The way the process is delivered	Service development is often addressed in service meetings, planning days and workshops, and other sector activities.

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Benchmarks for Knowledge:	*Those trained in Service Development are able to:*
	- Describe requirements of Stop Smoking Services including but not limited to:
	o Use of evidence-based stop smoking interventions
	o Use of multi-session support and help for people to access and use the full range of stop smoking medicines
	o Provision of behavioural support as noted in the New Zealand Guidelines for Helping People to Stop Smoking
	- Describe the needs of the population in the service coverage area
	- Determine service components needed to meet the population needs
	- Describe expected outcomes from these service components
	- Describe where services will be delivered, and the model of care suited for the delivery
	- Describe the set up and functionality of the services so as to:
	o have a simple mechanism of contact for service users and referrers
	o link with Māori and Pacific communities and whānau
	o link with other priority groups (Mental Health and Addictions and Pregnant women)
	o link with non-health related services and agencies, including, but not limited to workplaces, sports clubs, social agencies, educational settings
	o handle and prioritise referrals in a timely manner (in accordance with the current Ministry of Health Stop Smoking Service specifications)
	o be flexible to meet the different needs of service users, taking into account their demographics, culture, social context, co-morbidities, and tobacco dependence (this is likely to involve different treatment pathways for different service users)
	o identify support services that might be required, including Māori and Pacific languages and sign language and how to access these
	o integrate care and sharing information with referrers in accordance with the Privacy Act
	o capture relevant service related data (i.e. information required for optimal client care)
	o collect data required for reporting (as detailed in the current Ministry of Health stop smoking service specification)

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Benchmarks for Knowledge: (cont'd)	o Describe the national and local campaigns needed to increase exit services users at the end of treatment
	    o notify the service users primary health care provider of the treatment provided, any particular follow-up required (e.g. review of a medicine that is affected by smoking cessation), service outcome and any adverse events (e.g. concerning changes in mood) that might occur
	
	● awareness of, and drive referrals to, the Stop Smoking Service
	● Describe the roles that other organisations and agencies (e.g. advocacy services and District Health Boards) can play promoting Stop Smoking Services
	● Describe how the services link to referrers and how referrers are informed of the service
	● Describe reporting requirements and actions to take if gaps are identified
	● Describe the system needed to collect data required for reporting to the Ministry of Health
	● Describe ways to monitor and measure the effectiveness of services developed including:
	    o Completion of client record forms (CRF)
	    o Quarterly checks against contractual measures and outcomes
	● Describe how the effectiveness of the service will be determined (e.g. smoking status at 4 weeks / 3 months)
	● Describe staff development plans, NTS training and practitioner requirements as part of any services developed
	● Describe the quality requirements for the services (e.g. Provider Quality Standards, Crown Funding Agreement Variations, Contracts, Service Level Agreements)
	● Describe any exclusions for the service/s and any payment or co-payment requirements
	● Describe the strategy in place if demand exceeds capacity
	● Identify the components of partnership models and contents of an agreed Partnership Agreement including:
	    o Roles and responsibilities
	    o Currency of content
	● Describe the process for approval before subcontracting any aspect of the services including:
	    o Obtaining consent from the Ministry of Health
	    o Reviews by the Ministry of Health

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Benchmarks for Knowledge: (cont'd)	- Describe the process and requirements of in-depth analysis of service data to determine effectiveness of programmes at reaching the needs of the local population and delivering quality outcomes - Describe the role and responsibility of managers and organisations related to: - Reporting - Budgeting - Managing performance etc. - Describe the principles of service development including what constitutes: - High value and value for money - Consistency - Standardisation - Health equity - Customer centric responsive service - Outcomes focused - Continuous improvement - Multi level integration - Describe functions and services including: - advocacy, - health promotion, - health protection, - infrastructure (e.g. information systems), - health assessment and surveillance, - capacity and capability building - clinical leadership

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Benchmarks for Skills:	Those trained in Service Development are able to:
	- Develop and deliver stop smoking services that include: - use of evidence-based stop smoking interventions - use of multi-session support and help for people to access and use the full range of stop smoking medicines - provision of behavioural support as noted in the New Zealand Guidelines for Helping People to Stop Smoking - Identify the needs of the population and develop and implement services to address those population needs - Determine and effectively use national and local campaigns needed to support the services developed - Determine and implement mechanisms to link with referrers. This will require simple, but effective, mechanisms to refer people to the service and to provide feedback (e.g. outcomes of referrals and outcome of the quit attempt) to referrers - Design and implement services so that: - there is a simple mechanism of contact for service users and referrers - the service is linked in with Māori and Pacific communities and whānau - the service is linked with other priority groups (Mental Health and Addictions service users and pregnant women) - the service is linked with non-health related services and agencies, including, but not limited to workplaces, sports clubs, social agencies, educational settings - the service can handle and prioritise referrals in a timely manner (in accordance with the current Ministry of Health Stop Smoking Service specifications) - the service is flexible enough to meet the different needs of service users, taking into account their demographics, culture, social context, co-morbidities, and tobacco dependence (this is likely to involve different treatment pathways for different service users) - support services that might be required, including Māori and Pacific languages and sign language, are available if required

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Benchmarks for Skills:
 (cont'd)
	o information can be shared with referrers in accordance with the Privacy Act
	      o relevant service related data (i.e. information required for optimal client care) is captured and stored securely
	      o data required for reporting (as detailed in the current Ministry of Health stop smoking service specification) are collected in a timely manner
	      o service users can be exited from the programme at the end of treatment
	      o the service users primary health care provider is notified of the treatment provided, any particular follow-up required (e.g. review of a medicine that is affected by smoking cessation), service outcome and any adverse events (e.g. concerning changes in mood) that might occur.
	
	 • Design and implement efficient systems to deliver services and collect data as needed for service evaluation and improvement. This includes:
	      o monitoring of referrals
	      o monitoring the effect of campaigns, training sessions,
	      o completion of client record forms
	      o capturing client data needed for reporting and service improvement
	      o quarterly checks against contractual measures and outcomes
	
	 • Conduct in-depth analysis of service data to determine effectiveness of programmes at reaching the needs of the local population and delivering quality outcomes
	 • Conduct a variance analysis of projected results and actual results and analyse and explain why these have occurred
	 • Determine the actions taken to measurably increase quality of care and performance
	 • Analyse the effectiveness of any service initiative or innovation
	 • Develop and adapt services developed to the local needs and possibilities of individual regions to take into account differing social, cultural and economic systems

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Benchmarks for Skills: **(cont'd)**	Stop Smoking Service Managers or Team Leaders should be able to undertake the following tasks:
	● Manage the performance of service staff
	● Budget management
	● Monitor service delivery, safety and quality. This includes:
	    o Ensuring that all contacted service components are delivered (e.g. smoking cessation, advocacy, health promotion)
	    o Infrastructure (e.g. information systems)
	    o Capacity and capability building
	    o Clinical leadership
	    o Value for money
	    o Consistency
	    o Standardisation
	    o Health equity
	    o Customer centric responsive service
	    o Outcomes focused
	    o Continuous improvement
	    o Multi level integration

Existing training:	With the exception of a formal qualification in Healthcare Administration, there is no formal training currently delivered to those in-service development. Instead, people acquire the knowledge and skill informally on the job and from interpretation of documentation received from MoH.
Considerations:	Any training delivered must be focused on measurable results rather than theoretical aspirations.

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Training and assessment consideration:	All training should include measurable learning outcomes and be delivered in a way that best suits the needs to the audience. Attendees should be actively engaged in the learning rather than just sitting listening. This could include, for example, discussion groups, case studies, problem solving card sorts etc where the learner is actively learning rather than passively listening. Trainers may need to take into consideration that many trainees are busy people and need engaging and efficient training options.
	Any programme should have a mechanism to check the **measurable learning outcome** was met or provide a reference tool the attendee can use in future.
	The verb of the learning outcome dictates what the learner is able to do, e.g. ***Describe three reasons for .....***
	In this case the assessment should have learners each being able to ***describe the three reasons for ...*** and this could be achieved in group discussions, a multiple-choice quiz (which has the learner identify the three correct desicriptions), a take home handy reference card etc.
	An important aspect to remember is that training has not worked unless learning has been checked.

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