SMART HEALTH SOLUTIONS

G-CLOUD 15

LOT 3, CLOUD SUPPORT

Service Definition Document

Stop Smoking Insight, Pathway Review & Workforce Support

Introduction

New technology is continually being introduced within the NHS. Our role is to provide training support that allows stakeholders to harvest the benefits from this investment.

Smoking remains one of the leading causes of preventable illness and health inequality. While effective stop smoking interventions exist, variation in pathway design, workforce confidence, referral processes and service integration can limit uptake and impact.

Smart Health Solutions provides structured insight, pathway review and workforce support to help commissioners and providers understand how stop smoking services operate in practice and identify realistic opportunities to improve engagement, delivery and outcomes.

Our work focuses on supporting practical, evidence-based improvement that can be implemented within existing systems and resources.

Our Services

We provide a flexible suite of stop smoking support services that can be commissioned individually or in combination, including:

- Stop smoking pathway and service review
- Service user and workforce engagement and insight
- Very Brief Advice (VBA) and vape myth busting for stop smoking training

Services can be delivered at local, place or system level and tailored to local priorities, pathways and populations.

Our Approach

Smart Health Solutions takes a whole-system, person-centred approach, focusing on how stop smoking services operate in practice rather than how they are intended to work.

Our approach combines pathway mapping, qualitative insight and workforce development to explore how service design, communication, time pressures and system integration influence engagement, continuity and outcomes.

Qualitative engagement with service users and professionals is undertaken sensitively and ethically to explore lived experience, including beliefs, stigma, access, timing and readiness to quit. Insight is analysed thematically and translated into clear, actionable recommendations.

Where workforce capability or confidence is identified as a contributing factor, targeted training is delivered to support consistent, evidence-based stop smoking conversations aligned to local pathways. All activity is aligned with current NICE and NCSCT guidance on promoting quitting and treating tobacco dependence.

Stop Smoking Pathway Review

The Stop Smoking Pathway Review service supports commissioners and system partners to assess how stop smoking pathways operate in practice, benchmark them against National Centre for Smoking Cessation and Training (NCSCT) guidance, and identify realistic opportunities to improve access, engagement, and outcomes.

The review focuses on the whole pathway, from identification and referral through to engagement, treatment, follow-up and re-engagement, recognising that pathway effectiveness depends on alignment across multiple services, settings and professionals.

Scope of the pathway review

Pathway reviews are structured around current NCSCT commissioning, delivery and monitoring guidance and typically include:

- Mapping referral routes into stop smoking services across settings (e.g. primary care, maternity, community services, social housing, pharmacies)
- Reviewing eligibility criteria, referral thresholds and decision points
- Assessing how consistently Very Brief Advice (VBA) and referral prompts are applied
- Exploring handovers between services and points of drop-off

- Reviewing access to treatment options, including NRT, pharmacotherapy and vaping
- Examining follow-up, re-offer and re-engagement processes
- Assessing pathway clarity, usability and consistency from a professional perspective

Reviews consider both intended pathways and pathways as they operate in practice, recognising that variation often emerges through local pressures, time constraints and system complexity.

Methods and tools

The pathway review combines documentary review, structured mapping and qualitative insight. This can include:

- Review of pathway documentation, referral criteria and operational protocols
- Structured pathway mapping using referral and eligibility tools
- Analysis of referral routes across different sectors and services
- Engagement with commissioners, service leads and frontline professionals
- Alignment checks against NCSCT guidance on referral sources, service delivery and monitoring

For example, pathway mapping tools may be used to compare referral criteria and access routes across primary care, community services and housing providers, highlighting inconsistencies, duplication or unintended barriers to access.

What the review explores

The review is designed to identify:

- Where referral opportunities are missed or under-used
- Where referral criteria or processes create friction or confusion
- How timing and readiness are accommodated within pathways
- Whether pathways support repeated offers and re-engagement
- How treatment access aligns with guidance and local availability

- Where professional confidence or clarity affects pathway use
- How well pathways support priority groups and equity of access

Particular attention is paid to whether pathways support the NCSCT principle of **person-centred, flexible and proportionate support**, rather than relying on single points of engagement.

Outputs and reporting

Findings are synthesised into clear, practical outputs designed for commissioners and system partners, including:

- A mapped view of current referral and delivery pathways
- Identification of gaps, duplication and drop-off points
- Alignment (or misalignment) with NCSCT guidance
- Examples of effective practice already in place
- Prioritised, realistic recommendations for improvement

Recommendations focus on **system-level change**, such as improving alignment, clarity and timing, rather than attributing responsibility to individual behaviour or motivation.

How findings are used

Pathway review findings support commissioners and providers to:

- Strengthen referral routes and engagement points
- Improve consistency and clarity across services
- Support professionals with clearer pathways and expectations
- Reduce practical and system-level barriers to access
- Align local delivery more closely with national guidance
- Inform commissioning, service redesign and workforce development

The pathway review can be commissioned as a standalone service or used alongside **service user engagement and insight** and **workforce training** to support joined-up, evidence-based improvement.

Service User Engagement and Insight

Structured service user engagement and insight is used to understand how people experience stop smoking services in practice, and why some individuals decline, disengage from, or only partially engage with available support.

Engagement is qualitative and exploratory, designed to capture lived experience across the system rather than test predefined assumptions. Activity can include engagement with service users, frontline professionals, and service leads, enabling insight into how individual experience, professional practice and system design interact to influence engagement.

What engagement explores

Engagement activity is designed to explore key influences on engagement, including:

- Beliefs, attitudes and understanding of smoking and quitting
- Smoking as coping within emotional, social and practical contexts
- Experiences of stigma, judgement or repeated messaging
- Timing, readiness to quit and fluctuating motivation
- Access, visibility and practicality of support
- Understanding and expectations of local services
- Professional confidence, consistency and referral practice

Engagement is undertaken sensitively and ethically, with informed consent and appropriate governance arrangements in place. Interviews are conducted using semi-structured topic guides and delivered via telephone or online platforms to maximise accessibility.

Analysis and reporting

Insight is analysed using a thematic analysis approach, allowing patterns, shared experiences and system-level influences to be identified across participant groups. Findings are synthesised into clear themes and supported, where appropriate, by anonymised participant quotes to retain the authenticity of lived experience.

Outputs are designed to be practical and commissioner-ready, focusing on:

- What is driving engagement or disengagement
- Where engagement gaps occur across pathways
- How service design, communication and timing influence uptake
- What is already working well and should be protected
- Realistic opportunities for improvement within existing systems

Example: stop smoking service user insight

For example, a recent service user insight project exploring engagement with a Stop Smoking in Pregnancy service involved qualitative engagement with women who smoked during pregnancy, midwives working within maternity services, and specialist stop smoking staff. The work highlighted that non-engagement was rarely due to lack of awareness of risk but instead reflected smoking as a coping mechanism within complex emotional and social contexts.

The insight identified an "engagement gap" driven by timing, repeated referral without alignment to readiness, variable confidence among professionals, and practical barriers to accessing support. Findings were structured around clear thematic areas and translated into priority actions focused on strengthening repeated engagement across pathways, supporting professionals with consistent messaging and practical tools, and improving the visibility, accessibility and credibility of support.

This type of insight enables commissioners and providers to move beyond assumptions about motivation and focus on system-level changes that support engagement, equity and improved outcomes.

How findings are used

Findings from service user engagement and insight support commissioners and providers to:

- Refine service models and pathways
- Improve communication and messaging
- Align workforce practice with lived experience
- Inform targeted training and development
- Strengthen commissioning decisions with qualitative evidence

Engagement and insight activity can be commissioned as a standalone service or used to inform pathway review, workforce development and service improvement activity.

Very Brief Advice (VBA) and vape myth busting for stop smoking training

This training provides short, practical sessions for NHS Trusts, primary care, local authorities, community providers, pharmacies and other frontline professionals to improve stop smoking conversations, increase appropriate referrals, and provide clear, evidence-based advice on vaping as a harm reduction tool.

The training is aligned with **National Centre for Smoking Cessation and Training (NCSCT)** guidance and uses the **Very Brief Advice (VBA)** approach to support consistent, confident and non-judgemental conversations in routine contacts. Sessions also address common myths and misconceptions about vaping, ensuring professionals can provide accurate, up-to-date information to adult smokers.

Course content

Very Brief Advice (VBA)

- Purpose of VBA, the evidence base, and how it supports quit attempts
- The Ask–Advise–Act model and how it fits within routine practice
- How to deliver VBA quickly and confidently in time-pressured roles
- Effective quit messages
- Clear, consistent advice on stopping smoking, including the role of nicotine replacement therapy (NRT) and vaping as harm reduction
- Responding to readiness: what to do if someone is interested, unsure, or not ready to quit

Vaping myth busting and harm reduction

- Overview of current national guidance and position statements, including NCSCT and Royal College of Physicians
- Evidence that nicotine vaping is a safer alternative to smoking tobacco for adult smokers

- The role of vaping within harm reduction approaches to stopping smoking
- Providing accurate, balanced information about the benefits and risks of vaping
- Use of legal, regulated products and awareness of issues relating to illicit vapes
- Clear reinforcement that marketing vaping products to children and young people is unacceptable

Local services and pathways

- Signposting and follow-up within local stop smoking services
- Overview of locally available treatments and support, including pharmacotherapy where relevant (e.g. varenicline, NRT)
- Reinforcing consistent messages to improve referral and ongoing engagement

Training content can be updated to reflect **future changes in national guidance, emerging evidence, policy developments and local service provision**.

Delivery model

- Online one-hour *VBA & Vaping: what's the latest?* Sessions
- Suitable for groups of up to 24 participants
- New course content written and refreshed as required
- Dedicated webpage for promotion and online booking
- Bespoke promotional materials, including flyers
- Regular updates on registrations and attendance
- Evaluation, handouts and certificates of attendance
- Summary evaluation report following delivery

Quality and Effectiveness

Across all services, Smart Health Solutions focuses on:

- Evidence-based methods and training
- Ethical and inclusive engagement approaches
- Clear, actionable reporting

- Alignment with national guidance and local pathways
- Support for realistic, implementable improvement

Delivery and Support

Following contract award, objectives, scope and delivery requirements are agreed with the buyer. Relevant services, populations and stakeholders are identified and governance requirements addressed.

Support is provided throughout delivery, including coordination of engagement activity, clarification of emerging findings and discussion of recommendations. Post-delivery support includes advice on implementation considerations and access to training materials where applicable.

Support is available between 9.00am and 5.00pm, Monday to Friday.

Our Training process

Enrolment process

- A good uptake of courses is essential to ensure value for money. We provide a streamlined online booking system and update commissioners regularly with registration numbers.
- We will have a dedicated page on our website exclusively for your training, where delegates can register for any of our training. We will also provide bespoke flyers for you to cascade.
- Once registered for training, reminders and updates are sent to delegates.
- We regularly update commissioners with registration numbers, delegate roles and practices of all registered people, and follow up after the event with details of those who attended or DNA training.

Support for participants

Before and after training, our admin support team respond to enquiries via the dedicated email address training@smarthealthsolutions.co.uk within 24 hours of receiving an email, with escalation of any queries to trainers where needed.

Attendance

People who register need to attend the training. Therefore, we provide multiple email reminders for the event and are able to respond to registration queries quickly. If someone is unable to attend the training they have registered for, we work out with them the next best date for them to attend and amend registrations accordingly.

During training

Our trainers are very approachable and will happily respond to questions. They will also pass on queries and questions directly to commissioners where needed.

We believe the best way to learn is through face-to-face training that maximises interaction and engagement with peers and the trainer. Building the foundations of core knowledge and reinforcing this knowledge with practical examples are essential to helping delegates learn and retain the important information needed to effect change.

We encourage the delegates to share experiences so that they can learn from each other. To keep it fun and engaging, training is delivered using a variety of learning styles and formats, including presentations, group work, case studies, and role-play.

If the training needs to be adapted for online, we focus on techniques to keep delegates engaged. While we encourage delegates to have their cameras on and participate in discussions and ask questions, preferably by unmuting, we understand that some will feel more comfortable or have limitations that result in using the chat function.

After training

All delegates are sent evaluation forms after the event, followed up with reminders. These are collated and analysed before a short report is prepared for the commissioner.

Evaluation

A link to submit evaluations online is shared with participants once training has occurred, followed up by reminders. Following completion of evaluation, participants are directed to a dedicated webpage where they can download all training resources.

A certificate of attendance is then sent to everyone who has completed evaluation, the certificate is personalised, detailing participatory training hours for CPD.

Ongoing communication and updates about evaluation along with a summary report after each course and end of year report will be shared with commissioners.

If any issues arise during training, the trainer will also contact the commissioners, including a debrief via a Teams call where needed.

Contract meetings

Regular contract meetings with the commissioner allow time to share good experiences, highlight any issues that might arise and discuss strategies to increase uptake. Having a good rapport with commissioners is key to delivering a successful training programme, not just with the trainers but with the back-office team from both organisations.

We will monitor service performance throughout the contract period and participate in an annual quality review meeting. Performance monitoring will include timely collection and reporting of data to demonstrate contract delivery and outcome achievement. A short annual report will be submitted to the Authority within 5 working days of year-end, in a format agreed with the Authority.

We are proud of our relationship with commissioners and have experienced a very effective working relationship with many organisations.

We are delighted that many of our new contracts come from recommendations from other commissioners, a sign of our quality delivery and service.

Other initiatives

In addition, we have organised many larger events and programmes of work:

To support NHS England's **Perceptions of Nursing** and **Perceptions of Midwifery** work, they commissioned Smart Health to establish three national nurse networks, the General Practice Nurse Student Nurse Network (GPNSNN), the Community Nurse Ambassador Network (CNAN), and Learning Disability Nurse Student Nurse Network (LDN SNN) along with seven regional Midwifery networks. The first of these networks started in 2019, then the rest during the pandemic. This meant all work had to be virtual, and the use of digital technology was key to their success. All recruitment to the networks was through online portals, and the networks were managed virtually. This, along with linkage with the NHS England Futures platform, made this initiative a success during a challenging time.

Our **'All About ….'** series of evening educational events across South London, covered AF, Anti-coagulation and Diabetes. We made them lively and interactive, using voting buttons to actively involve everyone in the discussion and had 98% Good/Very Good feedback from the 300 attendees.

Smart Health took a very active role in the original **Heart Age project**, run by Unilever. We were Clinical Directors and Chief Operating Officers in this exciting programme, which aimed to deliver large-scale behavioural change through the understanding of one's theoretical heart age, once a person's lifestyle factors were counted against their actual heart age. Heart Age is calculated online, using a dedicated platform.

Smart Health assisted Imperial College with the follow-up of its patients on the pan-**European Euroaction2 Varenicline programme**. In the UK arm many patients were at risk of being lost to follow up and the study was at risk of not being able to report on, so SHS put together a team of qualified nurses that went out into patient's homes (fondly referred to as Project Open Door), to undertake the follow up tests. We achieved the highest follow-up of any of the European countries taking part, of over 80%.

Smart Health managed the delivery of Cardiovascular Health Checks for the staff members of Unilever plc though its Fit Business programme. The voluntary checks achieved a 55% take-up (3,400), through a team of qualified nurses across 15 sites. In addition to the delivery of the checks, we wrote a bespoke appointment booking system for the staff and followed the programme up with a detailed report of the analytics for Unilever management.

Smart Health Solutions accreditations:

Royal Society for Public Health accredited training centre

Our NHS Health Check training is supported by HEART UK, the nation's cholesterol charity

Colleagues have been Burdett Trust for Nursing Award Winner

Our Team

Michaela Nuttall **Rn Msc** 	Michaela is a Cardiovascular Nurse Specialist with a unique and varied experience across the NHS and beyond. She developed her passion for prevention over 20 years ago and has worked within it ever since. In 2016 she left public health after working in the field for 16 years and now focuses on her roles as a Director for Smart Health Solutions, Founder of Learn With Nurses, and Associate in Nursing for C3 Collaborating for Health. In 2019 Michaela became Head of CVD Prevention for Public Health England and then went on to be OHID's Clinical Advisor of the programme until 2023. She is the Chair of the Health Care Committee of Heart UK and an invited member of both the Nurses and The Guidelines and Information working party of the British and Irish Hypertension Society, elected member of the Association of Cardiovascular Nurses and Allied Health Professional Education working party, on a variety of editorial boards and the Global Cardiovascular Nursing Leadership Forum.
Joanne Haws **RN MSc**	Joanne is an independent nurse consultant and specialist in cardiovascular disease. She is the Chair of the Nurses and Allied Health Professionals Working Party of The British and Irish Hypertension Society and

	is also an Education Committee member of The European Society of Cardiology Association of Cardiovascular Nursing and Allied Professions. Since 2015 Joanne has provided clinical project and leadership support to The Breckland Alliance Primary Care.
Una O'Connor **RN Msc** 	Una qualified as a Registered General Nurse in London in 1988 and spent many years working within District Nursing and School Nursing in the London area. Education is a priority for Una having achieved a Master of Science Degree in Medical and Healthcare Education, in addition to PGCE and PGDip in the subject. Her passion for promotion and delivery of teaching led to the role of Communications and Engagement Lead for Learn With Nurses and Una is currently the Operations Manager for both Smart Health Solutions and Learn With Nurses.
Naomi Stetson **RGN Dip N FBIHS** 	Naomi is a Hypertension and Cardiovascular disease specialist nurse, she trained at UCLH and completed her specialist training at the University of Glasgow. Currently she is Lead Nurse at Peart Rose Hypertension Clinic. Naomi has been part of the BIHS for 20 years and has developed training modules on their behalf. She was part of the NICE CG127 Hypertension Guidelines and the Topic Expert Group. She has a breadth of experience in both Primary and Secondary Care and has delivered education programmes both in the Europe and Africa.

Mark Jones **Managing Director** 	Mark is an experienced business leader and healthcare consultant. In a career spanning 35 years he has built up an extensive portfolio of work. His strength lies in his ability to confidently lead major projects and teams to positive outcomes, including the delivery of a Cardiovascular Screening Programme for staff at a major UK plc across 16 locations; a 3 borough Community Health PAS solution and a 3 site RIS/ PACS system deployment, both within the NHS. As Managing Director, he always seeks to build and develop close relationships with Smart Health customers and associate companies, working in partnership to achieve mutual goals.

Contact

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