# Locally Commissioned Service for

**EMERGENCY HORMONAL CONTRACEPTION (EHC)**

**With screening for** Chlamydia

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| Service Name | EMERGENCY HORMONAL CONTRACEPTIONand SCREENING FOR CHLAMYDIA  |
| Specification Number | 004 |
| Commissioner Lead | Lianne Davies - Head of Commissioning (Prevention)) |
| **Period of Agreement** | 1st April 2019-31st March 2021 |
| **Date of Review** | January 2021 |

**1. Executive Summary**

**1.1 Overview**

Rochdale Borough Council is commissioning and funding an emergency hormonal contraception service to ensure that residents have ease of access to this provision. This will contribute to achieving a reduction in the number of unintended conceptions to women of all ages

1. The Contractor (this is the term used throughout this specification to refer to the provider signing up to provide this locally commissioned service) is required to arrange for an accredited pharmacist to offer information and advice to women attending for emergency hormonal contraception and, if deemed to be appropriate, to issue and supply medication in line with the relevant Patient Group Direction
2. The Contractor must also offer an RUclear chlamydia self-testing signposting ‘card’ to young people (16 to 24 year olds) attending for emergency contraception, on request and opportunistically (for example by discreetly placing the card in prescription packages for example.) They must also provide safer sex advice

**2. National Context and Local Context**

**2.1 National Context**

**2.1.1 Overview of commissioning responsibilities**

1. The Health and Social Care Act 2012 divided responsibilities for the commissioning and funding of sexual and reproductive health services between local authorities, Clinical Commissioning Groups (CCGs) and NHS England

b. Local authorities are responsible for commissioning and funding the provision of most but not all sexual and reproductive healthcare provision. Local authorities are mandated to commission and fund comprehensive open-access sexual and reproductive health services for the benefit of all persons present in their area. Local authorities can commission and fund other services including HIV/STI prevention and support programmes. Local authorities have the lead for improving health and for coordinating efforts to protect public health

c. NHS England is responsible for commissioning and funding GP practices to offer routine methods of contraception for their registered patients. GPs are also required to test for HIV/STIs, as and when required, and to offer or arrange for treatment of infection. NHS England is responsible for commissioning and funding HIV treatment and care

 d. Clinical Commissioning Groups are responsible for commissioning and funding abortion services. CCGs are also responsible for arranging for patients to obtain permanent methods of contraception/sterilisation procedures including vasectomies and for the promotion of opportunistic STI testing and treatment within general practice.

**2.1.2 Public Health Outcomes Framework**

a. The [Public Health Outcomes Framework](http://www.phoutcomes.info/) sets out a vision for public health. The Framework includes three indicators relating to sexual health:

1. [Indicator 2.04:](http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/3/par/E12000004/are/E06000015) Under-18 conception rate
2. [Indicator 3.02](http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000043/pat/6/ati/102/page/3/par/E12000004/are/E06000015): Chlamydia diagnosis rates among young adults aged 15-24s
3. [Indicator 3.04](http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000043/pat/6/ati/102/page/3/par/E12000004/are/E06000015): % of persons diagnosed with HIV at a late stage of infection

b. Provision of EHC (emergency hormonal contraception) as described in this specification is expected to contribute to reducing the number of under-18 conceptions as well as the number of unintended conceptions amongst women of all ages

c. Participation in the RUclear Chlamydia Screening Programme as described in this specification is expected to contribute to controlling and preventing the transmission of Chlamydia.

**2.1.3 National Chlamydia Screening Programme (NCSP)**

a. Genital Chlamydia infection is the most commonly diagnosed bacterial sexually transmitted infection in the UK. Prevalence of the infection is highest in sexually active women aged 16-19 and men aged 20-24

b. Chlamydia often has no symptoms and opportunistic screening of asymptomatic young people is considered the best approach for detecting and treating this infection. Untreated infection can have serious long-term consequences including pelvic inflammatory disease, ectopic pregnancy, and tubal factor infertility

c. The National Chlamydia Screening Programme ([NCSP](http://www.chlamydiascreening.nhs.uk/ps/)) in England was established in 2003. The programme aims to prevent and control chlamydia through early detection and treatment of asymptomatic infection, so reducing onward transmission and the consequences of untreated infection.

**2.2 Rationale**

a. Community pharmacies can promote health and wellbeing among their local population which includes integrating with existing health and care pathways and other activities to encourage more people to use their services

b. Community pharmacies offer accessible healthcare because:

1. Appointments are unnecessary
2. Opening hours are long
3. Many staff are from the local community and understand local culture and social norms
4. Able to offer advice on healthy behaviours and onward referral to other services, if appropriate

c. Emergency contraception can be used if a woman has had sexual intercourse without using a regular method of contraception or if her regular method has failed to reduce her risk of having an unintended conception. Levonorgestrel 1500 micrograms can be used up to 72 hours and Ulipristal acetate 30mg from 0 to up to 120 hours following unprotected sexual intercourse. There is no requirement for a PGD for this drug. Intrauterine devices can also be used for the purposes of emergency contraception if fitted within 120 hours of unprotected sex

d. The consistent and correct use of regular contraception is the best method for sexually active women and their male partners to avoid an unintended conception. There is a correlation between high uptake of reliable methods of contraception and low rates of unintended conceptions among women of all ages and low rates of under-18 conceptions

**3. Greater Manchester Approach**

Under the remit of the Greater Manchester Sexual Health Network’s commissioners group all 10 local authorities are working collaboratively to develop a standardised specification, attendance template (PharmOutcomes or other) and similar payment for services provided to ensure Greater Manchester residents receive equitable provision across all localities.

**4. Local Context**

**4.1 Overview of Commissioning for Rochdale Borough Council (RBC)**

1. Heywood, Middleton and Rochdale Clinical Commissioning Group and RBC are working in partnership to commission selected health and care services in the borough, including sexual and reproductive health services.
2. **4.2 Overview of Sexual & Reproductive Health of residents in the borough.**

a. Improving the sexual health and wellbeing of the population is one of the public health priorities for RBC. Sexual ill-health is a particular issue for Public Health with high rates of sexually transmitted infections including HIV and high rates of unintended conceptions.

**4.2.1 Sexually Transmitted Infections and HIV**

a. Sexually transmitted infections can be passed from an infected person to their partner during sexual intercourse. Several infections can lead to long-term health problems if not detected and treated. Some infections such as HIV can be managed but not cured. The correct and consistent use of condoms and other prevention tools is important to control and prevent the transmission of infection

**4.2.2 Conceptions / Contraception**

 The correct and consistent use of a regular method of contraception is important for the purpose of avoiding an unintended conception. Residents can obtain routine methods including contraceptive pills from their GP. Sexual and reproductive health services offer the full range of contraceptive methods. There has been a gradual rise in the proportion of women opting to use a long-acting method of contraception such as the contraceptive implant or IUD

**4.3 RUclear**

1. RUclear (part of Manchester University NHS Foundation Trust) is the established opportunistic chlamydia screening programme for asymptomatic young women and men aged 16 to 24 living in Greater Manchester
2. RUclear is contracted to provide and distribute chlamydia self-testing kits (via their website and distribution outlets) and to support services to offer screening for their patients
3. In previous years, pharmacies also gave out kits but in 2019-20 contracts for pharmacies will require distribution of RUclear ‘cards’ signposting people online.

**5. Aims, Objectives and Outcomes**

**5.1 Aims**

a. RBC is commissioning and funding an emergency hormonally contraception service to promote the use of, and maintain ease of access to this provision in order to reduce the number of unintended conceptions amongst female residents of all ages and to encourage safer sex and the use of regular methods of contraception.

**5.2 Objectives**

a. In this specification, providers (pharmacies) are referred to as ‘contractors’

b. Contractors offering emergency hormonal contraception as detailed in this specification will:

1. Consult with clients attending for Emergency Hormonal Contraception and:
2. Offer information and advice about all methods of emergency contraception including the emergency IUD and provide information on the probability of failure with advice on the course of action in the event of this occurring
3. If deemed to be appropriate, to issue and supply free emergency contraceptive pill(s) in accordance with the relevant Patient Group Direction (PGD). In cases where Ulipristal is prescribed, pharmacies should adhere to the following:
4. <https://www.medecines.org.uk/emc/product/6657/smpc>
5. <https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>

 *If the client is under 16 years of age, Fraser competencies will be adhered to*

1. Offer advice, referral and signposting information about regular methods of contraception including long-acting methods and how to obtain them (through patient’s GP or any integrated sexual and reproductive health service as these are open access in England so anyone can attend any provider). In RBC integrated sexual and reproductive health services are called Virgin Care( <https://www.thesexualhealthhub.co.uk/services-near-you/rochdale/>)
2. Offer information and advice about safer sex and the benefits of screening for sexually transmitted infections

c. Contractors can also:

* Offer an RUclear chlamydia self-testing card to young women (16-24 year olds) attending for emergency hormonal contraception.
* Offer Chlamydia treatment to 16-24 year olds in accordance with the current PGD’s for the supply of doxycycline and azithromycin.

**5.3 Expected Outcomes**

**5.3.1 Direct Influence on Outcomes**

a. Provision of emergency hormonal contraception as described in this specification is expected to contribute to achieving the following outcomes:

1. Reducing the number and rate of unintended conceptions
2. Reducing the number and rate of abortions
3. Reducing the number and rate of under-18 conceptions.

b. Provision of RUclear chlamydia self-testing cards as described in this specification is expected to contribute to achieving the following outcomes:

* Reducing the prevalence of chlamydia among young men and women through the prompt detection and treatment of asymptomatic infection
* Preventing the consequences of untreated infection.

**5.3.2 Indirect Influence on Outcomes**

a. Provision of emergency hormonal contraception as described in this specification is expected to contribute to achieving the following outcomes:

1. Improving knowledge and understanding of emergency contraception
2. Improving knowledge and understanding the benefits of using a regular method of contraception
3. Improving knowledge and understanding of the importance of condoms
4. Increasing the uptake of regular methods of contraception (including long-acting reversible methods)
5. Improving the uptake of screening for chlamydia and other sexually transmitted infections.

b. Provision of RUclear chlamydia self-testing cards as described in this specification is expected to contribute to achieving the following outcomes:

* Improving knowledge and understanding of chlamydia
* Improving knowledge and understanding of the risks associated with unsafe sex
* Improving knowledge and understanding of the benefits of regular screening for chlamydia and other sexually transmitted infections
* Improving the uptake of screening for chlamydia among asymptomatic young women and men.

**6. Overview**

### Service Description

**6.1 General Requirements**

a. RBC is commissioning and funding the Contractor to provide emergency hormonal contraception free of charge, to women attending for this provision in line with requirements set out in this specification

b. The Contractor is required to arrange for a qualified and accredited pharmacist to consult with clients attending for emergency hormonal contraception. If deemed to be clinically appropriate, the pharmacist can supply the medication to the client in accordance with Medicines management (CSU) Patient Group Direction(s) (PGDs)

c. The Contractor is required to ensure that the accredited pharmacist:

1. Determines if the client is competent to consent to treatment
2. Discusses the full range of emergency contraception including:
* Products containing levonorgestrel
* Emergency intrauterine device (IUD)

and signposts / refers to other services, if required

1. Discusses the effectiveness of emergency contraception and the benefits, risks, and possible side effects of the chosen method
2. Refers to the Patient Group Direction(s) to determine if it is appropriate to issue emergency hormonal contraception - including:
* Inclusion and exclusion criteria
* Cautions
* Drug interactions

5. Refers to the Patient Group Direction(s) for details of the medication – including:

* Dose and quantity to be issued and supplied
* Drug interactions

d. The Contractor is also required to ensure that the pharmacist:

1. Discusses the benefits of using a regular method of contraception for protection from an unintended conception and signposts / refers the client to their GP or a sexual and reproductive health clinic
2. Discusses the benefits of the consistent use of condoms for protection from sexually transmitted infections.
3. Discusses the importance and benefits of regular screening for sexually transmitted infections and signposts / refers the client to a sexual and reproductive health clinic if symptomatic or concerned
4. Discusses the benefits of regular screening for chlamydia (16–24 year olds) and, if deemed appropriate, to offer the client an RUclear self-testing card.

e. The Contractor is required to ensure that consultations occur in a designated room or area. The designated room or area should meet the relevant guidelines and should enable the conversation between the pharmacist and the client to remain confidential.

f. The Contractor is required to adhere to national and local guidelines for offering sexual health advice and treatment to young people including the requirement to assess Fraser competence

g. The Contractor will ensure compliance with local policies and procedures for safeguarding children and vulnerable adults

1. The Contractor is required to promote the free emergency hormonal contraception service
2. The Sexual Health Commissioner in the Local Authority will ensure that the Contractor has information about local sexual and reproductive health services including website details to aid pharmacists to make accurate and appropriate referrals / assist with online booking.

**6.2 Population Data Collection**

a.The Contractor is required to ensure that wherever possible, for all clients attending for emergency hormonal contraception or Chlamydia screening, that a minimum of the first 4 digits postcode data is collected and recorded on patient records. Non-provision of this information should not preclude a patient from accessing emergency contraception or an RUclear card

###### 6.3 Inclusion and exclusion criteria

**6.3.1** **Emergency hormonal contraception**

1. The Contractor is responsible for ensuring that emergency hormonal contraception is issued supplied in accordance with the inclusion and exclusion criteria detailed in the Patient Group Direction(s).

**6.3.2 Opportunistic screening for chlamydia**

1. The Contractor is permitted to offer RUclear chlamydia self-testing cards to:
2. Young women aged 16 to 24 attending the pharmacy for a consultation for emergency contraception
3. Young women and men aged 16 to 24 attending the pharmacy to request an RUclear chlamydia self-sampling kit.

3. In the event that a young woman or man attends the pharmacy with a sexual partner aged over 25, self-testing cards should be offered opportunistically to these people and where positive, the pharmacy is permitted to treat these individuals and claim payment for doing so in line with the normal payment schedule.

1. The Contractor should not offer an RUclear chlamydia self-testing kit to:
2. Young people aged 15 or under
3. Young people resident in the following areas of Greater Manchester whose Local Authorities have opted out of this scheme: Bolton
4. Young people resident in an area outside of Greater Manchester
5. Young people who are symptomatic
6. Adults aged 25 or over (except as described in 6.3.2.a.3 above)
7. In these cases patients should be signposted to any integrated sexual and reproductive health service in an area of preference.

To obtain additional supplies of self-testing cards, pharmacies should email: ruth.bardsley@rochdale.gov.uk

**6.4 Referral sources and processes**

1. The Contractor is required to accept self-referrals and referrals from other healthcare professionals
2. The Contractor is required to signpost or refer clients to other relevant services, as and when required – e.g. sexual and reproductive health services, including supporting online booking if necessary.

**6.5 Additional Services**

**6.5.1 Opportunistic screening for chlamydia**

1. Manchester University NHS Foundation Trust (MFT) operates the RUclear opportunistic chlamydia screening programme on behalf of RBC and selected other authorities of Greater Manchester.(<https://www.ruclear.co.uk/footer_menu/health_professionals/>)
2. The Contractor can arrange for a pharmacist to issue an RUclear chlamydia self-testing card on an opportunistic basis to young people, for instance, if:
* Young woman (16-24) attends for a consultation for emergency contraception
* Young person (16-24) attends for information, advice or guidance about sexual or reproductive health
1. The Contractor should ensure that self-testing kits are issued in line with the agreed inclusion and exclusion criteria
2. The Contractor will ensure that the pharmacist offers information and advice about Chlamydia and explains how to collect and return a sample to RUclear

**6.6.3 Pregnancy Testing**

a. If the patient is suspected to be or there is a risk that they are pregnant, a pregnancy test should be provided prior to administering emergency contraception. The commissioner will reimburse the contractor for this test as described in this specification.

**7. Governance and Operation**

**7.0 Clinical Governance**

**7.1 General Requirements**

a. The Contractor is required to ensure compliance with the requirements for clinical governance set out in The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013[[1]](#footnote-1) including to:

1. Design and implement a clinical effectiveness programme[[2]](#footnote-2)

2. Design and implement a risk management programme – to include:

* Production and use of standard operating procedures for – for instance:
* Dispensing drugs and appliances
* Procurement, storage and handling of stock
* Maintenance of equipment
* Processes for reporting incidents
* Processes for disposing of clinical and confidential waste
* Processes for responding to and reporting safeguarding concerns

3. Design and implement a clinical audit programme

4. Design and implement an information governance programme – to include:

* Ensuring that data and personal information is collected and recorded in accordance with the approved particulars for information management

5. Design and implement a staffing / staff management programme – to include:

* Ensuring that all members of staff (and locums) involved in the operation of the emergency hormonal contraception scheme are competent and have the relevant qualifications and accreditations
* Ensuring that members of staff (and locums, if appropriate) can obtain training and undertake continuing professional development

6. Support PHE events/activity using PHE promotional materials where these are available to raise awareness of sexual health trends/programmes and – to include:

* Promotion of the RUclear Chlamydia screening programme (see 3.2.1)
* Promotion of Emergency Contraception scheme
* Implementation of processes to collect and respond to feedback or complaints

7. Design and implement a premises improvement programme – to include:

* Ensuring the premises are maintained in accordance with the approved particulars for premises.

b. The Contractor is required to have a clinical governance lead for the pharmacy.

**7.2 Clinical skills and competencies**

1. The Contractor is required to ensure that all pharmacists involved in the provision of emergency hormonal contraception have:
2. Relevant qualifications, registrations and / or accreditations
3. Completed relevant learning – for example:
* CPPE emergency hormonal contraception module[[3]](#footnote-3)
* CPPE Chlamydia testing and treatment module[[4]](#footnote-4)
* CPPE safeguarding children and vulnerable adults e-learning module[[5]](#footnote-5)
* CPPE PGD e-learning module[[6]](#footnote-6)
1. Self-assessed their knowledge, understanding, skills and confidence, and have self- declared their competence to issue and supply emergency hormonal contraception in line with the relevant PGDs:
* Pharmacists are required to complete the CPPE declaration of competence form for emergency contraception[[7]](#footnote-7) prior to offering this provision for the first time
* Pharmacists are required to renew their personal declaration of competence at no more than three year intervals.
1. The Contractor is required to ensure that all pharmacists (including locums) have completed and signed the relevant declaration of competence statement. This should be available for evidence via the PharmOutcomes system if this is commissioned
2. The Contractor is required to ensure that all pharmacists have signed the PGD and that copies are kept on file
3. The Contractor is required to ensure that each pharmacist has had a Disclosure and Barring Service (DBS) enhanced check. DBS checks should be renewed on a periodic basis in line with best practice guidance.
4. The PharmOutcomes online consultation form, if commissioned, for the supply and administration of Emergency Contraception, must be completed at each consultation and securely kept.

7.3 Care Pathway and Protocols

a. The Contractor is required to discuss the benefits of using a regular method of contraception with all clients attending for emergency contraception and signpost to other services as follows (see Section 15 for more information on local and national services):

* Clients should be signposted to their GP for routine prescribing of contraceptive pills or the contraceptive injection. Some GPs may also prescribe and insert contraceptive implants, intrauterine systems (IUSs) / intrauterine devices (IUDs) - coils
* Clients can be signposted to a sexual and reproductive health clinic to obtain other methods of contraception – e.g. contraceptive implant or coil
* Clients can be signposted to sexual and reproductive health services in any area for sexually transmitted infection advice, testing or treatment. For 16-24 years olds, an RUclear card should also be provided
* Clients at risk of HIV can be signposted to order a self-sampling kit online at [www.test.hiv](http://www.test.hiv) or can receive testing at any sexual and reproductive health service clinic, some GPs and some pharmacies
* Clients at risk of or living with HIV in Greater Manchester should be signposted to PaSH (Passionate about Sexual Health) for advice and support for them and their families

b. The Contractor will signpost or refer clients who need or could benefit from an emergency intrauterine device (IUD) to a sexual and reproductive health clinic

**7.4 Clinical Incidents and reporting**

a. Pharmacies have a legal obligation[[8]](#footnote-8) to use an approved incident reporting system. Contractors should record, report, and respond to incidents in a manner that complies with the requirements set out in the approved particulars[[9]](#footnote-9) including but not limited to:

 1. Maintaining a patient safety incident log

 2. Reporting patient safety incidents to the National Patient Safety Agency (NPSA), via the National Reporting and Learning Service (NRLS)

b. The Contractor is required, as part of this contract, to inform the Commissioner at RBC of any and all incidents relating to the provision of EHC provision.

**7.5 Infection Control**

a. The Contractor will maintain their premises to a high standard of cleanliness in order to minimise the risk of healthcare acquired infection for staff and customers.

**7.6 Disposal of Waste**

a. The Contractor is required to dispose of clinical and other waste in a safe and lawful manner. See: [Health Technical Memorandum 07-01](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf)

**8.0 Information Governance**

**8.1 General requirements**

1. The Contractor must be compliant with the requirements set out in the Information Governance Toolkit. The current version can be found on the website of NHS Digital (also known as the Health and Social Care Information Centre)[[10]](#footnote-10). The associated assessment should be completed on an annual basis
2. The Contractor is required to have an appropriate range of policies, procedures and processes, to secure and protect the personal information of clients in line with the requirements of the law
3. The Contractor must ensure that all members of staff (including locums) are aware of their responsibilities in relation to the protection of personal information.

**8.2 Confidentiality**

1. The Contractor is required to have a confidentially code of conduct (or similar).
2. The Contractor is required to ensure that consultations occur in a designated room or area. The room or area should allow for the conversation between the pharmacist and the client to remain confidential
3. The Contractor is required to ensure that all members of staff (and locums) know and understand their responsibilities in relation to maintaining confidentiality and are able to explain the code of conduct (or similar) to clients.

**8.4 Recording**

1. The service provider must keep records of which clients have accessed the service. Ideally computerised records should be kept, but paper records may be acceptable if these can be stored securely. It is anticipated that migration to PharmOutcomes systems of recording and invoicing will be implemented later this year if agreed following consultation with the LPC and participating Contractors.
2. For **every consultation** the pharmacist must complete the Patient Record Form **Under no circumstances should this form be given to the client to complete.** The pharmacist should complete this form during the consultation ensuring all sections are completed and all information and advice is given to the client in a way they can understand.

**9. Safeguarding**

**9.1 General Requirements**

 The Contractor is required to develop, adopt and implement policies and procedures for safeguarding children and adults at risk. These should link to the Greater Manchester Safeguarding Procedures (TriX) and also the Rochdale Borough Safeguarding Adult/Children’s Board Policies and Procedures.

b.            The Contractor is required to ensure that all members of staff (including locums) are aware of their safeguarding duties and responsibilities. All staff should be compliant with Safeguarding Training as per the Intercollegiate Documents for Children, Adults and Looked After Children.

c.            The Contractor is required to ensure that all members of staff (including locums) know how to record concerns and refer to local safeguarding teams. Further information can be found on PharmOutcomes (if used) and through the links in Section 15

**9.2       Child Sexual Exploitation**

a.         The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities

b          In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources

c          In order to improve the effectiveness of safeguarding and protecting children and young people from this form of abuse the Contractor is expected to incorporate a prompt within assessment processes to effectively allow the opportunity for disclosure if appropriate/relevant. In this event the Contractor will be required to follow the Rochdale Borough Safeguarding Children Partnership procedures and protocols and make appropriate referrals

**10.0 Premises**

**10.1 General Requirements**

1. RBC notes that the Contractor has a legal requirement to develop and implement a premises standards programme. NHS England requires contractors to ensure that their programme sets out how the approved particulars[[11]](#footnote-11) will be implemented
2. The Contractor is required to have a confidential consultation room (or area) and this should be used for consultations for emergency contraception. It must:
* Ensure that there is sufficient space for customers, patients and staff members;
* Be kept clean and in good repair
* Be laid out and organised for the purpose of consulting or providing a healthcare service
* Be laid out and organised so that, once a consultation has commenced and is in progress, other members of staff (or customers) cannot interrupt the consultation or enter the room / area without permission
* Not be used for storage of stock (other than stock that could be used or supplied during a consultation)

**11.0 Partnership Working and Relationships**

**11.1 Relationship with other services**

1. The Contractor is required to develop and maintain links with other relevant services including:
* Virgin Care Sexual Health, Contraception and HIV Service which is responsible for offering clinical advice about contraception and emergency contraception. It should be noted that residents can attend any sexual and reproductive health service in England free of charge
* Young People’s Services also delivered by Virgin Care in the borough.
* RUclear (MFT) which is responsible for operating the opportunistic Chlamydia screening programme for asymptomatic young people.
* GP practices
* Other pharmacies

**11.3 Interdependencies**

1. The Contractor should note the following interdependencies:
2. Medicines management (CSU) is responsible for authorising and issuing Patient Group Directions on behalf of RBC.
3. RBC will require our contractors to use PharmOutcomes should agreement to commission this service be forthcoming, to record consultations, monitor activity and process invoices after a short lead in period. Until this is formally agreed and set up, Contractors should in the meanwhile follow existing practice to claim for activity. All will be notified once arrangements change.
4. The Centre for Pharmacy Postgraduate Education (CPPE) offers e-learning for pharmacists and technicians involved in the provision of emergency hormonal contraception and operates the Declaration of Competence scheme

**12. Performance and Outcomes**

**12.1 Outcomes Monitoring**

a. RBC anticipates that provision of the emergency hormonal contraception scheme will contribute to achieving the following outcomes which are regularly monitored:

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|  | Outcome | Indicators | Source |
| 1 | Reduction in the number of unintended conceptions | Rate and number of abortions Rate and number of second or subsequent abortions | DH Abortion Statistics |
| 2 | Reduction in the number of under-18 conceptions | Number and rate of under-18 conceptions | ONS Conception Statistics |

**12.2 Service Monitoring**

a. RBC requires the Contractor to record all consultations using PharmOutcomes and also to submit invoices, once these systems have been embedded locally.

b. RUclear will provide data to Commissioners indicating individual Contractor distribution of RUclear cards which lead to a screen sample being received so that accurate payment can be processed

c. RBC will use the data for the purposes of monitoring provision, audit and for post-payment verification

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|  | Indicator | Source | Frequency |
| 1 | Number of consultations for emergency contraception | PharmOutcomes | Commissioners will extract from PharmOutcomes on a quarterly basis |
| 2 | Number of clients issued and supplied with emergency contraceptive pills | PharmOutcomes | Commissioners will extract from PharmOutcomes on a quarterly basis |
| 3. | Number of Chlamydia self-testing kits ordered by patients entering pharmacy – unique code upon ordering | RUclear | RUclear will provide commissioners with order data on a quarterly basis |

**12.3 Contract monitoring and compliance**

1. NHS England is responsible for monitoring compliance with the NHS Community Pharmacy Contractual Framework
2. RBC will monitor compliance with the terms and conditions set out in this contract and may make arrangements following prior notice, for visits to contractors when appropriate.

**12.4 Complaints, compliments and suggestions**

1. The Contractor is required to have a process for receiving, reviewing, and responding to complaints and suggestions
2. The Contractor will inform the Commissioner in the event that a complaint is received about the emergency hormonal contraception scheme.

**13. Remuneration**

**13.1 Fees**

a. RBC has set the following fees:

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| **Chlamydia Screening and Treatment** |
| **Service element** | **Provision of self testing card** | **antibiotic treatment of positive clients** | **pregnancy testing** |
| **Tariff\*\*\* (£s)** | **£0** | **£25.00** | **£5.95** |
| **Reimbursement of antibiotic costs** | **Azithromycin 250mg tablets** | **Azithromycin (Zithromax) 250 capsules** |
| **Tariff\*\*\* (£s)** | **£10.36** | **£10.09** |

b. RBC reserves the right to revise fees in consultation with the LPC

c. Invoices are submitted via PharmOutcomes or by current arrangements until such a time as Pharm Outcomes is in use locally

d. Should PharmOutcomes be commissioned (administered by CHL) to provide monitoring reports on a quarterly basis for EHC/Chlamydia consultation, drug costs, and pregnancy tests Pharmacists will submit data to the system in a timely manner (to be decided) so that RBC can audit activity and re-imburse for payments made to pharmacies on our behalf .

e. For RUclear testing kits ordered by patients following distribution of a card by the Contractor, quarterly data will be provided by RUclear to the commissioner who will raise the invoice via PharmOutcomes or current processes to be included in the block payment to the Contractor with the above

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|  | **Emergency Hormonal Contraception (EHC)** |
| **Activity** | **Consultation and advice****Consistent with protocol and PGD** | **pregnancy testing** | **Reimbursement of Levonorgestrel 1.5mg** |
| **Tariff\*\*\* (£s)** | **£15.00** | **£5.95** | **£5.20** |
|  |  |  | **Urlipristal 30 mg** |
| **£14.75** |

f. All Contractors must where possible record activity ‘live’ on PharmOutcomes during the intervention with patients. If Contractors try to complete interventions retrospectively they may not have asked all of the questions necessary at the time of the intervention to complete the webform correctly. Furthermore, there is a pathway within PharmOutcomes that guides the Contractor and the patient together, through the service. This includes safeguarding assessments and clinical decision points that ensure the best service for the patient and the right signposting and dispensing of medication (if appropriate).

**13.2 Volume**

a. RBC is not setting a minimum or maximum number of consultations. However, the Commissioner reserves the right to limit or suspend the service on a temporary basis in the event that demand for provision exceeds the available budget

**14. Guidelines and Resources**

**14.1 National Guidelines**

### General

Department of Health (2013) ‘A Framework for Sexual Health Improvement in England’

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf>

Department of Health (2013) ‘Sexual Health Clinical Governance: Key principles to assist commissioners and providers to operate clinical governance systems in sexual health services’

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/252975/Sexual_Health_Clinical_Governance_final.pdf>

### Emergency Contraception

Faculty of Sexual and Reproductive Health:

<https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/>

Faculty of Sexual and Reproductive Health:

<https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>

### Chlamydia Screening and Treatment

Public Health England (2014) ‘Developing integrated chlamydia screening provision’

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/373133/Developing_NCSP_services_locally.pdf>

Public Health England (2014) ‘Development of specifications for the commissioning of chlamydia screening in general practice and community pharmacy’

<https://www.gov.uk/government/publications/chlamydia-screening-in-general-practice-and-community-pharmacies>

NHS England (2016) ‘Community Pharmacy Contractual Framework for 2016-18’

<https://www.england.nhs.uk/commissioning/primary-care/pharmacy/framework-1618/>

**14.2 National resources**

1. **National Sexual Health Information Line**
* Members of the public can call the National Sexual Health Helpline on 0300 123 7123 between 9am and 8pm, Monday to Friday
1. **Sexwise website (fpa)**
* Members of the public can visit [www.sexwise.fpa.org.uk](http://www.sexwise.fpa.org.uk) for information and advice about contraception and sexual health
* Providers of sexual and reproductive health services can register for a free account. Account holders can download patient information leaflets and other resources. See: <https://www.fpa.org.uk/resources/free-sexual-health-information-england-northern-ireland>

**15. Local Guidelines and Services**

**15.1 Local Services**

**(a) Virgin Care Sexual Health Service**

For example; The Northern [www.thenorthernsexualhealth.co.uk](http://www.thenorthernsexualhealth.co.uk)

**(b)** **RUClear -** Chlamydia and Gonorrhoea screening for 16-24 year olds:

[www.ruclear.co.uk](http://www.ruclear.co.uk)

**(c) PaSH** – HIV prevention, care and support in Greater Manchester:

[www.gmpash.org.uk/hiv](http://www.gmpash.org.uk/hiv)

**15.2 Safeguarding**

a. Actions to be carried out when you are worried a child is being abused can be found at <http://greatermanchesterscb.proceduresonline.com/>

b. GM Protocol on Working with Sexually Active People under the age of 18 years <http://greatermanchesterscb.proceduresonline.com/chapters/p_work_sexually_act_yp.html>

**15.3 Point of contact -**

The operational contact for the agreement at RBC is Janice Holliss (Janice.holliss@rochdale.gov.uk)

**16. Agreement Termination**

The Commissioner and the provider may agree, in writing, to terminate the contract and, if agreement is reached, the date on which the termination should take effect, with a minimum notice period of 30 days.

The Commissioner will have the right to suspend or terminate delivery of the service if the provider fails to meet the terms of this agreement, including accredited pharmacist status.

**17: Agreement Variation**

The Commissioner reserves the right to vary any part of this agreement at any time as a result of any Act of Parliament or direction of Central Government or outcome of review of audit, providing that no less than 30 days’ notice to this effect is given.

1. See: https://www.legislation.gov.uk/uksi/2013/349/schedule/4/made?view=plain [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. See: <https://www.cppe.ac.uk/programmes/l/ehc-a-10> [↑](#footnote-ref-3)
4. See: <https://www.cppe.ac.uk/programmes/l/chlamydia-k-05> [↑](#footnote-ref-4)
5. See: <https://www.cppe.ac.uk/programmes/l/safegrding-w-05> [↑](#footnote-ref-5)
6. See: <https://www.cppe.ac.uk/programmes/l/ptgpdir-e-01/> [↑](#footnote-ref-6)
7. See: <https://www.cppe.ac.uk/services/docs/commissioners/commissioner%20-%20emergency%20contraception.pdf> [↑](#footnote-ref-7)
8. https://www.legislation.gov.uk/uksi/2013/349/schedule/4/made?view=plain [↑](#footnote-ref-8)
9. 9 See: https://www.gov.uk/government/publications/clinical-governance-approved-particulars [↑](#footnote-ref-9)
10. See: https://www.igt.hscic.gov.uk/ [↑](#footnote-ref-10)
11. See: https://www.england.nhs.uk/wp-content/uploads/2018/02/approved-particulars-premises.pdf [↑](#footnote-ref-11)