

ITT SCHEDULE 1E

PRIMARY CARE PUBLIC HEALTH SERVICES

SERVICE SPECIFICATION

PROVISION OF COMMUNITY PHARMACY SEXUAL HEALTH SERVICE (INCLUDING EMERGENCY HORMONAL CONTRACEPTION (EHC), PROVISION OF CHLAMYDIA AND GONORRHOEA SCREENING KITS, DISTRIBUTION OF CONDOMS VIA THE LOCAL C-CARD SCHEME)

1 INTRODUCTION

The Council is seeking a range of local Community Pharmacies as Providers to deliver a Local Sexual Health Service in Sunderland which has the following components:

- Provision of emergency hormonal contraception (EHC) which is free at the point of access to Service Users who have had unprotected sex or potential failure of a contraceptive method - aged 13 years and over;
- Provision of screening for common bacterial sexually transmitted infections (STIs) through dual screening for Chlamydia and Gonorrhoea for Service Users - aged 15-24 years;
- Registration and provision of condoms through the C-Card Scheme for Service Users aged 13-24 years;
- Provision of sexual health advice and support to Service Users, including (but not limited to) advice on the avoidance of pregnancy and STIs through safer sex and condom use, and information on the full range of contraceptive methods and signposting to other relevant services;

2 NATIONAL CONTEXT

The consequences of poor sexual health can be far reaching, resulting in unplanned pregnancies, abortion, sexually transmitted infections (STIs) or HIV. Significant inequalities exist within sexual health. Prevention should focus on groups at highest risk, including young adults, MSM and black ethnic minorities.

EHC, often referred to as the "morning after pill", is a pharmacotherapy which can help to prevent pregnancy following unprotected sex or known/suspected failure of contraceptive method. Within the service, EHC is supplied by community pharmacies under a patient group direction (PGD) that has been authorised by the Council.

In the UK, EHC is available:

- Over the counter in most community pharmacies at a cost of around £25-£30 per pack;
- As a prescription only medicine to an individual visiting their GP, which is free as a contraception; and
- From community pharmacies free of charge via a PGD.

The cost of buying the contraceptive product over the counter potentially excludes some women from accessing emergency contraception via the community pharmacy. Furthermore, the product licence for over the counter sale restricts access by young women as sales are only allowed to those aged 16 years and over.

National survey data suggests that for women aged 16-44 who self-reported their pregnancy as unplanned over half resulted in termination. In 2010 unplanned pregnancies cost the NHS an estimated £193 million in direct medical costs, £143m of which were due to the costs of providing induced abortions.¹

For women resident in England and Wales, in 2015 the total number of abortions remained fairly constant at 185,824, 0.7% higher than in 2014 (184,571) and 0.3% less than in 2005 (186,416). In Sunderland there were 805 abortions, with 63 of these in under-18 year olds.² The Service will reduce the barriers to accessing EHC and contribute to a reduction in unplanned pregnancies.

There is evidence to suggest that young people want to be offered Chlamydia and Gonorrhoea screening by health professionals and that those screened in core services including community pharmacies are more likely to test positive for the disease. Offering screening via community pharmacies will ensure the scheme is accessible and targeted at those most likely to benefit from screening. It will also increase the overall health benefits from screening for, and treatment of STIs by offering direct referral to local Contraception and Sexual Health Clinic (CaSH) services.

STIs are preventable and can affect anyone, but disproportionately affect vulnerable groups and young people. They can cause long term morbidity, including cervical cancer, pelvic inflammatory disease and infertility, and mortality. The burden of STIs within the North East remains high with over 17,000 people diagnosed with a new STI in 2015. Hence, tackling STIs continues to be a public health priority.

Nationally condom schemes, such as the C-card, aim to ensure easy access to sexual health advice and confidential access to free condoms for young people, supporting efforts to reduce unplanned pregnancies and STIs.

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/488090/SRHandHIVStrategicPlan_211215.pdf

²https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/526911/Abortion_Stats_2015_v2.pdf

3 LOCAL CONTEXT

In 2015, the age standardised rate of legal abortions per 1,000 resident women aged 15-44 in Sunderland was 14. Although lower than the all-England rate of 16.2, the impact of unplanned pregnancy can be poorer pregnancy outcomes and increased risk of maternal mental health problems.

Unplanned pregnancy affects all women of child bearing age. The National Survey of Sexual Attitudes and Lifestyles (NATSAL 2010) found that 16.2% of pregnancies in the year before the study interview were unplanned. The survey found that pregnancies among 16 to 19 year olds accounted for 7.5% of the total number of pregnancies, but 21.2% of the total number that were unplanned. The highest numbers of unplanned pregnancies occur in the 20 to 34 year age group, due to the greater number of pregnancies overall in this age group. The impact of unplanned pregnancy can be poorer pregnancy outcomes and increased risk of maternal mental health problems.

Teenagers have the highest rate of unplanned pregnancies, with teenage mothers, young fathers and their children experiencing disproportionately poorer health, emotional wellbeing and economic outcomes. In 2015, the rate of teenage conceptions in Sunderland was 34.6 per 1,000 population aged 15-17 years old, compared to an England rate of 20.8 per 1,000 population aged 15-17 years old.

Reducing unplanned pregnancies and teenage conceptions is a priority for Sunderland, and the aim of the service is to ensure that EHC is widely available throughout Sunderland free of charge to support this.

In 2015 the Sunderland rate of diagnosis for the most common STIs is below or similar to the England average, with the exception of genital warts with a diagnosis rate of 137.2 per 100,000 (compared to 118.9 per 100,000 for England). The chlamydia detection rate is also worse in Sunderland at 1,701 per 100,000 aged 15-24 years (compared to 1,841 per 100,000 aged 15-24 years for England) and a greater proportion of people are diagnosed with HIV late (50% in Sunderland compared to 40.3% in England).

Dual testing of Chlamydia and Gonorrhoea through the Chlamydia Screening Programme specimens has been introduced in Sunderland as part of a range of outbreak control measures to tackle an increase in Gonorrhoea infection amongst young adults. Following the successful detection of cases via this route it has been agreed that dual testing of Chlamydia and Gonorrhoea specimens will continue.

In Sunderland the C-card scheme has historically been offered through youth provision and school nursing services. This scheme is being rolled out to pharmacies to improve accessibility to free condoms for young people and create choice. The addition of the C-card scheme will enable pharmacies to offer a more holistic sexual health service to young people and support the prevention of unplanned pregnancies and STIs.

4 PURPOSE AND OUTCOMES

4.1 Purpose

4.1.1 The purpose of the Service is to deliver conveniently located services that:

- a. Ensure sexually active females aged 13 years and over can access EHC
- b. Improve access to condoms for young people aged between 13 and 24 years
- c. Offer opportunistic Chlamydia & Gonorrhoea screening for young people aged between 15 and 24 years old

4.1.2 In addition, the pharmacist must signpost and where appropriate, refers the Service User to the Integrated Sexual Health Service in Sunderland for on-going contraceptive advice.

4.2 Vision

4.2.1 The overall vision of the Service is to enable Providers to work in partnership with the Council, the Integrated Sexual Health Service and each other to deliver a Service that:

- a. Improves access to EHC for women of all ages and contribute to reducing unplanned pregnancies and incidences of sexual transmitted infections (STIs).
- b. Reduces health inequalities in harder to reach groups and vulnerable people.
- c. Improves provision of services, providing fast and convenient access and plurality of provision for service user choice
- d. Provides advice on sexual health as appropriate, including onward signposting and referrals.
- e. Increases referrals, particularly of hard to reach young people, into mainstream Sexual Health Services.
- f. Contributes to the local network of contraceptive and sexual health services to help ensure easy and swift access to advice and choice.

4.3 Programme Outcomes

4.3.1 The Providers will collectively contribute to the following indicators identified by the Public Health Outcomes Framework 2016-2019 from Public Health England <http://www.phoutcomes.info/>

Domain	Indicator
Health Improvement	Contribute to the reduction in the under 18 conception rate per 1,000 girls aged 15-17
Health Protection	Contribute to achieving a Chlamydia Detection rate - diagnosis rate of at least 2,300 per 100,000 (15 – 24 year olds)

4.4 Individual Outcomes

The Provider will contribute to the following specific outcomes:

- 4.4.1 Reduce rates of unplanned pregnancy by increasing availability of and rapid access to EHC.
- 4.4.2 Provide same day access to EHC during pharmacy opening hours in line with NICE guidelines.
- 4.4.3 Increase uptake of opportunistic Chlamydia & Gonorrhoea screening amongst 15 – 24 year olds.
- 4.4.4 Support the achievement of the local chlamydia diagnostic rate of 2,300 per 100,000 young people aged 15-24 in order to reduce the local prevalence of Chlamydia in young people.
- 4.4.5 Increase access to condoms through the C-card scheme.
- 4.4.6 Support the achievement of local targets to reduce teenage conceptions.
- 4.4.7 Reduce the number of abortions and repeat abortions.

5 SERVICE CRITERIA

5.1 Inclusion Criteria

- 5.1.1 The EHC service is available to any females aged 13 years and over presenting within 72 hours of unprotected sexual intercourse (UPSI) or potential failure of a contraceptive method. An assessment of suitability for supply and/or onward referral will then be made in line with the current PGD (Appendix 1).
- 5.1.2 Chlamydia and Gonorrhoea Postal Packs are available to young people aged 15-24, on request.
- 5.1.3 The C-card scheme is available to young people who are aged 13-24.

5.2 Exclusion Criteria

- 5.2.1 Overall there are no exclusions to the Services on the basis of gender, race, sexual orientation, or physical and/or mental impairment, though the Provider will be able exclude Service Users where:
 - a. Acceptable behaviour is not upheld.
 - b. A professional risk assessment indicates that the Service User poses a serious risk to themselves, to staff, to other Service Users and/or to members of the public.

Where a Service User is excluded from the Service, this must be discussed with, and explained to, the Service User. Clear advice must be given to the Service User to explain how they can remain safe until alternative provision and/or suitable arrangements can be made

- 5.2.2 **EHC** - Service Users may be excluded on clinical grounds as detailed in the PGD for the Service (Appendix 1).
- 5.2.3 Whenever a Service User falls within the clinical exclusion criteria and continues to require EHC, the Provider must refer the Service User on to a specialist sexual health service, where deemed appropriate and in agreement with the Service User.
- 5.2.4 The Provider must ensure that all referrals to the Integrated Sexual Health Service are recorded on the PharmOutcomes system and the reason(s) why the service user was excluded must be documented.
- 5.2.5 **Chlamydia and Gonorrhoea Postal Packs** are not available to young people aged 14 and under and adults aged 25 and above. Outside these age ranges, refer to specialist sexual health services or a GP.
- 5.2.6 **The C-Card Scheme** is available to young people both new and already registered on the C-card database. Where a young person is not already registered on the database and are eligible to access the scheme, the Provider should register them (Clause 7.3).

5.3 Safeguarding Adults and Children

- 5.3.1 The Provider must ensure that safeguarding adults and children is considered and managed at all times in line with the requirements of the General Specification (Clause 11.5).
- 5.3.2 Informed consent for the Service must be gained in accordance with National Guidance. (Refer to www.cqc.org.uk/content/nigels-surgery-8-gillick-competency-and-fraser-guidelines). For young people aged 13 - 15 years informed consent should be assessed using Gillick Competencies, within the Fraser Guidelines. If the Service is accessed by anyone under the age of 13 a safeguarding referral must be made, in accordance with local procedures, as young people under the age of 13 are not deemed competent to consent to sex. A referral should also be made to specialist sexual health services.

6 SERVICE DESCRIPTION

6.1 Service Overview

6.1.1 There are three components to the delivery of the Service. Service Users may require access to one or more of these components.

6.1.2 Provision of EHC

The Provider will:

- a. Supply EHC, where clinically indicated, to Service User's aged 13 years and over in accordance with the requirements described in the PGD and subject to compliance with safeguarding guidelines and completion of Fraser competency checklist. Service Users excluded from the PGD and continuing to require EHC must be referred to appropriate local Sexual Health Services to meet their needs.
- b. Offer a user-friendly, non-judgmental, Service User-centred and confidential Service.
- c. Offer all supplies at no cost to Service Users.
- d. Signpost Service Users to services that provide on-going contraception support, diagnosis and treatment for STIs.
- e. Complete the relevant section on the PharmOutcomes system for each consultation.

6.1.3 Provision of Chlamydia and Gonorrhoea Postal Packs

The Provider will:

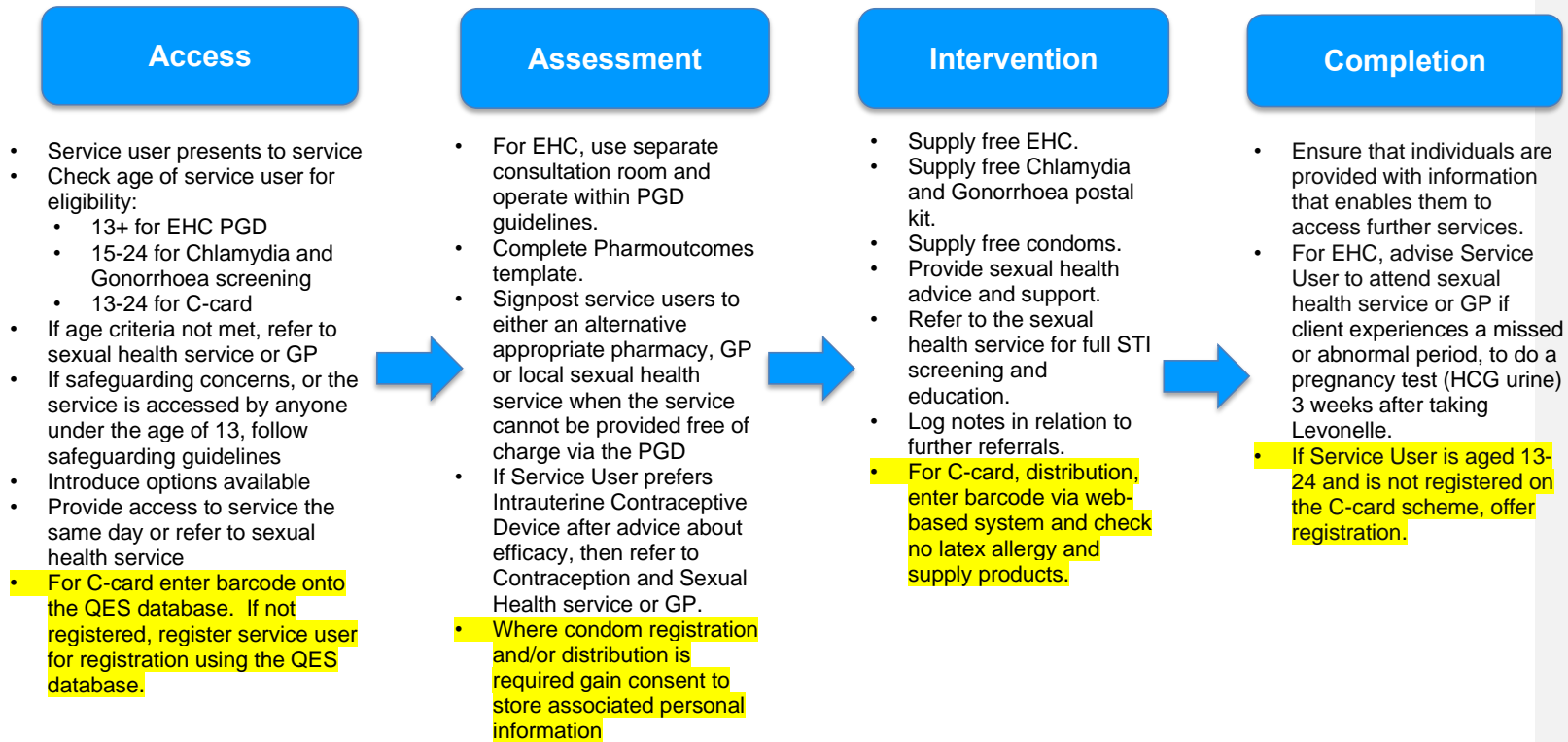
- a. Supply free Chlamydia and Gonorrhoea postal kits to Service Users aged 15-24 upon request.
- b. Proactively offer Chlamydia and Gonorrhoea postal kits to all people aged 15-24 attending the pharmacy (i.e. when collecting prescriptions or asking for health advice).
- c. Liaise with the supplier of Chlamydia and Gonorrhoea postal kits to ensure stock levels are maintained. Chlamydia and Gonorrhoea postal kits and relevant materials will be provided to the Provider free of charge.
- d. Ensure each Service User is aware that all instructions are in the kit, though the Provider should specifically highlight how to complete the screening form and how to send the sample off to the laboratory.
- e. Explain the results notification process to the Service User (for example, phone call, text, email or letter).
- f. Advise that if a person thinks they may be at risk of a chlamydia infection, it is important to be tested immediately. If it is less than two weeks since the person had sex, another test should be repeated 2 weeks post unprotected sexual intercourse as the infection might not always be found in the early stages.

6.1.4 Provision of Condom Distribution as Part of the C-Card Scheme

The Provider will:

- a. Distribute free condoms to Service Users aged 13-24 through the C-card scheme, in accordance with local scheme procedures.
- b. Register new eligible Service Users (re-register if after a period of inactivity on the database).
- c. Liaise with the supplier of condoms for the C-card scheme to ensure stock levels are maintained. Condoms and any other relevant materials will be provided to the Provider free of charge.
- d. Record the C-card barcode via a designated web-based system.
- e. Provide advice and/ or leaflets on use of condoms and information on the C-card scheme to prevent STI and unplanned pregnancy.
- f. Refer the young person to another local provider signed up to C-card scheme for registration where the young person is not already registered on the scheme (Clause 5).
- g. Record in PharmOutcomes the quantity of registrations and distributions completed for the month previous.

Figure 1: Flow Chart Summary of the Provision of the Community Pharmacy Sexual Health Service



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6.2 Service User Access

The Provider will:

6.2.1 Overall

- a. Ensure where a Service User presents at a pharmacy which is temporarily unable to offer the Service (e.g. due to annual leave or sickness), the Service User is signposted promptly to another participating pharmacy (please contact the pharmacy beforehand to ensure that a trained pharmacist is available) or referred to another service provider (e.g. GP or specialist sexual health services).
- b. Ensure that the Service is available to Service Users throughout its business hours.

6.2.2 EHC

- a. Inform any Service Users requesting EHC under the eligibility to access for free through the scheme prior to any other purchase of EHC medication.
- b. Offer EHC on the same day as the Service User presents at the Community Pharmacy.
- c. Refer Service Users who do not meet the eligibility criteria for the service but continue to require it to local Sexual Health Services to meet their needs.

6.2.3 Chlamydia and Gonorrhoea Postal Pack

The Provider will:

- a. Ensure that the age of the Service User is between 15 and 24 years.
- b. Refer Service Users who do not meet the eligibility criteria for the service but continue to require it to local Sexual Health Services to meet their needs.

6.2.4 C-Card Scheme

The Provider will:

- a. Check the age of the Service User is between 13 and 24.
- b. Register the Service User if they have not used the Service before (or re-register if they have been inactive)
- c. Distribute condoms as required.

6.3 Assessment

6.3.1 Overall

The Provider will:

- a. Ensure the Service protocols reflect national and local guidelines in relation to the protection of children and vulnerable adults.
- b. Ensure the Service provided is compliant with Fraser and Department of Health [guidance on confidential sexual health advice and treatment for young people aged under 16 years](#) (Department of Health, 2004).

6.3.2 EHC

The Provider will:

- a. Ensure that assessments for EHC are carried out in a separate and private consultation room.
- b. Work within the agreed PGD for the Service.
- c. Complete the assessment form within the Pharmoutcomes system for all Service Users, ensuring all data reporting items are completed (Clause 9.3).
- d. Ensure that where the Service is requested and there is no available accredited Community Pharmacist, Staff and/or non-accredited Community Pharmacists signpost Service Users to an alternative pharmacy which provides the Service, or the Integrated Sexual Health Service where the Service can be provided free of charge.
- e. Ensure that having discussed the Service User's preferred alternative location for the Service, Staff contact that location to ensure the Service is available and confirm with the Service User before they leave the pharmacy.
- f. Ensure that where a Service User indicates that they would prefer emergency contraception provided via the fitting of an Intra-Uterine Contraceptive Device, the Service User is offered advice about efficacy and referred to the local specialist sexual health service or GP. Where a GP is selected, Staff must contact the GP surgery to ensure that the Service is available and confirm with the Service User before they leave the pharmacy.

6.3.3 C-card Scheme

The Provider will:

- a. Gain consent from the Service User to store personal information for C-Card registration and condom distribution on the database. The Service User will have been appropriately assessed when they registered for the C-Card scheme.
- b. Ensure all registrations and distributions are entered on the C-Card database within 48 hours of completion.

Commented [IL3]: As under 16 do you need parental consent?

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6.4 Intervention

6.4.1 EHC

The Provider will:

- a. Supply EHC free of charge to the Service User.
- b. Refer the Service User to the Integrated Sexual Health Service or GP for full STI screening and education.
- c. Provide support and advice to Service Users on the avoidance of pregnancy and STIs through safer sex and condom use, the use of regular contraceptive methods and services that provide long-term contraceptive methods and diagnosis and management of STIs.
- d. Offer Chlamydia and Gonorrhoea postal kits and C-card condoms in line with eligibility criteria to Service Users that have been supplied with EHC.
- e. Complete the relevant sections on the PharmOutcomes system.

6.4.2 Chlamydia and Gonorrhoea Screening

The Provider will:

- a. Supply Chlamydia and Gonorrhoea postal pack free of charge to the Service User.
- b. Ensure each Service User is aware that all instructions are in the postal pack. The Provider should inform the Service User how to complete the screening form and how to send the sample off to the laboratory.
- c. Explain the results notification process to the Service User (for example, phone call, text, email or letter).
- d. Advise that if a Service User thinks they may be at risk of a chlamydia infection, it is important to get tested straight away. If it is less than two weeks since the Service User had sex, another test should be repeated 2 weeks post UPSI as the infection might not always be found in the early stages.

6.4.3 C-card Scheme

The Providers will:

- a. Check the Service User has no latex allergy.
- b. Supply condoms through the C-Card condom distribution scheme free of charge to the Service User.
- c. Enter the barcode on the Service User's C-Card via the web-based system and complete the distribution process.

6.5 Completion

6.5.1 EHC

The Provider will:

- a. Ensure that Service Users are provided with information that enables them to access further services as required.

6.5.2 Chlamydia and Gonorrhoea Screening

The Provider will:

- a. Ensure that Service Users are provided with information that enables them to access further services as required.

6.5.3 C-card Scheme

The Provider will:

- a. Ensure that Service Users are provided with information that enables them to access further services as required.

6.6 Supplies

The Provider will:

6.6.1 EHC

- a. Ensure stock levels of EHC are maintained and managed to ensure that the Service can be provided on a continuous basis.

6.6.2 Chlamydia and Gonorrhoea Postal Packs

- a. Liaise with the Council's representative organisation (currently Live Life Well) to ensure stock levels of Chlamydia and Gonorrhoea Postal Packs are maintained and managed.

6.6.3 C-card Scheme

- a. The Provider will ensure stock levels of condoms are maintained and managed (including stock management, stock rotation and destruction if necessary), as well as liaising with the Sunderland Integrated Sexual Health Service (STSFT).

6.7 Facilities

- 6.7.1 The Providers will ensure that a private consultation area is available for the delivery of the Service which:

- a. Enables the Service User and the Community Pharmacist to meet and discuss in a private setting without being overheard by other visitors to the pharmacy, or by staff undertaking their normal duties;
- b. Is clearly designated as a private consultation area and is distinct from the general public areas of the pharmacy.

7 INTERDEPENDENCIES WITH OTHER SERVICES

7.1 In order to deliver a holistic Service, the Provider must have strong working relationships with a range of partners (Figure 2) including but not limited to:

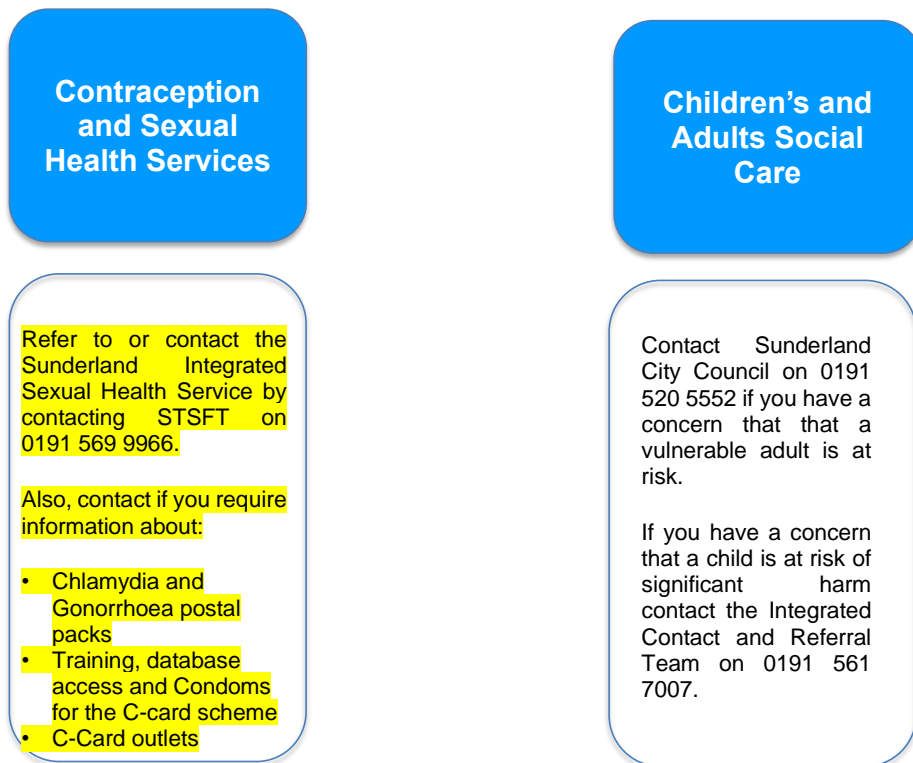
- a. **Integrated Sexual Health Service**
- b. General Medical Practices
- c. Community Pharmacies
- d. C-Card Registration Outlets
- e. Sunderland City Council

7.2 Wherever possible and appropriate, it will be the responsibility of the Provider to facilitate onward referrals into specialist sexual health services.

7.3 Staff delivering the Community Pharmacy Sexual Health Service should promote improving health wherever possible. It is the responsibility of the Provider to facilitate onward referrals into other general health care services (Figure 2).

7.4 **Where possible support twice yearly mentoring visits with representative of the Integrated Sexual Health Service to support provision of the service.**

Figure 2: Interdependencies with the Provision of the Community Pharmacy Sexual Health Service and Other Services



8 GOVERNANCE ARRANGEMENTS

8.1 Legislation and Clinical Guidance

8.1.1 In line with the Department of Health and National Institute of Clinical Excellence guidelines, the Provider must operate in compliance within the following core guidance documents and updates thereafter (including but not limited to):

- a. [Framework for Sexual Health Improvement](https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england) (Department of Health, 2013): <https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england>
- b. [PH3 - Prevention of sexually transmitted infections and under 18 conceptions](http://www.nice.org.uk/guidance/ph3) (NICE, 2007): <http://www.nice.org.uk/guidance/ph3>
- c. [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](http://www.legislation.gov.uk/ukxi/2013/349/pdfs/ukxi_20130349_en.pdf): http://www.legislation.gov.uk/ukxi/2013/349/pdfs/ukxi_20130349_en.pdf
- d. [Best practice guidance on the provision of effective contraception and advice services for young people](http://www.wales.nhs.uk/sites3/Documents/441/Bestpracticecontraception.pdf) (Teenage Pregnancy Unit, 2000): <http://www.wales.nhs.uk/sites3/Documents/441/Bestpracticecontraception.pdf>
- e. [Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health](http://www.bashh.org/documents/1993.pdf) (Department of Health, 2004): <http://www.bashh.org/documents/1993.pdf>
- f. [CG30 – long acting reversible contraception](http://www.nice.org.uk/guidance/cg30) (NICE, 2005): <http://www.nice.org.uk/guidance/cg30>
- g. [Reference guide to consent for examination or treatment, 2nd Edition](https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition) (Department of Health, 2009): <https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition>
- h. [Service Standards for Sexual and Reproductive Healthcare](http://www.fsrh.org/pdfs/All_Service_standards_January_2013.pdf) (Faculty of Sexual & Reproductive Healthcare, 2013): http://www.fsrh.org/pdfs/All_Service_standards_January_2013.pdf
- i. NICE – Contraception Services with a focus on Young People up to the age of 25 (2014)
- j. FSRH Guidance Emergency Contraception (March 2017, updated May 2017) <https://www.fsrh.org/news/fsrh-launches-new-emergency-contraception-guideline/>

8.1.2 The Provider must adopt and operate in compliance with new guidance documents as these are published.

8.1.3 In accordance with the Health and Social Care Act 2008, where regulated activities are provided, the Provider must register these with the Care Quality Commission (Refer to <http://www.cqc.org.uk/organisations-we-regulate/registering-first-time/regulated-activities>).

8.1.4 The Provider must contact the Care Quality Commission immediately on award of contract to begin registration of any regulated activities provided within the contract, where the Provider is not already registered with the Care Quality Commission.

8.2 Programme Governance

8.2.1 Manage interventions efficiently with sufficient administrative support for general organisation, Service User contact processes and data handling.

8.2.2 Liaise with the Council's representative organisation (currently the Live Life Well service) to ensure that contact details are up to date so that the Council's representative organisation (currently the Live Life Well service) is able to signpost individuals to the Service.

8.2.3 Local level governance for the programme is currently managed by the Council's representative organisation (currently the Live Life Well Service) and delivered by Live Life Well Mentors.

8.2.4 The role of the mentor is to quality assure the Service and provide guidance to Providers on the operational delivery including but not limited to:

- a. Ensuring minimum standards are met around individual outcomes;
- b. Compliance in core training;
- c. Provide consumables;
- d. Providing local marketing/campaign materials.

9 QUALITY AND SAFETY

9.1 Workforce

9.1.1 Each Provider will be accountable for ensuring that their skills and knowledge are up to date.

9.1.2 Knowledge and skills required for the Service will be verified using the Declaration of Competence (DoC) system to assure the Council that the Provider's staff are competent to deliver the service (Appendix 2).

9.1.3 All Providers will demonstrate that they have completed the Centre for Pharmacy Postgraduate Excellence (CPPE) distance learning courses (Appendix 2) available from www.cppe.ac.uk.

9.1.4 Competencies must be reviewed and confirmed at least once every three years as evidence of continuing professional development and maintenance of competence as stated on the individual DoC.

9.1.5 The Provider has a duty to ensure that all staff involved in the provision of the Service have relevant knowledge and are appropriately trained in the operation of the Service.

9.1.6 The Provider must ensure that Staff are trained in dealing with Service Users in a person-centred, user-friendly, confidential and non-judgmental manner.

9.1.7 The Provider will work towards the principles of the ["You're Welcome"](#) Quality Criteria

9.2 Quality Requirements

9.2.1 The Provider will ensure that the Service is delivered in line with the following quality requirements:

No	Quality Measures	Frequency	Methodology
1	The Provider will demonstrate that all Staff providing the scheme have successfully completed the CPPE Declaration of Competency	At commencement of Service and in line with Declaration of Competency Requirements	Declaration of Competency checklists completed by Providers and supplied to the Council.
2	The Provider will review the standard operating procedures for the Service on an annual basis.	Annual	Standard operating procedure available for inspection by the Council describing review activities, findings and areas for improvement.
3	Participate in audits of Service provision.	Annual	The Council will audit the Service to ensure that delivery is in line with the service specification. The Provider will ensure that access to premises and any relevant information is made available to Council staff.
4	Co-operate with any locally agreed assessment of Service User experience.	As required by the Council	The Council will inform the Providers in the event of any Service User experience exercises and ensure that access to premises and any relevant information is made available to Council staff or their appointed representatives.

No	Quality Measures	Frequency	Methodology
5	Ensure there is an appropriate consultation area available for the delivery of the Service to ensure that the needs of Service Users can be assessed and met in a confidential manner.	At commencement of service	The Providers will ensure that access to premises and any relevant information is made available to Council staff for the purposes of verification.
6	The Provider must ensure accredited pharmacist and/or appropriate pharmacy Staff will complete all necessary documentation and collect data as agreed, to enable monitoring and evaluation of the Service.	Activity information submitted monthly.	Activity information will be available to the Council via PharmOutcomes. Other information will be provided on request.
7	A minimum of 6 EHC consultations to be undertaken per year to maintain competence.	Annual audit	Annual review by the Council.
8	The Provider must maintain appropriate records to ensure effective on-going Service delivery and audit. Records will be confidential and should be stored securely and for the length of time expressed in local NHS record retention policies.	On-going	The Council will audit the Service to ensure that delivery is in line with the contract. The Providers will ensure that access to premises and any relevant information is made possible to Council staff.
9	The Provider will need to share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for the consent of the Service User to share the information.	On-going	The Council will audit the service to ensure that delivery is in line with the service specification. The Provider will ensure that access to premises and any relevant information is made possible to Council staff.

9.3 Data Reporting

The Provider will:

- 9.3.1 Record service delivery information within the PharmOutcomes system, to enable monitoring of activity of the EHC component of the Service.
- 9.3.2 Register all interventions of EHC on the PharmOutcomes system including the following data items:
 - a. Provision Date
 - b. Name
 - c. Date of Birth
 - d. Fraser Competency Checklist
 - e. Postcode
 - f. Request Reason
 - g. Alcohol Involved
 - h. Time Since Unprotected Sexual Intercourse (UPSI)
 - i. Menstrual Cycle Length
 - j. Date of Last Period
 - k. Day in Cycle
 - l. Last Period Normal
 - m. Other UPSI in cycle
 - n. Breastfeeding
 - o. Exclusion Criteria
 - p. Patient Counselling Provided
 - q. Previous Use of EHC
 - r. EHC Supplied
 - s. Batch Number
 - t. Expiry Date
 - u. Taken in Pharmacy
 - v. Client Referred
 - w. Referral Information
 - x. Chlamydia Test Supplied
 - y. Condoms Supplied
- 9.3.3 Fully record all instances of registration for the C Card Scheme and condom distribution on the Council's Contracted Provider's Electronic Data Management System (currently QES).
- 9.3.4 Register interventions provided as part of the C Card Scheme into PharmOutcomes to enable re-imburement. Data must be provided monthly in arrears and will consist of:
 - a. Number of registrations carried out
 - b. Number of distributions carried out

Reports on C Card Scheme activity will be found on the Council's Contracted Provider's Electronic Data Management System (currently QES).

9.3.5 The Provider will manage data reporting for the Service in line with requirements of the stated in the General Specification (Clause 11.3).

10 PRICING AND PAYMENT

10.1 Price Schedule

10.1.1 Payments for supply of EHC, supply of Chlamydia and Gonorrhoea screening kits and registration and distribution of the C-Card scheme are:

- a. Service Users receiving Consultation only - £11.26
- b. Service Users receiving Consultation and Chlamydia and Gonorrhoea screening kit - £12.26
- c. Service Users receiving Consultation and EHC only - £17.50
- d. Service Users receiving Consultation, EHC & Chlamydia and Gonorrhoea screening kit - £18.50
- e. C-Card Registration - £8.00
- f. C-Card distribution - £3.00

10.1.3 The Provider will not receive a payment for the distribution of Chlamydia and Gonorrhoea postal packs, though all stock will be supplied without charge to the Provider.

10.2 Payment Terms

10.2.1 Payment for the Service will be made monthly in arrears.

10.2.2 The Provider must upload all data within 7 days of the end of each month to ensure it is available to the Council for download.

10.2.3 The Council will access its Contracted Provider's IT System (currently "PharmOutcomes") following the Provider uploading data (Clause 10.2.2) to access automatically generated invoices and supporting data (Terms and Conditions 15.4).

10.2.4 Payment to the Provider will be made no later than 30 days following the date of receipt of the invoice by the Council (Terms and Conditions 15.4).

10.2.5 Where data is not submitted within the required timescales (clause 10.2.2) activity data will be retained and payment will be made in the following month.

APPENDIX 1 – PATIENT GROUP DIRECTIVE (PGD)



Levonelle PGD - Final
Version.pdf

APPENDIX 2 - DECLARATION OF COMPETENCE

DECLARATION OF COMPETENCE - LOCALLY COMMISSIONED COMMUNITY PHARMACY SEXUAL HEALTH SERVICE

Sunderland City Council is using a locally developed Declaration of Competence (DoC) system to review health professionals' competence to deliver locally commissioned services and to gain assurance that they have the appropriate knowledge, skills and behaviours to deliver high-quality, consistent services.

Each Public Health service has a framework that sets out the core professional competencies required for that service. The framework allows self-assessment of competence and outlines the recommended learning to enable self-declaration.

The **training requirements** to meet the competencies in this DoC and enable self-certification to deliver the locally commissioned emergency hormonal contraception service in community pharmacy Public Health commissioned service in Sunderland are set out below in boxes 1 and 2:

Box 1: Learning and Assessments - Safeguarding

Safeguarding Children and Vulnerable Adults Knowledge

- Complete the CPPE Safeguarding children and vulnerable adults e-learning (1 hour).
- Pass the safeguarding e-assessment.

Or:

Basic Awareness (Alerter) Training in Safeguarding Adults (level 1)

- Complete the [Sunderland Safeguarding Adults Board e-learning](#) (45 minutes).

Basic Awareness (Foundation) Training in Safeguarding Children

- Complete the Sunderland Safeguarding Childrens Board approved Training www.safeguardingchildrensunderland.com in Safeguarding Children (1 to 2 hours)

And:

- Read and understand the Gillick Competence to enable assessment of young people under the age of 16 years for Gillick Competence. Refer to www.cqc.org.uk/content/nigels-surgery-8-gillick-competency-and-fraser-guidelines

Box 2: Learning and Assessments – Service Delivery

Consultation Skills for Pharmacy Practice (3 hours)

- Complete the CPPE Consultation Skills e-learning or distance learning.
- Pass the consultation skills e-assessment.

Emergency Hormonal Contraception Knowledge (3 hours)

- Complete the CPPE emergency hormonal contraception e-learning.
- Pass the emergency contraception e-assessment.
- Read section 7.3 Contraceptives in a current BNF encompassing missed pill advice and information on long-term reversible contraceptives (LARC). The section contents are listed below:

7.3.1 Combined hormonal contraceptives

7.3.2 Progestogen-only contraceptives

7.3.3 Spermicidal contraceptives

7.3.4 Contraceptive devices

7.3.5 Emergency contraception

- Read, understand and sign the relevant Patient Group Directions for the Service and agree to only supply Levonorgestrel 1.5mg in accordance with the authorised PGDs at all times.

Chlamydia and Gonorrhoea Screening (1 hour)

- Read the document **National Chlamydia Screening Programme (NCSP): An Overview** available NCSP website using the following link: www.chlamydia-screening.nhs.uk/ps/overview.asp
- Read the documents **Chlamydia: Looking after your sexual health** and **Gonorrhoea: Looking after your sexual health** available to download as a PDF from the Family Planning Association (FPA) website using the following links: www.fpa.org.uk/sexually-transmitted-infections-stis-help/chlamydia
www.fpa.org.uk/sites/default/files/gonorrhoea-information-and-advice.pdf
- Please note section 5.1 of the BNF provides a Summary of antibacterial therapy Table 1. The section titled Genital system details the antibiotics regimes for the treatment of chlamydial infection and other sexually transmitted infections.

C-card Scheme

- Complete training provided by the Sunderland Integrated Sexual health Service to enable access to and use of the QES system, process for accessing supplies and relevant considerations for the scheme.

