

## **Peterborough City Council Public Health Pharmacy Contract**

### **Service Specification: Emergency Hormonal Contraception 2021-22**

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#### **For provision of Emergency Hormonal Contraception (EHC) under Patient Group Direction (PGD) as a Locally Commissioned Public Health Service (LCPHS)**

##### **Context Update**

Cambridgeshire County Council and Peterborough City Council commission Emergency Hormonal Contraception Services to be delivered by Community Pharmacies to support the local population. Both local authorities are working more closely together which reflects the footprint of the Cambridgeshire and Peterborough Clinical Commissioning Group. Consequently there are a number of Joint Commissioning Units emerging including the Cambridgeshire and Peterborough Public Health Joint Commissioning Unit (JCU). This Public Health JCU launched May 1 2017, commissioning responsibilities will include the services that are provided by primary care. The aim is to standardise the commissioned primary care services across the CCG footprint. Although the JCU will work across the two local authority areas individual Community Pharmacy contracts will be contracted by the local authority where they are geographically located.

##### **Purpose of Service**

This specification sets out Peterborough City Council's (The Commissioner) requirements in respect of a Locally Commissioned Public Health Service for the supply of Emergency Hormonal Contraception (EHC) under Patient Group Direction (PGD).

The service specification sets out the standards, which the provider is required to achieve and should be read in conjunction with the current PGDs for EHC.

The EHC preparations covered by the PGDs are Levonorgestrel 1.5mg and Ulipristal acetate 30mg.

##### **Local Context and Evidence Base**

Sexual health is an important area of public health. Good sexual health is an important part of physical, mental and social well-being, requiring a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences that are free of coercion, discrimination and violence. Most adults at all ages are sexually active, but sexual frequency and the range of practices reported reduces with age, especially in women. Access to quality sexual health services improves the health and wellbeing of both individuals and populations. The Government has set out its ambitions for improving sexual health in its publication, A Framework for Sexual Health Improvement in England.

A key ambition of the national Sexual Health Framework is to:

- Reduce unwanted pregnancies among all women of fertile age

- Increase knowledge and awareness of all methods of contraception among all groups in the local population.
- Increase access to all methods of contraception, including long-acting reversible contraception (LARC) methods and emergency hormonal contraception, for women of all ages and their partners.

According to the Office for National Statistics (ONS) mid-2018 population estimates, the population of Peterborough was estimated to be 201,041 compared to 183,631 from the last census in 2011. The population is expected to grow by 11% by 2024. Peterborough has a diverse population. In the last census 71% of the population was classified as 'white British' ethnicity. Of the remainder 'Asian or Asian British and white other' populations formed the largest communities 12% and 11% respectively. Black and Minority Ethnic population varied between the electoral wards from 2.3% to 58.2% of the ward population. Overall the population of Peterborough has increased by 17.7% between 2001 and 2011 with the greatest increases seen in 'white other groups'.

Health is not the same in all parts of Peterborough – there are differences in the factors that affect health across the city which consequently leads to differences in health outcomes. One such factor is deprivation. The index of multiple deprivation is one way to measure social, economic and environmental factors that affect outcomes in communities. When ranked within the IMD domains, Peterborough compares very well for the living environment with a higher proportion of neighbourhoods in the top five bands than the national picture. The most challenging domain when compared to the national picture is education, skills and training with a higher proportion of neighbourhoods in the lowest scoring decile. In the health domain, none of the neighbourhoods in Peterborough rank in the top 20% in England. This reflects that health and well-being is a universal concern across Peterborough, although demand and need for preventive measures will be higher in some communities than others.

Whilst significant improvements in the nation's sexual health have been observed across England, elements of sexual health have remained poor in Peterborough for a number of years with improvements only being observed more recently. With significant investment in sexual health improvement programmes and the modernisation of services, elements of sexual health have improved locally:

Despite being still higher than the England average of 18.8 per 1,000, under 18 conception rates in females aged 15-17 years in Peterborough are on a downward trend at 29.8 per 1,000.

Peterborough's Chlamydia detection rates have been consistently above the national average between 2012 and 2018 with figures of 2,554 per 100,000 compared to England 1,975 per 100,000.

Provision of LARC has been consistently higher than the national average and regional average. The total rate of long-acting reversible contraception (LARC) excluding injections prescribed in primary care, specialist SHSs and non-specialist SHSs was 60.3 per 1,000 women aged 15-44 years in Peterborough, and 47.4 per 1,000 women in England. The rate prescribed in primary care was 37.1 in Peterborough and 29.2 in England. The rate prescribed in the other settings was 23.2 in Peterborough and 18.2 in England.

To ensure improvements are also observed within other elements of sexual health, greater attention is needed for the following areas:

- Reducing the rates of STIs. Peterborough has the highest rates of newly diagnosed sexually transmitted infections (STIs) in the East of England region.
  - In 2018, there was an increase in newly diagnosed STIs with 1,771 excluding Chlamydia in under 25s at a rate of 924 per 100,000 compared to England 851 per 100,000.
  - The burden of STIs continues to be greatest in young people, MSM and black ethnic minorities
  - 51% of all STI diagnoses were in young people aged 15-24 years old compared to England 50%.
  - An estimated 8.5% of women and 7.1% of men presenting with a new STI at a sexual health service during the 5-year period from 2013 – 2017 were re-infected with a new STI within 12 months
  - Peterborough has the 4th highest HIV diagnosed prevalence rate in the East of England with 2.30 per 1,000 compared to England 2.32 per 1,000
- Reducing the rates of HIV Late diagnosis.
  - Between 2015 and 2017, 51.2% of HIV diagnoses were made at a late stage of infection (CD4 count = <350 cells/mm<sup>3</sup> within 3 months of diagnosis) compared to 41.1% in England.
- Reducing the abortion rate.
  - Peterborough has the second highest recorded figures for total abortion rates per 1,000 females 15-44 years in the East of England with 20.4 per 1,000 compared to England 17.2 per 1,000.
  - Of those women under 25 years who had an abortion in that year, the proportion who had had a previous abortion was 28.8% compared to England 26.7%

Office for National Statistics, 2019. *Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2018*. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2018>

<sup>1</sup>Cambridgeshire County Council, Peterborough City Council & NHS Cambridgeshire and Peterborough CCG, 2016. *Diverse Ethnic Communities Joint Strategic Needs Assessment for Peterborough*. Available at: <https://pcc-live.storage.googleapis.com/upload/www.peterborough.gov.uk/healthcare/public-health/DiverseEthnicCommunitiesJSNA-2016.pdf?inline=true>

Cambridgeshire Research Group, 2015. *English Indices of Multiple Deprivation Summary Report*

Department for Communities and Local Government, 2015. *English Indices of Deprivation*.

<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

## Key Service Outcomes

### Aims and objectives of service

The service provides enhanced sexual health provision within community pharmacies in Peterborough. It aims to improve and increase access to the public (in particular young people under the age of 25), in line with meeting local and national targets.

Specifically, the service will work to:

- Ensure the public (in particular young people) and relevant staff/service providers are aware of the Enhanced Sexual Health service and its importance through appropriate awareness raising, promotion and training, and providing a range of resources to sites to promote the service.

- To increase the knowledge of risks associated with STIs.
- To refer clients who may have been at risk of STIs to an appropriate service
- Increase knowledge of the availability of emergency contraception from pharmacies.
- Increase the use of Emergency Hormonal Contraception (EHC) by women who have had unprotected sex and contribute to a reduction in unintended pregnancies.
- Reduce the number of teenage conceptions and unintended pregnancies.
- Reduce the percentage of repeat termination of pregnancies particularly amongst under 25 year olds.
- Refer clients, especially from hard to reach groups, into mainstream contraceptive services.
- Strengthen the local network of contraceptive and sexual health services to help ensure easy and swift access to advice.
- Contribute to a reduction in HIV Late diagnosis

### **Service description/pathway**

Peterborough City Council has invested in PharmOutcomes a web-based system which helps community pharmacies provide services more effectively and makes it easier for commissioners to audit and manage these services. By collating information on pharmacy services, it allows local and national level analysis and reporting on the effectiveness of commissioned services, helping to improve the evidence base for community pharmacy services. All recording, monitoring and payment of all activities will be recorded on the PharmOutcomes platform that will assist pharmacies and the council in delivering and monitoring community sexual health services. PharmOutcomes can be accessed on the link below:

<https://pharmoutcomes.org/pharmoutcomes/>

In order to access this service, Pharmacists will need to enrol by entering their GPhc registration details and confirming declarations of their CPPE Training on Sexual Health and Safeguarding.

The service will enable the following:

Consultation and supply of Emergency Hormonal Contraception (EHC) under a current locally agreed Levonelle-1500® or Ulipristal acetate (ellaOne®) 30mg Patient Group Direction (PGD), free of charge to clients aged 13 and above irrespective of place of residence.

### **Decision making algorithm for Emergency Hormonal Contraception**

The decision making algorithm can be found on page (ix) of the PDF document attached below

#### **A) Consultation and Supply of Levonelle-1500®**

- The Provider has a duty to ensure that other pharmacists and pharmacy staff are aware of the service, and that all requests for EHC are sensitively referred to the accredited pharmacist on duty without delay.
- The pharmacy must be able to supply emergency contraception during opening hours of the pharmacy on at least 4 days of the week, one of which will preferably be a Saturday.
- The accredited pharmacist must personally speak with and counsel the client requesting EHC
- The accredited pharmacist must obtain the information outlined in the protocol before making any recommendation regarding the provision of EHC.
- The accredited pharmacist will assess the need and suitability for a client to receive EHC, in line with the current version of the Levonelle-1500® PGD (provided by the

Authority) detailing inclusion and exclusion criteria to be applied on provision of the service.

- Where supply of EHC is not appropriate, the accredited pharmacist will provide advice and onward referral to a service that can provide treatment, further advice and care as outlined in the PGD. Clients exceeding the time limit for EHC will be informed about the possibility of using an IUD and should be referred to a local service as soon as possible. Information about Ulipristal acetate (ellaOne®) should also be provided in these circumstances.
- The accredited pharmacist will supply EHC under the current version of the Levonelle-1500® PGD, free of charge to clients aged 13 and above irrespective of place of residence.
- The pharmacy will provide support and advice to clients accessing the service, including advice on the avoidance of pregnancy and sexually transmitted infections (STIs) through safer sex and condom use, advice on the use of regular contraceptive methods and provide onward signposting to services that provide long-term contraceptive methods and diagnosis and management of STIs.
- Women should be informed that it is possible that higher weight or BMI could reduce the effectiveness of oral EC, particularly LNG-EC.
- The accredited pharmacist can provide pregnancy test kits where clinically appropriate
- The accredited pharmacist will provide support and advice to clients accessing the service, as per current PGD.
- Where an accredited pharmacist is not on duty and locum cover is not available, the Provider must ensure the client is offered the choice of visiting alternative participating pharmacies.

#### B) Consultation and Supply of Ulipristal Acetate (ellaOne®) 30mg

- The Provider has a duty to ensure that other pharmacists and pharmacy staff are aware of the service, and that all requests for EHC are sensitively referred to the accredited pharmacist on duty without delay.
- The pharmacy must be able to supply emergency contraception during opening hours of the pharmacy on at least 4 days of the week, one of which will preferably be a Saturday.
- The accredited pharmacist must personally speak with and counsel the client requesting EHC
- The accredited pharmacist must obtain the information outlined in the protocol before making any recommendation regarding the provision of EHC.
- The accredited pharmacist will assess the need and suitability for a client to receive EHC, in line with the current version of the Ulipristal acetate (ellaOne®) PGD (provided by the Authority) detailing inclusion and exclusion criteria to be applied on provision of the service.
- Where supply of EHC is not appropriate, the accredited pharmacist will provide advice and onward referral to a service that can provide treatment, further advice and care as outlined in the PGD. Clients exceeding the time limit for EHC will be informed about the possibility of using an IUD and should be referred to a local service as soon as possible.
- The accredited pharmacist will supply EHC under the current version of the Ulipristal acetate (ellaOne®) PGD, free of charge to clients aged 13 and above irrespective of place of residence.
- The accredited pharmacist can provide pregnancy test kits where clinically appropriate
- The accredited pharmacist will provide support and advice to clients accessing the service, as per current PGD.

- Where an accredited pharmacist is not on duty and locum cover is not available, the Provider must ensure the client is offered the choice of visiting alternative participating pharmacies
- The pharmacy will provide support and advice to clients accessing the service, including advice on the avoidance of pregnancy and sexually transmitted infections (STIs) through safer sex and condom use, advice on the use of regular contraceptive methods and provide onward signposting to services that provide long-term contraceptive methods and diagnosis and management of STIs.

### Telemedicine

In situations where the country is going through a global pandemic such as the COVID-19 virus pandemic, the following need to be considered:

- Telephone consultation for EHC
- Telemedicine and postal services should be utilised where possible for the oral emergency hormonal contraception
- Implementing social distancing measures where possible in accordance to the latest government evidence

### Eligibility to Deliver Services

All staff (including Locum Pharmacists) must be appropriately qualified and hold registration and/or membership of an appropriate professional body with the Provider being responsible for ensuring these are in place.

All healthcare professionals delivering the service will be required to demonstrate their professional eligibility, competence and continuing professional development in order to remain up to date and deliver an effective service. It is the responsibility of the Provider to ensure all relevant staff attend or undertake update training as specified by the Authority, and provide evidence of this on request. Failure to do so will result in non-payment for service provision.

The pharmacist must ensure that their professional indemnity cover is either provided by the National Pharmaceutical Association (NPA) or another organisation that have confirmed that this activity will be included in their policy.

### Pharmacy responsibilities

- The service should be provided in a pharmacy, which must have a suitable area for consultation with patients. This may be a quiet area within the shop, where privacy can be maintained, rather than a separate room.
- The pharmacy will be required to ensure that there is sufficient trained staff to be able to deliver the service according to this specification.
- It is the responsibility of the pharmacy to ensure that there is sufficient medication and support materials.
- The pharmacy will be required to designate space to display a poster giving information on emergency contraception.
- The client should always be advised to talk to her GP or local family planning clinic, regardless of whether a supply is made. However, where the pharmacist, on the basis of the information obtained, is not certain that emergency contraception can be supplied, the client should be referred to a doctor immediately (refer to clinic lists).
- Emergency contraceptives are not suitable for repeated use as they have a higher failure rate than regular oral contraceptives. Patients should be told to visit their GP or family planning clinic if menstruation is late, missed or lighter than usual or if there is any unusual pain. It may be advisable for the client to seek advice earlier about on-going contraception.

- As part of the counselling provide advice about Chlamydia screening which is available from the Integrated Sexual Health Service ISHS or via the online testing service available at <https://www.freetest.me/order/>

To become accredited, a Pharmacist must have satisfactorily completed training as detailed below.

CPPE Certificates for these two courses must be provided to Public Health prior to accreditation.

- CPPE Emergency Contraception e-learning programme
- CPPE Safeguarding children and vulnerable adults e-learning programme

*It is strongly recommended that pharmacists complete these additional courses.*

- CPPE Contraception - open learning (where possible)
- Sexual health in pharmacies
- Dealing with difficult discussions - open learning (where possible)
- Received Sexual Health and PGD updates coordinated by the Authority, either through advertised/planned training sessions, through individual bespoke training or via electronically circulated briefings.

*In addition the accredited Pharmacist must also:*

- Read and sign-up to the service delivery outlined in this contract
- Read and sign-up to the current local PGD's for Levonelle-1500®)
- Read and sign-up to the current local PGD's for ULIPRISTAL ACETATE (ELLAONE®) 30mg tablet
- Hold current Disclosure and Barring Service (DBS) clearance
- Be able to demonstrate on going CPD relevant to the service delivery
- Attend training update on Sexual Health, organised by the Authority every two years

All accredited pharmacists are responsible for maintaining the clinical knowledge appropriate to their practice by attending relevant study days, courses and by keeping abreast of evidence based practice related to sexual health.

#### Peterborough City Council (the Commissioner) responsibilities

- The accredited pharmacist will not be working in isolation and must feel confident to refer to other sources of information and support services including other participating pharmacists, Family Planning Consultants and Nurses, GP's, and child protection officers subject to the requirement for confidentiality.
- The Commissioner will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.
- The Commissioner will provide up to date details of other services that pharmacy staff can use to refer service users who require further assistance. The information should include the location, hours of opening and services provided by each local service provider.
- The Commissioner will be responsible for the promotion of the service locally, including the development of publicity materials, which pharmacies can use to promote the service to the public.
- The Commissioner will be responsible for the provision of health promotion material, including leaflets on EHC, long-term contraception and STIs to pharmacies.

## Population covered

- The main client group is any female over 13 years who might require emergency contraception within 72 hours of unprotected sexual intercourse or failure of a contraceptive method.
- Any client aged 13 and above can receive EHC (in accordance with the Levonelle-1500® PGD and Ulipristal acetate (ellaOne®) PGD

## Any acceptance and exclusion criteria and thresholds

- EHC will be provided in accordance with the Patient Group Direction for Levonelle-1500®) and Ulipristal acetate (ellaOne®) 30mg

The Provider has the right to refuse service provision to the users:

- who are unsuitable for treatment/care under the service on clinical grounds;
- who are temporarily unsuitable for treatment under the service on clinical grounds for as long as such unsuitability remains;
- who have not validly consented and were able to do so, or had consent validly given on their behalf where it could have been, to the treatment provided under the service;
- whose behaviour is unacceptable to the provider because it is unreasonable, notwithstanding that the judgments in those cases must take into account the mental health of such patients.

The Provider must not refuse provision of Levonelle-1500® or Ulipristal acetate (ellaOne®) to those aged 13-15 or ask this age group to be accompanied by an adult.

The Accredited Pharmacist should make and record an assessment of all clients believed to be under the age of 16 using the Fraser Guidelines and relevant protocol to ensure the competence of that client to receive advice and treatment.

Any Provider identified as not complying with the criteria for provision of this service will have their status as a provider reviewed to determine whether a cease of contract may be required.

For any unreasonable behaviour unacceptable to the Provider, its staff, or the named professional clinically responsible for the management of the care of such patient.

### Interdependencies with other services

The provider will maintain efficient working relationships with the Integrated Sexual Health service, allied services, agencies and stakeholders to enhance the quality of care delivered and ensure the holistic nature of the service

## Service Delivery Quality Standards

### Applicable national standards e.g. NICE

- Standards for the Management of Sexually Transmitted Infections (STIs) BASHH, 2019 <https://bashh.org/about-bashh/publications/standards-for-the-management-of-stis/>
- A Framework for Sexual Health Improvement in England. Department of Health (2013)
- You're Welcome Quality Criteria (Department of Health, 2007)

- Fraser Guidelines (1985)

### **Applicable local standards**

All healthcare professionals delivering the service will be required to demonstrate their professional eligibility, competence and continuing professional development in order to remain up to date and deliver an effective service.

- Local Medicines Management / Joint prescribing Committee policies and procedures
- Local Safeguarding Children's Board policies and procedures

### **Child and Vulnerable Adult Protection Guidelines**

- The Provider will ensure that the accredited pharmacist(s) working within their pharmacy operate within the Peterborough City Council Child and Vulnerable Adult Protection Policy in addition to the enhanced sexual health service protocols. <https://www.safeguardingcambspeterborough.org.uk/adults-board/information-for-professionals/cpsabsafeguardingpolicy/>
- It is important that pharmacies protect children and adults from avoidable harm (as defined in Safeguarding Children and Adults guidelines) including safeguarding training, training on the Mental Capacity Act and Deprivation of Liberty. A Safeguarding lead should be identified in each Community Pharmacy site/group.
- Safeguarding Children and Child Sexual Exploitation guidelines can be obtained via these links Peterborough need to add these links

**If you think that a child has been hurt, contact the Peterborough City Council Duty Social Worker on 01733 864180 or you may call the Police. If you are unsure, you can speak to a helpline, such as the NSPCC and your call will be kept private and confidential.**

- Out of office hours Emergency Duty Team can be called on 01733 234724.
- Safeguarding Adults guidelines can be obtained via this link Peterborough need to add this link <https://fis.peterborough.gov.uk/kb5/peterborough/directory/site.page?id=MrwsxuLy4LW>
- If you have a concern, suspicion or allegation that an adult is being subjected to harm, abuse or neglect you should contact:
- Non-urgent referrals - Peterborough Adult Social Care
  - 01733 747474 (9am to 5pm Monday to Friday)
  - email [adultsocialcare@peterborough.gov.uk](mailto:adultsocialcare@peterborough.gov.uk)
- Emergency referrals
  - Within office hours - Peterborough Adult Social Care, 01733 747474 (9am to 5pm Monday to Friday)
  - Outside office hours - Emergency Duty Team, 01733 234724

General information about child sexual exploitation and sexual health services <http://www.brook.org.uk/our-work/spotting-the-signs-cse-national-proforma>

### **Application of Fraser Guidelines**

The pharmacist should make and record a judgement about the competence according to Fraser Guidance of every client who is believed to be under 16.

- Whether the young person understands the potential risks and benefits of the treatment and advice given.
- That the value of parental support is discussed, with the health professional encouraging the young person to inform parents/carers of the consultation and

explore the reasons if the patient is unwilling to do so. They must assure the young person that their confidentiality will be respected whether they inform their parents/carers or not unless there is any suspicion of abuse.

- Whether the young person is likely to have or continue to have sexual intercourse without contraception.
- Whether the young person's physical or mental health is likely to suffer if they do not receive contraceptive advice or treatment.
- Whether it is in young person's best interest to provide contraceptive advice and treatment without parental consent.
- Taking the above into consideration the pharmacist should decide if the young person is competent to receive advice and treatment. The consultation will be governed by the same terms of confidentiality whether or not the health professional considers the young person competent.
- When a young person is judged not to be competent she should be referred to their GP or Family Planning doctor.
- When seeing clients under the age of 16, the pharmacist(s) is required to have regard to child protection issues. Pharmacist should act in accordance with Peterborough City Child Protection Guidelines. Any pharmacist who has concerns about a young person should seek advice from the most appropriate professional which may be a senior colleague, the Named Nurse or Doctor for Child Protection or Social Services. In the first instance the client's name and address should not be used, if asking for advice.
- Advice may be obtained by contacting the child protection contacts in the PGD.

Safeguarding Children guidelines can be obtained via this link:

<https://www.peterborough.gov.uk/healthcare/safeguarding-children/worried-about-a-child>

### **Referrals**

- The Accredited Pharmacist will ensure that any client excluded from the PGD criteria will be provided onward referral to other local services in accordance with PGDs.
- If the Accredited Pharmacist is not on duty, the client must be signposted to an alternative participating pharmacy. This will require a phone call in advance to the participating pharmacy to confirm that an accredited pharmacist is on duty and able to provide the service required.
- The Authority will be responsible for the provision of up to date details of participating pharmacies and other services that pharmacy staff can use to refer service users who require further assistance. This information will include the location, hours of opening and services provided by each service provider.

### **Labelling**

- Any packs of Levonelle-1500®, Ulipristal acetate (ellaOne®) 30mg, should be labelled in accordance with the Pharmacy's standard operating procedure.
- Any EHC pack supplied to take away should be labelled with the following information:
  - The pharmacy address
  - 'Keep out of the reach of children'
  - Directions for use
  - The name of the client
  - Date of supply

### **Adverse Drug Reactions (ADRs)**

The Provider will ensure that reporting for all serious ADRs is in accordance with the current PGD.

### **Indemnity**

The Provider must ensure that all accredited pharmacist activity in relation to the local enhanced service is covered by professional indemnity insurance provided by the National Pharmaceutical Association (NPA) or other organisation that has confirmed that this activity will be included in their policy.

### **Premises**

The service will be delivered from the Pharmacy premises, in accordance with the requirements set out in the Service Model.

The service should be provided in a pharmacy, which must have a suitable area for consultation with patients. This may be a quiet area within the shop, where privacy can be maintained, rather than a separate room.

### **Performance Monitoring, Data Collection and Submission of Activity**

- All Pharmacies signed up to this service, will need to use the EHC service template on the Pharmoutcomes system.
- A Levonelle-1500®, and Ulipristal acetate (ellaOne®) protocol risk assessment form for supply should be completed for each client, paying particular attention to the assessment of need and clinical assessment.
- A note of supply may also be made in the client's patient medication record.
- The Commissioner is responsible for the content of the Levonelle-1500® and Ulipristal acetate (ellaOne®) protocols. The Provider is responsible for ensuring a supply of these protocols is always available at the pharmacy.
- Client records are confidential and must be stored securely
- Client records must be kept by the accredited pharmacy for 8 years if the client is believed to be over 16 and until the client's 26th birthday if they are believed to be under 16.
- All records and record keeping should comply with the requirements of the RPSGB's Standards of Good Professional Practice.
- The Pharmacy will agree that access to records and documents containing information relating to individual patients treated under the terms of this Service Level Agreement will be restricted to authorised personnel and that information will not be disclosed to a third party.

Performance monitoring will be in line with service standards and the pharmacy may be monitored on the following:

- Availability of appropriate material to support the provision of advice to the client group.
- Maintenance of accurate records as required by the PGD.

- Reviews of standard operating procedures (SOP's) and updates. These reviews should be conducted annually at a minimum. We are aware; and it is acceptable, that some Community Pharmacies review SOP's bi-annually
- Participation in the bi-annual review of service provision including any updated developments; providing written notice of such review is given to the Provider.
- The outcomes of any patient experience surveys, feedback or complaints.
- A review of the number of occasions when an accredited pharmacist was not available to provide the services at the pharmacy.
- Information outlining the process of the service must be cascaded to other pharmacy staff.
- Non-pharmacist staff must be trained to refer clients to an accredited pharmacist. Where an accredited pharmacist is unavailable on the premises, clients should be signposted to an appropriate alternative service.
- Non-pharmacists may not be accredited nor are they allowed, by law, to supply via this patient group direction (PGD). Pharmacies should inform the Commissioner as soon as possible in situations where an accredited pharmacist will no longer be available to provide the service.
- Pharmacies should inform the Commissioner as soon as possible in situations where the designated pharmacy signatory is no longer able to retain responsibility for the SLA operating in a given accredited pharmacy, to enable transfer of designated signatory status or termination of the agreement.

## Payments and Verification

Payments will be made on a quarterly basis and will be based on the activity logged on the PharmOutcomes system. Pharmacies can also download their individual claims logs from their PharmOutcomes home page.

The pharmacy will be paid at the following rates:

EHC Consultation: £13.00

Levonelle-1500®: Reimbursed at the most recent drug tariff cost (excl. VAT)

ellaOne® 30mg: Reimbursed at the most recent drug tariff cost (excl. VAT)

Chlamydia Test Kit Supplied (as part of EHC Consultation): £2.50

*Please note that the prices above are exclusive of VAT. The Pharmacy will be liable for the VAT on medications.*