

**PUBLIC HEALTH COMMUNITY BASED SERVICES
SERVICE SPECIFICATIONS**

Service Specification No:	Lot 3
Service:	Community Based Sexual Health Services for Young People (Pharmacy)
Authority Lead:	Jasmine Murphy/Liz Rodrigo
Period:	1st April 2015-31st March 2019
Commissioner:	Leicester City Council

1. Purpose

1.1 This document is an appendix to the Contract for the provision of Public Health Community Based services and represents the agreement between the Contractor and Leicester City Council for the provision of **ANY** of the following services:

- **Free Emergency Hormonal Contraception (EHC) to young women under 25 years of age (delivered under the locally agreed Patient Group Directive)**
- **Opportunistic Chlamydia screening and treatment for 15-24 year olds**

1.2 Prospective providers are encouraged to bid for any service for delivery, as per specification noted in this document. Prospective providers could choose to deliver **either one or two elements of service provision** contained within this service specification.

1.3 This service specification shall be reviewed annually taking into consideration financial review of the services delivered, any service developments and/or changes in legislation.

2. Contract Price and Payment Method

2.1 General

- The Contractor will be funded for each service provision based on the service aims and criteria as set out below. The training, accreditation requirements and data collection are reflected in each of the fee structures stated.

2.2 Free Emergency Hormonal Contraception (EHC) to young women under 25 years of age (delivered under the locally agreed Patient Group Directive)

- A professional fee of £12.50 will be payable for each consultation undertaken (for service users under 25 years) regardless of EHC provision.
- A reimbursement of £6.00 for the cost of EHC (Levonorgestrel) shall be made in accordance with the drug tariff rate.
- An additional payment of £6 will be made where a replacement dose (due to vomiting) or a 3000 microgram dose of Levonorgestrel has been provided (where required).
- There is a requirement to ensure a minimum delivery of 10 EHC administrations of Levonorgestrel via this scheme on an annual basis.

2.3 Opportunistic Chlamydia screening and treatment for 15-24 year olds

- A payment of £6 will be made per valid chlamydia screen (patient in the 15-24 year age range) based on the return of the Chlamydia kit for testing as verified by the Leicester, Leicestershire & Rutland Integrated Sexual Health Service (LLR ISHS). This payment includes treatment for all patients testing positive who elect to attend for treatment with the Contractor.
- The cost of Clamelle[®] treatment at Chemist & Druggist trade price (at the time of the claim) plus 20% VAT shall be reimbursed.
- Reimbursement for Clamelle[®] tablets dispensed will be made quarterly from the ISHS upon receipt of the completed treatment form to the Chlamydia Screening Office.
- There is a requirement to ensure:
 - a minimum delivery of 10 screening test kits a year, and
 - a minimum of 50% return rate based on the number of kits supplied by the Contractor to young people.

2.4 Payment

- In order to receive payment for any of these public health services, the Contractor must:
 - Make available any additional information/evidence that Public Health Leicester (Leicester City Council) requires, in order to establish whether the Contractor has fulfilled its obligation under the Contract arrangements
 - Make the returns required of it promptly and fully
 - Ensure that all information supplied is accurate
- Payment for each element of service provision will be based on the submission of activity each quarter via the agreed method to the Local Authority.
- Payment for EHC will be made quarterly in arrears through the BACs system.
- Payment for Chlamydia screening and testing will be made quarterly in arrears through the BACS system – this is due to the time lag in receiving screening data from the laboratory.
- Forms that are submitted which are illegible and/or incomplete will not be processed for payment.
- Forms submitted later than two months in arrears and later than one month after financial year end will not be processed for payment.
- Payment **will not** be made to the Contractor if an unaccredited practitioner delivers the service.
- The commissioner reserved the right to withdraw any commissioned service after 12 months if activity is below an acceptable level for the size and location of the Contractor.
- The Contractor will be responsible for all financial and operational aspects of each service from within the agreed payment value/s. This will include associated support staff for the delivery of the service, training (excluding training provided by the Commissioner), telephone costs, postage costs, printing and stationery costs, completing claim and audit forms and any other miscellaneous costs associated with delivery of the service
- Public Health Leicester (Leicester City Council) reserves the right to undertake post payment verification of any claim.

3. Service Delivery

3.1 The aims of these Services are to:

- Reduce the rate of unintended pregnancies
- Improve sexual health outcomes for young people
- Reduce inequalities for young people in accessing appropriate sexual health services
- Improve access to sexual health services (including referral to Contraceptive Services), especially at weekends and evenings
- Improve sexual health knowledge of young people
- Reduce the pool of undiagnosed and untreated *chlamydia trachomatis* infection in young sexually active people
- Improve choice of community based sexual health services for young people that are free at the point of delivery

3.2 The objectives of these Services are to:

- Provide user friendly, non-judgemental, client-centred services that offer accessible, appropriate and confidential access to sexual health services to young people
- The provider will demonstrate a clear knowledge and understanding of the local patient population that the services will be delivered to.
- Provide free Emergency Hormonal Contraception (Levonorgestrel) as outlined in the approved Patient Group Direction (for those under 25 years)
- Support the achievement of the local chlamydia diagnostic rate of 2,300 per 100,000 young people aged 15-24 years
- Actively promote the Chlamydia Screening Programme and general awareness of good sexual health
- Provide clear signposting and advice in relation to sexual health services and of pathways for young people
- Strengthen local network of contraceptive and sexual health services to help ensure easy and swift access to advice and services for young people
- Provide advice on the use of condoms to prevent infection and of public health information on safer sex practices to increase the knowledge of risks associated with STIs

4. The Service Criteria

4.1 General

- It is a condition that the Contractor offers a user-friendly, non-judgmental, client-centered and confidential service for all eligible young people who present requesting sexual health services.
- The service will be available to all eligible young people irrespective of gender, race, disability, religion or sexual orientation.
- The service offered will be in line with the 'You're Welcome' criteria which can be found at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf
- Service users not eligible for these services will be referred as soon as possible to another local service that can assist them.
- The Service/s is to be delivered for at least 45 weeks of the year with no continuous break of more than two weeks.
- All support staff must be fully informed and suitably trained in relation to their

involvement in the Service/s provided.

- All eligible service users should be asked to complete a feedback questionnaire.
- Each Service may be mystery shopped by young people.
- The Contractor will participate in any local authority organized audit of service provision.
- All records kept remain confidential and must be stored securely. Sharing of information with appropriate parties may be required in line with confidentiality protocols. All aspects of confidentiality must conform to the principles set down by the Data Protection Act and Caldecott Guidelines. Specific permission from the service user shall be sought prior to sharing any information except in issues relating to Child Protection when appropriate safeguarding policies and procedures apply.
- It is a requirement of the Service that appropriate records, including patient medication records are kept and maintained by the Contractor to enable verification of service provision and training requirements. This will also provide information for internal/external audit and monitoring purposes.
- The Local Authority and the Contractor will work collaboratively to monitor and evaluate the service/s as set out in this specification. For purpose of monitoring performance and service delivery, the Contractor will ensure the completed activity monitoring and claim for payment form is submitted quarterly to allow the service to be analysed and monitored by the Local Authority. The Contractor acknowledges and understands that the Local Authority will be reporting on performance by provider (not anonymised). In addition, this monitoring information will also inform the commissioning decisions of the Local Authority and will be a component of the Annual Review process with the Contract.
- The Contractor will ensure and provide evidence that the local authority is indemnified against any claim arising from the provision for any of the Services delivered.
- The Contractor will effectively manage any complaints or incidents using internal complaints procedure and ensuring that a record is kept for audit purposes.
- The Contractor should ensure that a Standard Operating Procedure (SOP) is in place which covers all aspects of service provision. It is expected that the SOP is reviewed and updated on a regular basis.
- If the Service is temporarily unavailable then the Contractor must:
 - alert the Local Authority and inform them of the nature and duration of the suspension of the Service
 - ensure that staff on duty actively signpost all eligible service users to an alternate provider. This would include phoning the alternate provider to check that the accredited practitioner is available to provide such services for the young person – these checks must be made before the service user leaves the premises.
- The Contractor must be aware that information held by Leicester City Council may be subject to disclosure under the Freedom of Information Act.

4.2 Free Emergency Hormonal Contraception (EHC) to young women under 25 years of age (delivered under the locally agreed Patient Group Directive)

- This service can only be delivered by an accredited practitioner in person, as detailed in section 5.
- The Contractor shall ensure that the locally approved PGD (Appendix A) is signed by the accredited practitioner delivering the service.
- The Contractor will be required to designate window space for a poster/sticker providing information of the Service.
- The Service must be delivered from a clearly designated area for confidential discussion which is distinct from general public areas. The consultation area must be an area where both the young person receiving the service and the accredited

practitioner can sit down together and talk at normal speaking volumes without being overheard by others, including any member of staff. It is not appropriate for this Service that advice is given over the counter. The requirements for consultation areas are detailed in Appendix B. The accredited practitioner must take a client history to ensure that they have sufficient information to assess the appropriateness of the EHC supply.

- The accredited practitioner will supply EHC as appropriate to eligible service users in line with the requirements of the locally agreed Patient Group Direction (PGD) for Levonorgestrel. The supply will be free of charge to all eligible young people at Leicester City Council expense.
- The accredited practitioner must be available for a minimum of 80% of the opening times at the designated site. If that is not possible, the Contractor must demonstrate that they have undertaken an exercise in demand mapping and ensure that the Service is available at the times of highest demand and that this is clearly communicated to young people. Improved access to EHC and sexual health advice is particularly required outside of traditional working hours (i.e. beyond Monday to Friday 9am – 5pm).
- The Contractor shall ensure a minimum delivery of 10 EHC administrations annually from each individual delivery site. A lower activity level will be accepted where the Contractor has identified a need in a locality which serves a community that cannot readily access an alternative equivalent service. This will require approval from the Commissioner.
- Where the aforementioned service level has not occurred in year, the Contractor must provide an explanation and demonstrate sufficient likely demand for the Service for the following year. This will be assessed by Public Health Leicester (Leicester City Council) and determination made as to whether the service provision from that Contractor should continue.
- All eligible service users should be informed about the possibility of use of an intra-uterine device (IUD) as a more effective form of emergency contraception and should be referred to a local service as soon as possible (where appropriate).
- Clients ineligible for the service must be referred to another local service for prompt assistance e.g. GP, local Sexual Health Services within the time frame for emergency contraception treatment to be effective and will also be informed of the opportunity to purchase the EHC, if appropriate.
- The accredited practitioner must use Fraser competencies to ascertain whether to supply Levonorgestrel. If a client is deemed non-Fraser competent, the accredited practitioner will immediately refer the young person to the local safeguarding team. Completion of a record sheet (Appendix 2 of the PGD document) is required for every contact with a young person.
- The accredited practitioner must use their professional judgement to consider (and where appropriate) act on child protection issues coming to their attention as a result of providing the Service. This should be in line with national and local child and vulnerable adult protection guidelines.
- The Sexual Offences Act 2003 states that no child under 13 years is able to consent to any sexual activity. If the service user is believed to be under 13 years of age, providing they have been assessed as 'Fraser Competent', treatment should not be withheld. The duty to safeguard the child from most harm would include protecting them from an unintended pregnancy. However, all the details of the consultation must be recorded and discussed at the earliest opportunity with the safeguarding team. In an emergency, the police can also be contacted.
- The Contractor will ensure that all members of staff are familiar with emergency contraception and have up to date information concerning signposting if the accredited practitioner is not available on site.
- Non identifiable client information must be provided for each client contact and submitted in addition to the claim for payment. Information required is as detailed in

Appendix C.

- The Contractor is required to observe the EHC pathway in Appendix D.

4.2.1 Supply of Levonorgestrel

- Supply can only be administered by the accredited practitioner.
- The accredited practitioner will present the medicine in the original container with a Patient Information Leaflet and will provide the young person with water to facilitate administration.
- The service user will be offered a supply of six free condoms. All eligible young people must also be offered a Chlamydia screening kit.
- The form for supply and administration for EHC must be completed and signed by both the young person and the accredited practitioner.
- The accredited practitioner will be responsible for reporting any Adverse Drug Reactions.

4.2.2 Referral

- Clients who have exceeded the time limit for EHC must be informed about the possibility of use of an IUD and must be referred as soon as possible. When a referral is made, the accredited practitioner should make every effort to contact the referral clinic, book an appointment for the young person and inform them of the time and location of the appointment.

4.3 Opportunistic Chlamydia screening and treatment for 15-24 year olds

- There are four components to this service: namely screening, advice, treatment and/or referral.
- The promotion and offer of an opportunistic screening kit can be carried out by members of the provider team who have had the appropriate training provided by the Contractor in collaboration with the ISHS. The pathways for Chlamydia screening and treatment are detailed in Appendix E.
- The Contractor will ensure all practitioners providing the treatment aspect of the service (including locums) attend the Local Authority commissioned training event delivered by the ISHS before this Service can be delivered.
- The Contractor will identify a designated Chlamydia lead who will promote Chlamydia screening and treatment and liaise with the commissioner and the ISHS. The contractor will immediately notify the ISHS of changes in the designated lead.
- The Contractor will provide all eligible service users with postal chlamydia screening kits. The importance of posting the sample through Royal Mail catching the last collection of the day Monday to Thursday i.e. enabling sample to be received at the laboratory with 24 hours of sample being taken must be highlighted to the individual.
- All screening kits provided must have the Contractor label on it in order to trigger payment.
- The Contractor will encourage all eligible service users to use on site or nearby facilities (i.e. toilets) and return samples to the Contractor so that it can be sent to the laboratory on their behalf. The Contractor must conduct a risk assessment for the use of onsite toilet facilities and ensure that their insurance covers public use of staff areas (if applicable). The Local Authority will bear no responsibility for the use of these facilities. If no on site facilities are available, the Contractor will encourage patients to return postal screening kits back to the Contractor for onward transportation of the sample to the laboratory.
- The Contractor will either ensure that each test taken is received at the LRI laboratory for processing within 24 hours (if there are no facilities to keep samples refrigerated) or within 96 hours if kept refrigerated.
- The results notification process must be explained to every service user. The ISHS will make 3 attempts at contacting the young person: this is usually two texts and

one other method that has been expressed as preference by the service user on the completed form.

- Every eligible service user should receive advice/leaflet to prevent STIs, on use of condoms and information on the C-card scheme.
- Young people declaring symptoms suggestive of STIs must be advised and offered a referral to the local sexual health service. Where referrals are made, every effort should be made to contact the referral clinic, book an appointment for the young person and inform them of the time and location of the appointment.
- The number of returned chlamydia screening kits will be assessed by the ISHS and the Local Authority on a quarterly basis. The Local Authority and the ISHS will review the provision of service where contractors have a return rate of less than 10 per year and/or less than 50% return rate based on the number of kits supplied by the Contractor. If necessary, an offer of additional training and support will be made to ensure that the correct approach is being applied. However it may be necessary to confirm whether the provision and uptake of the service is appropriate in that particular area and if service provision from that Contractor should continue.

4.3.1 Consent for testing

- The test is voluntary and written consent is not required as completing the test form implies consent. Opportunity for the young person to raise questions and queries prior to testing must always be given.

4.3.2 Supply of Clamelle®

- The Contractor will provide Clamelle® under the product license and over the counter (OTC) following the Clamelle® national eligibility protocol, as detailed in Appendix E.
- The Contractor will complete and return the required paperwork as defined d by the ISHS to confirm treatment has taken place and record any partner details.
- The Clamelle® treatment will be made free of charge to the eligible service user at Local Authority expense. The supply must be documented in the patient medication record.
- The supply will be made in a confidential space as detailed in 4.2 by the accredited professional.
- The eligible service user will be offered a supply of six free condoms. The Contractor will ensure all appropriate information (as supplied by the ISHS) is provided to the service user.

4.3.3 Support from the ISHS

- Provide postal kits, posters and reasonable support materials within ten working days of request from the Contractor. It remains the Contractor's responsibility to ensure ongoing supplies are maintained and ordered.
- Contact all positive service users to arrange treatment and partner notification. The ISHS will contact the Contractor's designated Chlamydia lead if the service user has opted to attend for treatment at the Contractor's premises.
- Monitor the chlamydia screening activity of each Contractor and provide agreed management information and KPI reports to the Local Authority.
- Offer support, information, training and advice to practitioners and provider teams as required.
- Only take responsibility for managing those patients for whom the correct documentation has been recorded and received at the ISHS
Send representatives to visit the Contractor in order to support implementation of the Service and, where appropriate, update the Contractor on any changes within the programme. It is expected that all appropriate support staff will also be present at these visits in order to be conversant with the process.

4.4 Quality Outcome Indicators

The Commissioners will review the quarterly monitoring reports and will have a discussion if required with the Service Provider to ensure output is achieved. Action may also be taken under the contract management provisions of the contract (clause B29).

4.4 Outcome Measures

Outcomes are the expected changes or benefits that happen as a result of the service or activity being delivered.

4.4a Free Emergency Hormonal Contraception (EHC) to young women under 25 years of age (delivered under the locally agreed Patient Group Directive)

Outcome: *Reduction in unintended pregnancies and STIs in 15-24 year olds*

Output	*Target Number	Supporting Evidence
Service delivery available 45 weeks a year with no continuous break in services of more than 2 weeks	100% compliance	Breach reports to commissioners exception reporting

4.4b Opportunistic Chlamydia screening and treatment for 15-24 year olds

Outcome

Reduction in prevalence of chlamydia in 15-24 year old population

Output	*Target Number	Supporting Evidence
Designated and named Chlamydia screening lead	100%	Exception reporting Annual review

4.5 Performance Measures

Consequence of breach: the Commissioners will review the quarterly monitoring reports and will have a discussion if required with the Service Provider to ensure output is achieved. Action may also be taken under the contract management provisions of the contract (clause B29).

4.5 Outcomes

Outcomes are the expected changes or benefits that happen as a result of the service or activity being delivered.

4.5a Free Emergency Hormonal Contraception (EHC) to young women under 25 years of age (delivered under the locally agreed Patient Group Directive)

Outcome: *Reduction in unintended pregnancies and STIs in 15-24 year olds*

Output	*Target Number	Supporting Evidence
EHC provision availability at	80% of opening times	Breach reports to commissioners

designated sites/s		exception reporting
Proportion of Chlamydia screening tests undertaken per EHC consultation	100%	Quarterly data analysis Annual review
Number of EHC consultations to women aged 15-24 years	Baseline 2015 and maintained or increased	Quarterly data analysis Annual review
Number of EHC administrations to women aged 15-24 years. There is a minimum requirement to undertake 10 (ten) administrations per year.	Baseline 2015 and maintained or increased	Quarterly data analysis Annual review
4.5b Opportunistic Chlamydia screening and treatment for 15-24 year olds		
Outcome Reduction in prevalence of chlamydia in 15-24 year old population		
Output	*Target Number	Supporting Evidence
Number of eligible 15-24 year olds undertaking a chlamydia screening test. There is a minimum requirement to undertake 10 (ten) tests per year and with a 50 % return rate per year.	Baseline 2015 and maintained or increased number	Data from chlamydia screening programme annual review
Proportion of 15-24 year old participating in chlamydia screening broken by gender	Baseline 2015 and maintained or increased proportion	Data from chlamydia screening programme annual review
Positivity of chlamydia screenings undertaken	Baseline 2015 and maintained or increased	Data from chlamydia screening programme

5. Accreditation

5.1 General

- Before the Contractor engages or employs any person in the provision of the Services, or in any activity to or connected with, the provision of the Services, the Contractor, at its own cost, shall without limitation, comply with good recruitment practice including all appropriate Disclosure and Barring checks.
- The Contractor is required to have a Standard Operating Procedure (SOP) which specifically details the operational delivery of each Service (which is reviewed every

2 years). The Contractor must ensure that all staff (including support staff) have relevant knowledge, are appropriately trained and operate within the SOP – this includes sensitive service user centred communication skills. Each review should be documented and the SOP subject to version control. All staff must read, date and sign the SOP after a review. Changes to procedure must be highlighted within the SOP for special attention. The SOP must be available to Leicester City Council if required.

- A staff training log which deals specifically with the Services provided must be maintained and should be available to Leicester City Council on request. The training log must be updated to reflect the review of the SOP.

5.2 Free Emergency Hormonal Contraception (EHC) to young women under 25 years of age (delivered under the locally agreed Patient Group Directive)

- It is a condition that the Contractor delivers this service using professionally accredited and registered practitioners who:
 - holds membership of an approved professional body and
 - has been locally accredited (Appendix F) and
 - eligible to practice in a setting that is appropriate to deliver this service.
- To remain accredited, the professional must submit evidence to demonstrate how they have kept up to date during the past 12 months (e.g. certificate of attendance at relevant course, evidence of completion of updated modules, an appropriate CPD entry, protocol development or staff training undertaken).
- The Contractor shall inform the local authority immediately should an accredited practitioner cease working with the Contractor. Any new practitioner must be accredited by Leicester City Council before they can provide the service. Practitioners who may have been accredited elsewhere must submit evidence of the training they have undertaken to Leicester City Council to check validity of accreditation for the Leicester service and may be required to attend training about local sexual health service provision and safeguarding procedures.
- All professionals involved in providing this Service must adhere to their professional code of conduct and at no point does this Service abrogate their professional responsibility and professional judgment must be used at all times. It is the professional's responsibility to practice only within the bounds of their own competence.

5.3 Opportunistic Chlamydia screening and treatment for 15-24 year olds

- All members of staff need to have undergone training as set out in Appendix F.

6. Excluded Services

6.1 Free Emergency Hormonal Contraception (EHC) to young women under 25 years of age (delivered under the locally agreed Patient Group Directive)

- This Service is not available to young people aged 25 years and over.
- All service users excluded from the PGD (e.g. exceeded time limitations of unprotected sexual intercourse) will be referred to an appropriate local sexual health service provider.
- Under 16s not deemed Fraser competent – the accredited practitioner will immediately refer the young person to the local safeguarding team.
- If the service user is believed to be under 13 years of age, providing they have been assessed as 'Fraser Competent', treatment should not be withheld. The duty to safeguard the child from most harm would include protecting them from an unintended pregnancy. However, all the details of the consultation must be recorded and discussed at the earliest opportunity with the safeguarding team. In an emergency, the police can also be contacted.

6.2 Opportunistic Chlamydia screening and treatment for 15-24 year olds

- Chlamydia screening on under 15s and those aged 25 years and over (unless they are a partner of a young person who has tested positive) are excluded
- Anyone who is symptomatic regardless of age
- Under 16s not deemed Fraser competent and those who cannot give consent to being screened are excluded
- Those unwilling to provide any means of contact for their result are excluded
Any eligible service user who has been treated for Chlamydia in the previous 5 weeks.

7. Appendices

Appendix A: PGD



Appendix A PGD for
Levonelle

Appendix B: Confidential Room Requirements



Appendix B
Confidential Rm Req

Appendix C: Client Contact Information



Appendix_C Client
Information.docx

Appendix D: Emergency Hormonal Contraception Pathway



EHC pathway final
171014.docx

Appendix E: Chlamydia Screening and Treatment Pathway



Appendix E
chlamydia screening

Appendix F: Accreditation Training



Appendix F
accreditation training