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| **Rationale of Checklist** | | | |
| This checklist will be completed by the CPSC sub-committee for every new or recommissioned service specification sent to CPSC for comment/consultation. The response summary is completed after consultation and agreement by the sub-committee.  The Checklist contains the CPSC sub-committee’s comments/recommendations for any requested changes to the proposed/draft service specification in order to achieve / improve further the green rating. It will be sent to the service commissioner for consideration of amendments ideally prior to go-live of the service.  CPSC’s purpose is to work positively with commissioners to ensure high quality outcomes from the service, which are both professionally and commercially viable for contractor participation. | | | |
| **Service and Commissioner** | | | |
| **EHC**  **Southampton City CCG** | | | |
| **Response summary feedback from CPSC** | | | |
|  | | | |
| CPSC has rated this service specification as Green based on the comments made below. Our recommended actions to further improve the service are:   1. No PGD for EllaOne, only for levonorgestrel | | | |
| **Time-line & Next Steps for CPSC** | | | |
| CPSC will publish this service participation rating to contractors in **14 days’ time.**  Publication of this recommendation will be via individual email and posting on our website.  Commissioners are asked to please respond promptly with feedback / proposed changes so that they can be included within CPSC’s recommendation to its contractors. | | | |
| **Commissioners response to CPSC feedback** | | | |
| Please enter response here, returning promptly to [alison.freemantle@cpsc.org.uk](mailto:alison.freemantle@cpsc.org.uk) | | | |
| **Point Covered** | | | **Action or Notes** |
|  | | **CPSC Consultation** | |
| CPSC Consulted? | | | N/A |
| CPSC Consulted with sufficient time to comment? | | | N/A |
|  | | **Remuneration** | |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | | | No consumables required for EHC service |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? | | | Yes, invoicing via PharmOutcomes monthly.  Will allow a two-month grace period for retrospective claims. |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | | | n/a |
| Is remuneration fair? | | | Yes, per consultation plus the cost of the oral emergency hormonal contraception drugs at Drug Tariff price plus VAT at the applicable rate |
|  | **Is/does the Service.....** | | |
| Sustainable? | | | Yes |
| Start/ end date | | | April 2019 – March 2022 |
| Clinically sound and in line with appropriate National or local guidance? | | | Yes, reducing STI’s, HIV, contraception & unplanned pregnancy and preventing teenage pregnancy are local and national priorities. Under 18 conception rate & Chlamydia diagnostic rate in 15 – 24 year olds are all Public Health Outcomes Framework Indicator.  PGD, defined inclusion and exclusion criteria.  FSRH guidelines: <https://www.fsrh.org/news/fsrh-launches-new-emergency-contraception-guideline/>  Fraser guidelines & Gillick competence: <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/>  NICE guidance: <https://www.nice.org.uk/guidance/ph51>  SPC: <https://www.medicines.org.uk/emc/product/8626>  and <https://www.medicines.org.uk/emc/product/6657> |
| Enhance patient care? | | | Yes |
| Have suitable monitoring arrangements and termination clauses? | | | Monitoring requirements are in place with the commissioner able to view data on EHC consultations from PharmOutcomes.  There are no termination clauses. |
| Enhance relationships with other HCPs? | | | Yes – May require referral to Southampton Sexual Health Service or the Specialist Sexual Health Nurse Team. |
| Deliverable? | | | Yes |
| Attractive enough for contractors to consider it worthwhile? | | | Yes |
| Have performance criteria that supports a quality service? | | | Provision for women aged between 13 years and 24 years (Fraser competence if under 16).  Clear written patient information and follow-up advice provided within PGD.  All under 18s should be referred to Level 3 integrated sexual health service.  Pharmacy has health promotion & self-care material available.  Patient information leaflet and verbal advice should be provided: <https://www.medicines.org.uk/emc/product/8626/pil>  and <https://www.medicines.org.uk/emc/product/6657/pil>  Contractor must have SOP procedures in place for this service and available for inspection |
|  | **Service Delivery** | | |
| Are the performance measures reasonable and achievable? | | | n/a |
| Is the administration proportional to size or service and remuneration? | | | Yes |
| Are any reporting systems suitable to all contractors? | | | Data reported on PharmOutcomes. IT including internet required in consultation room |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | | | Pharmacist only service  DBS check only required for pharmacist, not all staff  CPPE in emergency contraception  CPPE in Safeguarding Children and Vulnerable Adults CPPE in Contraception CPPE DoC Southampton City e-learning |
| Does record keeping or sharing of information requirements meet current IG regulations. | | | Yes, record and oral consent made on PharmOutcomes and kept for 8 years (25 years for child, or for 8 years after death). GP must be informed, and where hospitalisation or serious harm, reported on a yellow card to the CSM: <http://www.bnf.org/bnf/bnf/current/yellow.htm>  PGD legal requirements for labelling |
|  | **Miscellaneous Information** | | |
| Any other information specific to this service. | | |  |
| Suggested RAG Rating | | |  |