

Pharmacy Integration Fund

**NHS Community Pharmacy Oral
Contraception Management
Service Pilot:
Access to Ongoing Oral
Contraception Management via
PGD (Tier 1)**

Service Level Agreement

Pharmacy Local Enhanced Service

NHS England and NHS Improvement



1 Document history

Approvals

This document requires the following approvals:

Name	Title	Status
Anne Joshua	Head of Pharmacy Integration, NHS England and NHS Improvement	Approved
Lisa Simpson	Deputy Director of Community Pharmacy Strategy and Contracts, NHS England and NHS Improvement	Approved
Bruce Warner	Deputy Chief Pharmaceutical Officer, NHS England and NHS Improvement	Approved

2 Parties to the agreement

2.1 This agreement is between

NHS England and NHS Improvement (the commissioner)

[NHS England and NHS Improvement <insert area team name>

and the Provider (the pharmacy)

Trading name and address of pharmacy

.....
.....
.....

Contractor ODS code: F.....

2.2 For the provision of services to test a model for the transfer of care into community pharmacy-based contraception services. The pilot service is a Local Enhanced Service as defined by Part 4 paragraph 14(1)(j) of the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended).

2.3 By signing up to this Service Level Agreement (SLA) you are agreeing that you fully comply with the Terms of Service as outlined in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and agree to comply with the full terms and conditions as outlined in this Service Level Agreement and service specification. NHS England and NHS Improvement (NHSE&I) reserves the right to remove you from this pilot if you become unable to meet your terms of service during the pilot period.

2.4 Failure to comply with the full terms and conditions as outlined in this SLA and the Service Specification may result in suspension from the pilot. Before any suspension, the pharmacy and commissioner will discuss the reason for the suspension to identify a possible resolution.

Sign up to the service is via the NHS BSA website <https://nhsbsa.nhs.uk/nhs-community-pharmacy-contraception-management-service-pilot>

2.5 By registering to sign up to the service you are agreeing to the terms outlined in this SLA for the Service.

3 Purpose and scope

3.1 As part of the Community Pharmacy Contractual Framework (CPCF) 2019-2024 there is the commitment to "...test a range of prevention services and if they are found effective and best delivered by community pharmacy could be mainstreamed within the CPCF over the course of the settlement period". The routine monitoring of patients taking oral contraception was flagged as a prevention service as part of a repeat prescription process

linked with General Practice. This pilot is the first step in testing a model with the potential for community pharmacy to provide greater access to ongoing oral contraception (Tier 1) and depending on the outcome of this first step to explore the potential for community pharmacy to initiate access to contraception (Tier 2) recognising it as a place to support wider patient choice and create capacity.

- 3.2 The purpose of this Tier 1 pilot is to test a model for community pharmacy teams to continue the provision of ongoing oral contraception supplies initiated in primary care or a sexual health clinic. The pilot will implement and test an integrated pathway between existing services and community pharmacies to allow people greater choice and access when considering continuing their current form of contraception.
- 3.3 The aim of the pilot is to create additional capacity in primary care and sexual health clinics and is not a replacement for local authority commissioned services.
- 3.4 An evaluation of the service will be undertaken encompassing quantitative and qualitative measures including service user experience and the experience of pharmacy staff and sexual health and primary care health professionals and the safety of the service within community pharmacy.
- 3.5 This service is to be provided in addition to the Essential service 'Promotion of healthy lifestyles (Public Health)'.
- 3.6 The Tier 1 pilot is intended to inform the 2022-23 Community Pharmacy Contractual Framework (CPCF) negotiations as part of the 5-year agreement from 2019 – 2024, subject to evaluation results.

4 Timescale

- 4.1 This agreement and pilot service delivery covers 30th September 2021 to 30th September 2022 with the possibility of extension.

5 Termination and notice period

- 5.1 One month's notice of termination must be given in writing to the commissioner if the pharmacy wishes to terminate the agreement before the given end date.
- 5.2 The commissioner may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence, or fraud on the part of the pharmacy.

6 Obligations

- 6.1 The pharmacy will provide the service in accordance with the service specification and ensure that all pharmacists and pharmacy staff are aware of it.
- 6.2 The service must be provided by a pharmacist who has completed the required training. Oral contraceptives will be supplied via a patient group direction (PGD).

- 6.3 Pharmacists will need to consider their competency in order to provide the PGD service. Commissioners may request evidence of training completed.
- 6.4 The pharmacy will participate fully in the pilot evaluation and provide the data set out in the specification within the timescales specified.
- 6.5 The commissioner will monitor and assure the service in accordance with the specification.

7 Standards

- 7.1 The service will be provided in accordance with the standards detailed in the specification.

8 Eligibility criteria

- 8.1 Service providers will need to satisfy the following criteria to demonstrate ability to take part in this pilot.
- Compliant with the Essential Services elements of the Community Pharmacy Contractual Framework (CPCF).
 - In good standing with NHS England and NHS Improvement.
 - Located within the agreed pilot footprint. The details of this can be found on the NHSBSA website.
 - Must be invited to participate by the NHSEI regional teams via email.
 - Registered to provide the service.
 - Can comply with all the elements described in the service specification.
 - The pharmacy must be able to offer face to face appointments inside a confidential consultation room that complies with relevant GPhC standards. The consultation area must be clearly signed as a private consultation area and must be an area where service users and the pharmacy team member are able to sit and speak normally, without being overheard. Distance Selling Pharmacies who wish to provide the service at their registered pharmacy premise must also meet these consultation room requirements.
 - Remote live video consultations are also permitted for all community pharmacies. When delivering remote consultations, the contractor must ensure that there are arrangements in place at the pharmacy which enable staff and people accessing the service to communicate securely and confidentially by live video and audio link. Any contractor providing remote consultations must comply with the principles defined in the GPhC Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet.

- The service may be delivered by agreement with the Commissioner from a suitable location outside a consultation room that complies with infection control requirements for COVID-19 and supports a confidential consultation.

9 Confidentiality

- 9.1 Both parties shall adhere to applicable data protection legislation including the General Data Protection Regulation 2018 and to the Freedom of Information Act 2000.
- 9.2 Registered pharmacy professionals are expected to follow the most recent General Pharmaceutical Council Guidance on Confidentiality (May 2017).
- 9.3 The service provider must have in place a whistleblowing policy. The aim of which is to allow an employee to raise at the earliest opportunity, any general concern that they might have about a risk, malpractice or wrongdoing at work, which might affect patients, the public, other staff, or the organisation itself.
- 9.4 Any approaches by the media for comments or interviews relating to this service must be referred to the commissioner.

10 Indemnity

- 10.1 The pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement. Any litigation resulting from an accident or negligence on the part of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to the commissioner.

Pharmacy Integration Fund

**NHS Community Pharmacy Oral
Contraception Management
Service Pilot:
Access to Ongoing Oral
Contraception via PGD (Tier 1)**

Service Specification

Pharmacy Local Enhanced Service

NHS England and NHS Improvement



Equalities and health inequalities statement

"Promoting equality and addressing health inequalities are at the heart of NHS England's and NHS Improvement's values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;
- given regard to the need to reduce inequalities between an individual / patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities."

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1 Service background

- 1.1 The NHS Long Term Plan (LTP) Chapter 2¹ highlights the importance of NHS services complementing the action taken by local government to support the commissioning of sexual health services and exploring the future commissioning arrangements to widen access and create capacity where it is needed.
- 1.2 Public Health England resource for commissioners (2019)² highlighted the role community pharmacy can play supporting ongoing contraception. In areas that do not already offer commissioned contraceptive services, appropriately trained and skilled community pharmacists could provide access to oral contraception through a Patient Group Direction (PGD) and potentially the timely provision of long-acting reversible contraceptives (LARCs). This would relieve the burden on General Practice and allow GPs to concentrate on more complex services.
- 1.3 As part of the Community Pharmacy Contractual Framework (CPCF) 2019-2024 there is the commitment to "...test a range of prevention services and if they are found effective and best delivered by community pharmacy could be mainstreamed within the CPCF over the course of the settlement period". The routine monitoring of patients taking oral contraception was flagged as a prevention service as part of a repeat prescription process linked with General Practice.
- 1.4 The aim of this pilot (Tier 1) is to establish the first step of a fully integrated care model for community pharmacy to provide greater access to ongoing contraception to create the environment for people so that they feel confident in choosing community pharmacy for their ongoing oral contraception with the right support in place.
- 1.5 This service will also support the important role community pharmacy teams can play to refer on to GPs for more complex contraception needs and signpost service users into local sexual health services in line with NICE guideline NG 102³ for community pharmacies promoting health and wellbeing.
- 1.6 Depending on the outcome of the evaluation of this Tier 1 service the pilot service will then be developed to test a model for community pharmacy to initiate access to oral contraception (Tier 2). The following service specification describes the Tier 1 service.

2 Aims and objectives

- 2.1 The aim of the pilot is to create additional capacity in primary care and sexual health clinics for ongoing oral contraception access to be available through a community pharmacy to relieve the burden on wider primary care and sexual health clinics and provide improved access for patients.

¹ [NHS Long Term Plan » Chapter 2: More NHS action on prevention and health inequalities](#)

² [The Pharmacy Offer for Sexual Health, Reproductive Health and HIV: A resource for commissioners and providers \(publishing.service.gov.uk\)](#)

³ [Overview | Community pharmacies: promoting health and wellbeing | Guidance | NICE](#)

Objectives:

1. To test a model for community pharmacy teams to continue the provision of contraception supplies initiated in primary care or sexual health clinics using a Patient Group Direction to undertake the review and supply process.
2. To test an integrated pathway between existing services and community pharmacies to allow people greater choice and access when considering continuing their current form of contraception.
3. To identify a consistent agreed data set that should be shared with the community pharmacy independent via any specific IT system to support the referral process and feedback loop to the GP held patient record where appropriate.
4. To evaluate the Tier 1 service model encompassing quantitative and qualitative measures including service user experience, the experience of pharmacy staff and primary care and sexual health professionals and the safety of the service within community pharmacy.
5. To inform the scope and service model design for a Tier 2 service that would enable a community pharmacy initiated oral contraception service pilot.

3 Service sign up and self-declaration

- 3.1 Community pharmacy registration for the pilot will be via the NHS BSA website <https://nhsbsa.nhs.uk/nhs-community-pharmacy-contraception-management-service-pilot>
- 3.2 Prior to provision of the service, the pharmacy contractor must:
 - Be satisfactorily complying with their obligations under Schedule 4 of the Pharmaceutical Services Regulations (Terms of Service of NHS pharmacists) in respect of the provision of Essential services and an acceptable system of clinical governance;
 - Notify NHS England and NHS Improvement regional team that they intend to provide the service by completion of an electronic registration declaration through the NHSBSA website;
 - Be satisfied that all pharmacy staff (engaged or employed) involved in the provision of the service are competent to do so
- 3.3 The pharmacy contractor must ensure that the service is available throughout all NHS commissioned hours and ensure that all pharmacy staff involved in delivery of the service are appropriately trained and competent to do so. The pharmacy contractor must also ensure that any registered pharmacist employed or engaged is able to deliver the service.
- 3.4 Pharmacists providing the service must have access to the NHS Summary Care Record (SCR) and the pharmacy's shared NHSmail mailbox (the email address of which must be in the following format: pharmacy.ODScode @nhs.net).

- 3.5 The pharmacy contractor must have a standard operating procedure (SOP) in place covering the provision of the service, including key contact details for the service. The SOP must include escalation, signposting details and staff training with a designated pharmacy team member responsible for implementing the SOP. This should be reviewed regularly and following any significant incident or change to the service.
- 3.6 The service provider should maintain appropriate records to ensure effective ongoing service delivery and audit. The service toolkit provides further guidance about documentation and reporting to support service delivery and evaluation.

4 Service description

- 4.1 People will access the service by one of the following routes:
- Identified as clinically suitable by the community pharmacist and accept the offer of the service,
 - Self-refer to a community pharmacy,
 - Are referred by their GP practice as they have requested a repeat prescription and a review is needed,
 - Referred from a sexual health clinic.
- 4.2 To be eligible to access this service a person must:
- Be an individual (age from menarche to up to 50 years) presenting for repeat supply of their ongoing hormonal oral contraception,
 - Have already had an initial consultation with an appropriately trained practitioner and had a supply of ongoing oral contraception and the subsequent supply is needed. They should be in receipt of a current supply of a hormonal oral contraception.
 - Have consented to the referral where appropriate and to participate in the pilot service model.
- [Note: the person will be asked to confirm consent again to participate in the evaluation but refusal to participate in evaluation should not exclude them from the service]
- Require a clinical check appointment before further supplies of an ongoing oral contraceptive are authorised.
- [Note: People who have had a gap in oral contraception supply cannot be re-initiated on their original prescription as part of this service.]**
- 4.3 Anybody requesting a repeat supply for their ongoing hormonal oral contraception will be seen as soon as possible. If they are unable to be seen immediately, they must be given the opportunity to make an appointment or be signposted to other services.
- 4.4 The clinical management of repeat supplies for a person accessing this service will involve a consultation with a pharmacist following the PGD to consider the clinical appropriateness of the subsequent supply.

- 4.5 When a person attends the pharmacy to collect an NHS repeat prescription for oral contraception, they can be offered the PGD service for when they need their next supply.
- 4.6 If the person provides consent to share the outcome of the consultation with their GP, the pharmacist will inform the person's GP.
- 4.7 An assessment of safeguarding issues should be made, and appropriate action taken if necessary following local processes;
- 4.8 Either party may request / offer a chaperone be present during the consultation. More information regarding use of a chaperone can be found on the PSNC website⁴.
- 4.9 Please refer to Appendix B for a flow diagram describing the service.

5 Managing the appointment and next steps

- 5.1 The consultation will include a conversation with the person regarding alternative and more effective forms of contraception e.g. Long-Acting Reversible Contraception (LARC).
- 5.2 If, following the consultation, whether or not medication is not supplied, the Pharmacist may decide it is relevant to provide onward signposting to sexual health services that provide long-term contraception methods and diagnosis and management of STIs.
- 5.3 For a combined oral hormonal contraception, repeat supply will also require BMI and a BP test⁵ (home test results can be accepted – three BP readings are required as per NICE guidelines) and advice. A person accessing the service may also offer their own weight measurement. Any self-reported measurements will need to be identified within the pilot web-based reporting tool.
- 5.4 The clinical assessment is conducted by the pharmacist according to the PGD.
- 5.5 If assessment criteria are met supply of the ongoing oral contraception can be made. It may also be appropriate to gain consent from the person to share details of the consultation with the GP and a post event message is sent to the GP via NHSMail or other secure digital mechanism. This message must clearly prompt GP staff to add details of the consultation to the person's clinical record upon receipt. If consent is not gained this is the end of the consultation.
- 5.6 If assessment criteria for clinical appropriateness are not met, the pharmacist will refer the person to the GP or sexual health clinic where they were initially provided oral contraception.

⁴ PSNC - <https://psnc.org.uk/wp-content/uploads/2013/07/psnc20briefing20on20chaperone20policy.pdf>

⁵ NICE - <https://www.nice.org.uk/guidance/ng136/chapter/Recommendations#diagnosing-hypertension> Section 1.2

5.7 The service provider should maintain appropriate records to ensure effective ongoing service delivery and audit. The service toolkit provides further guidance about documentation and reporting to support service delivery and evaluation using the pilot web-based reporting tool.

5.8 Fees will be payable as detailed in Appendix A.

6 Equipment

6.1 Before supply of a combined ongoing oral contraception can be made a BP reading and BMI will need to be recorded according to the PGD protocol. BP and BMI readings provided by patients may be accepted.

Blood Pressure (BP) Monitors

6.2 When purchasing the necessary equipment for this service, the pharmacy must use equipment that is validated by the British and Irish Hypertension Society (as recommended by NICE) with reference to Specialist Use: <https://bihsoc.org/bp-monitors/for-specialist-use/>.

Facilities to calculate Body Mass Index (BMI)

6.3 Body Mass Index is a simple calculation using a person's height and weight. The NHS provides an online BMI calculator⁶.

7 Community pharmacy requirements and responsibilities

7.1 Prior to commencing provision of the service pharmacy contractors must comply with any service eligibility criteria in the Service Level Agreement.

7.2 For face to face consultations, the service must be delivered from inside a consultation room that complies with the GPhC standards for such rooms;

7.3 The service may be delivered by agreement with the Commissioner from a suitable location outside a consultation room that complies with infection control requirements for COVID-19 and supports a confidential consultation;

7.4 Remote live video consultations are also permitted. When delivering remote consultations, the contractor must ensure that there are arrangements in place at the pharmacy which enable staff and people accessing the service to communicate securely and confidentially by live video and audio link. Any contractor providing remote consultations must comply with the principles defined in the GPhC Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet;

⁶ NHS - <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>

Training Aims – Clinical skills and knowledge

7.5 The pharmacist should always work to GPhC professional standards and expectations and be confident and competent to:

- Ensure a patient centred approach is maintained when providing the service
- Confidently describe the different types and methods of contraception
- Identify and use current reference sources and maintain up to date knowledge
- Confidently deal with common issues encountered when providing effective contraception advice and services
- Use evidence-based judgement to decide when to refer a patient and identify patients who require other contraceptive services

Training requirements

7.6 Pharmacy Contractors are responsible for ensuring that all staff are trained as appropriate to their role within this service and that those staff are aware of, and work to, the contents of the relevant Patient Group Direction (PGD) that covers any supplies made under this Service.

7.7 The pharmacy contractor must ensure that pharmacists providing the service are competent to do so. Pharmacists should demonstrate to the pharmacy contractor and pharmacy superintendent that they have the necessary knowledge and skills to provide the service.

Training evidence

7.8 The service provider will keep documentary evidence that all pharmacists and pharmacy staff involved in the provision the service have successfully completed the relevant training.

7.9 Evidence of competencies must be retained within each pharmacy for all pharmacists and staff delivering this service.

7.10 Evidence of competencies must be dated within the last two years and may be requested at pharmacy inspections.

7.11 Before commencement of the service all staff must read the service specification and complete and provide evidence of completion of the training as outlined in section 7.12.

Training

7.12 To support clinical skills and knowledge [the following modules](#)⁷ are required as a minimum to deliver this service (and should be updated every 2 years):

- CPPE Safeguarding Level 2

⁷ <https://www.cppe.ac.uk/services/ocms>

- CPPE emergency hormonal contraception
 - CPPE contraception including contraception and e-assessment 2021 **or** the following four subsections of the FSRH Sexual and Reproductive Health (e-SRH) on e-LfH:
 - Mechanism of action, effectiveness and UKMEC
 - Choosing contraceptive methods
 - Combined hormonal contraception
 - Progestogen only methods (oral and injectable)
 - CPPE consultation skills in community pharmacy
 - CPPE Sexual health in pharmacies and e-assessment 2021 **or** FSRH Sexual and Reproductive Health (e-SRH) on e-LfH:
 - Epidemiology and transmission of STIs
 - STI testing
 - STI management
 - Partner notification
 - FSRH contraception counselling module e-assessment
- 7.13 Contraception and sexual health training is available through existing training providers such as the Faculty of Sexual and Reproductive Health (FSRH), and the CPPE and can be accessed through e-learning.
- 7.14 To support operational service delivery, training will be supported through the pilot for participating pharmacy teams agreed on a per pilot basis.
- 7.15 All pharmacists providing the service must have read and understood the operational processes to provide the service as described in the service specification, standard operating procedures, and the toolkit.
- 7.16 Any additional training / e-learning e.g. webinars as determined by the commissioner may be required to inform of the Service Specification and align with locally commissioned service provision.
- 7.17 Additional training will be required when moving to subsequent tiers.

8 Indemnity

- 8.1 Pharmacy Contractors should ensure that this service, and all clinical professionals and other staff working within it are covered by appropriate indemnity.
- 8.2 Pharmacy Contractors must ensure they have adequate commercial insurance in place to cover all liabilities (e.g. public and employers).

9 Data and information management

- 9.1 All parties shall adhere to applicable data protection legislation including the General Data Protection Regulation 2018 and to the Freedom of Information Act 2000. The requirement for confidentiality will be balanced with the needs of the person accessing the service.

10 Consent

The pharmacist will be required to obtain consent from the person for the following purposes:

- 10.1 **Participate in the pilot and agree to have a clinical check undertaken by the pharmacy**
- Each pharmacist will be required to obtain verbal consent from the person to proceed with the PGD consultation. This consent is recorded at the start of the first consultation in the pharmacy as part of the consultation form. **This consent is required to proceed any further.** The consent covers the measurement of the BP and parameters to calculate BMI i.e., weight and height for combined oral contraception (if a self-reported BP, height and weight is not provided).
- 10.2 **To share clinical measurements and shared decisions with the person's GP**
- This consent informs the person that their information and results will be shared with their GP practice with their consent and stored by the pharmacy in line with 'Records Management Code of Practice for Health and Social Care.' If the person does not consent with sharing information with their GP, consultation can still proceed, and a post event message will not need to be sent.
- 10.3 **To share demographic and clinical data**
- This consent is to allow their pseudonymised data to be shared with commissioners and evaluation teams for payment of the service and for service evaluation purposes.
 - In addition, people accessing the service will be asked in the pharmacy if they consent to being contacted by an evaluation team to complete a service user survey. People will be contacted once the consultation has been completed and be asked to confirm consent to participate.
 - Note: This is likely to be accessed via a mobile phone. If a person does not consent to participate in the evaluation, they can still access the service.
- 10.4 Evidence of consent should be retained for an appropriate period of time. As pharmacy contractors are the data controller, it is for each contractor to determine what the appropriate length of time is. Decisions on this matter must be documented and should be in line with 'Records Management Code of Practice for Health and Social Care.'

11 Safety and incident reporting

- 11.1 The pharmacy is required to report any patient safety incidents in line with the 2012 NHS guidance on Clinical Governance Approved Particulars for Pharmacies⁸.

12 Review and evaluation

- 12.1 The Commissioner reserves the right to audit or conduct post payment verification (PPV) on the information and data held at the pharmacy in respect of this service
- 12.2 Depending on the outcome of the evaluation of this Tier 1 service the pilot service will then be developed to test a model for community pharmacy to initiate access to oral contraception (Tier 2).
- 12.3 As a pilot service, independent evaluation of the service and its outcomes is key to ongoing service development and review of the effectiveness of the pilot. The service provider is required to participate in evaluation by ensuring submission of all relevant data and taking part in a questionnaire or survey, and telephone interview if requested.
- 12.4 Community pharmacists will be invited to participate in a 45 – 60 min telephone interview. Those pharmacists that participate will be reimbursed for their time as outlined in the Appendix A. Community pharmacists wishing to participate in telephone interviews may email england.pharmacyintegration@nhs.net
- 12.5 Aspects of the service to be examined will include but are not limited to:
- Scope opportunity to get feedback on communications work / support via the programme evaluation
 - Impact on health inequalities (linking to post codes of those diagnosed).
 - The experience and satisfaction of the person accessing the service.
 - Pharmacy staff, Sexual Health Service staff and General Practice staff experience.
 - Identification of a clinical pathway for referral from community pharmacy.
 - Operational efficiency including numbers of potential people approached and rates of participation.
 - Operational issues with the running of the service, which may prompt changes to its design or future development.
 - Any variation between pilot areas.
 - The cost of implementation including time and resources required.
 - Learning from incidents and near misses.

⁸ NHS <https://www.gov.uk/government/publications/clinical-governance-approved-particulars>

13 Data collection and payments

- 13.1 The pharmacy contractor shall provide information, reports, and other data as and when required by the local NHS England and NHS Improvement primary care commissioning team and authorised agents.
- 13.2 The pharmacy will be responsible for ensuring that accurate and complete records of consultations, advice and contraception provided to each person is recorded along with outcomes using the pilot web-based reporting tool. The web-based reporting tool shall also be used for the purposes of audit and processing payment. See Appendix A for a description of fees for service delivery.
- 13.3 Any claims for payments should be made monthly via the relevant submission form provided on the pilot reporting tool. Contractors will not need to submit a claim separately for consultations provided. Contractors are required to register with the NHSBSA to deliver this service and are advised to do this as soon as possible to ensure registration is complete when they want to make a claim for payment. Refer to the toolkit for details.
- 13.4 Claims will be accepted by the pilot web-based reporting tool within three months of activity and in accordance with the usual Drug Tariff claims process. Later claims will not be processed.

Service Quality Performance Report

- 13.5 The pharmacy contractor shall provide information, reports and other data relating to the provision of this service as and when required by the local NHS England and NHS Improvement primary care commissioning team. Reports may be generated automatically using the pilot web-based reporting tool.
- 13.6 The pharmacy contractor shall record consultations using the pilot web-based reporting tool. The pilot web-based reporting tool shall also be used for the purposes of audit and for generating and submitting invoices.

Monitoring

- 13.7 In addition to meeting the essential services the pharmacy contractor shall ensure the pharmacy has the following and that these are available for inspection should the local NHS England and NHS Improvement primary care commissioning team undertake a site visit:
- A working and appropriately calibrated BP monitor;
 - Sexual health promotional media or evidence of an ability to signpost;
 - A suitable quantity of oral contraception products to enable efficient and direct supply to the person attending and ensure continuation of supply;
 - That the supply of oral contraception is based on clinical suitability and is in no way influenced by sponsorship or by financial incentives.

- 13.9 To support shared learning, please report any incidents and near misses via the relevant form.

Appendix A – Fees for service delivery

- If the contractor is commissioned to deliver any related services e.g. Hypertension case finding (incorporating BP clinic measurement), the contractor may not claim twice for the same activity.
- The commissioner reserves the right to revise fees during the pilot period.
- Claims for payment should be submitted within one month of, and no later than three months of providing the chargeable activity. Claims which relate to work completed more than three months may not be paid.
- Payment will be based on the claims submitted via the pilot web-based reporting tool.
- Remuneration for time taken to carry out the consultation, including appropriate monitoring, and issue the oral contraception will be given through the pilot.
- The product price for the oral contraception supplied will be derived from the relevant months Drug Tariff. Discount deduction is not applied.
- Prescription charges are not relevant to the provision of this service and an appropriate declaration is not required.

Table 1 Payment for supply of Oral Contraception

Reimbursement will be paid on the condition that the pharmacy has provided the service in accordance with the service specification

Payments and deductions	
Product price	Payment derived from the Drug Tariff
Consultation fee	Payment of £18.50 per consultation
Supply activity. This is only payable if a supply of ongoing oral contraception is made following consultation	Payment of £3.50 per supply
Pharmacy set up costs	One-off payment of £685 per pharmacy premises. This will be paid automatically on signing up to deliver the service via the NHSBSA website
Participation in evaluation and engagement	One-off payment of £125 per pharmacy premises for pharmacists who participate in the evaluation interview (s)– this will be paid automatically on completion of the interview with the pharmacist. Pharmacy contractors do not need to claim for this.
<p>Evaluation and Data costs include (not limited to):</p> <ul style="list-style-type: none"> • Collection of data to support evaluation via pilot web-based reporting tool • Support for service user exit survey • Engaging with the service and promoting activity • Developing a working relationship with the local PCN and other stakeholders (e.g. sexual health clinics) to engage them in the service • Participation in online surveys to determine training needs assessments for potential future tiers. 	<p>One- Off payment of £550 per pharmacy premises. This can be claimed by contractors in September 2022 via the claim form supplied in the Web based consultation tool. The pharmacy contractor will make a declaration that they have participated in the evaluation and data submission and will keep records to evidence the declaration.</p>

Appendix B – Service pathway

