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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. | | | |
| **Response summary feedback from CPSC** | | | |
| **Emergency Hormonal Contraception, IOW Public Health** | | | |
| CPSC has rated this service specification as Green based on the comments made below. Our recommended actions to further improve the service are:   1. Payment period for claims should be one month in arrears rather than quarterly. | | | |
| **Time-line & Next Steps for CPSC** | | | |
| CPSC will publish this service participation rating to contractors in **due course when you indicate the service is to go live.**  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 [richard.buxton@cpsc.org.uk](mailto:richard.buxton@cpsc.org.uk)  IOW Public Health will keep the quarterly payment of invoicesfor commissioned pharmacy services. | | | |
| **Point Covered** | | | **Action or Notes** |
|  | | **CPSC Consultation** | |
| CPSC Consulted? | | | Yes |
| CPSC Consulted with sufficient time to comment? | | | Yes |
|  | | **Remuneration** | |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | | | No set up, backfill or consumables costs involved.  No off-site training required, all completed on-line. |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? | | | Yes, PharmOutcomes.  Claims can be made retrospectively for 3 months  Automated claims, although payment period will be quarterly rather than monthly |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | | | No equipment required except use of PharmOutcomes to enter information. |
| Is remuneration fair? | | | Yes  Professional fee whether or not EHC supply is made, plus either Levonelle 1500 or Ulipristal cost price (Drug Tariff price + VAT) and optional pregnancy test when given. |
|  | **Is/does the Service.....** | | |
| Sustainable? | | | Yes |
| 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? | | | Public Health will use a Contract for services provided by community pharmacy (Contract will be available via DPS ProContract Portal) |
| Enhance relationships with other HCPs? | | | Yes  May require referral to GP, Sexual Health Service or Sexual Health Specialist Nurse Team using online referral. |
| Deliverable? | | | Yes |
| Attractive enough for contractors to consider it worthwhile? | | | Yes |
| Have performance criteria that supports a quality service? | | | Provision for women aged 13 years and over (Fraser competence if under 16).  Clear written patient information and follow-up advice provided within PGD.  All under 16s are recommended to be referred to Young Peoples Sexual Health Nurse.  Offer condoms & pregnancy test if appropriate.  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? | | | PharmOutcomes requires internet access.  Use essential to enter information |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | | | Completion of 2 x CPPE learning pack & online assessments ‘EHC, Safeguarding children & vulnerable adults’  Self-declaration of competence via PharmOutcomes.  Pharmacist must have a signed version of the DoC for EHC and hold a signed version of the PGD.  Ongoing CPD in providing EHC service plus bi-annual self-assessment of competency of PGD. |
| 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). Document allergies and ADRs clearly in records and CCG incident reporting system. 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>  Record will be sent to patients GP directly via PharmOutcomes or will be posted by the pharmacy where the GP has no NHS mail address.  PGD legal requirements for labelling  Be prepared to take part in clinical audit records |
|  | **Miscellaneous Information** | | |
| Any other information specific to this service. | | |  |
| Suggested RAG Rating | | |  |