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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** | | | |
| **Chlamydia Treatment, 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 specified and ideally 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)  Due to the small amounts of money involved with many of these services, Public Health will keep the quarterly payment of invoicesfor the Public Health Commissioned PGDs and 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. |
| 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 plus cost price of the drug (Drug Tariff price + VAT) |
|  | **Is/does the Service.....** | | |
| Sustainable? | | | Yes |
| Clinically sound and in line with appropriate National or local guidance? | | | PGD, defined inclusion and exclusion criteria.  NICE clinical knowledge summary: <https://cks.nice.org.uk/chlamydia-uncomplicated-genital>  SPC: <https://www.medicines.org.uk/emc/product/8427> |
| Enhance patient care? | | | Yes, speeds up provision of POM medication without need for referral to GP for patients 13 -24 years old in receipt of a positive NAAT test result for both themselves and their contacts.  Onward referral by PharmOutcomes for specialist advice possible for defined patient criteria.  All under 16s to be strongly encouraged to be referred by PharmOutcomes to YPSHN at NHS Trust |
| 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, reduces burden of unnecessary onward referral and encourages people to use pharmacy |
| Deliverable? | | | Yes |
| Attractive enough for contractors to consider it worthwhile? | | | Yes – very useful addition, and solution to unnecessary onward referral of patients to GP, OOH or Emergency care services. |
| Have performance criteria that supports a quality service? | | | Clear written patient information and follow-up advice provided within PGD.  Contractor must have SOP procedures in place for this service and available for inspection.  Pharmacy has health promotion & self-care material available.  Patient information leaflet about Chlamydia should be provided: <https://www.bashh.org/documents/Chlamydia_PIL_DIGITAL_2016.pdf> as well as safer sex information  Pharmacy must participate in any Public Health led audit or assessment of the service. |
|  | **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 CPPE distance learning and eLearning assessment as listed:  CPPE Chlamydia testing and treatment workshop  <https://www.cppe.ac.uk/programmes/l/chlamydia-k-05>  CPPE e-learning Sexual health in pharmacies  <https://www.cppe.ac.uk/programmes/l/sexual-e-01>  CPPE e-assessment Sexual health in pharmacies <https://www.cppe.ac.uk/programmes/l/sexual-a-10/>  CPPE e-learning Dealing with difficult discussions <https://www.cppe.ac.uk/programmes/l/diffdisc-e-01/>  CPPE e-assessment Dealing with difficult discussions  <https://www.cppe.ac.uk/programmes/l/diffdisc-a-01/>  CPPE e-learning Safeguarding children and vulnerable adults <https://www.cppe.ac.uk/programmes/l/safegrding-e-02>  plus self-declaration of competence via PharmOutcomes.  Pharmacist must be competent in the use of PGDs including NICE Clinical Knowledge Summaries: <https://cks.nice.org.uk/impetigo>  Ongoing CPD in treating chlamydia trachomatis plus annual self-assessment of competency. |
| Does record keeping or sharing of information requirements meet current IG regulations. | | | Yes. Record and oral consent made on PharmOutcomes and kept for 2 years. 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. |
|  | **Miscellaneous Information** | | |
| Any other information specific to this service. | | | Advise patient that the sexual health service will make contact in 7 days to check compliance. Also advised to have full ST screen.  Advice patient to have a repeat chlamydia test in 3-6 months to check for re-infection <https://www.freetest.me/>  Contact information is returned to SHC via Safe Haven Fax or phone.  A prescription charge should be collected from the patient unless the patient is exempt. Evidence of exemption should be supplied and declared.  The pharmacy should seek to ensure the service is available at all times the pharmacy is open.  Pharmacists unable to provide the service should signpost patients to the nearest provider. |
| Suggested RAG Rating | | |  |