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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 & Condom supply - Hampshire County Council** | | | |
| **Response summary feedback from CPSC** | | | |
|  | | | |
| CPSC has rated this service specification as Green/ Amber based on the comments made below. Our recommended actions to further improve the service are:   1. No remuneration for condom supply scheme. However, information needs to be collected and recorded as part of the service. 2. EHC payment is quarterly not monthly 3. No PGD for EllaOne only for levonorgestrel (to be reviewed at PGD review date 30/9/19) | | | |
| **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? | | | No – arrived after start date |
| CPSC Consulted with sufficient time to comment? | | | No |
|  | | **Remuneration** | |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | | | No consumables required for EHC  Condoms can be ordered free of charge |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? | | | Yes, invoicing via PharmOutcomes  Payment confirmed with commissioner |
| 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  There is no remuneration for condom supply scheme. However the commissioner does require information to be collected as part of the service. |
|  | **Is/does the Service.....** | | |
| Sustainable? | | | Yes |
| Start/ end date | | | April 2019 – March 2024  with option to extend for a further 2 years |
| 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 members of the public health team (commissioner) able to view data on EHC consultations.  Monitoring of c-card data requires paper monitoring forms to be sent back to commissioner.  There are no termination clauses. |
| Enhance relationships with other HCPs? | | | Yes – May require referral to GP or Level 3 integrated sexual health services. |
| 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 18s should be referred to Level 3 integrated sexual health service.  Offer condoms 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? | | | EHC part of service spec is proportional  C-card is not funded, data collection for this part of the service is laborious |
| 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 HCC 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  Be prepared to take part in clinical audit records |
|  | **Miscellaneous Information** | | |
| Any other information specific to this service. | | |  |
| Suggested RAG Rating | | | Green/ Amber |