Service Level Agreement

Chlamydia Screening through Community Pharmacy Enhanced Service

Service Level Agreement

This is a service level agreement (SLA) for the provision of a freely accessible Chlamydia Screening service through community pharmacies. The SLA for this Enhanced Service of the Community Pharmacy Contractual Framework is between the PCTs of Middlesbrough and Redcar and Cleveland and community pharmacies contracted to those PCTs, on behalf of the Central Chlamydia Screening Programme based in County Durham and Tees Valley.

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Appendix A – Self Assessment Document
1. Service Description

1.1 Pharmacies will provide a Chlamydia Screening service to eligible clients. Acting only as an access point for Chlamydia Screening; the results/treatment of any positive clients will be managed by the Central Chlamydia Screening Office of the County Durham and Tees Valley Screening Programme.

1.2 This enhanced service will compliment other services provided in MPCT/ R&C PCT including contraception and sexual health services, community pharmacy enhanced services for emergency hormonal contraception and the programme for sexual health promotion.

1.3 Pharmacies will offer an accessible, user-friendly, non-judgmental, client-centred and confidential service.

1.4 The screening service will be provided free of charge to the client at NHS expense.

1.5 Clients excluded from the screening criteria will be signposted to another local service that will be able to assist them.

1.6 Pharmacies will also be in a position to provide, where possible and appropriate, support and advice to clients accessing the service, including advice on the avoidance of pregnancy and sexually transmitted infections (STIs) through safer sex and condom use, advice on the use of regular contraceptive methods and provide onward signposting to services that provide long-term contraceptive methods and diagnosis and management of other STIs. (This may be considered to be part of Essential Services).

2. Service Aims and Intended Service Outcomes

2.1 To improve access to Chlamydia Screening, informed advice and support to complement existing sexual health services and provide a 'signposting service' into mainstream services.

2.2 To provide opportunistic Chlamydia Screening to asymptomatic males and females aged between 16 and 24 years of age presenting in pharmacies. This is supported by the Central Chlamydia Screening office of the County Durham and Tees Valley Screening Programme, who will manage the results/treatment of any positive clients.

2.3 To contribute to the detection of early asymptomatic infection in primary care through routine testing provided through community pharmacies.

2.4 To prevent long-term, complicated infection and its sequelae in the target population.
2.5 To increase the knowledge, especially among young people of the target group, of the availability of both contraception and sexual health advice, including screening, from pharmacies.

2.6 To increase the uptake of screening amongst the target group.

2.7 To refer clients, especially those from hard to reach groups, into mainstream contraceptive services.

2.8 To increase the knowledge of risks associated with STIs.

3. Service Location

3.1 To ensure 'south of tees'-wide access to this enhanced service, all community pharmacies within Middlesbrough and Redcar & Cleveland PCTs will be given the opportunity to provide this service.

N.B. The Central Chlamydia Screening Programme (CCSP) for County Durham & Tees Valley has a local office based in Middlesbrough.

4. Level of Provision

4.1 Pharmacies participating in the service will provide potential clients with convenient, drop-in access to a Chlamydia Screening service at all times corresponding to the pharmacy opening hours. The postal packs will be offered/ available to asymptomatic males and females aged between 16* and 24 years of age, as follows:

- on request from clients
- on production of a voucher (requesting Chlamydia screening)
- subsequent to a request from clients to access the Community Pharmacy Emergency Oral Hormonal Contraception (EOHC) Enhanced Service (whether provided or not)*.

*Chlamydia screening may be offered by pharmacists secondary to (and as an integral part of) an EHC consultation with a client aged over 14 years.

5. Service Standards

5.1 Pharmacies, designated pharmacists and other staff must be able to demonstrate, on request, that specified accreditation requirements and service standards are achieved, in order to be eligible to participate in this Enhanced Service.
Clinical Governance

5.2 Pharmacies will be operating to appropriate standards of clinical governance as detailed in Essential Services 8 of the Community Pharmacy Contractual Framework (2005). Pharmacy Contractors are also required to comply with the appropriate Standards for Better Health and be able to provide suitable evidence of such to the PCT. Monitoring against these standards will seek assurance of quality of service delivery applicable to enhanced services such as provision of Chlamydia Screening.

5.3 The designated pharmacist has a duty to ensure that all staff involved in the provision of the service have relevant knowledge and skills and are appropriately trained in the operation of the service, including sensitive, client-centred communication skills.

5.4 The designated pharmacist has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.

5.5 Service protocols should reflect national and local child and vulnerable adult protection guidelines.

5.6 Appropriate records will be maintained to ensure effective ongoing service delivery and audit. Records will be confidential and should be stored securely and for a length of time in line with local NHS record retention policies.

5.7 Pharmacies should be mindful of the need to protect patient confidentiality. It is well recognised that there is an obligation to share information between professionals and agencies to ensure that appropriate services are provided and safe working practices are adopted. Information is shared in line with locally determined confidentiality arrangements, including, where appropriate, the need for the permission of the client to share the information.

Pharmacies

5.8 The part of the pharmacy used for provision of the service (the ‘designated area’) provides a sufficient level of privacy, confidentiality and safety (not necessarily at the level required for the provision of the Medicines Use Review service). Due consideration should also be given to protection of the client and pharmacy staff, e.g., chaperone and Criminal Records Bureau (CRB) issues.

Designated Pharmacist

5.9 At induction of the service, a designated pharmacist regularly available in the pharmacy, must be identified to attend a short briefing/ training session (or agreed equivalent) facilitated by the PCTs and provided by the Central Chlamydia Screening Service.

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1 The cross government guidance on child protection, Working Together to Safeguard Children, should be referred to and is available at www.everychildmatters.gov.uk/workingtogether
5.10 The designated pharmacist must complete the self-assessment document (Appendix A) to demonstrate how the pharmacy will fulfil or work towards the criteria described in the service standards.

5.11 The designated pharmacist will sign the relevant section of the SLA on page 8 and retain clinical responsibility for the provision of the service.

5.12 The designated pharmacist must ensure that appropriate arrangements are in place to minimise risk to clients, provider, pharmacy staff and other patients. It would be good practice to have a Standard Operating Procedure (SOP) in place.

Additional Service Criteria

5.13 Both the completed self-assessment document (Appendix A) and the signed signatories to the agreement document (page 8) must be submitted and approved by the PCT before the service can commence.

5.14 Promotional material issued by the Central Chlamydia Screening Office should be clearly displayed to raise awareness of Chlamydia Screening.

5.15 The appropriate section of the lab request form, which features the ID code of the service provider, must be completed and returned to the Central Chlamydia Screening Office for EACH screening kit sent for testing to ensure activity-based payment and to facilitate monitoring – FREEPOST envelopes are provided.

5.16 Verbal and/or written advice on the avoidance of STIs and the use of regular contraceptive methods, including advice on the use of condoms, will be available to provide to the client where appropriate.

5.17 The service provider must participate in an annual review as defined by the PCTs/ Central Chlamydia Screening Office.

6. PCT and CCSP Responsibilities

6.1 The joint Medicines Management function of MPCT/RPCT will:
• provide a PCT contact for any queries concerning scheme
• generally arrange provision of at least one contractor update opportunity per year (not necessarily face to face) to promote service development and update pharmacy staff with new developments
• provide a framework for the recording of relevant service information for the purposes of audit/ monitoring and the claiming of payment
• together with the CCSP, provide up to date details of other services which pharmacy staff can use for signposting.

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2 Pharmacies may also volunteer for the C-Card scheme.
• work with the Central Chlamydia Screening Programme and community pharmacy providers to plan and undertake an annual audit/review of the service

6.2 The Central Chlamydia Screening Programme office will
• provide a point of contact for any queries concerning scheme
• ensure arrangements are in place to process payments and that financial planning for the service gives due consideration to inflationary uplifts for reimbursement
• ensure initial and on-going training is available as required
• provide supplies of the postal packs, vouchers, FREEPOST envelopes and appropriate promotional/signposting material
• work with the PCT and community pharmacy providers to plan and undertake an annual audit/review of the service

7. Service Monitoring

7.1 This is an Enhanced Service in the new pharmacy contract and will be subject to performance monitoring. Monitoring and evaluation criteria will be drawn from the service standards.

7.2 As a minimum, it will be required that
• the pharmacy has appropriate material available to support the provision of advice to the client group
• the pharmacy reviews standard operating procedures, updates as necessary, and maintains a list of trained staff on an annual basis
• the pharmacy participates in an annual review of service provision as defined by the PCT, including any updated developments
• the pharmacy co-operates in any locally agreed PCT/CCSP-led assessment of service user experience.

8. Provision for Disruption of Service

8.1 Steps should be taken to maintain continuity of service provision. Information outlining the process of the service must be cascaded to pharmacy staff. Pharmacy staff members can be trained to offer and/or demonstrate the Chlamydia Screening Packs to clients that meet the criteria of the service.

9. Reimbursement

9.1 The data input section of the Chlamydia Request lab form (with an individual ID code for each community pharmacy) must be completed, the appropriate copy detached and submitted to the local Chlamydia Screening Office using the FREEPOST envelopes provided. Payment
will only occur when the Central Chlamydia Office receive a returned kit that corresponds with a data input form returned from the pharmacy.

9.2 Community pharmacies will be paid according to the following schedule:
- for a single completed Chlamydia test kit returned to the laboratory and the data input form also returned to the Central Chlamydia Screening Office, a fee of £4.00, fully inclusive of any VAT due, will be paid.

9.3 Payments for Chlamydia Screening Services will be made by the Chlamydia Screening Programme to service providers on a quarterly basis, in arrears.

9.4 An NHS inflationary uplift will be applied to fees annually from the 1st April.

10. Termination of Agreement

10.1 Any pharmacy wishing to terminate this agreement must give 1 months notice prior to termination. Notice of termination must be written and submitted to the Assistant Director-Medicines Management and Medicines Management Project Manager at the PCTs. The latter will ensure that all relevant parties are informed of this decision. The PCTs or the Central Chlamydia Screening Office may also terminate this agreement with 1 month’s written notice, or less should circumstances arise in which the pharmacy is ineligible to continue.

11. References and Bibliography

We gratefully acknowledge the access to The Central Chlamydia Screening Programme Service Level Agreement for the provision of Chlamydia Screening through community pharmacies within Sedgefield PCT.

Community Pharmacy Contractual Framework EN11.

MPCT previous SLAs for Community Pharmacy Enhanced Services.

*Service Level Agreements*. The NHSLA Review Issue 25 2002/03.
12. Operational Points of Contact

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<thead>
<tr>
<th>For PCTs:</th>
<th>For CSSP:</th>
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<tr>
<td>Louise Dunn</td>
<td>Debra Chalmers</td>
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<tr>
<td>Medicines Management Project Manager Middlesbrough and Redcar and Cleveland Primary Care Trusts 01642 352650 <a href="mailto:louise.dunn@middlesbroughpct.nhs.uk">louise.dunn@middlesbroughpct.nhs.uk</a></td>
<td>Chlamydia Screening Programme Manager Co Durham, Darlington, Tees Valley &amp; Hambleton and Richmondshire PCTs 0191 569 2884 <a href="mailto:debra.chalmers@cdpct.nhs.uk">debra.chalmers@cdpct.nhs.uk</a></td>
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13. Signatories to the Agreement

I hereby declare that ………………………………..(Pharmacy) operating

from…………………………………………………………………………………………………………………………(Registered Pharmacy premises)

agrees to participate in the Chlamydia Screening Programme Enhanced Service in accordance with the principles outlined in this Service Level Agreement.

Signature on behalf of the Pharmacy:

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<th>Signature</th>
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Signature on behalf of the PCT:

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Written: July 2007  SLA Review Date: July 2009
Extended without review: January 2010
Full review: pending Tees Integrated Sexual Health Service commencement (by Dec 2010)
### Service Standard Criteria Plan

Please use this document to detail your ability to fulfil or work towards the criteria laid down in the service standards section of the SLA. Please indicate how your pharmacy meets these criteria or plans to meet these criteria. A copy of this form should be returned to the Sue Prout, Medicines Management Project Manager at Middlesbrough PCT, Riverside House, 18 High Force Road, Riverside Park, Middlesbrough TS2 1RH or emailed to sue.prout@middlesbroughpct.nhs.uk

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<th>Criteria One: Service Delivery</th>
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<td><strong>Pharmacy ability/plan to meet criteria</strong></td>
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Promotional material issued by the Central Chlamydia Screening Office should be clearly displayed to raise awareness of chlamydia screening.

**Please specify how promotional material is displayed.**

Verbal and/or written advice on the avoidance of STIs and the use of regular contraceptive methods, including advice on the use of condoms, will be available to provide to the client where appropriate.

**Please specify how advice may be made available.**
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<th>Criteria Two: Data Collection</th>
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<td><strong>Service Standard</strong></td>
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<td><strong>Pharmacy ability/plan to meet criteria</strong></td>
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<th>Criteria Three: Staff training and Competence</th>
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<td><strong>Service standard</strong></td>
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<td><strong>Pharmacy ability/plan to meet criteria</strong></td>
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Service standard

The designated pharmacist has a duty to ensure that all staff involved in the provision of the service are aware of, and operate within local protocols.

Service protocols should reflect national and local child and vulnerable adult protection guidelines.

Pharmacy ability/plan to meet criteria

*Please outline steps taken to assure this service standard.*

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**Criteria Four: Review/Audit**

**Service Standard**

The service provider must participate in an end of year service review as requested by the Central Chlamydia Screening Office.

**Pharmacy ability/plan to meet criteria**

*Please supply the name and contact details of the member(s) of staff designated to assist in any future service review.*

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**Declaration**

I declare that all information submitted in this self –assessment is true and accurate to the best of my knowledge.

**Designated pharmacist:**

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<th>Name &amp; job title</th>
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