Service Level Agreement

Emergency Oral Hormonal Contraception (EOHC)

Community Pharmacy Enhanced Service

Service Level Agreement

This is a Service Level Agreement (SLA) for the supply of Emergency Oral Hormonal Contraception (EOHC) via a Patient Group Direction (PGD) free of charge to clients aged 14 years of age and over 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.

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1. **Service Description**

1.1 Pharmacies will supply EOHC via a Patient Group Direction (PGD) free of charge to clients aged 14 years of age and over, together with appropriate literature regarding Contraception and Sexual Health Services and sexually transmitted infections.

1.2 This enhanced service will compliment other services provided in both Middlesbrough (MPCT) and Redcar and Cleveland (RCPCT) PCTs including contraception and sexual health services, community pharmacy enhanced services for Chlamydia Screening, the C Card scheme 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 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 also provision of onward signposting to services that provide long-term contraceptive methods and diagnosis and management of other STIs. (This is a supportive element of the Essential Services of the Community Pharmacy Contractual Framework).

2. **Service Aims and Intended Service Outcomes**

2.1 To enhance access to EOHC supply, informed advice and support to compliment existing sexual health services and provide a ‘signposting service’ into mainstream services.

2.2 To contribute to a reduction in the number of unwanted pregnancies and increase awareness of sexual health responsibilities and issues.

2.3 Through improved access to EOHC, reduce the rates of terminations of pregnancy with associated use of resources and emotional distress.

2.4 To utilise the clinical skills of community pharmacists in line with NHS priorities, the Community Pharmacy Contractual Framework, and the PCTs’ Business Plan, Community Pharmacy Strategy and Pharmaceutical Needs Analysis.

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.
4. **Level of Provision**

4.1 The pharmacy will agree to supply EOHC via a PGD free of charge to clients aged 14 years of age and over (and who meet the inclusion criteria of the PGD). Pharmacies and pharmacists must meet the specified accreditation requirements in order to be eligible to participate in this Enhanced Service.

5. **Service Standards**

5.1 Pharmacies, designated pharmacists, accredited 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 EOHC.

5.3 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.

5.4 Service protocols should reflect national and local child and vulnerable adult protection guidelines1.

5.5 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 NHS record retention policies.

5.6 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.

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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
Pharmacies

5.7 The pharmacy premises will be required to meet an approved standard. A designated quiet area or consultation space will be available to ensure that EOHC consultations can take place in a suitably confidential and appropriate environment. Ideally, this would allow clients and staff to talk at normal speaking volumes without being overheard by other staff or customers. Due consideration should also be given to protection of the client and pharmacy staff, e.g., chaperone and Criminal Records Bureau (CRB) issues.

Explanatory notes:
approved standard i.e. MPCT/RCPCT will determine acceptability of premises
designated area i.e., predetermined, not just anywhere
suitably confidential – subjective; not necessarily a closed space
appropriate environment e.g., – quiet, uninterrupted, not in the dispensary
ideally i.e., doesn’t necessarily have to meet the ‘speaking volume’ standard of the PhS contract
chaperone and CRB issues - may consider justifiable reasons NOT to be in an enclosed space where this is considered better practice in the premises concerned

Designated /Accredited Pharmacists

5.8 The designated pharmacist who is signatory to the Service Level Agreement must also be PCT accredited in accordance with the PGD.

It is an essential requirement of the PGD that pharmacists who sign and operate according to it have:
• Current membership of the Royal Pharmaceutical Society of Great Britain
• Completed a relevant CPPE distance learning training package as evidenced by possession of a certificate of satisfactory completion from CPPE
• Attended one of the MPCT / RCPCT workshops (or PCT approved equivalent) on the Supply of Emergency Hormonal Contraception via PGD. Training content will comprise:-
  - Provision of advice on contraceptive needs
  - Record keeping
  - Fraser competence
  - Referrals
  - GUM / CASH Clinic(s)
  - Patient confidentiality and privacy
  - Young peoples services
  - Licensing, Patient Group Directions and legal issues

5.9 The designated pharmacist will have clinical responsibility for supply of EOHC via the Patient Group Direction (PGD), attached as Appendix A, to clients aged 14 years of age and over who meet the inclusion criteria.

5.10 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.

5.12 Appropriate arrangements will manage the pharmacy responsibility to ensure that only PCT accredited pharmacists provide this enhanced
service. Pharmacists accredited to operate the MPCT/RCPCT scheme may provide EOHC under the terms of the PGD from any MPCT /RCPCT pharmacy premises accredited to operate the scheme according to the SLA.

Additional Service Criteria

5.11 The service level agreement and the attached Patient Group Direction (PGD), Appendix A, must to be signed by the designated accredited pharmacist and approved by the PCT before the service can commence.

5.12 Verbal and/or written advice on the avoidance of STIs and the use of regular contraceptive methods, including advice on the use of condoms\(^2\), will be available to provide to the client where appropriate.

5.13 The designated accredited pharmacist, and accredited pharmacists as service providers, must participate in any annual review, audit and/or training update on request as defined by the PCTs.

6. PCT Responsibilities

6.1 The joint Medicines Management function of MPCT/RPCT will:
• provide a PCT contact for any queries concerning scheme
• arrange provision of at least one contractor introduction and/ or 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
• ensure arrangements are in place to process payments
• provide up to date details of other services which pharmacy staff can use for signposting
• plan and undertake any annual audit/ review and training update of the service as required
• liaise with Contraception and Sexual Health Services as required.

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
• maintains accurate records as required by the SLA and PGD
• reviews standard operating procedures and updates as necessary
• participates in any annual review of service provision as defined by the PCT, including any updated developments.

\(^2\) Pharmacies may also volunteer for the C-Card scheme.
8. **Provision for Disruption of Service**

8.1 Information outlining the process of the service must be cascaded to other pharmacy staff. Non-pharmacist staff should be trained to refer clients to an accredited pharmacist. Where an accredited pharmacist is unavailable on the premises, clients should be signposted to appropriate alternative services. NB: Non-pharmacists may not be accredited nor are they allowed, by law, to supply via a Patient Group Direction (PGD). Pharmacies should inform the PCT as soon as possible in situations where a designated pharmacist will no longer be able to retain responsibility for the SLA operating in a given accredited pharmacy, to enable transfer of designated pharmacist status or termination of the agreement (see below).

9. **Reimbursement**

9.1 Community pharmacies will be paid according to the following schedule:

- A professional fee of £16.15 per consultation (as at October 2009) (irrespective of whether a supply is made)

- Levonelle 1500 drug costs: Trade Price + VAT (currently 5%)

For reimbursement, community pharmacies should submit the monthly return and monitoring form by the 7th of the month, for claims relating to the previous month, using the attached PCT proforma(s); (Appendices B and C).

9.2 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 3 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. The PCTs may also terminate this agreement with 3 month’s written notice, or less should circumstances arise in which the pharmacy is ineligible to continue.

11. **Operational Points of Contact**

| Philippa Walters, Louise Dunn, Cathrine Willmore or Ann Parker |
| Medicines Management |
| Middlesbrough and Redcar and Cleveland Primary Care Trusts |
| 01642 352650 |
12. Signatories to the Agreement

I hereby declare that ……………………………….(Pharmacy) operating
from……………………………………………………………………………………
(Registered Pharmacy premises)
agrees to participate in the Emergency Oral Hormonal Contraception Enhanced Service in accordance with the principles outlined in this Service Level Agreement.

Signature of Designated Accredited Pharmacist:
Signature   Name   Date

PCT responsibility to confirm the following accreditation requirements:

Premises

Designated Pharmacist
- CPPE certificate
- PCT approved training
- Signed PGD

Confirmation of the above and copies of this agreement and authorised PGD will be required in order to proceed with the service

Signature on behalf of the PCT:
Signature   Name   Date

Approved: October 2007   Review Date: October 2009
Extended without review: October 2009
(pending outcome of Tees Integrated Sexual Health Service tender process)
Review Date: October 2010
Patient Group Direction for the Supply of Levonelle 1500 Tablets by Accredited Community Pharmacists from Community Pharmacists within Middlesbrough Primary Care Trust

(approved by PCT processes)

NB. Copy provided under separate cover
### SUPPLIES OF EMERGENCY HORMONAL CONTRACEPTION UNDER COMMUNITY PHARMACIST PGD (2005/031)

**Name of Pharmacy** ………………………………………………………………………………………………

**Month/Year** ……………………………../ …………..

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Pharmacist (Please Print Name Clearly)</th>
<th>Clients Date of Birth &amp;/or Age</th>
<th>Post Code (if known) or Area of Town (e.g. Linthorpe)</th>
<th>Levonelle 1500 Supplied YES/ NO</th>
<th>Referral Made YES/NO</th>
<th>How Did The Client Hear About The Scheme? (see codes*)</th>
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**Codes:**

- 1 ~ Local Press,
- 2 ~ Poster
- 3 ~ Doctor's surgery,
- 4 ~ Friend,
- 5 ~ School,
- 6 ~ Other (please state)

**PLEASE RETURN WITH MONTHLY INVOICE**
**Monthly Invoice**

**Emergency Oral Hormonal Contraceptive Scheme for Supply of Levonelle 1500 via PGD**

Name of Pharmacy: -  
Tel No. ________________  
Address of Pharmacy: -  
_______________________________________________________________________

**PLEASE USE ONE FORM PER CALENDAR MONTH** 

<table>
<thead>
<tr>
<th>Total number of professional consultations made</th>
<th>(A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of supplies made</td>
<td>(B)</td>
</tr>
<tr>
<td>Total Cost of Drugs Supplied</td>
<td>(C)</td>
</tr>
<tr>
<td>(Trade price + VAT @ 5%)</td>
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<tr>
<td>Total Professional Consultation Fees Claimed</td>
<td>(D)</td>
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<td>(A x £16.15)</td>
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**Total Amount Claimed (C + D) = £**

- CAUTION fees are updated on April 1st to include latest annual uplift; check you are using latest form

I certify that this claim is accurate and I have provided the above number of consultations and supplies of Levonelle 1500 to clients and that this can be confirmed by my pharmacy records.

Signed: ________________________________  
Print Name: ________________________________  
Date: ________________________________

Pharmacy Stamp

Please complete and return *(with the monitoring form, Appendix B)* to:  
Contractor Claims Section, NEFHSA, Poole House, Stokesley Road, Nunthorpe, TS7 ONJ before the 7th of the month.

**For PCT USE**

Claim checked by: ________________________________  
Claim authorised by: ________________________________  
Date: ________________________________

V2 2010 review after V1 Oct 2007