

Appendix A2 – Service Specification

Service	Locally Commissioned Public Health: Service for Chlamydia Screening and Treatment for young people aged 15 to 24 years.
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Period	1st April 2019 – 31st March 2022

1. Introduction / Background

1.1 National/local context and evidence base

Sexually transmitted infections (STIs) remain one of the most important causes of illness due to infectious disease among young people (aged between 16 and 24 years old). The presence of untreated STIs increase the risk of both the transmission and further acquisition of other STIs. Prompt treatment for STIs is thus important to reduce the risk of further infection including HIV. If left untreated, many STIs can lead to long-term health problems. Not everyone with an STI will have signs and symptoms of the condition.

There has been a marked increase in sexually transmitted infections (STIs) in England over the last 12 years and this is mirrored in Nottingham City. In comparison to the England average, Nottingham City has higher rates of chlamydia, gonorrhoea, syphilis and genital warts and below England average rates for herpes.

Chlamydia is currently the commonest curable sexually transmitted disease in England. Prevalence of infection is highest in sexually active young men and women, especially those aged less than 25 years. Untreated infection can have serious long-term consequences including epididymo-orchitis, testicular infertility and prostatitis in men and pelvic inflammatory disease, ectopic pregnancy and infertility in women. Chlamydia causes a common cause of neonatal blindness known as trachoma. Since many infections are asymptomatic, a large proportion of cases remain undiagnosed, although infection can be diagnosed easily and effectively treated.

2. Aims / Service Outcomes

The service aims to provide a comprehensive sexual health service via an accessible local service which will contribute to the improvement of health, sexual health and wellbeing and reduce inequalities in sexual health.

The number of diagnosed cases of chlamydia in England in 2013 was 136,961 in those aged 15-25 and as many as one in ten sexually active young women under the age of 25 may be infected with chlamydia. The disease is frequently asymptomatic and goes unrecognised and untreated with long term health and social implications.

Community pharmacies can offer a convenient and easily accessible location to provide the target group of 15-24 year old people with advice and information regarding chlamydial infection and to offer them screening and treatment where appropriate. Chlamydia treatment within community pharmacies complements the provision of Emergency Hormonal Contraception (EHC), by offering a more holistic sexual health care service to this user group.

The key aims of the Chlamydia Screening and Treatment service are to:

- Increase the number of locations offering screening for chlamydia
- Actively promote the National Chlamydia Screening Programme (NCSP), by raising general awareness of Chlamydia and other sexual health issues to promote good sexual health.
- Provide opportune individual advice wherever possible to people aged 15-24.

- Increase awareness of the risks of unprotected sex amongst the target local population through general promotion of the service.
- Improve primary care capacity and offer a choice to clients requiring a Chlamydia diagnosis.
- Reduce the numbers of undiagnosed chlamydial infections in young people to help reduce the incidence of its complications.

3. Service Description

The Provider (i.e. the pharmacist) will provide one to one advice and support to young people aged 15-24 years old on the management of their sexual health, including the provision of a chlamydia testing kit.

- The pharmacist Provider will help to increase choice and improve access to sexual health education, including 'hard to reach' groups such as young people.
- Appropriate advice and support will be given to patients following consultation, signposting to other services including C-Card scheme and the supply of condoms and advice about other sexually transmitted diseases (STI's).
- Providers will offer a user-friendly, non-judgmental, non-discriminating, client-centred and confidential service.
- Providers will provide appropriate advice and support to patients about STIs and to promote good sexual health and safer sex. This should be done opportunistically wherever possible.
- Providers will signpost to other sexual health and social care services. They should also signpost to services which are c-card pickup/registration points so that young people have better access to free condoms in order reduce teenage pregnancy and STIs.
- This Locally Commissioned Public Health service reflects the aims of the National Chlamydia Screening Programme (NCSP).
- Providers will offer on-site chlamydia screening where toilet facilities are available. Where the provider is unable to do this, the patient will be signposted to alternative chlamydia screening services e.g. online, GP and sexual health clinics.
- The Provider will provide clear signposting and advice in relation to services and pathways patients will follow post screening. They should advise that all management of results and tracing of contacts will be dealt with by the local Results Management Team at NUH.

Those excluded from the scheme should be referred to local open access sexual health services or to their GP practice as appropriate.

- The Provider will ensure this pharmacy service is provided in compliance with Fraser guidance¹ and Department of Health guidance on confidential sexual health advice and treatment for young people aged less than 16 years. Pharmacists participating in the scheme **MUST** adhere to this child protection guidance.

¹Fraser Guidelines – based on a House of Lords Ruling; A health professional can give advice or treatment to a person under 16 without parental consent providing they are satisfied that:

- The young person will understand the advice;
- The young person cannot be persuaded to tell his or her parents or allow the doctor to tell them that they are seeking contraceptive advice;
- The young person is likely to begin or continue having unprotected sex with or without contraceptive treatment; and
- The young person's physical or mental health is likely to suffer unless he or she receives contraceptive advice or treatment.

National guidance on child protection is available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf

Local guidance on child protection is available at: <http://www.nottinghamcity.gov.uk/children-and-families/are-you-worried-about-a-childs-well-being/>

Note: Where there are concerns regarding a young person, there is always a Safeguarding / Paediatric Consultant on call at Nottingham University Hospitals (NUH) who can offer advice with regard to safeguarding issues. During office hours of 9-5, telephone 0115 875 4595. Outside of standard office hours, please telephone the main QMC switchboard on 0115 924 9924 and ask to speak with the on-call Safeguarding / Paediatric Consultant

Local guidance on protection of vulnerable adults is available at:

<http://www.nottinghamcity.gov.uk/health-and-social-care/adult-social-care/adult-safeguarding/are-you-worried-about-an-adult/>

Providers (i.e. pharmacists) may need to share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for permission of the client to share the information.

4. Requirements for Pharmacy Participation

- Providers are required to complete training before undertaking the service. They can complete a seminar on 'Chlamydia Infection' offered by Nottingham University Hospitals Integrated Sexual Health Service.
- Providers are requested to undertake the 'Sexual Health in Pharmacy' module by the Centre for Pharmacy Postgraduate Education (CPPE)
- The service will be provided from pharmacy premises.
- The Provider will designate specific window space at the Pharmacy from which the service is delivered for an agreed sized poster or similar display giving information on the scheme.
- The Provider shall actively provide all clients with appropriate sexual health advice and associated health promotion advice when needed.
- The Provider shall ensure they have literature to direct clients to mainstream sexual health and contraception services when appropriate
- The Provider must review its Standards Operating Procedures (SOP) and the referral pathways for the service on an annual basis.
- The Provider must demonstrate that pharmacists involved in the provision of the service have undertaken CPD relevant to this service.
- Providers are required to attend training events when provided and review meetings if requested to do so.
- Regular locums should be encouraged to attend any available training events relevant to the service.
- The Provider may be required to participate in an annual audit of service provision and provide data if requested to do so.

- The Provider must ensure that the consultation area used for provision of the service offers a sufficient level of privacy and safety.
- Clients will normally be seen as soon as possible. If not seen immediately, the client will be given a time to return, normally within 30 minutes, or will be directed to the nearest alternative pharmacy providing the service.
- Each pharmacy Provider will ensure they are as young person friendly as possible. The Pharmacy will ensure that professionals comply with *You're Welcome*' standards which set out the principles to help both commissioners and service providers to improve the suitability of NHS and non-NHS health services for young people. Details can be found at www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services.

Postcode Data

The payment will only be made if a partial postcode of the client is recorded by the Provider. This must be made available to the Commissioner quarterly or as requested. In view of this, the pharmacist Provider must obtain informed consent from the client to ensure they understand that the information they have shared with the pharmacist will be shared with commissioners for the purposes of evaluation and contracting.

Age

The provider must record and provide ages of clients grouped by:

Under 16s - 13-15 years

Under 18s - 15-17 years

Over 18 years

Accreditation

Accreditation must be approved by Nottingham City Council before the Pharmacy can provide the service. All Providers are required to provide evidence of an Enhanced DBS (Disclosure and Barring Service) check for all pharmacists and ensure that any other staff engaged in the delivery of services are appropriately checked by the Disclosure and Barring Service (DBS).

Training or review meetings for Providers may be arranged as required for exceptional or high priority issues. Pharmacists may attend these events as part of their 'Continuing Professional Development'. Pharmacists should update, maintain and develop their capabilities according to their own identified learning needs.

Ethnicity

Providers are required to record the ethnicity and the first language of every patient accessing this Locally Commissioned Public Health Service. Ethnicity should be recorded using the National Standard codes for ethnic groups as used in the 2001 census and by all local authority bodies. When requesting activity data, Nottingham City Council (i.e. the Commissioner) will require a breakdown by ethnic group.

Equality and Diversity

Nottingham City Council is committed to promoting equality, valuing diversity and addressing inequalities. It is the responsibility of the Provider to ensure they undertake activity which values equality and diversity.

Social Value

Nottingham City Council is focussed on reducing disadvantage and poverty by ensuring local residents are supported in accessing local employment and training opportunities and has created an Employer Hub in partnership with the DWP to help facilitate this.

The Providers who are part of Nottingham City Council's accreditation list to provide Locally Commissioned Public Health Services have access to all the Employer Hub recruitment and training services for **free** and they can be contacted on 0115 8762907. Further details of the Hub's services are outlined in Appendix 6.

5. Clinical Governance and Auditing

Serious Untoward Incidents (SUIs)

Providers are required to have a robust incident reporting and investigation procedure in place for all clinical and non-clinical incidents.

All SUIs must be recorded and reported to the commissioner as set out in Appendix E and also to NHS England in line with your GP contract.

Safety Alerts

Providers must ensure that they are aware of any safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), Estates, and National Patient Safety Agency (NPSA) that apply to any equipment or patient safety concerns associated with this Locally Commissioned Public Health Service (LCPHS) and that these are acted upon. Details of action taken must be reported back to Nottingham City Council.

Service Audit

Nottingham City Council may request an audit of activity for this Locally Commissioned Public Health Service to substantiate the Provider's claims. This audit will assess whether information recorded on Neo 360 Online Data Management System (see Appendix G) can be appropriately validated. Providers should design their data collection to reflect these requirements as they may be asked to provide supporting evidence to Nottingham City Council's Contracts team.

In addition it is the responsibility of the Provider to:

- Continually improve the quality of service delivery, for example, in response to audit (undertaking and completing the audit cycle), user and staff feedback (complaints, compliments, suggestions) and incidents.
- Continually review and be aware of relevant new and emerging guidance and recommendations and take the appropriate steps to assess and improve services to achieve current best practice.
- Ensure that appropriate professional standards are maintained, updated and validated through clinical supervision and provision of relevant training to support reflective practice and CPD.
- During the term of this specification fully co-operate in reviewing and improving/re-designing services at the request of the Commissioner, to include improving quality and performance monitoring.

6. Location of Provider Premises

The service will be delivered from the Providers premises located within Nottingham City Council's geographic boundary.

7. Required Insurances

The required Insurances are set out in clause C3.1 of the contract.

8. Quality Monitoring and Information Reporting Requirements.

The Provider shall supply information on the performance and delivery of services to the Commissioner upon request. Information will include:

Indicator	Method of Measurement	Annual Target	Frequency Reporting of
Number of claims per year	Neo360	n/a	Quarterly
Serious Untoward Incidents	Serious Incident Reporting Form (Appendix E – SI(1)) and Neo360	n/a	Immediately to: lcphs@nottinghamcity.gov.uk
Service User Experience	Service User Surveys / Focus Groups / Patient Panels / Feedback Forms	85% rates their satisfaction with the service as 'Good' or 'Better'	Annually
Information Reporting Requirements			
Partial postcode of each client	Neo360	n/a	Quarterly
Age of each client	Neo360	n/a	Quarterly
Ethnicity of each client	Neo360	n/a	Quarterly

The Provider must also:

- ensure that appropriate health promotion material is available for the client group. Actively promotes its uptake and is able to discuss the contents of the material with the client, where appropriate.
- must review its standard operating procedures and the referral pathways for the service on an annual basis.

Pharmacists and appropriate support staff must attend a Nottingham City Council organised update meeting each year if asked to do so.

All activity delivered in line with this service specification must be recorded onto Neo360 Online Data Management System in order for payment to be made quarterly. Full auditable records must be kept in respect of any claims made. The Commissioner will perform monitoring visits to Pharmacies and reserves the right to reclaim any amounts paid that are not fully evidenced.

9. Charges

This agreement is to cover the period from 1st April 2019 – 31st March 2022.

Chlamydia Screening and Treatment	Payment
Payment will be made per Asymptomatic Chlamydia screen offered and accepted by each client of the 15-24 year old target group.	£5.09
Payment will be made for each treatment of Doxycycline following a positive Chlamydia screen of the 15-24 year old target group, supplied via the Patient Group Directive (PGD)	£3.39

The Provider must detail the number of services delivered on Neo360 Online Data Management System within the agreed timescales. Full auditable records must be kept by the Provider of any claims made; the commissioning body may perform monitoring visits to practices and reserve the right to reclaim any amounts paid that are not fully evidenced. Please note that these records may be examined for verification purposes either as part of the annual review or at any other notified time.

Nottingham City Council reserves the right to cap payments or activity if the budget for this Locally Commissioned Public Health Service (LCPHS) is exceeded at any point during the year.

Care Pathway: How to Take a Chlamydia Screen in a Community Pharmacy Setting

The Laboratory Form

- When engaging with client, staff to explain need for core data on request form
- Staff to complete white parts of form
- Site code or name of pharmacy
- Reason for test (usually “screening”)
- Sample type i.e. urine sample
- Client to complete yellow parts of form
- Name
- Date of birth
- Gender
- Residential postcode in Nottingham
- Residential address
- Preferred mode of contact i.e. phone number for text or call / address for letter

Staff please advise client to check yellow parts of form completed correctly before posting sample

The Sample

Inform client of where toilet facilities are if they wish to do the test immediately and bring back to the pharmacy for posting **OR** ensure you write site code on form **before client leaves the pharmacy**. Reinforce importance of completing the test and putting it in the post as soon as possible.

Advise Client

- To read “You may not know you have it” leaflet from pack, prior to screening.
- To call Results Management Team at NUH if they have any questions.
- To read the instruction leaflet and follow instructions for screening.
- How to return the sample and request form.
- Advise clients of results notification process.

Pharmacists / staff member to complete appropriate documentation

Chlamydia Screening Procedure

Stage 1: Testing procedure

- The client requests chlamydia screen test.
- The pharmacist must ensure client privacy and check eligibility for testing. If the client is outside the age group specified (15-24 years) they must be referred to the Victoria Health Centre /The Health Shop service or local GP services. The pharmacist must then confirm that the client is asymptomatic.
 - i. ♀ Does the client have any abnormal bleeding between periods?
 - ii. ♀ Does the client have any pelvic pain, unusual discharge or fever?
 - iii. ♂ Does the client have any urethral discharge or pain on passing urine?

If YES the client must be referred to local Sexual Health Services/GP services for management.

- Before issuing the chlamydia screening test the pharmacist must explain the whole of the testing procedure.
- The following points must be discussed with the client.
 1. What is chlamydia?
 2. The client should be informed that it is a chlamydia test only, not a full STI screen.
 3. Explain how to complete the duplicate test form and assist with its completion, advising the client to add the date the test was taken.
 4. Explain how to use the self-taken vaginal swab – as per lab instruction.
 5. Explain how to obtain the “First Catch” urine sample – as per lab instruction.
 6. The availability of the test results, the client may obtain them by text, email, phone call or letter.
 7. The process to be followed if the result is positive.
 8. The process to be followed if the result is negative.
- At all times the pharmacist must ensure that the client understands the testing procedure and consents to being part of the chlamydia screening programme.
- The client **must** complete the appropriate sections of duplicate test form.
- The pharmacist must complete the appropriate sections of duplicate test form.
- The client is given the appropriate specimen collection kit.
- The pharmacist must ensure that the information sheet, duplicate test form and urine bottle/swab tube are all assigned the unique ID number.
- The client is given the appropriate instruction on how to carry out the specimen collection – as per lab instruction chlamydia information leaflet is given to the client.

1. Clients must return their sample to the laboratory as per postal instructions with the date of test noted and with the duplicate test form enclosed.
2. The top copy of the duplicate form is sent securely to the Results Management Team at NUH by the laboratory.
3. Clients completing the duplicate form are giving implied consent to test for chlamydia.
4. Clients should be informed that this is a test for chlamydia only, and not a full STI screen.

Stage 2: Sample handling and notification of result

- The client will post the sample and the completed duplicate test form to the laboratory in the envelope provided.
- Sample is processed at the laboratory.
- The result is sent to the Results Management Team at NUH
- Chlamydia result is relayed to the client by the agreed means via the Results Management Team within 48 hours.
- The Results Management Team advises the client on venues where they may access treatment and give details about partner notification system.
- If the client wishes to go to a pharmacy for treatment the Results Management Team will contact the nominated pharmacy via an agreed means, fax, email, or telephone. The Results Management Team will advise the pharmacy that the client will be attending for treatment. The Results Management Team will provide the pharmacy with the patients' name and DOB for identification purposes.

Stage 3: Treatment

- The client presents themselves at the pharmacy for treatment.
- The pharmacist must ensure client privacy at all times and therefore the client must be seen in the consultation room. The client must be identified by name and DOB as per Results Management Team details.
- The pharmacist explains the Doxycycline treatment PGD process to the client.
- The pharmacist must confirm with the client that they wish to continue with the PGD treatment process.
- The pharmacist issues the Doxycycline treatment via the PGD.
- Fill out the Patient/Contact Treatment Report (Blue form) and return to Results Management Team.

Stage 4: Partner handling

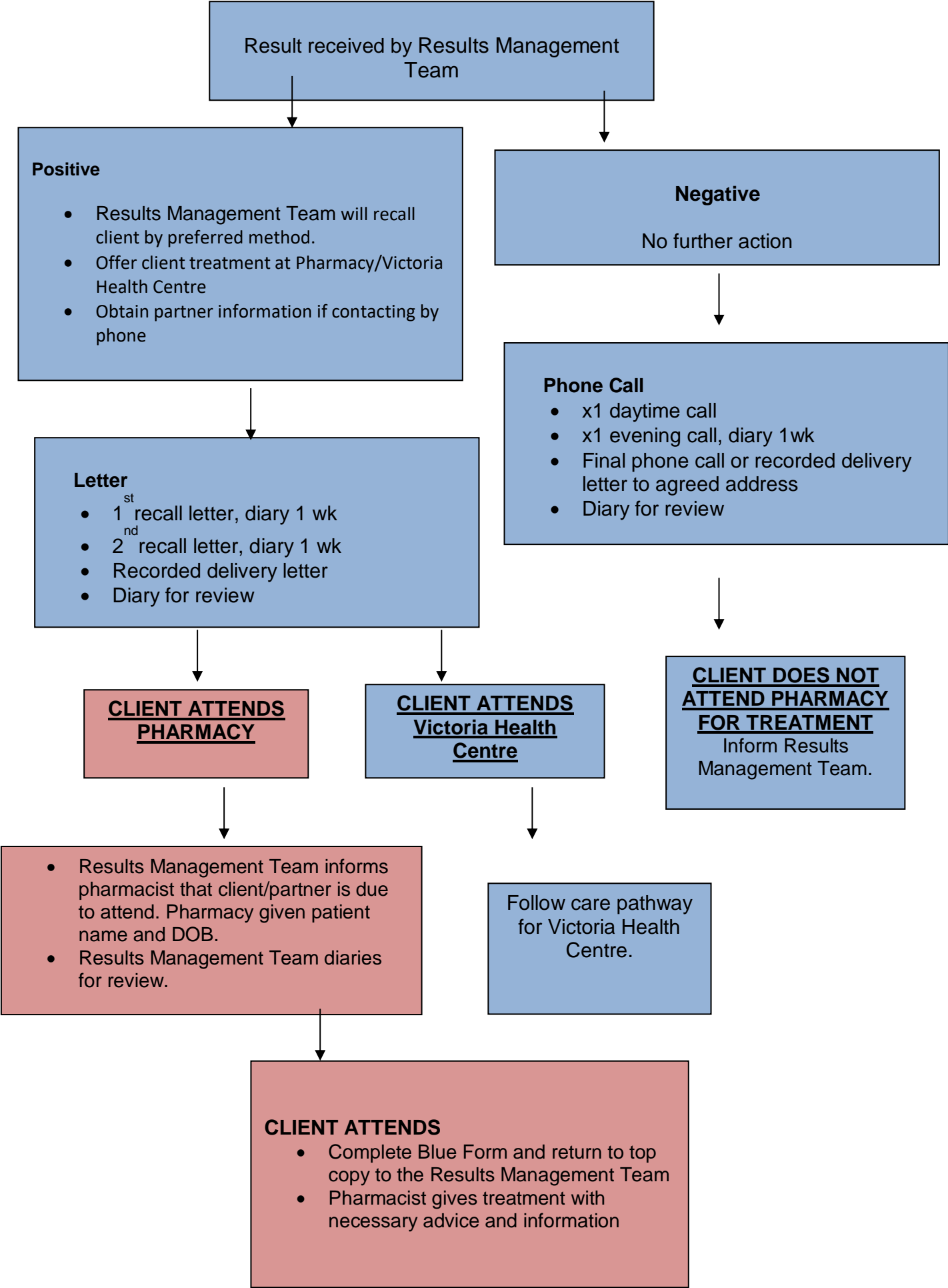
- Client presents in pharmacy.
- The client states they are a chlamydia contact.
- The pharmacist can treat the client if;
 1. The client attends at the same time as the chlamydia contact patient.
 2. The client attends on their own, but is able to provide all the chlamydia contact patient details in full.
- If the client is unable to provide all the Chlamydia contact details in full they must contact the Results Management Team. The client must inform the Results

Management Team that they are a chlamydia contact before the pharmacist can issue the treatment.

- The Results Management Team will supply the appropriate information to the pharmacist once notified by the contact.
- The pharmacist must ensure client privacy at all times and confirm that the client is suitable to receive the Doxycycline treatment via the PGD.
- The pharmacist explains the Doxycycline treatment Patient Group Directive (PGD) process to the client.
- The pharmacist must confirm with the client that they wish to continue with the PGD treatment process.
- The pharmacist issues the Doxycycline treatment via the PGD.
- The pharmacist fills out the Patient/Contact Treatment Report (Blue form) and returns it to the Results Management Team.

During the screening process if the client opts for written contact only, there will be no opportunity for the Results Management Team to initiate Partner Notification. Under these circumstances the pharmacist will need to complete a partner notification form and return this to the Results Management Team.

Care Pathway For Positive Clients Attending The Pharmacy



Care Pathway For Positive Clients At The Pharmacy

- Partner contacted by patient/Chlamydia Screening Team
- Partner advised to attend The Pharmacy/Victoria Health Centre/GU at City Hospital



PARTNER ATTENDS GUM/VICTORIA HEALTH CENTRE FOR TREATMENT
See appropriate Care Pathway

PARTNER ATTENDS PHARMACY
Discuss Chlamydia Screening process
Pharmacist gives treatment with necessary advice and information.

PARTNER DOES NOT ATTEND FOR TREATMENT



PERMISSION TO CONTACT
Partner contacted by the Results Management Team by letter (s) and phonically (s) x3

NO PERMISSION TO CONTACT
No further action