



APRIL 2022

CONTRACT RELATING TO THE

**PROVISION OF EMERGENCY HORMONAL CONTRACEPTION IN PHARMACIES ACROSS
WAKEFIELD COUNCIL**

BETWEEN

SPECTRUM COMMUNITY HEALTH CIC

AND

XXX PHARMACY

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THIS AGREEMENT is dated **xxx**

PARTIES

- (1) **SPECTRUM COMMUNITY HEALTH CIC** incorporated and registered in England and Wales with company number 7300133 whose registered office is at One Navigation Walk, Hebble Wharf, Wakefield, WF1 5RH (“**Spectrum**”).
- (2) **xxx** Pharmacy whose registered office is at **xxx Provider**”).

Each a Party, together the Parties.

1. BACKGROUND

- (A) Spectrum and Wakefield Council (“the Commissioner”) have entered into an agreement for Wakefield Integrated Sexual Health Services pursuant to which Spectrum will provide sexual health promotion, prevention, support and information service provision, and treatment for and on behalf of the Commissioner, as further described in the Overarching Agreement (refer to Schedule 5).
- (B) Spectrum as the lead Provider, under the Overarching Agreement, has agreed the Provider shall provide emergency hormonal contraceptive (“EHC”) under subcontract on behalf of Spectrum from the following pharmacy locations:

xxx
- (C) Spectrum and the Provider have entered into this Agreement on 1st April 2022 to reflect these arrangements.
- (D) Definitions and interpretation

1.1 The definitions below shall apply in this agreement:

Overarching Agreement: The Contract for the provision of Public Health sexual health services as part of the [name of contract] is between the Commissioner and Spectrum dated 1st October 2021 (attached in Schedule 5). This new date refers to the extension granted to the Overarching Agreement.

Commissioner: means Wakefield Council;

Services: The provision of EHC in pharmacies across the districts of Wakefield: as described in the specification described in Schedule 1.



Fees and commissions: means the payment identified in Schedule 2

KPI's and Competencies: means those described in Schedule 4

Agreement: the terms and conditions set out in this document (including the schedules).

- 1.2 Except as provided expressly in this Agreement, terms defined in the Overarching Agreement shall have the same meaning when used in this Agreement.
- 1.3 Except as provided expressly in this Agreement, the rules of interpretation in the Overarching Agreement shall apply to this Agreement.
- 1.4 The Schedules form part of this Agreement and shall have effect as if set out in full in the body of this Agreement. Any reference to this Agreement includes the Schedules.
- 1.5 In this Agreement:
 - (a) any reference to a "clause" or "Schedule" is, unless the context otherwise requires, a reference to a clause or Schedule in this Agreement,
 - (b) clause and schedule headings are for ease of reference only.

2. EFFECTIVE DATE

- 2.1 This Agreement shall have legal effect from 1st April 2022, irrespective of the date it was entered into by the Parties and shall continue for the duration of the Overarching Agreement unless termination earlier in accordance with Clause 8. The Agreement will be reviewed annually.

3. [NOT USED]

- 3.1 [Not used]

4. BACK-TO-BACK AGREEMENT

- 4.1 The Provider shall not do anything or omit to do anything which would cause (or contribute to causing) Spectrum to breach its obligations to the Commissioner under the Overarching Agreement.



- 4.2 Without prejudice to the generality of clause 4.1 above, the Provider shall ensure that it prepares any documents, reports, or other materials for which it is responsible under this Agreement or under the Overarching Agreement in sufficient time to allow Spectrum to review, comment on and/or amend them so as to allow Spectrum to meet its own obligations to the Commissioner under the Overarching Agreement.
- 4.3 In order for Spectrum to comply with its obligations to the Commissioner under the Overarching Agreement, Spectrum may draft and notify to the Provider in writing such reasonable additional monitoring and reporting obligations as, in its sole discretion, it considers are necessary to discharge its obligations. The Provider shall comply with any such additional monitoring and reporting at its own cost.
- 4.4 The Provider shall not further subcontract or otherwise novate or assign its obligations in relation to the Services which are the subject of this Agreement.

5. INDEMNITY FROM PROVIDER AND DISPUTES

- 5.1 The Provider shall indemnify Spectrum against all losses, claims, demands, costs and expenses incurred or suffered by Spectrum due to the default of the Provider, including all claims for liquidated damages by the Commissioner against Spectrum as a result of entering into this Agreement and the Overarching Agreement, or which Spectrum may incur as a result of the Overarching Agreement being terminated.
- 5.2 Each Party shall give to the other Party notice in writing as soon as possible after it becomes aware of any dispute or claim between the Parties, and the Commissioner arising out of the Overarching Agreement.
- 5.3 Subject to clause 5.4 below, the Provider shall deal with any disputes that arise between Spectrum and the Commissioner arising out of the Overarching Agreement and shall control and pay in full for any litigation, arbitration, mediation, adjudication, expert determination or other dispute settlement procedure in which Spectrum might be involved as a result of entering into this Agreement and the Overarching Agreement, provided that Spectrum gives to the Provider written notice as required by Clause 5.2 above, whereupon the Provider shall be deemed to have sole authority to manage and settle such dispute.

- 5.4 Spectrum may, at its sole discretion, choose to deal directly with the Commissioner in relation to any dispute which may arise from time to time concerning the Services delivered under this Agreement.
- 5.5 The Provider shall pay Spectrum any amounts due to Spectrum within 30 days of the date of an invoice issued by Spectrum, unless otherwise stated in this Agreement.

6. FEES, CHARGES AND EXPENSES

- 6.1 Spectrum shall pay to the Provider as full consideration for the performance by the Provider of its duties under this Agreement the Fees set out in Schedule 2 at the times specified in Schedule 2.
- 6.2 Spectrum shall pay all sums due to the Provider within 30 days from the receipt of a valid invoice.
- 6.3 Spectrum agrees to transfer all sums received from the Commissioner and due to the Provider under clause 6.1 above promptly and in full to the Provider. Spectrum may at its option set off against sums due to the Provider any sums due to Spectrum from the Provider under Clause 5 above.

7. LIMITATION OF LIABILITY

- 7.1 Nothing in this Agreement shall limit or exclude the liability of either party for:
- (a) death or personal injury caused by its negligence, or the negligence of its employees, agents or subcontractors (as applicable);
 - (b) fraud or fraudulent misrepresentation or wilful default; and
 - (c) any matter for which it would be unlawful to exclude or restrict liability.
- 7.2 Subject to clause 7.1 neither party shall be liable to the other party (as far as permitted by law) for indirect losses in connection with this Agreement.
- 7.3 Spectrum shall not be responsible to the Provider for any failure to perform its obligations under this Agreement where there is a corresponding failure by the Commissioner to perform its obligations under the Overarching Agreement, provided that Spectrum takes all reasonable steps to pursue its rights under the Overarching Agreement.

8. TERM AND TERMINATION

- 8.1 This Agreement shall be effective from the Effective Date and shall continue in force until the parties have discharged all their obligations under it unless:
- (a) the Overarching Agreement is terminated for any reason, in which case Spectrum shall promptly notify the Provider in writing and this agreement shall terminate immediately and automatically, without further action being necessary by the Parties, and without payment of any compensation or damages
 - (b) if the Commissioner so elects, to transfer, assign or novate this Agreement to the Commissioner or a new provider without any payment of compensation or damages; or
 - (c) this agreement is terminated by one of the parties under clause 8.3.
- 8.2 Spectrum may terminate this Agreement on written notice to the Provider if it is required to terminate the Overarching Agreement (since by that agreement it takes on some of the rights and responsibilities of the Commissioner).
- 8.3 Without prejudice to any rights that have accrued under this Agreement or any of its rights or remedies, either Party may terminate this Agreement with immediate effect by giving written notice to the other Party if:
- (a) the other Party commits a breach of any material term of this Agreement (other than failure to pay any amounts due under this Agreement) and (if such breach is remediable) fails to remedy that breach within a period of 21 days after being notified in writing to do so;
 - (b) the other Party repeatedly breaches any of the terms of this Agreement in such a manner as to reasonably justify the opinion that its conduct is inconsistent with it having the intention or ability to give effect to the terms of this Agreement;
 - (c) the other Party suspends, or threatens to suspend, payment of its debts or is unable to pay its debts as they fall due or admits inability to pay its debts or is deemed unable to pay its debts within the meaning of section 123 of the Insolvency Act 1986;
 - (d) the other Party commences negotiations with all or any class of its creditors with a view to rescheduling any of its debts, or makes a proposal for or enters into any compromise or arrangement with its creditors other than (being a company) for the sole purpose of a scheme for a solvent amalgamation of that other Party with one or

more other companies or the solvent reconstruction of that other Party;

- (e) a petition is filed, a notice is given, a resolution is passed, or an order is made, for or in connection with the winding up of that other Party (being a company) other than for the sole purpose of a scheme for a solvent amalgamation of that other Party with one or more other companies or the solvent reconstruction of that other Party;
- (f) an application is made to court, or an order is made, for the appointment of an administrator, or if a notice of intention to appoint an administrator is given or if an administrator is appointed over the other Party (being a company);
- (g) the holder of a qualifying floating charge over the assets of that other Party (being a company) has become entitled to appoint or has appointed an administrative receiver
- (h) a person becomes entitled to appoint a receiver over the assets of the other Party or a receiver is appointed over the assets of the other Party
- (i) a creditor or encumbrancer of the other party attaches or takes possession of, or a distress, execution, sequestration or other such process is levied or enforced on or sued against, the whole or any part of the other party's assets and such attachment or process is not discharged within 14 days
- (j) any event occurs, or proceeding is taken, with respect to the other Party in any jurisdiction to which it is subject that has an effect equivalent or similar to any of the events mentioned in clause 8.3(c) to clause 8.3(i) (inclusive)
- (k) the other Party suspends or ceases, or threatens to suspend or cease, carrying on all or a substantial part of its business
- (l) there is a change of control of the other party (within the meaning of section 1124 of the Corporation Tax Act 2010) or
- (m) any warranty given in this Agreement or by virtue of clause 4 of this Agreement by the Provider to Spectrum under the Overarching Agreement is found to be untrue or misleading

8.4 The parties acknowledge and agree that any breach of Clauses 4, 5 and 9 shall constitute a breach of a material term for the purposes of this clause.

9. FURTHER ASSURANCE

At its own expense each Party shall and shall use all reasonable endeavours to procure that any necessary third party shall promptly execute and deliver such documents and perform such acts as may reasonably be required for the purpose of giving full effect to this Agreement.

10. NHS COUNTER FRAUD AND SECURITY MANAGEMENT

10.1 The Provider must put in place and maintain appropriate arrangements to address security management and counter fraud issues.

11. SAFEGUARDING, MENTAL CAPACITY AND PREVENT

11.1 The Provider must ensure that Service Users are protected from abuse and improper treatment in accordance with the Law and must take appropriate action to respond to any allegation of abuse.

11.2 The Provider must ensure there are organisational policies and procedures to cover:

- Safeguarding
- Mental Capacity and Deprivation of Liberty
- Prevent

11.3 The Provider must comply with the requirements and principles in relation to the safeguarding of children and adults, including in relation to deprivation of liberty safeguards, set out or referred to in:

- The 2014 Act and associated guidance
- The 2014 Regulations
- The 1989 Act and the 2004 Act and associated guidance
- The 2005 Act and associated Guidance

- Safeguarding Guidance.
- 11.4 The Provider has adopted and must comply with the Safeguarding Policies and MCA Policies. The Provider has ensured and must at all times ensure that the Safeguarding Policies and MCA Policies reflect and comply with:
- The Law and Guidance referred to in 11.3
 - The local multi-agency policies and any Commissioner safeguarding and MCA requirements.
- 11.5 The Provider must be able to evidence that they are trained in the mandatory training requirements relating to Safeguarding, Deprivation of Liberty, Prevent and a declaration of competence for use of the EHC PGD.
- 11.6 At the reasonable written request of Spectrum, and by no later than 10 operational days following receipt of that request, the Provider must provide evidence to Spectrum that it is addressing any safeguarding concerns raised through the relevant multi-agency reporting systems.
- 11.7 If requested by Spectrum, the Provider must participate in the development of any local multi-agency safeguarding quality indicators and/or plan.
- 11.8 To the extent applicable to the Services, and as agreed by Spectrum in consultation with the Regional Prevent Co-ordinator, the Provider:
- Include in its policies and procedures, and comply with the principles contained in the Government Prevent Strategy and the Prevent Guidance and Toolkit; and
 - Include in relevant policies and procedures a programme to raise awareness of the Government Prevent Strategy among staff and volunteers in line with the NHS England Prevent Training and Competencies Framework; and
 - Include in relevant policies and procedures a Prevent delivery plan that is sufficiently resourced with Prevent facilitators.

12. PATIENT CONFIDENTIALITY, DATA PROTECTION, FREEDOM OF INFORMATION AND TRANSPARENCY

Information Governance – General Responsibilities

12.1 The Parties acknowledge their respective obligations arising under FOIA, DPA and HRA, and under the common law duty of confidentiality, and must assist each other as necessary to enable each other to comply with these obligations.

12.2 The Provider must:

- provide guarantees in respect of its technical and organisational security measures governing the data processing to be carried out
- process personal data only in accordance with these security measures
- comply at all times with obligations equivalent to the Seventh Data Protection Principle
- Allow rights of audit and inspection in respect of relevant data handling systems to Spectrum or any person authorised by Spectrum to act on its behalf

13. COUNTERPARTS

13.1 This Agreement may be executed in any number of counterparts, each of which when executed shall constitute a duplicate original, but all the counterparts shall together constitute the one Agreement.

13.2 Transmission of an executed counterpart of this Agreement (but for the avoidance of doubt not just a signature page) by (a) fax or (b) e-mail (in PDF, JPEG or other agreed format) shall take effect as delivery of an executed counterpart of this Agreement. If either method of delivery is adopted, without prejudice to the validity of the Agreement thus made, each Party shall provide the others with the original of such counterpart as soon as reasonably possible thereafter.

13.3 No counterpart shall be effective until each Party has executed and delivered at least one counterpart.

14. THIRD PARTY RIGHTS

14.1 No-one other than a Party to this Agreement, their successors and permitted assignees, shall have any right to enforce any of its terms.

15. NO PARTNERSHIP

Unless specifically stated otherwise, nothing in this Agreement is intended to, or shall be deemed to, establish any partnership or joint venture between any of the Parties, constitute any party the agent of another party, nor authorise any party to make or enter into any commitments for or on behalf of any other Party.

16. CONFLICT

16.1 If there is any conflict between Schedule 1 or Schedule 2 and the other clauses and Schedules of this Agreement, the other clauses and Schedules of this Agreement shall take precedence.

17. GOVERNING LAW AND JURISDICTION

17.1 This Agreement and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by, and construed in accordance with, the law of England and Wales.

17.2 The Parties to this Agreement irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim that arises out of or in connection with this Agreement or its subject matter or formation (including non-contractual disputes or claims).

Schedule 1 Specification

Care Pathway/Service	Providing Emergency Hormonal Contraception (EHC) in pharmacies across the district of Wakefield
Spectrum CIC Lead	Director of Operations Spectrum Community Health CIC
Pharmacy Lead	Responsible Pharmacist in each Pharmacy approved into the scheme
Period	1 April 2022 -31 March 2023

Name of Pharmacy Accepted into the EHC Scheme	xxx	Review date:
Pharmacist/Manager	xxx	On new contract

1. Purpose

1.1 Aims

This service specification forms part of the agreement between Spectrum Community Health CIC (“Spectrum”) and the xxx Pharmacy (“Provider”) of Emergency Hormonal Contraception (EHC) Services in pharmacies across Wakefield Council.

The purpose of this service is to provide the following community pharmacy based sexual health service to women with a Wakefield postcode who are aged under 25 years: -

- Provide free Emergency Hormonal Contraception (Ulipristal Acetate or Levonorgestrel).
- Provide advice and information on STI risk and reduction, including how to access testing

Provide advice on future contraception, (if not already in place), including referral to the Integrated Sexual Health Service for follow up where the patient consents to this.

- Provide information on the C-Card scheme/how to obtain free condoms (pharmacies can register for the C-Card scheme in Wakefield if they wish which would then allow them to order condoms as required through the website which could then be provided during the EHC consultation. Registering for the scheme involves brief training. To arrange, contact the service [on 0800 121 48 60](tel:08001214860) and ask to speak to a member of staff in relation to the C-Card Scheme).

This specification sets out the expectations and the processes for monitoring, evaluation and review of the specification.

1.2 Evidence Base

There is strong evidence to support the use of EHCs to support women with pregnancy choices and reducing teenage pregnancy across Wakefield.

1.3 General Overview

Spectrum was awarded the contract to deliver an Integrated Sexual Health Service (ISHS) for Wakefield Council from 1st October 2021.

The Commissioner is integrating the GUM and CASH elements of the service and is putting greater focus on prevention of STIs and unintended conceptions. To bring this into practice we are managing and leading a service transformation which requires a change in the model for sexual health provision in Wakefield. Spectrum is delivering an integrated sexual health service with an increase in both the capacity for, and the impact of, the prevention element of the service. Spectrum is investing in dual training of clinical staff to deliver integrated holistic sexual health services in multiple locations. Spectrum uses various methods to increase access to sexual health services for targeted high-risk groups. Spectrum is investing in a programme of education and support in schools and other non-school settings, incorporating innovative delivery methods. The service model will promote proactive outreach work and deliver a one-stop-shop model offering choice to reach all target groups.

The Service offer will be high quality, integrating contraception needs with STI prevention open to all, but also targeted at areas and groups at higher risk of STIs and unintended pregnancy. The pharmacy will preferably have extended opening hours including late nights and weekends. Spectrum has three (3) criteria for delivering the EHC element of the Service from pharmacies as described below.

1. High Quality.

Competent pharmacist providing full choice of contraceptive methods:

All pharmacists delivering the Spectrum EHC scheme must have relevant in date documentation (self-declaration) to enable them to deliver the EHC. Pharmacists will be expected to evidence training (e.g through CPPE) in order to deliver EHC. Difficult cases can be discussed with the clinical team within ISHS. Spectrum will also support the professional development of all relevant practitioners and organisations in Sexual Health through guidance, professional network and sharing best practice.

Spectrum will also deliver access to EHC through the main hub Trinity Walk Clinic, Unit LG1A, Trinity Walk Shopping Centre. Wakefield. WF1 1QS

Each individual pharmacist providing the service must Complete the Declaration of Competence (DoC) for EHC process (at least every 2 years).

It is the duty of the pharmacy contractor commissioned to provide the sexual health (EHC) service to ensure that all individual pharmacists delivering this service from their premises are:

- Fit to Practise
- Suitable to deliver the service
- Can demonstrate they are competent to deliver the service

Asking for copies of the Declaration of Competencies (DoC) from all pharmacists who provide the service from within your pharmacy can be a mechanism of ensuring that as a pharmacy contractor you can demonstrate that the

pharmacists providing the service are competent to deliver the EHC service. The commissioner may request from a pharmacy copies of the DoC for each pharmacist who has supplied EHC under this service.

The pharmacy commissioned is required to have a confidential consultation room (or area) and this should be used for consultations for emergency contraception. It must:

- Ensure that there is sufficient space for customers, clients, and staff members
- Be kept clean and in good repair
- Be laid out and organised for the purpose of consulting or providing a healthcare service
- Be laid out and organised so that, once a consultation has commenced and is in progress, other members of staff (or customers) cannot interrupt the consultation or enter the room / area without permission
- Not be used for storage of stock (other than stock that could be used or supplied during a consultation)

2. Integrated Service Delivery:

STI risk discussion, and access to condoms for under 25yr olds, at the same time as the EHC discussion.

Pharmacies in the Spectrum EHC Scheme will as appropriate discuss STI risk and risk reduction and direct to where STI testing and condoms can be sourced online if needed. They will ask the patient for consent for a follow up phone call from ISHS to ensure that the care plan is complete, and the patient has provision for more appropriate contraception and any STI needs are met.

2.1. Relationship with other services

The Contractor is required to develop and maintain links with other relevant services including:

- Spectrum community Health CIC is responsible for offering clinical advice about contraception and emergency contraception. It should be noted that residents can attend any sexual and reproductive health service in England free of charge
- GP practices
- Safeguarding Teams (Safeguarding Board for Adults and Children)
- Other pharmacies

3. Targeted:

To geographical areas of high need as evidenced by the sexual health intelligence data and information.

1.4 Objectives

The objectives of the pharmacy EHC service is to:

- Promote contraceptive choice to meet the needs of each individual patient
- Reduce the numbers of unwanted pregnancies.
- Increase access to EHC.

- Promote the use of condoms in clients at risk of STI
- Promote STI testing, where appropriate, by assessing individual risk

1.5 Expected Outcomes of the Pharmacy EHC scheme

- Women shall be supported to make a choice of contraception to meet their needs and fit their lifestyle.
- Delivery of EHC and appropriate follow up advice (Menstruation/Pregnancy Test/STI Screen/commence reliable method/referral into sexual health services).
- Improved awareness of patients of STIs and how to avoid unintended pregnancy.

2. Scope

2.1 Service Description

The pharmacy will deliver EHC to appropriate females following assessment of their risk of pregnancy having presenting concerned, to a pharmacist and having identified risk of unwanted pregnancy.

Pharmacies meeting Spectrums eligibility criteria in the delivery of EHC via Patient Group Direction (PGD) can be signed up to deliver the EHC Scheme (see 1.3 for eligibility criteria).

The EHC consultation must be carried out by a pharmacist who is considered competent to provide – see 1.3.

The pharmacist will assess the need and suitability for a client to receive EHC, in line with the PGD and service specification. Ulipristal will be given within its licensed indication in line with national guidance. Where levonorgestrel is given, this will be under PGD

The pharmacist, as part of the EHC consultation will discuss risk of STIs and risk reduction as appropriate, including how the patient can access screening (postal chlamydia and gonorrhoea screening kits can be ordered online by the patient – see <https://spectrumhealth.org.uk/services/sexual-health/chlamydia-screening-kit/>), and where/how to access free condoms. The patient should also be supported with any side effects and follow up plan. Ideally the patient should be consented for follow up with Spectrum integrated sexual health services to ensure compliance and offer support for any on-going sexual health needs, the first contact will be made by telephone and any on going needs arranged with the patient.

Where appropriate (19 and under) a Safeguarding Risk Assessment must be undertaken, and under 16s should be assessed as Fraser competent.

Pharmacists providing the service should refer to the Wakefield Pharmacy Sexual Health Scheme service pathway.

The associated payment for each consultation will be £15 (excluding drug costs). Refer to schedule 2 for payment details.

Spectrum will commission pharmacies to deliver EHC who meet the eligibility criteria set out in 3.1.

Safeguarding

Pharmacies must follow Wakefield safeguarding procedures and reference the website for more info

<https://www.wakefield.gov.uk/health-care-and-advice/adults-and-older-people-services/safeguarding/safeguarding>

<https://www.wakefield.gov.uk/schools-and-children/safeguarding?>

2.2 Accessibility/acceptability

The service will be open to all registered and resident women in Wakefield under the age of 25.

2.3 Whole System Relationships

The pharmacy delivering this service will establish partnerships or be familiar with relevant national and local organisations that will include:

- Spectrum Integrated Sexual Health Service
- Social Care Direct
- FSRH
- BASHH
- Termination of pregnancy services

2.4 Relevant networks and screening programmes

- Wakefield Sexual health provider network

3. Service Delivery

3.1 Service model

Sub-contracting any part of the spec is not allowed, all providers must be verified by Spectrum as meeting the essential criteria.

B. Integrated Service Delivery

- Pharmacies in the Spectrum EHC Scheme will, as appropriate, discuss STI risk and risk reduction, and access to condoms at the same time as the EHC in discussion.

C. Targeted. Appropriate safeguarding of all must be paramount.

To areas of high need as evidenced by the sexual health intelligence data and information.

- Undertake regular continuing professional development (CPD)
- Staff working in the pharmacy (dispensers/counter assistants/pharmacy technicians) need to be familiar with the scheme so they can ensure the patient has access to the appropriately trained pharmacist. The pharmacy must also comply with current infection control regulations.
- There should be an appropriate room to enable the patient/pharmacist to have a confidential consultation.
- Identify women at risk of STIs by taking a comprehensive clinical and sexual history and offer appropriate

screening and referral to the Spectrum Community Health CIC website for information on STIs and/or to order their own free chlamydia and gonorrhoea screening postal kit should they wish (see <https://spectrumhealth.org.uk/services/sexual-health/chlamydia-screening-kit/>). Women aged between 16-25 can also get free condoms by registering for the C-card scheme. See <https://spectrumhealth.org.uk/services/sexual-health/c-card-registration/>

- Obtain informed consent prior to provision of EHC.
- Advise on use of condoms to prevent infection and further pregnancy risk, preferably in conjunction with a reliable method of contraception (free condoms are available by registering for the C-card scheme <https://spectrumhealth.org.uk/services/sexual-health/c-card-registration/>)
- Advice should be provided to the patient regarding action on any side effects or vomiting/diarrhoea and what to do about recommencing any existing oral hormonal contraceptive method.
- Adequate recording of consultation, batch number and expiry date of the EHC.

For pharmacies eligible for EHC Scheme

- Provide written and oral information about the EHC at time of administration/dispensing on follow up, expected side effects and effect on menstrual cycle and action on menstruation or amenorrhoea, which may require further tests/follow up.
- Produce an appropriate clinical record. Adequate recording should be made regarding the patients clinical and sexual history, the discussion, the delivery, patient consent, safeguarding and Fraser Competence assessments.
- Conduct an annual audit in line with Spectrums requirements. As a minimum, this will include provision of data regarding the demographics of patients who have been supplied with EHC under this service and advised on how to access condoms, chlamydia/STI screening and referral to ISHS.
- The provider will be paid based on the activity that has been recorded on PharmOutcomes. Payments are made on a monthly basis, generated by the data input onto PharmOutcomes. All service activity should be entered promptly, and the provider must ensure that all information recorded on PharmOutcomes is a fair and accurate recording of the activity it has undertaken. EHC provision recorded 3 months after the date to which the activity relates will not be paid.

3.2 Outcomes

- Increased access to EHC, Chlamydia Screening and condoms.
- Increased signposting to ISHS
- Improved access to ISHS by the reduction in patients attending for EHC
- Reduction in unwanted pregnancy for the Wakefield and its locations
- Holistic consultation that includes contraceptive choice discussion, access to C-Card and Chlamydia screening for under 25yr olds as appropriate, Safeguarding assessment and action as appropriate, Change in behaviour for safer sex, education

3.3 Proactively Reducing Health Inequalities

It is the responsibility of the provider to proactively reduce health inequalities in supplying this service. Health inequalities are the result of a complex and wide-ranging network of factors. People who experience material disadvantage, poor housing, lower educational attainment, insecure employment or homelessness, are among those more likely to suffer poorer health and an earlier death, compared with the rest of the population. As part of the strategy to reduce health inequalities, the service provider must provide evidence of engagement and collaborative working practices with all relevant organisations, to promote and improve health equalities within the relevant population.

All partners are required to work in compliance with NICE guidelines PH 9 on Community Engagement, in order to deliver the legal obligations on the 'Duty to Involve' legislation. It is expected that all engagement processes are adequately resourced, long term and embedded within service delivery.

As a minimum, data returns submitted should include the broad nature of the client/patients encounter, actual age, gender, ethnicity, and full postcode if feasible, using standard classification systems where possible. Equality monitoring for all service users, including referrals and DNA's where appropriate, should also be recorded and reported typically as monthly, but no less than quarterly. Equality monitoring should include physical, sensory or learning disabilities as appropriate and the commissioners will agree specific data returns with the provider on top of those here listed.

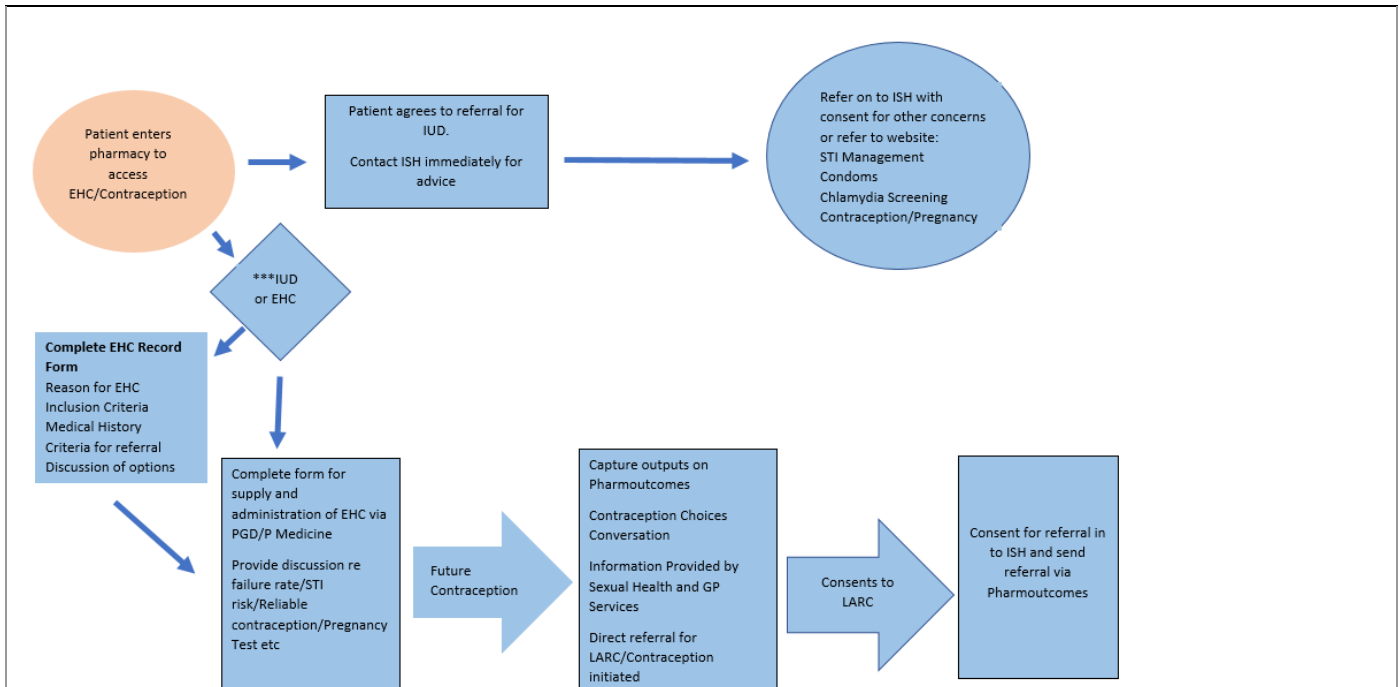
The service provider shall not discriminate unlawfully within the meaning and scope of any law, enactment, order, regulation or similar instrument relating to discrimination (whether in relation to race, gender, disability, religion or otherwise) in employment or in relation to the performance of the services. The service provider will facilitate the commissioners in meeting all its statutory responsibilities in this area.

3.4 Care Pathway(s) and referral criteria

The pharmacy will establish care pathways and criteria with other agencies as appropriate e.g.

- Termination Services
- Spectrum Integrated Sexual Health Services
- The drugs and substance misuse teams
- The Sexual Assault Referral Centres (SARC)

3.4.1 Patient Pathway for Pharmacy EHC Service:



***** Even if the patient opts to attend for an emergency IUD – EHC should still be offered/provided with consent on the assumption of a DNA or change of mind as per FSRH Guidance 2017.**

3.5 Quality Standards

3.5.1 Care Quality Commission Registration Regulations, Requirements

The service must be able to demonstrate compliance with all generic and service specific Registration Requirements, Regulations of NHSE and GPhC. The regulations and outcomes ensure that the care people receive meets essential standards of quality and safety.

3.5.1.2 Involvement and Information

The provider will ensure that patients and carers where relevant are involved in making decisions about their care, treatment and support. They will also ensure that the views of people who use services are taken into account when making decisions about how services are delivered and improved. Providers shall make relevant information available so that people can make informed choices about their care, treatment and support.

3.5.1.3 Personalised Care, Treatment and Support

The provider will ensure that people who use services receive effective, safe and appropriate care, treatment and support that meets their individual needs. Providers will assess health needs, develop care plans, take account of published research and best practice, and cooperate with other agencies involved in the care, treatment and support of a person and share information in a confidential manner with all relevant services, teams or agencies.

3.5.1.4 Safeguarding and Safety

The provider will ensure that people who use the service, workers and others who visit are as safe as they can be and that risks are managed. They will also ensure that the human rights and dignity of people who

use services are respected and identify and respond when people are in vulnerable situations. Providers will ensure that the premises and equipment they use to provide care, treatment & support are safe and suitable. Providers will comply with guidance for safeguarding people who use services from abuse, cleanliness and infection control, safety & suitability of premises and safety and suitability of equipment.

3.5.1.5 Suitability of Staffing

The provider will ensure that they have the right staff with the right skills, qualifications, experience and knowledge to support people. Providers will comply with guidance relating to staffing and supporting workers.

3.5.1.6 Quality and Management

The provider will manage risk in order to ensure that essential standards of quality and safety are maintained and have systems in place to assess and monitor the quality of service provision. Providers will also take account of comments and complaints, investigations into poor practice and advice from and reports by NHSE/GPhC. The provider will improve the service by learning from adverse events, incidents, errors and near misses, the outcome from comments and complaints and the advice from expert bodies. The provider will also notify the NHSE/GPhC about incidents that affect the health, safety and welfare of people who use services including injuries to people, making an application to deprive someone of their liberty, allegations of abuse and police investigations. Lessons will be learned from patient feedback obtained.

3.5.3 Quality Improvement

The service will identify, implement and demonstrate continuous improvements to the quality of the service as part of their quality framework. Evidence of action plans, monitoring progress and improvements / outcomes achieved will be reported to the commissioner at regular intervals. These reports will be reviewed as part of the monitoring of the service.

3.5.4 Management & Monitoring of Quality and service review

The service will provide a brief Annual Quality Report summarising to the commissioner assurance that care is safe; clinically effective; and provides patients with the most positive patient experience. The report will include service improvement planning and service review. This report will be used to assure the commissioner of the quality of service delivered. Annually participate in a whole service patient engagement and feedback exercise by sending out a Spectrum patient feedback form to all patients in receipt of the service.

3.5.5 Clinical Effectiveness

The service will ensure that care is compliant with all relevant NICE guidance and other sources of evidence based practice e.g. BASHH and FSRH.

4. Referral, Access and Acceptance Criteria

- **Geographic coverage/boundaries**

The service will be open to all resident and registered women across Wakefield.

- **Location(s) of Service Delivery**

The service will be delivered in appropriate clinical setting accessible to the target group

The Provider will deliver the specified service in line with the following general principles:

- People are individuals and have the right to dignity, privacy and independence.
- All those involved in providing the service should have respect for any individual's gender, sexual orientation, age, race, religion, culture, lifestyles and values
- Service users should be encouraged and enabled to exercise control/be involved in their care decisions
- Services should be supportive of service users and their carer's and families
- Services should respond sensitively and flexibly to the service user's changing needs

5. Prevention, Self-Care and Patient and Carer Information

The service provider will provide appropriate information on services for users and carers

6. Monitoring and Audit requirements

Audit of the Initial 6-month period and Review

Spectrum's EHC payment includes the consultation, follow up, STI discussion/screening and condom distribution.

Pharmacies must send data on each EHC delivery within 1 month of attendance. Referral to ISHS for follow up should be done during working hours or the next working day.

The pharmacy lead and Spectrum will meet to discuss the quality report, patient feedback and service review.

Reporting requirement:

- NHS Number
- Age
- Ethnicity (if known)
- Sexuality (if known)
- 4 digits of post code
- Name of Pharmacist carrying out the procedure
- Date of procedure
- All data must be received within 1 month of delivery to be eligible for payment.

Appendix A: Claim Form

Not required if using PharmOutcomes



Schedule 2 Fees

The consultation undertaken at the Pharmacy will include a full patient assessment including Safeguarding and Fraser Competence (where applicable), Patients should be referred for a follow up call from Spectrum Community Health's Wakefield Integrated Sexual Health Service where the patient has consented to this.

Fee breakdown:

Consultation: £15.00 per patient consultation

Drug Costs (based on NHS Tariff, subject to annual review)

Levonorgestrel (1500mg): £5.20

Ulipristal (30mg) £14.05



Schedule 3 Pharmacists



Schedule 4 Pharmacists

**PHARMACISTS INTENDING TO DELIVER SCHEME ON BEHALF OF THE PHARMACY
LOCUMS/NEW EMPLOYEES CAN BE ADDED TO LIST AS AND WHEN REQUIRED
EMAIL ANY UPDATES/ADDITIONS TO: SPECTRUM.CASH@NHS.NET**

PHARMACIST NAME	SIGNED	QUALIFICATION/ COMPETENCE

Schedule 5 KPIs

<i>Activity: Performance Indicators</i>	<i>Method of measurement</i>	<i>Frequency of Monitoring</i>
Numbers of EHC delivered	PharmOutcomes Performance Auto report	Monthly
Annual patient satisfaction survey	Quality Report	Annual
Number of service users by age, ethnicity and sexuality	PharmOutcomes Performance Auto report	Annual
Number of patients who consented to follow up phone call from ISHS	Quality Report	Annual
Number of safeguarding referrals made to other agencies such as Social Care/Police	Quality Report	Annual
CPD done by pharmacists in relation to contraception (general overview)	Quality Report	Annual
Number and details of any reportable incidents	Quality Report	Annual



Schedule 6 Overarching Agreement

[Insert overarching agreement]



– Signed Contract

Signed for and on behalf of
Spectrum Community Health CIC

Name Debbie Ward

Role Director of Operations

Signed

Date

Signed on behalf of

xxx Pharmacy

Name

Role

Signed

Date