DRAFT SERVICE SPECIFICATIONS

Service Specification No.  
Service Pharmacy Chlamydia Treatment  
Authority Lead Kate Donohoe, Senior Public Health Practitioner  
Provider Lead This will repeat what is in Part A  
Contract Period 1 April 2014 to 31 March 2015 plus up to 12 months extension  
Date of Review

NOTE: unless the context requires otherwise, the use of terms with capitals shall have the same meaning as defined in the Contract

1. Population Needs

1.1 National/local context and evidence base
Sexual Health in Hampshire is relatively good with teenage conception, HIV and acute STI rates below national and regional averages. Good sexual health however is not evenly distributed within the population and there are significant differences between population groups and district council areas.

Chlamydia is the most common bacterial sexually transmitted infection, with sexually active young people at highest risk. As chlamydia often has no symptoms and can have serious health consequences (e.g. pelvic inflammatory disease, ectopic pregnancy and tubal factor infertility) opportunistic screening and effective treatment of young people is an essential element of good quality sexual health services for young adults.

A substantial proportion of all young adults become infected with chlamydia in a year. The aim of the National Chlamydia Screening Programme (NCSP) is to control chlamydia through early detection and treatment of asymptomatic infection, so reducing onward transmission and the consequences of untreated infection.

This service involves the community pharmacy provision of treatment for Chlamydia, for young people who have been diagnosed with Chlamydia infection by the local Chlamydia Screening Programme (CSP), in line with the requirements of the locally agreed Patient Group Direction (PGD). The PGD will facilitate supply to persons aged between 15 and 24 and partners of any age.

The service is provided in selected pharmacies in addition to the Pharmacy Chlamydia Testing Kits & Condom Distribution Service.
1.2 Evidence Base

In 1998, the Chief Medical Officer’s Expert Advisory Group on Chlamydia trachomatis considered the evidence-base associated with screening for genital chlamydial infection. This group concluded that chlamydia screening met the criteria for a screening programme and recommended that a National Chlamydia Screening Programme (NCSP) be established.

The NCSP in England was established in 2003. It offers free, opportunistic screening, treatment and partner management and prevention to sexually active young men and women under the age of 25. The goal of the programme is to:

- Prevent and control chlamydia through early detection and treatment of asymptomatic infection;
- Reduce onward transmission to sexual partners;
- Prevent the consequences of untreated infection.

Published in early 2012, the Department of Health Public Health Outcomes Framework 2013-2016 included an indicator on the chlamydia diagnosis rate in 15-24 year olds, underlining the importance of reducing the prevalence of chlamydia infection in young adults in England. Public Health England recommends that local areas should be working towards achieving a diagnosis rate of at least 2,300 per 100,000.

National Policy Drivers:

- Healthy Lives, Healthy People white paper (2010)
- NICE guidance 2005
- Recommended Standards for sexual health services (MedFASH 2005)
- You’re Welcome Quality Criteria (2007)
- Faculty of Sexual and Reproductive Healthcare guidance
- Working together to Safeguard Children and Young People (2013)
- A Framework for Sexual Health Improvement in England (DH 2013)

Local policy Drivers for Hampshire:

- Hampshire Comprehensive Sexual Health Needs Assessment 2009 (updated 2013)
- Hampshire Teenage Pregnancy & Parenthood Strategy
- Hampshire Children & Young People’s Plan
2. HCC Corporate Aims and Key Service Outcomes

2.1 Local Strategic Aims & Priorities
The service will support the delivery of the following Public Health Outcome Framework indicators:

- Chlamydia diagnoses (15-24 year olds)
- Under 18 Conceptions

Increasing the numbers of young people who are tested and treated for Chlamydia and reducing teenage conceptions are key priorities within the Hampshire Sexual Health Strategy.

Reducing under 18 conception rates is a key priority in the Hampshire Children and Young People’s Plan (2013-2016) in Priority 2: securing children and young people’s physical, spiritual, social and emotional and mental health, promoting healthy lifestyles and reducing inequalities.

The Hampshire Sexual Health Strategy is takes a life course approach to sexual health in line with that used in the Joint Hampshire Health & Wellbeing Strategy (2013) and the national Framework for Sexual Health Improvement in England (2013) which both aim to give young people a good start in life.

2.2 HCC Corporate Aims
The following are the key corporate aims:

- **Hampshire Safe and More Secure for all**: Developing and supporting stronger, safer communities for all by protecting vulnerable people, maximising safety, helping young people to live positive lives and helping diverse communities to feel secure.

- **Maximising Wellbeing**: maintaining and improving quality of life and ensuring everyone has the opportunity to support themselves, be active in their community and have access to the services they need whilst knowing that should things go wrong HCC are there to support them.

- **Enhancing our Quality of Place**: making the county a good place to be protecting local distinctiveness and diversity, ensuring excellent facilities, respecting Hampshire’s heritage and planning proactively for the future.

The service will support the achievement of the above corporate aims by:

- Providing young people with improved access to Chlamydia treatment in order to reduce the prevalence of chlamydia and chlamydia related complications in the local population

- Ensuring that young people diagnosed with chlamydia are successfully treated thereby reducing onward transmission of Chlamydia and the development of complications, including infertility
2.3 Locally agreed outcomes [note that service standards/quality requirements are set out below]

- Support the achievement of the local chlamydia diagnostic rate of 2200 per 100,000 young people aged 15-24 in order to reduce the local prevalence of Chlamydia
- Support the achievement of local targets to reduce teenage conceptions

3. Sustainability, Equalities, Social Value and Other Impacts

3.1 Sustainability
The use of community pharmacies as a point of delivery will build on existing pharmacy skills and improve local access to chlamydia treatment in geographical areas where access to local sexual health services may be more difficult, thereby reducing the requirement to travel to alternative services to receive treatment.

3.2 Equalities
The service can be provided to all sexually active young people aged under 25, who have been diagnosed with Chlamydia under the local Chlamydia Screening Programme, irrespective of gender, race, disability, religion or sexual orientation. The service will improve local access to chlamydia treatment for young people diagnosed with Chlamydia living in dispersed rural populations and those affected by transport poverty.

3.3 Social Value
The service will reduce the negative impact of untreated chlamydial infection on the health of young people and their future fertility. The service will also contribute to a reduction in the onward transmission and prevalence of Chlamydia within the wider community. Through the use of community pharmacies, the service will make a positive contribution to the economy of local communities.

3.4 Other Impacts
The service will reduce the costs of treating the consequences of untreated chlamydial infection, including pelvic inflammatory disease and infertility, to the local NHS.

4. Scope

4.1 Aims and objectives of service

- To improve access to Chlamydia treatment in order to reduce prevalence amongst the local population.
• To reduce the consequences of untreated chlamydia infection

• To increase the knowledge, especially among young people, of the risks associated with Chlamydia infection

• To promote positive sexual health and improve young people’s knowledge and awareness of sexual health and local sexual health services.

• To refer clients, especially those from hard to reach groups, into mainstream sexual health services.

• To increase the knowledge of risks associated with other Sexually Transmitted Infections (STIs).

• To refer clients who may have been at risk of other STIs to local sexual health clinics for full STI screening.

• To strengthen the local network of sexual health services to help ensure easy and swift access to advice.

4.2 Service description/pathway (including referral routes)

Service Description – Supply of treatment to clients testing positive

4.2.1 Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service

4.2.2 Only pharmacists that have completed the required training will be able to provide this service (see Appendix B)

4.2.3 Clients requiring treatment will be contacted by the Chlamydia Screening Office (CSO) with their result and will be offered the option of treatment at a pharmacy if appropriate.

4.2.4 The client will be given a unique code, which must then be given at the participating treating pharmacy in order to obtain their antibiotic treatment

4.2.5 The pharmacy will complete a Pharmacy Chlamydia Treatment Consultation Record Form (Appendix D) and return a copy to the Chlamydia Screening Office within 24 hours by fax.

4.2.6 Pharmacists will supply antibiotic treatment to clients in line with the requirements of the locally agreed Patient Group Direction (PGD) and the Treatment Algorithm (Appendix A). The PGD will facilitate supply to persons aged between 15 and 24 and partners of any age.

4.2.7 Partners of Chlamydia positive index clients may also be provided with treatment in accordance with the locally agreed PGD, irrespective of their age, but will be provided with and encouraged to also complete a Chlamydia screening postal kit to establish if they did have an undiagnosed Chlamydial infection.

4.2.8 The pharmacy will provide support and promote positive sexual health to clients accessing the service, including advice on the avoidance of pregnancy and 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 STIs.

4.2.9 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service, including sensitive, client centred communication skills. The competencies and training framework for this service are detailed in Appendix B.

4.2.10 The pharmacy must maintain appropriate records to ensure effective on-going 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.

4.2.11 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.

4.2.12 The service will be provided in compliance with the Fraser Guidelines\(^1\) and Department of Health guidance on confidential sexual health advice and treatment for young people aged under 16\(^2\).

4.2.13 The service protocols should reflect national and local child and vulnerable adult protection guidelines\(^3\).

4.2.14 The pharmacist will supply clients they see for treatment with a supply of condoms provided by the Integrated Sexual Health Service. Service contact details and how to order resources are detailed in Appendix C.

4.2.15 Verbal and written advice on the avoidance of STIs, the use of condoms and regular contraceptive methods should be provided to the client.

4.2.16 Clients presenting at a pharmacy that is temporarily unable to offer the service (e.g. due to annual leave or sickness) must be referred back to the Chlamydia Screening Office.

4.2.17 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 obtaining the express consent of the client to share the information.

4.2.18 The pharmacy will be responsible for the promotion of the service locally, by using the promotional materials provided by the Chlamydia Screening Office and publicity by the Level 3 specialist integrated sexual health service. The pharmacy is responsible for ensuring that promotional

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\(^1\) Fraser 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 nor will they allow notification to the parent that they are seeking contraceptive advice
- The young person is likely to begin or continue having unprotected sex with or without contraceptive treatment.
- The young person's physical or mental health is likely to suffer unless he or she receives contraceptive advice or treatment.
- The young person’s best interests require the health professional to give contraceptive advice and/or treatment without parental consent.

\(^2\) Guidance available at: [www.dh.gov.uk/sexualhealth](http://www.dh.gov.uk/sexualhealth)

\(^3\) 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](http://www.everychildmatters.gov.uk/workingtogether). Local information on child protection issues is available at [http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/child-protection.htm](http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/child-protection.htm)
4.2.19 Level 3 specialist integrated sexual health service will be responsible for the provision to pharmacies of condoms for clients treated within the pharmacy as well as health promotion material, including leaflets on STIs and contraception.

4.2.20 The Service may be mystery shopped by young people and findings will be reported back to the pharmacy and the commissioner.

4.2.21 DBS Checks – the pharmacy is required to carry out an assessment of both its staff and the services to ensure compliance with the Safeguarding Vulnerable Groups Act 2006.

4.3 Population covered
The supply will be made free at the point of delivery to the client to young people aged 16-24 who are Hampshire residents or who are registered with a Hampshire GP (may supply to others outside this group at pharmacists discretion if client unlikely to access service elsewhere).

4.4 Any acceptance and exclusion criteria and thresholds
Inclusion and exclusion criteria, which are detailed in the PGD, will be applied during provision of the service. Symptomatic young people and men who have sex with men (MSM) are excluded and should be referred to the local sexual health clinic or GP for clinical management.

The service is for the provision of free chlamydia treatment for young people aged 15-24, diagnosed with chlamydia by the local Chlamydia Screening Programme, who are Hampshire residents or who are registered with a Hampshire GP ((may supply to others outside this group at pharmacists discretion if client unlikely to access service elsewhere).

4.5 Interdependencies with other services
Pharmacies providing this service will need to work in close cooperation with the Sexual Health Promotion Team/Chlamydia Screening office within the Integrated Sexual Service provided by Solent NHS Trust www.letstalkaboutit.nhs.uk

Pharmacies will be aware of the benefits of working in partnership with other providers to ensure a networked approach to improving sexual health of local population. Partners include:
- Local GP Practices
- Cervical Screening Programmes
- Local Authority Children & Family Services, including Safeguarding
- Local Authority Adult Services
- Maternity services
- Gynaecology
- Rape and sexual abuse services.
- Hampshire SARC
- Educational establishments
- Community Health Services
- Voluntary Sector provides of SRE or Sexual Health interventions to young people and adults
- Health visiting
- School nursing
- Substance Misuse Services
- CAMHS
- Young people and adults with additional needs e.g. learning disability services

### 4.6 Any activity planning assumptions
None

### 4.7 Provider Premises
The part of the pharmacy used for provision of the service must provide a sufficient level of privacy (at the level required for the provision of the Medicines Use Review service) and safety:

- The consultation area should be a designated area where both the patient and pharmacist can sit down together.
- The patient and pharmacist should be able to talk at normal speaking volumes without being overheard by other visitors to the pharmacy, or by pharmacy staff undertaking their normal duties.
- The consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.

### 4.8 Days/Hours of Operation
- The service will be available for the majority of the core contractual and supplementary hours the pharmacy is open each week, preferably to include (where opening hours allow) service provision on Saturdays and Sundays (when other service providers are closed).
- Trained pharmacy staff will be available to answer basic questions regarding sexual health and be able to provide young people with information on the availability and location of more specialist local sexual health services (available on [www.getiton.nhs.uk](http://www.getiton.nhs.uk) or [www.letstalkaboutit.nhs.uk](http://www.letstalkaboutit.nhs.uk))
- The service and location will be listed on local sexual health service websites

### 5. Applicable Service Standards
5.1 Applicable national standards e.g. NICE

The service is underpinned by the following standards
National Chlamydia Screening Programme Core Requirements (6th edition):
www.chlamydiасcreening.nhs.uk

The Service should use the Department of Health’s You’re Welcome quality criteria and local resources where available, as guiding principles, when planning and implementing changes and improvements, in order for the service to become young people friendly where appropriate.

5.2 Applicable local standards

5.2.1 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service, including sensitive, client centred communication skills. The competencies and training framework for this service are detailed in Appendix B.

5.2.2 The pharmacy has appropriate health promotion material available for the client group (provided by the integrated sexual health service), actively promotes its uptake, and is able to discuss the contents of the material with the client, where appropriate.

5.2.4 The pharmacy will review its standard operating procedures (SOPs) for the service on an annual basis, and following any significant untoward incidents related to the service.

5.2.5 The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.

5.2.6 The data provided by the pharmacy meets the requirements of the Local Authority.

5.2.7 The pharmacy will participate in any Local Authority organised audit of service provision.

5.2.8 The pharmacy co-operates with any locally agreed Local Authority-led assessment of service user experience.

5.2.9 You’re Welcome - As these services are primarily aimed at young people, contractors will make a commitment towards achieving the You’re Welcome Quality Standards.

5.3 Eligibility to Provide the Service
5.3.1 A pharmacy may be accepted for the provision of this service if it also currently provides the Pharmacy Chlamydia Testing Kits & Condom Distribution Service and the Pharmacy Emergency Hormonal Contraception Service.

5.3.2 A Pharmacy may be accepted for the provision of this service if it has a Pharmacist and staff with the necessary skills and experience to carry out the contracted procedures as detailed in Appendix B.

5.3.3 All Pharmacists participating in the Chlamydia Treatment Service will be required to complete the training and development as set out in Appendix B.

5.3.4 Participating pharmacies will also be required to participate in periodic updates, meetings & refresher training as and when required.

6. Quality Standards, Performance Measures

6.1 Quality Outcome & Performance Indicators
- Number of chlamydia consultation and treatments provided per annum
- Number of consultation record forms received by the chlamydia screening office within 24 hours

6.2 Monitoring Arrangements
The pharmacy will complete a Pharmacy Chlamydia Treatment Consultation Record Form (Appendix D) and return a copy to the Chlamydia Screening Office within 24 hours by fax.

Copies of the consultation record form should be retained by the pharmacy in accordance with local NHS retention guidelines.

The monthly number of completed Chlamydia treatment consultations will be monitored via the number of completed consultation record forms received at the local Chlamydia Screening Office.

Pharmacies may be asked to submit supporting evidence which may be in the form of an audit focusing on elements of clinical governance.

7. Price
The Charges comprise of the following:

£15.50 for each consultation that is undertaken for treatment following a referral by the Chlamydia Screening Programme; and; the supply of antibiotic at Drug Tariff price plus VAT.
Increases in Charges during the duration of the Contract
There are no agreed increases during the duration of the Contract (and clause B8.3 shall have no affect)

Supporting Information
Information to be provided to support activity and to authorise payments shall be provided by the number of completed Pharmacy Chlamydia Treatment Consultation Record Forms received by the Chlamydia Screening Office.

Payment will be made on a quarterly basis in arrears based on the number of correctly completed treatment consultation record forms received by the local Chlamydia Screening Office during the previous quarter.

Appendix A Pharmacy Chlamydia Treatment Algorithm
Appendix B Pharmacy Chlamydia Treatment Competency Framework
Appendix C Pharmacy Chlamydia Treatment Contact Details
Appendix D Pharmacy Chlamydia Treatment Consultation Record Form