**SERVICE SPECIFICATIONS**

All subheadings for local determination and agreement.

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| Service Specification No.  | **6** |
| Service | **Community Pharmacy C Card Registration and Supply Service** |
| Authority Lead | **Public Health South Tees** |
| Provider Lead |  |
| Period | **1st April 2023 – 31st March 2025** |
| Date of Review |  |

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| 1. **Population Needs**
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| * 1. **National/local context and evidence base**

Sexual and reproductive health is a fundamental part of health and wellbeing, affecting both individuals and wider society. Most of the adult population of England is sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations. Good sexual health is fostered by healthy relationships, access to high quality information and easy access to sexual health services. A number of different factors influence sexual health needs and behaviour including age, gender, sexuality, ethnicity, social norms and cultural influences. A whole systems approach is required to meet the different needs that individuals and populations will have throughout the life course. Education around healthy relationships and sexual health is delivered through schools, colleges and voluntary settings. Specialist sexual health services offer contraception, advice and guidance, STI testing and treatment and a range of providers including primary care, acute hospitals, pharmacies, community and voluntary sector also deliver sexual health services. Evidence demonstrates that spending on sexual health interventions and services is cost effective, for example:* For every £1 spent on contraception, £11 is saved in other healthcare costs.

**1.2 Sexual Health Promotion and Prevention**Sexual health promotion and prevention aims to support informed and healthy decisions and behaviour change through the provision of high quality, accessible information with clear messages, targeted interventions, and programmes and through face-to-face advice and testing. Sexual health promotion aims to prevent unwanted pregnancies, prevent, and reduce the spread of STIs and to take autonomous, non-regretted decisions about sexual activity.Deprivation is strongly associated with a higher level of STIs. Almost half of all STIs diagnosed in Teesside in 2018 were for people from the most deprived 20% areas. Syphilis numbers are increasing especially in Middlesbrough and Stockton, and this has disproportionately affected those among the ‘at risk’ groups. (Sexual Health Needs Assessment for Teesside, 2020).Knowledge and access to information on sexual health and sexual health services e.g. how to prevent or get tested for STIs and unwanted pregnancies, methods of contraception including long acting reversible contraception (LARC) and how to get and use emergency hormonal contraception (EHC) is crucial. This could be face-to-face advice through health professionals as recommended by NICE or other sources of information such as campaigns, relationship, sex and health education, leaflets, posters, websites and social media. Condoms can protect against many STIs including HIV, Chlamydia, and gonorrhoea. In the United Kingdom in 2011, the cost of treating STIs (excluding HIV) was estimated at £620 million. Research shows the cost can be a major barrier to condom use among poorer people. Social norms, cultural and religious barriers also prevent people using condoms.There is evidence to show the cost effectiveness of condom distribution schemes for young people. (NICE guideline ng68). In 2017, NICE highlighted an economic model that predicted the following cost savings using C-Card system in the UK school setting.* Condom distribution scheme prevented 1,373 STIs. This led to saving on STI related cost of £ 758,947.
* Increasing condom use by 22% in the population of 100,000 young people aged 14-18 would lead to pregnancy related saving over £ 11 million.
* Analysis conducted for a population aged 13 to 25, considering the effect of condom schemes on STIs only resulted in an incremental cost-effectiveness ratio (ICER) of

£17,411.Therefore, condoms schemes were more cost effective for this age group because of rates of both sexual activity and higher STI prevalence. Condom distribution schemes need to be targeted among the most vulnerable high-risk groups and should be available at targeted locations where teenage pregnancies and high STIs are prevalent.**1.3 Stockton Local Authority and collaborative commissioning partners.**As a borough, we seek to improve the sexual and reproductive health of all our residents through an integrated sexual health system, which supports people to make informed choices and when necessary, enables access to appropriate, quality services.The Tees Collaborative Commissioning Partnership made up of 6 commissioning partners is responsible for the commissioning of a Teeswide Integrated Sexual Health Service. * Hartlepool Borough Council
* Middlesbrough Borough Council
* Redcar and Cleveland Borough Council
* Stockton-on-Tees Borough Council
* North East and North Cumbria Integrated Care Board
* NHS England (North East and Yorkshire)

Stockton Local Authority is looking to commission a C-Card scheme as part of a wider prevention offer provided by a Sexual Health Prevention Provider. Pharmacies will work As part of this prevention offer, Stockton is seeking to continue to commission C card registration and provision via community pharmacies. Supporting documentation which should be read alongside this specification to give an overview of local need, context and population priorities are:* Stockton sexual health prevention needs assessment
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| 1. **Key Service Outcomes**
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| **2. Outcomes** The Provider(s) will contribute to the following outcomes to improve the sexual health in the local population in south Tees. **Improve knowledge*** Increase knowledge and understanding of the risk associated with unprotected sex through the provision of information advice and guidance to access condoms through the C card scheme from pharmacies across Stockton-on-Tees Local Authority area.

The Provider(s) will also support delivery against the three main sexual health *Public Health**Outcomes Framework*for England measures for:* C02a Under 18 conceptions.
* D02a Chlamydia detection rate 15-24
* D02b New STI diagnoses
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| 1. **Scope**
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| **Aims of the service*** To provide a C-Card scheme for young people 13-24 years to enable access and promote confidence and competence in condom use.
* To work with the Sexual Health Prevention provider.
* To improve sexual health outcomes for young people 13-24 years, increasing their knowledge, awareness, and resilience.
* Raise awareness and signpost to routes of access to contraception for young people.
* Work with the Commissioner to align promotional campaigns to target audiences.

**Objectives of the service*** In line with the Public Health England and Brook guidance ‘C-Card condom distribution schemes why, what and how’ and NICE guideline NG68 April 2017, the Provider(s) will deliver a safe, easily accessible condom distribution scheme, to meet the needs of resident young people aged 13-24 years in commissioned pharmacies within Stockton-on-Tees. This will include building knowledge and challenging social norms among young people about carrying and using condoms.
* Increase awareness and utilisation of a Stockton-on-Tees wide condom distribution C-Card scheme among those young people at highest risk of sexual ill health across south Tees.
* Be part of a network of C-Card sites across Stockton-on-Tees.
* Reduce the barriers in accessing condoms, such as financial cost, embarrassment, and availability for young people south Tees.
* Record C card registrations and condom supplies on Pharmoutcomes
* Maintain an appropriate stock of C Card / Condoms to ensure on-going availability of the service.

**Exclusions*** Over 24 year olds and under 13 year olds.
* Under 16-year-olds from digital C CARD

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| **4. Service Pathway** |

The Provider(s) will:* Provide a free condom service that distributes condoms as part of a c card scheme (including various sizes, thicker condoms and lube depending on individual choice). The Provider(s) must be clear on the importance of the kite mark and CE mark for condoms in its promotion to the target audience.
* Provide C card registration to eligible individuals
* Provide a condom supply in response to presentation of a C Card / C card app
* Ensure young people who require a referral to other services are supported (e.g. chlamydia screening, pregnancy testing, EHC or STI testing).
* Ensure one to one registration, advice and distribution for 13-15 year olds engaged in the scheme, and for those 16-24 year olds assessed as requiring additional support.

The competence of young people under 16 must be assessed. Young people must be taught to use condoms effectively and safely (using education, information, and demonstration) before providing condoms and will ensure young people are knowledgeable enough to safely use condoms and lubricants before issuing those to young people.The Provider(s) will provide information about emergency contraceptives so that young people would know what to do and where to go in the event of a condom failure.

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| **5. Safeguarding and Governance**  |

A pharmacy cannot provide this service unless accredited, approved and contracted by the relevant Local Authority (Stockton Borough Council) Similar schemes are commissioned by local authorities across Tees. A pharmacy provider must:* Be satisfactorily complying with their obligations under Schedule 4 of the NHS ( Pharmaceutical and Local Pharmaceutical Services) Regulations in respect of the provision of essential services and an acceptable system of clinical governance.
* nominate a pharmacist and another member of non-pharmacist staff who will be Service Governance leads for this service and thereby take overall responsibility for ensuring the service is provided to the required standards. Where business changes necessitate a change in Governance Lead/s, the contracting team should be notified via **SPS@stockton.gov.uk**and the self-assessment document updated. It is the responsibility of the PH contract signatories for the pharmacy provider to be assured the processes for maintaining active Governance Leads are in place and followed. It is also the responsibility of the nominated Governance Lead to take steps to ensure that the commissioned service is available – reporting by exception if for any reason the service cannot be provided in accordance with the contract terms for more than 7 working days
* have access to NHS mail
* have access to summary care records and ensure relevant staff are trained and have access rights have in place a suitable Standard Operating Procedure (SOP) to cover all processes involved in delivery of the scheme. Company policies are acceptable where they reflect the principles of the scheme. Service protocols should reflect national guidelines
* agree to use Pharmoutcomes for data collation, monitoring and management of this service. The pharmacy will ensure good recording-keeping practice; records are confidential and should be stored securely for a suitable length of time. All information Governance standards will be adhered to including the use of Quitmanager.
* Ensure that an organisational policy is in place to manage any complaints arising from provision of this service; the policy should enable any complaints to be handled and reported in accordance with the relevant local authority policies.
* Ensure that an organisational policy is in place to manage any clinical incidents arising during provision of this service which will enable incidents to be suitably investigated and reported accordance with the local authority policies and national guidance. Incidents will be reported in accordance with relevant local authority policy.
* Ensure that they have appropriate indemnity arrangements in place
* Have appropriate health promotional material available for the patient group and promote its uptake. Pharmacies will ensure that all information governance standards are adhered to

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| **6. Marketing and Engagement** |

The Provider will:* Ensure it markets its offer, contact methods and details and services effectively and positively to relevant audiences.

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| **7. Interdependencies and Relationships** |

The Provider(s) cannot work in isolation and is required to work with partners to address the needs of service users and increase the opportunity for service users to achieve optimum sexual health outcomes. Partners will include some of the following services and programmes. However, this list is not exhaustive of all potential partners:* Stockton C card scheme/programme
* Tees Sexual health service
* NHS Partners such as; community and secondary mental health services, primary and secondary care (including GP practices and GP primary care networks), other pharmacies, maternity services; abortion providers, HIV treatment and care.
* Local Authority including Adult Social Care Services and Children’s Services.
* Local VCSE provision.
* Safeguarding structures such as South Tees Safeguarding Children’s Partnership (STSCP) and Teeswide Safeguarding Adults Board (TSAB).

In the long term the Sexual Health Prevention provider will provide support to pharmacies delivering the programme including on-going training and supply of condoms and other materials. In the interim Stockton Borough Council will ensure on-going access to training ,condoms and supplies until the Sexual Health Prevention Provider is in place.

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| **8. Staff Training and Qualifications** |

 Demonstrate on request that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service. The Governance Lead pharmacist must complete and maintain the CPPE Declaration of Competence for Contraception Services / Emergency Contraception.Pharmacist governance lead and pharmacy staff must also attend / complete local scheme implementation and any service update training as provided or commissioned and advised by the local authority in conjunction with the LPC. It is the responsibility of the nominated Governance Lead to have taken steps to be assured that all staff (including support staff and locum pharmacists) are adequately trained in the operation of the service and remain competent to meet the requirements of the service at all times.

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| **9. Data Requirements and Key Performance Indicators (KPIs)**  |

Recruiting to the service and completing C card registrations: a pharmacy should have the aspirational target of seeking to register 2 clients per quarter – but not at the expense of service quality. **An absolute minimum of 8 clients per quarter** (on average) should be supplied with condoms. Aspirational activity targets will be based on historic performance as well as nominal competence levels.

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| **10.Population Covered** |

The Service is commissioned to provide preventative services / interventions to the 13 – 24-year-old young people living in Stockton-on-Tees local authority / HWB area.Should a young person present at the pharmacy requesting condoms from outside of our area the request should be fulfilled and recorded in line with usual details of supply (including partial postcode). They should be signposted to local services in their area for future supplies.* The Service will be confidential and service users who want to use services anonymously and do not want to give their name, address or other personal details cannot be denied access to services.
* Notwithstanding as service users wish to remain anonymous, service users’ attendance at the Service must be recorded in accordance with the terms of the Contract.

Priority groups for the service include:* Young people who have unprotected sex and frequent change of and/or multiple sexual partners.
* Young people living in deprived areas.
* Young homeless people.
* Young people in care and young people leaving care.
* Young people in Gypsy, Roma, Traveler and BME communities.
* Young sex workers.
* Young injecting drug users.
* Young people with mental illness.
* Young people with learning disabilities.
* Young people victims of sexual assault, domestic violence and/or trafficking.
* Teenage mothers (in order to reduce second under 18 pregnancies).

Service-users may self-refer either directly (through contact with the pharmacy) and/or indirectly following advice from other providers of sexual health prevention services. Pharmacies can assist in stimulating a referral; through marketing of the service.

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| **11. Service Availability and accessibility**  |

During the pharmacy opening times

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|  **12. Applicable Service Standards**  |
| **12.1 National Standards**The south Tees Sexual Health Prevention Service is underpinned by, and the Provider(s) will ensure it adheres to the following minimum standards: * A framework for Sexual Health Improvement in England, Department of Health (2013).
* BASHH/Brook (April 2014) Spotting the Signs. A national proforma for identifying risk of child sexual exploitation in sexual health services.
* BHIVA Guidelines for HIV testing (2008).
* BHIVA: Guidelines for the Sexual and Reproductive Health of people living with HIV; Current out for consultation (2017).
* Information Commissioners Office; Guide to the General Data Protection Regulations.
* UKHSA Standards English National Screening Programme ( 8th Edition 2022).
* BASHH Standards for Outreach.
* BHIVA: UK National Guidelines on Safer Sex Advice (2012).
* FSRH Standards Service Standards on Confidentiality (2015).
* Female genital mutilation: Safeguarding women and girls at risk of FGM (DH 2016).
* Public Health England. Condom Distribution Schemes in England 2015/16. A Survey of English Sexual Health Commissioners (2017).
* Public Health Outcomes Framework for England 2021/22.
* NICE PH3 Sexually transmitted infections and under-18 conceptions (NICE 2007).
* NICE NG68 Sexually transmitted infections: condom distribution (2017).
* NICE QS157; HIV Testing, encouraging uptake (2017).
* NICE PH51: Contraceptive Services for under 25's 2014.
* NICE NG55; Harmful sexual behaviour among children and young people (2016).
* NICE PH49; Behaviour Change, encouraging individual approaches (2014).
* NICE NG60 HIV testing: increasing uptake among people who may have undiagnosed HIV (2016).
* NICE PH50 Domestic violence & abuse, how services can response effectively (2014).
* NICE PH51 Contraceptive services for under 25's (2014).
* Digital standards to a minimum of WCAG 2.1 AA for accessibility; and align with the Government digital service standards <https://www.gov.uk/guidance/accessibility-requirements-for-public-sector-websites-and-apps>

The Provider(s) must ensure services reflect updates in guidance and recommendations as and when produced. **12.2 Applicable Local Standards**Services should be delivered within the pharmacy setting in an appropriate consultation room. All requests to deliver services outside of the pharmacy setting must have the explicit agreement of the Commissioner.The Provider shall ensure that, as a minimum, premises meet requirements needed for the provision of advanced services within the national Community Pharmacy Contractual Framework. A copy of the self-declaration of suitability to provide these services may be requested.The Provider shall at all times comply with the law and any applicable quality requirements in relation to the service environment. Pharmacies should be operating to GPhC premises standards.The Provider shall ensure that the Service Environment is fit for providing the Services and is clean, safe, suitable sufficient, adequate, functional, accessible (making reasonable adjustments where required) and effective.Any changes in ownership or in location of the pharmacy must be notified to **SPS@stockton.gov.uk**

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| **13. Remuneration**  |

 Condoms and other relevant materials will be provided by the local authority / LPCPharmacies will be paid £1.75 (plus VAT) per complete PharmOutcomes transaction/ supply record made for condom supplies to 16-24 years and over.Pharmacies will be paid £8.50 (plus VAT) per C Card Registration

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| **14. Contract Monitoring and Mobilisation**  |

Providers will;Co-operate with any locally agreed Local Authority led assessment of service user experience Participate in an annual Local Authority organised audit of service provision and allow access to commissioners to undertake quality assurance/ contract monitoring visits as required  |
| **15. Location of Provider Premises** |
| Contracted community pharmacy premises in Stockton-on-Tees HWB area |

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