**Commercial Team**

**Emergency Contraception Pharmacies Relationship Management Meeting**

This is part of Lincolnshire County Council's quality management exercise in relation to our contracts with your practice.

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| **Pharmacy Name** |  | **Pharmacy address** |  |
| **Pharmacy Manager/Regional Manager** |  | **Overall Performance** |  |
| **Services Provided:****(DELETE AS APPROPRIATE)** | **Emergency Hormonal Contraception** | **Current Risk Rating** |  |

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| **Attendees Names:** | **Designation** | **Organisation** |
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| **Apologies:** | **Designation** | **Organisation** |
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| **Introduction** |
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| **Ref:** | **Emergency Contraception** |
| **1** | **Policies and Procedures** |  |
| **1.1** | Infection Control and Prevention (Hand Hygiene)Risk ManagementSafeguarding Adults and ChildrenBusiness continuity Plan**Complaints procedure and SI procedure** |  |
| **2** | **Quality Standards National Standards) Staff Competency** | **Findings** |
| 2.1 | Ensure the staff involved in providing EC have the necessary training and competency to do so:Including the following:* **Each pharmacist provided a signed the PGD for levongestrel**
* **Ella One Guidance awareness**
* IG and GDPR training
* Enhanced DBS certificate
* Gillick competency Fraser guidance training
* All staff Safeguarding Children level 1
* Pharmacists to provide the CPPE declaration of Competence
* Pharmacist to maintain competence through CPD
* The staff team is aware of the consultation and Consent form and ensure copies are retained in confidential storage.
* Staffing levels (notify if a pharmacy stops delivering EC and when will be reopening the service
 | ***­*** |
| **3** | **Outcomes**  | **Findings**  |
| 3.1 | Ensure the completion of the Pharmacy Based Young Women’s EC Service activity claim forms submitted quarterly submission to the Contracts Manager, Lincolnshire County Council by the 5th of the following month at the end of each quarter (Appendix 2). \*\*Nil returns should also be completed.* Have these been submitted in time for each pharmacy?
 | **-Check the submission.** |
| 3.2 | -Quarterly claim forms received. (Number of consultations, Number of Ella one and levongestrel given)(We will review the quarterly submissions are accurate and payments have been completed) -We will review trends and discuss demand  | **-Check their data tracker in regards EC. (Pharmaoutcomes, or Regional Manager report)** |
| 3.3 | -Number of clients under 13 years old-Number of Child protection lead reported and informed LCC Contract Office |  |
| 3.4 | -Log of Pharmacies list of stopping/re-starting EC service due to lack of staff or any other reason. |  |
| **4** | **SI, Safeguarding, Complaints.** | **Findings** |
|  | -SI Reports-Safeguarding reports-Complaints or negative feedback |  |
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| **5** | **Viability and Safety. (Spot check) one week's notice** | **Findings** |
| 5.1 | -Provider to confirm they have a private room available to deliver confidential face to face consultations. -EC service is promoted by a poster display-Consent forms awareness and kept in a secured placeAccredited Pharmacist (PGD)/s are available during the visits Ella One Guidance document awareness.Assess the pharmacy can deliver EC during 80% of the time while is open.- Pharmacist and staff Awareness:Gillik competency Fraser guidance testChild Protection Lead contact details Safeguarding report awarenessSI report awarenessAudit sheet signed of have received medication and consultation.**Spot check outcomes will be reported at the annual review for each pharmacy visited.**  | **Copy of the poster.** |
| **6** | **Other Agency information** |  |
| 6.1 |  |  |

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| **Actions arising summary** |
| **Action Ref** | **Section of annual relationship review form** | **Action** | **Action Owner** | **Deadline Date** |
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| **Risk Rating outcome:** | Choose an item. |
| **Date Completed :** |  |