**Commercial Team**

**Emergency Contraception Pharmacies Annual Review Meeting Guidance for Regional Offices**

This document is created to enhance the Emergency Contraception Contract Management meeting, providing a guidance of what it is expected from each Regional Office to comply with quality elements of the contract, but also the expectations of the local pharmacy to maintain safe and good quality levels on the service delivery within the Lincolnshire County Council.

This guidance is divided into 3 parts:

**Section 1**

* Expected documents and or reports to be provided 5 working days prior to the Annual Review Meeting.
* Overall Performance and Risk Rating Evaluation

**Section 2**

* A document to be signed by the responsible Manager of each Regional Office, outlining the required documents and assuring the quality in service delivery.

**Section 3**

* Overview of local pharmacy spot checks, detailing what aspect will be reviewed and what documentation the contract officer will request as part of the visit.

This section is to be completed by the Contract Officer. Prior to the meeting, some details will be requested from the Regional Manager who will take responsibility of the process of the annual review to all the Pharmacies within LCC.

The Overall Performance that will be evaluated by the contract officer. The possible values are" Inadequate", "Requires Improvement", "Good", and "Outstanding"

The Risk rating values are "Low", "Medium", "High"

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| **Pharmacy Name** |  | **Pharmacy address** |  |
| **Pharmacy Manager/Regional Manager** |  | **Overall Performance** |  |

This section is to be completed by the Contract Officer: Including all the names of the Attendees at the Annual Review Meetings.

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| **Attendees Names:** | **Designation** | **Organisation** |
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| **Apologies:** | **Designation** | **Organisation** |
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| **Introduction** |
| Contract Officer will need to Provide to Regional Offices:  Poster for EC (currently in development)  SI form report and email guidance on how to send a report  Safeguarding report and contact details to send a report (Zoe Jackson Safeguarding&Review@lincolnshire.gov.uk or 01522 553100)  Child protection lead contact details  Consultation and medication provided audit form with signatures.  Guidance letter to be signed  •For immediate concerns about a child, contact 01522 782333 (Children's Social Care, customer services centre); or for an adult contact 01522 782155  <http://activelincolnshire.com/useful-contacts/>  Documents and templates attached |

**Section 1**

These are the expected Documents that the Regional Office will need to present to the Contract Officer at the time of the Annual Review Meeting.

Time and date will be agreed by both parties to provide enough notice for this to be completed by the Provider.

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| **Ref:** | **Emergency Contraception** | |
| **1** | **Policies and Procedures** |  |
| **1.1** | Infection Control and Prevention (Hand Hygiene)  Risk Management  Safeguarding Adults and Children  Business Continuity Plan  **Complaints procedure and SI procedure** | The policies will be viewed to ensure that they are up to date and relevant.  1. - Infection Control Policy (Hand Hygiene Policy or Procedure to ensure that each Pharmacy has a safe level of Hygiene to deliver EC).  2. - Risk Management Policy and a Risk assessment for the target group to provide safety and confidentiality to each service user. Ensuring that this is cascaded to each Pharmacy team.  3. - Safeguarding Policy Adult and Children Policy.  4. – Business continuity Plan Policy |
| **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 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) | **­Section 2**  This section includes the Quality Assurance certificate that needs to be signed by the Regional Officer/Manager.    This section will show the documents that are expected to be present at the annual review and which documents are not expected at the annual review, however the Regional Manager will ensure that the actions have been taken to complete all documentation to adhere to the contract requirements. If it is required, the Contract Officer will be able to request these documents.  **Documents to be emailed to the contract officer 5 working days prior to the annual review meeting.**   1. Signed Levogenstrel PGD for each pharmacist that will deliver the EC. 2. Declaration of Competence certificate for each Pharmacist that will deliver EC.   These 2 documents will need to be updated every time a new pharmacist is hired and would like to deliver EC.   1. Details of any Pharmacies that haven't been able to deliver EC due to lack of training   **Documents that are not requested at the annual review, however, the Regional Manager has returned a signed document taking responsibility that actions have been taken to complete all of these documents.**  The following documents are required by exception. The purchaser may request a contract management meeting with the service provider if any concerns in the following areas are identified: The issue of a Default Notice, Safeguarding, Performance/Performance Monitoring Arrangements, Outcomes, Service Quality, Payments, Serious incidents, Negative Service User Feedback.  - Ella One Guidance awareness cascaded to the pharmacist  - IG and GDPR training  - Enhanced DBS certificates  - Gillick competency Fraser guidance training  - All staff Safeguarding Children level 1  - Pharmacist to maintain competence through CPD  - Cascade to local pharmacies contact details and process and form to report SI,  Safeguarding and Children Protection Lead report and contact details. |
| **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? | **Each Regional Office is requested to submit every quarter the activity claim forms, per pharmacy activity.**  **The nil activity will need to be reported every quarter.**  **This document will be reviewed at the annual contract meeting with Contract Officer. The Contract Officer will bring this information with the reports that have been submitted. The Regional Offices should have a copy of each pharmacy activity at the meeting to clarify any discrepancies.** |
| 3.2 | -Review 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 | **Invoices and payment schedule will be presented by contract officer, to ensure that the payment has been done without delay.**  **The Regional Offices should have a copy of each pharmacy activity at the meeting to clarify any discrepancies if any.**  **Activity spreadsheet report will be presented by Contract officer to Regional Office.** |
| 3.3 | -Number of clients under 13 years old  -Number of Child protection lead reported and informed LCC Contract Office | **Regional Offices will need to make a report for each pharmacy, reporting the number of clients under 13 years old and the number of clients under 18 years old that have been reported to child protection lead.**  **Nil reports need to be submitted.** |
| 3.4 | -Log of Pharmacies that have stopped/re-started EC service due to lack of staff or any other reason. | **The regional Office to report if the EC service has been interrupted, with a narrative report, the reason why and when is the estimated date that will reopen.** |
| **4** | **SI, Safeguarding, Complaints.** | **Findings** |
|  | -SI Reports  -Safeguarding reports  -Complaints or negative feedback | **Regional Office to present in a narrative report on any activity in case of a SI report, Safeguarding Report, complaints and negative feedback if any.** |
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| **5** | **Viability and Safety. (Spot check) 1 weeks' notice announced visits. (Section 3)** | **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 place  -Accredited Pharmacist (PGDs) 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 test  -Child Protection Lead contact details  -Safeguarding report awareness  -SI report awareness and form  -Audit 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 will be provided.**  **At the spot check the Contract Officer with Official ID, will present to the counter of the Pharmacy and will explain that is an EC spot check.**  **What the Contract Officer is expected to ask and review:**   * **See the private room where the EC appointment are held (Privacy, clean, organised)** * **Hand gel (Hand hygiene).** * **Poster display showing a free and private service for all women under up to 19 years old.** * **Awareness of Ella One guidance** * **Awareness of consent form to be kept and verify these are locked in a secured place** * **Awareness of the service to be provided from 13 to 19 years old** * **Under 13 years old sent a report to child protection services** * **Audit sheet signed by client and pharmacist (match the activity of the quarterly report)** * **SI report from and contact email to report** * **Safeguarding contact details and report form awareness of Gillick competency.** * **Child protection lead contact details** * **Review that EC is available 80% of the time when the pharmacy is open.** * **To review the name of the pharmacist is accredited and it is in the list of pharmacist that has signed the PGD.** |
| **6** | **Other Agency information** | |  |
| 6.1 | The Contract Officer will update on any key changes/new services or other information about local provision which may be of interest. | |  |

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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 :** |  |