

Pharmacy Integration Fund

NHS Community Pharmacy Contraception Service Pilot:

Access to Oral Contraception via PGD

Tier 2 - Initiation of oral contraception

Service Level Agreement V 1.1

Pharmacy Local Enhanced Service

NHS England

1 Document history

Approvals

This document requires the following approvals:

Name	Title	Status
Anne Joshua	Head of Pharmacy Integration, NHS England	Approved 06 Sept 2022
Lisa Simpson	Deputy Director of Community Pharmacy Strategy and Contracts, NHS England	Approved 27 Sept 2022
Bruce Warner	Deputy Chief Pharmaceutical Officer, NHS England	Approved 27 Sept 2022

2 Parties to the agreement

2.1 This agreement is between

NHS England (the commissioner)

[NHS England <insert area team name>

and the Provider (the pharmacy)

Trading name and address of pharmacy

.....

.....

.....

Contractor ODS code: F

2.2 For the provision of services to test a model for the transfer of care into community pharmacy-based contraception services. The pilot service is a Local Enhanced Service as defined by Part 4 paragraph 14(1)(n) of the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended).

2.3 By signing up to this Service Level Agreement (SLA) you are agreeing that you fully comply with the Terms of Service as outlined in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and agree to comply with the full terms and conditions as outlined in this Service Level Agreement and service specification. NHS England (NHSE&I) reserves the right to remove you from this pilot if you, for whatever reason cannot meet your terms of service during the pilot period.

2.4 Failure to comply with the full terms and conditions as outlined in this SLA and the Service Specification may result in suspension from the pilot. Before any suspension, the pharmacy and commissioner will discuss the reason for the suspension to identify a possible resolution.

Sign up to the service is via the NHS BSA website <https://nhsbsa.nhs.uk/nhs-community-pharmacy-contraception-management-service-pilot>

2.5 By registering to sign up to the service you are agreeing to the terms outlined in this SLA for the Service.

3 Purpose and scope

3.1 This pilot is the second step in testing a model with the potential for community pharmacy to provide greater access to regular oral contraception and to initiate access to contraception (Tier 2) recognising it as a place to support wider patient choice and create capacity.

- 3.2 The purpose of this Tier 2 pilot is to test a model for community pharmacy teams to initiate the provision of oral contraception supplies, building upon the Tier 1 service. The pilot will implement and test an integrated pathway between existing services and community pharmacies to allow people greater choice and access when considering oral contraception.
- 3.3 The aim of the pilot is to create additional capacity in primary care and sexual health clinics and is not a replacement for local authority commissioned services.
- 3.4 An evaluation of the service will be undertaken encompassing quantitative and qualitative measures including service user experience, the experience of pharmacy staff and sexual health and primary care health professionals. It is also about determining whether safety is any way compromised by delivering the service within community pharmacy.
- 3.5 This Local Enhanced Pilot Service is to be provided in addition to the Essential service 'Promotion of healthy lifestyles (Public Health)'.
- 3.6 The Tier 2 pilot is intended to inform the Community Pharmacy Contractual Framework (CPCF) commitment to launch a tier 2 service, as part of the 5-year agreement from 2019 – 2024.

4 Timescale

- 4.1 This agreement and pilot service delivery covers the period starting 17th October 2022 and ending on either 30th September 2023, or the date of launch of a Tier 2 national advanced service, whichever is earliest, with the possibility of extension.

5 Termination and notice period

- 5.1 One month's notice of termination must be given in writing to the commissioner if the pharmacy wishes to terminate the agreement before the given end date.
- 5.2 The commissioner may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence, or fraud on the part of the pharmacy.

6 Obligations

- 6.1 The pharmacy will provide the service in accordance with the service specification and ensure that all pharmacists and pharmacy staff are aware of it.
- 6.2 This service specification should only be applied alongside a valid NHS England authorised PGD.
- 6.3 Individual registered practitioners must be authorised by name to work according to the current version of the PGD. A manager with the relevant level of authority should also provide a counter signature unless there are contractual arrangements for self-declaration.

- 6.4 The service must be provided by a pharmacist who has completed the required training. Oral contraceptives will be supplied via a patient group direction (PGD).
- 6.5 Pharmacists will need to consider their competency in order to provide the PGD service. Commissioners may request evidence of training completed.
- 6.6 The pharmacy team will participate fully in the pilot evaluation and provide the data set out in the specification within the timescales specified.
- 6.7 The commissioner will monitor and assure the service in accordance with the specification.

7 Standards

- 7.1 The service will be provided in accordance with the standards detailed in the specification.

8 Eligibility criteria

- 8.1 Service providers will need to satisfy the following criteria to demonstrate ability to take part in this pilot.
 - Must be in receipt of a valid enhanced level DBS certificate.
 - Compliant with the Essential Services elements of the Community Pharmacy Contractual Framework (CPCF).
 - In good standing with NHS England.
 - Located within the agreed pilot footprint. The details of this can be found on the NHSBSA website.
 - Must be invited to participate by the NHSE regional teams via email.
 - Registered with the NHSBSA to provide the service.
 - Can comply with all the elements described in the service specification.
 - The pharmacy must be able to offer face to face appointments inside a confidential consultation room that complies with relevant GPhC standards. The consultation area must be clearly signed as a private consultation area and must be an area where service users and the pharmacy team member are able to sit and speak normally, without being overheard. Distance Selling Pharmacies who wish to provide the service at their registered pharmacy premise must also meet these consultation room requirements.
 - Remote live video consultations are also permitted for all community pharmacies delivering this service. When delivering remote consultations, the contractor must ensure that there are arrangements in place at the pharmacy which enable staff and people accessing the service to communicate securely and confidentially by live video and audio link. Any contractor providing remote consultations must comply with the

principles defined in the GPhC Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet.

- The service may be delivered by agreement with the Commissioner from a suitable location outside a consultation room that complies with infection control requirements for COVID-19 and supports a confidential consultation.
- In order for a pharmacy contractor to sign up to Tier 2 they must be satisfied and can evidence that they have a pharmacist delivering the Tier 2 service who has completed (recorded and submitted) a minimum of ten, Tier 1, pilot service consultations.

9 Confidentiality

- 9.1 All parties shall adhere to applicable data protection legislation including the Data Protection Act 2018 and to the Freedom of Information Act 2000.
- 9.2 Registered pharmacists are expected to follow the most recent General Pharmaceutical Council Guidance on Confidentiality (May 2017).
- 9.3 The service provider must have in place a whistleblowing policy. The aim of which is to allow an employee to raise at the earliest opportunity, any general concern that they might have about a risk, malpractice or wrongdoing at work, which might affect patients, the public, other staff, or the organisation itself.
- 9.4 Any approaches by the media for comments or interviews relating to this service must be referred to the commissioner.

10 Indemnity

- 10.1 The pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement. Any litigation resulting from an accident or negligence on the part of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to the commissioner.



Pharmacy Integration Fund

NHS Community Pharmacy Contraception Service Pilot:

Access to Oral Contraception via PGD

Tier 2 - Initiation of oral contraception

Service Specification

Pharmacy Local Enhanced Service

NHS England

Equalities and health inequalities statement

"Promoting equality and addressing health inequalities are at the heart of NHS England's and NHS Improvement's values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;
- given regard to the need to reduce inequalities between an individual / patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities."

Contents

1	Service background.....	1
2	Aims and objectives.....	1
3	Service sign up and self-declaration	2
4	Service description	2
5	Managing the appointment and next steps	2
6	Equipment	2
7	Community pharmacy requirements and responsibilities	3
8	Indemnity.....	5
9	Data and information management.....	5
10	Consent	6
11	Safety and incident reporting	6
12	Review and evaluation.....	7
13	Data collection and payments	7
	Appendix A – FSRH Guidance on Supply.....	9
	Appendix B – Fees for service delivery.....	10
	Appendix C – Training for CMS Tier 1	12
	Appendix D – Service pathway	13

1 Service background

For the purposes of this specification it has been assumed that contractors and pharmacists are familiar with, and are working to, the Specification for Tier 1 service.

- 1.1 For a more detailed description of the background to this service, please refer to the Tier 1 service specification¹ (Tier 1 service).
- 1.2 The aim of the Tier 2 pilot (Initiation of oral hormonal contraception) is to build on Tier 1. The pilots will support development of a fully integrated care model for community pharmacy to provide greater access to oral contraception, and to create the environment where people feel confident in choosing community pharmacy for their ongoing oral contraception management.
- 1.3 It is expected that Tier 1 and Tier 2 will operate as complementary services and operate concurrently. In order for a pharmacy contractor to sign up to Tier 2 they must be satisfied and can evidence that they have a pharmacist delivering the Tier 2 service that has completed (recorded and submitted) a minimum of ten, Tier 1 pilot service consultations..
- 1.4 The evaluation outcomes of the Tier 2 pilot will help inform progress to develop and test a model for community pharmacy to manage the ongoing supply and administration of Long Acting Reversible Contraception (LARCs) (Tier 3).
- 1.5 The following service specification describes the Tier 2 service.

2 Aims and objectives

- 2.1 The aim and objectives of the NHS Community Pharmacy Contraception Service pilot are described within the Tier 1 service specification.

Additional Tier 2 Objectives:

1. To test and evaluate the Tier 2 service model of initiation of hormonal oral contraception in community pharmacy. This will encompass quantitative and qualitative service evaluation including service user experience, the experience of pharmacy staff and primary care and sexual health professionals, and the safety of the service within community pharmacy.
2. To inform the scope and service model design for a Tier 3 service that would enable a community pharmacy to manage the ongoing supply and administration of LARCs (excluding IUDs and IUSs).

¹ Tier 1 Service Spec: <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/nhs-community-pharmacy-contraception-management-service-pilot>

3 Service sign up and self-declaration

- 3.1 Community pharmacy registration for the pilot will be via the NHS BSA website [NHS Community Pharmacy Contraception Management Service Pilot | NHSBSA](#)
- 3.2 The details of self-declaration are consistent with those described in the Tier 1 service specification
- 3.3 In order for a pharmacy contractor to sign up to Tier 2 they must be satisfied and can evidence that they have a pharmacist delivering the Tier 2 service that has completed (recorded and submitted) a minimum of ten Tier 1 pilot service consultations.

4 Service description

- 4.1 The service description is consistent with the Tier 1 service but with the addition of including individuals who wish a community pharmacist to initiate oral contraception.
- 4.2 On initiation, the quantity of oral contraception supplied **should not exceed 3 months**.
- 4.3 Following initiation, further repeat supplies of hormonal oral contraception can be made under the Tier 1 service specification. Repeat supplies of up to 12 months can be made, and unless there are reasons not to, a longer duration of supply should be considered in line with FSRH guidance (see Appendix A).²³

5 Managing the appointment and next steps

- 5.1 Follow the guidance set out in the Tier 1 service specification¹.
- 5.2 Fees will be payable as detailed in Appendix B.

6 Equipment

- 6.1 Before supply of a Combined Oral Contraception (COC) can be made, a BP reading, and BMI will need to be recorded according to the PGD protocol. Self-reporting of BP and BMI readings by individuals accessing the service may be accepted. Self-reporting guidelines can be found in the Tier 1 specification.

Details of BMI calculation are described in the Tier 1 service specification.

² FSRH Clinical Guideline: Combined Hormonal Contraception (January 2019, Amended November 2020) - Faculty of Sexual and Reproductive Healthcare

³ FSRH Clinical Guideline: Progestogen-only Pills (August 2022, Amended October 2022) - Faculty of Sexual and Reproductive Healthcare

- 6.2 Where BMI and blood pressure measurements are performed within the pharmacy, these can be conducted by the pharmacist as part of the consultation or by a suitably trained pharmacy technician in advance of the pharmacist consultation.
- 6.3 When purchasing the necessary equipment for this service, the pharmacy must use equipment that is validated by the British and Irish Hypertension Society (as recommended by NICE) with reference to Specialist Use: <https://bihsoc.org/bp-monitors/for-specialist-use/> .

7 Community pharmacy requirements and responsibilities

- 7.1 Follow the guidance set out in the Tier 1 service specification.

Competency Aims – Clinical skills and knowledge

- 7.2 The pharmacist should always work to GPhC professional standards and expectations and be confident and competent to:
- Be trained in and aware of safeguarding issues
 - Ensure a patient centred approach is maintained when providing the service
 - Ensure a shared decision making (SDM) process is applied to ensure that the individual is supported to make decisions that are appropriate for them.
 - Confidently describe the different types and methods of contraception
 - Identify and use current reference sources and maintain up to date knowledge
 - Confidently deal with common issues encountered when providing effective contraception advice and services
 - Use evidence-based judgement to decide when it is appropriate to refer an individual for onward care e.g. to a GP and identify patients who require other contraceptive services

Competency requirements

- 7.3 Before commencement of the service, the pharmacy contractor must ensure that pharmacists and pharmacy staff providing the service are competent to do so in line with the specific skills and knowledge in paragraph 7.7 and the relevant PGDs. This may involve completion of training.

Training evidence

- 7.4 The pharmacy contractor will keep documentary evidence that all pharmacists and pharmacy staff involved in the provision of the service are competent with regards to the specific skills and knowledge below.

7.5 Pharmacists providing the service will be personally responsible for remaining up to date with the skills and competencies identified in paragraph 7.7

Training

7.6 To deliver the Tier 2 service, it will be assumed that pharmacists will have confirmed completion of the required Tier 1 training as part of the registration process for the Tier 1 service. (See Appendix C for Tier 1 training requirements).

7.7 To deliver this service, the pharmacist should have evidence of competence in the clinical skills and knowledge covered in the following training modules on the Centre for Pharmacy Postgraduate Education (CPPE) and/or the Health Education England e-learning for healthcare (elfh) websites:

- [Safeguarding Level 3](#) - Learning for Healthcare Safeguarding Children and Young People (SGC) – Safeguarding Children Level 3

OR

- Safeguarding Level 3 - PQS webinar available on the e-learning for healthcare (elfh) website⁴
- The following subsections of the [FSRH Sexual and Reproductive Health \(e-SRH\)](#) on e-LfH Module 3:
 - 03_05 Subdermal Implant (SDI)
 - 03_06 Intrauterine Contraception (IUC)
 - 03_07 Barrier Contraceptives
- The following subsections of the [FSRH Sexual and Reproductive Health \(e-SRH\)](#) on e-LfH Module 5:
 - 05_01 Managing Bleeding Problems in Women using Contraceptives
 - 05_02 Managing Contraceptive Side-effects
 - 05_03 Managing Side-effects and Complications of IUD and IUS
- [CPPE Remote consultation skills](#)
- [PGD training](#)
- [NICE Shared decision-making learning package](#)⁵
- The following [e-SRH modules on consent and history taking](#):
 - Health history and risk assessment
 - Confidentiality, chaperones, and consent

⁴ HEE elfh Hub (e-lfh.org.uk)

⁵ NICE: <https://www.nice.org.uk/guidance/ng197/resources/shared-decision-making-learning-package-9142488109>

- Documenting in patient clinical records
 - Other required training
 - Information governance (part of terms of service)
 - Patient-centred care (covered in Tier 1 consultation skills training)
- 7.8 Pharmacists must be familiar with at least one online shared decision making contraception consultation tool. These tools will be used to support the pharmacist and should be shared with people to support their decision making. Examples are:
- Sexwise
 - Brook
 - Contraception Choices
- 7.9 Contraception and sexual health training is available through existing training providers such as the Faculty of Sexual and Reproductive Health (FSRH), and the CPPE⁶ and can be accessed through e-learning.
- 7.10 To support operational service delivery, training will be supported through the pilot for participating pharmacy teams agreed on a per pilot basis.
- 7.11 All pharmacists providing the service must have read and understood the operational processes to provide the service as described in the service specification, standard operating procedures, and the toolkit.
- 7.12 Any additional training / e-learning e.g. webinars as determined by the commissioner may be required to inform of the Service Specification and align with locally commissioned service provision.
- 7.13 Additional training will be required when moving to subsequent tiers.

8 Indemnity

- 8.1 Pharmacy Contractors should ensure that this service, and all clinical professionals and other staff working within it are covered by appropriate indemnity.
- 8.2 Pharmacy Contractors must ensure they have adequate commercial insurance in place to cover all liabilities (e.g. public and employers).

9 Data and information management

- 9.1 All parties shall adhere to applicable data protection legislation including the Data Protection Act 2018 and to the Freedom of Information Act 2000. The requirement for confidentiality will be balanced with the needs of the person accessing the service.

⁶ CPPE: <https://www.cppe.ac.uk/services/pcs/pcs-advanced>

10 Consent

The pharmacist will be required to obtain consent from the person for the following purposes:

10.1 Participate in the pilot and agree to have a clinical check undertaken by the pharmacy

- Each pharmacist will be required to obtain verbal consent from the person to proceed with the PGD consultation. This consent is recorded at the start of the first consultation in the pharmacy as part of the consultation form. **This consent is required to proceed any further.** The consent covers the measurement of BP and parameters to calculate BMI i.e., weight and height for combined oral contraception (if a self-reported BP, height and weight is not provided).

10.2 To share clinical measurements and shared decisions with the person's GP

- This consent informs the person that their information and results will be shared with their GP practice with their consent and stored by the pharmacy in line with 'Records Management Code of Practice for Health and Social Care.'
- If the person does not consent with sharing information with their GP, consultation can still proceed, and a post event message will not need to be sent. Please retain a record to confirm the response.

10.3 To share demographic and clinical data

- This consent is to allow their pseudonymised data to be shared with commissioners and evaluation teams for payment of the service and for service evaluation purposes.
- In addition, people accessing the service will be asked in the pharmacy if they consent to being contacted by an evaluation team to complete a service user survey. People will be contacted once the consultation has been completed and be asked to confirm consent to participate.
 - Note: This is likely to be accessed via a mobile phone. If a person does not consent to participate in the evaluation, they can still access the service.

10.4 Evidence of consent should be retained for an appropriate period of time. As pharmacy contractors are the data controller, it is for each contractor to determine what the appropriate length of time is. Decisions on this matter must be documented and should be in line with 'Records Management Code of Practice for Health and Social Care.'

11 Safety and incident reporting

11.1 The pharmacy is required to report any patient safety incidents in line with the 2012 NHS guidance on Clinical Governance Approved Particulars for Pharmacies⁷.

⁷ NHS <https://www.gov.uk/government/publications/clinical-governance-approved-particulars>

11.2 Any patient safety incidents should be reported to the Pharmacy Integration Team by emailing england.pharmacyintegration@nhs.net. Incidents should also be shared with your local Regional team as follows:

Region	Generic Email Address	Comments
London	england.lon-pharmacy@nhs.net	
SE	ENGLAND.southeastcommunitypharmacy@nhs.net	
SW	england.pharmacysouthwest@nhs.net	
Mids	england.pharmacy-westmidlands@nhs.net	West Midlands
	england.eastmidspharmacy@nhs.net	East Midlands
EoE	england.eoepctt@nhs.net	For Contraception Pilot only
NW	england.cmpharmacy@nhs.net	Cheshire & Merseyside
	england.gmtop@nhs.net	Greater Manchester
	england.lscpharmacy@nhs.net	Lancashire & South Cumbria
NEY	England.pharmacyreturns@nhs.net	

12 Review and evaluation

- 12.1 Refer to the guidance set out in the Tier 1 service specification¹.
- 12.2 The evaluation outcomes of the Tier 2 pilot will help inform progress to develop and test a model for community pharmacy to manage the ongoing supply and administration of LARCs (Tier 3) subject to NHS England Pharmacy Integration Fund approval process.

13 Data collection and payments

- 13.1 Refer to the guidance set out in the Tier 1 service specification.
- 13.2 Payments for Tier 2 can be found in Appendix B, Table 1 of this specification.

- 13.3 Claims will be accepted by the pilot web-based reporting tool within three months of activity and in accordance with the usual Drug Tariff claims process. Later claims will not be processed.

Appendix A – FSRH Guidance on Supply

FSRH Clinical Guideline on Combined Hormonal Contraception⁸ states:

12.6 Duration of CHC prescription

Clinical recommendation

HCP can prescribe up to 12 months' supply of CHC for women who are initiating or continuing CHC.

In line with the WHO Selected Practice Recommendations the GDG advises that provision of up to a 1-year supply of CHC may be appropriate depending on the woman's preference and anticipated use. Restriction of the length of supply could result in unwanted discontinuation of the method and increased risk of pregnancy. Although there could be some potential wastage, cost and use of resource associated with frequent follow-up appointments are avoided. It may be appropriate to provide a more limited supply (e.g. 3 months) for women who would benefit from returning for a follow-up visit (e.g. women with pre-existing significant medical conditions).

FSRH Clinical Guideline on Progestogen Only Pills⁹ states:

17 Duration of POP prescription

Clinical recommendation

A 12-month supply of traditional, DSG or DRSP POP can be provided to medically eligible individuals who are initiating or continuing POP, with information to seek advice if there are any changes to their medical history.

In line with the World Health Organization Selected Practice Recommendations¹²¹ the GDG advises that provision of up to a 1-year supply of POP may be appropriate depending on the individual's preference and anticipated use. Restriction of the length of supply could result in unwanted discontinuation of the method and increased risk of pregnancy. Although there could be some potential wastage, cost and use of resource associated with frequent follow-up appointments are avoided.

Some users will require review earlier than 1 year. This may include DRSP POP users with risk factors for hyperkalaemia, who could also require U&E check.

⁸ [FSRH Clinical Guideline: Combined Hormonal Contraception \(January 2019, Amended November 2020\) - Faculty of Sexual and Reproductive Healthcare](#)

⁹ [FSRH Clinical Guideline: Progestogen-only Pills \(August 2022, Amended October 2022\) - Faculty of Sexual and Reproductive Healthcare](#)

Appendix B – Fees for service delivery

- If the contractor is commissioned to deliver any related services e.g. Hypertension case finding (incorporating BP clinic measurement), the contractor may not claim twice for the same activity.
- The commissioner reserves the right to revise fees during the pilot period.
- Claims for payment should be submitted within one month of, and no later than three months of providing the chargeable activity. Claims which relate to work completed more than three months ago may not be paid.
- Payment will be based on the claims submitted via the pilot web-based reporting tool.
- Remuneration for time taken to carry out the consultation, including appropriate monitoring, and issue the oral contraception will be given through the pilot.
- The product price for the oral contraception supplied will be derived from the relevant months Drug Tariff. Discount deduction is not applied.
- Where a price concession has been granted to specific strengths of a product, this concession will apply to those specific strengths of products supplied as part of this service. Concessions will only apply to the month in which they are granted under normal Drug Tariff guidelines.
- NHS Prescription charges are not relevant to the provision of this service and an appropriate declaration is not required.

Table 1 Payment for supply of Oral Contraception

Reimbursement will be paid on the condition that the pharmacy has provided the service in accordance with the service specification

Payments and deductions	
Product price	Payment derived from the Drug Tariff
Consultation fee	Payment of £18.50 per consultation
Supply activity. This is only payable if a supply of ongoing oral contraception is made following consultation	Payment of £3.50 per supply
Pharmacy set up costs	One-off payment of £685 per pharmacy premises. This will be paid automatically on signing up to deliver the service via the NHSBSA website
Participation in evaluation and engagement	One-off payment of £125 per pharmacy premises for pharmacists who participate in the evaluation interview (s)– this will be paid automatically on completion of the interview with the pharmacist. Pharmacy contractors do not need to claim for this.
<p>Evaluation and Data costs include (not limited to):</p> <ul style="list-style-type: none"> • Collection of data to support evaluation via pilot web-based reporting tool • Support for service user exit survey • Engaging with the service and promoting activity • Developing a working relationship with the local PCN and other stakeholders (e.g. sexual health clinics) to engage them in the service • Participation in online surveys to determine training needs assessments for potential future tiers. 	<p>One- Off payment of £790 per pharmacy premises. This can be claimed by contractors in September 2023 via the claim form supplied in the Web based consultation tool. The pharmacy contractor will make a declaration that they have participated in the evaluation and data submission and will keep records to evidence the declaration.</p>

Appendix C – Training for CMS Tier 1

To support clinical skills and knowledge the following modules¹⁰ are required as a minimum to deliver this service):

- CPPE Safeguarding Level 2
- CPPE emergency hormonal contraception
- CPPE contraception including contraception and e-assessment 2021 **or** the following four subsections of the FSRH Sexual and Reproductive Health (e-SRH) on e-LfH:
 - Mechanism of action, effectiveness and UKMEC
 - Choosing contraceptive methods
 - Combined hormonal contraception
 - Progestogen only methods (oral and injectable)
- CPPE consultation skills in community pharmacy
- CPPE Sexual health in pharmacies and e-assessment 2021 **or** FSRH Sexual and Reproductive Health (e-SRH) on e-LfH:
 - Epidemiology and transmission of STIs
 - STI testing
 - STI management
 - Partner notification
- FSRH contraception counselling module e-assessment

¹⁰ <https://www.cppe.ac.uk/services/pcs/pcs-advanced>

Appendix D – Service pathway

