**PHARMACEUTICAL CARE SERVICES (SCOTLAND)**

**ADDITIONAL SERVICES**

**Chalmers Pharmacy Partnership -Treatment of Patients and Partners for Chlamydia or Non- specific Gonococcal Urethritis (NGU)**

**Aims, objectives and service outcomes**

The aim of the scheme is to provide treatment to individuals with a diagnosis of chlamydia or non-gonococcal urethritis (NGU) and their partners via a community pharmacy, using a patient group direction.

Individuals who are holders of **either** the NHS Lothian paper or electronic text voucher are eligible for treatment.

**Service description**

This service will enable individuals and their sexual partners to be treated for chalmydia infection or NGU via community pharmacies using a voucher provided by the NHS Lothian Sexual Health Service. This voucher will be **either** paper or electronic (text voucher).

The service allows for men and women testing positive for chlamydia or identified as having NGU by the Sexual Health Service to choose to access their treatment via community pharmacy using a paper/electronic voucher or to choose to give their partner(s) a paper/electronic voucher that they will take to a participating pharmacy. The voucher will state that either they or their partner have a diagnosis of chlamydia or NGU and should be treated (as per Lothian Joint Formulary guidelines) with doxycycline 100mg twice daily for 7 days, and offered the appropriate counselling.

The pharmacist must check that there are no contraindications before giving the individual doxycycline (at no cost to patient i.e. free) via a patient group direction. The pharmacist will dispense the doxycycline by generating a label via the PMR. A prescription does **not** need to be generated by the pharmacist.

In order to participate in the service contractors must first complete the **agreement form (Appendix 1)** and return it to Primary Care Contracts Organisation.

For payment for delivering the service, the **claim form (Appendix 2)** should be submitted on a monthly basis to the health advisers at Chalmers Sexual Health Clinic. Any paper voucher(s) should be attached to the claim form and any text voucher number(s) should be entered onto the claim form. **Please ensure to add name of pharmacy, address and CP number.**

Pharmacies will receive a £5 fee for treating each sexual partner, plus the corresponding current Scottish Drug Tariff price for doxycycline.

This fee will be payable upon receipt of the completed claim form by the co-ordinating health adviser team.

Pharmacists should either e-mail the claim form to:

ChalmersHealthAdvisers@nhslothian.scot.nhs.uk

 **OR**

 Post to:

 Health Advisers

 Chalmers Sexual Health Clinic,

 2a Chalmers Street,

 Edinburgh

 EH3 9ES.

**Chalmers Pharmacy Partnership** -Treatment of patients and partners for chlamydia or NGUis an additional pharmaceutical care service and may only be provided by a pharmacy contractor approved by NHS Lothian to provide that service.

**Service Outline and Standard**

Service offered

The pharmacist must offer the service in a non-judgemental and sensitive manner. The pharmacy contractor has a duty to ensure that all pharmacists and staff involved in offering the service have relevant knowledge and are appropriately trained in operation of the service and use of locally agreed protocols.

Records must be maintained within the pharmacy in accordance with local NHS record retention policy. Pharmacists may occasionally have to share information with other health care professionals in line with locally agreed confidentiality protocols.

The pharmacist providing the service must have signed the current doxycycline PGD for the Administration of Doxycycline for Treatment of Chlamydia or Non-gonococcal Urethritis (NGU) or Contacts Presenting With Treatment Voucher to Community Pharmacists

Premises and equipment

The scheme must be operated from premises that can provide a sufficient level of confidentiality and safety as agreed on a local basis and include the availability of a consultation room or private area so at respect client’s right to privacy.

Training/ organisation

No additional training is required to provide this service.

Patient Information Leaflets and information for health professionals regarding chlamydia and NGU are provided to each community pharmacy providing the service. There is also information relating to the service, for both professionals and the public, on the Chalmers Sexual Health Website, available at:

<https://www.lothiansexualhealth.scot/stis-sti-testing/types-of-sti/chlamydia/treatment-vouchers/>

**Useful references**

NHS Lothian Community Pharmacy website – PGD page available [here](https://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-lothian/patient-group-directions-pgds/)

**Appendix 1**

**Provision of Doxycycline for Treatment of Chlamydia Infection or NGU**

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| --- | --- |
| **Pharmacy Name** |  |
| **Address** |  |
| **Contractor Code** |  |

**I agree that the pharmacy will deliver the Provision of Doxycycline for Treatment of Chlamydia Infection or NGU in accordance with the attached service specification.**

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| --- | --- |
| **Responsible Person** |  |
|  **Responsible Person’s Signature** |  |
| **Date** |  |

Please return signed forms by post to:

Contracts Support Officer

Primary Care Contracts Organisation

NHS Lothian

Waverley Gate

2-4 Waterloo Place

Edinburgh

EH1 3EG

Or by e-mail to:

CommunityPharmacy.Contract@nhslothian.scot.nhs.uk

**Appendix 2**

# COMMUNITY PHARMACY PAYMENT CLAIM FORM

**DoxycyclineTreatment of Uncomplicated Chlamydia Infection or NGU**

Please complete this form on a monthly basis and either return by e-mail to: ChalmersHealthAdvisers@nhslothian.scot.nhs.uk

**OR**

 Post along with any paper treatment vouchers to:

 Health Advisers, Chalmers Centre, 2a Chalmers street, Edinburgh EH3 9ES

NB: NO PAYMENT CAN BE MADE WITHOUT THE TEXTED UNIQUE VOUCHER NUMBERS OR THE PAPER VOUCHERS

Please enter text voucher numbers below

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| --- | --- | --- | --- |
| **Service provided** | **Fee applicable** | **No of times service provided month of claim** | **Total claimed****(£)**  |
| Provision of treatment | £5.00 |  |  |

**Name of participating pharmacy:**

**Address:**

**Phone Number:**

**E-mail address: Pharm.CP**

**Date:**

**Authorised signatory for participating pharmacy:**

**Print name: Signature:**

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Payment authorised by:

Cost Centre/ account code:

Name:

Business manager, Chalmers Centre

Date:

**COMMUNITY PHARMACY PAYMENT CLAIM FORM**

**Treatment of uncomplicated Chlamydia Infection or NGU**

**TEXTED UNIQUE VOUCHER NUMBERS (CONTINUED)**

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