



**Dorset
Council**

Bournemouth, Poole and Dorset councils
working together to improve and protect health



Lot 3

The Provision of Long-Acting Reversible Contraception (LARC)

Reference DN382042

**April 2023 – March 2024
(12 months)**

Service Specification

1. Introduction

- 1.1. Public Health Dorset (PHD) aims to improve and protect the health and wellbeing of the local population with an emphasis on reducing health inequalities. We are a shared service across Bournemouth, Christchurch and Poole (BCP) Council and Dorset Council.
- 1.2. Public Health Dorset is the Commissioner of Community Health Improvement Services (CHIS) which includes NHS Health Checks, Emergency Hormonal Contraception (EHC), Long-Acting Reversible Contraception (LARC), Needle Exchange, Supervised Consumption and Smoking Cessation.
- 1.3. These services are commissioned through an Any Qualified Provider (AQP) Framework approach which broadens the scope for Providers who fulfil the CHIS Selection Criteria to apply to deliver those services on the framework.
- 1.4. This Service Specification sets out the requirements for the provision of a public health service for Long-Acting Reversible Contraception (LARC) (which comprises both Sub-dermal Implants “SDIs” and Intra-Uterine Contraceptive Devices, “IUDs/IUS”).
- 1.5. The Service will be provided in a community setting and covers the County of Dorset.
- 1.6. LARC provides women with a reliable method of preventing unintended pregnancy.
- 1.7. Young people are more likely to engage in risk taking behaviour which may lead to unwanted pregnancy. National Institute for Health and Care Excellence (NICE) (2014) estimate that 30% of all pregnancies are unplanned, and most teenage pregnancies are unplanned.
- 1.8. The effectiveness of barrier methods and oral contraceptive pills depends on their correct and consistent use. By contrast, the effectiveness of LARC methods does not depend on daily concordance. Contraceptive implants provide excellent contraceptive protection up to three years. Contraceptive intra-uterine devices (or IUS’) provide excellent contraceptive protection over a long period; 3 or 5 years depending on the choice of device.
- 1.9. The uptake of LARC is low in Great Britain, at around 12% of women aged 16–49 in 2008–09, compared with 25% for the oral contraceptive pill and 25% for male condoms (NICE, 2014).
- 1.10. NICE (2014) states that all currently available LARC methods are more cost effective than the contraceptive pill at one year of use, with sub-dermal implants and IUDs/IUS’ being more cost effective than injectable contraceptives.
- 1.11. Public Health Dorset measures two outcomes which this service contributes to:
 - Under 18 conception rates - Teenage pregnancy rates have declined in the county but there are key hotspots across Dorset within areas of deprivation where numbers are higher in Bournemouth, Poole, Weymouth and Portland
 - Chlamydia rates per 100,000 young people aged 15-24 (2017) were:
 - Bournemouth – 4,498, Poole – 3,390, Dorset – 2,863

2.7. Other local priorities linked to this service include:

- Reducing abortion in under 18's – In 2016, the percentage of under 18's conceptions leading to abortion is 56.4% in Bournemouth, 58.8% in Dorset and 50% in Poole.
- Repeat abortion in under 25's – In 2017, the percentage of under 25's undergoing repeat abortions is 21.9% in Bournemouth, 22.6% in Dorset and 25.6% in Poole.

2. Scope of Service

2.1. The aims of the service are to:

- Provide and increase access to LARC in community settings in the County of Dorset.
- Provide high quality advice, support and information on the full range of contraceptive methods, particularly to women under the age of 25 and within vulnerable groups.
- Ensure the availability of post-coital IUD fitting for emergency contraception.
- Provide IUD/IUS fittings for non-contraceptive purposes where there is also an additional contraceptive benefit.
- Use an approach to behaviour change which supports patients to make positive changes to improve their sexual health and safer sexual practice.
- Signpost patients being fitted with an SDI who may have been at risk of Chlamydia to access a Chlamydia testing kit online: www.sh24.org.uk
- Undertake a Chlamydia test, including treatment where required, for patients being fitted with an IUD/IUS prior to fitting.
- Increase awareness and refer, where appropriate, to Sexual Health Dorset for the patients' other sexual health needs.

3. Service Description

3.1. Long-acting reversible contraception: SDIs and IUDs/IUS'

The Provider shall:

3.1.1. Give information about and offer a choice of all methods of contraception. If, after discussion, the patients' preferred method cannot be administered by the Provider, only then a referral shall be made, in the order outlined below, to:

1. another community Provider offering the required method of contraception or;
2. Sexual Health Dorset*

**Please note: Sexual Health Dorset are not commissioned by Public Health Dorset to provide contraception for non-contraceptive reasons.*

3.1.2. Provide women considering LARC methods with detailed information – both verbal and written – to enable user choice. This information should take into consideration their individual needs and should include:

- contraceptive efficiency
- duration of use, risks and possible side effects
- non-contraceptive benefits (IUD/IUS only)

- the procedure for initiation and removal/discontinuation
 - when to seek help while using the method
- 3.1.3. Undertake a review of the patient's sexual and reproductive history, to ensure that the LARC device is the most appropriate method of contraception for the patient based on medical evidence, clinical guidelines, sexual history and practice, and risk assessment (Ref: UKMEC <http://www.fsrh.org/pdfs/UKMEC2009.pdf>). Latest NICE guidance can be found at the following link <http://nice.org.uk/CG30>
 - 3.1.4. Assess the patient's risk in relation to STIs and HIV and test where appropriate.
 - 3.1.5. Ensure informed consent is obtained from the patient for the procedure to be carried out (in accordance with Department of Health guidelines).
 - 3.1.6. **IUD/IUS'** – prior to insertion of all IUD/IUS devices, ensure a swab for Chlamydia is taken (either endocervical or client self-taken vaginal swab) to screen for infection.
 - 3.1.7. If an infection is diagnosed, the Provider shall deliver treatment where appropriate.
 - 3.1.8. At time of fitting, reinforce to the patient information on effectiveness, duration of use, side effects and those symptoms that require urgent assessment (<https://www.nice.org.uk/guidance/cg30>).
 - 3.1.9. **SDIs** - provide the fitting, monitoring, checking and removal in line with current guidelines on best practice (e.g. NICE guidelines on LARC, Faculty of Sexual and Reproductive Healthcare (FSRH)).
 - 3.1.10. All devices used must be licensed for use in the UK and approved by the local formulae. The fitting and removal of LARC devices shall be in line with the most current Summary of Product Characteristics guidelines.
 - 3.1.11. **IUD/IUS'** - offer reinsertion at the end of the life of the device. Routine annual checks are not required; however, arrangements should be in place to review patients experiencing problems in a timely fashion.
 - 3.1.12. Undertake a pre-removal counselling session for all patients requesting the removal of a device for any reasons including problems or at expiry of the product. If a request for removal has been made by a patient less than 12 months after fitting, encourage, where appropriate, continued use of the LARC device.
 - 3.1.13. For all device types the Provider shall have in place a call and recall arrangement for patients towards the end of life of the device.
 - 3.1.14. **IUD/IUS'** - assess any urgent problems following insertion of a device such as abnormal bleeding or pain.
 - 3.1.15. Ensure these services are used for the appropriate patients and the approved indications. This service does not include some uses of the treatments and devices described, which are outside the scope of this specification.
 - 3.1.16. **IUD/IUS'** – for patients requiring a device fit for heavy menstrual bleeding, or other non-contraceptive purposes, only offer insertion where there is an additional contraceptive benefit. As set out in 3.1.2 above, the use of an IUD/IUS may have additional non-contraceptive benefits that may influence a woman's choice of contraceptive method. However, this commissioned service does not include the use of the devices described, where no contraceptive effect is indicated.

- 3.1.17. In addition to contraceptive advice, promote behaviour change approaches to encourage safer sex and recommend the use of condoms to prevent infection.
- 3.1.18. **SDI** - if a patient wishes to continue using an SDI as her method of contraception at expiration, a replacement implant may be inserted at the same site. However, to avoid insertion into a thickened scar tissue the implant should be inserted sub-dermally along a fresh track adjacent to the track. This does not apply if:
- The previous implant was incorrectly sited in which case a new site should be used
 - The patient requests a third implant. Due to the theoretical risk of skin atrophy, the Faculty of Sexual and Reproductive Health (FSRH) guideline development group advises that consideration may be given to switching arms after two consecutive implants.
- 3.1.19. Maintain clinical systems and accurate records, ensuring all information relating to the service provided to the patient is up to date and available for audit and claims as required by the Commissioner. This will include the type of device, number of fittings and removals, and reasons for removal.

3.2. Online Chlamydia Testing Services

The Provider shall:

- 3.2.1. Include as part of the LARC consultation a discussion about Chlamydia and signpost individuals to SH:24 if needed: www.sh24.org.uk
- 3.2.2. If the patient is under the age of 25 years, any LARC consultation shall include the routine offer of a Chlamydia test.
- 3.2.3. Explain the benefits of Chlamydia screening to the patient, advise how to use the kit, the importance of completing and returning the kit and what to expect following test completion.
- 3.2.4. When a patient has been signposted to an online Chlamydia service, the Provider's electronic data system must be updated to record this offer.
- 3.2.5. The Provider will not receive information regarding patient diagnosis and is not required to contact the patient to discuss their test after consultation.

3.3. Service Requirements

- 3.3.1. Ensure that the service is user friendly, non-judgemental, person-centred and confidential at all times.
- 3.3.2. Ensure staff within the organisation are familiar with the Public Health Dorset website Provider Resources page <http://www.publichealthdorset.org.uk/Provider-resources/> where key information to support service delivery is published, including a list of other Providers offering LARC within the community should a patient need to be signposted.
- 3.3.3. Ensure, where appropriate, that the patient is counselled on other sexual health matters and related topics. Where required, provide support and advice to people accessing the service, including advice on safe sex, condom use and advice on the use of alternative contraceptive methods. Appropriate written information shall also be available on these topics.

- 3.3.4. Ensure adequate supplies of written information so that all patients are offered the following before leaving:
- Up to date details of Sexual Health Dorset: **0300 3031948**;
<https://sexualhealthdorset.org/>
 - “Your Guide to Emergency Contraception” and “Your Guide to Contraception” leaflets*
 - The patient information leaflet from the medicine packaging.
*Leaflets can be downloaded online for free or ordered by the Provider from the FPA
- 3.3.5. Have adequate mechanisms and facilities, including premises and equipment, as are necessary to enable the proper provision of this service. The premises should provide an acceptable level of privacy to respect a patient’s right to confidentiality and safety.
- 3.3.6. Ensure the special equipment for the fitting of LARC devices is available as required. This includes the provision of a suitable room with couch and sufficient space and equipment for resuscitation. Suitable equipment for insertion and removal needs to be provided as well as the facility for local anaesthesia to be administered.
- 3.3.7. Seek to promote the availability of this commissioned LARC service, as appropriate. This may include posters within the waiting room.
- 3.3.8. Use professional judgement to consider, and where appropriate, act on any safeguarding children issues coming to their attention as a result of providing the service. This shall be in line with local safeguarding children procedures and any national or local guidance on under 16s sexual activity.
- 3.3.9. The Sexual Offences Act 2003 states that no child under 13 years is able to consent to any sexual activity. If the patient is believed to be under 13 years of age, providing they have been assessed as ‘Fraser competent’, treatment should not be withheld, as the duty to safeguard the child from most harm, would include unintended pregnancy. All the details of the consultation must be recorded and discussed at the earliest opportunity with the relevant Local Authority Safeguarding Team (or Child Care Duty Team out of hours). In an emergency, the police can be contacted.
- 3.3.10. Deliver the service according to the relevant guidance, including but not limited to NICE and the Faculty of Sexual and Reproductive Health (FSRH).
- 3.3.11. Follow infection control policies that are compliant with national and local guidelines.
- 3.3.12. Ensure that lines of professional and clinical responsibility and accountability are clearly identified.
- 3.3.13. Ensure that there is a robust system of reporting adverse incidents or serious untoward incidents, that all incidents are documented, investigated and followed up with appropriate action and that any lessons learnt from incidents are shared across the Provider’s organisation. Any adverse incidents that occur must be reported according to general policy/guidance for clinical incident reporting.
- 3.3.14. Ensure access to an appropriate electronic patient record system, including where appropriate a PGD consultation form.

- 3.3.15. Consult with the patient, take a comprehensive patient history and establish the need, considering any possibility of current pregnancy, any contra-indications, previous use and current medication to ensure the supply is safe and appropriate.
- 3.3.16. If the Provider cannot enter the information on the electronic patient record system at the time of the consultation, the information shall be recorded as possible after the consultation.
- 3.3.17. The Commissioner may undertake visits to the Provider as appropriate as part of quality monitoring, verification of claims and payments and to ensure that the Provider is meeting the requirements outlined in this service specification.

4. Service Availability Requirements

- 4.1. Ensure the service is delivered in person.
- 4.2. Ensure the service is open access and available to all female patients requiring contraception who are residents of the County of Dorset. This includes patients who are not registered with your practice. In these cases, the service can be delivered under 'immediate necessary treatment registration' with outcomes returned to the patient's GP.
- 4.3. The Provider is accessible to undertake at least 3 procedures per month with opening hours convenient for the patient and sufficient appointments are available for women to be seen within 2 weeks.
- 4.4. If there is a change to staffing or circumstances that will affect service delivery, the Provider must inform Public Health Dorset within one-working day by emailing phcontracts@dorsetcouncil.gov.uk or phoning **01305 224400** to agree any contingency plans and enable the Commissioner to maintain up to date records of active Providers.
- 4.5. The Provider shall notify the Commissioner in the event of significant waiting times for patients to access the LARC service by emailing: phcontracts@dorsetcouncil.gov.uk
- 4.6. In the event of a Provider being temporarily unable to deliver the service they must signpost the patient to another Commissioned community Provider in the first instance. Details of providing locations can be found on the Public Health Dorset website: <https://www.publichealthdorset.org.uk/provider-resources/where-to-access-services>

5. Supply of LARC devices

- 5.1. The Provider shall always keep in stock, and therefore be able to supply, the full choice of SDI and IUD/IUS devices.
- 5.2. The Provider shall not obtain any LARC devices via an FP10 prescription or claim for devices through the NHS Business Services Authority.

6. Training and Competency Requirements

- 6.1. The Provider shall ensure that all employees providing the service are suitably qualified and competent to fit and remove LARC devices. All practitioners (doctors or nurses) undertaking the full range of contraceptive fitting services shall hold, as a minimum, the Faculty of Sexual and Reproductive Health (FSRH) accredited qualifications of the electronic knowledge assessment (eKA) and LoC SDI

<https://www.fsrh.org/education-and-training/letter-of-competence-subdermal-implants-loc-sdi/> and LoC IUD/IUS <https://www.fsrh.org/education-and-training/letter-of-competence-intrauterine-techniques-loc-iut/>

- 6.2. The practitioner is required under FSRH standards to confirm they have read the 6 principles of care as outlined on the FSRH website in the "[Guidance for those undertaking or recertifying FSRH qualifications whose personal beliefs conflict with the provision of abortion or any method of contraception](#)". The practitioner should agree to abide by these principles in practice at the time of application for the FSRH qualification.
- 6.3. There should be appropriate arrangements in place for to ensure Providers are maintaining and updating relevant skills, knowledge and supervision to deliver the service.
- 6.4. The Provider should ensure practitioners holding a letter of competence for SDIs or IUD/IUS are recertified every five years as specified by the FSRH <https://www.fsrh.org/recertification/recertification-information/>
- 6.5. The practitioner must be familiar with, and adhere to, the FSRH recertification requirements <https://www.fsrh.org/recertification/recertification-requirements-for-letters-of-competence-loc-iut/> to ensure they have developed and maintained the knowledge, skills, attitude and behaviour needed to provide safe and effective sexual and reproductive health care.
- 6.6. The Provider shall demonstrate compliance with all relevant national standards for service quality and clinical governance including compliance with the Code of Practice for Infection Control and relevant NICE guidelines.
- 6.7. The practitioner shall provide evidence of maintaining skills and the Provider must submit audits of procedures completed by practitioners as requested by the Commissioner.
- 6.8. The Provider should ensure that health and safety, safeguarding, equality and diversity training is provided to staff involved in this service and fully comply with the Pan-Dorset Multi agency Safeguarding Adults Policy and the Pan Dorset LSCB Inter-Agency Procedures for Children and Young People.

7. Activity, Performance and Reporting Requirements

The Provider shall:

- 7.1. Ensure that the necessary information and documentation, as detailed in this service specification, is maintained and made available to the Commissioner for post payment verification.
- 7.2. Ensure internet access is in place at all times and with appropriate electronic systems in use to record all consultations and activity.
- 7.3. Ensure that claims for payment for provision of this service can be collected through the electronic system as stipulated by the Commissioner below.
- 7.4. Share relevant information with other health care professionals and agencies, if required, in line with locally determined confidentiality arrangements, including, the need for the permission of the client to share the information.

7.5. Report the number of IUD/IUS fittings solely for non-contraceptive purposes, such as heavy menstrual bleeding, where there is an additional contraceptive benefit.

Providers using SystemOne:

7.6. Providers shall complete the most up to date Public Health Dorset Excel template, available from the Public Health Dorset website, following the instructions within the template, to submit their **quarterly** activity reporting to the Commissioner.

7.7. Providers shall also submit a **quarterly** SystemOne “search” using the template “Public Health Dorset Sexual Health Contraception”. The Commissioner reserves the right to reject or withhold payment for any data submitted using an incorrect SystemOne “search” template.

7.8. The completed templates should be submitted to Public Health Dorset **quarterly** (every 3 months) via the dedicated “PH Contracts” mailbox using the email address: phcontracts@dorsetcouncil.gov.uk

7.9. The deadline to submit the Public Health Dorset reporting template(s) via email to the Commissioner is the 20th of the month following quarter end:

(Q1) 1st April – 30th June	Data due 20th July
(Q2) 1st July – 30th September	Data due 20th October
(Q3) 1st October – 31st December	Data due 20th January
(Q4) 1st January – 31st March	Data due 20th April

7.10. Providers will not be paid for data submitted more than one quarter late.

7.11. Any late Provider data submissions will not be paid until the following quarter.

7.12. No claim shall be submitted more than one month after the end of this agreement.

7.13. The Commissioner reserves the right to withhold payment in the event of omissions in key activity data or if the data is submitted after the deadlines as required by this specification.

8. Payments

8.1. Payment will be made on a **quarterly** basis on receipt of fully completed reporting templates as detailed in section 6.

8.2. The Commissioner will pay the Provider at the rates outlined below for the claimed activity:

Device Type	Ref	Description of Activity	Payment	VAT
SDI	A	The cost of a fitting of a sub-dermal implant (includes consumables e.g. Lidocaine)	£50.49	Set fee
	B	The cost of a removal of a sub-dermal implant (includes consumables and pre-removal counselling)	£50.49	Set fee
	C	The costs of a removal and reinsertion of a sub-dermal implant in the <u>same</u> arm (includes consumables; no pre-removal counselling session required) *	£78.54	Set fee
	D	The cost according to provision (and subject to BNF rate changes) for the implant	£91.77	Exclusive @ 5%

*If removing an implant and reinserting into a different arm this should be claimed as one fit (A) and one removal (B) and paid according to the payments listed above.

Device Type	Ref	Description of Activity	Payment	VAT
IUD/IUS	A	The cost of single episode of care; pre-fitting counselling, fitting and check (where indicated) of an intra-uterine contraceptive device (including consumables)	£78.54	Set fee
	B	For pre-removal counselling and removal of an intra-uterine contraceptive device (including consumables)	£20.20	Set fee
	C	The cost according to provision (and subject to BNF rate changes) for the intra-uterine contraception device: <ul style="list-style-type: none"> - Mirena - Jaydess - Kyleena - Non-hormonal copper IUD 	£96.80 £76.14 £83.60 £16.50	Exclusive @ 5%

9. Notifying the Commissioner of Changes to Delivery or Organisational Details

9.1. The Provider is required to contact the Commissioner (Public Health Dorset), using the relevant letter (see Appendix 1) to provide formal notification of changes to:

- Bank details
- Contact details
- Changes to ownership

9.2. If the Provider is temporarily unable to deliver the service, they must notify Public Health Dorset by emailing phcontracts@dorsetcouncil.gov.uk or by phoning **01305 224400** within one-working day to agree any contingency plans and enable the Commissioner to maintain up to date records of active Providers.

9.3. The Provider should contact Public Health Dorset as soon as possible if they wish to be permanently removed from the Any Qualified Provider (AQP) Framework for delivery of a service, or services, by completing the **“Removal from the AQP Framework Agreement for Delivery of CHIS Services”** letter in Appendix 1.

10. Minimum Provider Qualification Requirements for Any Qualified Provider (AQP) Framework

As referenced in the Community Health Improvement Services Framework Agreement Selection Questionnaire (Part 4) the essential qualifications that a provider must demonstrate to be awarded a position on the Framework for this service are listed below:

10.1. All practitioners (doctors or nurses) undertaking the full range of contraceptive fitting services shall hold, as a minimum, the Faculty of Sexual and Reproductive Health (FSRH) accredited qualifications of the electronic knowledge assessment (eKA) and LoC SDI <https://www.fsrh.org/education-and-training/letter-of-competence-subdermal-implants-loc-sdi/> and LoC IUD/IUS <https://www.fsrh.org/education-and-training/letter-of-competence-intrauterine->

[techniques-loc-iut/](#) . Requirements to include safeguarding training and procedures for young people and Frazer competency.

- 10.2. The Provider should ensure practitioners holding a letter of competence for SDIs or IUD/IUS are recertified every five years as specified by the FSRH <https://www.fsrh.org/recertification/recertification-information/>
- 10.3. The Provider has access to an appropriate patient record system and PGD consultation form where required.
- 10.4. The Provider is accessible to undertake at least 3 procedures per month with opening hours convenient for the patient and sufficient appointments are available for women to be seen within 2 weeks.
- 10.5. Ensure the premises and special equipment and supplies for the fitting and removing of LARC devices and Chlamydia testing is available as required. This includes the provision of privacy, a suitable room with couch and sufficient space and equipment and skills for resuscitation. Suitable equipment for insertion and removal needs to be provided as well as the facility for local anaesthesia to be administered.
- 10.6. The Provider shall ensure the service is made available to all eligible residents of the county of Dorset.
- 10.7. The Provider will ensure adequate supplies of relevant contraception information for patients.
- 10.8. The Provider shall ensure that all staff delivering the Service have an Enhanced Level DBS check.

11. Safeguarding

- 11.1. Providers are required under statute and regulation to have effective arrangements in place to safeguard and promote the welfare of children and adults at risk of harm and abuse in every service that they deliver.
- 11.2. Providers must demonstrate safeguarding is embedded at every level in their organisation with effective governance processes evident.
- 11.3. It remains the responsibility of every (NHS-funded) organisation, and each individual working healthcare professional (in the NHS), to ensure that the principles and duties of safeguarding children and adults are holistically, consistently and conscientiously applied. Every (NHS funded) organisation needs to ensure that sufficient capacity is in place for them to fulfil their statutory duties; they should regularly review their arrangements to assure themselves that they are working effectively.
- 11.4. Public Health Dorset will take a proportionate approach to assuring Safeguarding and Quality, commensurate with the responsibilities and financial value of each contract.

Public Health Commissioned services will be required to provide:

- 11.5. Policies and evidence of robust safeguarding arrangements as part of formal Contract Award documentation.
- 11.6. An annual declaration on safeguarding arrangements:

- a. Designated Officers / Leads for Safeguarding in the Organisation
- b. Safeguarding Policies, Procedures and Practice
- c. Recruitment, Training and Workforce Development
- d. Managing Allegations of Abuse
- e. Record Keeping

Appendix 1: Letter templates for notifying the Commissioner of changes to delivery or organisational details



Public Health Dorset (PHD)
County Hall
Colliton Park
Dorchester
Dorset
DT1 1XJ

Email: phcontracts@dorsetcouncil.co.uk

Date: *****

Your ref: CHIS_provider_details

Dear Colleague,

RE: Change of provider details – contact or bank information

You are currently on the Public Health Dorset Any Qualified Provider (AQP) framework for the provision of Community Health Improvement services (“CHIS”). We have been notified / you have notified us of amendments to information submitted through your application, either organisation contact details or bank details.

In order to maintain our records and process payments, can we kindly request that you complete the relevant information below to formally notify us of any changes:

1. Changes to contact details

Previous details	
Organisation name	
Address	
Postcode	
Telephone number	
Email address	
Contact name	
New details	
Organisation name	
Address	
Postcode	
Telephone number	
Email address	

Contact name	
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Change request completed by: _____

Date: _____

Please email this updated information to phcontracts@dorsetcouncil.gov.uk

2. Changes to bank details

Please tick this box if you have recently changed your organisation's bank details

Provider name: _____

Provider postcode: _____

Change request completed by: _____

Date: _____


When a provider changes their bank details, Public Health Dorset requires the following information, on the organisation's headed paper, for our records:

- Organisation name
- Organisation address
- Email address (for remittance)
- Organisation phone number
- VAT registration number (if applicable)
- Sort code
- Account number

To enable timely payment for CHIS activity claims, please ensure this updated information is provided to us as soon as possible. Please email your new bank details, on company headed paper, to phcontracts@dorsetcouncil.gov.uk

If you have any questions, please do not hesitate to contact Public Health Dorset using the email address above.

Kind regards,



Jen Spencer
CHIS Contract Manager, Public Health Dorset



Public Health Dorset (PHD)
County Hall
Colliton Park
Dorchester
Dorset
DT1 1XJ

Email: phcontracts@dorsetcouncil.co.uk

Date: *****

Your ref: CHIS_provider_details

Dear Colleague,

RE: Change of ownership

We have been notified / you have notified us of a change of ownership of [organisation name] to the new organisation [name].

This organisation is a provider on the Public Health Dorset Any Qualified Provider (AQP) framework for the delivery of the following Community Health Improvement services ("CHIS"):

1. *****
2. *****
3. *****

As a result of this change of ownership, in-line with clause B23 of the Framework Agreement, we now require the following from you:

- a) completed Change of Ownership Details (below). Please return this to Public Health Dorset via phcontracts@dorsetcouncil.gov.uk
- b) a new AQP framework application for the required CHIS services: <https://www.publichealthdorset.org.uk/provider-resources/procurement-information>

Change of Ownership Details

Previous provider	
Organisation name	
Address	
Postcode	
Phone number	
Email address	

Contact name	
New provider	
Organisation name	
Address	
Postcode	
Phone number	
Email address	
Contact name	
CHIS services to be provided by the new organisation	
Change of ownership details	
Reason for change of ownership	
Change of ownership date	

Change request completed by: _____


Date: _____

Please email this updated information to phcontracts@dorsetcouncil.gov.uk

By submitting a new application on the Any Qualified Provider Framework, this enables us, as the commissioner of CHIS services, to approve the change of ownership in accordance with the terms of the Framework Agreement, ensuring that you would not be in breach of your obligations under the Framework Agreement. The new application also provides key information for purchasing from the Framework, including updated company details such as the bank account, which will enable timely payments for activity in accordance with the service specifications.

If you have any questions please do not hesitate to contact Public Health Dorset: phcontracts@dorsetcouncil.gov.uk

Kind regards,



Jen Spencer
 CHIS Contract Manager
 Public Health Dorset



Public Health Dorset (PHD)
County Hall
Colliton Park
Dorchester
Dorset
DT1 1XJ

Email: phcontracts@dorsetcouncil.co.uk
Date: *****
Your ref: CHIS_remove_from_AQP

Dear Colleague,

RE: Remove provider from the Public Health Dorset AQP framework

You are currently on the Public Health Dorset Any Qualified Provider (AQP) framework for the provision of Community Health Improvement services ("CHIS"). We have been notified / you have notified us that the provider(s) below should now be permanently removed from the framework for the indicated service(s):

Provider Name	Provider Postcode	Service(s) to be removed from AQP framework

Change request completed by: _____

Date: _____

Please email this updated information to phcontracts@dorsetcouncil.gov.uk

Any outstanding activity claims should be submitted to Public Health Dorset at your earliest convenience, in accordance with the process outlined in the service specification(s) and will be paid as part of the next scheduled payments.

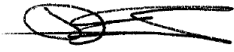
We are required to maintain records of changes to providers on the Any Qualified Provider framework and appreciate you taking the time to complete and return this information to us. Should you wish to apply in the future to deliver additional Public Health Dorset CHIS services or to restart the service(s) indicated above, please visit

our website for further information about opportunities and application the process:

[Procurement information - Public Health Dorset - Dorset Council](#)

If you have any questions, please do not hesitate to contact us using the email address above.

Kind regards,

A handwritten signature in black ink, appearing to be 'Jen Spencer', written over a horizontal line.

Jen Spencer
CHIS Contract Manager
Public Health Dorset