

Annexe B Service Specifications

B1 Emergency Hormonal Contraception Service (EHC)

SERVICE SPECIFICATION

1. Background

- 1.1 The consistent and correct use of effective contraception is the best way for sexually active women and their male partners to avoid an unplanned pregnancy. There is a correlation between good contraception services and lowering rates of teenage conceptions¹, which is one of the indicators in the Public Health Outcomes Framework.
- 1.2 For a number of reasons women may find themselves in need of Emergency Hormone Contraception when they have had sexual intercourse but they were not using planned contraception or the contraception may have failed and they want to avoid a pregnancy.
- 1.3 Levonorgestrel can prevent pregnancy and should be taken within 72hrs after sexual intercourse which didn't include contraception in order to avoid pregnancy. In some cases it is prescribed up to 120 hrs after (unlicensed).
- 1.4 Emergency Hormone Contraception is available in different drug brands and this specification relates to providing FREE access to Levonorgestrel under the terms of the Patient Group Directions for the Supply and Administration of Levonorgestrel 1500 mcg tablet Progestogen-only Emergency Hormonal contraception (EHC) by accredited Pharmacists
- 1.5 Good Access to Emergency Contraception should form a part of the local sexual health offer to Tameside residents to avoid an unintended pregnancy and potentially support women to make an informed choice which may prevent a later abortion.
- 1.6 Local Authorities are responsible for the provision of a broad range of contraception and advice on preventing unintended pregnancy, and all contraception supplied must be free to the patient. The Department of Health have made clear what local authorities are responsible for commissioning.²

2. Core Requirements of the Service

- 2.1 Pharmacists will supply Levonorgestrel when appropriate to clients in line with the requirements of the locally agreed Patient Group Direction. The PGD specifies the age range of clients that are eligible for the service; all females of child bearing age.
- 2.2 Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.
- 2.3 The supply will be made free of charge to the client.
- 2.4 Pharmacists will link into existing networks for community contraceptive services so that females who need to see a doctor can be referred on rapidly.
- 2.5 Clients excluded from the PGD criteria will be referred to another local service that will be able to assist them, as soon as possible, e.g. GP, community contraception service.

¹ J Sentelli et al (2007) American Journal on Public Health,

² Department of Health (2013) Commissioning Sexual Health Services & Interventions, Best Practice Guidance for Local Authorities, Gateway 18822

- 2.6 The pharmacy will provide support and advice to clients accessing the service, including advice on the avoidance of pregnancy and sexually transmitted infections (STIs) through safer sex and condom use, advice on the use of regular contraceptive methods and provide onward signposting to services that provide long-term contraceptive methods and diagnosis and management of STIs. Local sexual health service information and free condoms must be available to clients.
- 2.7 Provision of EHC to women in Tameside forms a component of our commitment to provide easy access to sexual health services
- 2.8 The Provider is required to **ACT** to ensure compliance with national and local policies and procedures for safeguarding children and vulnerable adults and have protocols in place to help detect child sexual exploitation. **Child sexual exploitation (CSE)**
- 2.9 The sexual exploitation of children, young people under 18 and vulnerable adults involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.
- 2.10 In all cases those exploiting the child/young person/vulnerable adult have power over them by any of the following reasons; their age, gender, intellect, physical strength, economic or other resources.
- 2.11 In order to improve the effectiveness of safeguarding and protecting children and young people from this form of abuse it is a requirement to follow the Greater Manchester Sexual Health (SH) CSE guidelines in identifying and reporting CSE. The GM SH CSE checklist can be used as a prompt to ensure a series of key questions are asked during the general consultation process with all under 18 and vulnerable clients. Prompt questions from the checklist are provided in the appendix.
- 2.12 The Greater Manchester SH pathway for CSE must be adhered to alongside local safeguarding procedures. It is vital that all staff (including non-clinical and reception staff) have access to and complete CSE training to ensure they are fully able to recognise the signs of CSE and act according to the relevant pathways and procedures.
- 2.13 Providers should ACT against domestic violence and ask about current experiences of any domestic abuse. Resources available locally include The Bridges Service - Help For All 24HR HELP: 0800 328 0967 OR 9-5pm 0161 331 2552
- 2.14 If you are worried about a child, that they may be harmed by situations they are in, at home or in the community, then there are things you can do:
If the situation is dangerous for the child then ring 999 and ask for the Police.
If the situation is not immediately dangerous for the child but you are worried that a child is not safe from harm then ring Children's Social Work and ask to discuss the situation with the duty social worker. You can do this anonymously if you wish. Ring the following numbers:
Monday to Friday during office hours – 0161 342 4101
Monday to Friday outside office hours and weekends and public holidays – 0161 342 2222

3. Aims and intended service outcomes

- 3.1 To ensure easy access to emergency contraception and sexual health advice (Referral pathway appendix 2).

- 3.2 To increase local access to EHC by women who have had unprotected sex and help contribute to a reduction in the number of unplanned pregnancies in the client group.
- 3.3 To refer clients into sexual health services who access for EHC
- 3.4 To increase the knowledge of risks associated with STIs.
- 3.5 To refer clients who may have been at risk of STIs to an appropriate service.
- 3.6 To strengthen the local network of contraceptive and sexual health services to help ensure easy and swift access to advice.
- 3.7 To increase access to free Chlamydia screening kits (to be provided to under 25's using the kits supplied by the screening and support service) and free condoms (predominantly under 25's)

4. Service outline

- 4.1 The part of the pharmacy used for provision of the service provides a sufficient level of privacy (ideally at the level required for the provision of the Medicines Use Review service³) and safety.
- 4.2 An appropriately qualified pharmacist will assess the need and suitability for a client to receive EHC in line with the PGD. Where appropriate a supply will be made; where a supply of EHC is not appropriate, advice and referral to another source of assistance, if appropriate, will be provided.
- 4.3 Clients who have exceeded the time limit for EHC will be informed about the possibility of use of an IUD or ellaOne and must be referred to a local service as soon as possible.
- 4.4 Inclusion and exclusion criteria, which are detailed in the PGD, will be applied during provision of the Service.
- 4.5 The Service will be provided in compliance with Fraser guidance⁴ and Department of Health guidance on confidential sexual health advice and treatment for young people aged under 16⁽⁴⁾
- 4.6 The Service provided will comply with Tameside Council's safeguarding policy and reflect national child and vulnerable adult protection guidelines.
- 4.7 Verbal and written advice on the avoidance of STIs and the use of regular contraceptive methods, including advice on the use of condoms, will be provided to the client. This should be supplemented by a referral to a service that can provide treatment and further advice and care.
- 4.8 The pharmacy Provider has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the Service, including sensitive, client centred communication skills.
- 4.9 The pharmacy Provider has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols and that they have signed a copy of the current **PGD – "Patient Group Directions for the Supply and Administration of Levonorgestrel 1500 mcg tablet Progestogen-only Emergency Hormonal contraception (EHC) By Accredited Pharmacists from Community Pharmacies contracted with Public Health Tameside"**

⁽³⁾ The requirements for consultation areas are detailed in The Pharmaceutical Services (Advanced and Enhanced Services) 2005 as amended (www.dh.gov.uk/assetRoot/04/10/75/97/04107597.pdf)

⁽⁴⁾ Fraser Guidelines – based on a House of Lords Ruling; A health professional can give advice or treatment to a person under 16 without parental consent providing they are satisfied that;

- The young person will understand the advice;
- The young person cannot be persuaded to tell his or her parents or allow the doctor to tell them that they are seeking contraceptive advice;
- The young person is likely to begin or continue having unprotected sex with or without contraceptive treatment; and
- The young person's physical or mental health is likely to suffer unless he or she receives contraceptive advice or treatment.

- 4.10 The pharmacy must maintain appropriate records to ensure effective ongoing service delivery and audit and will complete electronic records on a system specified by the Commissioner, for each patient. Records will be confidential and be stored securely and for a length of time in line with local NHS record retention policies.
- 4.11 The pharmacy must be able to deliver this Service for a minimum of 3 days per week which must include a weekend day. If there is going to be a break in provision of this Service this must be notified to the Council with the expected date of re-engagement. Every effort must be made to engage locum pharmacists who are accredited to deliver this Service. Unexpected breaks in provision of this Service due to sudden illness are understandable and where the Council is informed of this will be given due consideration.
- 4.12 The pharmacy must give 3 months' notice if it intends to stop delivering this Service.
- 4.13 Pharmacists may need to share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for the permission of the client to share the information.
- 4.14 The Commissioner will arrange at least one monitoring meeting or communication per year to promote service development and update pharmacy staff with new developments, knowledge and evidence.
- 4.15 The Commissioner will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.
- 4.16 The Commissioner will provide up to date details of other services which pharmacy staff can use to refer service users who require further assistance. The information will include the location, hours of opening and services provided by each service provider.
- 4.17 The Commissioner may commission young people inspections to review access; reports will not be shared with other services without the Provider's agreement.
- 4.18 All Providers who provide this Service are expected to participate in any local free condom scheme for young people. If any young person under age 25 (whether accessing EHC or not) ask for a supply of free condoms they are to be issued (Max 24 per issue, but ask client & use discretion)
- 4.19 All clients must be advised to obtain planned contraception and given local service information.
- 4.20 All clients under the age of 25 must be offered a Chlamydia screen postal pack. (see appendix)
- 4.21 If the Pharmacist is not on duty and the Service cannot be delivered customers must be referred to the sexual health clinic / closest alternative Pharmacist provider.

5. Quality Indicators

- 5.1 The pharmacy has appropriate health promotion materials available for the client group actively promotes its uptake and is able to discuss the contents of the material with the client, where appropriate.
- 5.2 Clients are treated with dignity and respect at all times.
- 5.3 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 5.4 The pharmacy participates in audits as recommended by professional guidance or requested by the commissioner.
- 5.5 The Pharmacy maintains patient identifiable information in line with Data Protection legislation. Under no circumstances shall this information be sent in standard post or via any unsecured electronic system.

- 5.5 The pharmacy co-operates with any locally agreed assessment of service user experience and should encourage client feedback.
- 5.6 Pharmacists and appropriate support staff maintain up to date contact details with the commissioner so that service information / changes can be communicated quickly.

6. Monitoring and Review

- 6.1 The Pharmacy will be required to collect basic information from patients at each visit, as an integral part of the service
- 6.2 Recording of required monitoring will be via a web-based system and will be recorded in a 'timely manner'.

'In a timely manner' is defined as "at the time of interaction with the patient"
- 6.3 The Pharmacy is required to have suitable computer equipment and internet access to facilitate timely inputting of information.
- 6.4 Payment for service provision by Pharmacies will be calculated from data inputted into the web-based monitoring system on a monthly basis and payments made to pharmacies without the need to submit invoices or payment requests.
- 6.6 Service reviews are undertaken where and when required, including those investigating patient satisfaction of services.
- 6.8 Payment will only be made where the service has been delivered by a member of staff for whom a signed agreement as per appendix 1 has been received.

7. Remuneration

- 7.1 Claims will be paid at the rates of £10.00 per consultation and an additional £6.00 per issue of Levonorgestrel. **No payment is made for dispensing condoms or Chlamydia screens.**
- 7.2 Provision of EHC is based on a limited budget and as such free access may need to be reviewed at any time, which may impact on this agreement.

8 Staff

- 8.1 Pharmacists delivering this Service must be registered with the General Pharmaceutical Council.
- 8.2 Pharmacists delivering this Service must sign to acknowledge that they have read and will comply with the requirements of the current PGD – "Patient Group Directions for the Supply and Administration of Levonorgestrel 1500 mcg tablet Progestogen-only Emergency Hormonal contraception (EHC) By Accredited Pharmacists from Community Pharmacies contracted with Public Health Tameside"
- 8.3 Pharmacists delivering this Service must have undertaken appropriate training and successfully meet the competencies to undertake the clinical assessment of patients leading to decision to supply treatment according to the indications listed in the PGD.
- 8.4 Pharmacists delivering this Service must meet the criteria detailed in the 'self-assessment of competence for community pharmacy' for emergency contraception produced by the Centre for Pharmacy postgraduate Education (CPPE) and have completed e learning modules:

Emergency Contraception
Safeguarding Children and Vulnerable adults

- 8.5 Pharmacists delivering this Service must have undertaken appropriate training for working under PGDs
- 8.6 Pharmacists delivering this Service must be conversant in local child safeguarding policies / procedures.
- 8.7 **Competency assessment** Pharmacist must have completed, and submitted a copy to the Council, the self-declaration of competence hosted by CPPE in order to deliver the service on behalf of Tameside MBC
- 8.8 **Ongoing training and competency** the pharmacist must maintain their own level of competency by regular updating, and maintain evidence of, continuing professional development. The pharmacist must maintain competency in local child protection policies/procedures
- 8.4 Before commencing delivery pharmacists must complete the form at appendix 1 to confirm that they have read and understood this specification and the PGD and meet the requirements.
- 8.5 All customer facing employees must know that the Pharmacy provides this Service and how to refer to the sexual health clinic / closest alternative if the Pharmacist is not on duty
- 8.6 All Provider staff must ensure that they safeguard young people and vulnerable adults and take the appropriate action when they have concerns.

Appendix – Chlamydia Screens

1. National Chlamydia Screening Programme (NCSP)

Genital chlamydia infection is the most commonly diagnosed bacterial sexually transmitted infection in the UK. Prevalence of the infection is highest in sexually active women aged 16-19 and men aged 20-24. Untreated infection can have serious long-term consequences including pelvic inflammatory disease, ectopic pregnancy, and tubal factor infertility. Chlamydia often has no symptoms and opportunistic screening of asymptomatic young people is considered the best approach for detecting and treating this infection.

The National Chlamydia Screening Programme (NCSP) in England was established in 2003. The programme aims to prevent and control chlamydia through early detection and treatment of asymptomatic infection, so reducing onward transmission and the consequences of untreated infection.

The Department of Health considers that general practices and pharmacies have an important role in screening for chlamydia, treatment and partner notification. Embedding the offer of an opportunistic screen in core services including general practices and community contraception and sexual health services is recommended practice and the approach that is considered the most viable option for further extending the reach of local programmes.

2. Greater Manchester Screening Support Service for chlamydia and gonorrhoea

- a. Tameside Council in partnership with the other local authorities in Greater Manchester, commission and fund the Greater Manchester Screening Support Service (GMSSS) for chlamydia and gonorrhoea. The service processes screens for chlamydia and gonorrhoea, manages results, undertakes partner notification activities, and arranges treatment.
- b. This appendix relates to participation in the chlamydia and gonorrhoea screening programme as a distribution outlet.
- c. The GMSSS will work with the Commissioner to recruit and approve third parties to act as distribution outlets.
- d. Pharmacies acting as distribution outlets will initiate chlamydia and gonorrhoea screens on an opportunistic basis for asymptomatic young people aged 15-24. They will be required to consult with the young person, initiate the screen, complete the screening form and arrange for the specimen to be transported to the accredited laboratory via the mechanism agreed with the GMSSS. The Commissioners are responsible for setting an allocation of a cap for each of the partners.
- e. Pharmacies acting as distribution outlets are responsible for ordering consumables from the GMSSS. The GMSSS is required to develop and implement processes to ensure that Pharmacies can order consumables with ease – this could include, for instance, an ordering function on the website.
- f. Pharmacies acting as screening distribution outlets are responsible for ensuring that their members of staff are trained and competent to offer screening for chlamydia and gonorrhoea. Staff working within the services will follow agreed standard operating procedures. Pharmacies will liaise with the GMSSS to arrange initial and refresher training for their staff, as and when appropriate.
- g. Pharmacies acting as distribution outlets will promote screening. Pharmacies will be asked to liaise with the GMSSS to order promotional materials, as and when required.

- h. Pharmacies will be responsible for completing and returning monitoring forms to the GMSSS and for participating in audit.
- i. The GMSSS is required to lead the establishment and management of a network of Pharmacies to act as distribution outlets. The Commissioners will support the identification of Pharmacies to act as distribution outlets.
- j. The Commissioners will liaise with the GMSSS to support the identification and recruitment of Pharmacies to act as distribution outlets. The Commissioners are responsible for agreeing for Pharmacies to act as distribution outlets.
- k. The GMSSS is responsible for providing operational support and training for the third parties (i.e. Pharmacies) acting as distribution outlets. These parties will need to understand and be able to demonstrate compliance with local safeguarding policies and procedures. These parties will also need to ensure that:
 - Members of staff are knowledgeable about the screening programme.
 - Members of staff are confident to offer self-sampling kits.
 - Members of staff are competent to assess Fraser competence
 - Members of staff understand their safeguarding responsibilities and how to report concerns.
 - Members of staff can signpost young people to other relevant services – e.g sexual and reproductive health services, specialist CSE teams etc.
- l. The GMSSS will devise and deliver (online or in-person) training for staff working within distribution outlets. Training will support staff working within outlets to deliver distribution and / or treatment activities in a safe, efficient and effective manner.
- m. The GMSSS will establish and manage processes to allow distribution outlets to order kits and other consumables. Commissioners will determine an allocation of kits for distribution to their residents.
- n. The GMSSS is responsible for providing third parties acting as distribution outlets with patient information leaflets and promotional materials

Appendix 1

Agreement to provide services.

Pharmacy Name:	
Pharmacy Address:	

<p>PATIENT GROUP DIRECTION (PGD) Version 3, 16th March 2016 For the supply / administration of LEVONORGESTREL Without prescription for a named individual</p> <p>I hereby confirm that I have:</p> <ul style="list-style-type: none">• Received, read and understood the above named Patient Group Direction and agree to work within its confines• Have fulfilled the staff group criteria contained within page one of the PGD• completed, and submitted to the Council a copy of the self-declaration of competence to deliver an Emergency Contraception (EC) service hosted by CPPE	
I agree on behalf of the Pharmacy named above to provide the Emergency Hormonal Contraception Service as detailed within the service specification and the PGD:	
Signature:	
Name (Print)	
Your Email Address	
Designation/Title	
Date:	

Please return this page to: publichealthinvoices@tameside.gov.uk or by post to

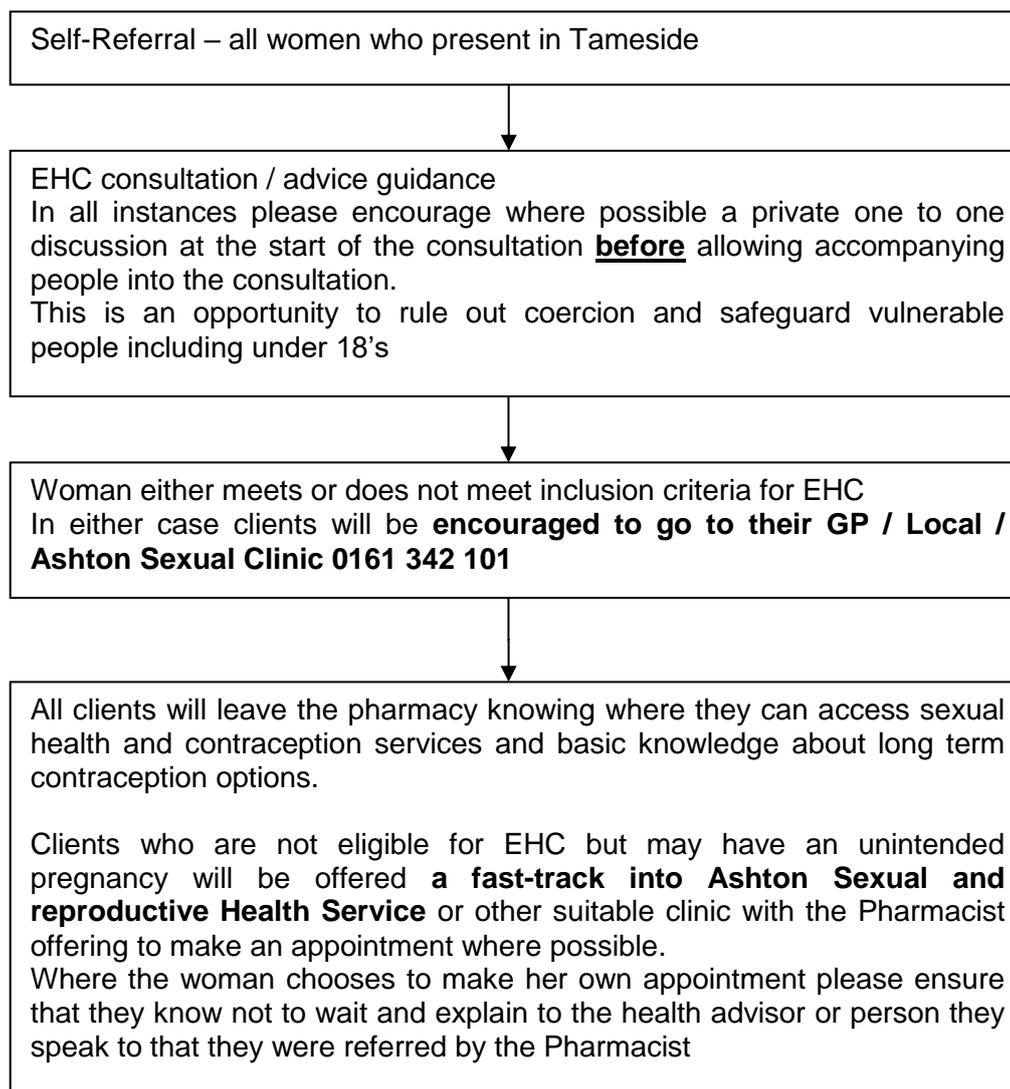
Public Health, The HUB | Stockport Road | Hattersley | Hyde | Tameside | SK14 6AF

Other contacts: Sexual Health Lead richard.scarborough@tameside.gov.uk

**YOU WILL BE NOTIFIED THAT YOU CAN PROCEED VIA THE EMAIL ADDRESS YOU PROVIDE
KEEP A COPY**

Appendix 2

Client Pathways



Safeguarding. What to do if you have a concern about a child....

If you are worried about a child, that they may be harmed by situations they are in, at home or in the community, then there are things you can do:

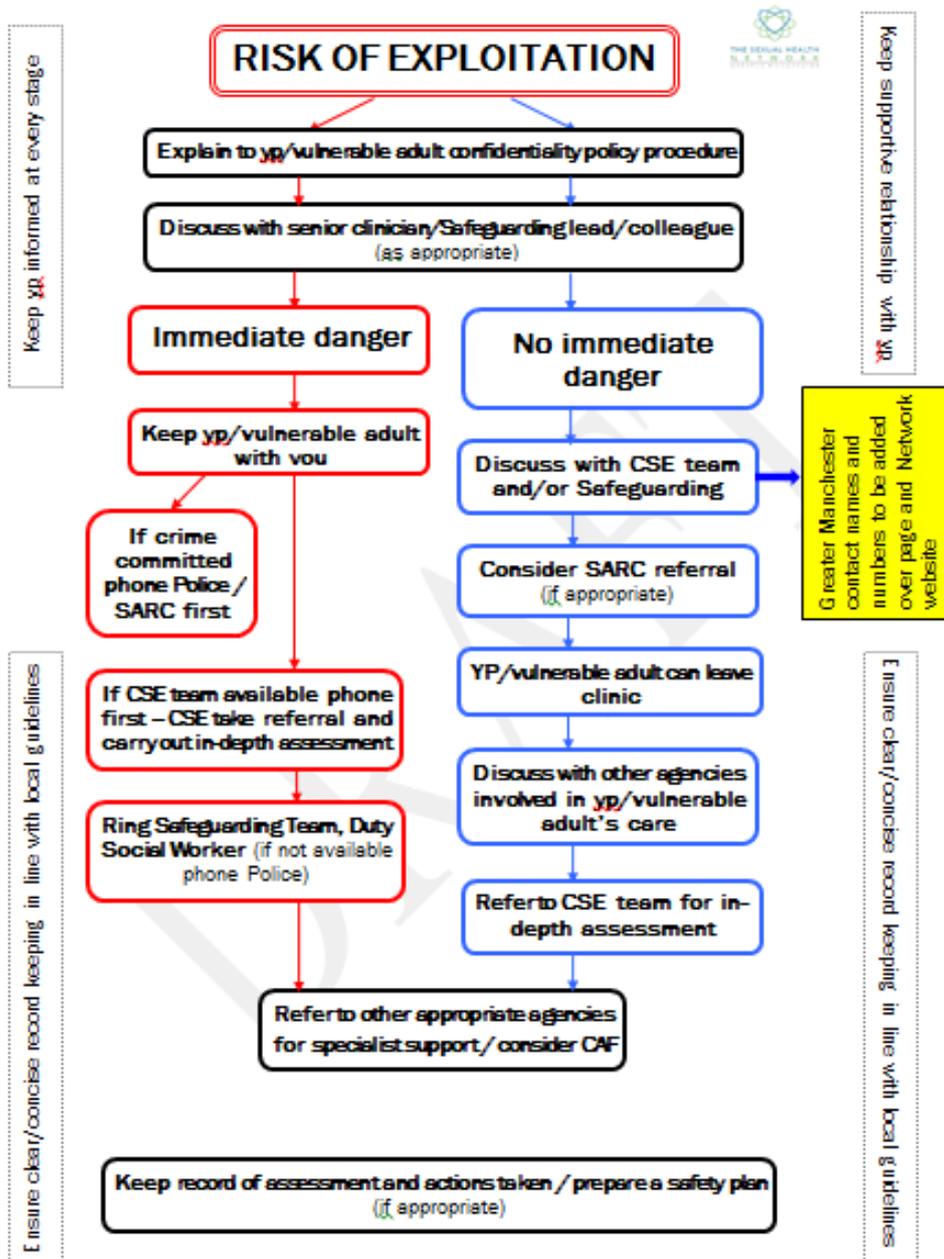
If the situation is dangerous for the child then ring 999 and ask for the Police.

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New resources regarding CSE. <http://www.ceop.police.uk/>



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Child Sexual Exploitation Prompts

Please make it easier for young people to tell you things. Tell them about your confidentiality policy. Ask questions that allow disclosure. E.g Do you use condoms: never/ sometimes/always? Rather than: Do you always use condoms?

Can you talk to your parents about sex and relationships?

Is there anyone you feel you can talk to?

Any problems at home?

Relationships

How old were you when you first had sex?

How many partners in total have you had?

How many partners in the last 12 months?

How long have you known your partner?

Are you happy in your relationship?

Is your partner known to friends / family?

Where did you meet?

How old is he/she? Male Female

Consent

Current partner's name?

What does he / she do?

Are you pressured to have sex by current partner?

Do you feel you could say no to your partner?

Do you feel ready to have sex?

Previous partner(s) names?

Were you pressured to have sex by previous partner(s) / friends?

Has anyone given you money or gifts for sex?

Do you use contraception? What type?

Do you every use drugs and / or alcohol?

How often do you drink? Take drugs?

Where do you get the alcohol / drugs from?

How do you feel after you have taken alcohol/drugs?

Do you think alcohol/drugs affect your decisions?

Have you ever tried to harm or hurt yourself?