APPENDIX A

SERVICE SPECIFICATIONS

COMMUNITY PHARMACY, EMERGENCY HORMONAL CONTRACEPTION (EHC) SERVICE

1. SERVICE DESCRIPTION

1.1 Emergency contraception (EC) may only be supplied by an accredited pharmacist. Medicine counter staff must be trained to refer each request for emergency contraception to the pharmacist(s). It is the responsibility of the Pharmacy Manager to ensure that all pharmacists, including locums, supplying EC are accredited.

1.2 The pharmacy must be able to supply emergency contraception during opening hours of the pharmacy on at least 4 days of the week, one of which will preferably be a Saturday.

1.3 Pharmacists will supply Levonorgestrel Emergency Hormonal Contraception (EHC) when appropriate to clients in line with the requirements of the Group Direction (PGD) for the supply of Levonorgestrel 1500mcg Tablets by Community Pharmacists.

1.4 Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service. The supply will be made free of charge to the client at Peterborough City Council (PCC) expense.

1.5 Pharmacists will link into existing networks for community contraceptive services so that women who need to see a doctor can be referred on rapidly.

1.6 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 or community contraception service.

1.7 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.

2. AIMS AND INTENDED SERVICE OUTCOMES

2.1 To increase the knowledge, especially among young people, of the availability of emergency contraception and contraception from pharmacies.

2.2 To improve access to emergency contraception and sexual health advice.

2.3 To increase the use of EHC by women who have had unprotected sex.
2.4 To help contribute to a reduction in the number of unplanned pregnancies in the client group.

2.5 To refer clients, especially those from hard to reach groups, into mainstream contraceptive services.

2.6 To increase the knowledge of risks associated with STIs.

2.7 To refer clients who may have been at risk of STIs to an appropriate service.

2.8 To strengthen the local network of contraceptive and sexual health services to help ensure easy and swift access to advice.

3. **CORE SKILLS AND TRAINING**

   In order to achieve accreditation, the pharmacist(s) must have satisfactorily completed the following learning packages within 3 months of the contract being signed:

   - CPPE on line training - Emergency Hormonal Contraception
   - CPPE on line training - Patient Group Directions
   - CPPE on line training - Safeguarding Children

   It is the responsibility of the Pharmacy Manager to ensure that all pharmacists including locums supplying EC are accredited.

   The pharmacist will maintain clinical knowledge appropriate to their practice as part of their continuing professional development requirements.

4. **SERVICE OUTLINE**

4.1 The main client group is women under the age of 50 years who might require emergency contraception within 72 hours of unprotected sexual intercourse or failure of a contraceptive method.

4.2 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 service) and safety and meets other locally agreed criteria.

4.3 A service will be provided that assesses 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. Clients who have exceeded the time limit for EHC will be informed about the possibility of use of an IUD and should 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 guidance and Department of Health guidance on confidential sexual health advice and treatment for young people aged under 16.

4.6 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.

4.7 The pharmacy contractor 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.

4.8 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.

4.9 The pharmacy must maintain appropriate records to ensure effective ongoing service delivery and audit. Records will be confidential and should be stored securely and for a length of time in line with local NHS and PCC record retention policies.

4.10 Pharmacists may need to share relevant information with other healthcare 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.

4.12 The client is able to make an informed choice about whether to use emergency contraception and which method might be most suitable.

4.13 The client is safely supplied with emergency contraception.

4.14 If the client is under 25 they are supplied with a Chlamydia test pack and advised to complete it and send it off.

4.15 The client is made aware of the need to consider a longer term method of contraception and the support and follow-up available to them through their GP or Family Planning Services.

4.16 The client is made aware of any possible risk of Sexually Transmitted Infections and the support and follow-up available to them through their GP, Family Planning Services or GUM clinic.

4.17 All requests for emergency contraception must be dealt with sensitively and discreetly with due regard for the client’s right to privacy. Medicine Counter staff must refer all such queries to the accredited pharmacist without delay.

4.18 The pharmacist must personally speak with and counsel the person requesting emergency contraception although advice may be given over the telephone. The pharmacist must obtain
the information outlined in the pro-forma before making any recommendation regarding emergency contraception.

4.19 The product may only be supplied for use at the time of purchase and should not be supplied for possible future use.

4.20 Patients should be provided with appropriate information leaflets

5. LABELLING AND RECORD KEEPING

5.1 Any EHC pack supplied to take away should be labelled with the following information:

- The pharmacy address
- ‘Keep out of the reach of children’
- Directions for use
- The name of the client
- Date of supply

5.2 A pro-forma should be completed for each client, paying particular attention to the assessment of need and clinical assessment. A note of any additional information and the action taken by the pharmacist should also be made on the record form. A note of supply may also be made in the client’s patient medication record. Client records must be kept by the accredited pharmacy for 8 years if the client is believed to be over 16 and until the client’s 26th birthday if they are believed to be under 16.

5.3 A pro-forma should be completed with the number of Chlamydia screening packs given out that should be sent monthly to PCC for payment. Postal Chlamydia screening packs will be supplied free of charge to pharmacies by the Chlamydia Screening Programme.

5.4 All records should comply with the requirements of the RPSGB’s Standards of Good Professional Practice. Whilst rare, all serious ADRs should be reported, even if the effect is well recognised (see British National Formulary for supporting information). ADRs should be reported to The Committee for the Safety of Medicines, using the yellow ADR card system. Cards are available in the BNF. A client presenting with a suspected ADR should be referred to a doctor for further investigation.

6. PETERBOROUGH CITY COUNCIL RESPONSIBILITIES

6.1 The accredited pharmacist will not be working in isolation and must feel confident to refer to other sources of information and support services including other participating pharmacists, Family Planning Consultants and Nurses, GP’s, and child protection officers subject to the requirement for confidentiality.
6.2 PCC will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.

6.3 PCC will provide up to date details of other services which pharmacy staff can use to refer service users who require further assistance. The information should include the location, hours of opening and services provided by each local service provider.

6.4 PCC will be responsible for the promotion of the service locally, including the development of publicity materials, which pharmacies can use to promote the service to the public.

6.5 PCC will be responsible for the provision of health promotion material, including leaflets on EHC, long-term contraception and STIs to pharmacies.

6.6 PCC will be responsible for the distribution of Chlamydia testing kits and providing support to pharmacies to enable the effective provision of these kits to women under 25 years of age.

7. **PHARMACY RESPONSIBILITIES**

7.1 The pharmacist must ensure that their professional indemnity cover is either provided by the National Pharmaceutical Association (NPA) or another organisation that have confirmed that this activity will be included in their policy.

7.2 The service should be provided in a pharmacy, which must have a suitable area for consultation with patients. This may be a quiet area within the shop, where privacy can be maintained, rather than a separate room.

7.3 The pharmacy will be required to ensure that there is sufficient trained staff to be able to deliver the service according to this specification.

7.4 Also it is the responsibility of the pharmacy to ensure that there is sufficient medication, support materials and Chlamydia testing kits to be able to deliver the service.

7.5 The pharmacy will be required to designate space to display a poster giving information on emergency contraception.

7.6 The client should always be advised to talk to her GP or local family planning clinic, regardless of whether a supply is made. However, where the pharmacist, on the basis of the information obtained, is not certain that emergency contraception can be supplied, the client should be referred to a doctor immediately (refer to clinic lists).

7.7 Emergency contraceptives are not suitable for repeated use as they have a higher failure rate than regular oral contraceptives. Patients should be told to visit their GP or family planning clinic if menstruation is late, missed or lighter than usual or if there is any unusual pain. It may be advisable for the client to seek advice earlier about on-going contraception.

7.8 Pharmacists should use their judgement in terms of the best way to phrase the offer of a Chlamydia Test Kit. Acceptance rates are usually highest when it is phrased in a routine way, for example "we ask everyone who is given EHC in your age group to complete a Chlamydia test. Here is a kit for you"
8. **FRASER GUIDANCE**

8.1 The pharmacist should make and record a judgement about the competence according to Fraser Guidance of every client who is believed to be under 16.

8.2 Whether the young person understands the potential risks and benefits of the treatment and advice given.

8.3 That the value of parental support is discussed, with the health professional encouraging the young person to inform parents/carers of the consultation and explore the reasons if the patient if unwilling to do so. They must assure the young person that their confidentiality will be respected whether they inform their parents/carers or not unless there is any suspicion of abuse.

8.4 Whether the young person is likely to have or continue to have sexual intercourse without contraception.

8.5 Whether the young person’s physical or mental health is likely to suffer if they do not receive contraceptive advice or treatment.

8.6 Whether it is in young person’s best interest to provide contraceptive advice and treatment without parental consent.

8.7 Taking the above into consideration the pharmacist should decide if the young person is competent to receive advice and treatment. The consultation will be governed by the same terms of confidentiality whether or not the health professional considers the young person competent.

8.8 **When a young person is judged not to be competent she should be referred to their GP or Family Planning doctor.**

8.9 When seeing clients under the age of 16, the pharmacist(s) is required to have regard to child protection issues. Pharmacist should act in accordance with Peterborough City Child Protection Guidelines. Any pharmacist who has concerns about a young person should seek advice from the most appropriate professional which may be a senior colleague, the Named Nurse or Doctor for Child Protection or Social Services. In the first instance the clients name and address should not be used, if asking for advice.

Advice may be obtained by contacting the child protection contacts in the PGD.

Safeguarding Children guidelines can be found in the document entitled *Useful information to support completion of the Safeguarding Toolkit at the end of this Appendix*.

9. **Safeguarding Children and Adults**
It is important that pharmacies protect children and adults from avoidable harm (as defined in Safeguarding Children and Adults guidelines) including safeguarding training, training on the Mental Capacity Act and Deprivation of Liberty. A Safeguarding lead should be identified in each practice.

Safeguarding Children and Child Sexual Exploitation guidelines can be found in the document entitled Useful information to support completion of the Safeguarding Toolkit at the end of this Appendix.

Safeguarding Adults guidelines can be found in the document entitled Useful information to support completion of the Safeguarding Toolkit at the end of this Appendix.


### 10. QUALITY AND SERVICE MONITORING

10.1 Performance monitoring and audit will be in line with service standards and the pharmacy may be monitored on the following:

- Availability of appropriate material to support the provision of advice to the client group.
- Maintenance of accurate records as required by the PGD.
- Reviews of standard operating procedures and updates as necessary.
- Participation in the bi-annual review of service provision including any updated developments.
- The outcomes of any patient experience surveys, feedback or complaints.
- The proportion of the number of women under 25 who received EHC and have been given a Chlamydia screening pack.
- The proportion of Chlamydia screening packs that is returned to the screening service from women under 25.
- A review of the number of occasions when an accredited pharmacist was not available to provide the services at the pharmacy.

10.2 Information outlining the process of the service must be cascaded to other pharmacy staff.

10.3 Non-pharmacist staff must be trained to refer clients to an accredited pharmacist. Where an accredited pharmacist is unavailable on the premises, clients should be signposted to an appropriate alternative service.
10.4 Non-pharmacists may not be accredited nor are they allowed, by law, to supply via this patient group direction (PGD). Pharmacies should inform the PCC as soon as possible in situations where an accredited pharmacist will no longer be available to provide the service.

10.5 Pharmacies should inform the PCC as soon as possible in situations where the designated pharmacy signatory is no longer able to retain responsibility for the SLA operating in a given accredited pharmacy, to enable transfer of designated signatory status or termination of the agreement.

11. DATA RETURNS

11.1 Information on test kits returned will be obtained from the Chlamydia Screening Service on a monthly basis. Payments will be made to pharmacies on receipt of this information.