Specification

Local Pharmacy Accredited Service for the supply of Emergency Hormonal Contraception (EHC) under a Patient Group Direction in Community Pharmacies

1st April 2019 to 31st March 2023

Wellbeing & Public Health Service
Public Health
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Clinical Governance
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Local Pharmacy Accredited Service for the supply of Emergency hormonal Contraception (EHC) under a Patient Group Direction in Community Pharmacies

1. Population Needs

National/local context and evidence base

The commissioner wishes to offer a uniformly high-quality service in all pharmacies across the Cornwall, providing members of the public with a Local Pharmacy Accredited Service for the supply of Emergency Hormonal Contraception (EHC) under a Patient Group Direction.

The rate of under 18 conceptions in Cornwall is on a downward trend however the rate of under 18 conceptions remains a priority for Cornwall Council and continues to be an important Public Health outcome indicator because teenage mothers and their babies are more likely to experience poorer health and social outcomes.

2. Monitoring

The pharmacy will review its standard operating procedures and referral pathways for the provision of this service on an annual basis and these will be available for inspection by the Commissioner.

Paperwork:

a. For each consultation the EHC supply checklist will be completed correctly on PharmOutcomes

b. For those women under 16 seeking advice and supply, the Fraser Guidelines checklist should be completed on PharmOutcomes.

c. The age and postcode of each patient will be recorded on the patient form in PharmOutcomes.

d. All incidents including null returns should be forwarded to PHContracts@cornwall.gov.uk on a monthly basis.

3. Governance

The Commissioners of this service reserves the right to inspect the premises from which this service operates along with the right to review the service at any time. The service provider should forward any complaints received appertaining to the service accompanied by copies of any correspondence that outline incidents to the contracts manager within 30 days of receiving the complaint. In addition, there is a national requirement to report any significant events within 24 hours and this will be to the Cornwall Council Commissioner.

4. Claims for payment

Where requested by the commissioner, the provider shall supply Cornwall Council with any additional information / evidence required to establish whether the Provider has fulfilled its obligation under the Service Agreement.

a. Charges are as per cost schedule.

b. Invoices and data collection is made on PharmOutcomes.

c. Invoices more than 3 months old will NOT be processed.
5. **Aims and objectives of service**
   a. To improve access to emergency contraception and sexual health service advice
   b. To refer clients where appropriate into mainstream contraception and sexual health services

6. **Supply**
   - Levonorgestrel 1500mg tablets
   - Ulipristal acetate 30mg tablets

**Online local information for sexual health**
http://www.cornwallshac.org.uk

7. **Population covered**
Cornwall and Isles of Scilly.

8. **Training**

The CPPE declaration of competence statement must be completed and linked to PharmOutcomes to allow for audit purposes.

Pharmacists are required to attend a locally delivered face to face EHC workshop when entering the scheme and thereafter every 3 years. Pharmacists are also required to complete the training requirements for each PGD linked to the Emergency Hormonal Contraception service, and complete the online enrolment via PharmOutcomes (this is linked to the service and must be completed before first time access to the service is granted)

Cornwall Council will advise of any changes to the PGD, training requirements or specification and will give as much notice as possible to all stores providing this service.

9. **Safeguarding**

The provider will ensure it has in place an up-to-date safeguarding children and vulnerable adult policy.

The provider shall ensure all staff are aware of, trained to a level appropriate to their role including identification of possible CSE, and abide by guidance and legislation on safeguarding (children and adults).

The service provider should ensure that staff are aware of and abide by the procedures in the Safeguarding Children Partnership Procedures Manual https://www.proceduresonline.com/swcpp/cornwall_scilly/index.html.

This should include understanding safeguarding referral procedures and referral pathways to social care.

Practitioners also need to be aware of the specific responsibilities that they have for young people aged 13-15, and for those under the age of 13. In principle, all patients under the age of 16 should be seen in a clinical setting.

The provider will ensure any local multi-agency safeguarding pathways and referral processes are understood and adhered to.

**Service users under the age of 16**

In working with service users under the age of 16, the provider must ensure that they adhere to the Department of Health’s guidance document best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual
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**Child sexual exploitation (CSE)**


All staff, clinical and non-clinical, should have sufficient training to ensure they are able to identify risks and indicators of CSE, and act in line with safeguarding protocols. Spotting the Signs[^2] offers guidance on CSE specifically for sexual health services though this should not supersede local policies and procedures.

10. Any acceptance and exclusion criteria

This service is available for those of the age 25 and under.

11. Applicable Service Standards

The service should be provided in line with national and local child and vulnerable adult protection guidelines as follows:

a. Contraceptive services for under 25s, NICE guidelines [PH51] (2014)
b. Service Standards for Sexual and Reproductive Healthcare (FSRH 2013)
d. UK National Guideline on Safer Sex Advice (BASHH & BHIVA 2012)
e. PH3 One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups (NICE 2007)
f. GMC guidance 0-18 (2007)

Prepared by:

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Date: February 2019

If you would like this information in another format please contact:

[^1]: Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health
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