

Locally Commissioned Service for
EMERGENCY HORMONAL CONTRACEPTION (EHC)

Service Name	EMERGENCY HORMONAL CONTRACEPTION
Specification Number	
Commissioner Lead	James Mallion Consultant Public Health Public Health - Tameside Metropolitan Borough Council
Period of Agreement	1 April 2020 to 30 Sept 2020
Date of Last Review	April 2020

1. Executive Summary

1.1 Overview

- a. Tameside Population Health is commissioning and funding an emergency hormonal contraception service to ensure that residents have ease of access to this provision. This will contribute to achieving a reduction in the number of unintended conceptions to women of all ages
- b. The Contractor is required to arrange for an accredited pharmacist to offer information and advice to women attending for emergency hormonal contraception and, if deemed to be appropriate, to issue and supply medication in line with the relevant Patient Group Direction

2. National Context and Local Context

2.1 National Context

2.1.1 Overview of commissioning responsibilities

- a. The Health and Social Care Act 2012 divided responsibilities for the commissioning and funding of sexual and reproductive health services between local authorities, Clinical Commissioning Groups (CCGs) and NHS England
- b. Local authorities are responsible for commissioning and funding the provision of most but not all sexual and reproductive healthcare provision. Local authorities are mandated to commission and fund comprehensive open-access sexual and reproductive health services for the benefit of all persons present in their area. Local authorities can commission and fund other services including HIV/STI prevention and support programmes. Local authorities have the lead for improving health and for coordinating efforts to protect public health.
- c. NHS England is responsible for commissioning and funding GP practices to offer routine methods of contraception for their registered patients. GPs are also required to test for HIV/STIs, as and when required, and to offer or arrange for treatment of infection. NHS England is responsible for commissioning and funding HIV treatment and care
- d. CCGs are responsible for commissioning and funding abortion services. CCGs are also responsible for arranging for patients to obtain permanent methods of contraception/sterilisation procedures including vasectomies and for the promotion of opportunistic STI testing and treatment within general practice.

2.1.2 Public Health Outcomes Framework

- a. The [Public Health Outcomes Framework](#) sets out a vision for public health. The Framework includes three indicators relating to sexual health:
 1. [Indicator 2.04](#): Under-18 conception rate
 2. [Indicator 3.02](#): Chlamydia diagnosis rates among young adults aged 15-24s
 3. [Indicator 3.04](#): % of persons diagnosed with HIV at a late stage of infection
- b. Provision of EHC (emergency hormonal contraception) as described in this specification is expected to contribute to reducing the number of under-18 conceptions as well as the number of unintended conceptions amongst women of all ages
- c.

2.2 Rationale

- a. Community pharmacies can promote health and wellbeing among their local population which includes integrating with existing health and care pathways and other activities to encourage more people to use their services
- b. Community pharmacies offer accessible healthcare because:
 - 1. Appointments are unnecessary
 - 2. Opening hours are long
 - 3. Many staff are from the local community and understand local culture and social norms
 - 4. Able to offer advice on healthy behaviours and onward referral to other services, if appropriate
- c. Emergency contraception can be used if a woman has had sexual intercourse without using a regular method of contraception or if her regular method has failed to reduce her risk of having an unintended conception. Levonorgestrel 1500 micrograms can be used up to 72 hours and Ulipristal acetate 30mg up to 120 hours following unprotected sexual intercourse. Intrauterine devices can also be used for the purposes of emergency contraception if fitted within 120 hours of unprotected sex
- d. The consistent and correct use of regular contraception is the best method for sexually active women and their male partners to avoid an unintended conception. There is a correlation between high uptake of reliable methods of contraception and low rates of unintended conceptions among women of all ages and low rates of under-18 conceptions
- e. Community pharmacies can promote health and wellbeing among their local population which includes integrating with existing health and care pathways and other activities to encourage more people to use their services.
 - 1. Community pharmacies offer accessible healthcare because:
 - 2. Appointments are unnecessary
 - 3. Opening hours are long
 - 4. Many staff are from the local community and so understand local culture and social norms
 - 5. Able to offer advice on healthy behaviours and onward referral to other services if appropriate

3. Greater Manchester Approach

Under the remit of the Greater Manchester Sexual Health Network's commissioners group all 10 local authorities are working collaboratively to develop a standardised specification, attendance template (PharmOutcomes, NEO or other) and similar payment for services provided to ensure Greater Manchester residents receive equitable provision across all localities.

4. Local Context

4.1 Overview of Commissioning Arrangements for Tameside

- a. The Single Commission is a partnership between Tameside and Glossop Clinical Commissioning Group and Tameside Council.
- b. Via the single commissioning arrangements, Tameside and Glossop CCG issues contracts to Pharmacies covering the requirements of both the CCG and Tameside Council.
- c. This specification only applies to pharmacies operating within Tameside Borough and funded by Tameside Council's Public Health grant. It does not apply to pharmacies delivering services in the Glossop area which are the responsibility of Derbyshire CC.

4.2 Overview of Sexual & Reproductive Health of residents in Tameside

- a. Improving the sexual health and wellbeing of the population is one of the public health priorities for Tameside.
 - Rate of diagnosis of STIs for Tameside residents down from 765 per 100,000 in 2016 to 653 in 2017. Rate is lower than rate for GM (771) and England (743). Part of reduction may be due to previous inaccurate reporting of chlamydia data.
 - Excluding Chlamydia 992 new STI infections diagnosed to Tameside residents in 2017, down from 1031 in 2016. Diagnosis rate down from 724 per 100,000 in 2016 to 697 in 2017
 - Young people aged 15-25 account for 55% of new cases
 - Gay and bisexual men account for around 12% of infections
 - 692 new cases of chlamydia in Tameside in 2017 compared to 888 in 2016
 - 2017 Chlamydia rate of diagnosis 310 per 100,000 lower than GM rate 378 and England rate 361
 - Tameside chlamydia detection rate in 2017 was 1,794, lower than GM 1,853 and England rate of 1,882
 - Nationally the largest increase in STI diagnoses between 2016 and 2017 was for gonorrhoea with a 22% increase. There were 132 cases in Tameside in 2017 a 10% increase from the 118 cases in 2016
 - Nationally the cases of genital warts is decreasing -7% between 2016 and 2017 due to numbers receiving quadrivalent HPV vaccine when aged 12 or 13. In Tameside there were 139 new cases down from 162 in 2016 a decrease of -16%
 - Nationally cases of syphilis are up 17% between 2016 and 2017. Tameside cases are down -8.7% in this period (down from 25 to 23 cases) with a rate of 10.3 per 100,000 compared to 17.2 for GM and 12.5 for England.
 - Nationally there has been a decrease in new HIV diagnosis which has occurred alongside the introduction of PREP (Pre exposure Prophylaxis) and Treatment as a Prevention (TaSP) with people on effective treatment having undetectable levels of HIV virus. Undetectable=Untransmittable "U=U"
 - The GM HIVE project aims to end new cases of HIV in GM within a generation. Increased testing and awareness in the initial phases of this project should see an increase in the numbers of people diagnosed. It is estimated that 13% of cases are undiagnosed.
 - Tameside's HIV diagnosed prevalence rate per 100,000 aged 15-59 is 1.87. 10% of the Middle Super Output Areas have a prevalence rate higher than 2.00
 - The proportion of new HIV diagnosis of Tameside residents diagnosed early has increased and continues to increase.
- b. Sexually transmitted infections can be passed from an infected person to their partner during sexual intercourse. Several infections can lead to long-term health problems if not detected and treated. Some infections such as HIV can be managed but not cured. The

correct and consistent use of condoms and other prevention tools is important to control and prevent the transmission of infection

- c. The correct and consistent use of a regular method of contraception is important for the purpose of avoiding an unintended conception. Residents can obtain routine methods including contraceptive pills from their GP. Sexual and reproductive health services offer the full range of contraceptive methods. There has been a gradual rise in the proportion of women opting to use a long-acting method of contraception such as the contraceptive implant
- d. Tameside residents can get free condoms from any Tameside General Practice or from the Sexual Health service provided by The Northern at Ashton Primary Care Centre.e. Tameside residents can get a full range of STI screening kits through the post from <http://www.thenorthernsexualhealth.co.uk/>

Under 18 Conceptions

In 2016, the conception rate for under-18s in Tameside was 26.0 per 1,000 females aged 15-17 years.

- Under 18 conceptions in Tameside peaked in 2005 with a fall of 64% since then.
- There were 98 conceptions recorded to under 18 year olds in 2016 compared to 274 in 2005. The 2016 annual rate per 1000 was 26.0
- The under 16 conception rate peaked at 15.3 per 1000 in 2009 and was 5.0 in 2016.18 conceptions were recorded to under 16s in 2016 compared to 23 in 2015

Abortions

In Tameside authority, the total abortion rate per 1,000 female population aged 15-44 years in 2017 was 23.5, while in England the rate was 17.2 per 1,000. Of those women under 25 years who had an abortion in that year, the proportion who had had a previous abortion was 28.7%.

5. Aims, Objectives and Outcomes

5.1 Aims

- a. Tameside MBC is commissioning and funding an emergency hormonally contraception service to promote the use of, and maintain ease of access to this provision in order to reduce the number of unintended conceptions amongst female residents of all ages and to encourage safer sex and the use of regular methods of contraception.

5.2 Objectives

- a. Contractors offering emergency hormonal contraception as detailed in this specification will:
1. Consult with clients attending for Emergency Hormonal Contraception and:
 2. Offer information and advice about all methods of emergency contraception including the emergency IUD and provide information on the probability of failure with advice on the course of action in the event of this occurring

3. If deemed to be appropriate, to issue and supply free emergency contraceptive pill(s) in accordance with the relevant Patient Group Direction (PGD). If the client is under 16 years of age, Fraser competencies will be adhered to
4. Offer referral information and advice about regular methods of contraception including long-acting methods and how to obtain them
5. Offer information and advice about safer sex and the benefits of screening for sexually transmitted infections
6. Signpost for free condoms and lubricants
7. Refer or signpost to other services including GPs (for routine prescribing of contraceptive pills) and integrated sexual and reproductive health services (for long-acting methods of contraception).

5.3 Expected Outcomes

5.3.1 Indirect Influence on Outcomes

- a. Provision of emergency hormonal contraception as described in this specification is expected to contribute to achieving the following outcomes:
 1. Reducing the number and rate of unintended conceptions
 2. Reducing the number and rate of abortions
 3. Reducing the number and rate of under-18 conceptions.

5.3.2 Direct Influence on Outcomes

- a. Provision of emergency hormonal contraception as described in this specification is expected to contribute to achieving the following outcomes:
 1. Improving knowledge and understanding of emergency contraception
 2. Improving knowledge and understanding the benefits of using a regular method of contraception
 3. Improving knowledge and understanding of the importance of condoms
 4. Increasing the uptake of regular methods of contraception (including long-acting reversible methods)
 5. Improving the uptake of screening for chlamydia and other sexually transmitted infections.

6. Overview

Service Description

6.1 General Requirements

- a. Tameside MBC is commissioning and funding the Contractor to participate in the free emergency hormonal contraception scheme for Tameside
- b. The Contractor is required to arrange for a qualified and accredited pharmacist (see 7.2) to consult with clients attending for emergency hormonal contraception. If deemed to be appropriate, the pharmacist can issue and supply the medication to the client, free of charge in accordance with the relevant Patient Group Direction
- c. The Contractor is required to ensure that the accredited pharmacist:
 1. Determines if the client is competent to consent to treatment

2. Discusses the full range of emergency contraception including:
 - Products containing levonorgestrel
 - Products containing ulipristal acetate
 - Emergency intrauterine device (IUD)and signposts / refers to other services, if required
3. Discusses the effectiveness of emergency contraception and the benefits, risks, and possible side effects of the chosen method
4. Refers to the Patient Group Direction(s) to determine if it is appropriate to issue emergency hormonal contraception - including:
 - Inclusion and exclusion criteria
 - Cautions
 - Drug interactions
5. Refers to the Patient Group Direction(s) for details of the medication – including:
 - Dose and quantity to be issued and supplied
 - Drug interactions

d. The Contractor is also required to ensure that the pharmacist:

1. Discusses the benefits of using a regular method of contraception for protection from an unintended conception and signposts / refers the client to their GP or a sexual and reproductive health clinic.
2. Discusses the benefits of the consistent use of condoms for protection from sexually transmitted infections
3. Discusses the benefits of regular screening for sexually transmitted infections and signposts / refers the client to a sexual and reproductive health clinic

e. The Contractor is required to ensure that consultations occur in a designated room or area. The designated room or area should meet the relevant guidelines and should enable the conversation between the pharmacist and the client to remain confidential (see section 10). During time of Covid restrictions consultations can occur over the phone maintaining confidentiality and non-interruption.

f. The Contractor is required to adhere to national and local guidelines for offering sexual health advice and treatment to young people including the requirement to assess Fraser competence

g. The Contractor will ensure compliance with local policies and procedures for safeguarding children and vulnerable adults

h. The Contractor is required to promote the free emergency hormonal contraception service

i. Tameside MBC will ensure that the Contractor has information about local sexual and reproductive health services including website details to aid pharmacists to make accurate and appropriate referrals.

j. For over phone consultations check patient name, DoB, address and consent to have medicine delivered (record all details including consent). Ensure delivery occurs in a timely manner

6.2 Population

6.2.1 Emergency hormonal contraception

- a. Tameside MBC is commissioning and funding the provision of an emergency hormonal contraception scheme for the benefit of residents of Tameside
- b. The Contractor is required to ensure that, for all clients attending for emergency hormonal contraception, that (a minimum of first 4 digits) post code data is collected and recorded.

6.3 Inclusion and exclusion criteria

6.3.1 Emergency hormonal contraception

- a. The Contractor is responsible for ensuring that emergency hormonal contraception is supplied in accordance with the inclusion and exclusion criteria detailed in the Patient Group Direction(s).

6.4 Referral sources and processes

- a. The Contractor is required to accept self-referrals and referrals from other healthcare professionals
- b. The Contractor is required to signpost or refer clients to other relevant services, as and when required – e.g. sexual and reproductive health services

6.5 Additional Services

6.6.2 Condoms

- a. Tameside MBC has allocated a small budget for all of the pharmacies contracted to offer emergency hormonal contraception. Free condoms can be offered to women attending for a consultation
- b. Pharmacies are asked to contact the YouThink Team to arrange for a supply of condoms Further information 0161 342 5600 / 5671 or 5672 and ask to speak to someone from the YOUthink team. YOUthink Team are available Monday – Friday 9.30am – 4.30pm. They are based at 31 Young People’s Centre, Clarence Arcade, Ashton-under-Lyne, OL6 7PT. During Covid restrictions alternative arrangements for distribution of condoms will be made. Pharmacies will be advised separately regards these arrangements
- c. For more information on all Tameside services visit <https://www.tameside.gov.uk/health/sexualhealth>

7. Governance and Operation

7.0 Clinical Governance

7.1 General Requirements

- a. The Contractor is required to ensure compliance with the requirements for clinical governance set out in The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013¹ including to:
 1. Design and implement a clinical effectiveness programme²
 2. Design and implement a risk management programme – to include:
 - Production and use of standard operating procedures for – for instance:

¹ See: <https://www.legislation.gov.uk/ukSI/2013/349/schedule/4/made?view=plain>

- Dispensing drugs and appliances
- Procurement, storage and handling of stock
- Maintenance of equipment
- Processes for reporting incidents
- Processes for disposing of clinical and confidential waste
- Processes for responding to and reporting safeguarding concerns

3. Design and implement a clinical audit programme

4. Design and implement an information governance programme – to include:

- Ensuring that data and personal information is collected and recorded in accordance with the approved particulars for information management

5. Design and implement a staffing / staff management programme – to include:

- Ensuring that all members of staff (and locums) involved in the operation of the emergency hormonal contraception scheme are competent and have the relevant qualifications and accreditations
- Ensuring that members of staff (and locums, if appropriate) can obtain training and undertake continuing professional development

6. Design and implement a patient / public involvement programme – to include:

- Implementation of processes to collect and respond to feedback or complaints

7. Design and implement a premises improvement programme – to include:

- Ensuring the premises are maintained in accordance with the approved particulars for premises (See 10.)

b. The Contractor is required to have a clinical governance lead for the pharmacy.

7.2 Clinical skills and competencies

a. The Contractor is required to ensure that all pharmacists involved in the provision of emergency hormonal contraception have:

1. Relevant qualifications, registrations and / or accreditations

2. Completed relevant learning – for example:

- CPPE emergency hormonal contraception module³
- CPPE safeguarding children and vulnerable adults e-learning module⁴
- CPPE PGD e-learning module⁵

3. Self-assessed their knowledge, understanding, skills and confidence, and have self-declared their competence to issue and supply emergency hormonal contraception in line with the relevant PGDs:

- Pharmacists are required to complete the CPPE declaration of competence form for emergency contraception⁶ prior to offering this provision for the first time

³ See: <https://www.cppe.ac.uk/programmes//ehc-a-10>

⁴ See: <https://www.cppe.ac.uk/programmes//safegrding-w-05>

⁵ See: <https://www.cppe.ac.uk/programmes//ptgpdire-01/>

- Pharmacists are required to renew their personal declaration of competence at no more than three year intervals.
- b. The Contractor is required to ensure that all pharmacists (including locums) have completed and signed the relevant declaration of competence statement. Copies should be kept on file and made available to the Commissioner on request
 - c. The Contractor is required to ensure that all pharmacists have signed the PGD and that copies are kept on file
 - d. The Contractor is required to ensure that each pharmacist has had a Disclosure and Barring Service (DBS) enhanced check. DBS checks should be renewed on a periodic basis in line with best practice guidance.
 - e. The online consultation form for the supply and administration of Emergency Contraception must be completed at each consultation and securely kept for the minimum time period as stated in Information Governance Protocols.
 - f. Newly accredited pharmacists are encouraged to attend one of the CPPE training events within 12 months of self-declaration (www.cppe.ac.uk).

7.3 Care Pathway and Protocols

- a. The Contractor is required to discuss the benefits of using a regular method of contraception with all clients attending for emergency contraception and signpost to other services as follows:
 - Clients should be signposted to their GP for routine prescribing of contraceptive pills or the contraceptive injection
 - Clients can be signposted to a sexual and reproductive health clinic to obtain other methods of contraception – e.g. contraceptive implant
- b. The Contractor will signpost or refer clients who need or could benefit from an emergency intrauterine device (IUD) to a sexual and reproductive health clinic

7.4 Clinical Incidents and reporting

- a. Tameside MBC notes that pharmacies have a legal obligation⁷ to use an approved incident reporting system. Contractors should record, report, and respond to incidents in a manner that complies with the requirements set out in the approved particulars⁸ including but not limited to:
 1. Maintaining a patient safety incident log
 2. Reporting patient safety incidents to the National Patient Safety Agency (NPSA), via the National Reporting and Learning Service (NRLS)
- b. The Contractor is required, as part of this contract, to inform the Commissioner at Tameside MBC of any and all incidents relating to the provision of EHC provision which directly or indirectly involves a Service User, within 15 working days of the 'incident'.

⁶ See: <https://www.cppe.ac.uk/services/docs/commissioners/commissioner%20-%20emergency%20contraception.pdf>

⁷ <https://www.legislation.gov.uk/ukxi/2013/349/schedule/4/made?view=plain>

⁹ See: <https://www.gov.uk/government/publications/clinical-governance-approved-particulars>

7.5 Infection Control

- a. The Contractor will maintain their premises to a high standard of cleanliness in order to minimise the risk of healthcare acquired infection for staff and customers.

7.6 Disposal of Waste

- a. The Contractor is required to dispose of clinical and other waste in a safe and lawful manner. See: Health Technical Memorandum 07-01

8.0 Information Governance

8.1 General requirements

- a. The Contractor must be compliant with the requirements set out in the Information Governance Toolkit. The current version can be found on the website of NHS Digital (also known as the Health and Social Care Information Centre)⁹. The associated assessment should be completed on an annual basis
- b. The Contractor is required to have an appropriate range of policies, procedures and processes, to secure and protect the personal information of clients in line with the requirements of the law
- c. The Contractor must ensure that all members of staff (including locums) are aware of their responsibilities in relation to the protection of personal information.

8.2 Confidentiality

- a. The Contractor is required to have a confidentially code of conduct (or similar).
- b. The Contractor is required to ensure that consultations occur in a designated room or area (see 10.). The room or area should allow for the conversation between the pharmacist and the client to remain confidential
- c. The Contractor is required to ensure that all members of staff (and locums) know and understand their responsibilities in relation to maintaining confidentiality and are able to explain the code of conduct (or similar) to clients.

8.4 Recording

- a. Tameside MBC requires the Contractor to use **PharmOutcomes** to record consultations.

The Contractor is also required to use **PharmOutcomes** for the purposes of audit and Tameside MBC will use it for generating and submitting invoices

9. Safeguarding

9.1 General Requirements

- a. The Contractor is required to develop, adopt and implement policies and procedures for safeguarding children and vulnerable adults. These should be developed with reference to the policies and procedures of the Tameside Safeguarding Board which are built in to the **PharmOutcomes** template

⁹ See: <https://www.igt.hscic.gov.uk/>

- b. The Contractor is required to ensure that all members of staff (including locums) are aware of their safeguarding duties and responsibilities. Staff should receive initial and refresher training
- c. The Contractor is required to ensure that all members of staff (including locums) know how to record concerns and refer to local safeguarding teams.

9.2 Child Sexual Exploitation (CSE)

- a. The sexual exploitation of children and young people under 18 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
- b. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources
- c. In order to improve the effectiveness of safeguarding and protecting children and young people from this form of abuse the Contractor is expected to follow the Greater Manchester Sexual Health (SH) CSE checklist as a prompt to ensure a series of key questions are asked during the general consultation process with all under 18 and vulnerable clients if you think there is any risk / or suspect CSE. 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.

10.0 Premises

10.1 General Requirements

- a. Tameside MBC notes that the Contractor has a legal requirement to develop and implement a premises standards programme. NHS England requires contractors to ensure that their programme sets out how the approved particulars¹⁰ will be implemented
- b. The Contractor is required to have a confidential consultation room (or area) and this should be used for consultations for emergency contraception. It must:
 - Ensure that there is sufficient space for customers, patients and staff members;
 - Be kept clean and in good repair
 - Be laid out and organised for the purpose of consulting or providing a healthcare service
 - Be laid out and organised so that, once a consultation has commenced and is in progress, other members of staff (or customers) cannot interrupt the consultation or enter the room / area without permission
 - Not be used for storage of stock (other than stock that could be used or supplied during a consultation)
 - During Covid restrictions consultations can be carried out by phone noting confidentiality and lack of interruption still require to be maintained.
 - For over phone consultations check patient name, DoB, address and consent to have medicine delivered (record all details including consent).

¹⁰ See: <https://www.england.nhs.uk/wp-content/uploads/2018/02/approved-particulars-premises.pdf>

11.0 Partnership Working and Relationships

11.1 Relationship with other services

a. The Contractor is required to develop and maintain links with other relevant services including:

- The Northern Sexual Health, Contraception and HIV Service
<http://www.thenorthernsexualhealth.co.uk/>
- Young People's Services
- GP practices

11.3 Interdependencies

a. The Contractor should note the following interdependencies:

1. Tameside MBC is responsible for authorising and issuing Patient Group Directions in conjunction with Tameside and Glossop CCG
2. Pinnacle Health is the operator of PharmOutcomes. Tameside MBC requires our contractors to use PharmOutcomes to record consultations
3. The Centre for Pharmacy Postgraduate Education (CPPE) offers e-learning for pharmacists and technicians involved in the provision of emergency hormonal contraception and operates the Declaration of Competence scheme
4. The Northern Sexual Health, Contraception and HIV Service (part of MFT) is responsible for offering clinical advice about contraception and emergency contraception at The Orange Rooms, Ashton Primary care Centre, 193 Old Street, Ashton Under Lyne, OL6 7SR

12. Performance and Outcomes

12.1 Outcomes Monitoring

a. Tameside MBC anticipates that provision of the emergency hormonal contraception scheme will contribute to achieving the following outcomes:

	Outcome	Indicators	Source
1	Reduction in the number of unintended conceptions	Rate and number of abortions Rate and number of second or subsequent abortions	DH Abortion Statistics
2	Reduction in the number of under-18 conceptions	Number and rate of under-18 conceptions	ONS Conception Statistics

12.2 Service Monitoring

a. Tameside Council requires the Contractor to record all consultations using PharmOutcomes to record all consultations and will use submitted information to produce invoices

- b. Tameside MBC will use the data for the purposes of monitoring provision, audit and for post-payment verification

	Indicator	Source	Frequency
1	Number of consultations for emergency contraception	PharmOutcomes	Commissioners will extract from PharmOutcomes on a quarterly basis
2	Number of clients issued and supplied with emergency contraceptive pills	PharmOutcomes	Commissioners will extract from PharmOutcomes on a quarterly basis

12.3 Contract monitoring and compliance

- a. NHS England is responsible for monitoring compliance with the NHS Community Pharmacy Contractual Framework
- b. Tameside MBC will monitor compliance with the terms and conditions set out in this contract. Contract officers will visit on an annual basis to monitor performance and contract compliance.

12.4 Complaints, compliments and suggestions

- a. The Contractor is required to have a process for receiving, reviewing, and responding to complaints and suggestions
- b. The Contractor will inform the Commissioner in the event that a complaint is received about the emergency hormonal contraception scheme.

13. Remuneration

13.1 Fees

- a. Tameside MBC has set the following fees:

Emergency Hormonal Contraception		
	Element of services	Fee
A1	Consultation	£10 per completed consultation
A2	Drug costs	Current drug tariff plus VAT @ 5% Levonorgestrel 1.5mg Ulipristal acetate 30mg
A3	Pregnancy test	Not included
A4	Condoms (pack of 3) and lubricant	Not included, condoms for distribution can be obtained from the Council's Youthink Team.

- b. Tameside MBC reserves the right to revise fees
- c. Invoices are automatically produced by PharmOutcomes

13.2 Volume

- a. Tameside MBC is not setting a minimum or maximum number of consultations. However, the Commissioner reserves the right to limit or suspend the service on a temporary basis in the event that demand for provision exceeds the available budget

14. Guidelines and Resources

14.1 National Guidelines

General

[Department of Health \(2013\) 'A Framework for Sexual Health Improvement in England'](#)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

[Department of Health \(2013\) 'Sexual Health Clinical Governance: Key principles to assist commissioners and providers to operate clinical governance systems in sexual health services'](#)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/252975/Sexual_Health_Clinical_Governance_final.pdf

Emergency Contraception

[Faculty of Sexual and Reproductive Health:](#)

<https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/>

[Faculty of Sexual and Reproductive Health:](#)

<https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>

Chlamydia Screening and Treatment

[Public Health England \(2014\) 'Developing integrated chlamydia screening provision'](#)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/373133/Developing_NCSP_services_locally.pdf

[Public Health England \(2014\) 'Development of specifications for the commissioning of chlamydia screening in general practice and community pharmacy'](#)

<https://www.gov.uk/government/publications/chlamydia-screening-in-general-practice-and-community-pharmacies>

NHS England (2016) 'Community Pharmacy Contractual Framework for 2016-18'

<https://www.england.nhs.uk/commissioning/primary-care/pharmacy/framework-1618/>

14.2 National resources

(a) National Sexual Health Information Line

- a. Members of the public can call the National Sexual Health Helpline on 0300 123 7123 between 9am and 8pm, Monday to Friday

(b) Sexwise website (fpa)

- a. Members of the public can visit www.sexwise.fpa.org.uk for information and advice about contraception and sexual health
- b. Providers of sexual and reproductive health services can register for a free account. Account holders can download patient information leaflets and other resources. See: <https://www.fpa.org.uk/resources/free-sexual-health-information-england-northern-ireland>

15.0 Local Guidelines and Services -

15.1 Local Services

- a. Pharmacies participating in the emergency hormonal contraception scheme can order small quantities of condoms for onward distribution to clients attending for emergency contraception from the Council's Youthink Team

15.2 Links:

a. Safeguarding

Actions to be carried out when you are worried a child is being abused can be found at <http://greatermanchesterscb.proceduresonline.com/>

GM Protocol on Working with Sexually Active People under the age of 18 years http://greatermanchesterscb.proceduresonline.com/chapters/p_work_sexually_act_yr.html

b. Tameside Sexual Health Service

The Northern www.thenorthernsexualhealth.co.uk

c. Point of contact -

The operational contact for the agreement at Tameside Council can be contacted via Tameside and Glossop CCG medicines management or via publichealth.enquiries@tameside.gov.uk

16: Agreement Termination

The Commissioner or the provider may give notice in writing to terminate the contract with a minimum notice period of 30 days.

The Commissioner will have the right to suspend or terminate delivery of the service if the provider fails to meet the terms of this agreement, including accredited pharmacist status.

17: Agreement Variation

The Commissioner reserves the right to vary any part of this agreement at any time as a result of any Act of Parliament or direction of Central Government or outcome of review of audit, providing that no less than 30 days' notice to this effect is given.