

Service Specification

Pharmacy Emergency Hormonal Contraception

Service Specification No.	
Service	Emergency Hormonal Contraception (EHC)
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Provider Lead	
Period	1 April 2021 to 31 March 2022
Date of next Review	1 January 2022

EXECUTIVE SUMMARY

1.0 Overview

- a. Manchester Health and Care Commissioning (MHCC) 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 (this is the term used throughout this specification to refer to the provider signing up to provide this locally commissioned service) is required to arrange for an accredited pharmacist to offer information and advice to women requesting emergency hormonal contraception and, if deemed to be appropriate, to issue and supply medication in line with the relevant Patient Group Direction.

NATIONAL 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. Clinical Commissioning Groups 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

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

3.0 GREATER MANCHESTER

- 3.1 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 or other) and similar payment for services provided to ensure Greater Manchester residents receive equitable provision across all localities.

4.0 MANCHESTER

4.1 Overview of commissioning responsibilities

- a. Manchester Health and Care Commissioning (MHCC) is a partnership between NHS Manchester Clinical Commissioning Group and Manchester City Council. MHCC is responsible for commissioning and funding health and care services in Manchester. The current contracting responsibility is held by Manchester City Council.

4.2 Overview of sexual and reproductive health of residents of Manchester

- a. Improving the sexual health and wellbeing of the population is one of the public health priorities for Manchester. Sexual ill-health is a particular issue for Manchester with high rates of sexually transmitted infections including HIV and high rates of unintended conceptions

4.2.1 Sexually Transmitted Infections and HIV

- a. 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
- b. Manchester has the highest prevalence of diagnosed HIV outside of London and the South East (6.2 per 1,000 population aged 15-59 in 2018). 2,146 residents aged 15-59 received treatment and care for HIV in 2017. 112 residents received a diagnosis of HIV in 2018 (down from 141 in 2016).
- c. Manchester has a high rate of diagnoses of sexually transmitted infections (1,402 diagnoses per 100,000 population in 2018). 7,649 new cases were diagnosed to residents of Manchester in 2018 (up from 7,065 in 2017).
- d. Young people aged 15-24 account for over 50% of all new cases of STIs diagnosed to residents of Manchester. Rates of selected infections are high among gay and bisexual men (MSM) as well as women and men from black African and black Caribbean communities.

4.2.2 Conceptions / Contraception

- a. 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.
- b. 3,106 abortions were performed for women living in Manchester in 2018 (up from 2,764 in 2015). Overall, a downward trend in the number of abortions performed for residents of Manchester has been observed over the last decade but this has started to rise in the last three years. The crude rate of abortions for Manchester fell from 24 per 1,000 in 2008 to 22.1 per 1,000 in 2018 but is now on the increase. Whilst there has been a slight decrease in the number of teenage abortions the number for all other ages has increased since 2014 with the largest increase in women over 30.

- c. The U18 conception rate for Manchester fell from 25.9 (per 1,000 15-17 year old female population) in 2016 to 22.4 in 2018. The number of conceptions fell from 207 in 2016 to 181 in 2017. A reduction of 12.56%. 82 (45.3%) of the conceptions resulted in live birth; 99 (54.7%) in abortion. Since the 1998 baseline, Manchester has seen a reduction in the under 18 conception rate of 63.45 %

AIMS, OBJECTIVES AND OUTCOMES

5.0 AIMS AND OBJECTIVES

5.1 Aims

- a. Manchester Health and Care Commissioning (MHCC) is commissioning and funding an emergency hormonal 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 contraception as described 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 19 years of age, Fraser competencies will be adhered to
 4. Offer advice, referral information and advice about regular methods of contraception including long-acting methods and how to obtain them (through patient's GP or any integrated sexual and reproductive health service as these are open access in England so anyone can attend any provider). In Manchester integrated sexual and reproductive health services are provided by The Northern sexual and reproductive health service.
 5. Offer information and advice about safer sex and the benefits of screening for sexually transmitted infections
 6. Offer free condoms and lubricants (see section 6)
 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 Direct influence on outcomes

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

5.3.2 Indirect influence on outcomes

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

OVERVIEW

6.0 SERVICE DESCRIPTION

6.1 General requirements

- a. Manchester Health and Care Commissioning is commissioning and funding the Contractor to provide emergency hormonal contraception free of charge to women attending for this provision in line with requirements set out in this specification.
- b. The Contractor is required to arrange for a qualified and accredited pharmacist (see section 7) to consult with clients attending for emergency hormonal contraception. If deemed to be clinically 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 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 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 and, if deemed appropriate, to offer the client a supply of condoms and lubricants (see 6.6)
 3. Discusses the importance and benefits of regular screening for sexually transmitted infections and signposts / refers the client to a sexual and reproductive health clinic if symptomatic or concerned.
 4. Discusses the importance and benefits of regular screening for chlamydia (16 – 24 year olds) and, if deemed appropriate, signposts the client to the Brook website (Manchester residents under 19) or the their local sexual and reproductive health service for a self-testing kit.
- 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).
- 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. Manchester Health and Care Commissioning 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 / assist with online booking.
- j. The service should be accessible to all clients presenting at the pharmacy during the times that the pharmacy is open, providing the appropriately accredited staff are available

6.2 Population Data Collection

- a. The Contractor is required to ensure that wherever possible, for all clients attending for emergency hormonal contraception that a minimum of the first 4 digits postcode data is collected and recorded on PharmOutcomes. Non-provision of this information should not preclude a patient from accessing emergency contraception.

6.3 Inclusion and exclusion criteria

6.3.1 Emergency hormonal contraception

- a. Manchester Health and Care Commissioning (MHCC) is commissioning and funding the provision of an emergency hormonal contraception scheme for the benefit of residents of Manchester. The service is open access and may be provided to women regardless of their area of residence attending the pharmacy.
- b. The Contractor is responsible for ensuring that emergency hormonal contraception is issued 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

6.5.1 Condoms

- a. Manchester Health and Care Commissioning (MHCC) has allocated a small budget for all of the pharmacies contracted to offer emergency hormonal contraception to enable them to offer free condoms to women attending for a consultation.
- b. Pharmacies are asked to contact the Commissioning Team to arrange for an account to be set up with the NHS Freedoms Shop. Pharmacies will be able to order supplies of condoms and lubricants, up to their annual budget allocation.

6.5.2 Pregnancy Testing

- a. If the patient is suspected to be or there is a risk that they are pregnant, a pregnancy test should be provided prior to administering emergency contraception. The commissioner will reimburse the contractor for this test as described in this specification.

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 programme.
 2. Design and implement a risk management programme – to include:
 - Production and use of standard operating procedures for – for instance:
 - 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 management².

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

² <https://www.england.nhs.uk/wp-content/uploads/2018/02/approved-particulars-information-governance.pdf>

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:
 - Promotion of Emergency Contraception scheme
 - 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 premises³
- 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 module⁴
 - CPPE safeguarding children and vulnerable adults e-learning module⁵
 - CPPE PGD e-learning module
 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.england.nhs.uk/wp-content/uploads/2018/02/approved-particulars-premises.pdf>

⁴ See: <https://www.cppe.ac.uk/programmes//ehc-a-10>

⁵ See: <https://www.cppe.ac.uk/programmes//safegrding-w-05>

- Pharmacists are required to renew their personal declaration of competence at no more than three year intervals and in the event of changes to the PGD.
- 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 PharmOutcomes 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 this specification.

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 (see Section 15 for more information on local and national services):
 - Clients should be signposted to their GP for routine prescribing of contraceptive pills or the contraceptive injection. Some GPs may also prescribe and insert contraceptive implants, intrauterine systems (IUSs) / intrauterine devices (IUDs) - coils
 - Clients can be signposted to a sexual and reproductive health clinic to obtain other methods of contraception – e.g. contraceptive implant or coil
 - Clients can be signposted to sexual and reproductive health services in any area for sexually transmitted infection advice, testing or treatment.
 - Clients at risk of HIV can be signposted to order a self-sampling kit online at www.test.hiv or can receive testing at any sexual and reproductive health service clinic, some GPs and some pharmacies
 - Clients at risk of or living with HIV in Greater Manchester should be signposted to PaSH (Passionate about Sexual Health) for advice and support for them and their families
- 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

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

7.4 Clinical Incidents and reporting

- a. 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 Manchester Health and Care Commissioning of any and all incidents relating to the provision of Emergency Hormonal Contraception.

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

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

⁸ See: <https://www.gov.uk/government/publications/clinical-governance-approved-particulars>

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

- 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 6.1.2). 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.

8.3 Recording

- a. Manchester Health and Care Commissioning (MHCC) requires the Contractor to use Pharmoutcomes to record consultations.
- b. The Contractor is also required to use Pharmoutcomes for the purposes of audit and for generating and submitting invoices to MHCC.

9.0 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 Manchester Safeguarding Boards – see: <https://www.manchestersafeguardingboards.co.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. Further information can be found at:
<https://www.manchestersafeguardingboards.co.uk/concerned/>

9.2 Child Sexual Exploitation

- 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. Manchester Health and Care Commissioning (MHCC) 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 must 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)

11.0 PARTNERSHIP WORKING AND RELATIONSHIPS

11.1 Integration

- a. The Contractor should note that Manchester City Council and NHS Manchester Clinical Commissioning Group have contracted Manchester Local Care Organisation to deliver out-of-hospital health and social care services. The responsibilities for sexual and reproductive health may transfer to Manchester Local Care Organisation in due course.

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

11.2 Relationship with other services

- a. The Contractor is required to develop and maintain links with other relevant services including:
- Northern Sexual Health, Contraception and HIV Service is responsible for offering clinical advice about contraception and emergency contraception. It should be noted that residents can attend any sexual and reproductive health service in England free of charge
 - Brook Manchester provide contraception and sexual health services for young people age 19 and under
 - GP practices
 - Other pharmacies

11.3 Interdependencies

- a. The Contractor should note the following interdependencies:
1. Manchester Health and Care Commissioning is responsible for authorising and issuing Patient Group Directions.
 2. Pinnacle Health Partnership is the operator of Pharmoutcomes. MHCC 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. Central and North West London NHS Foundation Trust is the operator of the NHS Freedoms Shop. MHCC will set up an account with Freedoms to allow all contractors to order supplies of condoms and lubricants.
 5. Northern Sexual Health, Contraception and HIV Service (part of MFT) is responsible for offering clinical advice about contraception and emergency contraception.

PERFORMANCE AND OUTCOMES

12.1 Outcomes monitoring

- a. Manchester Health and Care Commissioning (MHCC) anticipates that provision of the emergency hormonal contraception scheme will contribute to achieving the following outcomes which are regularly monitored:

	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. Manchester Health and Care Commissioning requires the Contractor to record all consultations using Pharmoutcomes and to submit invoices.
- b. Manchester Health and Care Commissioning will use the data for the purposes of monitoring provision, audit, and for post-payment verification.

	Key Indicators	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. Manchester Health and Care Commissioning 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.

RENUMERATION

13.1 Fees

- a. Manchester Health and Care Commissioning has set the following fees:

	Element of service	Fee
A1	EHC Consultation	£10 per completed consultation
A2	Drug costs	Current drug tariff plus VAT at 5% Levonorgestrel 1.5mg Ulipristal acetate 30mg
A3	Pregnancy test	£5 per test

- b. Manchester Health and Care Commissioning reserves the right to revise fees.
- c. Contractors are required to submit invoices via PharmOutcomes.
- f. All Contractors must record activity 'live' on PharmOutcomes during the intervention with patients. If Contractors try to complete interventions retrospectively they may not have asked all of the questions necessary at the time of the intervention to complete the webform correctly. Furthermore, there is a pathway within PharmOutcomes that guides the Contractor and the patient together, through the service. This includes safeguarding assessments and clinical decision points that ensure the best service for the patient and the right signposting and dispensing of medication (if appropriate).

13.2 Volume

- a. Manchester Health and Care Commissioning 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.

GUIDELINES AND RESOURCES

14.0 NATIONAL 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) The Northern Sexual Health Service www.thenorthernsexualhealth.co.uk
- (b) Brook - contraception and sexual health for under 19 years
<https://legacy.brook.org.uk/find-a-service/service/manchester-19-years-and-under>:
- (c) PaSH – HIV prevention, care and support in Greater Manchester:
www.gmpash.org.uk/hiv
- (d) Freedoms
 - a. Manchester CC holds a contract with Central and North West London NH Foundation Trust to allow our partners to order stocks of condoms and lubricants via <https://www.freedoms.nhs.uk>
 - b. Pharmacies participating in the emergency hormonal contraception scheme can order small quantities of condoms for onward distribution to clients attending for emergency contraception

15.2 Safeguarding

- a. Actions to be carried out when you are worried a child is being abused can be found at <http://greatermanchesterscb.proceduresonline.com/>
- b. GM Protocol on Working with Sexually Active People under the age of 18 years
http://greatermanchesterscb.proceduresonline.com/chapters/p_work_sexually_act_yp.html

15.2 Point of contact -

The operational contact for the agreement at MHCC/Manchester City Council is:

Richard Scarborough
Email Richard.scarborough@manchester.gov.uk
Tel 07966 229600

16: AGREEMENT TERMINATION

- 16.1 The Commissioner and the provider may agree, in writing, to terminate the contract and, if agreement is reached, the date on which the termination should take effect, with a minimum notice period of 30 days.

- 16.2 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.

16: AGREEMENT VARIATION

- 16.1 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.