

<b>Specification No.</b>	<b>IA1771</b>
<b>Service</b>	<b>PROVISION OF FREE ORAL EMERGENCY HORMONAL CONTRACEPTION (EHC) IN COMMUNITY PHARMACIES IN STAFFORDSHIRE</b>
<b>Council Lead</b>	<b>Dr Chris Stanley, Commissioning Officer, Public Health and Protection</b>
<b>Provider Lead</b>	<b>Lloydspharmacy – Aimee Mulhern</b>
<b>Period</b>	<b>1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2022 with an option to extend annually until 2024</b>

## **SECTION ONE: Population Needs**

### **1.1 The Staffordshire Sexual Health System (SSHS)**

The Council requires an integrated sexual health system to meet the sexual health needs of the population across Staffordshire. The SSHS aims to improve sexual health by providing easily accessible Services where the majority of sexual health and contraceptive needs can be met in Services with extended opening hours and accessible locations. The Council will require the provision of:

- An appropriately qualified workforce that can provide integrated comprehensive contraceptive Services, as well as testing and treatment for STIs
- Health promotion through all care pathways to support Service Users/self- management and to tackle underlying causes of risk taking behaviours
- Sexual health Services primarily managed in community settings
- Services to be provided on a “drop in” and appropriately timed appointment system
- Service provision to be confidential (not only in relation to other members of the public, but also in relation to other organisations including other parts of the NHS)
- Systems and pathways conforming to local safeguarding policies (see **Supporting Information, Appendix A**). Services available “out of hours” including evenings and weekends as required

The Emergency Contraception Services shall deliver easily accessible Emergency Hormonal Contraception in Health and Social Care settings such as community pharmacies across Staffordshire. The hub and spoke model will require all sexual health Services to agree effective working protocols between themselves to support the seamless provision of care.

### **1.2 Key Service Outcomes**

The Provider will support delivery against the Public Health Outcome Framework (PHOF) measures for sexual health:

- Reduce the number of conceptions to girls aged under 18 years (PHOF 2.4)

### **1.3 What will success look like?**

- A culture of good sexual health across Staffordshire
- Reduced unintended pregnancies (all ages)
- Reduced incidence of sexually transmitted infections, including HIV

- Services that are responsive to local needs
- Co-ordinated commissioning and Service delivery across Staffordshire based on sharing of best practice with robust care pathways evaluated annually to include robust links to wider sexual health commissioners e.g. NHE, Public Health England and CCGs
- Meaningful Service User involvement
- Professional, compassionate and supportive workforce
- Inclusion of sexual health in other relevant public health and social care commissioned Services

#### **1.4 Service Aims and Objectives**

Emergency contraception can prevent pregnancy after unprotected sex or if a contraceptive method has failed. The sooner that emergency contraception is taken the more effective it will be in preventing an unintended pregnancy. This Service will contribute to a reduction in the number of unintended pregnancies by improving access to EHC and sexual health advice to women of all ages in community settings across the whole of Staffordshire.

Please note that this Specification covers the whole Staffordshire County Council area which includes south and north Staffordshire but not the city of Stoke on Trent.

- To provide one to one advice and provision of an appropriate form of oral EHC if and as required
- Where appropriate, to refer Service Users into mainstream contraceptive Services and to ensure that pathways for post-coital Intra Uterine Device (IUD) fitting for emergency contraception are known to Service Users who request EHC.
- To increase the knowledge of risks associated with STIs
- To refer Service Users who may have been at risk of STIs to an appropriate Service
- To strengthen the local network of contraceptive and sexual health Services to help ensure easy and swift access to advice

#### **1.5 Service Description and Pathways**

The Service will support and coordinate delivery through community outlets across Staffordshire. The person who actually provides the EHC to the Service User is referred to below as the Practitioner.

- Where clinically indicated, a free supply of oral EHC is provided as specified within a Patient Group Direction (PGD) for Levonorgestrel or Ulipristal acetate
- Levonorgestrel 1.5mg and Ulipristal acetate 30mg must only be prescribed by a Practitioner who has completed the training specified under the PGD
- It is expected that the Provider will have a named lead responsible for responding to queries relating to EHC. The named lead will act as the Governance Lead for the Service, and must be easily contactable by the Practitioners
- The Practitioner must deliver the Service in person. Other workers such as medicine counter staff must refer all Service Users to the Practitioner without delay
- If a Practitioner is unavailable the Service User should be informed when a Practitioner will be available or signposted to an alternative Service where EHC can be obtained or post-coital IUD can be fitted
- Service Users should be able to access the Service even where this may mean that the consultation is completed after opening hours. This is at the discretion of the Practitioner who should always ensure the safety of the Service User, staff and themselves. If this is not possible the Service User should be informed of a timely alternative source of EHC or post-coital IUD
- The Practitioner takes a Service User history to ensure that they have sufficient information to assess the appropriateness of the supply. If the Practitioner is satisfied that provision of EHC is appropriate and that the Service User understands the circumstances in which EHC will be effective, the Practitioner supplies, according to the PGD, Levonorgestrel 1.5mg as a single dose within 72 hours, or Ulipristal acetate 30mg as a single dose between 72 – 120 hours of unprotected sexual intercourse

- If clinically indicated by the PGD, clients may be advised to take a total of 3mg LNG-EC (two 1.5mg tablets) as a single dose if excluded from UPA-EC PGD.
- The Practitioner must ensure that the Service User is counselled on other sexual health matters and related topics as appropriate. People declaring symptoms suggestive of sexual ill health should be referred to local sexual health Services as appropriate
- Where the Service User history identifies high risk sexual behaviour (for example non- use of barrier methods, or frequent change of sexual partners) they should be signposted or referred to appropriate sexual health Services for a STI screen
- The Practitioner must ensure maintenance of records for each supply and may be required to share information with appropriate parties in line with confidentiality protocols.
- Emergency Hormonal Contraception may only be supplied to be taken on the premises of the Service and should not be supplied for possible future use.
- If, after receiving all the necessary information, the Service User does not wish to take the tablet they should be advised to see their GP or attend a Contraceptive & Sexual Health clinic as an emergency. It should be documented that they did not wish to proceed and a claim for the consultation only can still be made. Some Service Users may want time to consider their options and therefore are free to leave the Service and return later when they have made their decision.

It is desirable that in the future additional services such as Chlamydia Test and Treat and Condom Distribution may be introduced. The EHC Service will work collaboratively with any new service providers.

## **1.6 Self-Management**

Service Users should be fully involved with their sexual health Service and encouraged to be responsible for their sexual health. Services should encourage the self-management of non-harmful sexual health behaviours by providing accurate and timely information for both the Service User and their sexual partners.

## **1.7 Provision of Information**

Women considering EHC should receive detailed information, both written and verbal as is appropriate for their comprehension.

## **1.8 Acceptance and Exclusion Criteria**

### **EHC Service acceptance**

- The EHC Service is for all women presenting who think they may be at risk of pregnancy at the Service irrespective of age, home location or GP practice
- The service is available if the customer is under 16 years of age are deemed competent to consent to treatment as per Gillick Competency and Fraser guidelines
- Whilst there is no limit to the number of times a Service User can access the EHC Service, the Practitioners must use their discretion when faced with repeat attendees. It must be stressed to the Service User that it is an emergency measure only and as above, they should see their GP or the Contraceptive and Sexual Health Service to discuss regular methods of contraception
- The Service should be “open access” for the benefit of all persons present in the area. This means that anyone shall be able to access the full range of sexual health Services provided in that area
- The Provider is expected to ensure EHC is accessible five days a week during office hours (i.e. 9am to 5.30pm) as well as provision for Service Users to be able access EHC during weekends, public holidays and evenings

### **EHC Service exclusion**

- Women who are unsuitable for treatment under the conditions of the PGD or this Service Specification
- Women who have not validly consented to the treatment provided under the Services
- Friends, relatives or third parties requesting EHC on behalf of the intended User
- The EHC should not be supplied for possible future use
- If on the grounds of moral or religious beliefs a Practitioner does not supply EHC, women must be referred to an alternative appropriate source of supply available within the time limits for EHC to be effective and which will not compromise the woman's contraceptive cover

If the Service User requires EHC but is excluded from supply under the PGD they should be advised to see their GP or attend a Contraceptive & Sexual Health clinic as an emergency. They should also be offered information and advice on how to access other elements of the Staffordshire Sexual Health System. (see **Supporting Information, Appendix C**).

The Service has the right to refuse Service provision to a Service User for any unreasonable behaviour unacceptable to its staff, or the named professional clinically responsible for the management of the care of such Service User.

### **1.9 Interdependencies with other Services**

- Individuals with symptoms of sexually transmitted infections should be advised to immediately access the local Genito Urinary Medicine and Sexually Transmitted Infection treatment Services (see **Supporting Information, Appendix C**).
- Individuals identified as pregnant should be referred to their GP or local pregnancy advisory Service

The Service shall maintain efficient working relationships with associated Services, agencies and stakeholders to enhance the quality of care delivered and ensure the holistic nature of the Service where required. These associated groups may include:

- Other sexual health providers in southern and northern Staffordshire
- Termination Services
- Adult And Children Safeguarding Boards
- Antenatal And Post Natal Services
- Cervical Screening Programme
- Child And Adolescent Mental Health Services
- Community Pharmacy
- Community Safety Partnerships
- Alcohol, Drug, Obesity And Smoking Intervention Services
- Family Nurse Partnerships
- GPs
- Gynecology
- Healthy Child Programme
- HIV Treatment And Care Services
- Local Strategic Partnerships (District Level)
- Looked After Children Health Support Service
- Male And Female Sterilisation Services
- Mental Health Services
- Other Healthcare Service Areas Including Voluntary Sector
- Pathology And Laboratory Services
- Police
- Prisons And Youth Offenders Institutions
- School And Education Services
- Sexual Assault Referral Centre

- Adult and Children's Social Care Including Residential Care
- Youth Services

### **1.10 Service User Satisfaction**

In order to evaluate the Service from a Service User perspective the Provider may be requested to undertake Service User surveys and report appropriate results as part of this contract. Agreement on the type, contents and timing of the reporting will be agreed with the Provider if required.

### **1.11 Care Pathways**

The Provider should:

- Ensure that staff are appropriately trained to deliver the Services
- Offer User friendly, non-judgmental, User centered and confidential Services
- Adhere to national and local requirements regarding the management of under 18s, including use of the Department of Health's *You're Welcome* quality criteria and local resources where available, as guiding principles when planning and implementing changes and improvements, in order for the Service to become young people friendly where appropriate
- Utilise and prominently display relevant national and local sexual health, emergency contraception and chlamydia screening materials
- Be responsible for ensuring timely onward referral for those people who they are not able to manage
- Be responsible for providing all mandatory data reporting to the local coordination

The Practitioner must use their professional judgment to consider, and where appropriate, act on any safeguarding children issues coming to their attention as a result of providing the Service. This should be in line with local safeguarding children procedures and any national or local guidance on sexual activity in the under 16s (see **Supporting Information, Appendix A**).

The Sexual Offences Act 2003 states that no child under 13 years is able to consent to any sexual activity. If a child under 13 years of age requests EHC, the Practitioner must keep accurate records, and if there is a reasonable concern that sexual activity has taken place, the Practitioner must speak to their identified child protection lead or senior manager within their Service. There must always be a presumption that the case will be referred to the Children's Social Care Services in the area where the child lives. If a decision is made not to refer following discussion with the safeguarding lead/senior manager, then the reasons should be fully documented and reported to the commissioner. However, the duty to safeguard the child from most harm would include protecting them from an unintended pregnancy, so providing that they have been assessed using the Fraser Guidelines, treatment should not be withheld.

It is expected that opening hours are clearly signposted and explained including what sexual health Services are available for out of hour's provision including public holidays.

### **1.12 Information Management and Payment**

Information management is crucial in delivering an effective integrated sexual health Service.

The Provider will use the 'PharmOutcomes' Pharmacy Service recording platform to provide the service.

#### **Payment and Reimbursement Structure**

- A fee of £12.00 will be paid to the Pharmacy for each completed consultation (regardless of whether a supply is made to the client or not). This payment is exempt of VAT
- The drug reimbursement of a supervised dose of Levonorgestrel or Ulipristal Acetate (including VAT at 5%) will be paid at Drug Tariff Price and subject to BNF rate changes

- Payments will be made on a monthly basis

### **Claims for Payment**

Payments will be made monthly upon input onto PharmOutcomes. Invoices will be generated automatically by PharmOutcomes on the 5th of the month. The service contract and financial details will have needed to be completed and returned before any payments will be made.

Evidence of your bank details, for example a paying in slip, will be required for payment.

### **1.13 Training Requirements**

If delivering in community pharmacies, the Practitioners delivering the Service will:

- Be a pharmacist registered with the General Pharmaceutical Council, based within registered premises.
- Have completed a Centre For Pharmacy Postgraduate Education (CPPE) Declaration of Competence for EHC, updated every three years, in which they confirm that they have:
  - Enhanced DBS clearance
  - Completed the CPPE distance learning pack and e-assessment training for Safeguarding Children and Vulnerable Adults
  - Completed the CPPE eLearning course for Child Sexual Exploitation
  - Passed the CPPE e-assessment “Emergency Hormonal Contraception” or “Emergency Contraception”
  - Read and sign the PGDs for Levonorgestrel and Ulipristal acetate
- To provide Ulipristal acetate 30mg, Practitioners must have completed the EHC e- assessment which covered supply of Ulipristal acetate (as introduced in 2013)
- Practitioners may wish to complete the CPPE e-learning “Dealing with Difficult Discussions” to aid them in delivering sexual health Services
- An SOP is required for the delivery of this service. If required, this will be provided by Lloydspharmacy (you may use your own version if available)

### **1.14 Complaints/Compliments**

The Provider must have a written complaints procedure which must comply with the standards set out in the Council’s complaints procedure.

Complaints should be reviewed at regular intervals and learning from these shared and applied, as appropriate to ensure that Services are continually improved.

Information relating to complaints made with regards to the Service detailed here and of the learning drawn from these and the remedial action taken must be shared in full with commissioners.

### **1.15 Incidents**

Pharmacies involved in the provision of the Services will alert the contract manager immediately, and in any event within 1 (one) working day of all instances of suspected abuse of any service user which come to the attention of such pharmacies by any means pursuant to the operation of this Services Agreement.

## **Appendix B All Age Safeguarding Policies**

In dealing with patients under the age of 16, the service must ensure that they and any provider they may choose to subcontract to 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 and reproductive health<sup>3</sup>.

The service shall ensure all staff are aware of, trained to a level appropriate to their role and abide by guidance and legislation on safeguarding (children and adults) and the standards below. This should include understanding safeguarding referral procedures and referral pathways to social care and the specific responsibilities that they have for young people aged 13-15 and for those under the age of 13.

In particular, the service shall be aware of and abide by the duties and responsibilities under Section 11 of the Children Act 2004 as set out in the HM Government paper "Working Together To Safeguard Children - A Guide To Inter-Agency Working To Safeguard And Promote The Welfare Of Children" (March 2015)

<http://www.staffscb.org.uk/professionals/key-safeguarding/managing-allegations/working-together-to-safeguard-children-2015.pdf>

Staffordshire and Stoke on Trent local safeguarding children's boards (LSCBs) have worked together to produce joint policies and procedures in line with current legislation and statutory guidance, which can be found at <http://www.staffscb.org.uk>.

The service should be aware of and abide by the standards and procedures of section 4 - promoting the welfare & safety of children, and in particular section 4j - guidance for professionals working with sexually active children and young people under the age of 18 in Staffordshire and Stoke-on-Trent.

<http://www.staffscb.org.uk/professionals/procedures/section-four/section-4-promoting-The-welfare-safety-of-children-in-specific-circumstances.aspx>

Staffordshire and Stoke on Trent adult safeguarding partnership has brought together lead officers from all agencies concerned with the wellbeing and protection of vulnerable adults. Relevant guidance can be found at: <https://www.ssaspb.org.uk/Home.aspx>

The service will implement the safeguarding practices described in 'spotting the signs – a national pro-forma for identifying risk of child exploitation in sexual health services' (developed by BASHH and Brook, and endorsed by a number of organisations including PHE, FSRH, RCP, NPA, RCPH and PACE) shall be used by all sexual health services.

The pro-forma can be found here: [https://www.brook.org.uk/attachments/Spotting-the-signs-CSE\\_a\\_national\\_proforma\\_April\\_2014\\_online.pdf](https://www.brook.org.uk/attachments/Spotting-the-signs-CSE_a_national_proforma_April_2014_online.pdf)

The service will abide by the national multi-agency practice guidelines to assist frontline professionals in safeguarding children and protecting adults from the abuses associated with FGM.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf)

## **Risk Assessment Protocol**

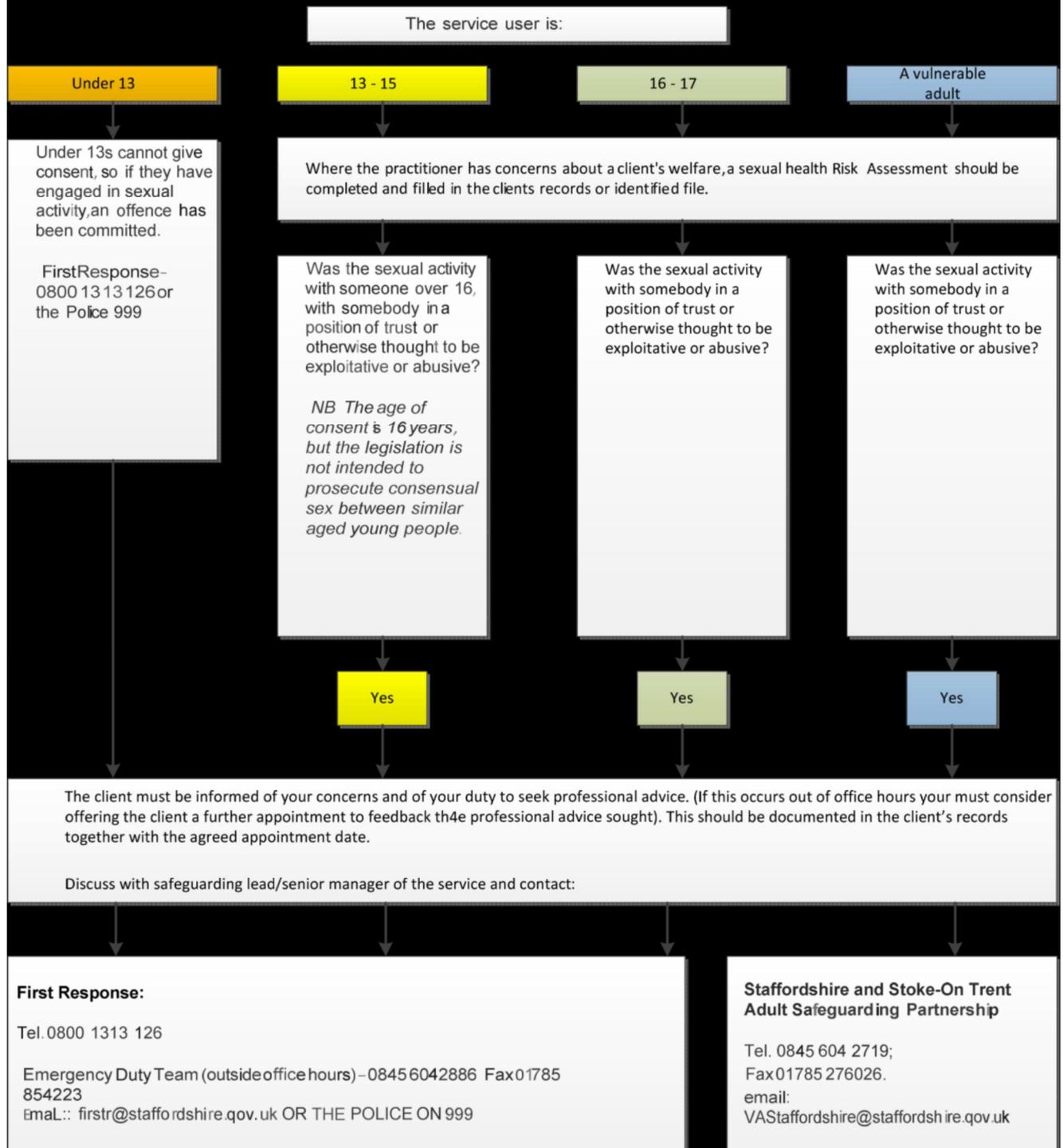
Risk assessment is an important aspect of the consultation, particularly if the young person is between 13-15 years of age or has a learning disability. In assessing the nature of any particular behaviour, the following factors should be considered in line with recommendations from Working Together (HM Government 2006):

- Whether the young person is competent to understand and consent to the sexual activity they are involved in
- The nature of the relationship between those involved, particularly if there are age or power imbalances
- Whether overt aggression, coercion or bribery was involved including misuse of substances/alcohol as a dis-inhibitor
- Whether the young person's own behaviour, for example through misuse of substances, including alcohol, places them in a position where they are unable to make an informed choice about the activity
- Any attempts to secure secrecy by the sexual partner beyond what would be considered usual in a teenage relationship
- Whether the sexual partner is known as having other concerning relationships with young people
- If accompanied by an adult, does the relationship give you any cause for concern?
- Whether the young person denies, minimises or accepts concerns
- Whether methods used to secure compliance and/or secrecy by the sexual partner are consistent with behaviours considered to be grooming
- Whether sex has been used to gain favours
- The young person has a lot of money or other valuable things, which cannot be accounted for.

If the young person has a learning disability, mental health difficulty or other communication difficulty, they may not be able to communicate easily that they are, or have been abused, or subjected to abusive behaviour. Staff should be aware that the Sexual Offences Act 2003 recognises the rights of people with a 'mental disorder' to a full life, including a sexual life. However there is a duty to protect them from abuse and exploitation.

**GUIDANCE ON SAFEGUARDING OBLIGATIONS FOR PRACTITIONERS DELIVERING SEXUAL HEALTH SERVICES TO CHILDREN AND VULNERABLE ADULTS IN STAFFORDSHIRE**

Everybody (including under 13s) has a right to confidential advice and treatment on sexual health. Contraception should be supplied if the service user fully understands the medical treatment that is proposed (i.e. if a child is under 16 they should be Gillick competent).



*N.B.* If a decision is made *not* to refer following discussion with the safeguarding lead/senior manager at the service, then the reasons must be fully documented.

**Staffordshire and Stoke on Trent Partnership Sexual Health Services (Southern Staffordshire)**

Marion Hough, Operational Manager, Sexual Health South  
Staffordshire and Stoke on Trent Partnership NHS Trust  
South Staffordshire Sexual Health Team  
Springfields Health and Wellbeing Centre,  
Lovett Court,  
Rugeley,  
Staffordshire,  
WS15 2FH  
Mobile: 07814831106  
Email: marion.hough@ssotp.nhs.uk

**Staffordshire and Stoke on Trent Partnership Sexual Health Services (North Staffordshire)**

Julia Barraclough Operational Service Manager – Sexual Health North  
Sexual Health Team  
Building H, Cobridge Community Health Centre  
Church Terrace  
Cobridge  
Stoke-on-Trent, ST6 2JN  
Email: juliac.barraclough@ssotp.nhs.uk  
Tel: 0300 790 0165 ext. 6229  
Mobile: 07921 948289

**Burton Hospital Foundation Trust Genito-urinary Medicine (GUM)**

Natalie Robbins, Clinical Manager  
Delia Morris Sexual Health Centre  
Queens Hospital, Belvedere Rd  
Burton on Trent. DE13 0RB  
Tel: 01283 511511 Ext 2318/2320  
Email: Natalie.Robbins@burtonft.nhs.uk  
www.burtonhospitals.nhs.uk

**Staffordshire and Shropshire Foundation Trust Stafford Genito-Urinary Medicine Service (GUM)**

2nd floor  
Civic Centre  
Stafford. ST16 3AQ  
Tel: 0300 124 5022  
Contact: Rebecca Grainger, Team Leader, GU Medicine  
Mobile Number: -07973 975039  
E. Rebecca.grainger@sssft.nhs.uk

## Appendix D Social Value

The Provider shall operate in a way that maximises social value for the population of Staffordshire focussing on improving economic, social and environmental wellbeing.

This may include (but is not limited to):

<b>Economic</b>	<ul style="list-style-type: none"><li>• Generation of Savings for the Public Purse</li><li>• Boosting the local economy (e.g. employment of local people, and use of local providers)</li><li>• Innovation (e.g. including Working with local partnerships to improve wider health and well-being)</li><li>• Skills training (e.g. offering apprenticeships, work experience and training opportunities, and working with local education establishments to contribute to training courses and qualifications)</li></ul>
<b>Environmental</b>	<ul style="list-style-type: none"><li>• Controlled consumption</li><li>• Protecting and promoting biodiversity</li><li>• Reduction of Carbon Dioxide and other greenhouse gas emissions.</li><li>• Reduction of unnecessary waste, and the safe disposal of necessary waste.</li></ul>
<b>Social</b>	<ul style="list-style-type: none"><li>• Promoting Equality &amp; recognising Diversity</li><li>• Social Inclusion (affirmative action to change the circumstances and habits that lead to, or have led to, social exclusion)</li><li>• Fair and Ethical Trade.</li><li>• Valuing, engaging and including local third sector organisations in the delivery of Services e.g. sexual health promotion / prevention work which should increase over the length of the Contract</li></ul>

The Provider will decide the outcome measures within the economic, social and environmental wellbeing domains in agreement with the Council prior to the start of the Agreement.