

Administering Authority:	East Riding of Yorkshire Council
Provider Name:	
Contract Title	Emergency Hormonal Contraception – Levonorgestrel; Ulipristal Acetate
Contract Number:	PH/005/2019
Service Area:	ERYC Public Health
Service Type:	Sexual Health – Emergency Hormonal Contraception Pharmacy LAPH service
Contract Type:	Fixed Term, Variable Volume
Start Date:	1 April 2019
End Date:	31 March 2022
Extension Options:	Up to two years at ERYC sole discretion
Authority Lead Officer:	Mike McDermott
Amendment Date:	N/A

APPENDIX A3: SERVICE SPECIFICATIONS – EMERGENCY HORMONAL CONTRACEPTION (EHC)

A3.1. POPULATION NEEDS

A3.1.1 National/Local Context and Evidence Base

Local authorities are mandated to commission comprehensive open access sexual health services, including free sexually transmitted infections (STIs) testing and treatment, notification of sexual partners of infected persons and advice on, and reasonable access to, a broad range of contraception; advice on preventing unplanned pregnancy, and other sexual health interventions.

Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations. The Government set out its ambitions for improving sexual health in its publication, [A Framework for Sexual health Improvement in England](#). In February 2019, NICE published a quality standard (<https://www.nice.org.uk/guidance/qs178>) which covers sexual health, focusing on preventing STIs. It describes high-quality care in priority areas for improvement.

Sexual health is not equally distributed within the population. Strong links exist between deprivation and sexually transmitted infections (STIs), teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), transgender community, teenagers, young adults and black and minority ethnic groups. Similarly HIV infection in the UK disproportionately affects MSM and Black African populations. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

A3.2. KEY SERVICE OUTCOMES

A3.2.1 Local Outcomes

This service will support delivery against the three main sexual health [Public health outcomes framework](#) measures (in bold) and the key Sexual Health Priorities for the East Riding of Yorkshire:

- Provide accessible, confidential EHC services for women and teenage girls within local communities, taking account of the size and largely rural nature of the East Riding of Yorkshire geographical area:
 - Provide rapid access to high quality services;
 - Increase access to EHC for vulnerable groups;

- Reduce unintended pregnancies among all women of fertile age;
- Reduce the number of under- 16 and **under-18 conceptions**:
 - Build knowledge and resilience among young people;
 - Prioritise prevention - **Increase chlamydia detection in the 15-24 year olds**;
- Prioritise prevention - **Reduce the number of people presenting with HIV at a late stage of infection.**

A3.3. SCOPE

A3.3.1 Aims and Objectives of the Service

Aims

The service will provide open access, cost-effective, high quality provision for emergency contraception adapted to the needs of local populations and will provide advice and referral for diagnosis and management of sexually transmitted infections.

Objectives

- To provide clear accessible and up to date information about services providing contraception and sexual health services for the whole population including preventative information targeted at those at highest risk of sexual ill health;
 - To provide information, especially to young people about the availability of emergency contraception from pharmacies;
 - To raise awareness of the risks associated with STIs at key points of contact;
- Following assessment of the client's needs, to supply most appropriate EHC product to women and teenage girls who have had unprotected sex in order to contribute to a reduction in the number of unplanned pregnancies in the client group;
- To strengthen the local network of contraceptive and sexual health services to help ensure easy and swift access to advice;
 - To facilitate onward referral to the Integrated Sexual Health Service (ISH) for the fitting of a Copper IUD where appropriate;
 - To refer clients who may have been at risk of STIs to an appropriate service in order to facilitate timely diagnosis and effective management of sexually transmitted infections and blood borne viruses;
 - To refer clients, especially those from hard to reach groups, into mainstream contraceptive services where appropriate.

A3.3.2 Service Description/Pathway

- Pharmacies will provide evidence based care, centred on recognised national best practice guidance;
- Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service (in line with confidentiality protocols);
- The part of the pharmacy used for provision of the service will provide a sufficient level of privacy (at the level required for the provision of Advanced Services in the Pharmacy Contractual Framework) and safety, and meet other locally agreed criteria;

- The consultation area should be a designated area where both the patient and pharmacist can sit down together;
 - The patient and pharmacist should be able to talk at normal speaking volumes without being overheard by other visitors to the pharmacy, or by pharmacy staff undertaking their normal duties;
 - The consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.
- The service will take into account national and local child and vulnerable adult protection guidelines:
 - The service will be provided in compliance with Fraser guidance and Department of Health guidance on confidential sexual health advice and treatment for young people aged less than 16;
 - The Sexual Offences Act 2003 states that no child under 13 years is able to consent to any sexual activity. For clients less than 13 or any vulnerable adult or child, all the details of the consultation must be recorded and discussed at the earliest opportunity with the safeguarding team and may be escalated in an emergency to the police if necessary;
 - If the vulnerable adult or child believed to be less than 13 years of age has been assessed as ‘Gillick/Fraser Competent’, treatment should not be withheld, because the duty to safeguard vulnerable adults and children from most harm would include protecting them from an unintended pregnancy.
 - The pharmacy will provide support and advice to clients accessing the service including:
 - How to avoid pregnancy and STIs through safer sex and condom use and onward signposting for further advice, diagnosis and management of STIs where appropriate;
 - Encouragement of clients to be screened for chlamydia (particularly the 15 – 24 year olds) as part of the National Chlamydia Screening Programme - signposting them to their nearest ISH service;
 - Supply of 3 free condoms to clients aged 19 years and under at the point of assessment;
 - The use of regular contraceptive methods including Long Acting Reversible Contraception (LARCs) with onward signposting where appropriate to services that provide regular contraceptive methods including LARC;
 - Referral of clients excluded from the Patient Group Direction criteria promptly to another local service that will be able to assist them, as soon as possible, e.g. ISH or a GP;
 - All clients will be offered a referral for a Copper IUD as the most effective form of Emergency Contraception. If a Copper IUD is accepted the pharmacy will facilitate the referral to the ISH or GP using the referral form (See Annex C and D). The pharmacy should still supply EHC where clinically appropriate whilst the client is waiting for their copper IUD;
 - The Pharmacist will assess the need and suitability of the client to receive EHC in line with the locally agreed PGDs and taking into account the exclusion and inclusion criteria (See Annex A and B):
 - A supply of EHC will be made free of charge;
 - The client must take the EHC tablet(s) on the pharmacy premises during the consultation;
 - In addition to Patient Medication Records, the pharmacist will use PharmOutcomes to ensure maintenance of records for each supply and may be required to share information with appropriate parties in line with confidentiality protocols;

- Pharmacists will link into existing networks for community contraceptive services so that women who need access to the Integrated Sexual Health Service (ISH) or a General Practitioner (GP) can be referred on rapidly (see Annex C and D).

A3.3.3 Population Covered

- Women and teenage girls attending a pharmacy in the East Riding of Yorkshire satisfying the inclusion criteria within the agreed PGDs;
- Only women and teenage girls resident in the East Riding of Yorkshire Council area whom are attending contracted pharmacies outside of the East Riding of Yorkshire satisfying the inclusion criteria within the agreed PGDs.

A3.3.4 Acceptance and Exclusion Criteria

Acceptance Criteria:

- Women and teenage girls requiring emergency contraception who self-present to a participating pharmacist contracted by the East Riding of Yorkshire;
- The option of an emergency Copper IUD has been discussed and accepted or declined;
- Unprotected Sexual Intercourse has taken place within the time frames stated in the relevant PGD.

Exclusion Criteria:

- Clients under 16 years that lack Fraser competency and do not meeting the “Fraser Guidelines” relating to contraception;
- Hypersensitivity to the EHC medication or any of the excipients;
- Inability to attend the pharmacy in person;
- Those with established pregnancy; are less than 21 days postpartum; are less than 5 days after abortion or miscarriage, ectopic pregnancy or uterine evacuation for gestational trophoblastic disease;
- Unprotected sexual Intercourse (UPI) has taken place outside of the time frames stated within the relevant PGD;
- Progestogen containing medication has been taken within the preceding time frames detailed in the relevant PGD;
- Client has a chronic condition listed in the relevant PGD exclusion criteria;
- Client is taking medications listed as contra-indicated in the Drug Interactions section of the relevant PGD.

A3.3.5 Interdependencies

Verbal and written advice on the avoidance of STIs and the use of regular contraceptive methods, including advice on the use of condoms will be provided to the client. This should be supplemented by signposting and referral where appropriate to the ISH service or GP for possible treatment and further advice and care.

In line with their Sexual Health contract requirements with ERYC, the ISH service provider will be responsible for the provision of sexual health promotion materials, including service information leaflets for EHC and STI testing to Pharmacies providing these services.

Up to date information and online resources about ISH and Pharmacy services can be found on the ISH service website. Pharmacies will be included in any campaign specific marketing material for EHC and included in the network of promotional events in key venues across the East Riding.

A3.3.6 Activity Planning Assumptions

The Provider has adequate contingency planning in place to cover for key staff involved in the delivery of this service should they be unexpectedly absent from work (e.g. there is a means to ensure that the client can receive treatment elsewhere see section A3.3.5 and Annex D).

A3.4. APPLICABLE SERVICE STANDARDS

A3.4.1 National

The service is underpinned by the following:

- CPPE Declaration of competence: EHC, Safeguarding Children and Vulnerable Adults
<https://www.cppe.ac.uk/services/declaration-of-competence;>
- Fraser Guidelines
The Client consent form/ Fraser Competency Checklist can be downloaded and printed from PharmOutcomes;
- Making it work: a guide to whole system commissioning for sexual health, reproductive health and HIV: [Making it work](#) link;
- DH guidance on confidential sexual health advice and treatment for young people aged under 16
[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126813;](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126813)
- The Faculty of Sexual and Reproductive Healthcare guidance
[Current and Clinical Guidance](#)
[Service Standards for Sexual and Reproductive Healthcare](#)
- In August 2018 the Department for Health and Social Care and Public Health England published [Integrated Sexual Health Services; A suggested national service specification](#) targeted at Commissioners of sexual and reproductive health services and providers of sexual and reproductive health services. This document is a useful source of information and contains links to current sexual health resources.

A3.4.2 Local

- Locally agreed PGDs.
- ERYC Safeguarding procedures.
- Pharmacy Standard Operating Procedures.
- Provider Checklist (Section **B4.3**).

A3.5. PROTOCOLS AND GUIDANCE

The service will be provided to clients who meet the relevant PGD inclusion criteria and following the Department of Health guidance on confidential sexual health advice and treatment for young people aged under 16.

The service protocols will reflect national and local child and vulnerable adult protection guidelines as identified in Appendix F of the Pharmacy Contract document.

The pharmacy contractor will ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.

Pharmacists may need to share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for the permission of the client to share the information.

The pharmacy contractor should ensure that the staff who currently; or may in the future, complete claims are fully aware of the necessity to follow the correct procedures concerning patient data protection.

A3.6. TRAINING

- The pharmacy contractor will ensure that pharmacists are suitably qualified and competent to provide the service and that staff involved in the provision of the service have relevant knowledge and training in the operation of the service, including sensitive client-centred communication skills;
- All pharmacists providing the service will complete the training required for the CPPE Declaration of competence: EHC and Safeguarding Children and Vulnerable Adults; <https://www.cppe.ac.uk/services/declaration-of-competence>. The pharmacy contractor at the accredited site must retain evidence of completion;
- Skills update training, particularly where there are updates to the PGDs and how they are delivered, will be arranged periodically by the ERYC Public Health team in collaboration with the Local Pharmaceutical Committee.

A3.7. REQUIRED INSURANCES

In addition to Clauses B27.1, B27.2, B27.3 and B27.4 of the Contract Terms and Conditions, Providers are required to have insurances at the minimum levels detailed below:

Insurance type	Minimum level	Preferred level
Employer's liability	£10m	£10m
Public liability	£5m	£10m
Medical negligence	£2m	£10m
Products liability	£5m	£5m
Professional indemnity	£2m	£5m

Providers will be required to evidence the above by submitting copies of their policy documents and proof of payment prior to being awarded a contract.

Regarding cover, the successful parties will need to evidence that the cover will operate in respect of Public Health contracts issued by the local authority for which they will receive a fee.

ANNEX A
PGD: Levonorgestrel



Levonorgestrel PGD
FINAL SIGNED 26091

ANNEX B
PGD: Ulipristal



Ulipristal PGD
FINAL SIGNED 26091

ANNEX C
Referral Form



Referral Form.pdf

ANNEX D
Sexual Health Clinic Contacts



Sexual Health Clinic
Contacts.pdf