SERVICE SPECIFICATION

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<th>Service:-</th>
<th>PROVISION OF SEXUAL HEALTH SERVICES IN THE COMMUNITY PHARMACY SETTING, INCLUDING SUPPLY OF EMERGENCY HORMONAL CONTRACEPTION (EHC) UNDER PATIENT GROUP DIRECTION (PGD).</th>
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<td>Implementation date:-</td>
<td>1st October 2018</td>
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Service Overview

This Public Health commissioned service aims to support comprehensive local sexual health provision and will contribute to the improvement of health and well being and the reduction of inequalities amongst the local population.

This specification covers the provision of Emergency Hormonal Contraception (EHC), where appropriate, by a suitably competent community pharmacist, to the service user, according to an approved Patient Group Direction (PGD).

This service is open to all registered pharmacy providers with premises located in Cumbria.

The key aims of the service are:-

- To provide user friendly, non-judgemental, client-centred and confidential sexual health support within the community pharmacy setting.
- To increase the knowledge, especially among young people, of the availability of emergency contraception and sexual health advice.
- To improve access to emergency contraception and sexual health advice.
- To help contribute to a reduction in the rate of unplanned pregnancies, particularly in under 18s.
- To provide information about the benefits of Longer Acting Reversible Contraceptive (LARC) and to signpost users to GP and specialist sexual health services, as appropriate.
- To provide chlamydia screening kits to women aged 15-24.
- To increase knowledge of risks associated with STI's and refer to appropriate services.
- To help signpost hard to reach females, especially young females, into mainstream sexual health services.
- To strengthen the local network of contraceptive and sexual health services to ensure improved access to appropriate and effective support.

Context

Recent years have seen substantial increases in high-risk sexual behaviour in the UK population.

Although teenage pregnancy rates in England have fallen, they remain higher than elsewhere in Europe. Rates in Cumbria (20.8 per 1,000) remain higher than the national average (18.8 per 1,000). Teenage pregnancy can compound social inequalities faced by both mothers and their children.

The proportion of the population aged 15-24 screened for chlamydia remains lower in Cumbria (16.3%) than nationally (19.3%).
Service Description

- This service is not restricted to residents of Cumbria. However, post code of residence should be recorded on Pharmoutcomes for audit purposes.
- The provider will assess suitability for appropriate Emergency Hormonal Contraception (EHC) and record the consultation on the appropriate Pharmoutcomes service template (to be revised for October 2018).
- EHC must only be provided in line with a PGD agreed with Cumbria County Council:
  - Levonorgestrel (LNG-EC) (to be revised for October 2018)
  - Ulipristal Acetate (UPA-EC) (to be revised for October 2018)
- The responsible pharmacist should ensure that the PGDs are authorised for use by the service commissioner and that the expiry date is not exceeded without written authorisation from the commissioning organisation.
- Women who do not meet the criteria for EHC must be offered a referral to further advice and support from the Integrated Sexual Health Service or a GP.
- If there is not an accredited pharmacist available to supply EHC then staff must refer the client to the nearest pharmacy who can offer this service. Staff must phone to check that an accredited pharmacist is available.
- A suitable area of the pharmacy should be used for the provision of this service, ensuring it provides a sufficient level of privacy and safety for the patient.
- A pregnancy test will be undertaken if deemed necessary.
- The pharmacy will present the medicine in the original container with a Patient Information Leaflet and will provide the service user with water to facilitate administration.
- The client will be offered a supply of six condoms. Pharmacies are advised to purchase their supplies as ‘clinic packs’.
- As part of the EHC consultation, the pharmacist will offer/provide Chlamydia testing postal kits where appropriate to people aged 15-24 years (the Pharmacist may use professional discretion for those at high risk outside this age group accessing this service). The service will be free of charge to eligible service users and is funded by the Commissioner - service users are at liberty to refuse this service.
- Service users should be referred where appropriate to Integrated Sexual Health Services or their GP. The service commissioner will provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.
- The pharmacy must maintain appropriate records to ensure effective ongoing service delivery and audit. Records will be confidential and should be stored securely and for length of time in line with local NHS record retention policies.
- Pharmacists will share relevant information with other health care professionals and agencies, in line with local confidentiality arrangements.
- The pharmacy contractor should ensure that health promotion materials relevant to the service user are available in the pharmacy.
- Pharmacies should ensure that users of the service are aware of alternative methods of contraception, particularly the benefits of Longer Acting Reversible Contraception (LARC) and should signpost users to where they can access these, including specialist sexual health services or the user’s GP practice. Details of specialist sexual health clinics can be found at: https://www.cumbriapartnership.nhs.uk/our-services/specialist-services/cumbria-sexual-health/sexual-health-clinics

Safeguarding

- If there are Child Protection concerns for a client under 18 years old they should be discussed with the Child Protection Lead (Designated/Named Nurse Child Protection).
• All contacts with sexually active under 13 year olds must be discussed with the child protection lead but this should not prevent EHC being given.


• Safeguarding Teams:-

  Children’s
  Tel: 0333 240 1727
  Email: countytriage.fax@cumbria.gov.uk

  Adults:

Training, assessment, accreditation and competency

It is the responsibility of the pharmacy contractor to make sure that all staff providing this service are appropriately trained and competent to do so. The commissioner may request evidence that this is the case.

All pharmacists providing this service should have completed the CPPE Declaration of Competence in Emergency Hormonal Contraception. Pharmacists should be able to provide evidence of training and Continuous Personal Development undertaken, if requested.

The pharmacist should sign approved Patient Group Directions (PGDs) for the supply/administration of emergency hormonal contraception by a community pharmacist from a community pharmacy and agree to work in accordance with the PGDs.

Quality Standards

This service should be provided in line with the following guidance:-

• The Faculty of Sexual and Reproductive Health Care EHC Guidelines (March 2017)
• Fraser Guidelines

Providers are required to have a robust incident reporting and investigation procedure in place for all clinical and non clinical incidents

All Seriously Untoward Incidents must be recorded and reported to the commissioner and to NHSE, as appropriate, in line with the General Pharmaceutical Contract.

The following local quality standards apply:-

• An accredited pharmacist must be available 80% of the opening times
• An enhanced DBS disclosure for each accredited pharmacist is considered good practice
  A consultation room, or the part of the pharmacy used for provision of the service, should offer a sufficient level of privacy and safety
• Facilities to undertake pregnancy tests should be available
• Relevant health promotion materials and condoms should be available
• The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.

Where interruption of the service is unavoidable, the identified pharmacist (s) will ensure that support staff and any replacement pharmacists are aware of the details of the scheme and are able to correctly signpost women to another participating pharmacy or health care provider. This will include phoning ahead, if signposting to another authorised pharmacy, to ensure that the service is available at that time. Instances must be reported to the commissioner and will be monitored. If this occurs repeatedly, the contract will be reviewed and may be terminated.

Payment

A service payment will be made per consultation at a rate of £15.00

Provision of Levonorgestrel EC will be reimbursed at the purchase price (approximately £5.50 per dose) plus the appropriate rate of VAT.

Provision of Ulipristal Acetate EC will be reimbursed at the purchase price (approximately £14.05 per dose) plus the appropriate rate of VAT.

Pregnancy tests will be reimbursed at a rate of £5.00 plus the appropriate rate of VAT.

Payments will be made monthly by BACS. All payments will be based on data extracted from Pharmoutcomes.

It is the responsibility of the provider to ensure that activity data is entered onto Pharmoutcomes correctly and promptly. The Commissioner cannot guarantee to make retrospective payments following discovery of incorrect data.

Condoms are to be provided by the pharmacy.

Chlamydia Screening Postal packs are available from Cumbria Partnership Foundation Trust.
Algorithm 2: Decision-making Algorithm for Oral Emergency Contraception (EC): Levonorgestrel EC (LNG-EC) vs Ulipristal Acetate EC (UPA-EC)

The Cu-IUD is the most effective form of EC. If criteria for insertion of a Cu-IUD are not met or a Cu-IUD is not acceptable to a woman, consider oral EC.

- Last UPSI <96 hours ago?
  - Yes
    - UPSI likely to have taken place 55 days prior to the estimated day of ovulation?
      - Yes or unknown
        - BMI >26 kg/m² or weight >70 kg
          - Yes
            - **UPA could be less effective if:**
              - a woman is taking an enzyme inducer (see Section 10.1)
              - a woman has recently taken a progestogen (see Section 10.3)
              - UPA is not recommended for a woman who has severe asthma managed with oral glucocorticoids (Section 11.2)
          - No
            - **Consider double-dose (3 mg) LNG if BMI >26 kg/m² or weight >70 kg (Section 9.2)** or if taking an enzyme inducer (Section 10.1)
  - No or unknown

- Last UPSI <120 hours ago?
  - Yes or unknown
    - Oral EC unlikely to be effective.
      - **Reconsider Cu-IUD if currently within 5 days after likely ovulation**
    - No
      - Immediate QS only

**NOTE THAT ORAL EC IS UNLIKELY TO BE EFFECTIVE IF TAKEN AFTER OVULATION**

- **UPA-EC** + start contraception after 5 days
- **Reconsider Cu-IUD if all UPSI within 120 hours or if currently within 5 days after likely ovulation**
- If UPA not suitable: LNG-EC
  - **LNG-EC** + immediate QS
  - **UPA-EC** + start contraception after 5 days
  - **UPA-EC** + start contraception after 5 days
  - LNG-EC unlikely to be effective.
- **Reconsider Cu-IUD if all UPSI within 120 hours or if currently within 5 days after likely ovulation**

Cu-IUD - copper intrauterine device
EC - emergency contraception
LNG-EC - levonorgestrel 1.5 mg
QS - quick start of suitable hormonal contraception
UPA-EC - ulipristal acetate 30 mg
UPSI - unprotected sexual intercourse