

**Supply of Emergency Hormonal Contraception (EHC) under
Patient Group Direction (PGD)
as a Locally Commissioned Public Health Service**

Schedule A

Service Specification

Service Specification No.	
Service	Supply of Emergency Hormonal Contraception (EHC) under Patient Group Direction (PGD) as a Locally Commissioned Public Health Service (LCPHS) The service forms part of an Integrated Sexual Health Service (ISHS)
Commissioner Lead	Nottinghamshire County Council
Provider Lead	
Period	August 2019 to August 2021
Date of Review	To be reviewed June 2021

1. Introduction

- 1.1 This specification sets out Nottinghamshire County Council's requirements in respect of a Locally Commissioned Public Health Service (LCPHS) for the supply of Emergency Hormonal Contraception (EHC) under Patient Group Direction (PGD).
- 1.2 The service specification sets out the standards and outputs which the provider is required to achieve and how they will be measured and should be read in conjunction with the current PGDs for EHC.
- 1.3 The EHC preparations covered by the PGDs are: Levonorgestrel 1.5mg and Ulipristal acetate 30mg.
- 1.4 In 2017, Nottinghamshire County Council refreshed the [Joint Strategic Needs Assessment \(JSNA\) for sexual health and HIV](#); this identified some of the current and future patterns of sexual ill health, and the sexual health needs of local populations; all of which helps to inform and guide the planning and commissioning of local services.
- 1.5 The Public Health White Paper *Healthy Lives, Healthy People: Our Strategy for Public Health in England*¹ and *A Framework for Sexual Health Improvement in England* both highlight a commitment to work towards an integrated model of service delivery to allow easy and open access to confidential, non-judgemental sexual health services

2. Population Needs

¹ Department of Health (2010). *Healthy Lives, Healthy People: Our Strategy for Public Health in England* (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941)

2.1 National Context

Sexual health is an important area of public health. Good sexual health is an important part of physical, mental and social well-being, requiring a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences which are free of coercion, discrimination and violence. Most adults at all ages are sexually active, but sexual frequency and the range of practices reported reduces with age, especially in women. Access to quality sexual health services improves the health and wellbeing of both individuals and populations. The Government has set out its ambitions for improving sexual health in its publication, *A Framework for Sexual Health Improvement in England*.²

A key ambition of the national Sexual Health Framework is to:

- Reduce unwanted pregnancies among all women of fertile age
- Increase knowledge and awareness of all methods of contraception among all groups in the local population.
- Increase access to all methods of contraception, including long-acting reversible contraception (LARC) methods and emergency hormonal contraception, for women of all ages and their partners.

Sexual ill 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), teenagers, young adults and black and minority ethnic groups. Similarly HIV infection in the UK disproportionately affects MSM and black Africans in the UK. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

Over the past decade, there has been a steady rise in new diagnoses of STIs in England. Diagnoses of gonorrhoea, syphilis, genital warts and genital herpes have increased considerably, most notably in males.³

A proportion of this rise is due to improved access to STI testing and routine use of more sensitive diagnostic tests. However this has also been driven by ongoing unsafe sexual behaviour, with increased transmission occurring in certain population groups, including MSM.

In 2018, there were 4447,694 new STI diagnoses made in England, of these the most commonly diagnosed STIs were

- Chlamydia (49%)
- Genital warts (13%)
- Gonorrhoea (13%)
- Other STIs (26%)

The impact of STIs remains greatest in young heterosexuals under the age of 25 years and in men who have sex with men (MSM)⁴

2.2 Unintended and unplanned pregnancy

NICE state that the average age of first intercourse in the UK has stabilised for both males and females at 16 years of age. In Nottinghamshire the teenage pregnancy rate has been declining. In 2017 the annual rate of conceptions to women under the age of 18 was 16.4 per 1,000 females and amongst females aged under 16 years, the rate was 2.3 per 1,000 females⁵. Data suggests that true contraceptive method failure accounts for fewer than 10% of unintended pregnancies, the rest arising either because no method was used at the time (30 – 50%) or because the method was used inconsistently or incorrectly.

²Department of Health (2013). *A Framework for Sexual Health Improvement in England*. (<http://www.dh.gov.uk/health/2013/03/sex-health-framework/>)

³Public Health England (2017) *Health Protection Report. Infection Report. Volume 12 Number 20.*

⁴Public Health England (2017) *Health Protection Report. Infection Report. Volume 12 Number 20.*

⁵Public Health Outcome Framework indicator see PHE fingertips

<https://fingertips.phe.org.uk/profile/SEXUALHEALTH/data#page/4/gid/8000036/pat/6/par/E12000004/ati/102/are/E10000024/iid/20401/age/173/sex/2>

Emergency contraception has the potential to reduce unintended pregnancy rates, thereby reducing the number of abortions. The equitable provision of and easier access to emergency hormonal contraception via pharmacies has the potential to improve the effectiveness of this contraceptive method by reducing the time interval between unprotected intercourse and initiation of treatment.

In Nottinghamshire, sexual health services serve a large and diverse population. Improving the sexual health of the population remains a public health priority for Nottinghamshire County Council. Nottinghamshire is similar to the rest of the country when considering key sexual health outcomes. There is significant unmet need in terms of:

- sexually transmitted infections (STIs),
- access to and effective use of contraceptives and
- unplanned pregnancy, including teenage conceptions and terminations.

Additional information can be found in the Sexual Health Chapter of the [Joint Strategic Needs Assessment \(JSNA\)](#).

3. Key Service Outcomes

The service will **support** delivery to achieve the three main sexual health related Public Health Outcome Framework⁶ (PHOF) measures to improve sexual health in Nottinghamshire:

- A reduction in under 18 conceptions
- Achieve a diagnostic rate of 2,300 per 100,000 for Chlamydia screening (15-24 year olds)
- A reduction in people presenting with HIV at a late stage of infection.

4. Scope

4.1 Aims and Objectives of the service

- 4.1.1 Aim – to provide emergency hormonal contraception (EHC) under patient group direction (PGD) and sexual health advice.
- 4.1.2 The chemist contractor will be reimbursed for the cost of the hormonal post coital contraception Levonorgestrel 1.5mg or Ulipristal acetate 30mg plus VAT on cost and a professional fee (subject to the inclusion criteria for the provision of EHC having been applied appropriately).
- 4.1.3 The payment can only be made if **the full postcode** of the client is entered onto Pharmoutcomes. In view of this the pharmacist must obtain **informed consent** from the client to ensure they understand that the information they have shared with the pharmacist will be shared with commissioners for the purposes of evaluation and contracting.

4.2 Specific service objectives

- 4.2.1
- Improve access to emergency contraception and sexual health advice among individuals of all ages 12 years and above especially amongst the teenage population.
 - Contribute to a reduction in the number of unplanned pregnancies and abortion rates especially amongst the teenage population.
 - Contribute to an integrated model of sexual health services within Nottinghamshire
 - Contribute to a reduction in sexual health inequalities by promoting and delivering services that are both acceptable and accessible to key vulnerable groups
 - Recognise and address evidence of child sexual exploitation (CSE), ensuring involvement of other agencies and onward referral as appropriate

⁶Department of Health (2012) *Improving Outcomes and Supporting Transparency. Part 1A: A Public Health Outcomes Framework for England, 2013-2016*

- 4.2.2 The service will contribute to the improvement in the sexual health of Nottinghamshire residents by delivering an accessible, high-quality, responsive, confidential EHC service contributing to a number of broader sexual health service objectives and quality standards.
- 4.2.3 To systematically deliver brief interventions, behavioural support, signposting and/or “opt-out” to relevant prevention services (smoking, physical activity, diet and nutrition, and alcohol support).

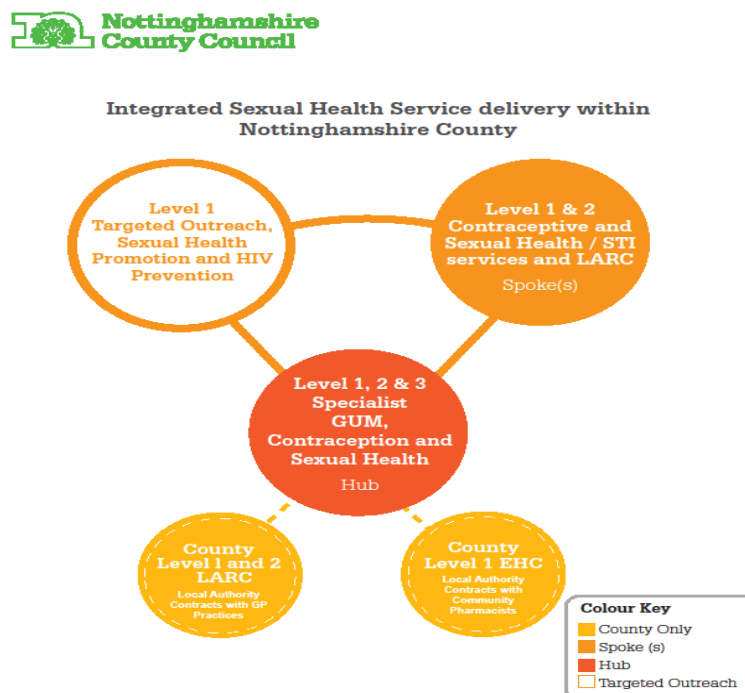
4.3 Service Description/Pathway

- 4.3.1 **Definition: Supply of Emergency Hormonal Contraception (EHC) under Patient Group Direction (PGD).** This service will require the pharmacist to undertake an appropriate confidential consultation and supply of either the hormonal post coital contraception Levonorgestrel 1.5mg or Ulipristal acetate 30mg free of charge to individuals requesting the EHC and who are clinically eligible and give consent. For young people under 13 years old, advice is to be sought from the on call doctor from East Midlands Children and Young People Sexual Assault Service (EMCYPSAS) to decide who will administer EHC.
- 4.3.2 Provide appropriate support and advice to the individuals on emergency hormonal contraception, regular contraception, sexually transmitted infections and as appropriate consult/refer/signpost to their medical practitioner or local Integrated Sexual Health Service (ISHS) or out of hours service provider as appropriate.
- 4.3.3 Pharmacists will offer a user-friendly, non-judgmental, client-centred and confidential service.

4.4 Service Model

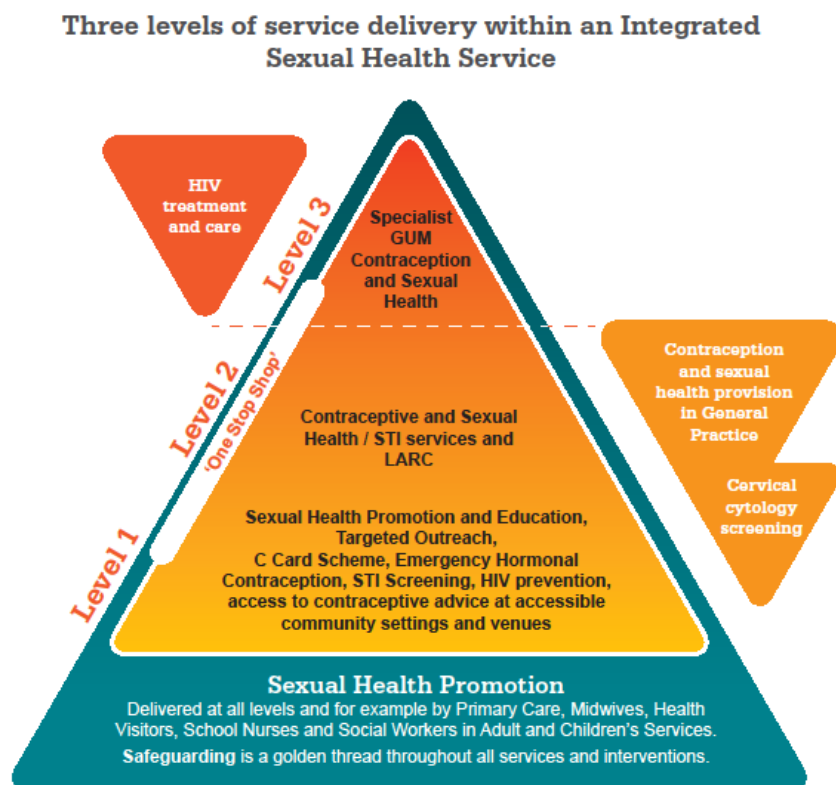
- 4.4.1 The service forms part of an integrated model of sexual health delivery within Nottinghamshire as set out in Figure 1 below

Figure 1



- 4.4.2 EHC provision by Community Pharmacists is an important part of a wider whole system delivery of an Integrated Sexual Health Service, refer to figure 2, with EHC being part of the level 1 service provision.

Figure 2



4.5 Population Covered

The service will be provided to clients who present to community pharmacies within Nottinghamshire County.

4.6 Location(s) of Service Delivery

The service will be provided by community pharmacies

4.7 Exclusion Criteria and Thresholds

4.7.1 Exclusion criteria

- 4.7.1 See PGDs for exclusion criteria

4.7.5 Residents from Out-of-Area

The EHC service is for residents from Nottinghamshire County and is also accessible to people who reside outside of Nottinghamshire County who wish to access the service.

4.8 Role of the Pharmacist

4.8.1 All pharmacists will have completed training so as to be competent in all aspects of issuing emergency hormonal contraception and meet the DOC and PGD requirements. Such training is available via <https://www.cppe.ac.uk/> search term "emergency contraception". All pharmacists will have suitable professional indemnity insurance.

4.8.2 Be familiar with the contents and guidance within the PGDs, Service Specification, consultation template records, assessment tools, national and local guidance and know where information is located in the pharmacy to signpost / refer clients to the local ISHS provision where appropriate.

4.8.3 Be familiar with national and local guidance on safeguarding children, particularly around risks of young people to sexual abuse and child sexual exploitation (CSE) and know where

information is located in the pharmacy relating to this including names and contacts of Safeguarding Children Board, Children's Services/safeguarding children health professionals/leads and the Local Authority Children's Social Care referral points (*for more detail refer to section 5*).

- 4.8.4 Be aware of the legislation governing sexual offences.
- 4.8.5 Undertake a consultation with the client following the PGDs
- 4.8.6 Ensure that a chaperone is provided should this be requested or required, utilising an appropriate member of the pharmacy staff to act as chaperone for the duration of the consultation. A record of the staff involved and the date and time of the consultation is to be recorded.
- 4.8.7 Refer / signpost the client as indicated to their medical practitioner, ISHS or out of hours service provider (for example if excluded from the PGD or decline consent). The signposting information must be accurate and relevant to the time when the client presents at the pharmacy, it is important to be mindful of the availability of services during out of hour's periods and provide up to date information and advice to the client on how to access provision through the NHS 111 Service (See Appendix 1 for service contact details).
- 4.8.8 Provide client with verbal and written information and leaflets relevant to the service and in line with the PGDs including the following:
- That their next period may be early or late
 - That a barrier method of contraception needs to be used until contraception covers is resumed, refer to the advice to client section of PGD for further information
 - To seek medical attention promptly if they experience any lower abdominal pain because this could signify an ectopic pregnancy
 - To seek medical advice in 3-4 weeks if the subsequent menstrual bleed is abnormally light, heavy or brief, or is absent, or if they have any other concerns. If there is any doubt as to whether menstruation has occurred, a pregnancy test should be performed at least 3 weeks after unprotected intercourse
- 4.8.9 Ensure that the consultation is fully recorded on Pharmoutcomes or the EHC consultation form and maintain appropriate records as required by legislation and as part of the service. The **full postcode** of the client is required in order for Nottinghamshire County Council to process claims
- 4.8.10 Retain a copy of the consultation form for 10 years (refer to options under 9.1.4)
- 4.8.11 The pharmacist must explain to the client that a copy of the EHC consultation form may be submitted to the commissioners for evaluation and contracting purposes
- 4.8.12 As part of the counselling provide advice about Chlamydia screening which is available from either their GP or the ISHS. People aged between 16 and 24 years old can be sign posted to Nottinghamshire's online Chlamydia testing service at <https://www.freetest.me/>
- 4.8.13 In instances when a client returns to the pharmacy having vomited within 3 hours of taking either LNG-EC or UPA-EC the pharmacist shall refer to the relevant PGD for guidance as to the provision of a second supply if appropriate to do so. The pharmacist will amend the original consultation form completing section 9 "additional comments" to indicate a second supply given. If the pharmacist who completed the first consultation has gone off duty then the pharmacist on duty should amend the consultation form adding their signature.
- 4.8.14 Individuals should be informed that it is possible that higher weight (above 70kg) or a body mass index of more than 26 kg/m² could reduce the effectiveness of LNG-EC. These individuals should be offered a total of 3 mg levonorgestrel (two 1.5 mg tablets) as a single dose and within 72 hours of unprotected sexual intercourse (UPSI). *This is an unlicensed use*. This advice is not

contained within the Summary of Product Characteristics (SPC), but follows the Faculty of Sexual and Reproductive Health Care (FSRH) recommendations in *Emergency contraception guidance*, 2017.

4.8.15 If the pharmacist suspects that the client is attempting to obtain a supply of EHC for someone else the pharmacist may advise the client at the outset that they will be asked to take the tablet on-site.

4.9 Role of the Pharmacists conducting consultations with young people under 16 - safeguarding young people and vulnerable adults

4.9.1 Inform clients under 16 at the beginning of the consultation that there will be some circumstances where the needs of the young person can only be safeguarded by sharing information with others.

4.9.2 Where the client is under 16 assess the client as to whether she is Fraser Competent to consent to treatment using Fraser Competency guidelines and record on the assessment form. The EHC consultation should only proceed where the client has been assessed as competent to consent to treatment under the Fraser Ruling.

4.9.3 Where the client has been assessed as not being Fraser Competent to consent to treatment, the pharmacist still has a duty of care to assess the likelihood of harm using the trigger questions contained in the EHC consultation form / Pharmoutcomes (*for more detail about Fraser Ruling refer to section 5*).

4.9.4 If the individual is less than 13 years of age the pharmacist should call the on-call doctor from the East Midlands Children and Young People Sexual Assault Service (EMCYPSAS) for support and to decide who will administer EHC. In addition, a Safeguarding referral to Children's Social Care (Multi-Agency Safeguarding Hub) should always be made. This is because the Sexual Offences Act states that those under 13 years of age cannot consent to have sexual intercourse therefore this is statutory rape. See appendix 2 for contact details of these other agencies.

4.9.4 During the consultation, the pharmacist will need to assess the likelihood of harm and any safeguarding concerns. If there are any concerns identified, the pharmacist should then conduct a risk assessment to assess whether the young person or child may be at risk of harm and ensure the assessment is recorded and kept in the pharmacy. Guidance is available via the Nottinghamshire Safeguarding Children Board procedures <http://nottinghamshirescb.proceduresonline.com>

4.9.5 Where the risk assessment has identified a definite need to refer the client to the Police or Children's Social Care, the pharmacist should make the referral without delay, following the Nottinghamshire Safeguarding Children Board procedures, ensuring that the referral is confirmed in writing. <http://nottinghamshirescb.proceduresonline.com>

4.9.6 The pharmacist may wish to consult with the local Safeguarding Children Specialist Advisory Services or named doctor or Nurse for safeguarding children if additional support and guidance is required (*for more detail about making a referral please refer to section 5*).

4.9.7 Where there is uncertainty around the level of risk, or the pharmacist is concerned for the welfare of the young person, advice should be sought from Nottinghamshire Multi-Agency Safeguarding Hub (MASH) or named professionals as above to ensure joint decisions are made on any further appropriate actions to support the young person (*refer to MASH details in section 5*).

4.9.8 The pharmacist must record all conversations on the Guidelines Assessment Tool and Safeguarding Checklist. Where the discussions have resulted in a joint decision to refer the client to the Police or Children's Social Care, the pharmacist will make the appropriate referral by contacting the police or Social Care, making a record of the referral and confirming this in writing (*for more detail about making a referral please refer to section 5*).

4.9.9 Where indicated, written information should be provided to the client on sexual and domestic abuse services available and information on domestic abuse services should be made visible

in the pharmacy. Free copies can be obtained from www.Equation.org.uk telephone 0115 9623237 or emailinfo@equation.org.uk. A Domestic and Sexual Abuse 24 hour Freephone Helpline 8080 800 0340 is available for professionals to seek information and advice in Nottinghamshire. Multi agency domestic violence and abuse training is available locally via Equation <http://www.equation.org.uk/training/>

4.10 Confidentiality

- 4.10.1 All parties in this contract will ensure that the handling, storage and release of data conforms both to the requirements of data protection legislation, GDPR and any local provisions, protocols and policies.
- 4.10.2 All parties in this contract shall not disclose to any third party any information identifying an individual service user or details of this service specification unless in compliance under the law and disclosure of confidential information.
- 4.10.3 Clients will be made aware of any need to disclose to a third party such as the police or social services if details of safeguarding issues or criminal issues are shared with the pharmacist.

(For further details about confidentiality please refer to section 5).

4.11 Consultation Area Standards of the Pharmacy

- 4.11.1 The consultation area must comply with the standards laid down by NHSE for advanced services.

4.12 The role of the Chemist Contractor

The Chemist contractor will

- 4.12.1 Have a responsibility to promote and provide the EHC service in their pharmacy, ensuring that all pharmacists delivering the service have met the required competency requirements and are familiar with and able to work to the service specification and PGDs.
- 4.12.2 Have due regard to promote equality and eliminate unlawful discrimination as set out in the Race Relations (Amendment) Act 2000, the Disability Equality Duty and the Gender Equality Duty or legislation replacing these.
- 4.12.3 Ensure that the pharmacy premises are well designed and well maintained in order to promote effective care. The chemist contractor should have made reasonable adjustments to overcome physical building features that act as a barrier to disabled people accessing the service.
- 4.12.4 Ensure that all completed claims are uploaded monthly using Pharmoutcomes and respond promptly to any clarification or queries arising from the claim.
- 4.12.5 The chemist contractor must inform the commissioner if the EHC trained pharmacist leaves and the EHC service is no longer able to be provided.
- 4.12.6 Have a duty to cooperate with Nottinghamshire County Council in undertaking Equality Impact Assessments as a requirement of race, gender and disability equality legislation.
- 4.12.7 Complete the Pharmoutcomes / Emergency Hormonal Contraception consultation form including data fields pertaining to equality and diversity appropriate to the service being provided.

4.13 The role of Nottinghamshire County Council (as commissioner)

The council will

- 4.13.1
- Ensure the Service Specification and the corresponding EHC paperwork are sent to the chemist contractor

- Maintain an accurate and up to date database of chemist contractors that have signed and returned a valid Locally Commissioned Public Health Service contract and any related contract variations,
- Confirm the declaration of competence (DOC) of the pharmacist and maintain a list of eligible pharmacists.
- Maintain a database of eligible Chemist Contractors, including their status in respect of signed and returned EHC Delivery Declarations 2019-21.
- Ensure that payments are made to the chemist contractors by the end of the month following upload of the PharmOutcomes claim if received by the 5th of the month.
- Maintain accurate and auditable records of uploaded claims and payments made to chemist contractors
- Check the consultation records for financial audit and monitoring purposes. Audit checks will also be made on the consultation records to ensure that the supply of EHC is in line with the conditions of the PGDs
- Promote the service to the local health community and public where appropriate and maintain a database of pharmacies that have trained pharmacists and ensure the updated information is sent to community pharmacies in Nottinghamshire
- Verify confirmation has been received regarding appropriate Disclosure and Barring Service (DBS) disclosures.

4.14 Training & Workforce Competence

- 4.14.1 Only community pharmacies who have committed to making pharmacists available to provide the service and have completed CPPE declaration of competence (DOC) to provide emergency contraception in the last three years and have signed up to the EHC PGDs and Service Specification can provide the service
- 4.14.2 The chemist contractor must inform the commissioner if the EHC trained pharmacist leaves and the EHC service is no longer able to be provided.
- 4.14.3 Pharmacists are recommended to read the latest guidance on Emergency Contraception from the Faculty of Sexual and Reproductive Health (March 2017 updated December 2017 version) available at: <https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/>
- 4.14.4 Individual pharmacists are required to undertake an Enhanced Disclosure and Barring Service (DBS) check with list to be repeated every 3 years and make this available to the council through the provision of the individual pharmacists surname, certificate number and date of birth on request. Refer to web link: <https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>
- 4.14.5 Pharmacists will offer a user-friendly, non-judgmental, client-centred and confidential service. A range of training and professional development opportunities are available to pharmacists www.cppe.ac.uk

5. Applicable Service Standards

5.1 National Standards

The service is underpinned by the following minimum standards:

- BASHH/Brook (2009) Spotting the Signs. A national proforma for identifying risk of child sexual exploitation in sexual health services
- Clinical Guidance – Emergency Contraception (FSRH 2017)
- DH Patient confidentiality in sexual health services (2015). Issued by the Department of Health in September 2015, available through BASHH
- Enabling Young People to Access Contraceptive and Sexual Health Information and Advice (DCFS 2004)
- NICE Contraception Quality Standard QS 129 September 2016

- NICE Harmful sexual behaviour among children and young people. Guideline 55. September 2016
- NICE PH50 Domestic violence and abuse - how services can respond effectively. (2014)
- NICE PH51 Contraceptive services with a focus on young people up to the age of 25 (2014)
- NICE NG60 HIV testing: increasing uptake among people who may have undiagnosed HIV(2016)
- Prevention of Sexually Transmitted Infections and Under 18 Conceptions: Guidance (NICE 2007)
- Progress and Priorities - Working Together for High Quality Sexual Health (MEDFASH 2008)
- Recommended Standards for Sexual Health Services (MEDFASH 2005)
- Research Governance Framework for Health and Social Care (Department of Health 2005)
- Service Standards for Medicines Management (FSRH 2018)
- Service Standards for Record Keeping (FSRH 2014)
- Service Standards on Confidentiality (FSRH 2015)
- Service Standards on Obtaining Valid Consent in Sexual Health Services (FSRH 2018)
- UK Medical Eligibility Criteria for Contraceptive Use – Summary Sheets (FSRH 2016)
- UK Medical Eligibility Criteria for Contraceptive Use (FSRH 2016)
- UK National Guideline for Consultations Requiring Sexual Health History Taking (BASHH 2013)
- National Guideline on the Management of Adult and Adolescent Complainants of Sexual Assault (BASHH 2012)

The Chemist contractor and individual pharmacist is expected to ensure that they are aware of, and comply with, any new National Guidance and/or standards relating to the provision of EHC and the provision of sexual health services to young people aged 16 years and under.

5.2 Legal and Policy Framework

The Pharmacist will comply with all current and future legal and policy framework including:

- A Framework for Sexual Health Improvement in England. 2013. Department of Health <https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england>
- Healthy Lives, Healthy People: Our Strategy for Public Health in England. 2010. Department of Health <https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>
- Making it work: a guide to whole system commissioning for sexual health, reproductive health and HIV. September 2014 revised March 2015. Public Health England (PHE). <https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services>
- Meeting the needs of diverse populations as detailed in the Equality Act 2010 which replaces all previous anti-discrimination laws and provides a framework covering nine 'protected characteristics' (race, gender, disability, religion/belief, sexual orientation, age, gender reassignment, pregnancy & maternity, marriage & civil partnership). For more information on the Equality Act 2010 <http://homeoffice.gov.uk/equalities/>
- Meeting the needs of children refer to The Children Act 1989, 2004
- Meeting the needs of those with mental health issues refer to The Mental Health Act 1983, 2007
- Meeting the needs of the workforce refer to Health and Safety at Work Act 1974 and Equality Act 2010
- Public Services (Social Value) Act 2012: "Social Value"
- Sexual Health: Clinical Governance. Key principles to assist service commissioners and providers to operate clinical governance systems in sexual health services. 2013. Department of Health https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252975/Sexual_Health_Clinical_Governance_final.pdf
- Tackling FGM in the UK: Intercollegiate recommendations for identifying, recording and reporting. 2013. The Royal College of Midwives
- The Code of Practice around Confidentiality 2014. Health and Social Care Information Centre/Department of Health/NHS England <http://content.digital.nhs.uk/media/12822/Guide-to-confidentiality-in-health-and-social-care/pdf/HSCIC-guide-to-confidentiality.pdf>
- Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children. March 2018 <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

- Information Governance Toolkit Health and Social Care Information Centre (HSCIC).Department of Health (DH) <https://www.igt.hscic.gov.uk/about.aspx>.

5.3 Local policies and standards

The Pharmacist will comply with:

- Nottinghamshire County local policies on working with children including the Children and Young Peoples Plan 2016-18 and the Children, Young People and Families Participation Strategy (2014) <https://www.nottinghamshire.gov.uk/council-and-democracy/plans-policies-assessments/council-plans-policies/policy-library> -
- Nottinghamshire County Safeguarding Children Boards / Child Protection Procedures <http://nottinghamshirescb.proceduresonline.com>
- Nottinghamshire County Adult Safeguarding Procedures <http://www.nottinghamshire.gov.uk/care/adult-social-care/safeguarding-adults>

5.4 Service User Dignity and Respect

The Pharmacist will:

- Deliver the service from an environment that treats every service user and carer as a valued individual, with respect for their dignity and privacy
- Ensure that the provision of the services and the premises protect and preserve service user dignity, privacy and confidentiality
- Ensure that all staff behave professionally and with discretion towards all service users and visitors at all times
- Ensure equity of access
- Ensure that all treatment including prescription costs will be provided free of charge to the service user.

5.5 Confidentiality

People have a right to confidentiality. The Provider is expected to provide clear information to their service users explaining confidentiality, and the reasons why confidentiality may be broken. The Provider is expected to obtain consent for information to be shared with health professionals for the purposes of treatment and prevention. The Provider also needs to make sure clients have been informed that their data will be used for contract monitoring and public health analysis. Services must be compliant with the Faculty of Sexual and Reproductive Healthcare (FSRH) Standard Statement on Confidentiality⁷ (*refer to service specific requirements as set out in section 4*).

5.6 Young People Friendly Services

To promote appropriate access by young people the service will be:

- Accessible to young people regardless of disability, gender, ethnicity, sexuality, locality or financial situation
- Confidential
- Non-judgmental offering young people a safe environment to discuss their sexual health needs in the absence of judgement and subjectivity
- Proactive in safeguarding processes and identifying young people who are vulnerable, working with partners to keep young people safe.
- Friendly, welcoming and comfortable

5.7 Safeguarding

'Further to paragraph 4.9 above'

- 5.7.1 Those under the age of 16 must be seen by a Fraser Competency trained worker to assess their ability to receive sexual health advice and interventions in the absence of a parent or guardian

⁷ <https://www.fsrh.org/standards-and-guidance/documents/clinical-standards-service-standards-confidentiality/>

and to ensure that safeguarding and CSE issues are identified and that they are appropriately referred on.^{8 9 10}

5.7.2 In meeting the needs of service users under the age of 18, the Pharmacist must ensure that they 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"¹¹.

5.7.3 The Chemist contractor will ensure all staff are trained and fully competent abide by guidance and legislation on safeguarding (children and adults). This should include understanding safeguarding referral procedures and referral pathways to social care. Applying the Interagency Safeguarding Children Procedures of the Nottinghamshire Safeguarding Children Board (NSCB) and procedures in line with current legislation and statutory guidance, which can be found at: <http://nottinghamshirescb.proceduresonline.com>

5.8 MASH - Nottinghamshire's Multi-Agency Safeguarding Hub

5.8.1 The MASH will deal with new safeguarding concerns, where someone is concerned about the safety or well-being of a child or adult, or thinks they might be at risk of harm. <http://www.nottinghamshire.gov.uk/caring/childrenstrust/pathway-to-provision/mash/>

5.8.2 Anyone who has concerns about a child's welfare can make a referral to the local authority children's social care service. Referrals can come from the child themselves, practitioners such as teachers, the police, GPs, Pharmacists, medical and nursing staff, health visitors as well as family members and members of the public.

5.9 Child Sexual Exploitation (CSE)

The Office of the Children's Commissioner (OCC) recognises that sexual health services are often used by young people who are suffering or are at risk from child sexual exploitation (CSE).

Chemist contractors and pharmacists should be aware of the national proforma *Spotting the Signs* which has been developed to support the identification children and young people at risk of child exploitation in sexual health services (developed by BASHH and Brook, and endorsed by a number of organisations including PHE, FRSH, RCP, NPA, RCPCH and Pace). Spotting the Signs web link:

<https://www.bashh.org/documents/Spotting-the-signs-A-%20national%20proforma%20Apr2014.pdf>

The Chemist contractor and pharmacists shall be informed of and up to date with local CSE concerns network and aware of how to report concerns about child sexual exploitation

http://nottinghamshirescb.proceduresonline.com/p_report_concerns.html .

Where a pharmacist is concerned about the safety or well-being of a child or thinks they might be at risk of harm they should contact the MASH on 0300 500 80 90 or follow the guidance on: <http://www.nottinghamshire.gov.uk/caring/childrenstrust/pathway-to-provision/mash/>

5.10 Sexual Offences Act 2003

The Sexual Offences Act 2003 deems that sexual intercourse with a child under 13 is classified as rape. Therefore, where the client is under 13, the expectation is that a referral will be made to the Police or Children's Social Care. Decisions not to refer must be discussed with the Safeguarding Children Specialist Advisory Services/Named Nurse for safeguarding children or the senior manager of the pharmacy (pharmacy head office/ area manager). Decisions not to refer and the reasons for not referring must be recorded. For further information and key facts see <http://www.fpa.org.uk/factsheets/law-on-sex>

5.11 Safeguarding Adults

Guidance, policies and procedures to support safeguarding adults available from the Nottinghamshire Safeguarding Adults Board, and the procedure for raising concerns and referring available

⁸Department of Health (2004). *Best Practice Guidance for Doctors and other Health Professionals on the Provision of Advice and Treatment to Young People Under 16 on Contraceptive and Reproductive Health*

⁹ v West Norfolk & Wisbech Area Health Authority [1985] UKHL 7 (17th October 1985)

¹⁰ Sexual Offences Act 2003 (2003) (<http://www.legislation.gov.uk/ukpga/2003/42/contents>)

¹¹Department of Health (2004). *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*
<https://www.bashh.org/documents/1993.pdf>

at: <http://www.nottinghamshire.gov.uk/caring/adultsocialcare/backgroundsupport/safeguardingadults/>

Nottinghamshire Safeguarding Adults Guidance and Procedures

<http://www.nottinghamshire.gov.uk/care/adult-social-care/safeguarding-adults>

Reporting concerns: Nottinghamshire County link

<http://www.nottinghamshire.gov.uk/caring/adultsocialcare/backgroundsupport/safeguardingadults/reporting-a-concern/>

5.12 Serious Incident reporting and risk management

5.12.1 **Serious Incident Reporting** The Chemist contractor will be familiar with and have in systems in place to enable:

- Incident reporting, investigation, resolution and audit to inform learning and service development reflective of NHS England *Serious Incident Framework. Supporting Learning to prevent reoccurrence*. 2015. NHS England. <https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/04/serious-incident-framework-upd2.pdf>
- Interagency Safeguarding Children Procedures <http://www.nottinghamshire.gov.uk/nscb/policy-procedures-and-guidance>

5.12.2 The chemistpharmacist contractor shall notify the commissioner immediately of any serious or untoward incident that affects the expected outcome of the treatment to a client. An initial written summary of all serious or untoward incidents is to be provided to the commissioner within 48 hours, followed up by a full report that summarises the findings, future mitigating actions and lessons learnt. As part of a review of the incident by the pharmacist a Significant Event Analysis (applying Root Cause Analysis -RCA) methodology will be undertaken within 60 days of the incident. Reports and notifications will be made in a manner which maintains client confidentiality. The chemistpharmacist contractor shall use his/her professional judgement to determine whether incidents are of a serious or untoward nature, applying the definitions as set out in the NHS Serious Incident Framework (2015) - (Please refer to section 5.11.1).

6. Quality and performance standards

6.1 Quality and Performance

6.1.1 The Council will work with and share information with NHSE to ensure Chemist contractors providing this service meet the criteria as laid set out in the Community Pharmacy Assurance framework which is monitored by NHSE. There is an expectation that the pharmacist will abide by the code of ethics and standards and professional requirements as set by the General Pharmaceutical Council.

6.2 Performance Requirements

6.2.1 The pharmacist will complete all sections of the EHC consultation form and payment claim form to capture reimbursement and payment data and commissioning measures to evidence effectiveness of the service. All information from the Consultation form must be transferred on to the PharmOutcomes system for analysis (refer to options under 9.1.4).

6.2.2 The pharmacist will participate in any service evaluation or clinical audit exercise as organised by the commissioner.

6.3 Governance

This is contained within NHS Pharmaceutical Contractual Framework

6.4 Clinical Governance Standards of the Chemist Contractor

- 6.4.1 The chemist contractor shall comply with all the requirements of the essential services of the NHS Community Pharmacy Assurance Framework
- 6.4.3 The chemist contractor will be required to report all serious incidents and any significant incidents relating as outlined in 5.11 to the service to the commissioner via the Public Health Contract Manager as outlined in the contract

7. Activity

7.1 Activity levels will be analysed using the information gathered from the PharmOutcomes system for monitoring and payment purposes.

7.2 Frequency and method of reporting

Frequency of reports	Method	When is report due	Consequence of breach	Report Due
Monthly	PharmOutcomes	5 th of the following month	Claims input after the 5 th month will be processed the following month, this will delay payment. Any incomplete data may result in payment being withheld.	Monthly

8. Continual Service improvement

8.1 There is an expectation that there is a commitment from the Commissioner, Chemist contractors and the LPC to work together to continually improve the service and respond proactively to develop innovative and dynamic ideas to ensure that the service is accessible.

9. Prices and costs

9.1.1 The chemist contractor will be paid according to the following schedule subject to the inclusion criteria for the provision of EHC having been applied appropriately:

Professional Fee: £11.33 (per consultation) (reviewed annually)

Drug cost: Current drug tariff price plus VAT @ 5% Levonorgestrel 1.5mg or Ulipristal acetate 30mg

9.1.2 The council will audit the application of the inclusion criteria for the provision of Levonorgestrel 1.5mg and Ulipristal acetate 30mg

9.1.3 The pharmacist will ensure that the EHC consultations are entered fully on to the PharmOutcomes system by the 5th of each month. Those input after the 5th will be processed the following month, this will delay payment. (Any incomplete data may result in payment being withheld).

9.1.4 The Chemist Contractor will complete the Consultation and Claims Process Options form to inform the council which option the Pharmacist will be using:

- Option 1 - Pharmacists complete the claim form directly onto PharmOutcomes (online) during the consultation but must ensure they print off the form and have the client sign before leaving, this form must be kept by the Pharmacy in a secure confidential place

for a period of 10 years and may be requested by Nottinghamshire County Council for auditing purposes.

or

- Option 2 - Pharmacists undertaking the consultation using the paper consultation form (which can be photocopied as the top sheet is no longer to be sent to Nottinghamshire County Council), gaining the signature of the client then inputting the data from the consultation onto PharmOutcomes as soon as possible after the consultation, this form must then be kept by the Pharmacy in a secure confidential place for a period of 10 years and may be requested by Nottinghamshire County Council for auditing purposes.

9.1.6 Payments will be credited to the chemist contractor's account by the end of the month following the inputting on to the PharmOutcomes system,

9.1.7 Where the service has been provided by a non-trained EHC service pharmacist, non-pharmacists or a supply made outside the conditions of the PGD, no payments (consultation or drug cost) will be made to the chemist contractor

9.1.8 Payment can only be made if **the full postcode** of the client is provided via PharmOutcomes to the commissioners

9.1.9 The chemist contractor will comply with any alternate payment process deemed necessary by the commissioner

10. Assessment and acceptance criteria to deliver the LCPHS

10.1 Community pharmacies within Nottinghamshire as determined by Nottinghamshire County Council assessment and acceptance criteria for LCPHS as set out in the Nottinghamshire County Council New Business Criteria for LCPHS, working in partnership with NHS England and local CCGs.

11. Termination of service

11.1 The commissioner or individual chemist contractor shall give three months' notice for any agreed change to the contract or termination of the agreement.

11.2 The commissioner withholds the right to immediately suspend the contract for this service should the chemist contractor or pharmacist be found to be in serious breach of the agreement or if there are significant client safety concerns that will pose a significant risk to service users.

12. Dispute resolution

12.1. Dispute resolution

12.1.1 Any initial disputes should be resolved locally between the relevant parties. In the event that a dispute cannot be resolved informally, the issue must be put in writing and senior representatives of the parties should meet to facilitate local resolution. (The Local Pharmaceutical Committee can act as representatives of the chemist contractor). Should local resolution not be achieved, the matter will be referred to an independent arbitrator.

12.1.2 Information regarding deviation from the Service Specification will be shared with the commissioner

Contact details for other relevant agencies and service providers:

Sometimes service details change, if this happens, then we recommend that you search Nottinghamshire County Council website, <https://www.nottinghamshire.gov.uk/> or the NHS website <https://www.nhs.uk/>

East Midlands Children and Young People Sexual Assault Service (EMCYPSAS)

Website: <https://www.emcypsas.co.uk/information-for-professionals/>

Advice line number: 0800 183 0023

Multi-Agency Safeguarding Hub (MASH) Nottinghamshire

Website <https://www.nottinghamshire.gov.uk/care/childrens-social-care/nottinghamshire-children-and-families-alliance/pathway-to-provision/multi-agency-safeguarding-hub-mash>

Telephone: 0300 500 80 90

Out of hours contact the Emergency Duty Team on 0300 456 4546.

C-Card Nottinghamshire website

<https://www.nottinghamshire.gov.uk/care/health-and-wellbeing/sexual-health/c-card>

Integrated sexual health services, for details of clinics across the county go to

<https://www.nottinghamshire.gov.uk/care/health-and-wellbeing/sexual-health>

Contact phone numbers for providers are:

North Nottinghamshire (Bassetlaw)

Bassetlaw TriHealth

telephone: 01909 506418

Mid Nottinghamshire (Mansfield, Ashfield, Newark and Sherwood)

My Sexual Health

telephone: 01623 672260

South Nottinghamshire (Broxtowe, Gedling, Rushcliffe) and Nottingham City

NUH Sexual Health Service

telephone: 0115 9627627

Chlamydia screening

Contact the integrated sexual health services above for more information. Note online chlamydia screening may be available for some patient groups at the following URL <https://www.nhs.uk/service-search/Chlamydia-free-online-tests-for-u-25s/LocationSearch/344>

Spotting the Signs of CSE proforma

The British Association for Sexual Health and HIV (BASHH) and Brook have developed a child sexual exploitation (CSE) proforma, Spotting the Signs, to help health professionals across the UK identify young people attending sexual health services who may be at risk of or experiencing sexual exploitation. This is available at:

https://www.brook.org.uk/attachments/Spotting-the-signs-CSE-proforma_A4.pdf