

Locally Commissioned Service for
EMERGENCY HORMONAL CONTRACEPTION (EHC)

Service Name	EMERGENCY HORMONAL CONTRACEPTION
Specification Number	
Commissioner Lead	ALISON LEIGH, STOCKPORT METROPOLITAN BOROUGH COUNCIL, PUBLIC HEALTH TEAM
Period of Agreement	01/04/2022 – 31/03/2023
Date of Review	01/04/2023

1. Executive Summary

1.1 Overview

- a. Stockport Metropolitan Borough Council (Public Health) is commissioning and funding an emergency hormonal contraception service to ensure that residents have ease of access to this provision. This will contribute to achieving a reduction in the number of unintended conceptions to women of all ages.
- b. The Contractor is required to arrange for an accredited pharmacist to offer information and advice to women attending for emergency hormonal contraception and, if deemed to be appropriate, to issue and supply medication in line with their licensed indications.
- c. The Contractor can also offer a Brook chlamydia self-sampling kit to young people (16 to 24 year-olds) attending for emergency hormonal contraception and also provide safer sex advice.
- d. Based on clinical need, the Contractor can also offer pregnancy testing to women attending for emergency hormonal contraception.

2. National Context and Local Context

2.1 National Context

2.1.1 Overview of commissioning responsibilities

- a. The Health and Social Care Act 2012 divided responsibilities for the commissioning and funding of sexual and reproductive health services between local authorities, Clinical Commissioning Groups (CCGs) and NHS England. In 2022 CCGs ceased to exist and Integrated Care Boards (ICBs) came into operation.
- b. Local authorities are responsible for commissioning and funding the provision of most, but not all, sexual and reproductive healthcare provision. Local authorities are mandated to commission and fund comprehensive open-access sexual and reproductive health services for the benefit of all persons present in their area. Local authorities can commission and fund other services including HIV/STI prevention and support programmes. Local authorities have the lead for improving health and for coordinating efforts to protect public health.
- c. NHS England is responsible for commissioning and funding GP practices to offer routine methods of contraception for their registered patients. GPs are also required to test for HIV/STIs, as and when required, and to offer or arrange for treatment of infection. NHS England is responsible for commissioning and funding HIV treatment and care.
- d. Clinical Commissioning Groups/Integrated Care Boards are responsible for commissioning and funding abortion services. CCGs/ICBs are also responsible for arranging for patients to obtain permanent methods of contraception/sterilisation procedures including vasectomies and for the promotion of opportunistic STI testing and treatment within general practice.

2.1.2 Public Health Outcomes Framework

- a. The [Public Health Outcomes Framework](#) sets out a vision for public health. The Framework includes three indicators relating to sexual health:
 1. [Indicator 2.04](#): Under-18 conception rate
 2. [Indicator 3.02](#): Chlamydia diagnosis rates among young adults aged 15-24s

3. [Indicator 3.04](#): % of persons diagnosed with HIV at a late stage of infection

- b. Provision of EHC (emergency hormonal contraception) as described in this specification is expected to contribute to reducing the number of under-18 conceptions as well as the number of unintended conceptions amongst women of all ages.
- c. Participation in the Brook Chlamydia Screening Programme as described in this specification is expected to contribute to controlling and preventing the transmission of Chlamydia.

2.1.3 National Chlamydia Screening Programme (NCSP)

- a. Genital Chlamydia infection is the most commonly diagnosed bacterial sexually transmitted infection in the UK. Prevalence of the infection is highest in sexually active women aged 16-19 and men aged 20-24
- b. Chlamydia often has no symptoms and opportunistic screening of asymptomatic young people is considered the best approach for detecting and treating this infection. Untreated infection can have serious long-term consequences including pelvic inflammatory disease, ectopic pregnancy, and tubal factor infertility.
- c. The National Chlamydia Screening Programme ([NCSP](#)) in England was established in 2003. The programme aims to prevent and control chlamydia through early detection and treatment of asymptomatic infection, so reducing onward transmission and the consequences of untreated infection.
- d. The focus of the programme is on reducing the harms from untreated chlamydia infection. The harmful effects of chlamydia occur predominantly in women and other people with a womb or ovaries so the opportunistic screening (that is the proactive offer of a chlamydia test to young people without symptoms) should focus on women, combined with:
 - reducing time to test results and treatment
 - strengthening partner notification
 - re-testing after treatment
 - women and other people with a womb or ovaries include transgender men, and non-binary people assigned female at birth, and intersex people with a womb or ovaries.In practice this means that chlamydia screening in community settings, such as pharmacies, should only be proactively offered to young women. Men will not be proactively offered a test unless an indication has been identified, such as being a partner of someone with chlamydia or having symptoms.

2.2 Rationale

- a. Community pharmacies can promote health and wellbeing among their local population which includes integrating with existing health and care pathways and other activities to encourage more people to use their services.
- b. Community pharmacies offer accessible healthcare because:
 - 1. Appointments are unnecessary
 - 2. Opening hours are long
 - 3. Many staff are from the local community and understand local culture and social norms
 - 4. They are able to offer advice on healthy behaviours and onward referral to other services, if appropriate
- c. Emergency contraception can be used if a woman has had sexual intercourse without using a regular method of contraception or if her regular method has failed to reduce her risk of

having an unintended conception. Levonorgestrel 1500 micrograms can be used up to 72 hours and Ulipristal acetate 30mg up to 120 hours following unprotected sexual intercourse. Intrauterine devices can also be used for the purposes of emergency contraception if fitted within 120 hours of unprotected sex

- d. The consistent and correct use of regular contraception is the best method for sexually active women and their male partners to avoid an unintended conception. There is a correlation between high uptake of reliable methods of contraception and low rates of unintended conceptions among women of all ages and low rates of under-18 conceptions

3. Greater Manchester Approach

Under the remit of the Greater Manchester Sexual Health Network's commissioners group all 10 local authorities are working collaboratively to develop a standardised specification, attendance template (PharmOutcomes or other) and similar payments for services provided to ensure Greater Manchester residents receive equitable provision across all localities.

4. Local Context

4.1 Overview of Commissioning Requirements for Stockport

- a. Stockport Public Health is responsible for commissioning and funding emergency hormonal contraception services in the borough. This includes provision in specialist sexual health services and in commissioned pharmacies.

4.2 Overview of Sexual & Reproductive Health of residents in Stockport

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

4.2.1 Sexually Transmitted Infections and HIV

- a. Sexually transmitted infections can be passed from an infected person to their partner during sexual intercourse. Several infections can lead to long-term health problems if not detected and treated. Some infections such as HIV can be managed but not cured. The correct and consistent use of condoms and other prevention tools is important to control and prevent the transmission of infection
- b. Overall, the number of new sexually transmitted infections (STIs) diagnosed among residents of Stockport in 2019 was 1,511. The rate was 515 per 100,000 residents, lower than the rate of 816 per 100,000 in England, and lower than the average of 580 per 100,000 among its nearest neighbours.
- c. Stockport ranked 113rd highest out of 149 upper tier local authorities (UTLAs) and unitary authorities (UAs) for new STI diagnoses excluding chlamydia among young people aged 15-24 years in 2019, with a rate of 578 per 100,000 residents, better than the rate of 900 per 100,000 for England.
- d. The chlamydia detection rate per 100,000 young people aged 15-24 years in Stockport was 1,590 in 2019, worse than the rate of 2,043 for England.

- e. The rank for gonorrhoea diagnoses (a marker of high levels of risky sexual activity) in Stockport was 87th highest (out of 149 UTLAs/UAs) in 2019. The rate per 100,000 was 69.2, better than the rate of 124 in England.
- e. The number of new HIV diagnoses among people aged 15 years and above in Stockport was 8 in 2019. The prevalence of diagnosed HIV per 1,000 people aged 15-59 years in 2019 was 1.7, better than the rate of 2.4 in England. The rank for HIV prevalence in Stockport was 77th highest (out of 149 UTLAs/UAs).
- f. In Stockport, in 2017 - 19, the percentage of HIV diagnoses made at a late stage of infection (CD4 count \leq 350 cells/mm³ within 3 months of diagnosis) was 50.0%, similar to 43.1% in England.

4.2.2 Conceptions / Contraception

- a. The correct and consistent use of a regular method of contraception is important for the purpose of avoiding an unintended conception. Residents can obtain routine methods including contraceptive pills from their GP. Sexual and reproductive health services offer the full range of contraceptive methods. There has been a gradual rise in the proportion of women opting to use a long-acting method of contraception such as the contraceptive implant
- b. The total abortion rate per 1,000 women aged 15-44 years in 2019 was 19.6 in Stockport, similar to the England rate of 18.7 per 1,000. Of those women under 25 years who had an abortion in 2019, the proportion who had had a previous abortion was 28.9%, similar to 27.7% in England.
- c. In 2018, the conception rate for under-18s in Stockport was 15.0 per 1,000 girls aged 15-17 years, similar to the rate of 16.7 in England.
- d. The total rate of long-acting reversible contraception (LARC) (excluding injections) prescribed in primary care, specialist and non-specialist sexual health services per 1,000 women aged 15-44 years living in Stockport was 50.9 in 2019, similar to the rate of 50.8 per 1,000 women in England. The rate prescribed in primary care was 31.1 in Stockport, similar to the rate of 30.0 in England. The rate prescribed in the other settings was 19.8 in Stockport, similar to the rate of 20.8 in England.

4.3 Chlamydia screening

- a. Brook provide the opportunistic chlamydia screening programme for asymptomatic young women and men aged 16 to 24 living in Stockport.
- b. Brook is contracted to provide and distribute chlamydia self-sampling kits (via their website and distribution outlets) and to support services to offer screening for their patients.
- c. Pharmacies can contact Brook to become a distribution site and/or refer people to the Brook website <https://www.brook.org.uk/regions/brook-manchester/free-sti-test-stockport/>

5. Aims, Objectives and Outcomes

5.1 Aims

- a. Stockport Council is commissioning and funding an emergency hormonal contraception service to promote the use of and maintain ease of access to this provision in order to reduce the number of unintended conceptions amongst female residents of all ages and to encourage safer sex and the use of regular methods of contraception.

5.2 Objectives

- a. In this specification, providers (pharmacies) are referred to as 'contractors'
- b. Contractors offering emergency hormonal contraception as detailed in this specification will:
 1. Consult with clients attending for Emergency Hormonal Contraception and:
 2. Offer information and advice about all methods of emergency contraception including the emergency IUD and provide information on the probability of failure with advice on the course of action in the event of this occurring
 3. If deemed to be appropriate, to issue and supply free emergency contraceptive pill(s). 'P' versions of Ulipristal and Levonorgestrel should be supplied within their licensed indications and following guidance provided by the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists. This guidance can be found at <https://www.fsrh.org/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>. The guidance contains two flowcharts (pages ix and x) that help in deciding the appropriate treatment, including offering Cu-IUD as the most effective choice. If the client is under 16 years of age, Fraser competencies will be adhered to
 4. Offer referral information and advice about regular methods of contraception including long-acting methods and how to obtain them
 5. Offer information and advice about safer sex and the benefits of screening for sexually transmitted infections
 6. Refer or signpost to other services including GPs (for routine prescribing of contraceptive pills) and integrated sexual and reproductive health services (for long-acting methods of contraception).
- b. Contractors can also:
 - Offer a Brook chlamydia self-sampling kit to young women (16-24 year olds) attending for emergency hormonal contraception.
 - Offer pregnancy testing to women attending for emergency hormonal contraception where there is a clinical need.

5.3 Expected Outcomes

5.3.1 Direct Influence on Outcomes

- a. Provision of emergency hormonal contraception as described in this specification is expected to contribute to achieving the following outcomes:
 1. Reducing the number and rate of unintended conceptions
 2. Reducing the number and rate of abortions
 3. Reducing the number and rate of under-18 conceptions.
- b. Provision of Brook chlamydia self-testing kits / referral to the Brook website as described in this specification is expected to contribute to achieving the following outcomes:
 - Reducing the prevalence of chlamydia among young people through the prompt detection and treatment of asymptomatic infection
 - Preventing the consequences of untreated infection.

5.3.2 Indirect Influence on Outcomes

- a. Provision of emergency hormonal contraception as described in this specification is expected to contribute to achieving the following outcomes:
1. Improving knowledge and understanding of emergency contraception
 2. Improving knowledge and understanding the benefits of using a regular method of contraception
 3. Improving knowledge and understanding of the importance of condoms
 4. Increasing the uptake of regular methods of contraception (including long-acting reversible methods)
 5. Improving the uptake of screening for chlamydia and other sexually transmitted infections.
- b. Provision of Brook chlamydia self-testing kits / referral to the Brook website as described in this specification is expected to contribute to achieving the following outcomes:
- Improving knowledge and understanding of chlamydia
 - Improving knowledge and understanding of the risks associated with unsafe sex
 - Improving knowledge and understanding of the benefits of regular screening for chlamydia and other sexually transmitted infections
 - Improving the uptake of screening for chlamydia among asymptomatic young women.

6. Overview

Service Description

6.1 General Requirements

a. Stockport Council is commissioning and funding the Contractor to provide emergency hormonal contraception free of charge, to women attending for this provision in line with requirements set out in this specification.

b. The Contractor is required to arrange for a qualified and accredited pharmacist to consult with clients attending for emergency hormonal contraception. If deemed to be clinically appropriate, the pharmacist can supply 'P' versions of Ulipristal and Levonorgestrel within their licensed indications and following guidance provided by the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists. This guidance can be found at <https://www.fsrh.org/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>.

c. The Contractor is required to ensure that the accredited pharmacist:

1. Determines if the client is competent to consent to treatment
2. Discusses the full range of emergency contraception including:
 - Products containing levonorgestrel
 - Products containing ulipristal acetate
 - Emergency intrauterine device (IUD)and signposts / refers to other services, if required
3. Discusses the effectiveness of emergency contraception and the benefits, risks, and possible side effects of the chosen method

4. Determines if it is appropriate to issue emergency hormonal contraception - including:
 - Inclusion and exclusion criteria
 - Cautions
 - Drug interactionsand if appropriate the dose and quantity to be issued and supplied.

d. The Contractor is also required to ensure that the pharmacist:

1. Discusses the benefits of using a regular method of contraception for protection from an unintended conception and signposts / refers the client to their GP or a sexual and reproductive health clinic.
2. Discusses the benefits of the consistent use of condoms for protection from sexually transmitted infections.
3. Discusses the importance and benefits of regular screening for sexually transmitted infections and signposts / refers the client to a sexual and reproductive health clinic if symptomatic or concerned.
4. Discusses the benefits of regular screening for chlamydia (women aged 16–24 year olds) and, if deemed appropriate, to offer the client a Brook self-testing kit / refer to the Brook website.

e. The Contractor is required to ensure that consultations occur in a designated room or area. The designated room or area should meet the relevant guidelines and should enable the conversation between the pharmacist and the client to remain confidential.

f. The Contractor is required to adhere to national and local guidelines for offering sexual health advice and treatment to young people including the requirement to assess Fraser competence.

g. The Contractor will ensure compliance with local policies and procedures for safeguarding children and vulnerable adults.

h. The Contractor is required to promote the free emergency hormonal contraception service.

i. The Sexual Health Commissioner in Stockport will ensure that the Contractor has information about local sexual and reproductive health services including website details to aid pharmacists to make accurate and appropriate referrals / assist with online booking.

6.2 Population

6.2.1 Emergency hormonal contraception

a. Stockport Council is commissioning and funding the provision of an emergency hormonal contraception scheme for the benefit of residents of Stockport.

b. The Contractor is required to ensure that, for all clients attending for emergency hormonal contraception, that (a minimum of first 4 digits) data is collected and recorded.

6.2.2 Opportunistic screening for chlamydia

a. Stockport Council is commissioning and funding the provision of an opportunistic chlamydia screening programme for asymptomatic young women who are accessing the EHC scheme.

b. The Contractor is required to ensure that, in all instances a Brook chlamydia screening kit is issued, that a minimum of 4 digits is collected and recorded.

6.3 Inclusion and exclusion criteria

6.3.1 Emergency hormonal contraception

- a. The Contractor is responsible for ensuring that emergency hormonal contraception is issued and supplied in accordance with its licensed indications and following guidance provided by the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists. This guidance can be found at <https://www.fsrh.org/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>

6.3.2 Opportunistic screening for chlamydia

- a. The Contractor is permitted to offer Brook chlamydia self-sampling kits to:
1. Young women aged 16 to 24 attending the pharmacy for a consultation for emergency hormonal contraception, who live in Stockport.
- b. The Contractor should not offer a Brook chlamydia self-sampling kit to:
1. Young people aged 15 or under
 2. Young people resident in other areas
 3. Young people who are symptomatic
 4. Adults aged 25 or over

In these cases patients should be signposted to any integrated sexual and reproductive health service in an area of preference.

- c. The Contractor can also support the young person to access a testing kit online using the Brook website if self-sampling kits are not provided.

6.4 Referral sources and processes

- a. The Contractor is required to accept self-referrals and referrals from other healthcare professionals
- b. The Contractor is required to signpost or refer clients to other relevant services, as and when required – e.g. sexual and reproductive health services.

6.5 Additional Services

6.5.1 Opportunistic screening for chlamydia

- a. Brook operates the opportunistic chlamydia screening programme on behalf of Stockport Council and selected other authorities of Greater Manchester.
- b. The Contractor can arrange for a pharmacist to issue a Brook chlamydia self-sampling kit on an opportunistic basis to young women (16-24) who attend for a consultation for emergency contraception.
- c. The Contractor should ensure that self-sampling kits are issued in line with the agreed inclusion and exclusion criteria.
- d. The Contractor will ensure that the pharmacist offers information and advice about chlamydia and explains how to collect and return a sample to Brook.

- e. Stockport Council has not currently capped the number of Brook chlamydia self-sampling kits that can be distributed per annum. In the event that a cap is needed, Stockport Council will instruct Contractors to suspend the distribution of kits.
- f. Where the pharmacy does not directly issue kits, they should encourage and support the young person to obtain a test via the Brook website.

6.5.2 Pregnancy testing

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

6.5.3 Cervical screening question

- a. The Contractor should women aged 25 – 64 attending for EHC if they are up to date in terms of their Cervical Screening. The current guideline for cervical screening is
Aged 25-49 - every 3 years
Aged 50-64 - every 5 years
- b. If they are up to date, no further action needs to be taken. If they are not up to date or are not sure, the Contractor should outline the importance of screening and encourage them to contact their GP.

7. Governance and Operation

7.0 Clinical Governance

7.1 General Requirements

- a. The Contractor is required to ensure compliance with the requirements for clinical governance set out in The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013¹ including to:
 1. Design and implement a clinical effectiveness programme
 2. Design and implement a risk management programme – to include:
 - Production and use of standard operating procedures for – for instance:
 - Dispensing drugs and appliances
 - Procurement, storage and handling of stock
 - Maintenance of equipment
 - Processes for reporting incidents
 - Processes for disposing of clinical and confidential waste
 - Processes for responding to and reporting safeguarding concerns
 3. Design and implement a clinical audit programme
 4. Design and implement an information governance programme – to include:

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

- Ensuring that data and personal information is collected and recorded in accordance with the approved particulars for information management
5. Design and implement a staffing / staff management programme – to include:
- Ensuring that all members of staff (and locums) involved in the operation of the emergency hormonal contraception scheme are competent and have the relevant qualifications and accreditations
 - Ensuring that members of staff (and locums, if appropriate) can obtain training and undertake continuing professional development
6. Design and implement a patient / public involvement programme – to include:
- Promotion of the Brook chlamydia screening programme
 - Promotion of Emergency Contraception scheme
 - Implementation of processes to collect and respond to feedback or complaints
7. Design and implement a premises improvement programme – to include:
- Ensuring the premises are maintained in accordance with the approved particulars for premises
- b. The Contractor is required to have a clinical governance lead for the pharmacy.

7.2 Clinical skills and competencies

- a. The Contractor is required to ensure that all pharmacists involved in the provision of emergency hormonal contraception have:
1. Relevant qualifications, registrations and / or accreditations
 2. Completed relevant learning – for example:
 - CPPE emergency hormonal contraception module²
 - CPPE chlamydia testing and treatment module³
 - CPPE safeguarding children and vulnerable adults e-learning module⁴
 - CPPE PGD e-learning module⁵
 3. Self-assessed their knowledge, understanding, skills and confidence, and have self-declared their competence to issue and supply emergency hormonal contraception.
 - Pharmacists are required to complete the CPPE declaration of competence form for emergency contraception⁶ prior to offering this provision for the first time
 - Pharmacists are required to renew their personal declaration of competence at no more than three year intervals.

² See: <https://www.cppe.ac.uk/programmes/l/ehc-a-10>

³ See: <https://www.cppe.ac.uk/programmes/l/chlamydia-k-05>

⁴ See: <https://www.cppe.ac.uk/programmes/l/safegrding-w-05>

⁵ See: <https://www.cppe.ac.uk/programmes/l/ptgpdire-01/>

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

- b. The Contractor is required to ensure that all pharmacists (including locums) have completed and signed the relevant declaration of competence statement. Copies should be kept on file and made available to the Commissioner on request
- c. The Contractor is required to ensure that all pharmacists have signed the PGD and that copies are kept on file
- d. The Contractor is required to ensure that each pharmacist has had a Disclosure and Barring Service (DBS) enhanced check. DBS checks should be renewed on a periodic basis in line with best practice guidance.
- e. The PharmOutcomes online consultation form for the supply and administration of Emergency Contraception must be completed at each consultation and securely kept for the minimum time period as stated in this SLA

7.3 Care Pathway and Protocols

- a. The Contractor is required to discuss the benefits of using a regular method of contraception with all clients attending for emergency contraception and signpost to other services as follows:
 - Clients should be signposted to their GP for routine prescribing of contraceptive pills or the contraceptive injection.
 - Clients can be signposted to a sexual and reproductive health clinic to obtain other methods of contraception – e.g., contraceptive implant.
- b. The Contractor will signpost or refer clients who need or could benefit from an emergency intrauterine device (IUD) to a sexual and reproductive health clinic.

7.4 Clinical Incidents and reporting

- a. Stockport Council notes that pharmacies have a legal obligation⁷ to use an approved incident reporting system. Contractors should record, report, and respond to incidents in a manner that complies with the requirements set out in the approved particulars⁸ including but not limited to:
 1. Maintaining a patient safety incident log
 2. Reporting patient safety incidents to the National Patient Safety Agency (NPSA), via the National Reporting and Learning Service (NRLS)
- b. The Contractor is required, as part of this contract, to inform the Commissioner at Stockport Council of any and all incidents relating to the provision of EHC provision [which directly or indirectly involves a Service User, within 7 working days of the 'incident'].

7.5 Infection Control

- a. The Contractor will maintain their premises to a high standard of cleanliness in order to minimise the risk of healthcare acquired infection for staff and customers.

7.6 Disposal of Waste

- a. The Contractor is required to dispose of clinical and other waste in a safe and lawful manner. See: [Health Technical Memorandum 07-01](#)

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

⁹ See: <https://www.gov.uk/government/publications/clinical-governance-approved-particulars>

8.0 Information Governance

8.1 General requirements

- a. The Contractor must be compliant with the requirements set out in the Information Governance Toolkit. The current version can be found on the website of NHS Digital (also known as the Health and Social Care Information Centre)⁹. The associated assessment should be completed on an annual basis
- b. The Contractor is required to have an appropriate range of policies, procedures and processes, to secure and protect the personal information of clients in line with the requirements of the law
- c. The Contractor must ensure that all members of staff (including locums) are aware of their responsibilities in relation to the protection of personal information.

8.2 Confidentiality

- a. The Contractor is required to have a confidentiality code of conduct (or similar).
- b. The Contractor is required to ensure that consultations occur in a designated room or area (see 6.1.2). The room or area should allow for the conversation between the pharmacist and the client to remain confidential
- c. The Contractor is required to ensure that all members of staff (and locums) know and understand their responsibilities in relation to maintaining confidentiality and are able to explain the code of conduct (or similar) to clients.

8.3 Recording

- a. Stockport Council requires the Contractor to use PharmOutcomes to record consultations
The Contractor is also required to use PharmOutcomes for the purposes of audit and for generating and submitting invoices to Stockport Council.

9. Safeguarding

9.1 General Requirements

- a. The Contractor is required to develop, adopt and implement policies and procedures for safeguarding children and vulnerable adults. These should be developed with reference to the policies and procedures of the Local Safeguarding Board which are built in to the PharmOutcomes template
- b. The Contractor is required to ensure that all members of staff (including locums) are aware of their safeguarding duties and responsibilities. Staff should receive initial and refresher training
- c. The Contractor is required to ensure that all members of staff (including locums) know how to record concerns and refer to local safeguarding teams. Further information can be found on PharmOutcomes

9.2 Child Sexual Exploitation

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

- a. The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities
- b. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources
- c. In order to improve the effectiveness of safeguarding and protecting children and young people from this form of abuse the Contractor is expected to follow the Greater Manchester Sexual Health (SH) CSE checklist as a prompt to ensure a series of key questions are asked during the general consultation process with all under 18 and vulnerable clients if you think there is any risk / or suspect CSE. It is vital that all staff (including non-clinical and reception staff) have access to and complete CSE training to ensure they are fully able to recognise the signs of CSE and act according to the relevant pathways and procedures.

10.0 Premises

10.1 General Requirements

- a. Stockport Council notes that the Contractor has a legal requirement to develop and implement a premises standards programme. NHS England requires contractors to ensure that their programme sets out how the approved particulars¹⁰ will be implemented
- b. The Contractor is required to have a confidential consultation room (or area), and this should be used for consultations for emergency contraception. It must:
 - Ensure that there is sufficient space for customers, patients and staff members
 - Be kept clean and in good repair
 - Be laid out and organised for the purpose of consulting or providing a healthcare service
 - Be laid out and organised so that, once a consultation has commenced and is in progress, other members of staff (or customers) cannot interrupt the consultation or enter the room / area without permission
 - Not be used for storage of stock (other than stock that could be used or supplied during a consultation)

11.0 Partnership Working and Relationships

11.1 Relationship with other services

- a. The Contractor is required to develop and maintain links with other relevant services including:
 - Locala Sexual Health, Contraception and HIV Service
 - Young People's Services
 - GP practices

11.2 Interdependencies

- a. The Contractor should note the following interdependencies:

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

1. Pinnacle Health Partnership is the operator of PharmOutcomes. Stockport Council requires its contractors to use PharmOutcomes to record consultations
2. The Centre for Pharmacy Postgraduate Education (CPPE) offers e-learning for pharmacists and technicians involved in the provision of emergency hormonal contraception and operates the Declaration of Competence scheme
3. Locala Sexual Health, Contraception and HIV Service is responsible for offering clinical advice about contraception and emergency contraception.
4. Brook is responsible for operating the opportunistic chlamydia screening programme for asymptomatic young people. Pharmacies can order self-sampling kits from Brook.

12. Performance and Outcomes

12.1 Outcomes Monitoring

- a. Stockport Council anticipates that provision of the emergency hormonal contraception scheme will contribute to achieving the following outcomes:

	Outcome	Indicators	Source
1	Reduction in the number of unintended conceptions	Rate and number of abortions Rate and number of second or subsequent abortions	DH Abortion Statistics
2	Reduction in the number of under-18 conceptions	Number and rate of under-18 conceptions	ONS Conception Statistics

12.2 Service Monitoring

- a. Stockport Council requires the Contractor to record all consultations using PharmOutcomes to record all consultations and to submit invoices
- b. Stockport Council will use the data for the purposes of monitoring provision, audit and for post-payment verification

	Indicator	Source	Frequency
1	Number of consultations for emergency contraception	PharmOutcomes	Commissioners will extract from PharmOutcomes on a quarterly basis
2	Number of clients issued and supplied with emergency contraceptive pills	PharmOutcomes	Commissioners will extract from PharmOutcomes on a quarterly basis

12.3 Contract monitoring and compliance

- a. NHS England is responsible for monitoring compliance with the NHS Community Pharmacy Contractual Framework

- b. Stockport Council will monitor compliance with the terms and conditions set out in this contract. Contract officers may visit on an annual basis to monitor performance and contract compliance.

12.4 Complaints, compliments and suggestions

- a. The Contractor is required to have a process for receiving, reviewing, and responding to complaints and suggestions

The Contractor will inform the Commissioner in the event that a complaint is received about the emergency hormonal contraception scheme.

13. Remuneration

13.1 Fees

- a. Stockport Council has set the following fees:

Emergency Hormonal Contraception		
	Element of services	Fee
A1	Consultation	£10 per completed consultation
A2	Drug costs	Current drug tariff plus VAT @ 5% P' versions of Ulipristal and Levonorgestrel
A3	Pregnancy test	£5 per test
A4	Supply of a Brook chlamydia self-sampling kit	£4 per kit

- b. Stockport Council reserves the right to revise fees.
- c. Invoices are automatically submitted via PharmOutcomes

13.2 Volume

- a. Stockport Council is not setting a minimum or maximum number of consultations. However, the Commissioner reserves the right to limit or suspend the service on a temporary basis in the event that demand for provision exceeds the available budget

14. Guidelines and Resources

14.1 National Guidelines

General

[Department of Health \(2013\) 'A Framework for Sexual Health Improvement in England'](#)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

[Department of Health \(2013\) 'Sexual Health Clinical Governance: Key principles to assist commissioners and providers to operate clinical governance systems in sexual health services'](#)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/252975/Sexual_Health_Clinical_Governance_final.pdf

Emergency Contraception

[Faculty of Sexual and Reproductive Health:](#)

<https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/>

[Faculty of Sexual and Reproductive Health:](#)

<https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>

Chlamydia Screening and Treatment

[Public Health England \(2014\) 'Developing integrated chlamydia screening provision'](#)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/373133/Developing_NCSP_services_locally.pdf

[Public Health England \(2014\) 'Development of specifications for the commissioning of chlamydia screening in general practice and community pharmacy'](#)

<https://www.gov.uk/government/publications/chlamydia-screening-in-general-practice-and-community-pharmacies>

NHS England (2016) 'Community Pharmacy Contractual Framework for 2016-18'

<https://www.england.nhs.uk/commissioning/primary-care/pharmacy/framework-1618/>

14.2 National resources

(a) National Sexual Health Information Line

a. Members of the public can call the National Sexual Health Helpline on 0300 123 7123 between 9am and 8pm, Monday to Friday

(b) Sexwise website (fpa)

a. Members of the public can visit www.sexwise.fpa.org.uk for information and advice about contraception and sexual health

b. Providers of sexual and reproductive health services can register for a free account. Account holders can download patient information leaflets and other resources. See: <https://www.fpa.org.uk/resources/free-sexual-health-information-england-northern-ireland>

15.0 Local Guidelines and Services -

15.1 Local Services

a. Safeguarding

Actions to be carried out when you are worried a child is being abused can be found at <http://greatermanchesterscb.proceduresonline.com/>

GM Protocol on Working with Sexually Active People under the age of 18 years
http://greatermanchesterscb.proceduresonline.com/chapters/p_work_sexually_act_yp.html

b. Locala Sexual Health Service

Locala Sexual Health, Contraception and HIV Service is responsible for providing contraception, sexual health and HIV sexual health in Stockport. Details are available at <https://www.locala.org.uk/services/sexual-health/>

c. Brook

Brook is responsible for operating the opportunistic chlamydia screening programme for asymptomatic young people. Details are available at <https://www.brook.org.uk/regions/brook-manchester/free-sti-test-stockport/>

d. Point of contact -

The operational contact for the agreement at Stockport Council is: Alison Leigh, Public Health Team, Stockport Council alison.leigh@stockport.gov.uk