

**Locally Commissioned Service for**

**EMERGENCY HORMONAL CONTRACEPTION (EHC)**

<b>Service Name</b>	EMERGENCY HORMONAL CONTRACEPTION
<b>Specification Number</b>	
<b>Commissioner Lead</b>	Andrea Entwistle Public Health Business & Strategy Manager
<b>Period of Agreement</b>	1 <sup>st</sup> April 2021 – 31 <sup>st</sup> March 2022
<b>Date of Review</b>	January 2022
<b>Updated</b>	<p>April 2020 – updated Chlamydia Screening Programme Offer following Termination of Service served by RUClear on 23 March 2020</p> <p>March 2021 – updated to remove Chlamydia Treatment offer which has been suspended pending review of local</p>

## 1. Executive Summary

### 1.1 Overview

- a. Oldham Council shall commission and fund 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. This service is part of the duty on Local Authorities to provide sexual health services to the population.
- b. The Contractor is required to arrange for an accredited pharmacist (see section 7.2) to offer information and advice to women attending for emergency hormonal contraception and, if clinically appropriate, to issue and supply medication in line with the relevant Patient Group Direction

## 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
- 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 are responsible for commissioning and funding abortion services. CCGs 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 the following indicators relating to sexual health:
  - C01: Health Improvement: Total prescribed LARC, excluding injections rates
  - C02: Health Improvement: Under-18 conceptions rates
  - D02a: Health Protection: Chlamydia diagnoses (15-24 year olds);
  - D02b: Health Protection: New STI Diagnoses (excluding chlamydia aged <25)
  - D07: Health Protection: People presenting 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

## **2.2 Rationale**

- a. Community pharmacies shall 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. 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 payment for services provided to ensure Greater Manchester residents receive equitable provision across all localities.

## **4. Local Context**

### **4.1 Overview of Commissioning Requirements for Oldham Council**

- a. Oldham Council and Oldham Clinical Commissioning Group are working in partnership to commission health and care services in the borough, including sexual and reproductive health services.

### **4.2 Overview of Sexual & Reproductive Health of residents in Oldham**

- a. Improving the sexual health and wellbeing of the population is one of the public health priorities for Oldham Council. Sexual ill-health is a particular issue for Public Health with high rates of sexually transmitted infections including HIV and high rates of unintended conceptions.

- **Under 18 Conceptions**

Oldham's quarterly conception rate has been decreasing since early 2017 but remains consistently higher than the Greater Manchester, North West and England rates. Oldham recorded the fifth highest rolling annual rate in GM with 23.5 per 1,000 at the end of Q3 2018.

- **Abortions**

Decreases have been seen in the under 18 abortion rate between 2005 and 2018 in Oldham, the North West and England. Oldham's decrease of 38.4% is smaller than the decline seen in the North West (40.6%) and for England as a whole (55.0%). Oldham's 2018 rate of 11.7 per 1,000 is slightly higher than the North West rate of 10.7 per 1,000 and the England rate of 8.1 per 1,000. Oldham's under 18 abortion rate is 4th highest across Greater Manchester, with a rate of 11.7 per 1,000.

Between 2005 and 2018 Oldham's rate for repeat abortions has increased by 72.8%, whilst the North West has seen an increase of 23.2% and England just 12.6%. In 2018, the rate for Oldham remained at a similar level to regional and national rates. Oldham had the 4th lowest rate of repeat abortions in under 25s across Greater Manchester in 2018 with a rate of 27.3%.

- **Long Acting Reversible Contraception (LARC)**

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<sup>1</sup>. 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<sup>2</sup>. Nationally 41% of women attending a sexual and reproductive health clinic in 2017/18 were using a LARC compared to 23% in 2007/8.

Oldham's percentage of under 25s choosing LARC (excluding injections) has remained relatively stable between 2014 and 2018, only experiencing a slight dip in 2015. North West and England's percentages have also remained stable between 2014 and 2017 but have increased in 2018.

Oldham's 2018 percentage of 16.9% is lower than the North West percentage of 19.6% and the England percentage of 25.2%. Oldham ranks the lowest in terms of the percentage of under 25s choosing LARC (excluding injections) across Greater Manchester.

- **STIs**

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

Oldham has a lower rate of new STI diagnoses (per 100,000 population) than England and the North West – 641 compared to 900 and 782 respectively.

The Chlamydia detection rate in Oldham remains below the recommended rate of 2,300 per 100,000. Between 2016 and 2019 the rate in Oldham decreased more significantly than what was seen across the North West and England and now sits at a similar level those rates.

Detection rates amongst males are approximately one-third than those recorded amongst their female contemporaries at local, regional and national levels. Detection rates amongst males also historically fall far short of the PHE recommended minimum detection rate (2,300 per 100,000 population). Oldham did not achieve the recommended detection rate

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<sup>1</sup> <https://www.sexwise.fpa.org.uk/contraception>

<sup>2</sup> <https://files.digital.nhs.uk/7B/862F70/srh-serv-eng-17-18-rep-rev.pdf>

for males between 2017 to 2019. Amongst females, the recommended detection rates have been achieved between 2017 to 2019.

- **HIV**

The HIV diagnosed prevalence (rate per 1000, aged 15-59) in Oldham in 2019 was 1.66 per 1000, which equates to 226 people living with HIV in the borough, 18 of whom were newly diagnosed in 2019. Oldham has seen an overall decrease in the percentage of late HIV diagnosis between 2009/11 and 2017/19, yet rates remain higher than the Greater Manchester and England averages at 40.9% (compared to 44.1% for North West and 43.1% for England). However, HIV testing coverage in Oldham, although increasing year on year since 2015, remains much lower than the regional and national averages at 41% (compared to 56.6% for the North West and 64.8% for England, 2019)<sup>3</sup> and the number of residents living with HIV who are unaware that they are infected (estimated to equivalent to around 7% of those living with HIV) increase the risk of onward transmission.

Preventing new diagnosis of HIV is particularly cost effective. According to NICE, overall HIV treatment and care costs are around £800 million for England, which equates to an estimated £280,000 - £360,000 in costs over a person's lifetime (Medical Research Council Trials Unit, 2015)<sup>4</sup>.

#### **4.3 Local delivery arrangements for the Chlamydia Screening Programme**

- a. Virgin Care (in partnership with Early Break) is contracted to provide opportunistic chlamydia screening for asymptomatic young women and men aged 16 to 24 living in Oldham as part of the National Chlamydia Screening Programme which is delivered as part of Oldham's Young People's Sexual Health and Substance Misuse Service.
- b. Virgin Care is also contracted to provide and distribute postal chlamydia self-sampling kits (via their website <https://www.thesexualhealthhub.co.uk/postal-testing>) to people over 16 without any symptoms or specific concerns, living in Oldham, as part of the Integrated Sexual Health Service.
- c. Virgin Care can also support people who are symptomatic or would like other STI tests and in these circumstances, people are asked to [book an appointment online](#) or [call their local clinic](#) [for Oldham, this is at the Oldham Integrated Care Centre and the number is 0300 303 8565].

## **5. Aims, Objectives and Outcomes**

### **5.1 Aims**

- a. Oldham Council shall commission and fund 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. 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

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<sup>3</sup> PHE Fingertips, Sexual and Reproductive Health Profile, available online [here](#)

<sup>4</sup> <https://www.nice.org.uk/guidance/NG60/documents/economic-report>

- 3) If clinically appropriate, to issue and supply free emergency contraceptive pill(s) in accordance with the relevant Patient Group Direction (PGD). 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:

- Signpost young women (16-24 year olds) attending for emergency hormonal contraception to <https://www.thesexualhealthhub.co.uk/> for a chlamydia self-sampling kit

### **5.3 Expected Outcomes**

#### **5.3.1 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) 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. Signposting to the provision of chlamydia self-sampling kits as described in this specification is expected to contribute to achieving the following outcomes:

- Reducing the prevalence of chlamydia among young men and women through the prompt detection and treatment of asymptomatic infection
- Preventing the consequences of untreated infection.

#### **5.3.2 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) 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. Signposting to the provision of chlamydia self-sampling kits 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 and men.

## 6. Overview

### Service Description

#### 6.1 General Requirements

- a. Oldham Council shall commission and fund the Contractor to participate in the free emergency hormonal contraception scheme 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 (see section 7.2) to consult with clients attending for emergency hormonal contraception. If clinically appropriate, the pharmacist can issue and supply the medication to the client, free of charge in accordance with the relevant Patient Group Direction
- 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. Refers to the Patient Group Direction(s) to determine if it is appropriate to issue emergency hormonal contraception - including:
    - Inclusion and exclusion criteria
    - Cautions
    - Drug interactions
  5. Refers to the Patient Group Direction(s) for details of the medication – including:
    - Dose and quantity to be issued and supplied
    - Drug interactions
- 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 (<https://www.thesexualhealthhub.co.uk/services-near-you/oldham/>)
  2. Discusses the benefits of the consistent use of condoms for protection from sexually transmitted infections.
  3. Discusses the benefits of regular screening for sexually transmitted infections and signposts / refers the client to a sexual and reproductive health clinic if symptomatic or concerned (STI postal tests are available locally from Virgin Care <https://www.thesexualhealthhub.co.uk/postal-testing>)
  4. Discusses the benefits of regular screening for chlamydia (16–24 year olds) and, if clinically appropriate, signposts to <https://www.thesexualhealthhub.co.uk/postal-testing> for a postal self-sampling kit

- 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<sup>5</sup>
- 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 Commissioner 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.

## **6.2 Population data collection**

- a. 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. You shall be aware with the Information Commissioner's Office in relation to General Data Protection Regulation 2018 (Regulation EU 2016/679) (GDPR)
- b. Your organisation must have a Data Protection and/or information security and/or records management policy in place that complies with current legislative/best practice requirements.

## **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 supplied in accordance with the inclusion and exclusion criteria detailed in the Patient Group Direction(s).

### **6.3.2 Opportunistic screening for chlamydia**

- a. The Contractor is permitted to signpost to [www.thesexualhealthhub.co.uk/postal-testing](http://www.thesexualhealthhub.co.uk/postal-testing) for the provision of chlamydia self-sampling kits for:
  1. Young women aged 16 to 24 attending the pharmacy for a consultation for emergency contraception
  2. Young women and men attending the pharmacy to request a chlamydia self-sampling kit or for information, advice or guidance about sexual or reproductive health
- b. The Contractor should not signpost to the online offer for a postal chlamydia self-sampling kit:
  1. Young people aged 15 or under
  2. Young people resident in an area outside of Oldham, Bury or Rochdale
  3. Young people who are symptomatic

## **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, including supporting online booking if necessary

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<sup>5</sup> <https://www.fpa.org.uk/factsheets/under-16s-consent-and-confidentiality-sexual-health-services>



## **6.5 Additional Services**

### **6.5.1 Pregnancy Testing**

If a 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.

## **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 2013<sup>6</sup> including to:

1. Design and implement a clinical effectiveness programme<sup>7</sup>
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:
  - Ensuring that data and personal information is collected and recorded in accordance with the approved for information management. The Contractor is required to ensure that, for all clients attending for emergency hormonal contraception or Chlamydia screening, that (a minimum of first 4 digits) data is collected and recorded. You shall be aware with the Information Commissioner’s Office in relation to General Data Protection Regulation 2018 (Regulation EU 2016/679) (GDPR)
  - your organisation must have a Data Protection and/or information security and/or records management policy in place that complies with current legislative/best practice requirements
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:
  - Implementation of processes to collect and respond to feedback or complaints

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<sup>6</sup> See: <https://www.legislation.gov.uk/ukxi/2013/349/schedule/4/made?view=plain>

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 module<sup>8</sup>
- CPPE chlamydia testing and treatment module<sup>9</sup>
- CPPE safeguarding children and vulnerable adults e-learning module<sup>10</sup>
- CPPE PGD e-learning module<sup>11</sup>

3. Self-assessed their knowledge, understanding, skills and confidence, and have self-declared their competence to issue and supply emergency hormonal contraception in line with the relevant PGDs:

- Pharmacists are required to complete the CPPE declaration of competence form for emergency contraception<sup>12</sup> 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.

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:

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<sup>8</sup> See: <https://www.cppe.ac.uk/programmes//ehc-a-10>

<sup>9</sup> See: <https://www.cppe.ac.uk/programmes//chlamydia-k-05>

<sup>10</sup> See: <https://www.cppe.ac.uk/programmes//safegrding-w-05>

<sup>11</sup> See: <https://www.cppe.ac.uk/programmes//ptgpdire-01/>

<sup>12</sup> See: <https://www.cppe.ac.uk/services/docs/commissioners/commissioner%20-%20emergency%20contraception.pdf>

- Clients should be signposted to their GP for routine prescribing of contraceptive pills or the contraceptive injection, some GPs also offer long acting reversible contraception
- Clients can be signposted to a sexual and reproductive health clinic to obtain other methods of contraception – e.g. contraceptive implant
- Clients can be signposted to sexual and reproductive health services in any area for sexually transmitted infection advice, testing or treatment.
- Clients at risk of HIV can be signposted to order a self-sampling kit online at <https://freetesting.hiv/> or can receive testing at any sexual and reproductive health service clinic and some GPs
- Clients at risk of or living with HIV in Greater Manchester should be signposted to PaSH (Passionate about Sexual Health) for advice and support for them and their families <https://gmpash.org.uk/> or

- 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. Pharmacies have a legal obligation<sup>13</sup> 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 particulars<sup>14</sup> including but not limited to:
1. Maintaining a patient safety incident log. This should be available for commissioners on request
  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 Oldham Council of any and all incidents relating to the provision of EHC provision

#### **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](#)

### **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)<sup>15</sup>. 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

<sup>13</sup> <https://www.legislation.gov.uk/uksi/2013/349/schedule/4/made?view=plain>

<sup>14</sup> See: <https://www.gov.uk/government/publications/clinical-governance-approved-particulars>

<sup>15</sup> See: <https://www.igt.hscic.gov.uk/>

## **8.2 Confidentiality**

- a. The Contractor is required to have a confidentially code of conduct (or similar).
- b. The Contractor is required to ensure that consultations occur in a designated room or area. The room or area should allow for the conversation between the pharmacist and the client to remain confidential. Any breach of this should be reported to commissioners as an incident.
- 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.

## **8.4 Recording**

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

## **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 Oldham Council 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**

- 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 and Greater Manchester Policies and Procedures (as detailed above). 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. Oldham 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 particulars<sup>16</sup> 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:
  - Virgin Care Sexual Health, Contraception and HIV Service which is responsible for offering clinical advice about contraception and emergency contraception. It should be noted that residents can attend any sexual and reproductive health service in England free of charge
  - Young People's Services as delivered by Virgin Care, as sub-contracted by Early Break and in partnership with The Proud Trust, as part of Oldham's Young People's Integrated Sexual Health and Substance Misuse Service.
  - GP practices
  - Other pharmacies

### **11.3 Interdependencies**

- a. The Contractor should note the following interdependencies:
  1. Greater Manchester Health and Care Commissioning Strategic Medicines Optimisation is responsible for authorising and issuing Patient Group Directions on behalf of Oldham Council
  2. Pinnacle Health Partnership is the operator of PharmOutcomes. Oldham Council requires our contractors to use PharmOutcomes to record consultations
  3. 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

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<sup>16</sup> See: <https://www.england.nhs.uk/wp-content/uploads/2018/02/approved-particulars-premises.pdf>

## 12. Performance and Outcomes

### 12.1 Outcomes Monitoring

- a. Oldham Council anticipates that provision of the emergency hormonal contraception scheme will contribute to achieving the following outcomes which are regularly monitored:

	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. Oldham Council requires the Contractor to record all consultations using PharmOutcomes
- b. Oldham 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. Oldham Council will monitor compliance with the terms and conditions set out in this contract. Contract officers will 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
- b. 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. Oldham Council has set the following fees:

<b>Emergency Hormonal Contraception</b>		
	<b>Element of services</b>	<b>Fee</b>
A1	Consultation and advice consistent with protocol and PGD	£15
A2	Drug costs	Current drug tariff plus VAT (Low rate) Levonorgestrel 1.5mg – as per DM&D Ulipristal acetate 30mg – as per DM&D
A3	Pregnancy test	£5 per test plus VAT (Standard)

b. Oldham Council reserves the right to revise fees

c. Invoices are automatically submitted via PharmOutcomes

### 13.2 Volume

a. Oldham 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](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](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/>

## **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](http://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 Links:**

#### **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](http://greatermanchesterscb.proceduresonline.com/chapters/p_work_sexually_act_yp.html)

#### **b. Virgin Care Sexual Health Service**

<https://www.thesexualhealthhub.co.uk/services-near-you/oldham/>

**c. PaSH – Greater Manchester Sexual Health Improvement Programme**, includes; HIV prevention, care and support

[www.gmpash.org.uk](http://www.gmpash.org.uk)

## **New section 16: Agreement Termination**

The Commissioner and the provider may agree, in writing, to terminate the contract and, if agreement is reached, the date on which the termination should take effect, with a minimum notice period of 30 days.

The Commissioner will have the right to suspend or terminate delivery of the service if the provider fails to meet the terms of this agreement, including accredited pharmacist status.

## **New section 17: Agreement Variation**

The Commissioner reserves the right to vary any part of this agreement at any time as a result of any Act of Parliament or direction of Central Government or outcome of review of audit, providing that no less than 30 days' notice to this effect is given.

## **New Section 18: Ensuring provision of service during ongoing Coronavirus (COVID-19) pandemic and beyond**

The Service should adopt a flexible, realistic approach according to:



- Changes in local prevalence of COVID-19 and the resulting risk of COVID-19 transmission associated with face-to-face procedures
- Changes in Government policy, including the introduction of local restrictions
- Service and workforce capacity

Services should be delivered in accordance with government guidance and policy, including any local, regional or national restrictions: <https://www.gov.uk/coronavirus>

Sexual Health services should be also be delivered in accordance with the guidance and clinical statements issued by The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists (FRSH) <https://www.fsrh.org/fsrh-and-covid-19-resources-and-information-for-srh/>