



**The Council of the Metropolitan Borough of Bury
Department for Communities and Wellbeing**

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Locally Commissioned Service for

EMERGENCY HORMONAL CONTRACEPTION (EHC)

Service Name	EMERGENCY HORMONAL CONTRACEPTION
Commissioner Lead	Shenna Paynter, Public Health Specialist
Period of Agreement	April 1 st 2023 to March 31 st 2024
Date of Review	May 2023 Next review due; Jan 2024

1. Executive Summary

1.1 Overview

- a. Bury Council 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 Provider (this is the term used throughout this specification to refer to the provider signing up to provide this locally commissioned service) 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 the relevant Patient Group Direction.

2. National Context and Local Context

2.1 National Context

2.1.1 Overview of commissioning responsibilities

- a. The 2022 Health and Care Act entailed significant structural change for NHS commissioning with NHS Greater Manchester Integrated Care becoming responsible for the commissioning responsibilities of former CCGs, as well as taking on several commissioning functions from NHSE (with a plan for further delegation over time).
- b. GMIC are working with partners across GM to optimise the way they commission services and realise the efficiencies from bringing twelve organisations into one.
- c. The ten localities in Greater Manchester - Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan - all have local authority plans (or strategies), locality plans for health and care and Health and Wellbeing plans. The Joint Strategic Needs Assessments (JSNAs) in each locality have specifically informed the Health and Wellbeing plans, as well as the other plans.
- 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. Greater Manchester ICB are responsible for commissioning and funding abortion services, and 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, that is to improve and protect the nation's health, and improve the health of the poorest fastest. The Framework includes supporting indicators such as Wider determinants, health improvement, health

protection and healthcare and premature mortality, and within these are a number of indicators relating to sexual health;

[Indicator C01](#) Total prescribed LARC excluding injections rate / 1,000

[Indicator C02a](#) Under 18's conception rate / 1,000

[Indicator D02a](#) Chlamydia detection rate per 100, 000 aged 15-24, inc [male](#) and [female](#) only data

[Indicator DO2b](#) New STI diagnoses (excluding chlamydia aged under 25) per 100,000

[Indicator D07](#) HIV late diagnosis in people first diagnosed with HIV in the UK – proportion %.

- 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 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 typically 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 for Bury

- a. Since April 1 2020 Bury Clinical Commissioning Group and Bury Council are working in partnership as a single commissioning body known as the 'One Commissioning Organisation' or 'OCO' to commission selected health and care services in Bury, including sexual and reproductive health services. The current mandated contracting responsibility for sexual health services is held by Public Health.

4.2 Overview of Sexual & Reproductive Health of residents in Bury

- a. Improving the sexual health and wellbeing of the population is one of the public health priorities for Bury. Sexual ill-health is a particular issue for Bury with high rates of sexually transmitted infections including HIV and high rates of unintended conceptions. For an overview of the Sexual Health Profile for Bury please visit [OHID Fingertips](#)

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. Chlamydia (PHE, 2021 data)

The chlamydia detection rate /100,000 aged 15-24 in Bury is 1,192, per 100,000. This is lower than both the regional average of 1330 and the England average of 1334. The target is ≥ 2300

- c. HIV (PHE, 2019- 2021 data)

The diagnosed prevalence rate (per 1,000 aged 15-59) is 2.17%, lower than the England rate of 2.34% but higher than the regional rate of 2.06%. The late diagnosis of HIV stands at 46.7%, which is higher than both the regional average (40.7%) and England average (43.4%). The target is <25%,

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. In 2021 the crude rate of abortions among female residents was 24.2/1,000 and the proportion of U25's abortions who had had a previous TOP was 31.3%
- c. In 2021 the under-18 conception rate was 14.4/ 1,000 (England 13.1, North West 16.4).

5. Aims, Objectives and Outcomes

5.1 Aims

Bury 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 'Providers'
- b. Providers offering emergency hormonal contraception as detailed in this specification will:
- Consult with clients attending for Emergency Hormonal Contraception and:
 - 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
 - If deemed to be 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
 - Offer advice, referral, and signposting information about regular methods of contraception including long-acting methods and how to obtain them (through patient's GP or any integrated sexual and reproductive health service as these are open access in England so anyone can attend any provider). In Bury integrated sexual and reproductive health services are provided by Virgin Health Care and can be contacted at the Sexual Health Hub <https://www.thesexualhealthhub.co.uk/services-near-you/bury/> or telephone 0300 3038565
 - Offer information and advice about safer sex and the benefits of screening for sexually transmitted infections.
 - Offer condoms. Condoms prevent unplanned pregnancies and offer effective protection against most STIs including Chlamydia, Gonorrhoea, and HIV. Condom distribution within pharmacy plays a key role in promoting use and removing barriers to access. Condom ordering details can be found in [6.5.1](#).

5.3 Expected Outcomes

5.3.1 Direct Influence on Outcomes

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.

5.3.2 Indirect Influence on Outcomes

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.

6. Overview

Service Description

6.1 General Requirements

- a. Bury Council is commissioning and funding the Provider 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 Provider is required to arrange for a qualified and accredited pharmacist (see section 7) to consult with clients attending for emergency hormonal contraception. If deemed to be clinically appropriate, the pharmacist can supply the medication to the client in accordance with FSRH guidance (Standards & guidance - Faculty of Sexual and Reproductive Healthcare (fsrh.org) and following either Levonorgestrel PGD (see Appendix D) or Ulipristal SPC as appropriate.
- c. The Provider 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 ulipristal acetate (as first line treatment- see PGD)
 - Products containing levonorgestrel
 - Emergency intrauterine device (IUD)*and *signposts 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 Provider 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 to discuss this further.
 2. Discusses the benefits of the consistent use of condoms for protection from sexually transmitted infections. Pharmacies commissioned to provide EHC will be supplied with condom packs, via the local integrated sexual health service, which can be offered during EHC consultation. If a service user takes up the offer of a free condom & lube pack this will be recorded (tick box) on the pharma outcomes EHC template.

A choice of condom & lube packs will be available to offer including regular, non-latex and king size. The service user should be asked about their pack preference before distributing. In addition, the packs will contain information which signposts to local sexual health services via www.thesexualhealthhub.co.uk website.

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. Clients can order a postal kit via [Postal Testing - Find Sexual Health Advice & Clinics Near You | HCRG \(thesexualhealthhub.co.uk\)](http://www.thesexualhealthhub.co.uk) sexual health service on 0300 3038565 or book an appointment online at <https://www.thesexualhealthhub.co.uk/book/#book>

- e. The Provider 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 Provider 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 Provider will ensure compliance with local policies and procedures for safeguarding children and vulnerable adults
- h. The Provider is required to promote the free emergency hormonal contraception service.
- i. The Service should be accessible to all clients presenting at the pharmacy during the times that the pharmacy is open, providing that the appropriately accredited staff are available.
- j. The Sexual Health Commissioner in the Local Authority will ensure that the Provider 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 Data Collection

- a. The Provider is required to ensure that wherever possible, for all clients attending for emergency hormonal contraception, that a minimum of the first 4 digits postcode data is collected and recorded on PharmOutcomes. Non-provision of this information **should not** preclude a patient from accessing emergency contraception.

6.3 Inclusion and exclusion criteria- Emergency hormonal contraception

The Provider 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).

6.4 Referral sources and processes

- a. The Provider is required to accept self-referrals and referrals from other healthcare professionals.
- b. The Provider 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.

6.5 Additional Services

6.5.1 Condoms

Pharmacies are asked to contact the Condom Distribution Scheme. Further information and contact details can be found at [Sexual Health & STI Clinics in and near Bury | HCRG Care Group \(thesexualhealthhub.co.uk\)](https://www.thesexualhealthhub.co.uk) or people can order postal condoms through the Virgin Care website here <https://www.thesexualhealthhub.co.uk/condom-ordering-service/#welcome>

6.5.2 Pregnancy Testing

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 Provider for this test as described in this specification.

7. Governance and Operation

7.0 Clinical Governance

7.1 General Requirements

a. The Provider 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 programme²
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 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 Emergency Contraception scheme

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

- 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
 - The Provider is required to have a clinical governance lead for the pharmacy.

7.2 Clinical skills and competencies

- a. The Provider 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 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 in line with the relevant PGDs:
 - 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.
- b. The Provider 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 Provider is required to ensure that all pharmacists have signed the PGD and that copies are kept on file
- d. The Provider 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

³ See: <https://www.cppe.ac.uk/programmes//ehc-a-10>

⁴ See: <https://www.cppe.ac.uk/services/safeguarding>

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

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

- a. The Provider 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 (see Section 15 for more information on local and national services):
- Clients should be signposted to their GP for routine prescribing of contraceptive pills or the contraceptive injection. Some GPs may also prescribe and insert contraceptive implants, intrauterine systems (IUSs) / intrauterine devices (IUDs) - coils
 - Clients can be signposted to a sexual and reproductive health clinic to obtain other methods of contraception – e.g. contraceptive implant or coil
 - Clients can be signposted to sexual and reproductive health services in any area for sexually transmitted infection advice, testing or treatment. The client can visit <https://www.thesexualhealthhub.co.uk/services-near-you/bury/>
 - Clients at risk of HIV can be signposted to order a self-sampling kit online through <https://www.thesexualhealthhub.co.uk/services-near-you/bury/> 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. Visit [Home page | PaSH \(gmpash.org.uk\)](https://www.gmpash.org.uk/)
- b. The Provider 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 obligation⁷ to use an approved incident reporting system. Providers 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 <https://psnc.org.uk/quality-and-regulations/clinical-governance/patient-safety-incident-reporting/>
- b. The Provider is required, as part of this contract, to inform the Public Health Commissioner at Bury Council of all incidents relating to the provision of EHC provision [which directly or indirectly involves a Service User] as soon as reasonably possible of the 'incident'.

7.5 Infection Control

- a. The Provider 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 Provider 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

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

⁸ See: <https://www.gov.uk/government/publications/clinical-governance-approved-particulars>

- a. The Provider 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 [Data Security and Protection Toolkit - NHS Digital](#) The associated assessment should be completed on an annual basis
- b. The Provider 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 Provider 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 Provider is required to have a confidentiality code of conduct (or similar).
- b. The Provider is required to ensure that consultations occur in a designated room or area (see section 10). The room or area should allow for the conversation between the pharmacist and the client to remain confidential
- c. The Provider 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. Bury requires the Provider to use PharmOutcomes to record consultations
The Provider 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 Provider 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 Bury Safeguarding Board which are built in to the PharmOutcomes template
- b. The Provider 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 Provider 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 and through the links in Section 15

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 Provider 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. Bury Council notes that the Provider has a legal requirement to develop and implement a premises standards programme. NHS England requires Providers to ensure that their programme sets out how the approved particulars⁹ will be implemented
- b. The Provider 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)
- c. Telephone consultations can be done for Emergency Hormone Contraception where it is not possible for someone to get to the pharmacy (for example, because they are self-isolating due to COVID-19). The same process and questions should be followed over the phone in this instance, and the EHC can be delivered to the client or collected by a representative. This is provided the pharmacist takes steps to minimise patient risk and is mindful of potential for abuse with due regard to safeguarding. It would still be expected that vulnerable people or those who are under the age of 16 would be referred to the sexual health service.

11.0 Partnership Working and Relationships

11.1 Integration

- a. The responsibilities for sexual and reproductive health are due to remain with Bury Council during 2023-2024.

11.2 Relationship with other services

- a. The Provider is required to develop and maintain links with other relevant services including:
 - Bury Sexual Health, Contraception and HIV Service 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 (contact Virgin Care <https://www.thesexualhealthhub.co.uk/services-near-you/bury/>)
 - GP practices

⁹ See: <https://www.england.nhs.uk/wp-content/uploads/2018/02/approved-particulars-premises.pdf>

- Other pharmacies

11.3 Interdependencies

a. The Provider should note the following interdependencies:

1. NHS Greater Manchester Shared Services is responsible for authorising and issuing Patient Group Directions on behalf of Bury Council
2. Pinnacle Health Partnership is the operator of PharmOutcomes. Bury Council requires our Providers 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

12. Performance and Outcomes

12.1 Outcomes Monitoring

a. Bury 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. Bury Council requires the Provider to record all consultations using PharmOutcomes and also to submit invoices

	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 Complaints, compliments, and suggestions

- a. The Provider is required to have a process for receiving, reviewing, and responding to complaints and suggestions
- b. The Provider will inform the Commissioner in the event that a complaint is received about the emergency hormonal contraception scheme.

13. Remuneration

13.1 Fees

a. Bury Council has set the following fees:

Emergency Hormonal Contraception		
	Element of services	Fee
	EHC Consultation	£15.00 per completed consultation
	Drug costs	Current drug tariff plus VAT @ 5% Levonorgestrel 1.5mg Ulipristal Acetate 30mg
	Pregnancy test	£5 per test plus VAT @ 20%

b. Bury Council reserves the right to revise fees. Fees will be reviewed on an annual basis.

c. Invoices are automatically submitted via PharmOutcomes.

d. CPGM Healthcare (CHL) will collate activity data from PharmOutcomes monthly for EHC consultation, drug costs, and pregnancy tests and reimburse the Provider accordingly

e. All Providers must record activity 'live' on PharmOutcomes during the intervention with patients. If Providers try to complete interventions retrospectively, they may not have asked all of the questions necessary at the time of the intervention to complete the webform correctly. Furthermore, there is a pathway within PharmOutcomes that guides the Provider and the patient together, through the service. This includes safeguarding assessments and clinical decision points that ensure the best service for the patient and the right signposting and dispensing of medication (if appropriate).

13.2 Volume

a. Bury 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

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/>

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

- 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)

- Members of the public can visit www.sexwise.fpa.org.uk for information and advice about contraception and sexual health
- Providers of sexual and reproductive health services can register for a free account. Account holders can download patient information leaflets and other resources. See: [Resources - FPA](#)

15. Local Guidelines and Services

15.1 Local Services

(a) Bury Sexual Health Service <https://www.thesexualhealthhub.co.uk/services-near-you/bury/>

(b) PaSH – HIV prevention, care and support in Greater Manchester: www.gmpash.org.uk/hiv

15.2 Safeguarding

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

b. 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

15.3 Point of contact -

The operational contact for the agreement at Bury Council is: publichealth@bury.gov.uk

16. Appendices

16.1 Appendix 1 EHC Patient Group Directives.



Bury Levonorgestrel EC PGD final version



Bury Ulipristal EC PGD final version 2.1