

**Service Specification**

**For the Locally Commissioned Service:**

**EMERGENCY HORMONAL CONTRACEPTION (EHC)**

**&   
CHLAMYDIA AND GONORRHOEA SCREENING**

|  |  |
| --- | --- |
| Service | **Emergency Hormonal Contraception & Chlamydia and Gonorrhoea Screening** |
| Authority Lead | **Jo Bryan** |
| Provider Lead | **Harriet Sander** |
| Period | **1/04/2024 – 31/03/2025** |
| Date of Review | **October 2024** |

**1. Executive Summary**

**1.1 Overview**

1. Trafford Council is commissioning and funding an emergency hormonal contraception (EHC) 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.
2. The Provider (this is the term used throughout this specification to refer to the pharmacy 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 EHC and, if deemed to be appropriate, to issue and supply medication in line with the relevant Patient Group Direction or Summary of Product Characteristics (SPC).
3. The Provider must also offer a Brook chlamydia and gonorrhoea home test kit ‘business card’ or a physical home test kit to young people aged 16-24 years old attending for emergency contraception (see Appendix C). Providers can sign up to be a distribution site to hold and distribute home test kits to EHC clients who are Trafford residents by contacting [manchester.admin@brook.org.uk](mailto:manchester.admin@brook.org.uk) (see Section 6.5.1).
4. The Provider will provide safer sex advice to all people accessing this service.

**2. National Context and Local Context**

**2.1 National Context**

**2.1.1 Overview of commissioning responsibilities**

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. Since the introduction of the Health and Care Act 2022, Integrated Care Boards (ICBs) superseded CCGs on 1 July 2022 and have taken over their commissioning functions.

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.

d. Integrated Care Boards (ICBs) are responsible for commissioning and funding abortion services and for arranging for patients to obtain permanent methods of contraception, including sterilisations and vasectomies. ICBs are also responsible for commissioning gynaecology and the non-sexual health elements of psychosexual health services.

**2.1.2 Public Health Outcomes Framework**

a. The [Public Health Outcomes Framework](https://www.gov.uk/government/collections/public-health-outcomes-framework) sets out a vision for public health. The Framework includes five indicators relating to sexual health:

1. [Indicator C01:](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000042/pat/15/par/E92000001/ati/502/are/E08000009/yrr/1/cid/4/tbm/1) Total prescribed LARC excluding injections rate per 1,000
2. [Indicator C02a:](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000042/pat/15/par/E92000001/ati/502/are/E08000009/iid/20401/age/173/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1) Under-18s conception rate per 1,000
3. [Indicator C02b:](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000042/pat/15/par/E92000001/ati/502/are/E08000009/iid/90639/age/169/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1) Under 16s conception rate per 1,000
4. [Indicator D02a](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000043/pat/15/par/E92000001/ati/502/are/E08000009/iid/90776/age/156/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1): Chlamydia detection rate per 100,000 among 15-24-year-olds
5. [Indicator D02b:](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000043/pat/15/par/E92000001/ati/502/are/E08000009/iid/91306/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1) New STI diagnoses (excluding chlamydia diagnoses in under-25-year-olds) per 100,000

b. Provision of EHC 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 and Gonorrhoea (C&G) Screening Support Service as described in 1.1c of this specification will contribute to controlling and preventing the transmission of chlamydia and gonorrhoea.

**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](http://www.chlamydiascreening.nhs.uk/ps/)) 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. In 2021, the NCSP shifted its focus to decreasing the harms from untreated chlamydia infection, which primarily occurs in young women aged 15-24-years-old. In 2022, the UK Health Security Agency introduced a female-only target chlamydia detection rate for local authorities of at least 3,250 per 100,000 in the 15–24-year-old female population.

**2.2 Rationale**

1. 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.
2. 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
3. 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. Intrauterine devices can also be used for the purposes of emergency contraception if fitted within 120 hours of unprotected sex.
4. Levonorgestrel 1500 micrograms can be used up to 96 hours and Ulipristal Acetate 30mg up to 120 hours following unprotected sexual intercourse (UPSI). Intrauterine devices can also be used for the purposes of emergency contraception if fitted within 120 hours of unprotected sex.
5. Supplies should be made using the following FSRH clinical guidance[[1]](#footnote-1) as to which is the most appropriate product.
6. 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 Trafford**

1. Trafford Integrated Care Board and Trafford Council are working in partnership to commission selected health and care services in Trafford, including sexual and reproductive health services. The current contracting responsibility is held by Trafford Council.
2. Trafford Council has contracted GP practices and pharmacies to deliver health and care services in non-hospital settings.

**4.2 Overview of Sexual & Reproductive Health of residents in Trafford**

a. Improving the sexual health and wellbeing of the population is one of the public health priorities for Trafford. Sexual ill-health is a particular issue for Trafford with high rates of sexually transmitted infections (STIs) including HIV and a high rate of unintended conceptions in some populations.

* + 1. **Sexually Transmitted Infections and HIV**

a. STIs can be passed from one person to another during unprotected vaginal, anal or oral sex, genital contact, and through the sharing of sex toys. Several infections can lead to long-term health problems if not detected and treated early. Some infections such as HIV can be managed but not cured. The correct and consistent use of condoms and other prevention tools are important to control and prevent the transmission of STIs. Regular testing for STIs is essential to maintain good sexual health.

b. Rates in 2022

* Overall, the rate of new STIs diagnoses (excluding chlamydia diagnoses in under 25-year-olds) in Trafford was 401 per 100,000, compared to 496 per 100,000 in England.
* The chlamydia detection rate for young women aged 15-24-years-old in Trafford was 1,902 per 100,000 compared to 2,110 in England.
* The proportion of 15-24-year-olds screened for chlamydia was 11.9% in Trafford compared to 15.2% in England.
* The gonorrhoea diagnostic rate was 93 per 100,000 in Trafford compared to 146 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 reversible contraception (LARC) method, such as the contraceptive implant. In 2021, the total prescribed LARC rate (excluding injections) was 38.4 per 1,000 females aged 15-44 years, lower than the England average of 41.8.

b. In 2021, the total abortion rate per 1,000 female population aged 15-44 years in Trafford was 18.1, compared to the England average of 19.2. Of those women under 25 years who had an abortion in that year, the proportion who had previously had an abortion was 32.8%, similar to the England average of 29.7%.

c. In 2021, the conception rate for under-18s was 7.8 per 1,000 females aged 15-17 years, below the England average of 13.0. While the conception rate for under-16s was 1.3 per 1,000 females aged 13-15 years, similar to the England average of 2.1.

**4.3** Locally Commissioned Sexual Health Services

1. Trafford, along with Stockport and Tameside commission Brook to provide a Chlamydia and Gonorrhoea (C&G) Screening Support Service to contribute to the prevention and control of sexually transmitted infections among young people under the age of 25 years.
2. The service aims to:
   * Ensure that asymptomatic young women living in Stockport, Tameside and Trafford can obtain on an opportunistic basis a screen for chlamydia and gonorrhoea via an online ordering system.
   * Ensure that residents diagnosed with an infection receive treatment for simple chlamydia or are referred to the local sexual health service (for gonorrhoea and complex chlamydia).

**5. Aims, Objectives and Outcomes**

**5.1 Aims**

a. Trafford Council is commissioning and funding an EHC 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**

1. In this specification, providers of the commissioned service (pharmacies) are referred to as ‘Providers’.
2. Providers offering EHC as detailed in this specification:
   1. Will consult with clients attending for EHC and:
   2. Will 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, will issue and supply free emergency contraceptive pill(s) in accordance with the relevant Patient Group Direction (PGD) or Summary of Product Characteristics (SPC). If the client is under 16 years of age, Fraser competencies will be adhered to.
3. Will offer advice, referral and signposting information about regular methods of contraception including long-acting methods and how to obtain them i.e. through client’s GP or any integrated sexual and reproductive health service as these are open access in England so anyone can attend any provider (see Section 15).
4. Will offer information and advice about safer sex and the benefits of screening for sexually transmitted infections (see Section 15).
5. Will provide information on chlamydia and gonorrhoea home test kits through the ‘business card’ or provide physical chlamydia and gonorrhoea home test kits (see Appendices A, B and C for details).
6. May offer free condoms and lubricants (see Section 6.6.2)

**5.3 Expected Outcomes**

* + 1. **Direct Influence on Outcomes**

1. Provision of EHC 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
      1. **Indirect Influence on Outcomes**
2. Provision of EHC 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. Trafford Council is commissioning and funding the Provider to provide EHC 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 7.2) to consult with clients attending for EHC. If deemed to be clinically appropriate, the pharmacist can supply the medication to the client in accordance with FSRH clinical guidance[[2]](#footnote-2) and following either Levonorgestrel PGD (see Appendix E) or [Ulipristal SPC](https://products.mhra.gov.uk/) 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 Levonorgestrel
* Products containing Ulipristal Acetate
* Emergency intrauterine device (IUD)

1. Discusses the effectiveness of emergency contraception and the benefits, risks, and possible side effects of the chosen method and signposts / refers to other services, if required.
2. Refers to the Patient Group Direction (Appendix E) and [Summary of Product Characteristics (SPC)](https://products.mhra.gov.uk/) as appropriate to determine if it is appropriate to issue EHC, including:

* Inclusion and exclusion criteria
* Cautions
* Drug interactions

5. Refers to the Patient Group Direction (Appendix E) and [Summary of Product Characteristics (SPC)](https://products.mhra.gov.uk/) or 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. Inform clients who are identified as unsuitable or have exceeded the time limit for the supply of EHC about the possible use of an IUD as emergency contraception and refer clients to a local sexual health clinic or GP practice as soon as possible.
2. Discusses the benefits of using a regular method of contraception for protection from unintended conception and signposts / refers the client to a sexual health clinic or GP practice for the provision of a contraceptive consultation and/or a regular method of contraception (including LARC). Providers should also signpost / refer the client to the [Pharmacy Contraception Service](https://www.england.nhs.uk/primary-care/pharmacy/nhs-pharmacy-contraception-service/) for repeat or new prescriptions of oral hormonal contraception where appropriate.
3. Discusses the importance and benefits of regular screening for sexually transmitted infections and signposts / refers the client to a sexual health clinic if symptomatic or concerned.
4. Discusses the benefits of the consistent use of condoms for protection from sexually transmitted infections and, if deemed appropriate, to offer the client a supply of condoms (see Section 6.6.2).
5. If a referral is made under Sections 6.1d 1-3 above, the pharmacist should make every effort to contact the GP practice / sexual health clinic directly, book an appointment for the client, and inform the client of the time and location of the appointment. The referral forms for [The Northern Contraception, Sexual Health and HIV Service](https://thenorthernsexualhealth.co.uk/our-clinics/) can be found in Appendix D.

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 (see Section 8).

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.

1. The Provider is required to promote the free EHC service
2. 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 EHC, 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

**6.3.1** **Emergency hormonal contraception**

1. The Provider is responsible for ensuring that EHC is supplied in accordance with the inclusion and exclusion criteria detailed in the Patient Group Direction and SPC.

**6.4 Referral sources and processes**

1. The Provider is required to accept self-referrals.
2. The Provider is required to signpost or refers 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 Opportunistic screening for chlamydia and gonorrhoea**

1. Brook operates an opportunistic Chlamydia and Gonorrhoea (C&G) Screening Support Service on behalf of Trafford Council.
2. Providers must offer a digital or physical Brook chlamydia and gonorrhoea home test kit ‘business card’ to young people aged 16-24 years old attending for emergency contraception (see Appendix C). To order physical ‘business cards’, please contact [manchester.admin@brook.org.uk](mailto:manchester.admin@brook.org.uk).
3. Providers can sign up to be a ‘distribution site’ to help distribute the chlamydia and gonorrhoea home test kits to Trafford residents. Brook will provide the home test kits, as well as training for staff taking part in the distribution programme. For more information contact [manchester.admin@brook.org.uk](mailto:manchester.admin@brook.org.uk).
4. Providers must display a poster in their premises to help promote the C&G Screening Support Service. The poster features a QR code which directs young people to the online order form. Posters can be found in Appendix A (all Providers) and Appendix B (for distribution sites only). To order physical copies of the poster, please contact [manchester.admin@brook.org.uk](mailto:manchester.admin@brook.org.uk).
5. The home testing kits cover chlamydia and gonorrhoea and can be easily ordered [online here](https://hello.brook.org.uk/hometest?utm_source=Brook&utm_campaign=7f7c1fbbae-EMAIL_CAMPAIGN_2022_04_27_12_49&utm_medium=email&utm_term=0_8b1f837a5e-7f7c1fbbae-401909065&mc_cid=7f7c1fbbae&mc_eid=23e763374e). The order process also includes advice and guidance to help people understand their risk of STIs and pregnancy.

**6.6.2 Condoms**

1. Trafford Council has allocated a small budget for all of the pharmacies contracted to offer EHC. Up to 8 condoms can/should be offered to women attending for a consultation.
2. Pharmacies are asked to contact the Commissioning Team to arrange for an account to be set up with Freedoms. Pharmacies will be able to order supplies of condoms, up to their annual budget allocation. Further information and contact details can be found in Section 15.

**6.6.3 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 Provider for this test as described in this specification see Section 13.

**6.6.4 Promotion of Healthy Lifestyles (Public Health)**

a. In line with the Promotion of Healthy Lifestyles (Public Health) Essential Service 4[[3]](#footnote-3), where appropriate, the Provider should provide opportunistic healthy lifestyle and public health advice to clients receiving prescriptions, and proactively participate in up to 6 national/local health campaigns per year, to promote key public health messages to clients and pharmacy visitors.

**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 2013[[4]](#footnote-4) and adhere with the General Pharmaceutical Council standards for registered pharmacies[[5]](#footnote-5).

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

**7.2 Clinical skills and competencies**

1. The Provider is required to ensure that all pharmacists involved in the provision of EHC have:
2. Relevant qualifications, registrations and / or accreditations
3. Completed relevant learning – for example:

* CPPE emergency hormonal contraception module[[6]](#footnote-6)
* CPPE safeguarding children and vulnerable adults e-learning module[[7]](#footnote-7)
* CPPE PGD e-learning module[[8]](#footnote-8)

1. Self-assessed their knowledge, understanding, skills and confidence, and have self- declared their competence to issue and supply EHC in line with the relevant PGD (see Appendix E):

* Pharmacists are required to complete the CPPE declaration of competence form for emergency contraception[[9]](#footnote-9) 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.

1. 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.
2. The Provider is required to ensure that all pharmacists have signed the PGD (see Appendix E) and that copies are kept on file.
3. 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 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 in line with the Signposting Essential Service 5[[10]](#footnote-10), (see Section 15 for more information on local and national services):

* Clients should be signposted to their GP or the [Pharmacy Contraception service (PCS)](https://www.england.nhs.uk/primary-care/pharmacy/nhs-pharmacy-contraception-service/) for repeat or routine new prescriptions of oral contraceptive pills. Some GPs may also prescribe and insert contraceptive implants, intrauterine devices (IUDs) and contraceptive injections.
* Clients can be signposted to [The Northern](https://thenorthernsexualhealth.co.uk/our-clinics/) sexual and reproductive health clinic to obtain other methods of contraception e.g. contraceptive implant, IUD or contraceptive injection.
* Clients can be signposted to sexual and reproductive health services in any area for sexually transmitted infection advice, testing or treatment available via [The Northern.](https://thenorthernsexualhealth.co.uk/our-clinics/)
* Clients aged 16-24 should be provided with a Brook ‘business card’ or home test kit (See Appendix C)
* Clients at risk of HIV or syphilis can be signposted to order a home testing kit online at <https://freetesting.hiv/> or can receive testing at any sexual and reproductive health service clinic.
* Clients at risk of or living with HIV in Greater Manchester should be signposted to PaSH ([Passionate about Sexual Health](https://gmpash.org.uk/#:~:text=The%20Passionate%20about%20Sexual%20Health%20%28PaSH%29%20Partnership%29%20is,HIV%20or%20at%20greatest%20risk%20of%20acquiring%20HIV.)) for advice and support for them and their families

b. The Provider will signpost or refer clients to [The Northern](https://thenorthernsexualhealth.co.uk/our-clinics/) who need or could benefit from an emergency copper intrauterine device (IUD) or complex contraception via the referral form available in Appendix D.

* 1. **Clinical Governance**

The Provider is responsible for ensuring that sufficient arrangements for clinical governance are in place to allow for the provision of safe, effective services delivered to a high standard. The Provider is required to adhere to Department of Health guidance and is required to have processes and procedures in place for reporting serious incidents and patient safety incidents. It is expected that all serious incidents and patient safety incidents are dealt with in line with organisational and NHS Greater Manchester Integrated Care Board procedures. It is a contractual requirement for the Provider to follow the [Patient Safety Incident Response Framework (PSIRF)](https://www.england.nhs.uk/patient-safety/patient-safety-insight/incident-response-framework/) under the [NHS Standard Contract](https://www.england.nhs.uk/nhs-standard-contract/).

Pharmacies have a legal obligation[[11]](#footnote-11) 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 particulars[[12]](#footnote-12) including but not limited to:

1. Maintaining a patient safety incident log
2. Reporting patient safety incidents to an approved clinical incident reporting system. Although not mandated, NHS England advises all incidents to be reported via the Learn from Patient Safety Events (LFPSE) service; providers can register for an account via the [online LFPSE service](https://record.learn-from-patient-safety-events.nhs.uk/) or through an LFPSE-compliant Local Risk Management System (LRMS).

The Provider is required, as part of this contract, to inform the Commissioner at Trafford Council of any and 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**

1. 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.
2. The Provider will abide by any national regulation and process to reduce the spread of infection in the event of a pandemic, or epidemic such as COVID-19.

**7.6 Disposal of Waste**

a. The Provider is required to dispose of clinical and other waste in a safe and lawful manner in line with NHS England’s Health Technical Memorandum (HTM 07-01) guidelines[[13]](#footnote-13).

**8.0 Information Governance**

**8.1 General requirements**

1. 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 (also known as the Health and Social Care Information Centre)[[14]](#footnote-14). The associated assessment should be completed on an annual basis.
2. 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.
3. 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**

1. The Provider is required to have a confidentially code of conduct (or similar).
2. The Provider is required to ensure that consultations occur in a designated room or area (see Section 6.1). The room or area should allow for the conversation between the pharmacist and the client to remain confidential.
3. 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**

1. Trafford Council 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 to Trafford Council.

**OR**

1. The Provider must keep records of which clients have accessed the service. Ideally computerised records should be kept, but paper records may be acceptable if these can be stored securely.
2. For **every consultation** the pharmacist must complete the PharmOutcomes Patient Record **Under no circumstances should this form be given to the client to complete.** The pharmacist should complete this form during the consultation ensuring all sections are completed and all information and advice is given to the client in a way they can understand.

**9. Safeguarding**

**9.1 General Requirements**

1. 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 Trafford Safeguarding Board which are built in to the PharmOutcomes template.
2. 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.
3. 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 Follow TSSP sexual exploitation information: <https://www.trafford.gov.uk/residents/children-and-families/Child-Exploitation.aspx>.

**10.0 Premises**

**10.1 General Requirements**

1. Trafford 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 particulars[[15]](#footnote-15) will be implemented.
2. The Provider is required to have a confidential consultation room (or area) and this should be used for consultations for emergency contraception. The area must:
   1. Ensure that there is sufficient space for customers, patients and staff members
   2. Be kept clean and in good repair
   3. Be laid out and organised for the purpose of consulting or providing a healthcare service
   4. 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
   5. Not be used for storage of stock (other than stock that could be used or supplied during a consultation)
   6. Display a poster of Brook’s chlamydia and gonorrhoea home test kit offer for 16-24 year olds (see Appendices A and B).
3. Telephone consultations can only be done for EHC 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 Relationship with other services**

1. The Provider is required to develop and maintain links with other relevant services including:

* The Northern 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
* Brook is responsible for operating the opportunistic Chlamydia and Gonorrhoea (C&G) Screening Support Service for asymptomatic young people. Pharmacies can order home test kits and ‘business cards’ directly from Brook via [manchester.admin@brook.org.uk](mailto:manchester.admin@brook.org.uk).
* GP practices
* Other pharmacies

**11.2 Interdependencies**

1. The Provider should note the following interdependencies:
2. The Director of Public Health or Chief Executive at Trafford Council is responsible for the organisational authorisation and issuing of Patient Group Directions.
3. Pinnacle Health Partnership is the operator of PharmOutcomes. Trafford Council requires our Providers to use PharmOutcomes to record consultations.
4. The Centre for Pharmacy Postgraduate Education (CPPE) offers e-learning for pharmacists and technicians involved in the provision of EHC and operates the Declaration of Competence scheme.
5. Central and North West London NHS Foundation Trust is the operator of the NHS Freedoms Shop. MHCC will set up an account with Freedoms to allow all Providers to order supplies of condoms.
6. Trafford chlamydia and gonorrhoea screening and treatment providers.

**12. Performance and Outcomes**

**12.1 Outcomes Monitoring**

a. Trafford Council anticipates that provision of the EHC service will contribute to achieving the below 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. Trafford Council requires the Provider to record all consultations using PharmOutcomes and to submit invoices.

b. Trafford Council will use the data for the purposes of monitoring provision, audit and for post-payment verification.

The following outcomes will be monitored as part of the service:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Indicator | Source | Frequency |
| 1 | Number of consultations for emergency hormonal 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 |
| 3 | Number of chlamydia and gonorrhoea home test kits ordered by Trafford 16-24 year old clients from Trafford pharmacies | Brook | Brook will provide commissioners with order data on a quarterly basis |
| 4 | Number of Trafford pharmacies signed up to be ‘distribution sites’ for chlamydia and gonorrhoea home testing kits | Brook | Brook will provide commissioners with order data on a quarterly basis |
| 5 | Number of chlamydia and gonorrhoea home test kits supplied to Trafford 16-24 year old clients attending for EHC by Trafford pharmacies | PharmOutcomes | Commissioners will extract from PharmOutcomes on a quarterly basis |
| 6 | Number of chlamydia and gonorrhoea home test kits ‘business cards’ supplied to Trafford 16-24 year old clients attending for EHC by Trafford pharmacies | PharmOutcomes | Commissioners will extract from PharmOutcomes on a quarterly basis |
| 7 | Number of Trafford residents attending for EHC referred for a LARC insertion | PharmOutcomes and The Northern | Commissioners will extract from PharmOutcomes on a quarterly basis and The Northern will provide quarterly data on LARC referrals into the service. |
| 8 | Number of clients attending for EHC referred to the Pharmacy Contraception Service (PCS) | PharmOutcomes | Commissioners will extract from PharmOutcomes on a quarterly basis |

**12.3 Contract monitoring and compliance**

1. NHS England is responsible for monitoring compliance with the NHS Community Pharmacy Contractual Framework.
2. Trafford Council will monitor compliance with the terms and conditions set out in this contract and may make arrangements for visits to Providers when appropriate.

**12.4 Complaints, compliments and suggestions**

Service Providers must maintain and operate a complaints procedure in compliance with the [Clinical Guidance Framework](https://cpe.org.uk/quality-and-regulations/clinical-governance/complaints/), in compliance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, for the handling and consideration of any complaints.

The Service Provider must ensure that:

* complaints are dealt with efficiently;
* complaints are properly investigated;
* complainants are treated with respect and courtesy;
* complainants receive, so far as is reasonably practical – complainants receive a timely and appropriate response;
  + assistance to enable them to understand the procedure in relation to complaints; or
  + advice on where they may obtain such assistance;
* complainants are told the outcome of the investigation of their complaint; and
* action is taken if necessary in the light of the outcome of a complaint.

**13. Remuneration**

**13.1 Fees**

a. Trafford Council has set the following fees:

|  |  |  |
| --- | --- | --- |
| Emergency Hormonal Contraception | | |
|  | Element of services | Fee |
| A1 | EHC Consultation | £10.00 per completed consultation  (VAT exempt) |
| A2 | Drug cost | Levonorgestrel 1.5mg – current drug tariff (zero rate VAT under PGD)  Ulipristal acetate 30mg – current drug tariff plus VAT @ 5% |
| A3 | Pregnancy test | £5.00 per test plus VAT @ 20% |
| A4 | Referral of a Trafford resident for a LARC via The Northern (Specialist Sexual Health Service) | £5.00 per referral sent |
| A5 | To supply a chlamydia and gonorrhoea home test kit to clients aged 16-24 years old who are Trafford residents attending for EHC | £2.00 per kit distributed |

b. Trafford Council reserves the right to revise fees

c. Invoices are automatically submitted via PharmOutcomes

d. Trafford Council will collate activity data from PharmOutcomes on a quarterly basis for EHC consultation, drug costs, and pregnancy tests and reimburse the Provider accordingly as a block.

e. All Providers must record activity ‘live’ on PharmOutcomes during the intervention with clients. Providers must submit their activity claims by 6th of the month after the quarter end. 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 web form 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. Trafford 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://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england)

Department of Health (2013) ‘Sexual Health Clinical Governance: Key principles to assist commissioners and providers to operate clinical governance systems in sexual health services’

[British Association for Sexual Health & HIV (BASHH) (2023) ‘Summary Guidance on Testing for Sexually Transmitted Infections’](https://www.bashhguidelines.org/media/1334/bashh-summary-guidance-on-testing-for-stis-2023.pdf)

### Emergency Contraception

Faculty of Sexual and Reproductive Health:

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

### Chlamydia Screening and Treatment

[Public Health England (2014) 'Developing integrated chlamydia screening provision locally'](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’

**Gonorrhoea Screening**

[Public Health England (2021) ‘Guidance for the detection of gonorrhoea in England’](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/972388/Guidance_for_the_detection_of_gonorrhoea_in_England_2021.pdf)

**STI Prevention and Barrier Methods for Contraception**

[FSRH (2015) 'Clinical Guideline: Barrier Methods for Contraception and STI Prevention'](https://www.fsrh.org/standards-and-guidance/documents/ceuguidancebarriermethodscontraceptionsdi/)

**Contraception for Young People**

[FSRH (2019) 'Clinical Guideline: Contraceptive Choices for Young People'](https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-young-people-mar-2010/)

[NICE (2014): PH51 Contraceptive services for under 25s](https://www.nice.org.uk/Guidance/PH51)

**14.2 National resources**

1. **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.

1. **Contraceptive Choices**

* Members of the public can visit <https://www.contraceptionchoices.org/> for information and advice about the range of contraceptive methods available and what options may be most suitable for them.

1. **Brook**

Brook have a range of downloadable resources on contraception and STIs designed for young people available at: <https://www.brook.org.uk/resources/>.

1. **FPA**

* 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/medical-professional/>.
* The FPA’s patient guides to emergency contraception, IUD and an overview of contraceptive choices can be found in Appendix F.

**15. Local Guidelines and Services**

**15.1 Local Services**

**a. Sexual health and wellbeing services available across Trafford**

[Trafford Directory | Sexual Health Services in Trafford](https://www.trafforddirectory.co.uk/kb5/trafford/fsd/advice.page?id=md5d9vpwcaI)

**b. The Northern Contraception, Sexual Health, and HIV Service**

Specialist Sexual Health Service in Trafford - [www.thenorthernsexualhealth.co.uk](http://www.thenorthernsexualhealth.co.uk).

Email - [urmstonclinic.enquiries@mft.nhs.uk](mailto:urmstonclinic.enquiries@mft.nhs.uk) (see Appendix D for referral forms).

**c.** **Brook -** chlamydia and gonorrhoea screening service for 16-24 year olds:

<https://www.brook.org.uk/your-life/free-sti-home-testing-kits/>

**d. PaSH** – HIV prevention, care and support in Greater Manchester:

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

**e. SH:24 Free Testing** - home testing kits for HIV and syphilis

<https://freetesting.hiv/>

**15.2 Safeguarding**

a. If you are worried that a child is being harmed or abused contact [Trafford’s Strategic Safeguarding Partnership.](https://www.trafford.gov.uk/residents/children-and-families/Child-Exploitation.aspx)

b. GM Safeguarding Children Procedures Manual can be found at: <https://greatermanchesterscb.proceduresonline.com/>

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

**15.2.1 Trafford Safeguarding**

a. If you are worried that a child is being harmed or abused, then you should contact Trafford’s Strategic Safeguarding Partnership further information: [What to do if you suspect a child is being exploited. (trafford.gov.uk)](https://www.trafford.gov.uk/residents/children-and-families/Child-Exploitation.aspx).

**15.3 Point of contact**

The operational contact for the agreement at Trafford Council is:

Locally Commissioned Services

Public Health

Trafford Council

Trafford Town Hall,

Stretford,

Manchester,

M32 0TH

Email: [LCS@trafford.gov.uk](mailto:LCS@trafford.gov.uk)

Tel. Number: 0161 912 4334 / 3431

**16. Notice Period (for termination)**

The Commissioner or the Provider may agree, in writing, to terminate the contract with a minimum notice period of 3 months (90 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.

**17. Variations**

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.

The Commissioner reserves the right to propose amendments to service provision that will ensure the contract’s purpose is fulfilled and achievable activity is carried out. This may be actioned in the event that Central Government, NHS England, Public Health England or any other regulatory body deem routine activity set out in this document as no longer feasible.

**Appendices**

1. **Appendix A - Brook chlamydia and gonorrhoea online home test kit poster**



1. **Appendix B – Brook chlamydia and gonorrhoea 16-24 home test kit poster (distribution sites only)**

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1. **Appendix C - Brook chlamydia and gonorrhoea 16-24 online home test business card**



1. **Appendix D – The Northern Emergency Referral Form and Pharmacy LARC Referral Form**

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1. **Appendix E – Patient Group Direction Levonorgestrel**

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1. **Appendix F – FPA Patient Guides to Emergency Contraception, IUD and Overview of Contraceptive Choices**

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1. See: <https://www.fsrh.org/standards-and-guidance/fsrh-guidelines-and-statements/emergency-contraception/> [↑](#footnote-ref-1)
2. See: <https://www.fsrh.org/standards-and-guidance/fsrh-guidelines-and-statements/emergency-contraception/> [↑](#footnote-ref-2)
3. See: <https://cpe.org.uk/national-pharmacy-services/essential-services/public-health/> [↑](#footnote-ref-3)
4. See: <https://www.legislation.gov.uk/uksi/2013/349/schedule/4/made?view=plain> [↑](#footnote-ref-4)
5. See: <https://www.pharmacyregulation.org/standards/standards-registered-pharmacies> [↑](#footnote-ref-5)
6. See: <https://www.cppe.ac.uk/programmes/l/ehc-a-10> [↑](#footnote-ref-6)
7. See: <https://www.cppe.ac.uk/programmes/l/safegrding-w-05> [↑](#footnote-ref-7)
8. See: <https://www.cppe.ac.uk/programmes/l/ptgpdir-e-01/> [↑](#footnote-ref-8)
9. See: <https://www.cppe.ac.uk/services/docs/commissioners/commissioner%20-%20emergency%20contraception.pdf> [↑](#footnote-ref-9)
10. See: <https://cpe.org.uk/national-pharmacy-services/essential-services/signposting/> [↑](#footnote-ref-10)
11. See: <https://www.legislation.gov.uk/uksi/2013/349/schedule/4/made?view=plain> [↑](#footnote-ref-11)
12. 9 See: <https://www.gov.uk/government/publications/clinical-governance-approved-particulars> [↑](#footnote-ref-12)
13. See: <https://www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/> [↑](#footnote-ref-13)
14. See: <https://www.igt.hscic.gov.uk/> [↑](#footnote-ref-14)
15. See: <https://www.england.nhs.uk/wp-content/uploads/2018/02/approved-particulars-premises.pdf> [↑](#footnote-ref-15)