

**Locally Commissioned Service Specification for
EMERGENCY HORMONAL CONTRACEPTION (EHC)**

Service Name	EMERGENCY HORMONAL CONTRACEPTION (EHC)
Commissioner Lead	Pamela Watt Public Health Strategic Lead Population Health - Tameside Metropolitan Borough Council
Period of Agreement	01 April 2024 – 31 March 2026
Date of Last Review	16 February 2024

1. Summary

- a. Tameside Council's Population Health 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 across all age groups.
- b. The Provider 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 (PGD) – see Appendix 1.

2. National Context

2.1. 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 have the lead for improving health and for coordinating efforts to protect public health, and in relation to sexual health are mandated to commission and fund:
 - comprehensive open-access sexual and reproductive health services for the benefit of all persons present in their area,
 - long acting reversible contraception (LARC) in general practice,
 - EHC in pharmacies,
 - National Chlamydia Screening Programme,
 - other sexual health functions including HIV/STI prevention and support programmes.
- c. NHS England is responsible for commissioning and funding GP practices to offer routine methods of contraception and opportunistic promotion and screening for HIV/STIs for their registered patients; cervical screenings; sexual assault referral centres (SARC) and HIV treatment and care.

- d. CCG, and now Integrated Care Boards (ICBs), became responsible for commissioning and funding abortion services and permanent methods of contraception/sterilisation procedures, including vasectomies and gynaecology services.

2.2 Public Health Outcomes Framework

- a. The Public Health Outcomes Framework¹ includes four indicators relating to sexual health:
- C01 Prescribing of long-acting reversible contraception (LARC)
 - C02 Under 18 conceptions
 - D02 New STI diagnoses
 - D07 People presenting with HIV at a late stage of infection.
- b. Provision of EHC as described in this specification is expected to contribute to reducing the number of conceptions amongst those aged under-18s as well as the number of unintended conceptions amongst people of all ages.

2.3 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:
- Appointments are not always necessary.
 - Opening hours are long.
 - Many staff are from the local community and understand local culture and social norms.
 - Pharmacies can offer advice on healthy behaviours and onward referral to other services, if appropriate.
- c. EHC can be used if someone has had unprotected vaginal intercourse without using a regular method of contraception or if their regular method has failed to reduce their risk of having an unintended conception.
- Levonorgestrel 1.5 mg (milligrams) can be used up to 72 hours following unprotected sexual intercourse.
 - Ulipristal acetate 30mg (milligrams) 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 sexual intercourse.
- d. The consistent and correct use of regular contraception is the best method for sexually active people to avoid an unintended conception. There is a correlation between high uptake of reliable methods of contraception and low rates of unintended conceptions and low rates of under-18 conceptions.

3. Greater Manchester Approach

- a. Under the remit of the Greater Manchester Sexual Health Network, sexual health commissioners from all ten Great Manchester's local authorities work collaboratively to share and implement good practice with regard to EHC, with the aim of ensuring Greater Manchester residents receive equitable provision across all localities.

¹ <https://www.gov.uk/government/collections/public-health-outcomes-framework>

4. Local Context

4.1 Commissioning Arrangements in Tameside

- a. This specification only applies to pharmacies operating within Tameside Borough and funded by Tameside Council's Public Health grant. It does not apply to pharmacies delivering services in the Glossop area which are the responsibility of Derbyshire CC.
- b. The Commissioner will discuss the content of the specification with the provider on an annual basis, including local tariffs, latest guidance and local support agencies.

4.2 Sexual & Reproductive Health in Tameside²

- Overall, the number of new sexually transmitted infections (STIs) diagnosed among residents of Tameside in 2022 was 1,132. The rate was 490 per 100,000 residents, lower than the rate of 694 per 100,000 in England, and lower than the average of 532 per 100,000 among its [nearest neighbours](#).
- The chlamydia detection rate per 100,000 females aged 15 to 24 years in Tameside was 1,780 in 2022, worse than the rate of 2,110 for England.
- The rank for gonorrhoea diagnoses (which can be used as an indicator of local burden of STIs in general) in Tameside was 67th highest (out of 147 UTLAs/UAs) in 2022. The rate per 100,000 was 108, better than the rate of 146 in England.
- The number of new HIV diagnoses in Tameside was 3 in 2021. The prevalence of diagnosed HIV per 1,000 people aged 15 to 59 years in 2021 was 2.2, similar to the rate of 2.3 in England. The rank for HIV prevalence in Tameside was 58th highest (out of 150 UTLAs/UAs).
- The total rate of long-acting reversible contraception (LARC) (excluding injections) prescribed in all settings per 1,000 women aged 15 to 44 years living in Tameside was 38.8 in 2021, lower than the rate of 41.8 per 1,000 women in England.
- The total abortion rate per 1,000 women aged 15 to 44 years in 2021 was 27.7 in Tameside, higher than the England rate of 19.2 per 1,000. Of those women under 25 years who had an abortion in 2021, the proportion who had had a previous abortion was 38.4%, higher than 29.7% in England.
- In 2021, the conception rate for under-18s in Tameside was 21.1 per 1,000 girls aged 15 to 17 years, worse than the rate of 13.1 in England.

4.3 Prevention of unintended conceptions

- a. The correct and consistent use of a regular method of contraception is important for the purpose of avoiding an unintended conception.
- b. All GPs offer routine methods of contraception, including contraceptive pills, and many also offer LARC methods.
- c. Local Sexual and reproductive health services offer the full range of contraceptive methods as well as managing the C-Card scheme, which enables young people to access free condoms, femidoms, oral/dental dams, lube, pregnancy tests and information and advice across the Borough.
- d. The Council's YOUthink team is able to provide pharmacies with free condoms and lubricants for patients under the age of 25.

² <https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2023%20update/E08000008.html?area-name=Tameside>

- e. The use of regular and effective contraception is also important to reduce the risk of prenatal alcohol exposure or Fetal Alcohol Spectrum Disorder (FASD).

5. Aims, Objectives and Outcomes

5.1 Aims

- a. Tameside Council aims to reduce the number of unintended conceptions by commissioning and funding pharmacies to provide an EHC service that promotes and supports the use of, and maintains easy access to, EHC, as well promoting safer sex and use of regular methods of contraception.

5.2 Objectives for Providers offering EHC as detailed in this specification:

1. To offer information and advice about all methods of EHC including the emergency Intrauterine Device (IUD) and provide information on the probability of failure with advice on the course of action in the event of this occurring.
2. To issue and supply free EHC pill(s) as appropriate and in accordance with the relevant PGD (see Appendix 1). If the client is under 16 years of age, Fraser competencies will be adhered to.
3. To offer referral information and advice about the full range of contraception, including LARC and how to obtain them, i.e. local GPs and/or the sexual and reproductive health service.
4. To offer information and advice about safer sex and the benefits of screening for STIs.
5. To signpost to, or provide where possible, free condoms and lubricants.

5.3 Outcomes

- a. Provision of EHC, as described in this specification, is expected to contribute to the following direct outcomes:
 - Reducing the number and rate of unintended conceptions
 - Reducing the number and rate of under-18 conceptions
 - Reducing the number and rate of abortions.
- b. Provision of EHC, as described in this specification, is expected to contribute to the following additional outcomes:
 - Improving knowledge and understanding of EHC
 - Improving knowledge and understanding the benefits of using a regular method of contraception
 - Increasing the uptake of regular methods of contraception (including LARC methods)
 - Improving knowledge and understanding of the importance of condoms for protection from STIs
 - Improving the uptake of screening for chlamydia and other STIs.

6. Service Description

6.1 General Requirements

- a. The Provider is required to arrange for a qualified and accredited pharmacist (see 7.2) to consult with clients attending for EHC, and if appropriate issue and supply the medication free of charge to the client, in accordance with the relevant PGD.
- b. 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 EHC including:

- Products containing levonorgestrel,
- Products containing ulipristal acetate,
- Emergency intrauterine device (IUD).

and signposts / refers to other services, if required (see section 7.3)

3. Discusses the effectiveness of EHC and the benefits, risks, and possible side effects of the chosen method. This includes providing information on the probability of failure with advice on the course of action in the event of this occurring.

4. Refers to the PGDs (see Appendix 1) to determine if it is appropriate to issue EHC, including:

- Inclusion and exclusion criteria
- Cautions
- Drug interactions

5. Refers to the PGDs for details of the medication – including:

- Dose and quantity to be issued and supplied
- Drug interactions

c. 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, including LARC, and signposts the client to their GP or the sexual and reproductive health service where they can access the full range of contraception and other sexual and reproductive services.

2. Discusses the benefits of the consistent use of condoms for protection from STIs.

3. Provides free condoms and lubricants to people accessing the EHC service and for young people aged under 25 where appropriate.

4. Discusses the benefits of regular screening for STIs and signposts / refers the client to the sexual and reproductive health service or their website.

d. 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 9).

e. 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.

f. The Provider will ensure compliance with local policies and procedures for safeguarding children and vulnerable adults.

g. The Provider is required to promote the free EHC service.

h. Tameside Council 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; please also see section 10.

6.2 Population

- a. Tameside Council is commissioning and funding the provision of an EHC scheme for the benefit of residents of Tameside.
- b. The Provider is required to ensure that post code data (a minimum of first 4 digits) is collected and recorded for all clients attending for EHC.

6.3 Inclusion and exclusion criteria

- a. The Provider is responsible for ensuring that EHC is supplied in accordance with the inclusion and exclusion criteria detailed in the PGDs.

6.4 Referrals

- 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.

6.5 Additional Services

- a. The Council's YOUthink team can provide pharmacies with free condoms and lubricants for patients under the age of 25.
- b. Pharmacies can sign also up to the C-Card scheme, which enables young people to access free condoms, femidoms, oral/dental dams, lube, pregnancy tests and information and advice is provided by Locala Health and Wellbeing who are the specialist sexual and reproductive health service in Tameside.
- c. Brook operates an opportunistic chlamydia and gonorrhoea screening programme on behalf of Tameside Council, which contributes to the National Chlamydia Screening Programme (NCSP).
 - Pharmacies can sign up to distribute testing kits to Tameside residents. Brook will provide the test kits as well as training for staff taking part in the distribution programme. For more information contact manchester.admin@brook.org.uk
 - Residents can also order the kits online directly themselves. To help promote the programme, please download and display the poster available in Appendix 2 which features a QR code directing young people to the online order form.

7. 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 2013³ including to:
- b. 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 EHC fulfil all enrolment criteria set out on PharmOutcomes, including relevant qualifications,

³ <https://www.legislation.gov.uk/ukxi/2013/349/schedule/4/made?view=plain>

registrations and / or accreditations as described in the CPPE declaration of competence form⁴.

- b. The Provider is required to ensure that each pharmacist delivering the EHC service 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.

7.3 Care Pathway and Protocols

- a. The Provider will signpost or refer clients who need or could benefit from an emergency IUD or LARC to the Locala Sexual and Reproductive Health:

If the Provider has a secure nhs.net email address, they can use the online referral form. This form is NOT to be used without an nhs.net email address:

- Go to the Locala website <https://www.locala.org.uk/services/sexual-health>;
 - click on 'professionals' on the right hand side of the top ribbon;
 - scroll down to the 'refer a patient' box and click on the 'Tameside' box
- Direct link to referral form⁵

- b. The Provider is required to discuss the benefits of using a regular method of contraception with all clients attending for EHC and signpost to other services such as GP practice or Locala Sexual and Reproductive Health:
- c. The Provider is asked to contact Tameside Council's YOUthink Team with any concerns about young people.
- d. The Provider is asked to signpost patients to Change Grow Live (CGL)- My Recovery Tameside if they have concerns about a patient's misuse of alcohol or drugs. This is a free and confidential drug and alcohol service for adults, young people, families, carers and affected others <https://www.changegrowlive.org/my-recovery-tameside/ashton>

8. Safeguarding

8.1 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 Tameside Safeguarding Adults and/or Children's Board which are built in to the PharmOutcomes template.

Greater Manchester Safeguarding Children Procedures Manual: Protocol on Working with Sexually Active People under the age of 18 years.

http://greatermanchesterscb.proceduresonline.com/chapters/p_work_sexually_act_yp.html

- b. 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.

⁴ www.cppe.ac.uk/services/docs/commissioners/commissioner%20-%20emergency%20contraception.pdf

⁵ https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.locala.org.uk%2Ffileadmin%2Fservices%2FSexual_Health%2FTameside_Referral_Form_external_agency_UNLOCKED.docx&wdOrigin=BROWSELINK

- 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.
- d. The Provider is asked to contact Tameside Council's YOUthink Team with any concerns about young people. For further information call 0161 342 5600 / 5671 or 5672 and ask to speak to someone from the YOUthink team. Email: YOUthinkadvice@tameside.gov.uk
- e. The Provider should signpost patients to Bridges, or contact Bridges themselves, if they have any concerns about their patients being affected by domestic abuse, or domestic violence.
 - Bridges 24 Hour Help Telephone Number 0800 328 0967
 - In an emergency - always contact 999

<https://www.tameside.gov.uk/CommunitySafety/Domestic-Abuse>

8.2 Child Sexual Exploitation (CSE)

- 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. 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. 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 they think there is any risk / or suspect CSE.
- d. All staff (including non-clinical and reception staff) should 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.

9. Premises/Service Environment

- a. The Provider is required to have a consultation room (or area) for consultations for EHC, which should allow for the conversation between the pharmacist and the client to remain confidential. 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).
 - For over phone consultations check patient name, date of birth, address and consent to have medicine delivered (record all details including consent). Confidentiality and lack of interruption are still required.

10. Partnership Working and Relationships

10.1 Relationship with other services

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

- Locala - specialist sexual and reproduction health service

The Orange Rooms, 2nd Floor, Ashton Primary Care Centre, 193 Old Street, Ashton Under Lyne, OL6 7SR. www.locala.org.uk/services/sexual-health 0161 507 9460.

- Young People's Services, for example, Tameside Council's YOUthink team.

0161 342 5600 / 5671 or 5672; YOUthinkadvice@tameside.gov.uk

- GP practices

10.2 Interdependencies

a. The Provider should note the following interdependencies:

- Tameside Council is responsible for authorising and issuing PGDs in conjunction with Tameside ICS
- Pinnacle Health is the operator of PharmOutcomes. Tameside Council requires Providers to use PharmOutcomes to record consultations.
- CPPE offers e-learning for pharmacists and technicians involved in the provision of EHC and operates the Declaration of Competence scheme.

11. Performance and Outcomes

11.1 Outcomes Monitoring

a. Tameside Council anticipates that provision of the EHC scheme will contribute to achieving the following outcomes:

	Outcome	Indicator	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

11.2 Service Monitoring

a. Tameside Council requires the Provider to record all consultations and prescribing activity using PharmOutcomes. This information will be extracted by Tameside Council in order to generate purchase orders and pay invoices.

b. Tameside 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 EHC	PharmOutcomes	Tameside Council will extract from PharmOutcomes on a monthly basis

2	Number of clients issued and supplied with EHC pills	PharmOutcomes	Tameside Council will extract from PharmOutcomes on a monthly basis
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11.3 Contract monitoring and compliance

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

11.4 Complaints

- a. The Provider will inform the Commissioner if a complaint is received about the EHC scheme.

12. Remuneration

- a. Tameside Council has set the following fees:

EHC		
	Element of services	Fee (April 2022)
A1	Consultation	£12 per completed consultation
A2	Drug Costs	Current Dictionary of medicines and devices (dm+d ⁶) drug tariff plus VAT @ 0%
A3	Pregnancy Test	Not included
A4	Condoms and lubricant	Not included

- b. Tameside Council reserves the right to revise fees and give Providers at least 3 months' notice if the intention is to reduce fees.
- c. Invoices are automatically produced by PharmOutcomes.
- d. Tameside 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.

13. National Guidelines and Resources

13.1 General

- Department of Health (2013) 'A Framework for Sexual Health Improvement in England'⁷
- Department of Health (2013) 'Sexual Health Clinical Governance: Key principles to assist commissioners and providers to operate clinical governance systems in sexual health services'.⁸

⁶ <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dictionary-medicines-and-devices-dmd>

⁷ <https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england>

⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/252975/Sexual_Health_Clinical_Governance_final.pdf

13.2 Emergency Contraception

- Faculty of Sexual and Reproductive Health Standards and Guidance: Emergency Contraception⁹
- Faculty of Sexual and Reproductive Health Clinical Guideline: Emergency Contraception¹⁰

13.3 Chlamydia Screening and Treatment

- Public Health England (2014) 'Developing integrated chlamydia screening provision'¹¹
- Public Health England (2014) 'Development of specifications for the commissioning of chlamydia screening in general practice and community pharmacy'¹²
- Department of Health & Social Care (2019) 'Community Pharmacy Contractual Framework for 2019-24'¹³

13.4 National resources

- a. Members of the public can call the National Sexual Health Helpline on 0300 123 7123 between 9am and 8pm, Monday to Friday/
- b. Members of the public can visit www.sexwise.org.uk for information and advice about contraception and sexual health/
- c. Providers of sexual and reproductive health services can register with The Family Planning Association (FPA) for a free account which enables patient information leaflets and other resources to be downloaded. See:

<https://www.fpa.org.uk/resources/free-sexual-health-information-england-northern-ireland>

14. Local links and services

- a. The commissioner of this service can be contacted at Tameside Council:
Publichealth.enquiries@tameside.gov.uk
- b. Locala Health & Wellbeing: Integrated Sexual and Reproductive Health Services:
The Orange Rooms, 2nd Floor, Ashton Primary Care Centre, 193 Old Street, Ashton Under Lyne, OL6 7SR. 0161 507 9460, www.locala.org.uk/services/sexual-health
- c. YOUthink –Sexual Health Intervention & Prevention service:
0161 342 5600 / 5671 or 5672 and ask to speak to someone from the YOUthink team
YOUthinkadvice@tameside.gov.uk
- d. For more information on all Tameside sexual health services visit:
<https://www.tameside.gov.uk/health/sexualhealth>

⁹ <https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/>

¹⁰ <https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>

¹¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/373133/Developing_NCSP_services_locally.pdf

¹² <https://www.gov.uk/government/publications/chlamydia-screening-in-general-practice-and-community-pharmacies>

¹³ <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>

APPENDIX 1 – Current verison of PGDs

Levonelle PGD v3.1 1 April 2023

Ulipristal PGD v3.1 1 April 2023

APPENDIX 2 – Brook contact details



TTS Home Test
Card.pdf



TTS_Home_Test_Poster_White.pdf