**SERVICE SPECIFICATION**

**EMERGENCY HORMONAL CONTRACEPTION**

**Service** The provision of an emergency hormonal contraception service, under which Wirral community pharmacists will supply levonorgestrel and ulipristal acetate where appropriate, and in line with the Patient Group Directions (PGDs).

**Authority Lead** Head of Sexual Health & Wellbeing Service, Sexual Health Wirral, Wirral Community NHS Foundation Trust.

**Provider Lead** n/a

**Period** 01/12/2018 – 31/03/2022 with the potential to extend for a further 2 periods of 12 months

**1. Population Needs**

**1.1 National/local context and evidence base**

The local pharmacy has a vital role in meeting the needs of diverse communities, particularly the needs of young people who may be anxious about approaching contraceptive services (NICE Guidelines, PH51, 2014). Furthermore, the evidence review to inform these guidelines cites the importance of trust in services; accessible locations and opening hours; choice; walk-in services; respectful and non-judgemental staff; and a comfortable and welcoming atmosphere. All of these requirements can be provided in a community pharmacy setting.

Comprehensive and open access provision for women of child bearing age to control their fertility is a key element of any local sexual health service provision. Public Health England (2014) recognise that there is good evidence that community pharmacy based EHC services provide timely access to treatment and are highly rated by women who use them. However, currently there does not appear to be any hard evidence about outcome, i.e. reduction of rates of teenage pregnancy as a result of access to EHC services from community pharmacy, although it would seem to be a reasonable assumption.

The provision of free Emergency Hormonal Contraception in Wirral is in line with best practice. It is a low-level brief intervention that enables clients to get the ‘first aid’ they require to prevent an unwanted pregnancy and to be directed into clinical services for further advice and provision of long term contraception.

**2. Service Outcomes and Key Performance Indicators**

* 1. **Key outcomes (headline outcomes relating to the service)**

Better reproductive health and wellbeing outcomes for Wirral women who require the service.

**2.2 Key Performance Indicators (KPIs)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Outcome  | Key performance and quality Outcome Indicator | Threshold | Method of measurement | Consequence of Breach. |
| Increase in community access to EHC | Contractor/provider will provide service 80% of their opening hours i.e. by having a pharmacist with the specified level of training to able to provide the serviceAll pharmacists (whether locum or branch) will be signed up to the PGD specified | n/a | Pharmacists must be aware of alternative pharmacies as near to their location as possible for clients to attend if they are unable to offer cover at any time. This information will be available via Sexual Health Wirral Website. Pharmacists must; notify WCT of any local agreement between pharmacies.  | Provider to submit anexplanation for failure to meet standard within themonthly quality report.Ad-hoc checks may be carried out by Sexual Health Wirral to look at the availability of qualified and trained pharmacists. |
| Reduction in termination of pregnancy rates in clients <25 years of age  | Client accepts referral into contraception/ sexual health provision | n/a | No. of agreed referrals into another service for provision of contraception and/or STI testing  | Provider to collate for Audit purposes |

**3. Aims and objectives of service**

**3.1 Aim**

To enable any suitable clients to be prescribed free Emergency Hormonal Contraception under PGD in Community Pharmacies.

**3.2 Objectives**

* To ensure the availability of Emergency Hormonal Contraception to women who require it
* To raise awareness of the STI risks associated with unprotected sexual intercourse (UPSI) and provide the means for chlamydia testing for 15-24 year olds.
* To provide information on the full range of contraception options available and encourage swift and seamless transition into community sexual health services. This may involve the patient attending their own GP or through referral into Sexual Health Wirral taking into account patient choice.
* To strengthen the local network of contraceptive and sexual health services to help ensure swift and easy access to advice.
* To be vigilant with regard to safeguarding issues and to act immediately if there are any concerns

**4. Service Description**

**4.1 Referral criteria and sources**

Women of childbearing age resident in Wirral. Any client from outside of the area to be assessed and treated using professional judgement. Women may self-refer or may be referred from any other health professional.

**4.2 Service**

The service to be provided covers the following elements

* 1:1 consultation
* Provision of EHC
* Provision of a pregnancy test
* Follow up advice / onward signposting

**4.2.1 Consultation**

All females requesting EHC will be referred to the accredited pharmacist for a confidential consultation. Assessment of the need and suitability of a patient to receive EHC, in line with the agreed PGD must be undertaken by an accredited pharmacist. All consultations should be carried out in a consultation room which is separate from the general public areas of the pharmacy. The client and the pharmacist should be able to sit down together and be able to talk at normal speaking volume without being overheard.

For each consultation the pharmacist must complete the consultation template into the web based database. This must be in discussion with the client in real time Discussions with the patient at the time of the consultation will include information such as date and time of supply and patient details in line with NICE guidance. Wirral Community NHS Foundation Trust will be able to view /report all data when required. Contractors will be able to view data for their own organisation only.

**4.2.2 Provision of EHC**

Where appropriate, EHC will be supplied via the agreed PGD. Where a supply of EHC is not appropriate, advice, provision of information and referral to another source of assistance will be provided.

**4.2.3 Provision of a pregnancy test**

If there is the possibility that a patient may be pregnant from a previous instance of unprotected intercourse then supply of EHC cannot be made until pregnancy is ruled out. A pregnancy test will be undertaken as outlined in the PGD. Where appropriate a home pregnancy test should be supplied if a test cannot be done in store.

**4.2.4 Follow-up advice / signposting**

At the discretion of the pharmacist verbal advice should be provided where appropriate to include

* avoidance of STIs
* use of regular contraceptive methods
* safer sex and the use of condoms
* encourage contact with Wirral Sexual Health service or through their own GP where judged appropriate.

Patients aged 15 to 24 must be advised of the rise in Chlamydia infection and advised to have a Chlamydia test two weeks after the episode of unprotected sex and whenever they change their partner. These patients should be given advice on how and where to access a test.

Pharmacists will support an opt-out referral to Sexual Health Wirral for all patients 18yrs of age and under and those deemed vulnerable. This will enable the service to contact the patients to offer further support and health advice post consultation.

Pharmacists should provide education and advice regarding contraception including LARC to all patients attending for this service with appropriate signposting to Primary Care provision and specialist services.

**5. Contractor requirements**

5.1 The contractor will have an NHS dispensing contract with NHS England and must fully comply with the National Pharmacy Contract regulations for delivery of Essential Services.

5.2 The contractor has a responsibility to ensure that all staff provide the service strictly in accordance with the service specification. This will include the provision of the medications as defined in the agreed Patient Group Direction (PGD) by Pharmacists that have satisfied the accreditation requirements below.

5.3 All Pharmacies should hold a hard copy of the latest PGD which should be signed by all Pharmacists undertaking to provide this service.

5.4 It is the contractor’s responsibility to ensure that staff they employ are trained and competent to provide the service. The responsible pharmacist on each given day has overall responsibility for ensuring the service is delivered in accordance with this service specification.

**6. Accreditation & Training**

6.1 Accreditation –

The pharmacist must:

* have undertaken and received a clear enhanced Disclosure Barring Service check which is to be undertaken at their own cost.
* Have a commitment to Continuing Professional Development (CPD)
* Accept personal responsibility for working within this service specification and understands the legal implications of doing so and works within the scope of the PGDs
* Have an awareness of Fraser Guidelines for patients aged under 16 years
* Have an awareness of local safeguarding children’s board and Wirral Community Trust Adult and Child Safeguarding procedures
* Have successfully completed CPPE Contraception e-learning and e-assessment 2018 or subsequent updates to this training
* Have successfully completed CPPE Emergency Contraception e-learning and e-assessment 2018 or subsequent updates to this training
* Have successfully completed CPPE Safeguarding children and vulnerable adults level 2 2018 or subsequent updates to this training

6.2 A NICE Competency framework has been developed as a tool to support individual health professionals and organisations that are commissioning or providing NHS services. It may also be relevant to individual health professionals and organisations delivering non-NHS healthcare services:

<http://www.nice.org.uk/mpc/medicinespracticeguidelines/MPG2.jsp?domedia=1&mid=21BB8E1D-DFCF-79AF-EA15BD445F4DBEFA>

6.3 The Pharmacist must have achieved the competency levels specified in the NICE Competency Framework for Health Professionals using Patient Group Directions

(<http://www.nice.org.uk/mpc/medicinespracticeguidelines/MPG2.jsp>).

6.4 In accordance with the Safeguarding Children and Young People roles and competences for health care staff Intercollegiate document 2014, pharmacists are not required to undertake level 3 safeguarding training. However, it is recognised that on occasions practitioners may feel the frequency of intervention or local situation make this level of training appropriate to meet a higher than usual demand, this will be identified through the pharmacist’s governance arrangements. A number of places on Level 3 training are negotiable with WCT.

6.6 Maintenance of Self-assessment Declaration of Competency – It is the pharmacist’s responsibility to

* maintain a regular Self-assessment Declaration of Competency reviewed at least every two years
* undertake Continuing Professional Development and make this information available on request.
* allow the information in their CPPE record to be shared directly with the commissioned IT provider and the commissioner. In order to do this the pharmacist must have ticked the box on their CPPE profile page to allow data from their learning and assessment record to be shared with the commissioner.

6.7 Service providers are responsible for informing the commissioner via PharmOutcomes or any subsequent system if their accreditation or competencies lapse, according to the agreement

6.8 Notwithstanding any of the above requirements all pharmacists and registered technicians involved in providing this service must adhere to their professional code of conduct and at no point does this service abrogate their professional responsibility; professional judgement must be used at all times. It is the professional’s responsibility to practice only within the bounds of their own competence.

**7. Standard Operating Procedure**

7.1 The Contractor must have a Standard Operating Procedure (SOP) in place to cover provision of this service. This must be available to Wirral Community NHS Foundation Trust if required. The Contractor must ensure that all staff including locums and those other than pharmacists, involved in the provision of the service operate within the SOP. This includes ensuring that all staff are aware of the need for sensitive patient centred communication skills.

7.2 The SOP should be reviewed at least every two years or before if circumstances dictate. Each review should be documented and the SOP subject to version control. Changes to procedure must be highlighted within the SOP for special attention. Staff must read, date and sign or otherwise record that they have read the SOP after a review.

**8. Safeguarding**

8.1 Fraser Guidelines - based on a House of Lords Ruling, a health professional can give advice or treatment to a person under 16 without parental consent providing they are satisfied that:

* The young person will understand the advice;
* The young person cannot be persuaded to tell his or her parents/carer or allow the doctor to tell them that they are seeking advice;
* The young person is likely to begin or continue engaging in risk-taking activities which could be detrimental to their health with or without treatment; and
* The young person's physical or mental health is likely to suffer unless he or she receives advice or treatment.

8.2 In the case of a patient under 13 years attending for this service, providers should immediately refer to Safeguarding as per local pathway-link to LSCB website here:

<https://www.wirralsafeguarding.co.uk/public/concerned-about-a-child/>

8.3 The accredited pharmacist must be aware of national and local child and vulnerable adults’ protection guidelines and local referral pathways. When a Pharmacist has concerns about a child’s (age 0-18) welfare or the welfare of a vulnerable adult, current local safeguarding processes must be followed.

The following links are provided to the documents which may be updated from time to time. Please refer to the document via the link for the current version – if hard copies are printed care should be taken to ensure that this version is still current.

<https://www.wirralsafeguarding.co.uk/public/concerned-about-a-child/>

<https://www.wirral.gov.uk/health-and-social-care/adult-social-care/safeguarding-adults>

8.4 Section 11 Audit

Wirral NHS Community Foundation Trust (WCT) is committed to discharging its statutory safeguarding duty in a way that protects vulnerable children and young people, with an inherent belief that its workforce and partners are aware of their role in relation to safeguarding.

All WCT staff and associated partners agree to adhere to Safeguarding policies and procedures that are aligned to Wirral Safeguarding Children’s Board (WSCB) regulations and guidance. Furthermore, WCT and associated partners agree to evidence safeguarding compliance through the annual section 11 audit. Section 11 of the Children Act places a statutory duty on key organisations to make arrangements to ensure that in discharging their functions they have given due regard to safeguarding and promoting the welfare of children.

This is currently undertaken on behalf of all pharmacies by LPW.

If during the S11 self-assessment process WCT partners identify any action plans that have the potential to, or will impact upon WCT service delivery or generate an organisational risk for WCT they will notify the WCT Safeguarding Lead as soon as possible, outlining mitigation put in place to address risks specific to WCT.

**9. Record Keeping and Data, Monitoring & Service Quality**

**9.1 Authorised signatory**

**All contractors for the EHC service must have an authorised signatory who is responsible for:**

* Holding the signed contract and any variations of pharmacy branches delivering the service;
* Holding the signed PGDs of their accredited pharmacists;
* Notifying PharmOutcomes of any changes to the accredited pharmacist list; and
* Ensuring pharmacists (who must also be registered with the General Pharmaceutical Council) are appropriately accredited to deliver the EHC service. This includes the requirements for training as set out at Section 6

**9.2. Data Requirements**

9.2.1 Contractors are responsible for the production of a contemporaneous, accurate record, submitted via the defined IT platform commissioned by the Wirral Community NHS Foundation Trust

9.2.3 A mandatory set of anonymised data from each consultation will be Available to the commissioners from the web-based IT system (currently PharmOutcomes) and defined for data recording by the commissioner. This will allow support to the audit trail, recording of numbers and payment procedure.

9.2.4 Providers must ensure that individuals using the web-based IT system to support this service maintain excellent information governance e.g.regarding passwords etc.

9.2.5 In accordance with the pharmacist’s Code of Ethics and other regulatory requirements, the pharmacist must not disclose to any person other than authorised by Wirral Community NHS Foundation Trust any information acquired by them in connection with the provision of the service, the identity of a service user or the medical condition or any treatment received by any service user.

9.2.6 Pharmacists may need to share relevant information with other health care professionals and agencies including local safeguarding teams in line with locally determined confidentiality arrangements, client consent to share information should be obtained wherever possible.

9.2.7 In exceptional circumstances information can be disclosed without the patient’s consent, if in the pharmacists professional opinion disclosure will prevent serious injury or damage to the health of the patient, a third party or public health.

9.2.8 For further advice on disclosing patient information please refer to the General Pharmaceutical Council’s (GPhC) guidance documents:

* Consent 2012
* Raising Concerns 2012
* Confidentiality 2012

9.2.9 Records maintained in association with this service must be available to Wirral Community NHS Foundation Trust on request.

**9.3 Service Quality**

9.3.1 The service provider will provide a non-judgemental patient centred confidential service (see Appendix 1 – Good Practice in Offering a “Young Person Friendly” Service)

9.3.2 Wirral Community NHS Foundation Trust retains the right to audit any part of the service provided by the service provider or the accredited pharmacist at any time to ensure continued quality.

9.3.3 Wirral Community NHS Foundation Trust reserves the right to ask for evidence from the service provider that it is following the procedures outlined in this specification.

9.3.4 The service provider will co-operate with any Wirral Community NHS Foundation Trust led assessment of service user experience or audit of the service in order to evaluate service provision and identify areas for service improvement.

9.3.5 Wirral Community NHS Foundation Trust reserves the right to evaluate other health professional’s perception of the overall quality of the service.

9.3.6 Changes to the level or quality of the service will not be introduced without prior agreement with Wirral Community NHS Foundation Trust. Changes will be authorised in writing by the commissioners.

**9.4 Provider to Provider Referrals**

9.4.1 If the pharmacy cannot for any reason, provide the service, then clients must be signposted to the next nearest appropriate provider. If this is a neighbouring pharmacy the referring pharmacist must contact them to ensure a competent pharmacist is on duty before signposting the client.

9.4.2 The service provider is required to designate space to prominently display any material, e.g. posters and window stickers provided by Wirral Community NHS Foundation Trust to support service delivery if requested, and demonstrate that it makes full use of the materials provided.

**10. Significant Event reporting**

Patient and/or staff safety incidents directly linked to this EHC service must be reported to Wirral Community NHS Foundation Trust

Head of Sexual Health and Wellbeing

Wirral Community NHS Foundation Trust

St Catherine’s Health Centre

Birkenhead

CH42 0LQ

**11. Activity planning assumptions**

Although this is an open access service, there is a finite budget available. The numbers will be closely monitored to anticipate levels of demand. Wirral Community NHS Foundation Trust will inform Wirral Pharmacies and CPCW of the service use to enable some predictive planning within resource.

**12. Risk management**

The contractor will have in place robust systems for the identification mitigation and management of clinical and non-clinical risk.

**Appendix 1 - Good Practice in Offering a “Young People Friendly” Service**

The following is just a reminder of how to make your service more welcoming to Young People. Most of this is obvious and already in practice by most organisations, but the following checklist may help.

1. Confidentiality – This is very important when working with young people. Does your organisation have a young person confidentiality policy that is visible to young people? Remember you may not be able to guarantee 100% confidentiality if there is a risk that someone may be or has been harmed.
2. Do your premises have areas for private consultation that cannot be overheard?
3. Fraser Guidelines must be followed for all young people under 16.
4. Is there a visible Complaints procedure for the young person and is this guidance available?
5. Are all staff non-judgemental and respectful in their approach to young people?
6. Are all staff aware of equality and diversity issues and how other cultures or faiths may interpret their actions?
7. Are all staff open, approachable and accommodating of young people’s needs and do not impose their views.
8. Are all staff supported to seek further training to deal with issues they may find difficult?
9. Are young people consulted and actively engaged in the service and their opinions acted on?
10. Does your organisation regularly evaluate how well your service meets the needs of young people?
11. Is your waiting area inviting to young people with materials and resources that appeal to them and does your organisation openly welcome young people to your service?