

Public Health Community Pharmacy Contract: Emergency Hormonal Contraception, Peterborough

Service Specification: COMMUNITY PHARMACY, EMERGENCY HORMONAL CONTRACEPTION (EHC) SERVICE 2024-2025

1. Context Update

The most recent population estimates (2022)¹ show that 51% (110,170) of Peterborough's population is female, and 49% (107,535) is male, with the 15-24 population comprising of 10.9% (36,108) of the total population. Peterborough is an ethnically diverse city (data from Census, 2021): majority of the population were White (75.4%), 14.3% of the population were Asian, 4.1% were Black, and Mixed/Multiple Ethnic Groups made up 3.5% of the population². Women aged 15-50 represented 24.6% (53,402)¹ of the total population. The Indices of Multiple Deprivation (2019) is a combined measure used to assess the deprivation of areas. Compared to England, Peterborough is significantly more deprived. Out of 153 local authorities, Peterborough ranks 40th on the IMD-2019, where 1 indicates worst rank³.

Evidence has shown that teenage pregnancies are associated with poorer outcomes for both young parents and their children. In 2021, there were 75 conceptions for under 18's, which is significantly higher than the national average of 13.1%. However, 41% of these conceptions led to abortion which is lower than the national rate of 53%⁴. The total abortion rate in Peterborough for women aged between 14 and 44 is 23.4 per 1,000, which is significantly higher than the regional rate of 17.8 and the national rate of 19.2⁵.

The use of Long-Acting Reversible Contraception (LARC) in England is more common in older women. There are several different types of LARC however the effectivity rate is similar and has a failure rate lower than 0.1%. In 2021, LARCs (excluding injections) were prescribed to a total of 1,780 women aged 15-44 in Peterborough, a rate of 39.4 per 1,000 population which is similar to the East of England (39.5 per 1,000) but lower than England (42 per 1,000)⁶. Among them, 8% used an IU device, 11% an IU system, and 28% an implant as LARC in Peterborough, compared to higher uptake in the East of England for IU device (10%) and IU system (18%), but lower for implants (22%). Similarly, while overall the uptake for implants was lower than Peterborough in England (23%), IU devices (11%) and IU systems (16%) were used more often as LARC.

Chlamydia is the most common bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. From June 2021, opportunistic screening for chlamydia is offered to young women aged under 25 to reduce reproductive harm of untreated infection. However, the most recent data on chlamydia screening and protection relates to when the programme was provided to all young people aged below 25. The proportion of the 15-24 population that were screened for chlamydia in 2022 was 12.6% (3,071)⁷, with a detection rate of 1,291 per 100,000 population, (315 cases)⁴. In people

¹ ONS Mid-Year Population Estimates, England and Wales, June 2022

² ONS Census 2021

³ National statistics, English indices of deprivation 2019

⁴ ONS conception statistics

⁵ Office for Health Improvement and Disparities, Department of Health, and Social Care

⁶ NHSD, Sexual and Reproductive Health Activity Dataset (SRHAD)

⁷ UK Health Security Agency (UKHSA), GUMCAD STI Surveillance System

aged under 25, the new STI diagnoses, excluding chlamydia, rate is 410 per 100,000 (888 cases) among those that accessed sexual health services⁴.

2. Service Description

Cambridgeshire and Peterborough Public Health Joint Commissioning Unit (JCU) commission Emergency Hormonal Contraception Services to be delivered by Community Pharmacies to support the local population.

Emergency hormonal contraception (EHC) may **only** be supplied by an accredited pharmacist. Medicine counter staff must be trained to refer each request for emergency hormonal contraception to the pharmacist(s). It is the responsibility of the Pharmacy Manager to ensure that all pharmacists, including locums, supplying EHC are accredited.

The pharmacy must be able to supply emergency contraception during opening hours of the pharmacy on at least 4 days of the week, one of which will preferably be a Saturday.

Pharmacists will supply Emergency Hormonal Contraception (EHC) when appropriate to clients in line with the requirements of the Patient Group Direction (PGD) for the supply of EHC by Community Pharmacists.

Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service. The supply will be made free of charge to the client at Peterborough City Council (PCC) expense, dependant on the residency of the local authority boundaries.

Pharmacists will link into existing networks for Sexual Health Services so that women who need to see a doctor can be referred on rapidly.

Clients excluded from the PGD criteria will be referred to another local service that will be able to assist them, as soon as possible, e.g., GP or community sexual health service.

The pharmacy will provide support and advice to clients accessing the service, including advice on the avoidance of pregnancy and sexually transmitted infections (STIs) through safer sex and condom use, advice on the use of regular contraceptive methods and provide onward signposting to sexual health services that provide long-term contraceptive methods and diagnosis and management of STIs. (see annex 1 for sexual health clinical and prevention services contact details)

2. Aims and intended service outcomes

To increase the knowledge, especially among young people, of the availability of emergency contraception and contraception from pharmacies.

To improve access to emergency contraception and sexual health advice.

To increase the use of EHC by women who have had unprotected sex.

To help contribute to a reduction in the number of unplanned pregnancies in the client group.

To refer clients, especially those from hard-to-reach groups, into mainstream contraceptive services.

To increase the knowledge of risks associated with STIs.

To refer clients who may have been at risk of STIs to an appropriate service.

To strengthen the local network of contraceptive and sexual health services to help ensure easy and swift access to advice.

4. Core skills and training

In order to achieve accreditation, the pharmacist(s) must have satisfactorily completed the following:

- Declaration of Competence for Emergency Contraception
<https://www.cppe.ac.uk/gateway/ehc>
- CPPE online training - Emergency Hormonal Contraception e-learning and e-assessment
- CPPE online training - Patient Group Directions
- CPPE online training - Safeguarding Children and vulnerable adults e-learning and e-assessment

In addition, the accredited Pharmacist must also:

- Read and sign-up to the service delivery outlined in this contract
- Read and sign-up to the current local PGD's for Levonorgestrel -1500®)
- Read and sign-up to the current local PGD's for ULIPRISTAL ACETATE (ELLAONE®) 30mg tablet
- It is the responsibility of the Pharmacy Manager to ensure that all pharmacists including locums supplying EHC are accredited.
- Hold current Disclosure and Barring Service (DBS) clearance

The pharmacist will maintain clinical knowledge appropriate to their practice as part of their continuing professional development requirements.

5. Service outline

The main client group is women under the age of 50 years who might require emergency contraception within 72 hours of unprotected sexual intercourse or failure of a contraceptive method.

The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety and meets other locally and nationally agreed criteria.

A service will be provided that assesses the need and suitability for a client to receive EHC, in line with the PGD. Where appropriate a supply will be made; where a supply of EHC is not appropriate, advice and referral to another source of assistance, if appropriate, will be provided. Clients who have exceeded the time limit for EHC will be informed about the possibility of use of an IUC (intrauterine contraceptive devices) and should be referred to a local service as soon as possible.

Inclusion and exclusion criteria, which are detailed in the PGD, will be applied during provision of the service.

The service will be provided in compliance with Fraser guidance and Department of Health guidance on confidential sexual health advice and treatment for young people aged under 16.

Verbal and written advice on the avoidance of STIs (Sexually Transmitted Infections) and the use of regular contraceptive methods, including advice on the use of condoms, will be provided to the client. This should be supplemented by a referral to a sexual health service that can provide treatment and further advice and care (see annex 1 for further details).

The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service, including sensitive, client centred communication skills.

The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.

The pharmacy must maintain appropriate records to ensure effective ongoing service delivery and audit. Records will be confidential and should be via the PharmOutcomes web-based platform and for a length of time in line with local NHS and JCU record retention policies. The PharmOutcomes system will be used for recording and reporting activity and will be used to generate non patient identifiable reports which the JCU commissioning team be use for processing payments.

Pharmacists may need to share relevant information with other healthcare professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for the permission of the client to share the information.

The pharmacist may make a supply to a girl s/he believes to be under 16; however, the pharmacist must assess her 'competence' under the Fraser Guidelines.

The client is able to make an informed choice about whether to use emergency contraception and which method might be most suitable.

The client is safely supplied with emergency contraception.

If the client is under 25yrs, they are supplied with a Chlamydia test pack and advised to complete it and send it off.

The client is made aware of the need to consider a longer-term method of contraception and the support and follow-up available to them through their GP or Sexual Health Services.

The client is made aware of any possible risk of Sexually Transmitted Infections and the support and follow-up available to them through their GP, Sexual Health Service.

All requests for emergency contraception must be dealt with sensitively and discreetly with due regard for the client's right to privacy. Medicine Counter staff must refer all such queries to the accredited pharmacist without delay.

The pharmacist must personally speak with and counsel the person requesting emergency contraception **although advice may be given over the telephone**. The pharmacist must obtain the information outlined in the pro-forma before making any recommendation regarding emergency contraception.

The product may only be supplied for use at the time of purchase and should not be supplied for possible future use.

Patients should be provided with appropriate information leaflets appropriate to the specific Emergency Hormonal Contraception (Levonorgestrel or Ulipristal).

6. Labelling and record keeping

Any EHC pack supplied to take away should be labelled according to legal requirements.

The relevant template should be completed for each client on PharmOutcomes paying particular attention to the assessment of need and clinical assessment. A note of any additional information and the action taken by the pharmacist should also be made on the record form. A note of supply may also be made in the client's patient medication record. Recording ethnicity also helps service mapping and the development and delivery of the Peterborough service in the future. Client records must be kept by the accredited pharmacy for 8 years if the client is believed to be over 16 and until the client's 26th birthday if they are believed to be under 16.

The relevant template should be completed for each client on PharmOutcomes with the number of Chlamydia screening packs given out these will then be processed for payment. Postal Chlamydia screening packs will be supplied free of charge to pharmacies by the Chlamydia Screening Programme via THT please order kits via the link CambridgeshireCSO@tth.org.uk.

All records should comply with the requirements of the GPhC Standards of Good Professional Practice. Whilst rare, all serious Adverse Drug Reactions (ADRs) should be reported, even if the effect is well recognised (see British National Formulary for supporting information). ADRs should be reported to The Committee for the Safety of Medicines, using the yellow ADR card system. Cards are available in the BNF or reported online. A client presenting with a suspected ADR should be referred to a doctor for further investigation.

7. JCU responsibilities

The accredited pharmacist will not be working in isolation and must feel confident to refer to other sources of information and support services including other participating pharmacists, Sexual Health Services, GP's, and child protection officers subject to the requirement for confidentiality.

JCU will provide PharmOutcomes for the recording of relevant service information for the purposes of audit and the claiming of payment.

JCU will provide up to date details of other services which pharmacy staff can use to refer service users who require further assistance. The information should include the location, hours of opening and services provided by each local service provider.

JCU will be responsible for the promotion of the service locally, including the development of publicity materials, which pharmacies can use to promote the service to the public. (See annex 2)

JCU will be responsible for commissioning the service that distribute Chlamydia testing kits and providing support to pharmacies to enable the effective provision of these kits to women under 25 years of age.

8. Pharmacy responsibilities

The pharmacist must ensure that their professional indemnity cover is either provided by the National Pharmaceutical Association (NPA) or another organisation that have confirmed that this activity will be included in their policy.

The service should be provided in a pharmacy, which must have a suitable area for consultation with patients.

The pharmacy will be required to ensure that there is sufficient trained staff to be able to deliver the service according to this specification.

Also, it is the responsibility of the pharmacy to ensure that there is sufficient medication, support materials and Chlamydia testing kits to be able to deliver the service.

The pharmacy will be required to designate space to display a poster giving information on emergency contraception.

The client should always be advised to talk to her GP or local Sexual Health Service, regardless of whether a supply is made. However, where the pharmacist, on the basis of the information obtained, is not certain that emergency contraception can be supplied, the client should be referred to a doctor or sexual health clinic immediately.

Emergency contraceptives are not suitable for repeated use as they have a higher failure rate than regular oral contraceptives. Patients should be told to visit their GP or Sexual Health Service if menstruation is late, missed or lighter than usual or if there is any unusual pain. It may be advisable for the client to seek advice earlier about on-going contraception.

Pharmacists should use their judgement in terms of the best way to phrase the offer of a Chlamydia Test Kit. Acceptance rates are usually highest when it is phrased in a routine way, for example "we ask everyone who is given EHC in your age group to complete a Chlamydia test. Here is a kit for you"

9. Fraser guidance

The pharmacist should make and record a judgement about the competence according to Fraser Guidance of every client who is believed to be under 16. The pharmacist will need to consider / discuss the following:

Whether the young person understands the potential risks and benefits of the treatment and advice given.

That the value of parental support is discussed, with the health professional encouraging the young person to inform parents/carers of the consultation and explore the reasons if the patient is unwilling to do so. They must assure the young person that their confidentiality will be respected whether they inform their parents/carers or not unless there is any suspicion of abuse.

Whether the young person is likely to have or continue to have sexual intercourse without contraception.

Whether the young person's physical or mental health is likely to suffer if they do not receive contraceptive advice or treatment.

Whether it is in the young person's best interest to provide contraceptive advice and treatment without parental consent.

Taking the above into consideration the pharmacist should decide if the young person is competent to receive advice and treatment. The consultation will be governed by the same terms of confidentiality whether or not the health professional considers the young person competent.

When a young person is judged not to be competent, she should be referred to their GP or Sexual Health Service.

When seeing clients under the age of 16, the pharmacist(s) is required to have regard to child protection issues. Pharmacist should act in accordance with the local authorities Child Protection Guidelines. Any pharmacist who has concerns about a young person should seek advice from the most appropriate professional which may be a senior colleague, the Named Nurse or Doctor for Child Protection or Social Services. In the first instance the clients name and address should not be used, if asking for advice.

10. Safeguarding Children and Adults

It is important that pharmacies protect children and adults from avoidable harm (as defined in Safeguarding Children and Adults legislation and guidelines) this may include harm caused within the family but also extra familiar harm such as child exploitation. Should you identify an adult / child is or may be at risk of significant harm you must make a referral to the relevant agency in line with local policies and procedures. These can be accessed via the links below.

It is important that the Pharmacy has an identified safeguarding lead and the staff have received appropriate safeguarding adults and children's training in line with the Intercollegiate Documents (2019/2020). Identified leads should apply professional curiosity and consent where relevant and be aware of local sexual abuse services such as [SARC](#).

Children's Safeguarding Board

[Professionals – Making a Referral | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](#)

[Multi-Agency Safeguarding Training | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](#)

[Multi-Agency Policies and Procedures | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](#)

[Information for Professionals | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](#)

Adults Safeguarding Board:

[Professionals – Making a Referral | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](#)

[Cambridgeshire and Peterborough Safeguarding Adults Policies, Procedures and Practice Guidance | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](#)

[Multi-Agency Safeguarding Training | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](#)

Specific for independent contractors such as GP practices / pharmacy

[Safeguarding for GPs and Independent Contractors | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](#)

11. Service monitoring

Performance monitoring will be in line with service standards and the pharmacy may be monitored on the following:

- Availability of appropriate material to support the provision of advice to the client group.
- Maintenance of accurate records as required by the PGD.
- Reviews of standard operating procedures and updates as necessary.
- The outcomes of any patient experience surveys, feedback or complaints.
- The proportion of the number of women under 25 who received EHC and have been given a Chlamydia screening pack.
- The proportion of Chlamydia screening packs that is returned to the screening service from women under 25.
- A review of the number of occasions when an accredited pharmacist was not available to provide the services at the pharmacy.

Information outlining the process of the service must be cascaded to other pharmacy staff.

Non-pharmacist staff must be trained to refer clients to an accredited pharmacist. Where an accredited pharmacist is unavailable on the premises, clients should be signposted to an appropriate alternative service.

Non-pharmacists may not be accredited nor are they allowed, by law, to supply via this patient group direction (PGD). Pharmacies should inform the JCU as soon as possible in situations where an accredited pharmacist will no longer be available to provide the service.

Pharmacies should inform the JCU as soon as possible in situations where the designated pharmacy signatory is no longer able to retain responsibility for the contract in a given accredited pharmacy, to enable transfer of designated signatory status or termination of the agreement.

12. Quality Indicators

The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.

The pharmacy participates in audit of service provision as required by the commissioner

The pharmacy co-operates with any locally agreed JCU-led assessment of service user experience.

The pharmacy offers each woman under 25 years of age a Chlamydia test Kit when she requests the EHC service.

13. Data returns and payments

Consultations: The payment of **£16 per consultation** will be available regardless of whether a supply of Levonorgestrel or Ulipristal was made.

Prescribing: The pharmacy will be reimbursed the most recent drug tariff price for Levonorgestrel -1500[®] and Ulipristal 30mg (excl. VAT)

Chlamydia test kits: Pharmacies will be paid **£2.50 for each Chlamydia test kit given out.**

Payment will be made by the JCU based on extracted commissioner's report on PharmOutcomes.

Payment

Payment will be made quarterly, within one calendar month of the Joint Commissioning Unit receiving the data, following the schedule below. Payment will be made directly to account details provided by the pharmacy.

Month Health Check Completed	Date data expected to reach JCU team	Expected payment made by
Quarter 1 (April, May, June 2024)	15 th July 2024	15 th August 2024
Quarter 2 (July, Aug, Sept 2024)	15 th October 2024	15 th November 2024
Quarter 3 (Oct, Nov, Dec 2024)	15 th January 2025	15 th February 2025
Quarter 4 (Jan, Feb, March 2025)	15 th April 2025	15 th May 2025

Annex 1

Sexual Health clinical service – Cambridgeshire Community Services (CCS) ICaSH-

<https://www.icash.nhs.uk/where-to-go/icash-peterborough>

Sexual Health prevention service – Terrance Higgins Trust (THT) –

<https://www.tht.org.uk/centres-and-services/peterborough>

Annex 2

Emergency Contraceptive Pill aka “the morning after pill”



The pill reduces the chance of pregnancy happening after unprotected sex



Take the pill ASAP following unprotected sex



Is free from lots of places, including some pharmacies, sexual health clinics and NHS 111



Scan the QR code to find a list of places you can get the emergency contraceptive pill.



Community Pharmacy
Emergency Contraception Data Flow

