**SERVICE SPECIFICATION FOR THE PHARMACY CONTRACTOR PROVISION OF AN EMERGENCY HORMONAL CONTRACEPTIVE SERVICE IN SOMERSET**

**1 AIM AND INTENDED SERVICE OUTCOMES**

1.1 The pharmacist will be accredited to supply the progestogen-only emergency contraception (POEC) levonorgestrel and ulipristal acetetate (ellaOne®)when indicated to clients in line with the requirements of the locally agreed Patient Group Directions (PGDs) and in accordance with the supplied Faculty of Sexual and Reproductive Health (FSRH) emergency hormonal contraception algorithm (appendix 1). The supply will be made free of charge to clients aged 12 to 25 years (up to 25th birthday) at Somerset County Council (SCC) expense and aims to:

1.2 Improve patient access to the provision of emergency hormonal contraception, for individuals under 25 years of age, through community pharmacy

1.3 Provide professional sexual health care advice; sympathetic understanding to the client; signposting to appropriate services, with a non-judgmental attitude; addressing patient choice and a non-clinical setting

1.4 Reduce the number of unplanned pregnancies in Somerset particularly in those aged under 18 years old

1.5 Raise the awareness of sexually transmitted infections; reduce prevalence of chlamydia, and signpost clients to appropriate services

1.6 Refer clients, especially those from hard-to-reach groups, into the Somerset Wide Integrated Sexual Health Service or their GP

1.7 Strengthen the local network of contraceptive and sexual health services to help ensure easy and swift access to advice

2 **REGISTRATION AND CONTINUING PROFESSIONAL DEVELOPMENT**

2.1 Provision of EHC to all patient groups identified under the PGDs will be through accredited pharmacists who have:

* Successfully completed the Centre for Postgraduate Pharmacy Education (CPPE) e-learning training on Emergency Hormonal Contraception (to be repeated every two years);
* Successfully completed the CPPE Safeguarding Children and Vulnerable Adults e-learning (to be completed every two years);
* Attended the CPPE EHC workshop delivered in partnership with SCC (includes safeguarding and child exploitation training). This training should be attended once every four years;
* It is recommended that pharmacists should also complete the CPPE e-learning in Consultation Skills;
* Completed the relevant authorisation process to be accredited by SCC for provision of EHC under the current PGDs

2.2 Pharmacists who have not completed the CPPE/SCC/CCG-approved level of Safeguarding children training and approved EHC specific training cannot supply EHC under the PGDs to patients under the age of 14 years, or if more than 72 hours has elapsed since unprotected sexual intercourse.

2.3 Pharmacists are required to input their Declaration of Competence (DOC) on PharmOutcomes.

2.4 Accredited pharmacists (see 2.1 and 2.2 above) working in the pharmacy are expected to comply with all aspects as described above.

2.5 When the service cannot be made available (in case of sickness, holiday, or absence of an accredited pharmacist) the pharmacy staff will signpost client to the nearest **free** EHC service provider – to avoid ‘losing’ a vulnerable client, a phone call to the next provider may be necessary. Information on other providers can be found on the SWISH app and website; **young people should not be asked to pay for EHC if there is not an accredited pharmacist present but should be advised of alternative providers.**

**3 PATIENT CONFIDENTIALITY AND DATA PROTECTION**

3.1 The service will be provided in compliance with Fraser guidelines and Department of Health guidance on confidential sexual health advice and treatment for young people aged under 16 years. In providing advice or treatment it is good practice to encourage the young person to talk to a parent or trusted adult.

3.2 Patients using this service can remain anonymous if they wish to do so.

3.3 When a client is under 18 years pharmacists and their staff may have concerns that the young person has been the victim of sexual abuse, physical harm or has been exploited. If there is any such concern or suspicion of child abuse there is a statutory duty to safeguard and promote the welfare of children and young people (Children’s Act 2004), Advice should be sought from the Designated or Named Safeguarding Professional and/or a referral made to Somerset Direct (pharmacies should ensure the list of contacts provided by NHS Somerset is prominently available to staff including locums). Pharmacists should consider the Somerset Child Sexual Exploitation screening tool with all under 18-year-old clients. Please refer to the EHC young people’s safeguarding pathway (appendix 2).

3.4 Additional caution is required for children under 13 years and advice **MUST** be sought from a healthcare professional who has extensive expertise in child protection issues prior to the provision of EHC.

3.5 In law children under 13 years are deemed to be unable to give informed consent to sexual activity. Any sexual offence involving a child under 13 is very serious and should be taken to indicate a risk of significant harm and in most cases, this will lead to a referral to Children's Social Care. Further advice and procedures can be found on the South West Child Protection Procedures website. www.proceduresonline.com/swcpp/

3.6 Pharmacists and their staff must ensure that the confidentiality of information acquired in the course of their professional activities is respected and protected, and is disclosed only with the consent of the individual, or the parent, guardian or carer where appropriate, except where such disclosure is necessary to prevent serious injury or damage to the health of the patient, a third party or to public health.

3.7 All young people should be advised that the service is confidential unless it is considered that the young person may be at risk of suffering or likely to suffer from harm through abuse or exploitation. It is good practice to acquire consent but in the event that this is refused or may place the young person in danger there remains a statutory duty to safeguard and protect the young person by discussing concerns with a Designated or Named Safeguarding professional and/or sharing the information with Children’s Social Care.

3.8 The pharmacist, the contractor and their staff must also comply with the requirements of the Data Protection Act 2018 and GDPR and should ensure they are aware of their legal and professional responsibilities concerning data protection in the provision of this service.

**4 ROLES AND RESPONSIBILITIES OF THE CONTRACTOR**

4.1 The contractor must notify SCC with reasonable promptness where the contractor believes that they will not able to meet the requirements for EHC provision under this contract for the foreseeable future (e.g. long-term sickness, or pharmacists ethical / religious objection to the supply of EHC **or accredited pharmacist no longer available at a specific branch to offer service); this will enable SCC to provide up to date information on the SWISH app and website for those seeking EHC.**

4.2 The contractor must be willing for supply to all patient groups in the pharmacy allowed under the PGDs if relevant PGD inclusion and exclusion criteria are met. This includes provision for young people aged under 16 years of age.

4.3 The contractor must ensure that EHC is only provided under the relevant PGDs and under the terms of this contract by a suitably accredited pharmacist.

4.4 If a suitably accredited pharmacist is not available to provide the service staff at the pharmacy must make reasonable efforts to signpost any patients or other individuals attempting to access the service to the nearest community pharmacy that is providing the service or to an alternative provider.

4.5 The contractor should ensure that all pharmacists and staff participating in this service are aware of their responsibilities with respect to safeguarding children and child protection. All staff have a statutory duty to safeguard and promote the welfare of children and young people.

4.6 The contractor must ensure that a copy of this contract and the relevant EHC PGD are available and readily identifiable in the pharmacy.

**5 SERVICE DESCRIPTION**

**The Pharmacy will:**

5.1 Provide access to PharmOutcomes for pharmacists to enable them to provide the EHC service. Pharmacists will need to enrol on PharmOutcomes and declare themselves as accredited.

5.2 Have been approved to provide advanced services i.e. having suitable consultation area.

5.3 Provide a confidential, non-judgmental service sensitive to the needs of all clients including those aged under 16.

5.4 Take the relevant sexual and medical history of client as described on PharmOutcomes.

5.5 Assess and record under 16 competency using Fraser Guidelines.

5.6 Supply levonorgestrel 1500mcg tablet(s) (POM product only) or Ulipristal Acetetate (ellaOne®) 30mg **free of charge** to the client where indicated and in accordance with the algorithm. (Supply of the Pharmacy-Only levonorgestrel 1500mcg tablet is not authorised under the PGD.)

5.7 PharmOutcomes replaces the need for pharmacists to keep paper documentation or use the previously required EHC1 and EHC3 forms.

5.8 Discuss the Copper Intra Uterine Device as an alternative or additional method of emergency contraception for increased efficiency and signpost the patient accordingly.

5.9 Discuss and advise patients aged 15 to 24 years (up to 25years) about chlamydia infection, screening, and treatment. Following the discussion, the patient and their sexual partner/s should be offered a chlamydia testing kit and the relevant number of kits should be supplied if the offer is accepted. If kits are not available then signpost to online testing at Online home STI testing | SWISH (swishservices.co.uk).The length and detail of any discussion with the patient will vary according to the patients existing knowledge and experience of chlamydia and the chlamydia screening programme.

5.10 Offer to supply leaflets to reinforce health advice given during the consultation e.g. STIs, contraception, as directed within PGDs if relevant and in proportion to the patient’s need and level of knowledge.

5.11 Offer support and advice to the patient, including up to date details of other related services and/or referral to primary care or specialist centres where appropriate.

5.12 Share relevant information with other health care professionals and agencies, in line with local and national confidentiality and data protection arrangements, including the need for the permission of the person to share the information.

5.13 To share information without consent **where there is reasonable cause to believe that a young person may be suffering or at risk of significant harm.**

5.14 PharmOutcomes will automatically populate an invoice that will be sent to SCC for payment.

5.15 Display EHC poster / window sticker in each participating branch (and to remove these if an accredited pharmacist is no longer available).

5.16 Ensure that the check boxes in PharmOutcomes in relation to child sexual exploitation and female genital mutilation are **only completed** if following the consultation there are concerns with either of these. If the boxes are checked the LPC and / or commissioner will always contact the pharmacist to get more information and ensure that appropriate referrals have been made by the pharmacist. Please therefore don’t check the boxes if there are no concerns.

 **Somerset County Council will:**

5.15 Agree to use PharmOutcomes in conjunction with the Somerset Local Pharmaceutical Committee for public health commissioned services.

5.16 Provide up to date details of other services which pharmacy staff can use to refer on service users who require further assistance.

5.17 Coordinate, in conjunction with SWISH, the promotion of the service locally, including the development of publicity materials and the use of nationally produced materials, in order to ensure young people and other local health care providers are aware that the service is available from local pharmacies.

5.18 Provide regular training to fulfil CPD requirements to deliver this service

5.19 Pass the PharmOutcomes generated invoices for payment to SCC after the end of each quarter.

**6 QUALITY INDICATORS**

6.1 The pharmacy has appropriate health promotion resources available for the user group and promotes its uptake.

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

6.3 The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.

6.4 The pharmacy participates in an annual or periodic ‘snapshot’ SCC organised audit of service provision

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

**7 CLINICAL GOVERNANCE**

7.1 Whilst discharging their duties, pharmacist/technicians/technicians may uncover practice that they consider to be of significant danger to patient safety. In these circumstances the pharmacist/technician will need to exercise their professional judgement. They may also wish to seek advice from:

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| --- | --- | --- |
| **Name** | **Post** | **Telephone No.** |
| Marie Davis | Designated Nurse for Safeguarding ChildrenEmail: maria.davis@nhs.net Team email: somicb.safeguardingcla@nhs.net | Tel: 01935 385266 Mobile 07387 258287 |

7.2 Incidents relating to patient safety and the administration of EHC should be reported to the Public Health Commissioner at Somerset County Council to comply with clinical governance arrangements michelle.hawkes@somerset.gov.uk

**8 PAYMENT**

8.1 All claims for payment will be generated by PharmOutcomes. It is therefore essential that pharmacists ensure consultation details are completed as soon as possible as any delay may result in delayed payments.

8.2 The contractor will be reimbursed for the medicines supplied under the PGD. Reimbursement will be at the Drug Tariff price for the levonorgestrel 1500mg tablet (POM product) and Ulipristal Acetetate (ellaOne®) 30mg relevant at the time of the supply. The contractor will not be reimbursed for the cost of any Pharmacy-only levonorgestrel 1500mcg tablets supplied.

8.4 The contractor will be paid according to the following principle:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Basic professional fee | + | Applicable additional professional fee(s) if any | + | Drug Tariff defined drug cost | = | Total payment per supply made |

8.5 The professional fees will be paid by BACS according to the following schedule:

|  |  |  |
| --- | --- | --- |
|  | Fee per supply | Note(s) |
| Supply of levenorgestrel 1500mcg or Ulipristal Acetate (Ella One) 30mg according to the relevant PGD and FSRH algorithm | £11.00 | Basic fee payable on all supplies |
| Patient over the age of 13 years and under the age of 16 years and Fraser competence has been assessed | £2.00 | Additional fee only payable if conditions met |
| Patient over the age of 12 years and under the age of 13 years and Fraser competence has been assessed | £5.00 | Additional fee only payable if conditions met |
| Chlamydia advice provided to a patient between the age of 15 years and 24 (up to 25th birthday) | £1.00 | Additional fee only payable if conditions met |

8.6 The contractor will be reimbursed for cost of the POM medicine supplied to each patient at the price detailed in the Drug Tariff in effect during the month the medicine was supplied. The reimbursement of the medicine cost will be in addition to any professional fee paid.

8.7 The minimum professional fee paid for any single supply will be £11.00. The maximum professional fee payable for any single supply to a patient will be £17.00.

8.8 The contractor will only be reimbursed for the cost of the POM version of EHC and will not be reimbursed for any supply of an OTC version.

8.9 All patients treated under the terms of this contract will receive treatment free of charge in line with normal NHS prescription levy and exemption rules.