EMERGENCY HORMONAL CONTRACEPTION (EHC)

April 1, 2013 – March 31, 2014

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Lead commissioners:

Velena Gitfillian  –  Deputy Director of Public Health (WBC)
Owen Brigstock-Barron  –  Public Health Sexual Health Lead (WBC)
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INTRODUCTION

The purpose of this document is to set up the operational framework for supply of Emergency Hormonal Contraception (EHC) from a network of Community Pharmacists. This will help improve access to emergency contraception services by providing access both inside and outside of normal working hours (including evenings and weekends).

This service links into the national service specification EN11 - Emergency Hormonal Contraception. In addition this scheme will link into the wider Sexual Health service network in Wandsworth, including GP’s, GUM and Reproductive (CASH) Services alongside the forthcoming Sexual Health Strategy.

There is a strong emphasis for communication and forging strong professional working relations between the Community Pharmacists and stakeholders involved in Sexual Health service provision including Public Health commissioners, Core sexual health services such as GUM and RSH/CaSH, Voluntary agencies, Schools, Youth Services and the Local Pharmaceutical Committee.

The service level agreement is for 12 months but may be reviewed periodically.

1. AIMS OF THE SERVICE

The service is to improve access to emergency contraception for woman. There must be service continuity to ensure patients do not have to access different pharmacies to receive a service.

- To increase access to emergency contraception for women aged 13 and above.
- To increase knowledge of emergency contraception and all types of contraception in women.
- To reach sexually active young people who do not use sexual health services
- To increase understanding and raise awareness of importance of Chlamydia infections and other Sexually Transmitted Infections (STIs) especially in young sexually active clients
- To raise awareness of safer sexual practices
- To increase access for young people, to sexual health advice and referral on to specialist services where required.
- To increase partnership working between pharmacists and other healthcare professionals, including sexual health services
- To allow faster response to clients needs, without the need to see a doctor
- To signpost the availability of other services, thereby increasing numbers of people accessing regular sexual health and Reproductive Sexual Health services;
- To enhance pharmacists’ professional practise and develop the Community Pharmacy network.
- To complement Wandsworth Sexual Health Strategy (due in 2014)
- To allow a faster response to clients’ needs, without the need to wait to see a doctor.
- To ensure all details of the patient proforma is filled in fully and sent to the Council Public Health department on a monthly basis.
- To offer or sign post a client between the ages of 16-24 years old for a Chlamydia screen
- To supply medication under the Medicines ACT.
- To link the service with the Prescribing Policy of Wandsworth CCG
To link this service to NHS 111 ensuring patients can be signposted to a Commissioned Community Pharmacy and receive the morning after pill under PGD

2. **SERVICE DESCRIPTION**

The appropriate supply of EHC under a Patient Group Direction.

- Clients can access a pharmacy network that can supply when appropriate EHC.
- Supply of EHC will be through *supervised consumption only*.
- Following the guidelines in the Patient group Direction for Levonelle or as directed by the PGD and product licence for the P medicine both supplied under supervision.
- P supply should only take place when a trained pharmacist is not available. P supply will be monitored.
- All supply which is POM (PGD) must be supplied by a trained pharmacist only (all ages) All Participating pharmacists will ensure they have a reasonable stock level of Levonelle 1500 (POM and P).
- Participating community pharmacists will inform pharmacy staff and locums of the service and their responsibilities to attend accredited training in order to provide the service. Full details of the training required is documented in this service specification (section 4.2)
- Participating pharmacists will provide audit feedback on the service and send in invoicing and data to the commissioner on a monthly basis.
- The service is advertised for 13 years-and above.
- Free condoms will be supplied to young people between the ages of 16-24 if required.

3.1 **P medicine Protocol**

*To ensure the service is continuous a P medicine protocol has been introduced.* Pharmacy only (P) Levonelle to be supplied if the accredited pharmacist trained on the PGD is not at the pharmacy. The product licence for the P levonelle is starts from 16 years and above. This protocol can be used by any pharmacist who can supply the pharmacy only Levonelle. **Supervised consumption will still apply and the client proforma has to be filled in.** Pharmacists where P Medicine supply outweighs PGD supply may be challenged as to why no trained pharmacist is available on a regular basis

Please note the Wandsworth Borough Council reserves the right to change the age banding according to local need as required. One month’s notice of this decision will be given to participating Community Pharmacists.

3.2 **The Community Pharmacy Contractual Framework**

The Essential part of the Community Pharmacy Contractual Framework can add value and support a public health locally commissioned service. The Service will be supported by the Community Pharmacy contractual framework where the following services will be provided:-

- **Signposting** – The Council (Public Health) will provide pharmacists with general information, named individuals and details for the following services
  - Sexual health & Reproductive Sexual Health commissioned services
  - Council (Public Health) administration
  - Safeguarding children services
  - Social services
  - Specialist Police support services
  - Voluntary sector sexual health & Reproductive Sexual Health services
Information supplied will be regularly reviewed and updated by Wandsworth Borough Council (Public Health)

- **Health Promotion** - All Community Pharmacy providers will take part in Council Public Health campaigns around sexual health and provide appropriate health promotion messages as agreed with the LPC and NHS England

- **Clinical Governance** – All Community Providers will follow the guidelines around Child protection, Frasier Guidelines, the RPSGB guidance on EHC and child protection local and national policies.

4. **CLINICAL GOVERNANCE**

4.1 Core Competencies

The Public Health Department has adapted the core competencies for pharmacy providers of sexual health services as defined by the Harmonisation of Accreditation Group (HAG) Jan 2007 for the provision of EHC. These are linked, where appropriate, to the general pharmacist competences of the Royal Pharmaceutical Society of Great Britain

- Able to communicate with clients appropriately and sensitively [G1,G2].
- Able to counsel and advise on emergency contraception, STIs, sexual health and regular methods of contraception [G2,G7].
- Able to raise or respond to the issue of sexual health and/or make the offer of Chlamydia screening to men and women [G1].
- Able to counsel and advise on Chlamydia screening [G1, G2, C1, C2].
- Able to carry out assessment and treatment of asymptomatic Chlamydia infection [G1, G2].
- Able to give advice on safer sex and the use of condoms [G2, G3].
- Understands how and when to refer clients (signposting) and when to ask for support and advice [G7].
- Understands confidentiality issues and is aware of their role in the process of child protection [G8].
- Understands the different types and methods of hormonal contraception and non-hormonal contraception; their use, advantages, failure rates and complications [G1,].
- Understands and able to apply the medico-legal aspects of drug treatment e.g. EHC provision in accordance with a Patient Group Direction [G5].

4.2 Training & Accreditation

**Accreditation**

A pharmacist must attend and complete (to the Council’s satisfaction) the locally defined Public Health training & accreditation programme comprised of the following elements

- Attendance at a recognised accreditation workshop
- Complete the following CPPE packs
  - CPPE Emergency Hormone Contraception
  - CPPE Contraception
  - CPPE Child Protection
  - CPPE Sexual Health: testing and treating Open Learning Programme
  - CPPE Dealing with difficult discussions Open Learning Programme
- Completion of a Criminal Records Bureau (CRB) check with no adverse outcome
- Registration with the Public Health Directorate (Council) as a provider
- Evidence of the completed training and accreditation must be provided to the Council (Public Health) before you can commence offering the scheme.

Records of completion of these packs must be kept within the pharmacy and can be seen on request by the Council (Public Health)

**Re-accreditation**
Updates are recommended every two years or as directed by a Reproductive Sexual Health/Sexual Health Clinician, which may be in the form of a self declaration of competency, attendance at additional or refresher training events, CPD declarations or other methods of assessment as considered appropriate by the Council (Public Health). The service Commissioner will work in partnership with the SW London Local practice forum for training and development with agreed professional standards

Where there are concerns regarding poor performance, this will be addressed separately as a clinical governance matter.

## 4.3 Safeguarding Children and Young People

Community Pharmacy providers will be governed by local guidelines on safeguarding children and young people and all Community Pharmacists will undergo an enhanced Criminal Record Bureau Check.

**Clients under 16 years of age**
Services 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 years. If the client is believed to be under 16 years, the pharmacist must apply the Fraser Rulings. (aka Gillick competence).

**Patient Confidentiality**
A pharmacist’s duty of confidentiality is outlined in Part 2 of the Code of Ethics. It states that:

> 'The public is entitled to expect that pharmacists and their staff respect and protect the confidentiality of information acquired in the course of their professional duties. The duty of confidentiality extends to any information relating to an individual, which pharmacists or staff acquires in the course of their professional activities. Confidential information includes personal details and medication, both prescribed and non-prescribed'.

Clients of all ages, including those aged under 16, are entitled to a confidential consultation with a pharmacist.

**Safeguarding Children (aka Child Protection)**
When clients under the age of 16 access services, pharmacists are also expected to have due consideration for child protection guidelines; thus in certain rare circumstances there can be exceptions to the right of confidentiality. When discussing confidentiality with clients pharmacists should use the following phrase –

> 'the information you give is confidential unless I think that you may hurt yourself or that someone else is hurting you. If this is the case, I must share the information with other
professional people to keep you or others safe. Hopefully, you would agree to this and if I do have to share information I will keep you informed where possible.

Under the Sexual Offences Act (2003) the Pan-London Safeguarding Children Guidance requires routine notification of any child aged 12 or under who is known to be sexually active.

If the pharmacist has any concerns relating to a possible need to breach confidentiality for the above reasons, please contact clinical support or social services in the presence of the young person. Do not act in isolation.

Please note the following
- When a young person is judged not to be competent in line with the Fraser ruling, they should be referred to the Reproductive Sexual Health Doctor or their GP.
- If the non-competent young person attends with a parent and both agree to participate in a service, then the service may be provided.
- If the non-competent young person attends with a parent but the young person does not agree to participate in a service they must be referred to the Reproductive Sexual Health clinic or GP.

4.4 Service promotion

It will be important that clients receive accurate information about Pharmacies who provide the service. Clients must not be placed in a situation where they have to visit different pharmacies to receive a service.

4.5 Premises

All services must be provided in an approved pharmacy, with an approved private consultation area as defined within NHS Pharmaceutical Services 2012/13 for the provision of Advanced Services.

The pharmacy will be required to provide dedicated window space to advertise the availability of the service from that pharmacy, and an appropriately placed poster within the pharmacy.

4.6 Service Continuity & Availability

Commissioned pharmacies should aim to provide the POM PGD service for all hours the pharmacy is open.

P medicine provision should only be used when no trained pharmacist is available i.e. sick leave. For annual leave appropriate cover should be provided to ensure service continuity.

Pharmacies will be monitored on their usage of P medicine. Providing P medicine as standard due to lack of trained local cover is not acceptable and may mean decommissioning of the service.

It is the responsibility of the Community Pharmacy Provider to ensure continuity of service. All members of the pharmacy team including locum pharmacists, new pharmacists, pharmacy technicians and staff should be aware of the service content and commissioning
requirements of this LES. If a Community Pharmacy has a change in staffing where the new Community Pharmacist does not meet the competency requirements defined within the EHC Service Specification the Community Pharmacy Provider must inform the Council Public Health team giving a minimum of 4 week notice along with a proposal for continuity of service learning no more than a 4 week break.

Community Pharmacy providers must confirm the hours of availability for this service with Public Health. This will be advertised on local websites e.g. NHS choices and NHS 111. Community Pharmacy providers must inform Public Health promptly if there are any the hours of availability for the EHC service changes.

4.7 Patient sensitivity and Confidentiality

A pharmacist’s duty of confidentiality is outlined in Part 2 of the Code of Ethics. It states that:

‘The public is entitled to expect that pharmacists and their staff respect and protect the confidentiality of information acquired in the course of their professional duties. The duty of confidentiality extends to any information relating to an individual, which pharmacists or staff acquires in the course of their professional activities. Confidential information includes personal details and medication, both prescribed and non-prescribed’.

Due to the nature of the service, all Community Pharmacy providers must provide an understanding and supportive environment. This will require that all members of the pharmacy team and made aware of the responsibilities of this service and the importance of providing a conducive and supportive environment.

Clients of all ages, including those aged under 16, are entitled to a confidential consultation with a pharmacist.

Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service. (section 1.2 National Service specification for EHC)

4.7.1 You’re Welcome” Quality Criteria

All young people are entitled to receive appropriate health care wherever they access it. The You’re Welcome quality criteria (appendix 8) lay out principles that will help health services – both in the community and in hospitals – to ‘get it right’ and become young people friendly. Through agreement with Wandsworth Borough Council, a pharmacy must meet the you’re welcome quality criteria or have an action plan in place to support the delivery of these services within this service specification in line with this criteria

4.8 Clinical Support

The competent pharmacist should not be working in isolation and must feel confident to refer to other sources of information and support including other participating pharmacies, the lead Reproductive Sexual Health Doctor, Sexual Health Specialists, Reproductive Sexual Health Nurses and GP’ subject to the requirement for confidentiality. Contacts details will be supplied and updated by the Council Public Health department to support pharmacists.
4.9 Reciprocal Arrangements

Wandsworth Borough Council may recognise the training received by a registered pharmacist from another area within 15 months. Final approval will be based on a local decision on a case by case basis by a Public Health Officer. Competent Pharmacists who have been trained and accredited by other area’s will have to follow the Wandsworth Borough Council Patient Group Direction and service Level agreement.

4.10 IT

All Community Pharmacy providers of the service will be expected to be compliant with Information Governance requirements, to have an NHS net Email account and use the Service Pact IT data system with an N3 connection and MS Office. All pharmacies must use the approved IT system to ensure patient details are entered promptly to allow for data analysis and payment on a monthly basis.

It is expected that Online systems (Service Pact) are used directly during the consultation to record activity. All requested fields must be completed.

5. Indemnity

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

6. Information Governance, Confidential information and data protection

The named pharmacist shall not, whether during or after their appointment, disclose or allow to be disclosed to any person (except on a confidential basis to their professional advisers) any information of a confidential nature acquired by the pharmacist in the course of carrying out their duties under this Agreement, except as may be required by law. The pharmacist must protect personal data in accordance with the provisions and principals of the Data Protection Act legislation and must ensure the reliability of the staff that has access to such data.

All participating Community Pharmacies will be compliant with information Governance requirements.

7. Payment Structure

Participating community pharmacists will be reimbursed by the following means.

- Annual retainers of £100 per pharmacy which will include attendance of Public Health update meetings and additional promotion, audit and signposting above the Community Contractual Framework.
- A Professional fee of £23.00 for the supply EHC (POM or P medicine) appropriately to clients under supervised administration which includes drug costs and condom supply (condoms for clients aged 16-24 years).
- All payments and invoicing will be managed through the Service Pact online data system. Service activity must be entered during or directly after a consultation. In extreme circumstances consultation data may be entered up to 48hrs after the consultation. Failure to do so could lead to non payment.
Payment is also dependant on legibly and fully completed proformas (Appendix 5) being sent in to the Wandsworth Borough Council Public Health department on a monthly basis.

Note pharmacies who do not deliver any service activity in a quarter, fail to use the approved IT system for data collection or fail to inform the Public Health department of staff turnover resulting in lack of service continuity will be sent notice of decommissioning. Service retainers will be charged back to the Council Public Health Department.

8. Audit

The audit for the service should provide information on the following criteria:
- Demand for the service and monthly supply of EHC activity.
- Number of P Medicine incidents where no trained pharmacist was available
- Incidents where Community Pharmacists could not provide the service

9. Variation

The services and fee structure or any aspect of this agreement may be varied if:
- The parties agree in writing, or
- Upon request by Wandsworth Borough Council Public Health department where there is a change in the service priorities or where there is a change in the way in which this agreement is required to work as requested by:
  - Changes in legislation, guidance or directions from the Department of Health, or
  - Other exceptional circumstances.
- Proposals to vary the service may be initiated by any party. A request to vary the service will require at least one-month’s written notice unless the parties agree otherwise.
- If there are local or national changes to National or local guidelines on Emergency Contraception or child protection.

10. Default and termination

Any party may terminate this agreement by immediate notice to the other parties if any of the other parties refuses or fails to carry out any of its obligations, if the matter complained of is:

Incapable of rectification, or Capable of rectification, but has not been rectified within 14 days of the notice being sent to the reasonable satisfaction of the non-defaulting party serving the notice.

If the pharmacist has failed to perform the services in accordance with this agreement or is otherwise in breach of this agreement, and the pharmacist has not remedied the breach where it is capable of being remedied within such a time as may have been notified to the pharmacist, the Council Public Health department may terminate this agreement in respect of the services only and provide or procure a third party to provide such services.
The Council Public Health Department may terminate this agreement by immediate notice if the pharmacist ceases to provide pharmacy services from the Pharmacy or they are withdrawn or removed from the Pharmaceutical list, by whatever means.

Upon termination of this agreement each party shall return to the relevant party all the other party’s documents and materials and all copies thereof which are of a confidential nature.

The pharmacist shall co-operate fully with the Council Public Health Department during any handover leading to termination of this agreement. This co-operation shall extend to full access to all documents, reports, summaries and any other information reasonable required by the council to achieve an effective transition without disruption to routine operational requirements.

The pharmacist shall not be entitled to assign or sub-contract its rights or obligations under this agreement to any person without prior written consent of the council.

Wandsworth Borough Council shall have the right to terminate this agreement without cause in whole or in part at anytime with a minimum of 3 months written notice. Notice will be given in writing and all qualifying activity up and to the end of the 3 month period will be honoured.
11 SIGNING OF THE AGREEMENT (EHC PHARMACY LES 2013-14)

This document and the attached notes comprise the Agreement concluded between Wandsworth Borough Council (Public Health) and the pharmacy named below.

Pharmacy Name: ...........................................

Lead Pharmacist: ...........................................  
Address: ........................................................................................................................................................................
........................................................................................................................................................................................................
........................................................................................................................................................................................................
Telephone number: .....................................................................................................................................................................
E-mail Address: ...........................................................................................................................................................................

Hours of availability for the EHC service (PGD). It is expected that this should be all opening hours (where possible)

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SIGNED:.................................................. (Wandsworth BC) Date:...........................................
PRINTED:........................................................................................................
Wandsworth Borough Council – Public Health Department

SIGNED:.................................................. (Lead Pharmacist) Date:...........................................
PRINTED:........................................................................................................
Pharmacy

PLEASE FAX A SIGNED COPY OF THIS PAGE TO 0208 181 6827 REF: EHC1314
EMERGENCY CONTRACEPTION

Appendix 1 -NHS Community Pharmacy Contractual Framework
Enhanced Service 11 – Emergency Hormonal Contraception Service

1. Service description
1.1 Pharmacists will supply Levonorgestrel Emergency Hormonal Contraception (EHC) when appropriate to clients in line with the requirements of a locally agreed Patient Group Direction (PGD). The PGD will specify the age range of clients that are eligible for the service; it may facilitate supply to young persons under 16 in appropriate circumstances.
1.2 Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.
1.3 The supply will be made free of charge to the client at NHS expense.
1.4 Pharmacists will link into existing networks for community contraceptive services so that women who need to see a doctor can be referred on rapidly.
1.5 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, community contraception service, or will be invited to purchase the Pharmacy medicine product if the exclusion from supply via the PGD is only due to an administrative matter, e.g. age range determined by the commissioner.
1.6 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 services that provide long-term contraceptive methods and diagnosis and management of STIs.

2. Aims and intended service outcomes
2.1 To increase the knowledge, especially among young people, of the availability of emergency contraception and contraception from pharmacies.
2.2 To improve access to emergency contraception and sexual health advice.
2.3 To increase the use of EHC by women who have had unprotected sex and help contribute to a reduction in the number of unplanned pregnancies in the client group.
2.4 To refer clients, especially those from hard to reach groups, into mainstream contraceptive services.
2.5 To increase the knowledge of risks associated with STIs.
2.6 To refer clients who may have been at risk of STIs to an appropriate service.
2.7 To strengthen the local network of contraceptive and sexual health services to help ensure easy and swift access to advice.

3. Service outline
3.1 The part of the pharmacy used for provision of the service provides a sufficient level of privacy (ideally at the level required for the provision of the Medicines Use Review service) and safety and meets other locally agreed criteria.

1 Example PGDs are available on the National Electronic Library for Medicines PGD portal: www.nelm.nhs.uk.
2 EHC is available for sale in pharmacies as a Pharmacy medicine only in compliance with the requirements of the marketing authorisation for the over the counter product.
3 Emergency contraception methods are not limited to EHC and include the use of Intra-uterine devices (IUDs). Though this service would only supply EHC, it would raise awareness of other methods of emergency contraception that are available and facilitate access to these.
3.2 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 IUD and should be referred to a local service as soon as possible.

3.3 Inclusion and exclusion criteria, which are detailed in the PGD, will be applied during provision of the service. The Summary of Product Characteristics should be consulted when service documentation is being developed (www.medicines.org.uk).

3.4 The service will be provided in compliance with Fraser guidance6 and Department of Health guidance on confidential sexual health advice and treatment for young people aged under 167.

3.5 The service protocols should reflect national and local child and vulnerable adult protection guidelines8.

3.6 Verbal and written advice on the avoidance of STIs and the use of regular contraceptive methods, including advice on the use of condoms9, will be provided to the client. This should be supplemented by a referral to a service that can provide treatment and further advice and care.

3.7 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. This may be facilitated by the provision of local training by the PCO.

3.8 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.

3.9 The pharmacy must maintain appropriate records to ensure effective ongoing service delivery and audit. Records will be confidential and should be stored securely and for a length of time in line with local NHS record retention policies.

3.10 Pharmacists may need to share relevant information with other health care 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.

3.11 The PCO should arrange at least one contractor meeting per year to promote service development and update pharmacy staff with new developments, knowledge and evidence.

3.12 The PCO will need to provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.

3.13 The PCO will need to provide up to date details of other services which pharmacy staff can use to refer service users who require further assistance. The information should

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4 The requirements for consultation areas are detailed in The Pharmaceutical Services (Advanced and Enhances Services) (England) Directions 2005 as amended (www.dh.gov.uk/assetRoot/04/10/75/97/04107597.pdf)

5 Commissioners may wish to consider the inclusion of pregnancy testing as part of the service.

6 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 or allow the doctor to tell them that they are seeking contraceptive advice;
- The young person is likely to begin or continue having unprotected sex with or without contraceptive treatment; and
- The young person’s physical or mental health is likely to suffer unless he or she receives contraceptive advice or treatment.

7 Guidance available at www.dh.gov.uk/sexualhealth.

8 The cross government guidance on child protection, Working Together to Safeguard Children, should be referred to and is available at www.everychildmatters.gov.uk/workingtogether

9 Commissioners may wish to consider the inclusion of condom supply as part of the service and the integration of participating pharmacies into the local Chlamydia screening programme.
include the location, hours of opening and services provided by each service provider. Details of services for young people can be obtained from the local Teenage Pregnancy Coordinator.

3.14 The PCO 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.

3.15 The PCO will be responsible for the provision of health promotion material, including leaflets on EHC, long-term contraception and STIs to pharmacies.

4. Suggested Quality Indicators
The pharmacy has appropriate PCO provided health promotion material available for the client group, actively promotes its uptake and is able to discuss the contents of the material with the client, where appropriate.
The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
The pharmacy participates in an annual PCO organised audit of service provision.
The pharmacy co-operates with any locally agreed PCO-led assessment of service user experience.
Pharmacists and appropriate support staff attend a PCO organised update meeting each year.

---

<table>
<thead>
<tr>
<th>Background information – not part of the service specification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Outcome Indicators (2012); specifically Chlamydia diagnosis and Under 18 conceptions.</td>
</tr>
<tr>
<td>Choosing Health Through Pharmacy A programme for pharmaceutical Public Health, published in April 2005 encourages local areas to consider commissioning sexual health services through pharmacy, including access to EHC, condoms and signposting to appropriate sources of advice and support, particularly in disadvantaged areas</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPPE training which may support this service:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Hormonal Contraception Open Learning Pack</td>
</tr>
<tr>
<td>Emergency Hormonal Contraception Workshop</td>
</tr>
<tr>
<td>Sexual Health: testing and treating Open Learning Pack</td>
</tr>
<tr>
<td>Sexual Health: testing and treating Workshop</td>
</tr>
<tr>
<td>Contraception Open Learning Pack</td>
</tr>
<tr>
<td>Child Protection: a guide for the pharmacy team Open Learning Pack</td>
</tr>
</tbody>
</table>
Appendix 2- FURTHER INFORMATION

RPSGB

Guidance on Emergency Hormonal Contraception
http://www.rpsgb.org/pdfs/pr061218.pdf

Child Protection
www.rpsgb.org/pdfs/childprotectguid.pdf August 07

College of Pharmacy Practice (details as of April 2010)

http://www.cppe.manchester.ac.uk/bookings/FulllearningPort.asp?ByTheme=true
Availability Key: P=Pharmacists, T=Technicians, PR=Preregistrants, K=Keycode required at login.

<table>
<thead>
<tr>
<th>Relevance</th>
<th>Category</th>
<th>Reference Availability</th>
<th>Study Hours</th>
<th>Published</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>CPPE</td>
<td>- P,T,PR</td>
<td>3</td>
<td>2005</td>
<td>Emergency contraception - update available for download</td>
</tr>
<tr>
<td>100%</td>
<td>CPPE</td>
<td>- P</td>
<td>4.5</td>
<td>2010</td>
<td>Emergency contraception - EHC enhanced service training for pharmacists in South East Coast region</td>
</tr>
<tr>
<td>100%</td>
<td>CPPE</td>
<td>40522 P,T,PR</td>
<td>-</td>
<td>2011</td>
<td>Emergency contraception (2011)</td>
</tr>
<tr>
<td>100%</td>
<td>CPPE</td>
<td>40236 P,T,PR</td>
<td>8</td>
<td>2010</td>
<td>Sexual health in pharmacies</td>
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<tr>
<td>100%</td>
<td>CPPE</td>
<td>40544 P,T,PR</td>
<td>-</td>
<td>2011</td>
<td>Sexual health in pharmacies (2011)</td>
</tr>
</tbody>
</table>

The London procedure for safeguarding children

http://www.londonscb.gov.uk/

Family Planning Association - UK’s leading sexual health charity. Our purpose is to enable people in the UK to make informed choices about sex and to enjoy sexual health.

http://www.fpa.org.uk/about/

Getting it on - A site for all young people living in and around SW London on sexual health, contraception and pregnancy.

http://www.gettingiton.org.uk/index.aspx
Appendix 3 COMMUNICATIONS STRATEGY

In order to ensure success for this service an effective communications strategy must be designed. This will ensure that the terms and conditions of the service in promoted and understood by Primary Health Care workers. The Critical success factors to this service are:

- Understanding the role of stakeholders involved in Sexual Health.
- Therapeutics and prescribing around contraception
- Building strong professional working relationships. E.g.
  - GP’s and practice staff
  - Family Planning Clinics
  - District Nurses, School nurses
  - Wandsworth PUBLIC HEALTH Public Health
  - Wandsworth Council

The Patient
- Improved care,
- Sensitive to patients needs.
- Convenience
- Health Promotion

General Practice,
- Reproductive Sexual Health, GUM Clinics
- Teenage Pregnancy

COMMUNITY PHARMACY EHC SERVICE
- Communication & Relationships

Community Pharmacist,
- & Pharmacy Team
- Supportive environment

PUBLIC HEALTH
- Audit of service
- Improved access and service continuity
- Quality, CSP Objectives
Appendix 4 LOCAL SCHEME 2  MONTHLY EMERGENCY CONTRACEPTION INVOICE FORM

<table>
<thead>
<tr>
<th>PHARMACY NAME AND ADDRESS</th>
<th>PLEASE ENDORSE WITH PHARMACY STAMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSC CODE:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL FORMS A</th>
<th>Fee/EHC supply = £23.00</th>
<th>GRAND TOTAL £  (A x B)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AMOUNT CLAIMED £ =</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Your signature........................................................................................................

Invoicing of EHC is via Service Pact

PAYMENT - PLEASE SUBMIT YOUR MONTHLY FORMS BY THE 5TH OF EACH MONTH TO ENSURE PROMPT PAYMENT TO:

Public Health Sexual Health Lead,
Wandsworth Borough Council,
Room 265, Public Health,
Town Hall,
Wandsworth High Street,
SW18 2PU

Tel: 0208 871 5023
Owen.brigstock-barron@nhs.net

Please ensure
- All DATA ON THE PATIENT PROFORMAS ARE FULLY COMPLETED
- PLEASE RETAIN A COPY OF THIS INVOICE AND PROFORMAS FOR YOUR RECORDS.
- SUBMIT MONTHLY

COST CODE

Wandsworth PUBLIC HEALTH
**DISCUSSION WITH CLIENT**

- **Instructions**: how to take/need to use additional contraception for the rest of the cycle/give EHC information leaflet
- **Risk of side effects**: Nausea, vomiting (repeat stat dose if vomits < 3 hours) and irregular menstrual bleeding
- **Efficacy**: 7 in 8 pregnancies prevented; risk of EHC failure resulting in pregnancy occurs with increasing coitus to treatment time in interval; risk of ectopic pregnancies.
- **Future contraception**: provide health advice and signposting information
- **Risk of STIs**: provide signposting information (GUM)
- **Safer sex**: Given condoms yes □ no □
- **Follow up**: Of next period more than 7 days late to do pregnancy test and / or seek medical advice

<table>
<thead>
<tr>
<th>Action taken</th>
<th>Supply Levonelle-2 (1.5mg stat dose) □</th>
<th>Stat dose taken in pharmacy: □ Referral: □ Advice given: □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia screen offered □</td>
<td>Condoms supplied 16-25 year old □</td>
<td>Further consultation notes: -</td>
</tr>
</tbody>
</table>

The above information is correct to the best of my knowledge. I have been counselled on the use of emergency contraception and understand the advice given to me by the pharmacist.

Client signature:..............................

The action specified was based on the information given to me by my client, which to the best of my knowledge is correct.

Pharmacist signature:..............................

Print name:...........................................
Ethnicity Classifications

Please use the relevant letter when recording the client’s ethnicity

<table>
<thead>
<tr>
<th>WHITE</th>
<th>MIXED</th>
</tr>
</thead>
<tbody>
<tr>
<td>British</td>
<td>A: White/Black African</td>
</tr>
<tr>
<td>Irish</td>
<td>B: White and Black African</td>
</tr>
<tr>
<td>Any Other White</td>
<td>C: White and Asian</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td>H: Caribbean</td>
</tr>
<tr>
<td>Pakistani</td>
<td>I: African</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>J: Any other Black background</td>
</tr>
<tr>
<td>Any other Asian background</td>
<td>K: OTHER</td>
</tr>
<tr>
<td>Chinese</td>
<td>L: Any other ethnic group</td>
</tr>
</tbody>
</table>

Summary of Fraser guidelines

1. That the girl understands the choices available and the consequences of those choices
2. That she cannot be persuaded to inform her parents that she is seeking contraceptive advice
3. That she is likely to start or continue sexual intercourse without contraception
4. That her physical or mental health will suffer if she is not treated with (emergency) contraception
5. That her best interests require the issuing of (emergency) contraception without parental consent

Exclusion Criteria PGD

Criteria for exclusion:
- More than 72 hours since episode of unprotected sex (UPSI)
- Recent or recurrent liver disease;
- History of active porphyria;
- Risk of existing pregnancy;
- Not able to consent under Fraser guidelines
- Current use of liver enzyme inducing drugs such as anti epileptic drugs including phenobarbitone, phenytoin, primidone, carbamazepine, topiramate, some drugs used in the treatment of HIV, griseofulvin and the use of rifampicin in the last 6 weeks will reduce the effect of Levonelle-2.

If the woman is taking any medication which will reduce the effect of the Levonelle-2 she may need an increased dose of 2 + 1 tablets. This is unlicensed use of Levonelle-2 and can only be given by a doctor.

St John’s Wart – Schering Health care

St Johns wart is suspected of having the capacity to reduce the efficacy of LEVONORGESTREL containing medication. It is though to act as a liver enzyme inducer, and liver enzyme inducing drugs cause LEVONORGESTREL to be metabolised more rapidly. In the situation where a woman who is taking St John’s Wort needs emergency contraception, she should be referred to a doctor or family planning clinic. An IUD is an alternative.
Appendix 6 FEEDBACK FORM EHC SERVICE-REFLECTIVE PRACTICE

1. Patient Group Direction


2. Marketing & Promotion

My local GPs, family planning clinics were aware of this service   Yes   no
(Please circle)
I feel the service could be promoted better by: -


3. Training

Would you welcome more training in EHC 2013/14 - Yes   No   (please circle)
If Yes please indicate if what area(s) you would welcome training in:-


4. Your Feedback- please feedback any general comments on the service, how your role and the service could be improved.


Appendix 7-FURTHER INFORMATION

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<th>Study Hours</th>
<th>Published</th>
<th>Title</th>
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<tbody>
<tr>
<td>39196 P,T</td>
<td>12</td>
<td>2009</td>
<td>Contraception - Updated 2012</td>
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<tr>
<td>37171 P,T,PR</td>
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<td>2006</td>
<td>Dealing with difficult discussions - update available for download</td>
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<td>36456 P,T,PR</td>
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<td>Emergency contraception - update available for download</td>
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<td>2010</td>
<td>Sexual health - innovation in delivery event</td>
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<tr>
<td>37028 P,T</td>
<td>8</td>
<td>2006</td>
<td>Sexual health: testing and treating - update available for download</td>
</tr>
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http://www.gettingiton.org.uk/index.aspx
Appendix 8 – You're Welcome Quality Criteria

All young people are entitled to receive appropriate health care wherever they access it. The Department of Health Quality criteria for young people friendly health services lay out principles that will help health services – both in the community and in hospitals – to ‘get it right’ and become young people friendly.

Services across England need to take young people’s needs into account. This includes primary, community, specialist and acute health services. The Department of Health Quality criteria for young people friendly health services build on the Royal College of General Practitioners’ initiative Getting it Right for Teenagers in Your Practice, which was supported by the Department.

The quality criteria cover ten topic areas:
• accessibility
• publicity
• confidentiality and consent
• environment
• staff training, skills, attitudes and values
• joined-up working
• young people’s involvement in monitoring and evaluation of patient experience
• health issues for young people
• sexual and reproductive health services
• specialist child and adolescent mental health services (CAMHS).

The Department of Health Quality criteria for young people friendly health services are based on examples of effective local practice working with young people aged under 20. They should be applied to general and acute health problems, chronic and long-term disease management (such as specialist care for asthma and diabetes) and health promotion.

To support implementation of the Department of Health Quality criteria for young people friendly health services, a companion self review tool for health service providers is available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126813