**Local Authority Public Health Pharmacy Emergency Hormonal Contraception Service April 2022**

1. **Background**

According to the Third 'National survey of sexual attitudes and lifestyles' published in 2013[[1]](#footnote-2),, 29% of 16-24 year olds had first sexual intercourse before the age of 16, compared to 17.4% in wider sample of 16-74 year olds. The median age of first intercourse was 17 years for both men and women.

A 2010 study estimated that between one-quarter and one-third of all young people have sex before they reach age 16. Among those leaving school at 16 with no qualifications, 60% of boys and 47% of girls had sex before they were 16[[2]](#footnote-3). Among those aged 16–19, 7% of men and 10% of women reported using no form of contraception at first intercourse.

In 2016 the under 18 conception rate in England was 19.0 conceptions per thousand women aged 15 to 17; the lowest rate recorded since comparable statistics were first produced in 1969. However, women aged under 16 had the highest percentage (61.5%) of conceptions leading to abortion[[3]](#footnote-4).

An [ONS analysis from 2009-2011](http://webarchive.nationalarchives.gov.uk/20160105204347/http:/www.ons.gov.uk/ons/rel/regional-trends/area-based-analysis/conceptions-deprivation-analysis-toolkit/conceptions-deprivation-measures--2009-11.html)[[4]](#footnote-5) found that out of a range of measures looking at different aspects of deprivation, the indicator with the strongest association with under 18 conception rates was the overall deprivation rank. Other indicators, including the child poverty rate and unemployment rate, had a moderately strong association with under 18 conception rates.

Between 2000 and 2012, the under-18 conception rate in England has declined significantly This can be attributed in part to implementation of sustained, multifaceted policy interventions involving health and education agencies, alongside other social and educational changes, including widening access to effective contraception free of charge.

In 2019 there were 170 under 18 conceptions in Berkshire, a rate of 10.2 per 1,000 female population aged 15 to 17. Under 18 conception rates in 2019 are statistically lower than the national average in Bracknell Forest, West Berkshire, Windsor and Maidenhead, and Wokingham; and similar to the national average in Reading and Slough. Under 16 conception rates are statistically lower than the national average in Bracknell Forest, West Berkshire and Wokingham and similar to the national average in Reading, Windsor and Maidenhead and Slough (Source: [Public Health Outcomes Framework](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data" \l "page/0/gid/1000042/pat/6/par/E12000008/ati/102/are/E06000039), accessed November 2021).

In recent years, community pharmacists have been developing clinical services beyond their traditional role of dispensing to allow better integration and team working with the rest of the NHS. In Berkshire pharmacists have been successfully delivering Emergency Hormonal Contraception for patients, both over the counter and through NHS Patient Group Direction (PGDs) for a number of years. The PGD will specify the age range and criteria for clients that are eligible for this service.

1. **Aims and objectives**
   1. **Over-arching aims**

This service aims to prevent unplanned pregnancies in young people through the provision of free emergency hormonal contraception (EHC). Young mothers and their babies are more likely to experience poor health and social outcomes.

Additionally the service will

* support young people to access sexual health information and advice through local online and face to face services
* provide condoms to young women accessing EHC
* support young people to access free online STI testing where available.
  1. **Objectives**
* Increase access to EHC for young women between 13 to 24 years and reduce unintended teenage pregnancies.
* Reduce the prevalence of chlamydia infection, prevent onward transmission and re-infection in sexually active young people by actively supporting young people to order chlamydia testing kits online and / or access local sexual health services
* Improve signposting to contraceptive services and further tests/screening for other sexually transmitted infections (STI).
* Empower young people to practice safer sex through correct and consistent condom use.
* Improve young people’s understanding of the connection between unprotected sex and STI and thereby reduce the incidence of STI.
* Enhance the confidence and skill level of pharmacists and other appointed staff in sexual health promotion.
* To signpost hard-to-reach females, especially young females, into mainstream sexual health services Encourage local pharmacies to provide a young person friendly service. in line with the quality criteria, within [You’re Welcome Standards](https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services)
* Reduce health inequalities by providing better access, a better range of services and more integrated services, delivered by the most appropriate member of the health care team.
* Ensure pharmacies have discretion to supply EHC to women aged 25 and over in special circumstances (e.g. experiencing financial vulnerabilities during a global pandemic, anyone in receipt of income-based prescription exemption – income support, job seekers allowance etc)
  1. **Outcomes**
  + Improve the accessibility to EHC for young women aged 13 to 24 years
  + Reduction in the under 18 conception rate and the under 16 conception rate
  + Reduction in teenage and repeat abortion rates
  + Ensure screening/identification and interventions for health and social risks such as domestic violence, child sexual exploitation, Female Genital Mutilation (FGM), and child and adult safeguarding, as part of local arrangements for pathways of care and support.
  + Promote the uptake of other contraceptive options including Long-Acting Reversible Contraceptives (LARC) amongst young women in Berkshire

1. **Service description**
   1. **Overview**

The Pharmacist authorised to deliver this service will assess the need and suitability for a client to receive EHC – levonorgestrel or ulipristal, in line with the Patient Group Directives (PGDs); with reference to the Fraser guidance and safeguarding requirement (details below).

The service aims increases access to EHC to young people by enabling them to access this for free from a trusted health professional in community pharmacy at a range of locations and times that are convenient, including evenings and weekends. The service applies ‘Making Every Contact Count’ (MECC) principles to deliver a holistic sexual health intervention to young women seeking emergency hormonal contraception, actively supporting young women and men to access online services for sexual health information and advice and for online STI testing where available by signposting to the <https://www.safesexberkshire.nhs.uk/> website. Promotional cards and posters are available from local Public Health Teams.

* 1. **Supply of Levonelle 1500® Emergency Hormonal Contraception (EHC)**

The service will:

* Supply Levonelle 1500® Emergency Hormonal Contraception (EHC) under the current locally agreed Patient Group Direction, free of charge to clients aged 13 to 24 years irrespective of place of residence, to clients who present less than 72 hours after unprotected sex or where there has been a potential failure of hormonal or intrauterine methods of contraception – i.e. failure to use additional contraceptive as a precaution when starting a new hormonal method of contraception, or missed oral contraceptive pills or oral contraceptive pills have been taken in the 7 days prior to emergency contraception etc. (FSRH 2017:5) and a copper -bearing Inter-uterine device (Cu-IUD) has been considered and not selected.
* 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. This should include advice on the use of regular contraceptive methods and onward signposting to relevant local sexual health service for long-term contraceptive methods and for the diagnosis and management of STIs.
* Offer and provide free condoms (three condoms) with each supply of Levonelle1500®. Pharmacies will be provided with a box of 144 condoms upon returning a signed contract and may contact commissioners during the contract period to replenish stocks if required. Note the condoms are for the scheme only and will be provided in line with the amount of Levonelle or EllaOne® issued. For further supplies email: [PH.Contracts@reading.gov.uk](mailto:PH.Contracts@reading.gov.uk) .
* Enter details of the consultation on PharmOutcomes on the day of consultation
  1. **Supply of EllaOne® Emergency Hormonal Contraception (EHC)**

The service will:

* Supply EllaOne® Emergency Hormonal Contraception (EHC) under the current locally agreed Patient Group Direction, free of charge to clients aged 13 to 24 years irrespective of place of residence for whom Levonelle 1500® is contraindicated – i.e. women who present more than 72 hours after unprotected sex or where unprotected sex is likely to have taken place within the last 5 days, if the unprotected sex is likely to have taken place during the 5 days prior to the estimated day of ovulation And where a copper-bearing Inter-uterine device (Cu-IUD) has been considered and not selected.
* 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. This should include advice on the use of regular contraceptive methods and onward signposting to relevant local sexual health service for long-term contraceptive methods and for the diagnosis and management of STIs.
* Offer and provide free condoms (three condoms) with each supply of EllaOne®. Pharmacies will be provided with a box of 144 condoms upon returning a signed contract and may contact commissioners during the contract period to replenish stocks if required. For further supplies email: [PH.Contracts@reading.gov.uk](mailto:PH.Contracts@reading.gov.uk)
* Enter details of the consultation on PharmOutcomes on the day of consultation

**Providers should also refer to the decision making algorithm outlined in appendix one.**

* 1. **Sexual health promotion**

In order to integrate wider elements of sexual health promotion with the provision of EHC, the service will also;

* Improve referral and signposting to other relevant sexual health services.
* Actively promote use of the <https://www.safesexberkshire.nhs.uk/> website as a source of sexual health information and advice to young people, including young men who may accompany women requesting EHC.
* Actively promote condom-distribution schemes operating in the local area (where applicable).
* Signpost to appropriate face-to-face or online service for full STI screen if indicated by sexual health history and risk assessment.
* Seek involvement of young people in the monitoring and evaluation of the service and their views sought through user satisfaction surveys.
* Encourage any young person under the age of 16 years to involve their parents or guardians according to the Fraser Guidelines.
* Where free online STI / chlamydia and gonorrhoea testing is available provide all young people with information on how to order a free chlamydia screening kit online through the <https://www.safesexberkshire.nhs.uk/> website and where the young person has a smartphone and data usage, encourage them to order the kit while they are in the pharmacy.

1. **Population covered**

Any woman aged 13 to 24 years who requires the supply of EHC.

Under certain exceptions and extenuating circumstances, women aged over 25 and over may be able to access free EHC under the PGD. For example, if they are being supported by a relevant professional (e.g. social care practitioner) or if they are can show evidence of being financially vulnerable (e.g. in receipt of a valid NHS tax credit exemption certificate or valid HC2 certificate or proof of receipt of one of the following benefits: Income Support, Income-based Jobseeker’s allowance, Income-related Employment and Support Allowance, Universal Credit). Local commissioners will regularly review EHC provision and reserve the right to make necessary adjustments as required to remain within the public health ring fenced grant allocation for EHC provision.

Clients over 25 who do not meet these criteria should be invited to purchase EHC for themselves.

1. **Exclusions**

* Any person outside the above criteria.
* Clients for whom alternative EHC methods are assessed to be appropriate treatment in line with the Patient Group Directives (PGD).

Clients excluded from the PGD criteria or service specification criteria will be referred by the pharmacy to another local service that will be able to assist them, as soon as possible e.g. GP or Sexual Health Service, or invited to purchase the pharmacy medicine product if they are over 25 if they are not excluded from the PGD criteria.

1. **Safeguarding**

Safeguarding young people

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.

The pharmacist should consider the possibility of child sexual exploitation in any child or young person seeking EHC particularly in the following circumstances;

* The young person is 13-15 years of age, unless there is clear evidence that the unprotected sex was consensual activity with a 13-15 year old peer
* The young person is 16-17 years of age and there is no clear evidence that the that the unprotected sex was consensual and / or there is clear difference in power or mental capacity between the young person and their sexual partner or concern that the young person is being exploited

All staff delivering any element of the service must be trained and able to assess the competence of young people under the age of 16 to receive sexual health and reproductive advice and interventions where a parent or guardian is absent. Safeguarding issues should always be assessed, with appropriate support and onward referral for identified safeguarding issues or concerns using the [Pan Berkshire Child Exploitation Indicator and Analysis Tool[[5]](#footnote-6)](https://www.berkshirewestsafeguardingchildrenpartnership.org.uk/assets/1/child_exploitation_simple_screening_tool.docx)  which should be used to assess the risk of Child Sexual Exploitation and documented on PharmOutcomes. If you are worried that a child is in immediate danger dial 999.

The relevant Child Protection Team must be contacted in any case where the pharmacist suspects exploitation may be taking place and always for any female aged 12 years or younger who presents requesting EHC.

The decision to refer to safeguarding is a separate decision as to the need for EHC, it is possible to still issue, EHC if there is a clinical need.

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.

For details of contacts in each Berkshire local Authority see: <http://www.proceduresonline.com/berks/>

Safeguarding adults

Everyone should have the opportunity to make informed decisions about their care and treatment, in partnership with their healthcare professionals. If the women seeking EHC does not have capacity to make decisions, pharmacists should follow the [code of practice that accompanies the Mental Capacity Act](http://protect-eu.mimecast.com/s/I_25Cl5L6f1LnAKf9Zwqu?domain=justice.gov.uk) [MCA] and the supplementary [code of practice on deprivation of liberty safeguards](https://www.gov.uk/government/collections/dh-mental-capacity-act-2005-deprivation-of-liberty-safeguards) [DoLS]. It is an assumption of the contract and Service Specification, and considered essential, that all Practitioners involved in the provision of this service are trained and follow safeguarding procedures both as defined by their role, regulated bodies and, as set out by the local [Berkshire West Safeguarding Children Partnership](https://www.berkshirewestsafeguardingchildrenpartnership.org.uk/scp) and [West of Berkshire Safeguarding Adults Board](http://protect-eu.mimecast.com/s/QCOcCoQKJTDkqBGFOgQ8w?domain=sabberkshirewest.co.uk/) who have oversight and scrutiny of safeguarding arrangements for children, young people and vulnerable adults. This includes ensuring there are multi-agency policies and procedures in place across Berkshire West to protect vulnerable individuals and their welfare.

1. **Training**

The Service must only be provided by a pharmacist accredited for EHC.

To initially become accredited, a pharmacist must be able to complete the Centre for Pharmacy Postgraduate Education (CPPE) Declaration of Competence for EHC and register this on PharmOutcomes.

Completion of the Declaration of Competence may require attendance at a CPPE Full Day Sexual Health event or the completion of some Centre for Pharmacy Postgraduate Education (CPPE) training:-

* EHC
* Contraception
* Safeguarding children
* Dealing with difficult discussions and
* Patient Group Directions

Pharmacists are required to:

* Self-certify every three years using the CPPE Declaration of Competence process

Ensure their CPD contains a focus on sexual health to ensure their skills are kept up-to-date.

[Emergency contraception: CPPE](https://www.cppe.ac.uk/programmes/l/ehc-e-03) [Emergency hormonal contraception (cppe.ac.uk)](https://www.cppe.ac.uk/gateway/ehc) is a 3 hour online course

The contracted Pharmacy is required to provide the name/names of an Accredited Pharmacist working at the pharmacy to supply EHC. This shall be submitted to Berkshire West’s Shared Public Health hub within three weeks of circulation so as to ensure that any submission of invoices from contracted pharmacy can be processed. Failure to submit will result in non-payment of any submitted invoicesor removal of the Accredited Pharmacist and pharmacy from the Enhanced Sexual Health Service list of service providers.

Contracted Pharmacies should note that participating pharmacists are required to attend annual training events and review meetings if requested to do so by Commissioners.

1. **Access**

The contracted Pharmacy (the “Provider”), should normally be able to provide all elements of the service for 100% of its declared opening hours. On occasions where this is not possible the Provider is required to make alternative arrangements to ensure that clients seeking EHC are fully supported to access the service in a neighbouring pharmacy or clinic.

The Provider is required to ensure that a client seeking EHC outside of the pharmacy opening hours will be sign-posted to an alternative provider by either displaying window poster signposting clients to [www.safesexberkshire.nhs.uk](http://www.safesexberkshire.nhs.uk) or having this linked on their website/social media pages where possible.

Where a Provider uses regular locum pharmacist staff, they should be encouraged to undertake the relevant training and sign the PGDs to maintain access to the service during the pharmacies opening hours.

1. **Service standards**
   1. **National standards**

* [**FRSH Guideline on Emergency Contraception**](https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/) **(March 2017, updated December 2017)**
* [**NICE Public Health Guidance on Contraceptive Services for Under 25s**](https://www.nice.org.uk/guidance/ph51) **[PH51] (2014)**

Key recommendations from this guidance pertinent to this service are as follows;

*“Ensure that clients accessing oral EHC are;*

* + *advised that this needs to be used as soon as possible after sex and that it is only effective if taken within a limited time*
  + *advised that other methods are more effective and reliable as a primary method of contraception*
  + *encouraged to consider and choose a suitable form of contraception for their future needs*
  + *referred to, or given clear information about, local contraceptive services*
  + *offered immediate referral for an intrauterine device, if they choose this method*
  + *advised where they can obtain a free, confidential pregnancy test with same-day results*
  + *advise all young people to use condoms consistently and correctly in addition to other contraception.”*
* [**Royal Pharmaceutical Society Oral Emergency Contraceptives –Quick Reference Guide**](https://www.rpharms.com/resources/quick-reference-guides/oral-emergency-contraceptives-as-pharmacy-medicines)  **(March 2017)**
  1. **Local standards**
* The approved pharmacists must have undertaken all relevant training required to provide this service.
* The service will be provided from pharmacy premises that have been approved premises that have been approved by NHS England for the provision of Advanced Services.
* The Provider will designate specific space for an agreed sized poster or similar display giving information on the scheme and telling clients to refer to the Safe Sex Berkshire website ([www.safesexberkshire.nhs.uk](file://fs3/ash/Public%20Health%20Berkshire/Health%20Protection/Sexual%20Health/Pharmacy%20EHC%20service%20review%202018/Service%20Spec_2019/www.safesexberkshire.nhs.uk)) for information on how to access to EHC when the pharmacy is closed.
* The pharmacists shall actively provide all clients with appropriate sexual health advice and associated health promotion advice when needed.
* The Provider must review its Standard Operating Procedure and the referral pathways for the service on an annual basis.
* The Provider must be able to demonstrate that the pharmacist/s involved in the provision of the service under this PGD have undertaken and maintained CPD relevant to this service if requested to do so by commissioners
* The Provider must ensure that the consultation area used for provision of the service meets a sufficient level of privacy and safety; should demonstrate that client confidentially can be met.
* The Provider should ensure that the service is young people friendly and where possible is delivered in line with the refreshed [You’re Welcome’ pilot standards for young people](https://www.youngpeopleshealth.org.uk/yourewelcome/wp-content/uploads/2017/02/YoureWelcome_RefreshedsStandards.pdf).
* Clients should be normally seen as soon as possible. If not seen immediately, the client should be given a time to return, normally within 30 minutes, or will be directed to the nearest alternative pharmacy providing the service.

**9.3 Contracts and invoicing**

To deliver this service, the Provider must sign up to this service by returning the signed contracted received with the service specification. Once returned, individual pharmacists at the pharmacy will need to enrol on the PharmOutcomes platform (this will only be required once).

The pharmacist confirm they have read and understood the service specification and contract between the commissioner and the provider and agree to offer this service in accordance with these requirements.

This service will run up until 31st March 2024. No further notice period will be required unless the scheme is terminated before this date in which case the notice period will be 30 days. The exception to the above is where a Provider fails to meet any of the obligations in this service specification. Further details of breaches are outlined within the contract.

1. **Data requirements**

The Provider is required to ensure there is full access to PharmOutcomes for recording purposes. The pharmacist will record all the data required by Commissioners in the PharmOutcomes form.

The Pharmacy will participate in audit of service provision if requested to do so.

1. **Key Performance Indicators**

**EHC**

|  |  |  |
| --- | --- | --- |
| **Quality Outcomes Indicators** | **Threshold** | **Method of Measurement** |
| All clients receiving EHC will be signposted to access STI testing online, at a local clinic or their GP | 100% | Data collection or Audit |
| All clients receiving EHC will be advised that other methods are more effective and reliable as a primary method of contraception | 100% | Data collection or Audit |
| All clients to receive advice on the avoidance of pregnancy and sexually transmitted infections (STIs) through safer sex and condom use and advice on the use of regular contraceptive methods | 100% | Data collection or Audit |

**Condom Provision**

|  |  |  |
| --- | --- | --- |
| **Quality Outcomes Indicators** | **Threshold** | **Method of Measurement** |
| All clients to be offered 3 free condoms with each supply of Levonelle 1500® EHC or EllaOne® | 100% | Data collection or Audit |

1. **Payment**

Remuneration will be made to the pharmacy as set out below:

|  |  |  |
| --- | --- | --- |
| **Fees** | **Unit cost** | **Notes** |
| Provision of EHC and supply of condoms | £12.50 | Pharmacist time to provide the consultation, associated staff time to support pharmacist. As per PGD - Form correctly completed, including full postcode, date of birth and patient contact details |
| Supply of Levonelle 1500® | £5.20 | Cost of drug plus VAT |
| Supply of EllaOne® | £14.05 | Cost of drug plus VAT |
| Supply of three condoms |  | Clinic packs of condoms will be provided to pharmacies via their local Public Health team and/or Public Health Shared Team |

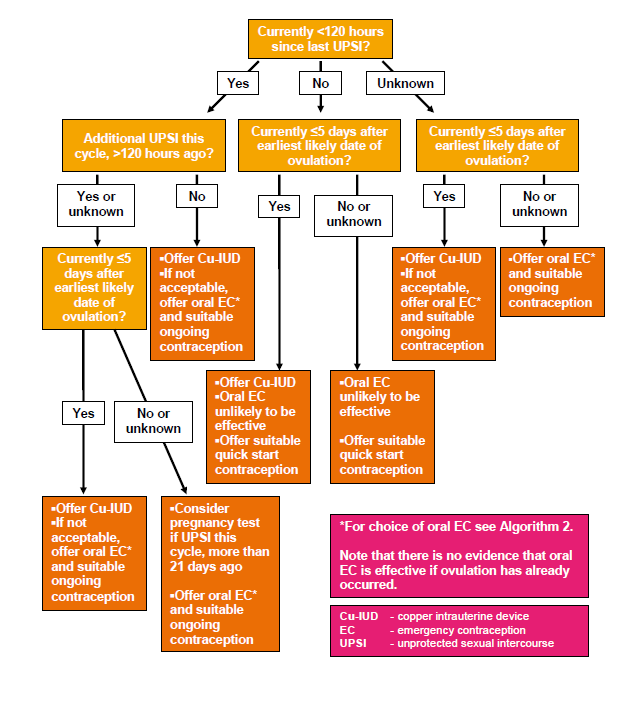
All activity and claims will be made via the PharmOutcomes platform. Provided the pharmacy has ensured that PharmOutcomes is maintained and updated at the time of each supply, the payments will be based on invoice generated automatically from PharmOutcomes.

Providers **must include the LA of residence** in order for payments to be processed.

**Appendix 1: Decision-making Algorithms for Emergency Contraception**

NB: EllaOne® is only to be prescribed if <72 hours and/or Levonelle is contraindicated.

Algorithm 1 Decision-making Algorithm for Emergency Contraception (EC): Copper Intrauterine Device (Cu-IUD) vs Oral EC Source: FSRH Guideline Emergency Contraception 2017



Algorithm 2: Decision-making Algorithm for Oral Emergency Contraception (EC): Levonorgestrel EC (LNG-EC) vs Ulipristal Acetate EC (UPA-EC). Source: FSRH Guideline Emergency Contraception 2017



1. Mercer et al, Lancet,  [382, No. 9907](http://www.thelancet.com/journals/lancet/issue/vol382no9907/PIIS0140-6736(13)X6059-3), p1781–1794, 2013 [↑](#footnote-ref-2)
2. Wellings et al. Lancet 358: 1843–50, 2010 [↑](#footnote-ref-3)
3. Office for National Statistics (2018). Conceptions in England and Wales: 2016 <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2015#the-percentage-of-conceptions-leading-to-abortions-varies-by-age-group> [↑](#footnote-ref-4)
4. Teenage conception rates highest in the most deprived areas, ONS 2014 [http://webarchive.nationalarchives.gov.uk/20160105204347/http://www.ons.gov.uk/ons/rel/regional-trends/area-based-analysis/conceptions-deprivation-analysis-toolkit/conceptions-deprivation-measures--2009-11.html](http://webarchive.nationalarchives.gov.uk/20160105204347/http:/www.ons.gov.uk/ons/rel/regional-trends/area-based-analysis/conceptions-deprivation-analysis-toolkit/conceptions-deprivation-measures--2009-11.html)  (Archived 2016)

   5 [Public Health Outcomes Framework](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000042/pat/6/par/E12000008/ati/102/are/E06000039), accessed November 2021) [↑](#footnote-ref-5)
5. This is available online on the Berkshire West Safeguarding Children Partnership: <https://www.berkshirewestsafeguardingchildrenpartnership.org.uk/scp/professionals/child-exploitation-1> (accessed 08/02/2022) [↑](#footnote-ref-6)