

Service Specification

Service	Sexual Health Locally Commissioned Service (LCS): Emergency Hormonal Contraception (EHC)
Commissioner Lead	Senior Commissioner Sexual Health Services –Southampton City Council
Contractor Lead	
Period	1 st April 2022 – 31 st March 2024
Date of Review	

1. National/Local Context

National Context

- 1.1 Under its Public Health responsibilities in relation to the Health and Social Care Act 2012, Southampton City Council is mandated to provide an open access sexual health service.
- 1.2 In March 2013, a Framework for Sexual Health Improvement in England was published by the Department of Health. This framework sets out the need for a continued focus on sexual health across the life course and identifies four priority areas for improvement:
 1. Sexually transmitted infections (STIs)
 2. HIV
 3. Contraception and unwanted pregnancy
 4. Preventing teenage pregnancy
- 1.3 The national Public Health Outcomes Framework (PHOF) includes three indicators specific to sexual health
 1. Under 18 conceptions Rate
 2. People presenting with HIV at a late stage of infection
 3. Chlamydia diagnostic rate in 15 – 24-year-olds:
- 1.4 40% of pregnancies worldwide are unintended, negatively impacting maternal and child health and quality of life. Spacing of pregnancies can positively impact both; access to contraception therefore contributes to a number of the United Nations Sustainable Development Goals including good health and wellbeing, gender equality, quality education, reduced inequalities and no poverty.

The potential increase in costs of an unplanned conception is significant. The average cost of abortion is estimated at £505 (total cost to CCG in 2020-2021 was £549k) for the procedure and consultation and the average cost of a birth including antenatal and postnatal pathway is £5,454 – this excludes any associated neonatal costs, admissions during pregnancy due to complications etc.

Studies investigating the cost-effectiveness of contraception provision have found EHC to be cost saving when compared with no provision, and in particular when provided to young people and averting pregnancies that may result in future health, social and education costs (Brunton et al, 2016).

Over 10 years the return on investment for publicly providing contraception is thought to be £9 (saving) for every £1 spent – this includes both health and non-health care savings

(PHE, 2018). EHC is part of a suite of tools required to provide accessible and comprehensive reproductive health care.

Local Context

1.5 The purpose of EHC provision is to contribute to averting unintended conceptions. A number of indicators describe the situation for Southampton regarding this.

Teenage Conceptions

- The under 18 conception rate in Southampton in 2019 was 18.5 per 1,000 females aged 15-17, not significantly higher than the England average of 15.7 per 1,000, and a decreasing trend (from 29 per 1,000 in 2014). When considered as a group of 12 similar local authorities, Southampton is mid-range. One ward, Woolston, has a rate significantly higher than the Southampton average, and five wards are significantly higher than the England average – Woolston, Redbridge, Freemantle, Bitterne and Harefield.
- The under 16 conception rate has plateaued in recent years and is the same as the England average, at 2.5 per 1,000 females aged 13-15. Southampton has the 4th lowest rate out of 12 similar local authorities.

Abortions

- The percentage of conceptions leading to abortion for under 18s in Southampton in 2019 was 45.6%, lower than the England average of 54.7% and 4th lowest out of 12 similar local authorities. This percentage has also plateaued in recent years.
- The rate of abortion per 1,000 females aged 25 to 44 in Southampton in 2020 was 19.4, higher than the England average of 17.6 and an increasing trend (up from 15 per 1,000 in 2016). Southampton has the 9th worst rate out of 12 similar local authorities.

2. Aim of Service

2.1 To reduce unwanted pregnancies and terminations by providing EHC to any individual requiring it, to support people who have had unprotected sex and help contribute to a reduction in the number of unplanned pregnancies in all age group.

2.2 The Contractor will use this opportunity to also:

- provide advice and signposting regarding the prevention of STIs and unintended pregnancies, in line with NICE guidance.
- contribute to reducing health inequalities by improving access to services for vulnerable groups and improve sexual health outcomes
- use this opportunity to refer people, especially those from underserved groups, into mainstream sexual health services.
- raise general awareness of other sexual health issues to promote safer sexual practice and good sexual health.

3. Service Description

3.1 The Contractor shall provide Levonorgestrel or Ulipristal Emergency Hormonal Contraception (EHC) at no cost to eligible individuals in line with the requirements of the locally agreed Patient Group Direction (PGD) (Appendix A). The PGD shall facilitate supply to young persons under 16 in appropriate circumstances. Individuals excluded from the PGD criteria will be referred to another local service that will be able to assist them, as soon as possible.

- 3.2 The Contractor shall provide an open access service preferably to include (where opening hours allow) service provision on Saturdays and Sundays (when other Service Providers are closed) and Mondays (day of high demand for the Service). The Contractor will recognise and respond to the timely manner in which EHC must be provided.
- 3.3 The Contractor shall provide support and advice to individuals 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, diagnosis and management of STIs, and free condoms (see [Get It On Condom Card - Let's Talk about It \(letstalkaboutit.nhs.uk\)](#) for c-card venues in Southampton) .
- 3.4 The Contractor will link into existing networks for community contraceptive services so that individuals who need to see a doctor can be referred on rapidly.
- 3.5 Individuals who are perceived as being “at risk” should also be offered a referral to the Sexual Health Specialist Nurse Team, where applicable. This can be facilitated using the online system provided by Pinnacle Health or using Appendix D and emailed to SNHS.SexualHealthOutreachWest@nhs.net via an nhs.net email address.

Service Outline:

- 3.6 The Contractor shall provide a sufficient level of privacy and safety and the consultation will be in a private room in line with the requirement from New Medicines Service (NMS) ‘must have a consultation room at the pharmacy, which complies with the requirements detailed in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended), part 4 schedule 4, paragraphs 28A – 28C [B0936-service-specification-nhs-nms-advanced-service.pdf \(england.nhs.uk\)](#). Consultations may also take place by telephone when relevant to do so.
- 3.7 The Contractor shall assess the need and suitability for an individual to receive EHC, in line with the PGD. Where appropriate, a supply shall be made. Where a supply of EHC is not appropriate, advice and referral to another source of assistance shall be provided. The Council has commissioned Pinnacle Health to provide an online tool to facilitate recording of consultations.
- 3.8 The Contractor shall supply levonorgestrel for individuals
 - who have had unprotected sexual intercourse up to and including 72 hours ago,
 - with a Body Mass Index (BMI) of 26 or less (or weight of 70kg or less),and ulipristal for individuals
 - who have had unprotected sexual intercourse greater than 72 hours, but no more than 120 hours, ago
 - who have a BMI greater than 26 or (weight greater than 70kg).
- 3.9 Appendix C - Consultation Record Form can be used to record data but it must be transferred to the online tool for audit and payment and then destroyed as confidential waste.

- 3.10 The Service shall be provided in compliance with Fraser guidance¹ and in line with guidance on confidential sexual health advice and treatment for young people aged under 16².
- 3.11 The Contractor's protocols should reflect national and local child and vulnerable adult protection guidelines.
- 3.12 Advice on the avoidance of STIs and the use of regular contraceptive methods will be provided to the client. Free condoms will be available to individuals who have signed up to the C-Card Scheme (this is dependent on whether the Contractor is also signed up to C-Card scheme), including advice on their use. A free STI kit and condoms can be ordered by individuals from the following link
<http://www.letstalkaboutit.nhs.uk/page.asp?fldArea=1&fldMenu=1&fldSubMenu=0&fldKey=387>
- 3.13 The Contractor must make the Service available to individuals during its opening hours. In the event of the Contractor temporarily being unable to offer the Service (e.g. due to annual leave or sickness), individuals must be promptly referred to another Contractor or service (ensuring beforehand that an accredited provider of the Service is available at that location at that time). An updated list is on the Community Pharmacy South Central website <https://cpsc.org.uk/professionals/forms-contacts/southampton>.
- 3.14 The Contractor 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 individual to share the information.
- 3.15 The Council may arrange, with reasonable notice, at least one Contractor meeting per year and it is highly recommended that the Contractor attend, to promote service development and update their knowledge, as appropriate.

Sexual Health Assessment

- 3.16 Consideration must be given to obtain consent and determine competence using the Fraser Guidelines in patients under the age of 16.
- 3.17 The Contractor shall provide advice on risk of STI and HIV and where to access testing and advice; individuals can do this themselves at [Home - Let's Talk about It \(letstalkaboutit.nhs.uk\)](http://www.letstalkaboutit.nhs.uk) unless the Contractor feels a direct referral is necessary (see next point).
- 3.18 Contact details for Safeguarding and the Specialist Sexual Health Nurse Team are attached as appendix E

¹ Fraser Guidelines – based on a House of Lords Ruling; A health professional can give advice or treatment to a person under 16 without parental consent providing they are satisfied that;

- The young person will understand the advice;
- The young person cannot be persuaded to tell his or her parents 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.

² Guidance available at: [fsrh-guideline-contraception-young-people-may-2019.pdf](#)

4. Eligibility to Provide the Service

- 4.1 The Contractor has a duty to ensure its Personnel involved in the provision of the Service has relevant knowledge and are appropriately trained in the operation of the Service, including sensitive, client centred communication skills.

Requirements to provide this Service are detailed below:

- Open access Service
 - Delivered in a Southampton City community pharmacy
 - Registered with the General Pharmaceutical Council (GPhC)³
 - Hold a signed version of the Southampton City Councils Patient Group Direction (PGD)
 - Adequately trained as per the Competencies and Training Framework (Appendix B) and update this on a 3-yearly basis.
 - Hold a signed version of the Declaration of Competence for Emergency Contraception
 -
- 4.2 The Contractor will review its standard operating procedures (SOPs) for the Service on an annual basis, and following any significant untoward incidents related to the Service.
- 4.3 The Contractor will participate in any organised audit of the service provision.
- 4.4 The Contractor co-operates with any locally agreed assessment of Service User experience.
- 4.5 The Contractor has a duty to ensure that staff involved in the provision of the Service are aware of and operate within local protocols.

5. Monitoring and Reporting

- 5.1 Consultations shall be recorded using the online tool provided by Pinnacle Health. This will facilitate automated claims, which will be sent to Southampton City CCG on a monthly basis. A two-month grace period is in place for retrospective claims.

6. Unit Costs

- 6.1 The Contractor will receive the following unit costs:
- £15.65 per EHC consultation for any individual, whether or not this results in an EHC supply being made
 - Reimbursed for the cost of Levonelle 1500® or EllaOne at Drug Tariff price plus VAT at 5%.

³ The General Pharmaceutical Council (GPhC) is the independent regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain.

Cost of the drug will be based on costs within the British National Formulary (BNF)
[Emergency contraception | Treatment summary | BNF content published by NICE](#)

- £2.00 per individual effectively signposted to another appropriate service if EHC could not be provided

7. Exceptions

7.1 No exceptions

8. Appendices

Appendix A: PGDs

Please refer to the printed copy in the pharmacy you work in

Appendix B: EHC Competencies and Training Framework



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Appendix C: EHC Consultation Record Form

No longer in circulation due to changes to pharmoutcomes template

Appendix D: EHC Referral Form to the Sexual Health Specialist Nurse Team



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Appendix E: Information on EHC-Referrals, safeguarding, supplies



Info for Community
Pharmacists Offering