

Specification 3

All subheadings are for local determination and agreement.

Service Specification No.	
Service	Emergency Hormonal Contraception Service
Authority Lead	Hannah Byrne
Provider Lead	Multiple providers
Period	1 st April 2021 - 31 st March 2025
Date of Review	1 ^s April 2024

NOTE:

Appendix A are unsigned versions, the signed copies, by the relevant authorities, will form part of the contract document

1. Introduction and Context

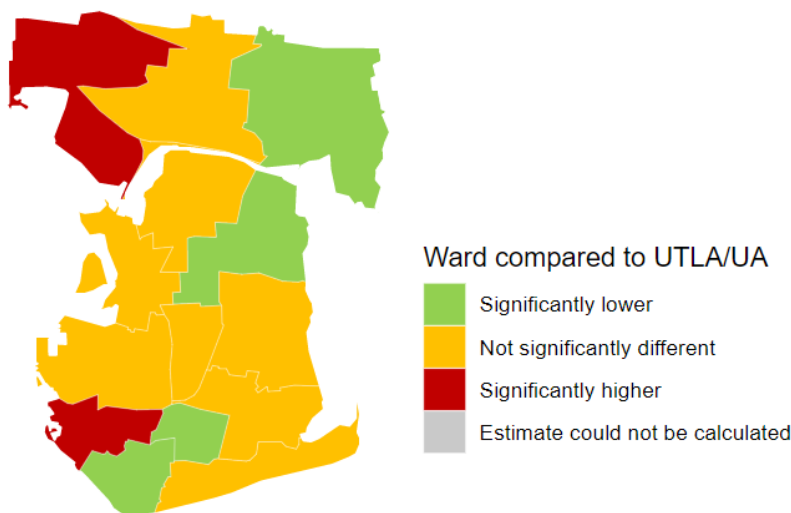
1.1 National Context & Evidence Base

- 1.1.1 Local authorities are mandated to provide or secure the provision of open access sexual health services which includes access to contraception over and above contraceptive services provided as an “additional Service” under the GP contract.
- 1.1.2 It should be noted that if high rates of gonorrhoea and syphilis are observed in a population, this reflects high levels of risky sexual behaviour¹.
- 1.1.3 Portsmouth ranked 29th highest out of 147 upper tier local authorities (UTLAs) and unitary authorities (UAs) for new STI diagnoses excluding chlamydia among young people aged 15-24 years in 2018, with a rate of 1,099 per 100,000 residents, worse than the rate of 851 per 100,000 for England (2018).
- 1.1.4 The rank for gonorrhoea diagnoses (a marker of high levels of risky sexual activity) in Portsmouth was 29th highest (out of 147UTLAs/UAs) in 2018. The rate was 134 per 100,000, worse than the rate of 98.5 in England (2018).
- 1.1.5 Consistent and correct use of effective contraception is the best way for sexually active women and their male partners to avoid an unplanned pregnancy.
- 1.1.6 Uptake of Long Acting Reversible Contraception (LARC, such as coils and contraceptive implants) in Portsmouth is the same as the rate in England (2018).
- 1.1.7 The total abortion rate per 1,000 female population aged 15-44 years in Portsmouth is higher than that of England. In Portsmouth 20.6 while in England the rate was 18.1 per 1,000. Of those women under 25 years who had an abortion in that year, the proportion who had a previous abortion was 26.3%, while in England the proportion was 26.8% (2018).

¹ <https://fingertips.phe.org.uk/static-reports/sexualhealth/E06000044.html?area-name=Portsmouth>

- 1.1.8 Supporting young women to consider the full range of methods of contraception, including emergency contraception will further help to reduce unintended conceptions and supporting young women to consider the full range of methods of contraception and increase the uptake of Long Acting Reversible Contraception (LARC) methods will help to reduce unintended conceptions further.
- 1.1.9 Under 18s conception in 2018 was the lowest on record for Portsmouth since 1998 (18.9 per 1,000), with 55.4% leading to abortion. The under 16s conception rate was lower than the England trend for the first time on record since 2009 (1.5 per 1,000, compared to 2.5 in England and 1.9 in the South East).
- 1.1.10 Despite lower rates of Under 18s conception, there are still inequalities across geographic areas of the city, with two wards having significantly higher rates compared to the Portsmouth rate per 1,000:

Figure 1. Teenage conception in Portsmouth by ward, compared to the rate from Portsmouth: 2015/17¹



1.2 National Policy and Guidance:

- A Framework for Sexual Health Improvement in England (DH 2013)
- Working together to Safeguard Children and Young People (2018)
- Emergency Contraception Guidance (FSRH 2011) updated (FSRH March 2017)
- Contraception Quality Standard (QS129) (2016)
- Healthy Lives, Healthy People white paper (2010)
- Teenage Pregnancy Strategy Beyond 2010 (2010)
- You're Welcome Quality Criteria (2007)
- Safeguarding Vulnerable Groups Act 2006
- Recommended Standards for sexual health services (MedFASH 2005)
- National Service Framework for children, young people and maternity services (2004)
- Every Child Matters (2004)
- Sexual Offences Act (2003)

1.3 Local Drivers & Guidance:

- Portsmouth Children's Physical Health and Wellbeing Strategy (2018 - 2021)
- Portsmouth Sexual Health and Wellbeing Strategy (2014 - 2019)
- Blueprint for Health and Social Care Portsmouth (September 2015)
- Portsmouth Health and Wellbeing Strategy (2018-2021)
- Portsmouth Tackling Poverty Strategy (2015-2020)

2. Strategic Aims, Priorities and Outcomes

2.1 Strategic Aims & Priorities

2.1.1 The service will focus on reducing unintended conceptions, including under 18 conceptions, and abortions and support the delivery of the sexual health Public Health Outcome Framework indicators:

- Under 18 conceptions
- Under 16 conceptions

The service will also contribute through signposting and referrals to:

- Total prescribed uptake of LARC

2.1.2 Reducing unplanned pregnancies key priority in the Portsmouth Sexual Health and Wellbeing Strategy.

2.1.3 Identify children and young people at risk of sexual exploitation and where appropriate offer/signpost to sexual health and contraceptive advice is a key deliverable in the Childrens Physical Health and Wellbeing Strategy for Portsmouth.

2.1.4 The right service at the right time is a priority that cuts across the Portsmouth Health and Wellbeing Strategy and is at the heart of the Portsmouth Blueprint. Supporting communities with the delivery of seamless healthcare in the community, at the heart of the Childrens Health and Wellbeing Physical Health Strategy, is a complimentary priority to this goal.

2.1.5 The Health and Wellbeing Board in Portsmouth has developed a Joint Health and Wellbeing Strategy, which aims to improve and protect the health and wellbeing of people who live and work in Portsmouth. It has identified five Portsmouth-specific priorities as follows:

1. Giving children and young people the best start in life
2. Promoting prevention
3. Supporting independence
4. Intervening earlier
5. Reducing inequality

2.2 Portsmouth City Council Strategic Aims

2.2.1 Portsmouth City Council (PCC) shared aim is to: Make Portsmouth a place that is fairer for everyone: a city where the council works together with thriving communities to put people at the heart of everything we do.

Our five priorities are:

1. Make Portsmouth a city that works together, enabling communities to thrive and people to live healthy, safe and independent lives.
2. Encourage regeneration built around our city's thriving culture, making Portsmouth a great place to live, work and visit.

3. Make our city cleaner, safer and greener.
4. Make Portsmouth a great place to live, learn and play, so our children and young people are safe, healthy and positive about their futures.
5. Make sure our council is a caring, competent and collaborative organisation that puts people at the heart of everything we do.

2.3 Service Specific Outcomes

- 2.3.1 A reduction in teenage conception rates
- 2.3.2 A reduction in the rate of abortions
- 2.3.3 A reduction in the proportion of repeat abortions

3. Sustainability, Equalities, Social Value and Other Impacts

3.1 Sustainability

- 3.1.1 The use of a range of community venues as a point of delivery for this service will build on existing practitioner skills and services and improve access at a local level, thereby reducing requirements to travel.
- 3.1.2 Provide good local access to this EHC service will facilitate the appropriate use of sexual health services and encourage users to consider more effective methods of on-going contraception.

3.1 Equalities

- 3.2.1 The service will be available to sexually active women irrespective of race, disability, age, religion or sexual orientation. The service will provide good local access to EHC to people across the city, including those affected by transport poverty and homelessness.

3.3 Social Value

- 3.3.1 The service will reduce the negative impact of unintended pregnancies on: the physical and mental health of women and their children; as well as their educational outcomes and economic status and general wellbeing. Through the use of community health services, the EHC service will make a positive contribution to the economy of local communities.

3.4 Other Impacts

- 3.4.1 The service will reduce demand on GPs and specialist sexual health services for emergency contraception and reduce the costs of unintended conceptions to the local NHS in relation to the commissioning of maternity and termination of pregnancy services. Through reducing unplanned pregnancies it will also reduce the impact of childrens social care services.

4. Scope

- 4.2.1 The service will be well-advertised through the display of a window-sticker (supplied by the Level 3 integrated sexual health service) or other window display signage.

- 4.2.2 Eligible trained staff will supply oral Emergency Hormonal Contraception (EHC) when appropriate to clients in line with the requirements of the locally agreed Patient Group Directions (PGDs) (see Appendix A). PGDs will facilitate supply to young persons under 16 in appropriate circumstances.
- 4.2.3 All practitioners will offer a user-friendly, non-judgmental, client-centred and confidential service.
- 4.2.4 The supply will be made free at the point of delivery to the client.
- 4.2.5 Those providing the EHC service will link into existing networks for community contraceptive services so that women who need to see another practitioner can be referred on rapidly.
- 4.2.6 Clients excluded from PGD criteria will be referred to another local service that will be able to assist them, as soon as possible, e.g. GP or Level 3 Integrated Sexual Health service (0300 300 2016 www.letstalkaboutit.nhs.uk).
- 4.2.7 Trained practitioners 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 Acting Reversible Contraception and diagnosis and management of STIs.
- 4.2.8 Trained practitioners will provide advice on the alternative methods of emergency contraception including the copper IUD as the most effective method and will provide information on where to access this method (Level 3 integrated sexual health service 0300 300 2016 www.letstalkaboutit.nhs.uk).
- 4.2.9 Trained staff will provide all young people aged 15-24 accessing the service with information on how to access free online Chlamydia testing.
- 4.2.10 The contractor has a duty to ensure that practitioners involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service, including sensitive, client centred communication skills. The competencies and training framework for this service are detailed in PGD. Practitioners are required to be accredited before providing the service.
- 4.2.11 The provider must maintain appropriate records to ensure effective on-going service delivery and audit. All consultations should also be recorded via the Portsmouth EHC service template on the Council's identified Clinical Record and Service Management System.
- 4.2.12 The contractor has a duty to ensure that practitioners involved in the provision of the service are aware of and operate within local protocols.
- 4.2.13 A service will be provided that assesses the need and suitability for a client to receive EHC, in line with the locally developed PGD(s). 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.
- 4.2.14 Inclusion and exclusion criteria, which are detailed in the PGD(s), will be applied during provision of the service.

- 4.2.15 The service will follow a process for obtaining informed client consent is in line with the Department of Health guidance.²
- 4.2.16 The service will be provided in compliance with Fraser guidance³ and Department of Health guidance on confidential sexual health advice and treatment for young people aged under 16⁴ and will also be provided inline with guidance from Portsmouth Safeguarding Children Board.⁵ It is the responsibility of the practitioner to ensure that any young person under 16 years of age is competent to make an informed decision in line with Fraser competence.
- 4.2.17 The service will ensure that any young person under 16 years of age is competent to make an informed decision in line with Fraser Competence. Note that issues of child protection overrule the right to confidentiality; however any person under the age of 16 will be informed if other agencies are to be involved. Practitioners will refer to the appropriate guidance for working with the sexually active under 18's as agreed by their local safeguarding board.
- 4.2.18 The service will ensure that young people, under the age of 13 or under 18, where abuse is suspected (including child sexual exploitation), will be managed in accordance with Local Safeguarding procedures and complies with the requirements of relevant national guidelines, including the Children's Act.
- 4.2.19 The service will ensure that all sexually active young people under the age of 18, have a risk assessment for sexual exploitation using a standardised proforma at each new presentation at the service in line with guidance from the Portsmouth Children's Safeguarding Board
- 4.2.20 DBS checks - Carry out an assessment of both its staff and the services to ensure compliance with the Safeguarding Vulnerable Groups Act 2006.⁶
- 4.2.21 Verbal and written advice on the avoidance of STIs and the use of regular contraceptive methods, including advice on the use of condoms, will be provided to the client. This includes provision of a condom pack to **all** clients under 25 and signposting to free online Chlamydia, other STI home-sampling services and free condom by post service (www.letstalkaboutit.nhs.uk).
- 4.2.22 Condom packs can be provided for young people under 25 including those under 16 years of age in line with Fraser Competence as part of the EHC consultation or when requesting condoms with a C-Card through the Get It On scheme (See appendix C).
- 4.2.23 Condom distribution through the EHC service will be provided in line with the Get It On scheme. The Get It On scheme was developed to increase access to condoms in community settings for young people in, in order to reduce STIs and teenage pregnancy. The Get It On scheme requires monitoring and appropriate paperwork to be completed (see appendix C).

² Reference Guide to consent for examination and treatment, DH July 2009:

<https://www.gov.uk/government/publications/rlocal-eference-guide-to-consent-for-examination-or-treatment-second-edition>

³ 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.

⁴ Guidance available at:

http://webarchive.nationalarchives.gov.uk/20121202102517/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4086914.pdf

⁵ <http://www.PSHB.org.uk/>

⁶ http://www.legislation.gov.uk/ukpga/2006/47/pdfs/ukpga_20060047_en.pdf

4.2.24 A clients presenting at a venue that is temporarily unable to provide the service (e.g. due to annual leave or sickness) **must** be signposted promptly to another participating service. See 4.8.2. (please contact the service beforehand to ensure that a trained practitioner is available) or referred to another service provider (e.g. GP or level 3 sexual health service, or urgent care if no other provision is available within the 120 hours window of unprotected sexual intercourse). This is to be facilitated by the professionals working in the venue to have an understanding of alternative provision of emergency contraception (including information available to the public at www.letstalkaboutit.nhs.uk on emergency contraception).

4.2.25 Professionals 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 express consent of the client to share the information.

4.2.26 All clients under 18 should be referred to Level 3 integrated sexual health service for follow-up contraception advice with their consent. If the client agrees and gives verbal consent practitioners will complete the consultation form on the Council's Clinical Record & Service Management System and send a referral form to the Level 3 integrated sexual health service on the same day as the consultation, explaining to the client that the Level 3 service will contact them by telephone within 5 working days.

4.2.27 Level 3 Integrated Sexual Health Service will provide up to date details of other services which staff can use to refer service users to who require further assistance onto: www.letstalkaboutit.nhs.uk

4.2.28 The Authority will be:

- Responsible for the promotion of the service locally, including the development of publicity materials, which EHC services will use to promote the service to the public.

4.2.29 In order to provide the EHC service the provider will:

- Be expected to ensure that all practitioners carrying out the emergency contraception service have satisfied the requirements as set out in Appendix B staff training and competency.
- Have appropriate health promotion material available for the client group, actively promote its uptake, and be able to discuss the contents of the material with the client, where appropriate.
- Review its standard operating procedures (SOPs) for the service on an annual basis, and following any significant untoward incidents related to the service.
- Demonstrate that practitioners involved in the provision of the service have undertaken CPD relevant to this service.
- Provide data that meets the requirements of the Authority.
- Co-operate with any locally agreed assessment of service user experience.

4.3 Population covered

4.3.1 This service is available to women of reproductive age who have had unprotected sex within the time limits specified in the PGD(s).

4.4 Any acceptance and exclusion criteria and thresholds

4.4.1 All exclusion criteria are detailed in the Patient Group Direction for Emergency Hormonal Contraception (see appendix A).

4.5 Interdependencies with other services

4.5.1 Community EHC providers providing this service will need to work in close co-operation with the Level 3 Integrated Sexual Health Service (www.letstalkaboutit.nhs.uk).

4.5.2 Community EHC Service providers will also be aware of the benefits of working in partnership with other providers to ensure a networked approach to improving sexual health of local population. Partners include:

- Community Pharmacy
- General Practice
- Local Authority Children & Family Services, including Safeguarding
- Local Authority Adult Services
- Maternity services
- Gynaecology
- Rape and sexual abuse services.
- Portsmouth SARC (Treetops)
- Educational establishments
- Community Health Services
- Voluntary Sector and CIC providers of SRE or Sexual Health interventions to young people and adults
- Public Health 0-19 Services (e.g. Health Visiting & School Nursing)
- Substance Misuse Services
- Homeless support services
- CAMHS
- Young people and adults with additional needs e.g. learning disability services

4.6 Any activity planning assumptions

4.6.1 This is an open access service and in order to maintain staff competency, it is expected that practitioners will at all times maintain current training & competency requirements (appendix B).

4.6.2 Information is to be shared between PCC and the relevant provider/s about planned targeted promotion to contribute to meet unmet need to contribute to reducing health inequalities as it may affect financial and staff planning requirements.

4.7 Provider Premises

4.7.1 The service will be provided from the premises when the trained practitioner is present.

4.7.2 The consultation must take place in a private consultation area or room that is:

- a. clean and not be used for storage of any stock (other than stock that is stored in closed storage units or stock that may be used, sold or supplied during a consultation – for example, hand wipes, emergency hormonal contraception, needle and syringe exchange stock etc.);
- b. so laid out and organised that any materials or equipment which are on display are healthcare related; and
- c. so laid out and organised that once a consultation begins, the patient's confidentiality is respected, and no member of staff who is not involved in the consultation is able to enter the area unless authorised by the trained practitioner, such authority being given only if the confidentiality of the discussions during the consultation is preserved. Interruptions to the consultation must be kept to a minimum.

4.8 Days/Hours of Operation

- 4.8.1 The service will be available for the majority of the hours the venue is open each week, 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).
- 4.8.2 The service is only accessible when the trained health professional is available. If the trained professional is not available (annual/sick leave) staff must be able to signpost onto another participating EHC service (www.letstalkaboutit.nhs.uk), GP or local sexual health clinic (www.letstalkaboutit.nhs.uk). The service must phone the alternative provision to ensure they can provide the service.

4.9 Public Health Planning

- 4.9.1 The Authority may review elements of the Service Specification in accordance with changes to Public Health delivery plans.

5. Applicable Service Standards

- 5.1.1 The service is underpinned by the following standards:
- Faculty of Sexual and Reproductive Healthcare (FSRH) <http://www.fsrh.org/> FSRH Guideline Emergency Contraception March 2017 <http://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/> (updated December 2020)
 - NICE Emergency Contraception Summary: <https://cks.nice.org.uk/topics/contraception-emergency/#!topicssummary>
- 5.1.2 The service will be provided in accordance with the guidance as set down in the Patient Group Direction(s) for Emergency Hormonal Contraception.
- 5.1.3 The Service should aim to use the Department of Health's You're Welcome quality criteria and local resources where available, as guiding principles, when planning and implementing changes and improvements, in order for the service to become young people friendly where appropriate⁷.
- 5.2.1 Providers wishing to provide the EHC as a service via a Patient Group Direction must ensure the individual practitioners providing the service complete the relevant 'professional enrolment for emergency hormonal contraception' section within PharmOutcomes which includes confirmation of a signed Declaration of Competence for Emergency Contraception. Providers will advise the Authority of any changes to the named practitioners providing this service throughout the year.
- 5.2.2 Completion of the CPPE modules is a pre-requisite to providing the EHC service in Portsmouth (included within the Declaration of Competence):
- CPPE in emergency contraception
 - CPPE in Safeguarding Children and Vulnerable Adults
 - CPPE in Contraception

⁷ You're Welcome Guidance available from <https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services>

5.2.3 Local training and competency framework for the provision of the emergency contraception service is detailed in appendix B

5.2.4 If the health practitioner providing this service is not a pharmacist (e.g. a nurse) then evidence of relevant reproductive, sexual health and safeguarding training will need to be agreed with the Authority before providing this EHC service.

6. Quality Standards, Performance Measures

6.1.1 Quality Outcomes Indicators: Other than those set out above in section 5 there are no additional quality outcomes.

6.1.2 Performance Indicators: The following will be used to measure the success of service delivery:

- 100% woman told that an intrauterine device is more effective than an oral method with information⁸
- 100% under 18s offered referral to Level 3 Sexual Health Service for on-going contraceptive advice.
- At least 50% under 18s referred to Level 3 Sexual Health Service for on-going contraceptive advice.
- 100% under 18s receive a risk assessment for Child Sexual Exploitation (CSE).

6.2 Monitoring Arrangements

6.2.1 The trained practitioner will complete the online consultation form on the day of the consultation using the Council's identified Clinical Record & Service Management System.

6.2.2 All under 18 referrals to the Level 3 integrated sexual health service will be sent via secure email on the same day as the EHC consultation in accordance with 4.2.26.

6.2.3 Data on EHC consultations will be available to the Public Health team and the provider via the Council's identified Clinical Record & Service Management System.

8. Appendices

Appendix B – Competency and Training Framework

Appendix C - Condom Distribution & the Get It On scheme

⁸ <https://www.nice.org.uk/guidance/qs129/chapter/Quality-statement-2-Emergency-contraception>

Appendix B: Emergency Hormonal Contraception Service Competencies and Training Framework

1.	<p>Introduction</p> <p>Practitioners wishing to provide the Emergency Hormonal Contraception (EHC) service as a locally commissioned service via a Patient Group Direction must be trained and have their names on a service provider list kept by Portsmouth City Council on whose behalf they are providing the service. Throughout this document the abbreviation PCC is used in place of “Portsmouth City Council, the Authority <i>or other Commissioning Bodies</i>”.</p> <p>The CPPE Declaration of Competence (DoC) system for Emergency Contraception will be utilised, which can be provided to PCC.</p> <p>To provide the EHC Service on behalf of PCC Practitioners should complete the CPPE Declaration of Competence framework for Emergency Contraception at least every two years.</p>
2.	<p>Core Competencies (mapped from the Emergency Contraception Declaration of Competence, available at www.cppe.ac.uk)</p> <ol style="list-style-type: none">1) Able to communicate with clients appropriately and sensitively.2) Understands confidentiality issues and is aware of their role in the process of safeguarding. <p>Service Specific Competencies (mapped from the Emergency Contraception Declaration of Competence. available at www.cppe.ac.uk)</p> <ol style="list-style-type: none">a) understand the aims of the Emergency Contraception Service and other sexual health services in your communityb) Able to apply effective consultation skills to communicate with clients appropriately and sensitively when dealing with sexual healthc) Able to identify individuals who may be at risk of sexual exploitation or abuse, and to take appropriate actionsd) Understands the different types and methods of hormonal contraception and non-hormonal contraception; their use, advantages, failure rates and complications.e) Understands the pharmacotherapy for the full range of available medication and appropriate clinical guidance (e.g. NICE).f) Able to counsel and advise on emergency contraception and regular methods of contraception using an evidence based approachg) Understands how and when to refer clients and when to ask for support and advice.h) Able to support the pharmacy team in the delivery of a safe and effective service.i) (a)Able to satisfy the NICE competency framework for health professionals using Patient Group Direction(s). (b) Understands and is able to apply the medico-legal aspects of EHC provision in accordance with a Patient Group Direction.j) Able to demonstrate knowledge of the clinical content of the relevant Patient Group Direction(s).

3. Framework of Training

3.1 Underpinning Knowledge

The Centre for Pharmacy Postgraduate Education (CPPE) open learning / e-learning programmes provide pharmacists with the necessary knowledge to underpin the provision of EHC as an enhanced service:

Emergency Hormonal Contraception

Safeguarding Children & Vulnerable Adults (awareness and knowledge of local processes)

Contraception

Completion of the CPPE modules is a pre-requisite to providing the EHC service in Portsmouth.

Other CPPE e-learning is available to enhance practitioners' competence, including consultation role play scenarios available, as recommended within the CPPE DoC. It is important to remember the experience within the workplace also contributes to learning experience when providing evidence within the DoC.

3.2 Other Relevant Documents

All practitioners delivering the PCC EHC service need to have read and understood the most up to date EHC Specification for Portsmouth and the relevant Patient Group Direction(s).

3.3 Other Relevant Training

If the health practitioner providing this service is not a pharmacist (e.g. a nurse) then evidence of relevant reproductive, sexual health and safeguarding training will need be shared and agreed with Portsmouth City Council before providing this EHC service.

4. Summary of Assessment & Accreditation

Accreditation is proved through the Practitioners enrolment process via PharmOutcomes which includes confirmation that the practitioner has:

- Read, signed and confirmed the PGD
- Read and understood the Service Agreement
- An up to date DBS
- Completed and passed the following
 - a) CPPE EHC online assessment
 - b) CPPE Contraception online assessment
 - c) CPPE Safeguarding Children & Vulnerable Adults online assessment

If the health practitioner providing this service is not a pharmacist (e.g. a nurse) then evidence of relevant reproductive, sexual health and safeguarding training will need to be agreed with PCC before providing this EHC service.

Practitioners are required to share their data held on the CPPE system with PharmOutcomes (image below taken from the CPPE website to inform the practitioner of what is required).

PharmOutcomes

If you are completing the Declaration of Competence system in order to deliver a commissioned service which is supported by PharmOutcomes you will need to share data relating to your CPPE learning and assessment record.

Tick this box to allow your data to be shared with PharmOutcomes.

Save changes

Practitioners are recommended to request 6 monthly reminders within CPPE with the expiry date of the Emergency Contraception DoC (image below taken from the CPPE website to inform the practitioner of what is recommended).



send me email reminders every 6 months with the expiry dates of m

5. Cross Accreditation

Trained practitioners must be advised that if they wish to provide an EHC service to another commissioner, they should contact that commissioner for further information.

Practitioners accredited outside Portsmouth but wishing to provide the EHC PGD service within the PCC Local Authority area are still required register on PharmOutcomes, where they have 3 months to confirm a signed completed DoC for Emergency Contraception.

6. Enquiries on training & competency for EHC service:

Public Health Portsmouth
Portsmouth City Council
Floor 2, Core 2, Civic Offices, Guildhall Square, Portsmouth, PO1 2AL
Tel: 02392 834799
Email: PHContracts@portsmouthcc.gov.uk

Appendix C - Condom Distribution & the Get It On scheme

Condom Distribution during the EHC consultation and using a C-Card under the Get It On scheme

Condoms are a popular choice for young people and are the only method of contraception that can provide protection against both STIs and pregnancy.

Condom distribution during EHC consultation

Please provide a free condom pack to young people aged 13-24 years old who attend your service for an EHC consultation with or without a C-card. Condom distribution must be recorded when distributed as part of the EHC consultation on the Solent Sexual Health monitoring form (example below).

Condom distribution under the Get It On scheme

Providers of the EHC service can also provide condoms to young people who have a C-Card through the Get It On scheme. Only practitioners who have completed the GET IT ON training can issue C-Cards.

When a young person comes in **with** a C-card this means that they have already been seen by a trained practitioner and have been deemed to be Fraser competent to be given condoms.

When a young person asks for free condoms **without** a C-card you will need to tell them that they need to have a C-card to access condoms from you in future. Let them know where they can get a C-card from (all sexual health clinics & some youth projects). All venues offering young people C-cards are listed on www.letstalkaboutit.nhs.uk.

If the young person **without** a C-card is **16 or older** you can on this occasion give a free pack of condoms but you need to encourage them to get a C-card in order to access condoms from your service in the future. If young person is under 16 then they will have to see a trained practitioner who will make an assessment (using the Fraser Guidelines) to see if they are competent to receive condoms.

The C Card

The card has 12 boxes on the card. Every time a user comes for condoms a box should be dated and codes as shown on the card should be used. The codes are D for Demo and C for Condoms. Boxes should be completed with the code and the date i.e. D / C / 12.12.15 would show that a demonstration and condoms were delivered on the 12.12.15

Organisation: _____					
Name of Practitioner: _____					
Date of Issue: _____					
Codes for the Bottom of a Condom Used - Date					
© Copyright 2011. All Rights Reserved. Issued by Solent Sexual Health					

Young people who have been issued a C-Card and consequently forget it when going for free condoms would need to go through the Fraser Guidelines / condom demonstration again to be re-issued a C-Card.

When condoms are distributed, the practitioner needs to complete the appropriate box on the C-Card.

Practitioners who distribute condoms to young people who present a C-Card should record it as such on the monitoring form. This will allow monitoring of the use of the C-Cards.

All condom distribution must be recorded when distributed as part of the EHC consultation or to a young person presenting with a C-Card.

Whilst the C-Card aims to increase access to condoms for young people it is not intended to stop conversations between practitioners and young people about sex and relationships. If a young person has not used the C-Card for a number of weeks, practitioners are encouraged to have a discussion with the young person and/or signpost them to a young person's clinic.

For further information on the Get It On Scheme please see <https://www.letstalkaboutit.nhs.uk/get-it-on-condom-distribution/>

Where do I order condoms for the GIO scheme?

Condoms and GIO C-Cards are provided by the Solent NHS Trust Sexual Health Service. You must complete an order and monitoring form in order to receive free condoms.

Email your request to: solentsexualhealthpromotion@solent.nhs.uk

Monitoring

A monitoring form must be completed every time condoms are distributed and returned to Solent Sexual Health Promotion Campaigns and resources either monthly or when you re-order supplies. The form must be returned to enable your condom supply to be replenished.

Example of monitoring form:

Date Issued	Age 13-15 (✓)	Age 16-18 (✓)	Age 19-24 (✓)	Client Gender (M/F)	No. Packs Issued	Issued with C-Card (✓)	Issued with EHC (No C-Card) (✓)	Signed (Pharmacy Staff)	Comments e.g. referred back to registration point

Monitoring forms can be returned to: Campaigns & Resources Office, Sexual Health Promotion, Crown Heights, Basingstoke, RG21 7TY. Call 0300 123 6604 or Email solentsexualhealthpromotion@solent.nhs.uk