

Service 2

Provision of Emergency Hormonal Contraception (EHC) services

Reference DN709907

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Service Specification

1. Introduction

- 1.1. Dorset and Bournemouth, Christchurch and Poole Councils aim to improve and protect the health and wellbeing of the local population with an emphasis on reducing health inequalities.
- 1.2. Dorset Council is the Commissioner of Community Health Improvement Services (CHIS) which includes NHS Health Checks, Emergency Hormonal Contraception (EHC), Long-Acting Reversible Contraception (LARC), Needle Exchange, Supervised Consumption and Smoking Cessation.
- 1.3. This service specification sets out the requirements for the provision of a Public Health Service for Emergency Hormonal Contraception (EHC). The service will cover the county of Dorset. Out of area service users who require the service in Dorset are also eligible.
- 1.4. The other main sexual health services across the county of Dorset are delivered by Sexual Health Dorset, ensuring the level of access is appropriate to meet local need.
- 1.5. Young people are more likely to engage in risk taking behaviour which may lead to unwanted pregnancy. Emergency contraception provides women with a means of preventing unintended pregnancy following unprotected sexual intercourse. National Institute for Health and Care Excellence (NICE) recommends identifying adults and young people who may be at risk with key groups including those who repeatedly seek emergency contraception.
- 1.6. Due to the potential risk-taking behaviour women may engage in, this service will be required to assess the need to signpost the service user to an online Chlamydia testing service and provide free condoms.
- 1.7. Dorset Council measures two outcomes which this service contributes to:
 - Under 18 conception rates
 - Chlamydia rates per 100,000 young people aged 15-24
- 1.8. Other local priorities linked to this service include:
 - Reducing abortion in under 18s
 - Repeat abortion in under 25s.

2. Scope of Service

- 2.1. The service aims to:
 - Promote the availability of emergency contraception, especially among young people.
 - Improve access to Emergency Hormonal Contraception (EHC) and sexual health advice for women who have had unprotected sex.

- Effectively administer EHC with users and help contribute to a reduction in the number of unplanned pregnancies.
- Signpost service users who may have been at risk of Chlamydia to access online Chlamydia testing services.
- Provide free condoms to the service user as part of the consultation.
- Increase awareness of and where appropriate refer to the integrated sexual health service for service users' contraceptive or STI needs.
- Reduce women's repeated reliance on EHC through behaviour change interventions and effective referral for contraception.

3. Service Description

3.1. Emergency Hormonal Contraception

- 3.1.1. The Provider shall undertake consultation where a comprehensive assessment of the service user's history is undertaken to assess appropriate the supply of EHC, referencing the inclusion and exclusion criteria detailed in the Patient Group Direction (PGD).
- 3.1.2. The Provider shall ensure, where possible, that the initial consultation and supply of the specified drug should take place within the Provider premises. Where this is not possible, the provider may offer the service using a range of delivery methods, including telephone or video call, where appropriate to meet the needs of the client.
- 3.1.3. The Provider shall offer a supply of free condoms to all service users.
- 3.1.4. The Provider shall issue a free supply of levonorgestrel (Levonelle) and ulipristal acetate (ellaOne) Emergency Hormonal Contraception (EHC) when appropriate to eligible clients in line with the requirements of the locally agreed PGDs and the procedures set out in the consultation form.
- 3.1.5. The Provider shall refer service users who are excluded from the service under the terms of the PGDs to other local contraceptive services for treatment and advice within the time frame for emergency contraception treatment to be effective.
- 3.1.6. The Provider shall inform service users who have exceeded the time limit for EHC about the use of an intra-uterine device (IUD) and referred to a GP or Sexual Health Dorset.
- 3.1.7. The Provider shall give advice to the service user on the use of EHC including:
 - Mode of action
 - Side effects and cautions
 - Effects on menstrual cycle
 - Failure rate, future contraception options and Sexual Health Advice
 - Follow up and referral

- 3.1.8. The Provider shall supply the specified drug and supervise its consumption at the same time as the initial consultation, where possible, and record this in the patient medication record.
- 3.1.9. The Provider shall advise the service user that, where the service is delivered virtually and the service user is unable to collect the specified drugs, they will need to confirm the name of a representative to collect these and the expected time of collection. On collection, staff should confirm it is the representative nominated by the service user collecting the specified drugs and record this supply appropriately in the patient medication record.
- 3.1.10. The Provider shall, where signed up to the NHS Pharmacy Contraception advanced service for the ongoing supply of oral contraception, consider the supply of emergency contraception as a prompt to also discuss initiation of regular contraception with the patient.
- 3.1.11. The Provider shall ensure maintenance of records for each supply and may be required to share information with appropriate parties in line with confidentiality protocols.
- 3.1.12. The Provider shall deliver a behaviour change and prevention intervention and refer where appropriate to a contraceptive service to prevent repeat visits for EHC.

3.2. Online Chlamydia Testing Services

- 3.2.1. The Provider shall include as part of the EHC consultation a discussion about Chlamydia and signpost individuals to SH:24, if needed: www.sh24.org.uk
- 3.2.2. The Provider shall explain the benefits of Chlamydia screening to the service user, advise how to use the kit, the importance of completing and returning the kit and what to expect following test completion.
- 3.2.3. The Provider shall update PharmOutcomes after a service user has been signposted to an online Chlamydia service.
- 3.2.4. The Provider shall not receive information regarding diagnosis and are not required to contact the service user to discuss their test post consultation.

3.3. Condom Distribution

- 3.3.1. The Provider shall give advice on safe sex and supply the service user with a free pack of condoms as part of the consultation.

4. Service Requirements

- 4.1. The Provider shall ensure the Provider premises is open at least 35 hours a week, spread over at least 5 days, and be open access during these times for women requiring this service, as outlined in the PGDs, as a same day walk-in service with no appointment necessary.
- 4.2. The Provider shall ensure that the service is user friendly, non-judgemental, person-centred and confidential at all times.

- 4.3. The Provider shall ensure a trained member of staff is available on site to deliver the services at all times during opening hours.
- 4.4. The Provider shall inform Dorset Council within 12 hours by emailing phcontracts@dorsetcouncil.gov.uk or phoning **01305 224400** if there is a change to staffing or circumstances that will affect service delivery. This will provide an opportunity to produce a contingency plan.
- 4.5. The Provider shall refer any service user who is excluded from the PGD criteria as soon as possible to another local service that will be able to assist them. Where possible, the Provider must ensure that the service they refer a service user to is open and accessible, by phoning ahead if necessary.
- 4.6. The Provider shall ensure the service can be provided from an accessible and private consultation room on the premises.
- 4.7. The Provider shall assure services users, at the start of every consultation, that the service is confidential (the only exception being when the accredited practitioner judges that the service user is at risk and the involvement of others is necessary, e.g. child protection).
- 4.8. The Provider shall ensure, where appropriate, that the service user is counselled on other sexual health matters and related topics. Where required, the Provider shall deliver support and advice to people accessing the service, including advice on safe sex, condom use and advice on the use of regular contraceptive methods. Appropriate written information shall also be available on these topics.
- 4.9. The Provider shall ensure adequate supplies are in stock so that all service users are offered the following:
- Up to date details of the local commissioned sexual health services (also accessible via Sexual Health Dorset **0300 3031948**; <https://sexualhealthdorset.org/>
 - “Your Guide to Emergency Contraception” and “Your Guide to Contraception” leaflets*
 - The patient information leaflet from the medicine packaging.
- *Leaflets can be downloaded online by logging in to the FPA website:
[Your Guide to Emergency Contraception \(fpa.org.uk\)](https://www.fpa.org.uk/your-guide-to-emergency-contraception)
- 4.10. The Provider shall, if the service user consents, make a referral to the locally commissioned contraceptive and sexual health service using the locally agreed pathway as specified by the Commissioner.
- 4.11. The Provider shall, where necessary, share relevant information (e.g., for referrals) with other health care professionals and agencies, in line with locally determined confidentiality agreements, including, the need for the permission of the service user to share the information.
- 4.12. The Provider shall use professional judgement to consider, and where appropriate act on, any safeguarding children issues coming to their attention as a result of providing the

service. This shall be in line with local safeguarding children's procedures and any national guidance on under 16s sexual activity.

- 4.13. The Provider shall ensure that treatment is not withheld if the service user is believed to be under 13 years of age, providing they have been assessed as 'Fraser competent'. The Sexual Offences Act 2003 states that no child under 13 years is able to consent to any sexual activity, however, there is a duty to safeguard the child from most harm, which includes unintended pregnancy.
- 4.14. The Provider shall record and discuss, at the earliest opportunity, all the details of the consultation with the relevant Local Authority Safeguarding Team (or Child Care Duty Team out of hours). In an emergency, the police can be contacted.
- 4.15. The Provider shall deliver the service according to the relevant guidance by NICE.
- 4.16. The Provider shall recognise and value diversity, and respect cultural differences, making sure that every person is treated fairly, and person-centred care is not compromised, whatever their values and beliefs. Staff providing this service should all be familiar with, and work within the principles set out in the General Pharmaceutical Council document https://assets.pharmacyregulation.org/files/2024-01/in_practice-guidance_on_religion_personal_values_and_beliefs.pdf
- 4.17. The Provider shall ensure that all staff providing the service do so in accordance with the principles of up-to-date PGDs.
- 4.18. The Provider shall ensure internet access to use PharmOutcomes and the PGD Consultation Forms and record all relevant information as outlined below in an accurate and timely fashion. If the Provider cannot enter the information on the electronic data system at the time of the consultation, the information shall be recorded on the consultation form (see the paper version in the PGD appendices) and entered on to the electronic data system as soon as possible after the consultation.
- 4.19. The Provider shall consult with the service user, take a comprehensive service user history and establish the need, considering any possibility of current pregnancy, any contra-indications, previous use and current medication to ensure the supply is safe and appropriate.
- 4.20. The Provider shall ensure that all staff delivering the Service have an Enhanced Level DBS check.
- 4.21. The Provider shall have in place a standard operating procedure for the delivery of the service and review its standard operating procedures and the referral pathways for the service every 2 years or sooner if there are changes to the service.
- 4.22. Dorset Council reserves the right to undertake a visit to the Provider's premises to inspect the provision of the service and to ensure that the Provider is meeting the service specification.

- 4.23. The Provider shall ensure staff within the organisation are familiar with the Dorset Council website Provider Resources page <https://www.publichealthdorset.org.uk/partner-information/community-health-improvement-services> where key information to support service delivery is published. Details of other locations providing public health commissioned services are also available on this web page.
- 4.24. The Provider should contact Dorset Council as soon as possible if they wish to permanently cease delivery of a service or services.
- 4.25. The Provider shall ensure the service is made available to all eligible residents of the county of Dorset. Out of area service users who require the service in Dorset are also eligible.

5. Service Requirements

- 5.1. The Provider shall ensure the Provider premises is open at least 35 hours a week, spread over at least 5 days, and be open access during these times for women requiring this service, as outlined in the PGDs, as a same day walk-in service with no appointment necessary.

6. Training and Competency Requirements

- 6.1. The Provider shall ensure clinical staff providing treatment are qualified and trained in safeguarding children and emergency contraception according to the CPPE e-learning and online assessment or equivalent.
- 6.2. The Provider shall ensure clinical staff providing treatment are qualified, professionally registered, trained and competent, in line with NICE Good Practice guidance: to supply service users with the medication outlined in the specification either as a prescription or under the terms of the local Patient Group Directions (PGDs) for EHC.
- 6.3. **Initial training** – the Provider shall ensure clinical staff providing treatment under the current PGDs complete the Centre for Pharmacy Postgraduate Education (CPPE) e-learning course and online assessment for Safeguarding Children and Emergency Contraception or equivalent: www.cppe.ac.uk/. Staff providing the service shall comply with the appropriate requirements of their regulatory body, for example General Medical Council.
- 6.4. **Competency assessment** – the Provider shall ensure staff delivering this service have completed the CPPE e-learning course and online assessment for Safeguarding Children and Emergency Contraception, or equivalent, and any additional local training to address changes to national guidance.
- 6.5. The Provider shall ensure staff delivering this service are able to demonstrate competency in line with the NICE Good Practice Guidance: www.nice.org.uk/guidance/mpg2/resources
- 6.6. The Provider shall ensure that **at least** every 3 years, all staff delivering this service shall complete the CPPE online assessment on Safeguarding Children and the CPPE Emergency Contraception e-learning course or equivalent.

- 6.7. The Provider shall be responsible for identifying the learning needs of their own staff and recording their Continuing Professional Development (CPD) and can demonstrate this if required.
- 6.8. The Provider shall cascade information regarding training and the process for the supply of EHC to all staff, ensuring they operate within local protocols and can respond sensitively and appropriately to enquiries.
- 6.9. The Provider shall staff regularly check the Dorset Council Provider Resources page www.publichealthdorset.org.uk/w/emergency-hormonal-contraception for service and training related updates and information.
- 6.10. The Provider shall be responsible for ensuring all staff delivering the service are registered with their relevant professional body commensurate to their role.
- 6.11. The Provider shall ensure that all staff delivering the Service have an Enhanced Level DBS check.

7. Activity, Performance and Reporting Requirements

- 7.1. The Provider shall have internet access in place at all times and shall use appropriate electronic systems to record all consultations and activity and ensure that claims for payment for provision of this service can be collected through the electronic system as stipulated by the Commissioner.
- 7.2. The Provider shall ensure that all consultations are logged on PharmOutcomes to enable Dorset Council to monitor activity and verify payments for services provided.
- 7.3. The Provider shall complete the relevant template on PharmOutcomes to submit their activity to Dorset Council on a **monthly** basis.
- 7.4. The Provider shall be aware that the deadline to submit any relevant reporting templates to Dorset Council for payment is the end of each month.
- 7.5. The Provider shall be aware that any late data submissions will not be paid until the following month.
- 7.6. The Provider shall be aware that they will not be paid for data submitted more than six months after the activity was undertaken.
- 7.7. The Provider shall be aware that no claim shall be submitted more than one month after the end of this agreement.
- 7.8. The Provider shall ensure that the necessary documentation, as detailed in this service specification, is maintained, and made available to Dorset Council for post payment verification.

- 7.9. The Provider shall share, where appropriate, relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements, including, the need for the permission of the client to share the information.
- 7.10. The Provider shall store records securely and confidentially and for a length of time in line with record retention policies.
- 7.11. The Provider shall participate in any audit of service provision or assessment of user experience conducted or authorised by the Commissioner.
- 7.12. Dorset Council will continue to review the data submission process, to improve efficiency and align with any system developments. Dorset Council will notify The Provider of any changes to the template to be used.

8. Quality Assurance

- 8.1. The Provider must have a complaints procedure in place and demonstrate to users and commissioners how complaints have been addressed to improve the service.
- 8.2. Both parties are required to regularly assess contract performance and address any additional matters during Review Meetings, scheduled at intervals and in a format determined by the Commissioner.
- 8.3. Dorset Council may request a review meeting within 5 business days following notice.
- 8.4. Quality control checks may take place at any point at the discretion of the Commissioner.

9. Safeguarding

- 9.1. The Provider shall fully comply with the Dorset Safeguarding Adults Board (DSAB) and the Bournemouth, Christchurch, and Poole Safeguarding Adults Board (BCPSAB) policies and the Pan-Dorset Safeguarding Children Partnership procedures including Inter-Agency Procedures for Children and Young People and Child Sexual Exploitation (CSE).
- 9.2. Providers are required under statute and regulation to have effective arrangements in place to safeguard and promote the welfare of children and adults at risk of harm and abuse in every service that they deliver.
- 9.3. Providers must demonstrate safeguarding is embedded at every level in their organisation with effective governance processes evident.
- 9.4. It remains the responsibility of every (NHS-funded) organisation, and each individual working healthcare professional (in the NHS), to ensure that the principles and duties of safeguarding children and adults are holistically, consistently and conscientiously applied. Every (NHS funded) organisation needs to ensure that sufficient capacity is in place for them to fulfil their statutory duties; they should regularly review their arrangements to assure themselves that they are working effectively.
- 9.5. Dorset Council will take a proportionate approach to assuring Safeguarding and Quality,

commensurate with the responsibilities and financial value of each contract.

- 9.6. The Provider shall be compliant with all applicable requirements of Safeguarding Vulnerable Adults and Children outlined in the section: **C.8 DISCLOSURE AND BARRING SERVICE (DBS) CHECKS** of the contract.

Public Health Commissioned services may be required to provide:

- 9.7. Policies and evidence of robust safeguarding arrangements as part of formal Contract Award documentation.

10. Data Protection

- 10.1. The Provider shall be the sole Data Controller and personal data shall be processed by the Provider under this contract (for example, patient details, medical history and treatment details).
- 10.2. The processing of personal data which is required by Dorset Council for the purposes of quality assurance, performance management and contract management- Dorset Council and the Provider will be Data Controllers in Common; together the “Agreed Purposes”.
- 10.3. The Provider shall be compliant with all applicable requirements of the Data Protection Legislation outlined in the section: **C.8 DISCLOSURE AND BARRING SERVICE (DBS) CHECKS** of the contract.