

### **Public Health Agreement**

for the

# Provision of Emergency Hormonal Contraception Service via a Patient Group Direction in Pharmacy

# 1<sup>ST</sup>April 2022 to 31<sup>st</sup> March 2025

## BETWEEN Surrey County Council AND Pharmacy

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# Service Specification for Provision of Emergency Hormonal Contraception Service via a Patient Group Direction

#### 1.0 Introduction

1.1 Emergency contraception, or post-coital contraception, refers to methods of contraception that can be used to prevent pregnancy in the first few days after intercourse. It is intended for emergency use following unprotected intercourse, contraceptive failure or misuse (such as forgotten pills or torn condoms). Emergency contraception is effective only in the first few days following intercourse before the ovum is released from the ovary and before the sperm fertilizes the ovum. Any woman of reproductive age may need emergency contraception at some point to avoid an unwanted pregnancy. The emergency contraceptive pill regimen recommended by WHO is one dose of levonorgestrel 1.5 mg, taken within five days (120 hours) of unprotected intercourse<sup>i</sup>. Based on reports from nine studies including 10,500 women, the WHO-recommended levonorgestrel regimen is 52–94% effective in preventing pregnancy. The regimen is more effective the sooner after intercourse it is taken. This public health agreement also covers the provision of ellaOne in line with the local PGD.

#### 2.0 Service description

- 2.1 Pharmacists will supply Levonorgestrel Emergency Hormonal Contraception (EHC) or ellaOne when appropriate to clients, in line with the requirements of the locally agreed Patient Group Direction (PGD). The PGD will specify the age range of clients that are eligible for the service.
- 2.2 Pharmacists will be reimbursed at the lower drug tariff price when dispensing Levonorgestrel and ellaOne. The higher drug tariff price will only be reimbursed in exceptional circumstances i.e. if the drug is unavailable from the drug company due to a manufacturing problem.
- 2.3 Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service. Working towards 'You're Welcome quality criteria' accreditation.
- 2.4 The supply will be made free of charge to the client at Surrey County Council expense.
- 2.5 Pharmacists will link into existing networks for community contraceptive services so that women who need to see a doctor can be referred on rapidly.
- 2.6 Clients excluded from the PGD criteria will be referred to another local service that will be able to assist them, as soon as possible, e.g. GP, community contraception service.
- 2.7 Clients over 25 may be supplied with the Pharmacy medicine product under the PGD on production of a valid NHS tax credit exemption certificate or a valid HC2 certificate (full help with health costs) 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. Clients over 25 who do not meet these criteria should be invited to purchase the Pharmacy medicine product.



- 2.8 The pharmacy will provide support and advice to clients accessing the service, including advice on the avoidance of pregnancy and sexually transmitted infections (STIs) through safer sex and condom use, advice on the use of regular contraceptive methods and provide onward signposting to services that provide long-term contraceptive methods and diagnosis and management of STIs.
- 2.9 Pharmacists must have completed all the required training as stated in the PGD to be able to provide this service in Surrey. See section 5.

#### 3.0 Aims and intended service outcomes

- 3.1 To increase the knowledge, especially among young people, of the availability of emergency contraception and contraception from pharmacies.
- 3.2 To improve access to emergency contraception and sexual health advice.
- 3.3 To increase the use of EHC by women who have had unprotected sex and help contribute to a reduction in the number of unplanned pregnancies in the client group.
- 3.4 To refer clients, especially those from hard to reach groups, into mainstream contraceptive services.
- 3.5 To increase the knowledge of risks associated with Sexual Transmitted Infections (STIs).
- 3.6 To refer clients who may have been at risk of STIs to an appropriate service.
- 3.7 To strengthen the local network of contraceptive and sexual health services to help ensure easy and swift access to advice.

#### 4.0 Service outline

- 4.1 The part of the pharmacy used for provision of the service provides a sufficient level of privacy (ideally at the level required for the provision of the Medicines Use Review service<sup>1</sup>) and safety and meets other locally agreed criteria.
- 4.2 A service will be provided that assesses the need and suitability for a client to receive EC, in line with the PGD. Where appropriate a supply will be made; where a supply of EC is not appropriate, advice and referral to another source of assistance, if appropriate, will be provided. Clients who have exceeded the time limit for EHC will be informed about the possibility of use of an Intra Uterine Device (IUD) and should be referred to a local service as soon as possible.
- 4.3 Inclusion and exclusion criteria, which are detailed in the PGD, will be applied during provision of the service.

<sup>&</sup>lt;sup>1</sup> The requirements for consultation areas are detailed in The Pharmaceutical Services (Advanced and Enhances Services) (England) Directions 2005 as amended (www.dh.gov.uk/assetRoot/04/10/75/97/04107597.pdf)



- 4.4 The service will be provided in compliance with Fraser guidance and Department of Health guidance on confidential sexual health advice and treatment for young people aged under 16. (Available at <u>www.dh.gov.uk/sexualhealth</u>)
- 4.5 The service protocols should reflect national and local child and vulnerable adult protection guidelines.
- 4.6 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 should be supplemented by a referral to a service that can provide treatment and further advice and care. Chlamydia and gonorrhoea testing kits will be provided by the local sexual health service for distribution in the pharmacy following the provision of EHC and the Surrey condoms distribution scheme (CDS) 'Get it on' should be promoted. Young people should be directed to the Healthy Surrey website's CDS page <a href="https://www.healthysurrey.org.uk/your-health/sexual-health/get-it-on-condom-distribution-scheme">https://www.healthysurrey.org.uk/your-health/sexual-health/get-it-on-condom-distribution-scheme</a>
- 4.7 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service, including sensitive, client centred communication skills. This may be facilitated by the provision of local training by The Council or via Centre for Pharmacy Postgraduate Education (CPPE).
- 4.8 Contractors and pharmacists are duty bound to keep their knowledge updated in this area of practice and have regularly check the Faculty of Sexual Health & Reproductive Healthcare Clinical Guidance.
- 4.9 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
- 4.10 The pharmacy must maintain appropriate records to ensure effective ongoing service delivery and audit. Records will be confidential and should be stored securely and for a length of time in line with local NHS record retention policies.
- 4.11 Pharmacists may need to share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for the permission of the client to share the information.
- 4.12 The Council may arrange at least one contractor meeting per year to promote service development and update pharmacy staff with new developments, knowledge and evidence.
- 4.13 The Council will provide up to date details of other services which pharmacy staff can use to refer clients who require further assistance. The information should include the location, hours of opening and services provided by each service provider. Details of services for young people can be obtained from the local Teenage Pregnancy lead.
- 4.14 The Council will advise on which publicity materials (including leaflets on EC, long-term contraception and STIs) pharmacies can use to promote the service to the public. Pharmacies will source and obtain these materials.



- 4.15 Contractors are responsible for making their claims within the required time frames, currently no claims over 3 months old will be paid for.
- 4.16 VAT will be reimbursed and The Council will adjust the rates according to national changes.
- 4.17 Remuneration by The Council will be at an agreed rate for the consultation given and a separate payment for remuneration of the drug costs. This rate will be at the rate laid down in the Drug Tariff for the month of supply.

#### 5.0 Requirements

- 5.1 Pharmacists wishing to provide this service will be required to attend CSO and Council arranged training events and must have completed the following CPPE open learning packs on:
  - Sexual Health in Pharmacies
  - Safeguarding vulnerable children and adults

Attendance at the CSO and Council arranged workshop and annual update workshops arranged thereafter is encouraged as good practice.

- 5.2 All pharmacists accredited to provide EHC have to have registered with CPPE learning record online before approval to supply will be given by the Commissioner.
- 5.3 If a trained pharmacist moves on, it is the responsibility of the provider to let the commissioner know there is a vacancy and who is replacing them, with a timeframe.
- 5.4 The pharmacy should be registered as healthy living pharmacy level 1 with the RSPH

#### 6.0 Quality Indicators

- 6.1 The pharmacy has appropriate health promotion material available (as advised by the Council) for the client group, actively promotes its uptake and is able to discuss the contents of the material with the client, where appropriate.
- 6.2 The pharmacy reviews its standard operating procedures and the referral pathways for the service regularly.
- 6.3 The pharmacy participates in a Council organised audit of service supply annually when required.
- 6.4 The pharmacy co-operates with any locally agreed Council-led assessment of client experience such as working towards 'You're Welcome Quality Criteria' accreditation.
- 6.5 By providing this public health service you agree to sharing of anonymised activity data with Surrey LPC for the purposes of service development.



### 7.0 Fees

- 7.1 Payment will be made monthly in arrears.
- 7.2 All claims are made via the Pharmoutcomes portal made available by the public health team.
- 7.3 Payment Structure see Appendix 1.

# Appendix 1

# **Payment Structure - Emergency Hormonal Contraception**

Consultation£15Treatment – Levonorgestrel (Standard drug)<br/>Levonorgestrel 2 (exception)<br/>ellaOne (Ulipristal acetate 30mg tablet)Latest drug tariff price on pharmoutcomes<br/>Latest drug tariff price on pharmoutcomes