

Sexual Health Training

Worcestershire 19th March

Fiona Lowe Chief Officer LPC

Sponsored by: GSK, Bayer, Tillotts

Worcestershire Health and Care



NHS Trust



EHC Update & Safeguarding

Dr Melanie Mann FRCOG

Consultant in Sexual and Reproductive Health
Worcestershire

A few points
before we
start please



Be aware of fire exits



Turn mobiles to silent



Please respect colleagues when they are speaking :
only 1 person talking at a time



No question is a stupid question



We hope you enjoy the evening

Aims and objectives

After this session, colleagues should feel more confident about

- use of a flowchart to help decision-making in emergency contraception provision
- using the PGD in more complex scenarios
- assessing safeguarding issues with the whole pharmacy team
- referring women into the sexual health service, when and how
- discussing quick starting of contraception after EHC

Can I ask?

- How many of you are pharmacists working to the levonorgestrel EHC PGD?
- How many of you sell EHC without using PGD? (including UPA/Ellaone)
- How many of you are aware that there are pharmacists who work in your pharmacy , not yet signed up to the PGD? And what can we do to encourage it?
- Please can we emphasise the importance of cross referral so the women get free EHC, if possible? There are pockets in the county where no PGD sign up.
- There will be a regional UPA PGD coming soon, we believe

Other useful documents and references

- CPPE online learning
- FSRH online learning and evidence based guidance
- <https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/>
- Worcestershire patient group direction
- Worcestershire flow chart for emergency contraception

Vicky

- Age 15
- Epileptic on carbamazepine and sodium valproate
- Abortion 2 weeks ago attending for EHC
- Had unprotected sex (UPSI) 70 hrs ago



What do you need to consider in this young woman?

- Discuss with your neighbour for a couple of minutes



What do you need to consider in this young woman?

Her age, Fraser competence, safeguarding issues

Her drugs: liver enzyme inducing drug

Her drugs: sodium valproate and potential effects on a fetus

Recent pregnancy and how soon could conceive ? fertility returns 21 days after childbirth , 5 days after miscarriage/abortion

Her weight and the impact on EHC: BMI > 26, wt > 70kgs

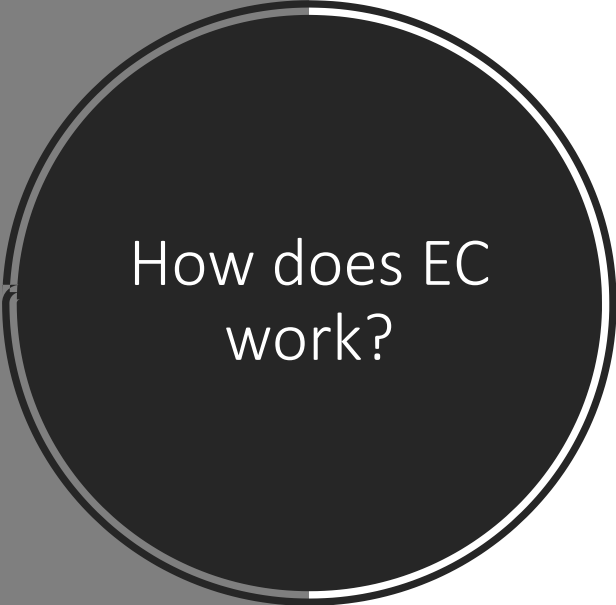
Consideration of emergency IUD and how to refer in: all women should consider /be offered IUD, give EHC too and signpost in

Ongoing contraception, “quick starting” contraception

Advice around infection testing/screening : 2 week “window” period but may have been at risk before anyway so worth offering testing

Drug interactions with oral EC (UPA = ulipristal acetate, LNG =levonorgestrel)

- EC providers should advise women using enzyme-inducing drugs that the effectiveness of UPA-EC and LNG-EC could be reduced. Women requiring EC who are using enzyme-inducing drugs should be offered a Cu-IUD if appropriate. A 3 mg dose of LNG can be considered but women should be informed that the effectiveness of this regimen is unknown. A double-dose of UPA is not recommended.
- EC providers should be aware that the effectiveness of UPA-EC could be reduced if a woman takes progestogen in the 5 days **after** taking UPA-EC.
- EC providers should be aware that the effectiveness of UPA-EC could theoretically be reduced if a woman has taken progestogen in the 7 days **prior** to taking UPA-EC.



How does EC work?

UPA works at progesterone receptors. If already blocked by progestogens given for contraception or other treatment, UPA may not work

This also applies if a progestogen –containing contraceptive is started immediately after the UPA as competing for same receptors.

What about breastfeeding?

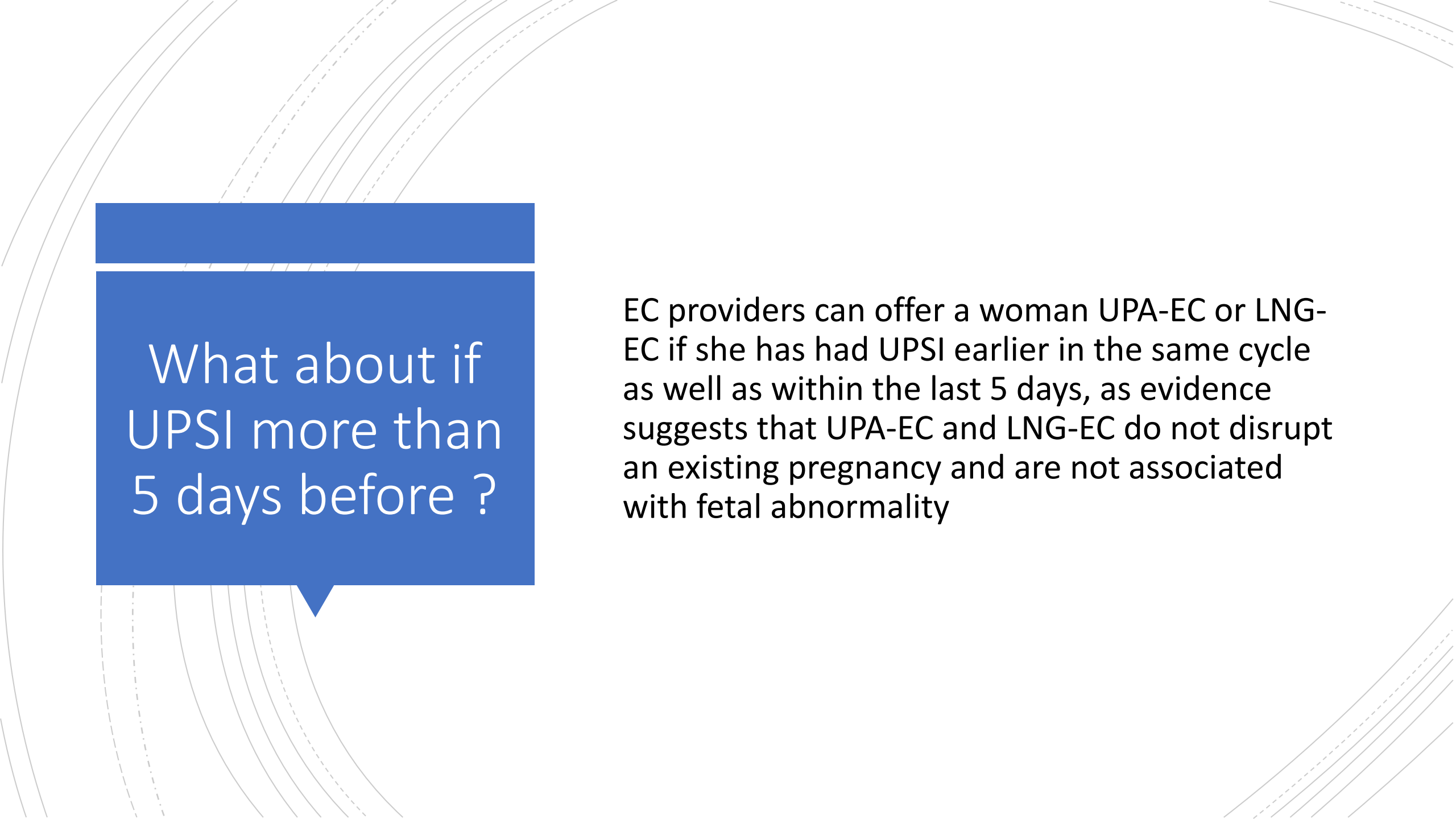
Cu IUD not recommended between 48 hrs and 28 days postpartum

UPA: milk should be discarded for 7 days after

LNG: safe in breastfeeding mothers

What about
repeated use of oral
EC in same cycle?
(Medical
prescribers)

- If a woman has already taken UPA-EC once or more in a cycle, EC providers can offer her UPA-EC again after further UPSI in the same cycle.
- If a woman has already taken LNG-EC once or more in a cycle, EC providers can offer her LNG-EC again after further UPSI in the same cycle.
- BUT EC providers should be aware that if a woman has already taken UPA-EC, LNG-EC should not be taken in the following 5 days.
- EC providers should be aware that if a woman has already taken LNG-EC, UPA-EC could theoretically be less effective if taken in the following 7 days.

The background of the slide features several thin, curved lines in a light gray color, some solid and some dashed, creating a sense of motion or a stylized globe. A blue speech bubble is positioned on the left side, containing the text.

What about if
UPSI more than
5 days before ?

EC providers can offer a woman UPA-EC or LNG-EC if she has had UPSI earlier in the same cycle as well as within the last 5 days, as evidence suggests that UPA-EC and LNG-EC do not disrupt an existing pregnancy and are not associated with fetal abnormality

Young People and CSE (child sexual exploitation) checklist, “Spotting the signs” (BASHH, Brook)



Safeguarding assessment: tool on pharmoutcomes?



Relationships : partner (s), family (who living with, do you feel safe at home?), education, friends, social worker involvement,



How old is the person you are having sex with, are you happy with him/her, where did you meet, where do you spend time together, any other sexual partners last 3/12 months,



Consent: do you ever feel scared or uncomfortable with the person you are having sex with, could you say no to sex if you wanted? have you ever been made to do something sexual that you didn't want to or feel intimidated



Has anyone ever given you gifts, money, drugs, alcohol or protection for sex?

CSE 2

- Contraception/able to ask partner to use condoms?
- STI tests ever, ever had an STI?
- Is anyone else there when you have sex?
- Do you ever drink or take drugs before sex?
- Have you ever tried to hurt yourself or self harm?
- Have you ever been involved in sending or receiving sexual messages or pictures?
- Your professional opinion: is there evidence of coercion, aggression, suspicion of sexual grooming, sexual abuse, power imbalance, other vulnerabilities?

<https://www.brook.org.uk/attachments/Spotting-the-signs-CSE-a-national-proforma-April-2014-online.pdf>



Issues around the YP recognising abuse : why would she want to give up someone taking her to buy stuff she herself cannot afford, she believes he is her BF and cares for her? Pseudo love.



Issues of power, he might be listening in to consultation via her mobile



Be aware of who she is sitting with/ in consultation (train staff) and in waiting area/shop: see her alone



Be aware of more vulnerable YP such as in care but also middle class at risk, different grooming models, issues about internet porn

Other safeguarding issues

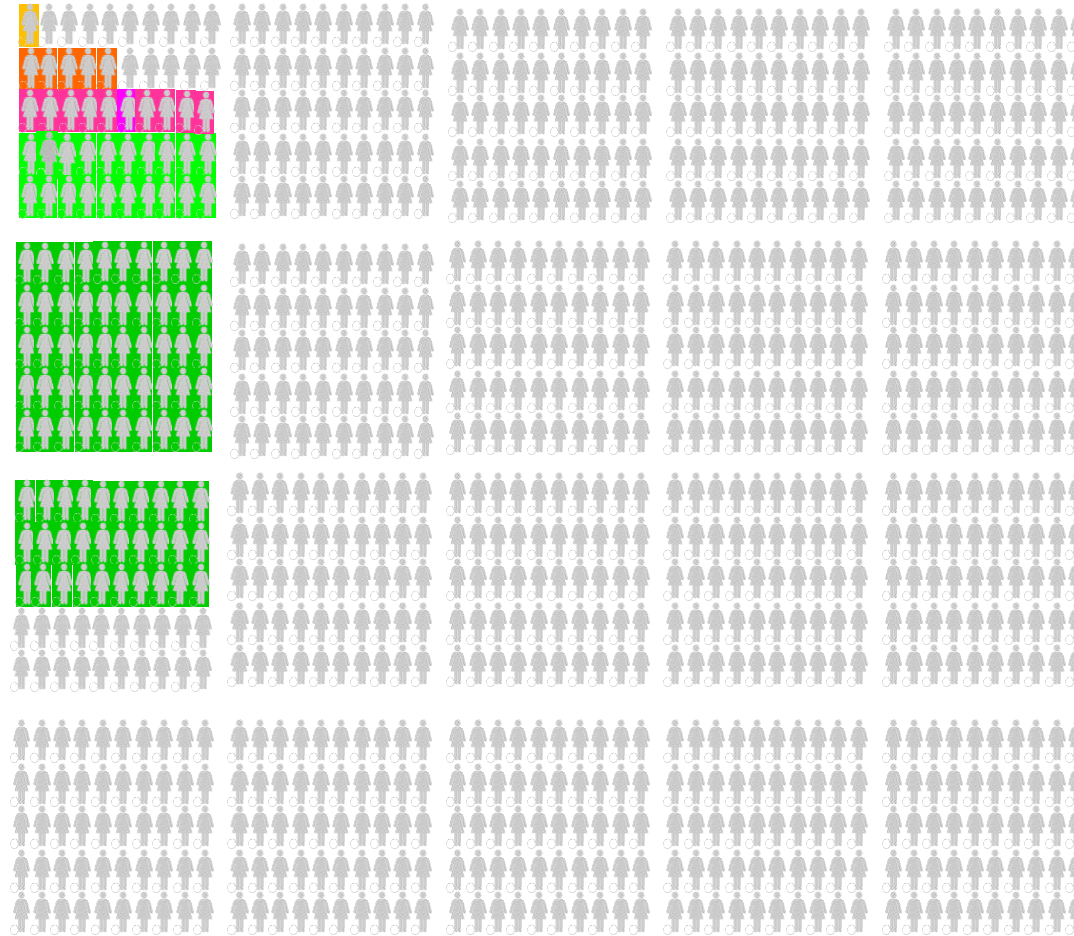
- Importance of seeing alone, confidentiality
- Being aware of learning disability and mental capacity assessment
- Being aware of drug carrying and “county lines” and abuse associated
- Trafficking and modern slavery
- “Working Together” document 2017
- <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

respect, vigilance, protection, everyone’s responsibility

Who do you go to if concerns? Being aware of systems in place and urgency , if appropriate

Emergency Contraception failure rate

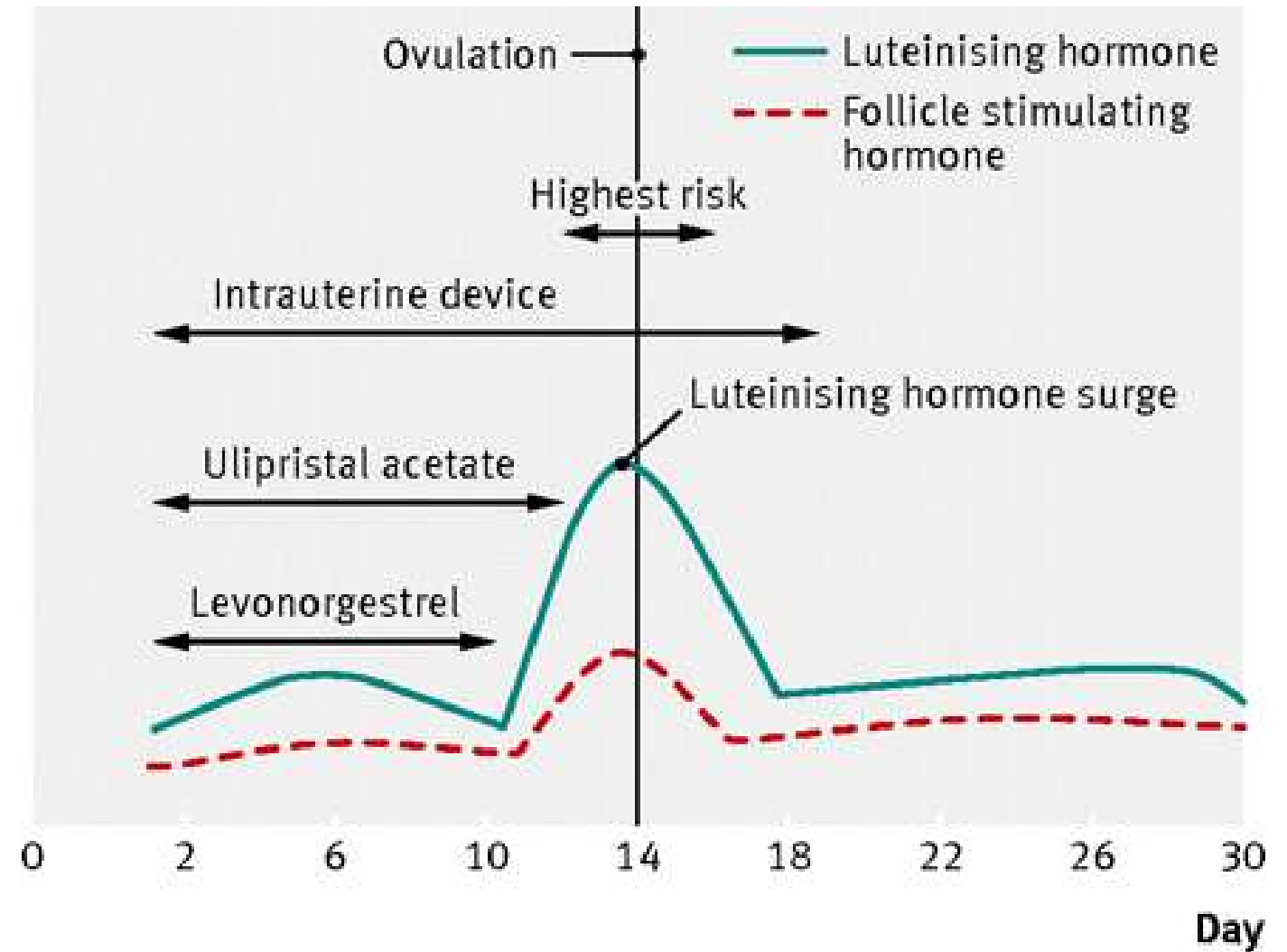
If 1000 women had UPSI and used....

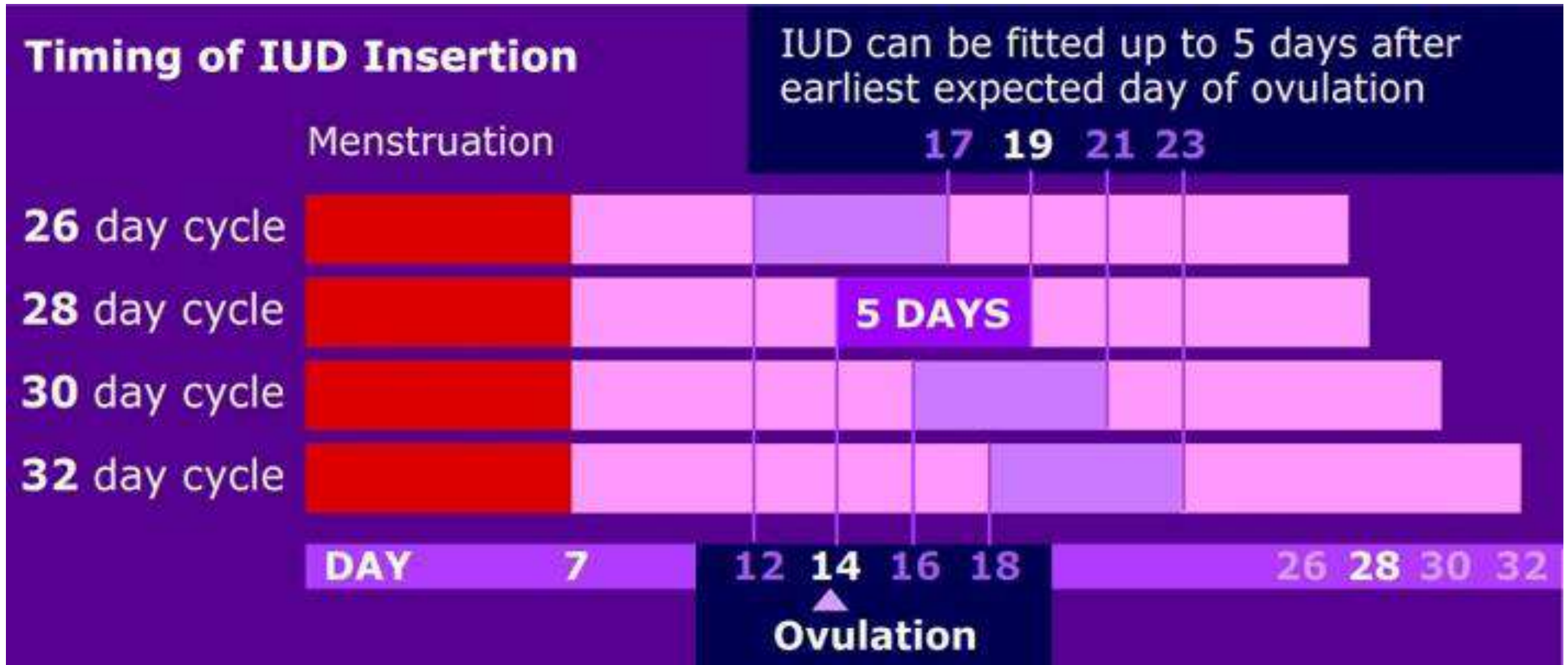


Cu IUD (1), UPA (5), LNG (10), No method (80) would get pregnant

James
Trussell

Window of action of different emergency contraceptive methods in relation to ovulation





Queries regarding the PGD or how to refer into the SHS

- On call contraception Dr via WRH switchboard or rota , pager or mobile
- Dr will arrange an emergency slot for an IUD
- Do give EHC before they leave you, as may never turn up with us

Constantly changing how patients book or access services in sexual health. At present many services are pre-booked slots the next day

Emergencies will be seen outside of this by contacting Dr on call

Serena



Serena is 17. She had UPSI 74 hrs ago. She had ulipristal acetate on day 4 of her regular menstrual cycle. She is day 13 now. How do you proceed?

Questions about Serena case



What else would you like to know?



What can you offer her in terms of emergency contraception?



Would you offer her any tests?



What about “quick starting” her on contraception?



Please discuss with neighbour for 1 minute

Questions about Serena's case

- What else would you like to know? **Sexual history, issues about consent, age of partner, exploitation**
- What can you offer her in terms of emergency contraception? **See next slide**
- Would you offer her any tests? **Chlamydia and other STI screening , possibly in pharmacy in the future. Consider incubation period too: 2 weeks repeat**
- What about “quick starting” her on contraception? **Could have pills but wait for 5 days before starting if had UPA, straight away if had LNG**



Serena

- Offer all 3 methods of EC?
- Issues around more than once in a cycle: LNG
- Levonelle: outside of license, ? Won't be effective at this time in cycle to prevent ovulation
- Could have UPA , if reluctant to have an IUD
- An IUD would be the optimum method for her:
- <http://www.fsrh.org/pdfs/CEUguidanceEmergencyContraception11.pdf>
- Ideally refer her into a clinic/GP



Quick starting contraception

- QS Guidelines since 2010, recent study showed increase risk of further episodes of UPSI in cycle after EHC.
- But low uptake of horm contr in this group, majority of those asked to return did not .
- Quick starting may be outside the product license
- <http://www.fsrh.org/pdfs/CEUGuidanceQuickStartingContraception.pdf>



Guidance re UPA and quick start

- Women should not start a hormonal method of contraception for at least 5 days after UPA and use barrier methods instead
- After 5 days , they should start the hormonal method with the usual recommended contraceptive precautions
- CHC 7 days (so therefore safe $5 + 7 = 12$ days after UPA), Depo /Implant 7 days (safe $5 + 7 = 12$ days after UPA), POP 2 days ($5 + 2 =$ safe 7 days after UPA)
- No changes with Levonorgestrel 1500 mgs
- This may have an impact on women's choice of which EC to use.
- Women cant have UPA if has had hormonal contraception in previous 7 days

Why do we still use LNG EHC?

LNG works in the presence of progestogens so may affect choice of quick start

Dose can be doubled , although evidence is not clear

Can be used in breastfeeding women, without discarding milk

Cheaper

Not suitable for those with severe asthma controlled by oral glucocorticoids

Emergency IUD is best method of emergency contraception but vastly underused

Birmingham Service



Jeff Blankley

Chief Officer Birmingham and Solihull LPC

Background

- Birmingham City Council and Solihull Metropolitan Borough Council tender mid 2015
- Commissioned one provider to deliver all sexual health services for the Birmingham and Solihull
- UHB awarded the five-year contract
- Biggest sexual health contract in the UK
- Launched successfully in August 2015

The outcome aims of the service

10 outcomes, including 3 national public health outcomes:

- Increase rates of chlamydia diagnosis (15-24 year olds)
 - Reduce rates of late HIV diagnosis
 - Reduce rates of conceptions in under-18s
- Better access to services for high risk communities
- Improved support for people vulnerable to and victims of sexual coercion, violence and exploitation
- Increased use of effective good quality contraception
 - Reduced number of initial and repeat abortions
 - Prompt access for earlier diagnosis and treatment
- Reduced number of people repeatedly treated for STIs
- Reduced transmission of HIV, STIs and blood borne viruses

Vision

To create **the** most integrated
sexual health service.

A new approach that gets all partners working together. This advances access, attitudes and the actions of our audiences, through innovative integration and services, which improve the health of the region, and sets a new standard.



Umbrella model of care

- **Transform from a treatment to prevention model – by:**
- **Health Promotion** - changing behaviour through education and awareness
- **Self care** – empowering patients to care for themselves
- **Local services** – embracing a wide network of community-based facilities
- **Primary Care** – transforming access to care
- **Specialist services** – dedicated centres for Sexual Health



Why change?

New model offers:

- Improved access to services
- One-stop-shop for service users
- Emphasis on prevention
- Joined-up multi-agency approach
- Improved outcomes

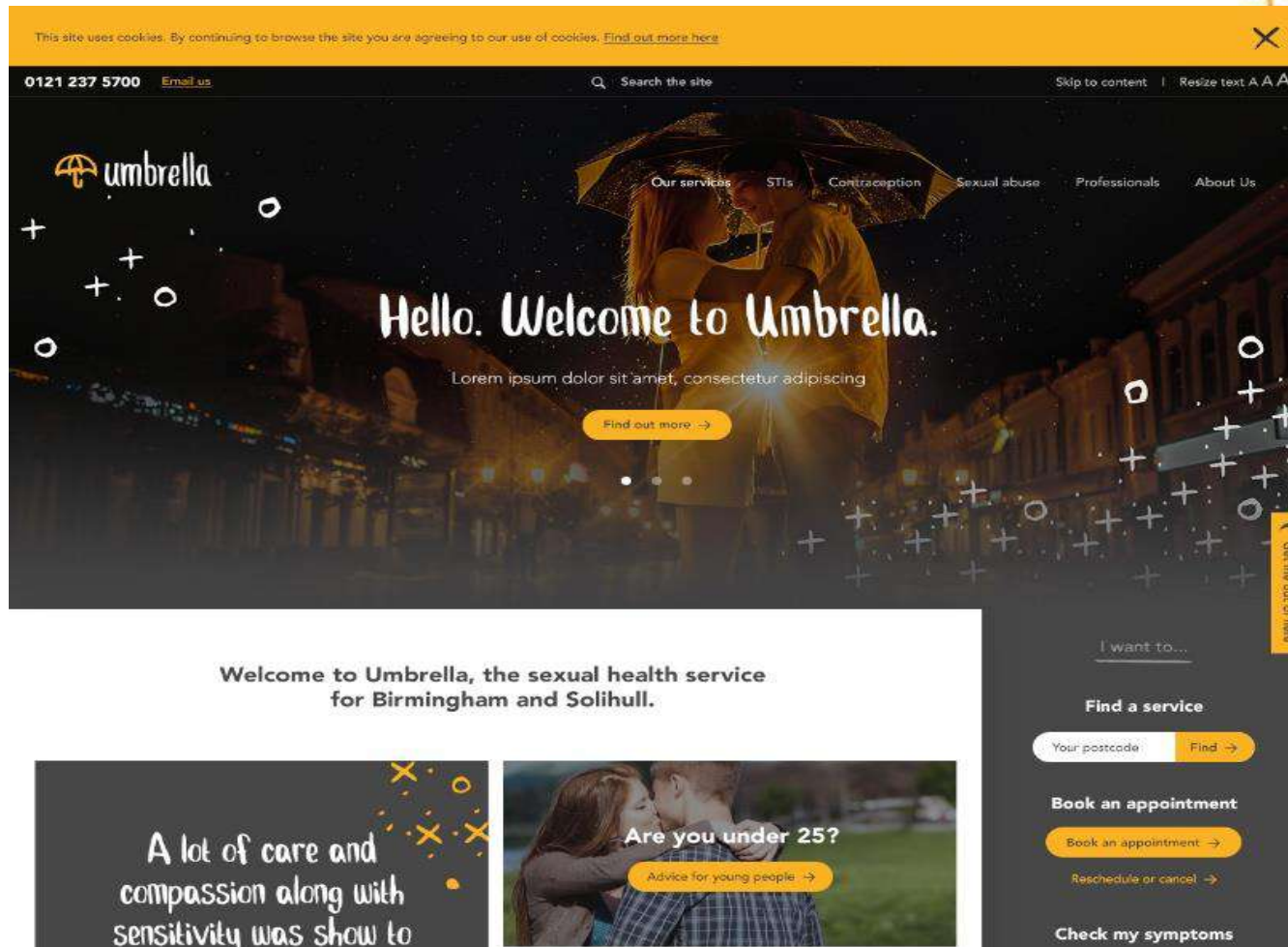


Where in the community?

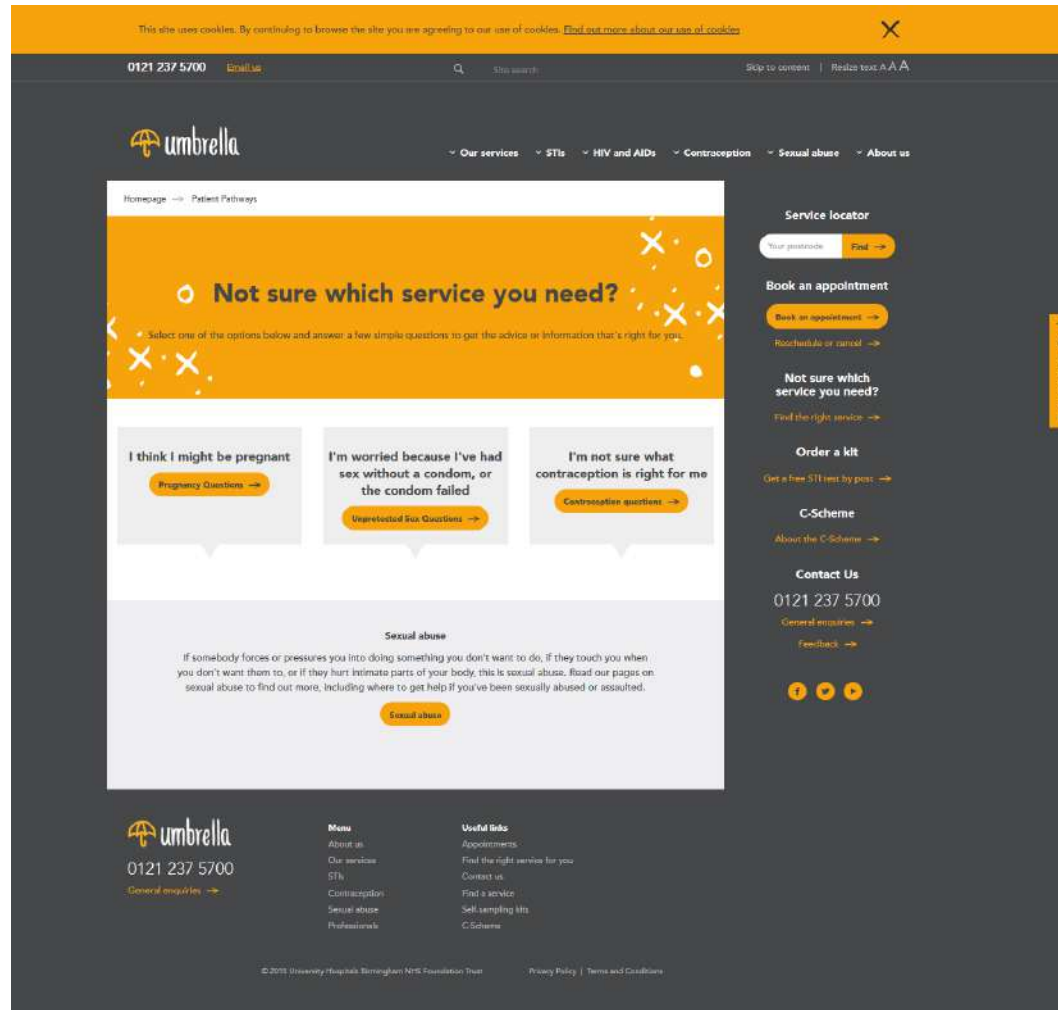
- **170 Tier 1 and Tier 2 pharmacies**
 - **Achieved over 3 procurement phases**
- Over 100 GP practices
- 40 community third sector partners
- Online – umbrellahealth.co.uk
- At Home – self testing kits



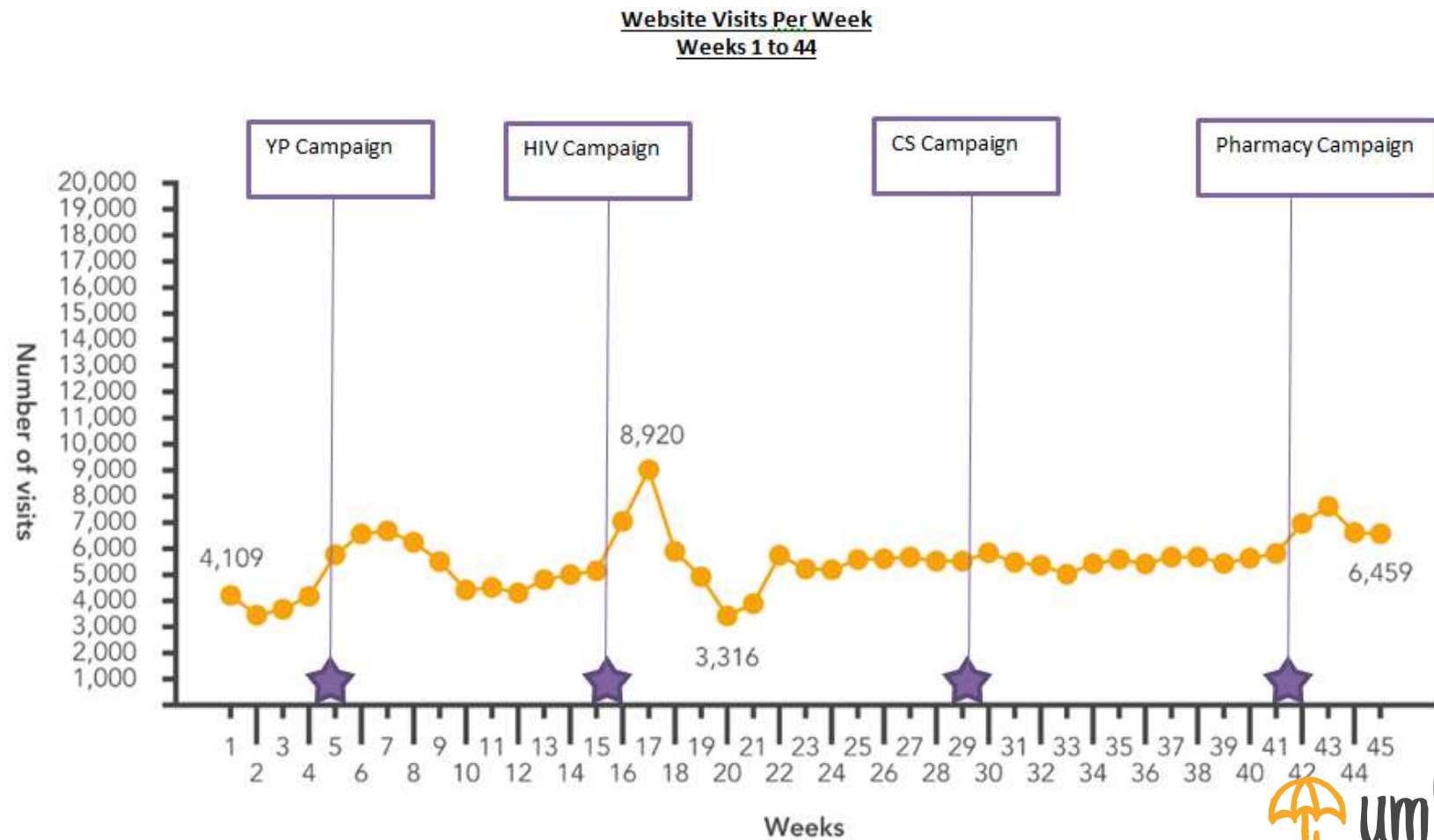
Website



Website



Sexual health website



The background is a solid orange color. It is decorated with numerous white 'x' and 'o' symbols scattered across the surface. These symbols are more densely clustered in the corners and along the edges, with a few isolated symbols in the center. The 'x' symbols are hand-drawn in style, with slightly irregular lines. The 'o' symbols are also hand-drawn, appearing as small circles with a central dot.

Pharmacy services

Background

- Priority to shift initial point of contact from secondary to primary care
- Working with 62 (49 T1 & 13 T2) pharmacies initially following competitive procurement process
- Increased to 170
- Only commissioned to work with pharmacies in Birmingham
- Pharmacies are monitored and accredited through PharmOutcomes

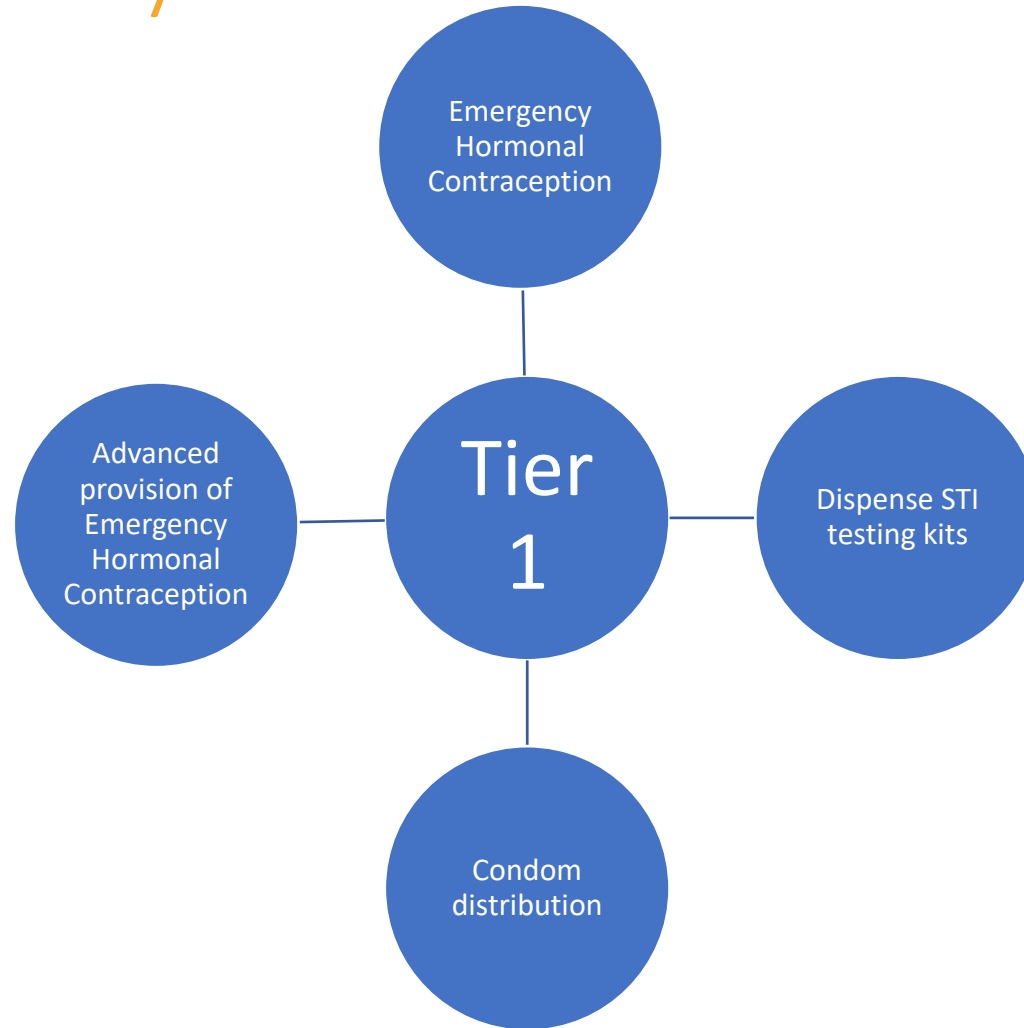


Key messages

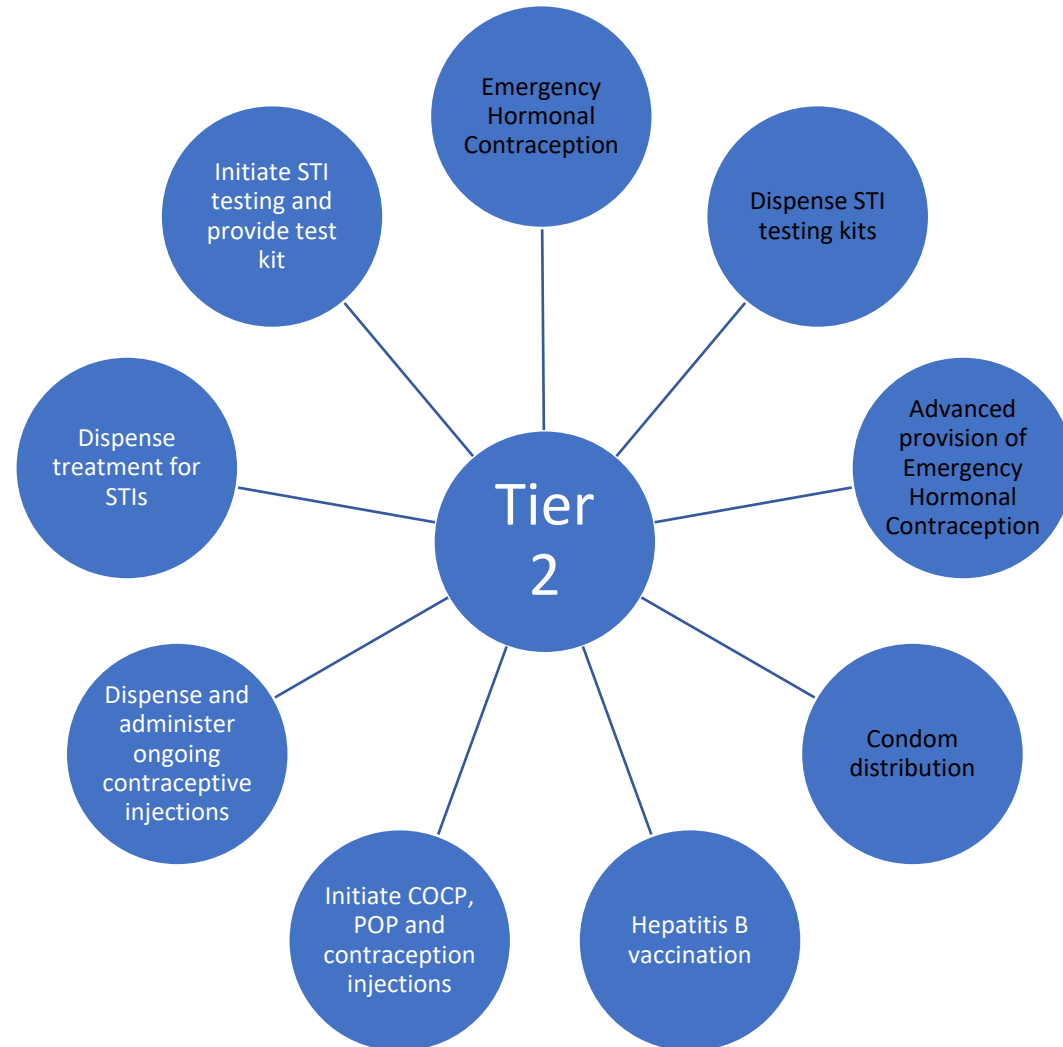
- Free morning after
- Free Condom provision
- Free & confidential
- Convenient & flexible hours
- Quick & no appointment needed



Pharmacy Sexual Health Provision



Pharmacy Sexual Health Provision



Service model

Tier 1 Services – currently 100 Pharmacies

- Signposting to chlamydia screening, initially
- EHC (including advanced provision)
- Condom provision through the C-card scheme
- Collection point for STI kits ordered online (returned to Umbrella by post)

Tier 2 Services – currently 70 Pharmacies; covering all elements of Tier 1, with the addition of:

- Offering and initiating oral contraception
- Offering and initiating STI testing
- Dispensing treatment for STIs diagnosed elsewhere
- Hepatitis B vaccination (follow up doses)
- Offering and initiating Depot progesterone injections



Training provision

- Knowledge & skills
- Operational
 - Umbrella services
 - Pathways & process
 - PharmOutcomes
- Safeguarding
 - National & local concerns relating to child sexual exploitation



Training provision

Utilisation of nationally recognised resources for pharmacists;

- Centre for Pharmacy Post graduate Education
 - e-learning & assessment (underpinned all training)
 - Umbrella commissioned workshops
- British Association of Sexual Health & HIV (BASHH)
 - Sexually Transmitted Foundation (STIF) Fundamental qualification (1:1 assessment)
 - e-HIV-STI (supplementary e-learning)
 - Run by Umbrella

Counter staff training – Renamed non-pharm training)

- CPPE – (TheLearningPharmacy.com)
- Workshop; Loudmouth Theatre company & Umbrella (supported by LPC)



Training provision

Tier 1 (half day workshop)

- c EHC
- c Patient Group Directions (PGDs)
- c SAFEGUARDING
- o Umbrella service; website, pathways & process
- o Condom & STI kit Dispensing
- o PharmOutcomes

Tier 2 (one & half days)

- c Sexual Health consultation skills
- c Sexually transmitted infection
- c Hepatitis B vaccine
- c Contraception
- c PGDs
- c SAFEGUARDING
- c Injection techniques & anaphylaxis
- c STIF Fundamental assessment
- o Umbrella website & STI kit requests



Training provision



Challenges moving forward;

- Staff turnover & training new recruits
- Communicating clinical & operational changes
 - Eg. EHC PGD changes
 - Eg. Chlamydia treatment changes
- Evaluating efficacy of training
 - eg mystery shopper, audit
- Minimising costs
- Assurances and patient confidentiality

Year 1 Learnings

- More input from pharmacists in review and development of the service going forward
- Procurement was an administrative burden
- Greater consultation has occurred prior to current procurement exercise
- Needed to be more open and transparent
- Contracting too long and complex
- Contract signing and return
- Consistent client access pathway to services hard to deliver across all partners
- Variation between Birmingham and Solihull service
- Long tail of low or zero inactivity

Service development in Years 2 & 3

- Input in to Pharmacy campaigns welcomed
- Increase community pharmacy providers
- Increase Tier 2 providers
- Review pathways so activity increases to support additional provision / Update PharmOutcomes
- Review how STI kits are supplied to clients and increase activity in community pharmacy
- Review training requirements for pharmacists and healthcare staff
- Promote the integrated sexual health service to other local authorities and commissioners wanting to do things differently

Vision for Worcestershire

Melanie Mann

What are we
hoping for in
the future?
Aim is to
improve access
to
contraception /
treatment



Pharmacy provision of COC and POP and chlamydia treatment by PGD



STI testing , condom provision



Commissioners very keen



Business case being developed,



PGD proposals have been accepted



Awaiting further development and approvals



Then appropriate training – target 25th June same location



Umbrella in Birmingham do this already and it is gaining in popularity

CPPE Update

Mandip Rooprai

Mandip Rooprai
Regional CPPE Tutor West Midlands

Declaration of Competence system (DoC): a reminder

- The Declaration of Competence system is supported for use across England by Health Education England, and endorsed by NHS England and PH England.
- The system aims to:
 - assist the development and provision of consistent, sustainable high quality pharmacy services for patients
 - provide assurance to employers and commissioners of practitioner competence
- www.cppe.ac.uk/doc



How to be service ready: Declaration of Competence (DoC)

- A self-assessment framework to support pharmacy professionals in demonstrating competence to deliver a quality service.
- Competencies are mapped to a learning pathway
- You should revisit and sign your Declaration statement every two years
- Core competencies must be met: Consultation skills: assessment pass should be achieved within 12 months of signing the DoC
- NHS and public health services pathway
www.cppe.ac.uk/doc

Get networking!



You will need to network



Talk to your LPC, LPN and colleagues locally



Use local health needs data (eg, PNA, JSNA, JHWS)



Work through the HLP Level 1 self-assessment process



Sell your skills and competences



Support your case with evidence of success with other services



Check the commissioner accepts the DoC model as part of the SLA/specification

Consultation skills resources

Consultation Skills for Pharmacy Practice

ABOUT | PATHWAY | SHARE & SUPPORT | EMPLOYERS & TRAINERS

Your learning pathway

Pharmacy practice is a patient facing role. You probably speak with patients every day, but how do you know you are getting it right? The six stage learning pathway will help you to plan your personal development journey.

You can start at any stage of the pathway, but we recommend you start with 'Why?' to gain the background knowledge you need before taking the next steps.

[Read more](#)

Latest news

[View more](#)

CPPE e-assessment update

[View more](#)

Tweets by @CSfPP

CSfPP

CPPE

Developing your career

Providing pharmacy services


Services
your knowledge and skills up to date
the tools to be service-ready and support the medicines optimisation and public health agendas.

Leadership


Clinical pharmacy and therapeutics

Supporting educators and trainers

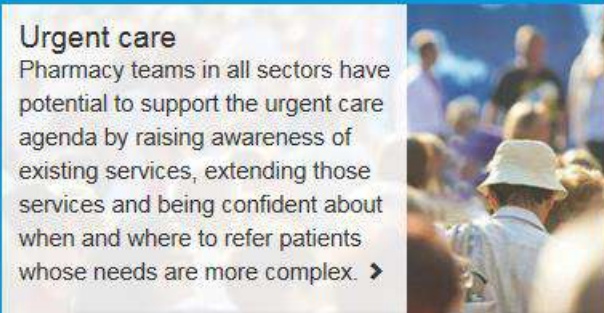
Supporting you




Medicines use review
We host an MUR assessment on behalf of the University of Manchester and have resources to support you in completing the assessment. ➤




Consultation skills
The *Consultation skills for pharmacy practice* programme offers new and innovative learning and assessment programmes to support you in developing your consultation skills. ➤



Urgent care
Pharmacy teams in all sectors have potential to support the urgent care agenda by raising awareness of existing services, extending those services and being confident about when and where to refer patients whose needs are more complex. ➤




Declaration of Competence
The Declaration of Competence system has been developed to support you with the appropriate knowledge, skills and behaviours to deliver high-quality services. ➤



Summary Care Records
Community pharmacists and designated members of the pharmacy team can now, with patient consent, access a Summary Care Record (SCR) for patients. ➤

Emergency Contraception Gateway Page



website search

Home

About CPPE

NHS priorities

Clinical pharmacy


Public health

A-Z

Mandip Rooprai

Emergency hormonal contraception

Introduction




visited: 17/03/2019

✓

Introduction to emergency hormonal contraception

Declaration of Competence




visited: 17/03/2019

✓

Emergency contraception


Book a workshop



Sexual health - all day event

Emergency contraception


Core and foundation learning



visited: 18/03/2014

✓

Emergency contraception




visited: 17/02/2017

✓

Safeguarding children and vulnerable adults: a guide for the pharmacy team

Advanced learning



visited: 12/02/2019

✓


NHS - Spotting the signs of child sexual exploitation

Emergency Contraception Gateway Page

CPPE logo and navigation bar (Home, About CPPE, NHS priorities, Clinical pharmacy, Public health, A-Z) are visible at the top.



Assessment

Team learning

 theLearningpharmacy.com

theLearningpharmacy.com - Sexual health


Tools

 **NICE**  **NICE**





NICE clinical knowledge summaries: Contraception- emergency

NICE quality standard 129: Contraception

Resources for educators and trainers

 Emergency contraception

Further reading

 **FSRH**  **NHS choices**  **Public Health England**  **iipa**

Faculty of Sexual and Reproductive Healthcare: Clinical guidance

NHS Choices: Emergency contraception

Public Health England: Sexual and reproductive health

Family Planning Association: Emergency contraception

Please help us improve our website by letting us know what you like and reporting anything that isn't quite right.

Let us know your thoughts Submit

Other Info about DoC



Link to PharmOutcomes



6 month reminders for expiry



Online information/demo video for DoC on CPPE website



Example of completed EC DoC online







EC in CPPE search bar

e.g. EC consultation
with Avatar patient

www.cppe.ac.uk
info@cppe.ac.uk
0161 778 4000

Follow us on Twitter, Facebook, LinkedIn and YouTube:

-  www.twitter.com/cppeengland
-  www.facebook.com/cppeengland
-  www.linkedin.com/company/centre-for-pharmacy-postgraduate-education
-  www.cppe.ac.uk/youtube

And finally



Any questions?



Date next training – 25th June



Feedback



Other LPC Events

10th April – Pharmacy Business – fit for the future – The Pear Tree, Smite
Postgraduate training with Coventry and Warwickshire May, June Sept



Safe journey home