

*This is a non-mandatory model template for local population. Commissioners may retain the structure below or may determine their own in accordance with the Contract Technical Guidance.*

<b>Service Specification No.</b>	
<b>Service</b>	Provision of pharmacy issued EHC
<b>Commissioner Lead</b>	Worcestershire Health and Care NHS Trust
<b>Provider Lead</b>	Worcestershire Pharmacies
<b>Period</b>	1 <sup>st</sup> April 2024 – 31 <sup>st</sup> March 2029
<b>Date of Review</b>	November 2025

<b>1. Population Needs</b>
<p><b>1.1 Local context</b></p> <p>Emergency contraception is intended for occasional use, to reduce the risk of pregnancy after unprotected sexual intercourse. It does not replace effective regular contraception.</p> <p>Women who do not wish to conceive should be offered emergency contraception after unprotected sexual intercourse that has taken place on any day of a natural menstrual cycle. Emergency contraception should also be offered after unprotected intercourse from day 21 after childbirth (unless the criteria for lactational amenorrhea are met), and from day 5 after abortion, miscarriage, ectopic pregnancy, or uterine evacuation for gestational trophoblastic disease.</p> <p>Emergency contraception should also be offered to women if their regular contraception has been compromised or has been used incorrectly.</p> <p>Hormonal emergency contraceptives (includes <a href="#">Levonorgestrel</a> and <a href="#">Ulipristal acetate</a>) should be offered as soon as possible after unprotected intercourse if a copper intra-uterine device is not appropriate or is not acceptable to the patient; either drug should be taken as soon as possible after unprotected intercourse to increase efficacy. Hormonal emergency contraception administered after ovulation is ineffective.</p> <p><a href="#">Levonorgestrel</a> is effective if taken within 72 hours (3 days) of unprotected intercourse and may also be used between 72 and 96 hours after unprotected intercourse [unlicensed use], but efficacy decreases with time. <a href="#">Ulipristal acetate</a> is effective if taken within 120 hours (5 days) of unprotected intercourse. <a href="#">Ulipristal acetate</a> has been demonstrated to be more effective than <a href="#">Levonorgestrel</a> for emergency contraception.</p> <p>It is possible that a higher body-weight or BMI could reduce the effectiveness of oral emergency contraception, particularly <a href="#">Levonorgestrel</a>; if BMI is greater than 26 kg/m<sup>2</sup> or body-weight is greater than 70 kg, it is recommended that either <a href="#">Ulipristal acetate</a> or a</p>

double dose of levonorgestrel [unlicensed indication] (in *Emergency Contraception* under [Levonorgestrel](#)) is given. It is unknown which is more effective.

[Ulipristal acetate](#) should be considered as the first-line hormonal emergency contraceptive for a woman who has had unprotected intercourse 96–120 hours ago (even if she has also had unprotected intercourse within the last 96 hours). It should also be considered first line for a woman who has had unprotected sexual intercourse within the last 5 days if it is likely to have taken place during the 5 days before the estimated day of ovulation.

Emergency hormonal contraception methods do **not** provide ongoing contraception. After taking [Levonorgestrel](#), women should start suitable hormonal contraception immediately. They must use condoms reliably or abstain from intercourse until contraception becomes effective.

Women should wait 5 days after taking [Ulipristal acetate](#) before starting suitable hormonal contraception. Women must use condoms reliably or abstain from intercourse during the 5-day waiting period and until their contraceptive method is effective. The copper intra-uterine device immediately provides effective ongoing contraception.

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	x
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	x

### 2.2 Local defined outcomes

- Increased access to EHC local to the patient
- Increased use of EHC by women

## 3. Scope

### 3.1 Aims and objectives of service.

The aim of the service and its objectives are to:

- To improve access to emergency contraception and sexual health advice to patients

- Increase the knowledge, especially among young people, of the availability of emergency contraception from community pharmacies.
- 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 this client group. To increase the knowledge of risks associated with sexually transmitted infections (STIs)
- To refer clients who may have been at risk of STIs to an appropriate service.
- To strengthen the local network of contraceptive and sexual health services to help ensure easy and swift access to advice.
- The Pharmacy will deliver services in-line with the most recent best practice recommendations for Emergency Hormonal Contraception and sexual health services, as issued by the National Institute for Health and Clinical Excellence (NICE) The Faculty of Reproductive and Sexual Health Care (FRSH) and British Association of Sexual Health and HIV (BASHH).

### 3.2 Population covered.

Any woman who attends at the Pharmacy for Emergency Hormonal Contraception.

### 3.3 Any acceptance and exclusion criteria and thresholds

None

### 3.4 Interdependence with other services/providers

The pharmacies work alongside and with Herefordshire and Worcestershire Health and Care Trust's Worcestershire Integrated Sexual Health Service (WISH)

## 4. Applicable Service Standards

### 4.1 Applicable national standards (e.g., NICE)

### 4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g., Royal Colleges)

### 4.3 Applicable local standards

The following qualifications, training and evidence are required to deliver the service:

- Pharmacist registered with the General Pharmaceutical Council

- Enhanced Disclosure and Barring Service (DBS) clearance. It is the responsibility of the Pharmacy to ensure that all staff providing the service hold a valid enhanced DBS, (valid for 3 years).
- Declaration of Competence (DOC) (HAG accreditation) should be completed for each pharmacist and updated every 2-3 years.
- Attendance at PGD training day provided by HWHCT annually.
- Evidence of Safeguarding Training for Pharmacists within the last 3 years, preferably at Level 2(see CPPE <https://www.cppe.ac.uk/services/safeguarding>)
- Understanding of Fraser Competence guidelines

To deliver the EHC consultations the pharmacy should have the following in place:

- Private consultation room
- Display EHC Service times and Confidentiality policy (desirable)
- Computer access and printer
- Chaperone Policy
- Ensure compliance with the requirements of any relevant, agreed protocols and relevant legislation related to disability and health & safety.
- Non-standard / chargeable services

(To note, Herefordshire and Worcestershire Health and Care Trust will not incur any maintenance costs of Service Provider's premises/building.)

- The service can only be provided in a pharmacy that have been agreed and approved by Worcestershire Integrated Sexual Health Service (WISH)
- Service access times will be promoted on the Worcestershire Integrated Sexual Health Service [www.knowyourstuff.nhs.uk](http://www.knowyourstuff.nhs.uk) website for signposting clients to their local service.
- Patients should be advised to call the Pharmacy beforehand to ensure a pharmacist is on duty to provide EHC.
- Community pharmacies will offer a user-friendly, non-judgmental, client-centred, and confidential service.
- If the EHC trained pharmacist(s) are not on site, then the EHC consultation and dispensing of drug cannot be delivered.

- All consultations will be recorded using the "PharmOutcomes" system and documentation of consultation will be in accordance with the General Pharmaceutical Council (GPhC) guidance Standards for documentation.
- EHC Pharmacies will provide support and advice to people accessing the service, including advice on safer sex, advice on the use of regular contraceptive methods and signposting to other sexual health services, when required.
- EHC Pharmacies will work with local networks for sexual health and the Integrated Sexual Health Service to ensure a robust and rapid referral pathway for people who need onward signposting to services that provide on-going contraception, for example Long-Acting Reversible Contraception (LARC) and diagnosis and management of sexually transmitted infections (STIs).
- Clients excluded from the PGD criteria will be referred to another local service that will be able to assist them, as soon as possible, or will be invited to purchase the Pharmacy medicine product if there is exclusion from supply via the PGD. All Pharmacists will be signed up to the PGD via PharmOutcomes.
- The pharmacy should provide literature to patients requiring information on: Sexual health including contraception, STIs, and on alternate locations where comprehensive screening and sexual health services are offered.
- Pharmacists will supply Emergency Hormonal Contraception (EHC) when appropriate to clients in line with the requirements of a locally agreed Patient Group Direction (PGD). The PGD will specify the age range of clients that are eligible for the service; it will facilitate supply to young persons under 16 years in appropriate circumstances.
- Worcestershire Integrated Sexual Health Service (WISH) will update PGD's when required and this will be communicated via PharmOutcomes.
- WISH will monitor this via PharmOutcomes, and it is the Pharmacist responsibility to ensure they are up to date with the PGD's.
- The client must be competent to give informed consent to treatment.
- Young People will be assessed for Fraser competence and this assessment will be completed by the pharmacist.
- All consultations will take place in a confidential area.

- All clients regardless of age must be asked if they would like a friend/family member or another member of pharmacy staff to accompany them during the consultation.
- The supply will be made free of charge to the client.

If the ability to deliver the service is compromised by workforce issues, the provider will liaise with Worcestershire Integrated Sexual Health in a timely manner. Contact can be made by emailing:

[whcnhs.emergencyhormonalcontraception@nhs.net](mailto:whcnhs.emergencyhormonalcontraception@nhs.net)

- Evidence showing that the Pharmacy staff have appropriate skills, knowledge and that they are up to date must be provided to Worcestershire Integrated Sexual Health.
- Entries on PharmOutcomes must be accurate and reflect the nature of the consultation held.
- If there are any quality issues regarding the service delivered, Worcestershire Integrated Sexual Health service will work with the pharmacy to improve outcomes and performance.
- The Pharmacy will be able to refer to the specialist service for further management of sexual health needs, which will include pathways for young and vulnerable people.
- All pharmacies must record all EHC consultations and prescriptions, using PharmOutcomes, including:
  - Date of Consultation
  - Client's Date of Birth
  - Client's Postcode
  - Completed EHC Consultation Form

**Herefordshire and Worcestershire Health and Care Trust will:**

- Manage the relationship between themselves and the pharmacies.
- The Trust will review the consultation fee on an annual basis.

- Arrange for an On-Call doctor to be available to answer queries about the clinical service, if necessary. An up-to-date rota of doctors on call will be made available to all Service Providers in a timely manner. If a Service Provider has not received the rota, it is accessible via Worcester Royal Hospital switchboard.
- Maintain a programme of Sexual Health clinics opening times in Worcestershire on the service website [www.knowyourstuff.nhs.uk](http://www.knowyourstuff.nhs.uk)

**Community Pharmacy based Emergency Hormonal Contraceptive (EHC) service provider's responsibilities:**

- Ensure that suitably qualified Pharmacists have by signature of declaration **(Appendix 1)**
- Enrol with PharmOutcomes **(see separate enrolment instructions)** providing:
- The CPPE package on either Contraception or Emergency Hormonal Contraception;
- The CPPE package Safeguarding Children or have an understanding of child protection guidance; and
- Have relevant knowledge on the theory of PGDs - available at [www.npc.co.uk/non\\_medical/resources/patient\\_group\\_directions.pdf](http://www.npc.co.uk/non_medical/resources/patient_group_directions.pdf)
- \*Evidence that they are on the General Pharmaceutical (GPhC) register.
- Reading and confirming they have read the PGD.
- DBS certificate no older than 3 years.

Pharmacists must meet the standards and accreditation required in order to undertake the service; this consists of:

- Completion of two, Centre for Pharmacy Postgraduate Education (CPPE) Learning Packs
- CPPE Emergency Contraception Learning pack (3 hours)
- CPPE Safeguarding Children and Vulnerable Adults (1.5 hours)
- CPPE Contraception Learning pack (optional)
- E-Learning and e- assessment for Emergency contraception.
- Completion of CPPE Declaration of Competence (DoC) on Emergency contraception.



- Accessing any other relevant training, such as Level 2 Safeguarding, as stipulated by the Worcestershire Integrated Sexual Health service.
- All the above criteria will be monitored and audited through PharmOutcomes.

## **5. Applicable quality requirements and CQUIN goals**

### **5.1 Applicable Quality Requirements (See Schedule 4A-C)**

#### **Quality Assurance**

- The Service provider will ensure consultation and assessment is completed in a confidential area-this will be audited on PharmOutcomes.
- The service provider will ensure all young people are assessed through Fraser competence this will be audited through PharmOutcomes.
- The Service Provider will offer the patient EHC without charge.
- The Service Provider will conduct quarterly audit of the number of EHC dispensed where patients were charged and provide rationale for this.
- The service provider will ensure only pharmacists that are registered with PharmOutcomes will issue EHC under PGD for HWHACT.

## **6. Location of Provider Premises**

### **6.1 The Provider's Premises are located at: Various locations.**

## **7. Individual Service User Placement**

Not Applicable

## **8. Applicable Personalised Care Requirements**

### **8.1 Not Applicable**