



PSNE Ltd

Newcastle Enhanced sexual health service

Valid from 1st April 2017

Enhanced Sexual Health Service for Community Pharmacy

Incorporating Emergency Hormonal contraception (EHC), Chlamydia screening, treatment, partner notification, clinic referral and initiation of long acting reversible contraception (LARC)

The agreement relates to the provision of sexual health services in community pharmacies and is divided into three separate levels:

1. Provision of Emergency Hormonal Contraception (EHC) and chlamydia screening
2. As 1 plus partner notification and treatment
3. 1, 2 and initiation of long acting reversible contraception (LARC) 2 and 3 will be on a named pharmacist basis only following additional appropriate training and accreditation.

Women, hereafter referred to as clients, may self-refer or be referred for assessment by other professionals. All clients requesting EHC from the pharmacists must be informed of the free scheme. Clients may attend solely to request EHC and/or for chlamydia screening (this may include young men) and treatment or to request initiation of LARC.

1. Emergency Hormonal Contraception

The purpose of this enhanced service is to ensure that sexually active persons aged 15 – 24 years are offered opportunistic chlamydia screening as part of the national programme and to ensure that women aged 13 years and over have equitable access to emergency hormonal contraception in a convenient location and that pharmacists are remunerated for undertaking this service for clients.

The cost of buying EHC (approximately £22-35 per course) excludes many women from accessing EHC via community pharmacy. The product licence for over the counter sale further restricts access of this target group, as sales are restricted to those 16 years of age or over. The cost of buying Chlamydia screening kits and any necessary subsequent treatment will exclude many sexually active young people from being screened.

There is evidence to suggest that young people want to be offered chlamydia screening by health professionals and that those screened in core services including pharmacies are more likely to test positive for the infection. Offering screening via community pharmacies will ensure the scheme is accessible and targeted at those most likely to benefit from screening. This service will reduce the barriers to access to EHC and contribute to a reduction in unintended pregnancies as well as raise the overall health benefits screening for and treatment of sexually transmitted infections (STIs) provides by offering direct referral to local sexual health services.

The service and related training will support community pharmacists in working towards the Access Standards contained in the Department of Health's "You're Welcome" criteria.

1.2 Scope of service to be provided

Clients may self-refer or be referred for assessment by other professionals. The pharmacist will provide advice and guidance to the client as well as assessing their suitability for EHC. This will be according to the Patient Group Direction (PGD) and this service specification.

All women requesting EHC from the pharmacy must be informed of the free service and signposted to an alternative service provider if the pharmacy is unable to provide EHC. All women should be offered a referral for a copper IUD as the first choice for emergency contraception.

All details of the consultation will be recorded on the PharmOutcomes template and appropriate record keeping maintained for audit and governance purposes.

In accordance with Pharmacy regulations, the pharmacist will ensure that clients are given details of local services for future use e.g. sexual health clinics and GP surgeries. Preferentially a referral may also be made, as appropriate, for women wanting ongoing contraceptive advice. Signposting should include a brief description of what each service provides and leaflets as well as information on effective condom use, a pack of condoms and information on where to obtain condoms via C card and supply of a chlamydia screening kit to those aged 15 to 24 years.

The pharmacist or suitably trained pharmacy assistant will provide advice and guidance about STIs to young people accessing the pharmacy aged 15 – 24 years and where appropriate, free testing kits to screen for chlamydia infection will be provided.

2. Chlamydia screening treatment and partner notification

If appropriately trained and accredited, the pharmacist will advise the young person that they may be requested by the Integrated Sexual Health Service to return to the pharmacy for treatment and initiation of the partner notification system if they are found to be positive for chlamydia.

The pharmacist will provide verbal and written information on the treatment's effectiveness, duration of use, side effects and those symptoms that require urgent assessment.

All details of the consultation will be recorded on the PharmOutcomes template and appropriate record keeping maintained for audit and governance purposes.

3. Initiation of LARC

An appropriately trained pharmacist will also be able to initiate LARC if required by the client.

The pharmacist will provide advice and guidance to the client as well as assessing their suitability for EHC and follow on LARC. This will be in accordance with the relevant Patient Group Direction (PGD). The pharmacist undertaking the Level 3 sexual health service will:

- Undertake a comprehensive sexual health history and practice and risk assessment
- Provide EHC as appropriate
- Provide verbal and written information about all future contraceptive options to inform decisions about future choices
- Increase uptake of opportunistic Chlamydia screening in line with the aims of the National Chlamydia Screening Programme (NCSP) by provision of testing kit. At the initial consultation every woman will be counselled about STIs and the NCSP. They must be provided with a Chlamydia testing kit and advised they may be asked to return to the pharmacy for treatment and initiation of the partner notification system if found to be positive.
- If requested by Chlamydia Screening Central Office treat clients with a positive test result and initiate partner notification (PN) for follow up by NCSP.
- Fitting, monitoring, and checking of contraceptive implants licensed for use in the UK, as appropriate.
- Injection of depot medroxyprogesterone acetate and three monthly follow-on injections/self-administration teaching and annual review as appropriate.
- Production of an up-to-date register of clients fitted with a contraceptive implant and depot injection, to be used for audit purposes.
- Provision of adequate equipment. Certain special equipment is required for implant fitting. This includes an appropriate room fitted with a chair with adequate space, the provision of sterile or

disposable surgical instruments and other consumables, equipment for resuscitation and facility for local anaesthesia provision. This specification includes the provision of sterile or disposable surgical instruments and other consumables. BP monitoring equipment, weighing scales and clinical waste collection will be provided by the pharmacy.

- Ensure arrangements in place to review clients experiencing problems with LARC in a timely fashion and the practice able to appropriately manage nuisance side-effects.
- Ensure the client understands the need for the implant to be removed or replaced within three years or the need for three-monthly follow up injections of depot injection/repeat supply for self-administration as appropriate.
- Production of an appropriate clinical record using PharmOutcomes as well as any other relevant paper record. Adequate recording should be made regarding the client's clinical, reproductive and sexual history, the counselling process, the results of any STI screening, problems with insertion and the type and batch number of the implant and expiry date of the device. Any follow up consultations should be documented.
- An annual audit of the register of clients fitted with a contraceptive implant; reasons for removal; length of continuation; complications or significant events should be undertaken and sent to the Clinical Lead for Sexual Health in the Newcastle upon Tyne Hospitals NHS Foundation Trust.
- Each woman must be offered the opportunity to be referred directly to their nearest Sexual Health Clinic at all stages of the consultation for STI or contraceptive advice or where there are contraindications.
- Chlamydia treatment can be provided to anyone with a positive Chlamydia screening test result who has requested their treatment to be provided by a participating community pharmacy.

Data will be collected via PharmOutcomes and should be submitted on a monthly basis.

3.2 In addition the pharmacist will ensure that clients are given details of local services for future use, e.g. Sexual Health Clinics and GP surgeries. This should also include a brief description of what each service provides, leaflets about different methods of contraception, information on effective condom use, a pack of condoms and information on where to obtain condoms via the C-card schemes.

Service restriction

This agreement is strictly limited to specifically trained specialised pharmacists within specific pharmacies.

The pharmacists must have completed the approved training course and supportive training material, undertaken mandatory Cardio-Pulmonary Resuscitation & Anaphylaxis within the previous 12 months, hold an honorary contract with Newcastle upon Tyne Hospitals Trust, have had a DBS check within the previous three years and have been recognised as competent to undertake LARC insertion and administration by a Faculty of Sexual and Reproductive Healthcare approved trainer.

4. Clinical Governance

The pharmacy has a duty to ensure that pharmacists involved in the provision of these services have relevant knowledge and are appropriately trained and competent in the operation of the service. For the level 3 specialised service, practitioners should be familiar with the NICE guidance on long acting reversible contraception and should be working in compliance with this guidance at all times. Specifically, clinicians should be competent in resuscitation, demonstrate a continuing sustained level of activity (at least 6 implant insertions and 6 injection procedures per year), conduct regular

audits and take part in necessary supportive educational activities, including an annual update session.

The pharmacist involved in the provision of the service must be aware of and operate within local protocols concerning local anaesthetic use, decontamination procedures and handling of clinical waste. The pharmacy must have infection control policies that are compliant with national guidelines including the handling of used instruments, excised specimens and the disposal of clinical waste.

The pharmacy must maintain appropriate records to ensure effective ongoing service delivery, clinical audit and reporting of activity and billing.

The named pharmacist(s) will:

- Assess clients for suitability of treatment at the time of presentation.
- Obtain and record informed consent for treatment from the client consistent with Department of Health guidance.
- Provide advice to the client on post-operative care and pain relief.
- Provide any necessary post-operative follow-up, as required.

PSNE Ltd will alert all practitioners providing this service to any urgent incidents or contraindications relating to implants. Confidential records of consultations and competence assessment according to The Fraser guidelines must be securely retained for seven years.

5. **Quality Indicators**

- The pharmacy will provide a mutually convenient time for implant insertion or depot injection and Chlamydia treatment.
- The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- The pharmacist can demonstrate they have undertaken CPD relevant to this service.
- The pharmacy participates in an annual organised audit of service provision.
- The pharmacy conforms to relevant Decontamination Guidance
- The pharmacy co-operates with any locally agreed assessment of service user experience.
- The pharmacy records and investigates any clinical incidents or complaints, according to the local guidance. A written summary should be sent to PSNE Ltd.
- The pharmacy maintains a register of clients accessing the service, being screened and treated for Chlamydia.
- The Pharmacy takes account of the Department of Health 'You're Welcome' Standards.

6. **Clinical exclusions**

Clinical exclusions to EHC or LARC are outlined in respective Patient Group Direction but clients may prefer to seek advice from or be referred to one of the Sexual Health services if clients have chronic medical conditions or disorders that cause concern.

7. **Agreement Period**

7.1 The agreement will commence on 1st April 2017.

7.2 It will be subject to renewal if agreed by all parties and successful completion of an annual

update at New Croft Sexual Health Centre, evidence of attendance at Newcastle Hospitals mandatory Cardio-Pulmonary Resuscitation & Anaphylaxis training workshop.

- 7.3 The agreement may be terminated, without penalty, if the Pharmacy or PSNE Ltd gives the other party one-month notice in writing.

8. Obligations of the Pharmacy and PSNE Ltd

8.1 The Pharmacy must provide the service, delivered by the named pharmacists, in accordance with the service specification.

8.2 PSNE Ltd will manage the scheme in accordance with the service specification.

9. Terms and Fees

9.1 The pharmacy will be remunerated according to the fee rate set out below, Payment will be made against a monthly claim submitted by the pharmacy and supporting detail as follows:

- Client treated identified by
- Date of treatment
- Age of client
- Postcode
- Details of consultation/treatment provided to each client
- Previous form of contraception used
- Remuneration claimed.
- Numbers of clients being screened for and receiving treatment Chlamydia infection as part of the NCSP

9.2 Fee Structure

Description	Fee*	Plus drug cost (Drug Tariff + VAT)
Plan B and supply of EHC	£10.00 (plus drug cost)	Yes
Receipt of Chlamydia screening test by Microbiology Department	£1.00 (after 1 st seven)	N/A
Chlamydia treatment and PN initiation	£8.00 (plus drug cost)	Yes
Insertion of Nexplanon device	£60.00 (plus drug cost)	Yes
Initiation of Depo-Provera	£30.00 (plus drug cost)	Yes

Follow up Depo-Provera injection (3 monthly intervals)	£7.00 (plus drug cost)	Yes
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10 Resolution of disputes

- 10.1 It is expected that any disputes will be resolved between the pharmacy and PSNE Ltd. However, in the event that they cannot, the dispute will be referred to an arbiter that is acceptable to both parties.

11 Confidentiality

- 11.1 The Pharmacists and their staff must not disclose to any person other than a person authorised by PSNE Ltd any information acquired by them in connection with this agreement.
- 11.2 Without prejudice to the generality of Clause 11.1, the Pharmacist and their staff must not disclose to any person other than a person authorised by PSNE Ltd any information acquired by them in connection with the provision of the services hereunder which concerns:
- PSNE Ltd, its staff or procedures
 - The identity of any client
 - The medical condition of or the treatment received by any client.

12 Eligibility

- The pharmacy must employ one or more pharmacists or locum pharmacists who have completed the relevant training programme and are authorised to undertake this specialised, enhanced sexual health service.
- Authorisation for LARC is conditional on the following:
 - Securing an honorary contract with Newcastle Hospitals Trust
 - Completion of the relevant CPPE training packs
 - Annual attendance at the mandatory Newcastle Hospitals Cardiopulmonary and Resuscitation training session
 - Successful completion of New Croft Centre practical initial training and annual follow up training sessions
 - Attendance at the evening theory training session
 - Commitment to ensure continuous professional development pertaining to EHC and LARC, e.g. attendance at a local fitters forum or event
 - Signing of the Service Level Agreement and EHC and LARC Patient Group Directions
- DBS check within previous three years
- The pharmacist is authorised to undertake the duties outlined in this service level agreement in pharmacies registered as part of the scheme. Should the pharmacist leave the employ of the premise owner and not be replaced immediately by an accredited pharmacist, PSNE Ltd must be informed and the pharmacy will no longer participate in the scheme, unless there are other authorised pharmacists employed at the premises.
- A copy of the protocol must be kept freely available in the pharmacy and all staff should be aware of its contents. If a locum is employed who is not authorised to provide the service, clients must be made aware of alternative locations where the service can be obtained.
- The premises must have a consultation area. The consultation area must:
 - Enable the pharmacist and client to sit down together

- Enable the conversation to be carried out at normal volume without being overhead
- Be clearly signed as a private consultation area
- Be suitable for the administration and removal of the LARC, with provision of suitable protective and cleaning materials

All serious clinical incidents must be reported to PSNE Ltd.