 ****

**AXESS Sexual Health – Liverpool Community Pharmacy Sexual Health Service**

**SERVICE SPECIFICATION – CORE PROVISION**

**This service specification should be read in conjunction with:**

* Patient Group Directives
* Contract

|  |  |  |
| --- | --- | --- |
| **Revision History** | **Brief summary of changes** | **Changes marked** |
| 15/07/2019 | Final version including amendments. | Tracked changes completed |
| 01/10/21 | Addition of issue / STI kit provision / BP Measurement | Martyn Wood |

**1. Background**

**1.1. Relationship with the Integrated Sexual Health Service**

From November 2021, Liverpool City Council will be commissioning Liverpool University Hospitals NHS Foundation Trust to deliver a new Integrated Sexual Health Service for the borough incorporating community contraception services, Genito-urinary medicine and sexual health promotion.

The Service will provide system wide leadership for Sexual Health provision in Liverpool. The service will act as the commissioner of community pharmacy and GP delivered sexual health services. This includes:

* Provision of free condoms to support delivery of EHC and chlamydia screening services;
* Commissioning of a pathology service to support delivery of chlamydia screening and wider Sexually transmitted infection STI testing services;
* Development of Patient Group Directions for oral contraception starter packs and chlamydia treatment;
* Provision of expert advice to support all elements of the service;
* Sexual Health Service leadership and co-ordination.

**2. Scope of services**

**2.1 Service aims and objectives – Core provision**

The aims of this service are to increase access and availability to sexual health services for residents of Liverpool. By enhancing the availability of services in this way we hope to achieve our objectives of reducing the number of unwanted pregnancies, controlling the transmission of chlamydia and to contribute to the following indicators in the Public Health Outcomes Framework:

* Under 18 conceptions;
* Chlamydia diagnoses (15-24 year olds)
* Reduce late HIV diagnosis by facilitating community HIV postal testing

**2.2. Scope of services – Community Pharmacy Provision – Core Provision**

**Commissioned services will provide:**

* Provision of emergency hormonal contraception (EHC) under a Patient Group Direction (see eligibility for application below);
* Provision of free progesterone only contraception starter packs (Quickstart) for women to start on oral contraception under a Patient Group Direction (see eligibility for application below);
* Provision of Sexually Transmitted infection screening kit via a click and collect model.
* Pharmacy based blood pressure and Body Mass index monitoring to facilitate remote prescribing of contraception in those referred by axess and partners (holding valid referral SMS token).

The service delivery expectations for each of these services are set out later in this specification.

**3. Guidance**

**3.1 National Context**

Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to high quality sexual health services improves the health and wellbeing of both individuals and populations. Government set out its ambitions for improving sexual health in its publication *A Framework for Sexual Health Improvement in England.[[1]](#footnote-1)*

Local authority Public Health Departments have a major role to play in commissioning sexual health services, particularly around the provision of sexual health advice, contraception and the identification and treatment of sexually transmitted infections. Commissioning responsibilities of local authorities, clinical commissioning groups and NHS England are set out in *Making It Work: A Guide to Whole System Commissioning for sexual health, reproductive health and HIV.[[2]](#footnote-2)*

**3.2 Key Service Standards**

The service models contained in this specification are evidence based and refer to current guidance and information available from:

• Faculty of Sexual and Reproductive Healthcare Clinical Effectiveness Unit

• NICE Guidance-PH3 ‘Prevention of sexually transmitted infections and under 18 conceptions’

• Royal Pharmaceutical Society of Great Britain – advice and guidance on EHC

• NHS Health Education North West and Manchester University Centre for Pharmacy Postgraduate Education (CPPE)- Guidance for the Commissioning of Enhanced and Public Health Services from Community Pharmacies and Competency Assessment

• NICE Guidance – PH51 “Contraceptive Services with a focus on young people up to the age of 25’

• Care Quality Commission’s Essential standards of quality and safety <http://www.cqc.org.uk/sites/default/files/documents/gac_-_dec_2011_update.pdf>

* National Chlamydia Screening Programme [www.chlamydiascreening.nhs.uk](http://www.chlamydiascreening.nhs.uk)
* Standards for the Management of STIs https://www.bashh.org/about-bashh/publications/
* The Manual for Sexual Health Advisors [www.ssha.info/public/manual/index.asp](http://www.ssha.info/public/manual/index.asp)

**3.3. Minimum Service Requirements**

In order to deliver the services detailed in this specification, providers must be able to satisfy the following minimum requirements.

**3.3.1. Accommodation requirements**

The services within this specification are open access and available to all eligible persons who are present in the area regardless of area of residence or area of GP registration. The service must be provided in a GPhC registered pharmacy that holds a contract for the provision of pharmaceutical services with NHS England. Consultations will be delivered in a private designated room that:

• affords a sufficient level of privacy, for example: a sign is attached to the door of the room saying Consultation Room

• is distinct from the general public areas of the pharmacy premises; and

• a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially.

**3.3.2. Equipment requirements**

The provider is responsible for obtaining all equipment and medicines necessary for the delivery of the service. Axess Sexual Health Service will provide condoms to support delivery of EHC and chlamydia/gonorrhoea screening services. Sexually Transmitted Infection (STI) screening kits will be provided by our testing partner SH:24. Service users will be given screening kits to self-administer following an online assessment. Kits contain clear instructions for how to use. It will be the patients responsibility to send the kit back to SH:24.

**3.3.3. Safeguarding requirements**

It is the responsibility of the provider to ensure that all staff delivering services in this specification have received Level 2 safeguarding training. Staff must be competent and confident in identifying and reporting any concerns they have about the welfare of service users. If a safeguarding referral is required it is expected the provider will follow’s Liverpool City Council’s Safeguarding Procedures. (see Appendix A)

**3.3.4. Fraser guidelines**

It is the responsibility of the provider to ensure that all staff delivering the services are aware of Fraser Guidelines set out at Appendix B in respect of service users under the age of 16 and are confident in carrying out this assessment.

**3.3.5. Staff competence**

It is the responsibility of the provider to ensure that staff delivering these services are competent to do so, have received the necessary training and where appropriate maintain clinical competence and accreditation.

All pharmacists involved in providing this service must adhere to their professional code of conduct and at no point does this service abrogate their professional responsibility, professional judgement must be used at all times. It is the professional’s responsibility to practice only within the bounds of their own competence.

The responsible pharmacist on each given day has overall responsibility for ensuring the service is delivered in accordance with this service specification.

The service provider will have an SOP which specifically details the operational delivery of these services. The service provider must ensure that all staff involved in the provision of the service are appropriately trained and operate within SOPs.

**3.3.6. Record keeping**

Electronic records must also be kept and available for this period. Records will be kept by the service provider in a secure and confidential manner. Records must be destroyed in a confidential manner.

In accordance with the pharmacist’s Code of Ethics and other regulatory requirements, the pharmacist must not disclose to any person other than authorised by Liverpool University Hospitals NHS Foundation Trust (LUFT) or Liverpool City Council, any information acquired by them in connection with the provision of the service, the identity of a service user or the medical condition or any treatment received by any service user.

Pharmacists may need to share relevant information with other health care professionals and agencies including local safeguarding teams in line with locally determined confidentiality arrangements, including, where appropriate, the need for the permission of the patient to share the information.

Recording of service provisions should occur patient facing, or in the event of a IT failure, as soon as service is restored.

The service provider must keep all completed consultation and Fraser ruling proformas for a period of 8 years (in adults) or until 25th birthday in a child (age 26 if entry made when the young person was 17) or eight years after death in line with the Department of Health’s record management policy (Records Management: NHS Code of Practice 2nd ed., January 2009).

**3.3.7. Data Protection**

It is the responsibility of the provider to ensure that all staff are aware of the provisions of the General Data Protection Regulation act 2018, and maintain the confidentiality of service users at all times, except as is necessary to report safeguarding concerns in which case the service user should be advised accordingly.

**3.3.8. Promotion**

Providers will be expected to promote the availability of services within their setting including prominently displaying promotional material made available by axess Sexual Health. If appropriate, information on specific clinic times should also be publicised.

[www.axess.clinic](http://www.axess.clinic)

**3.3.9. Working with others**

Providers are expected to work in partnership with axess Sexual Health, the Council and where appropriate other key stakeholders in relation to the delivery of sexual health services in the Borough. This may include attending meetings, complying with requests for face to face visits and service audits and/or responding to emails.

**4.** **Service Descriptions**

**4.1 General note on referrals**

Services are open access and it is expected that in the majority of cases service users will self-refer or be referred by another service provider. If the pharmacy cannot for any reason, provide the service, then patients must be signposted to the next nearest provider that can. If this is a neighbouring Pharmacy it is advisable to contact the pharmacy to ensure a competent pharmacist is on duty before signposting the patient

**4.2. Provision of Emergency Hormonal Contraception (EHC) under a Patient Group Direction (PGD)**

***4.2.1 Service aim***

The aim of the service is to improve access to and availability of EHC to reduce the number of unwanted pregnancies and the number of terminations.

***4.2.2 Products***

Two types of EHC are available under this scheme:

* Ulipristal Acetate;
* Levonorgestrel.

Please refer to the PGDs to ensure the most suitable mediation is supplied to the patient.

***4.2.3 Inclusion and exclusion criteria***

The inclusion and exclusion criteria for the products are detailed in the relevant PGDs. PGDs for Levonorgestrel and Ulipristal Acetate have been developed in accordance with guidance on developing PGDs by the Cheshire and Merseyside Public Health collaborative service CHAMPS on behalf of local authorities in the area. These are due for review in May 2022. Providers of this service have a responsibility to ensure that the service is provided in accordance with the PGDs for Levonorgestrel and Ulipristal Acetate. All providers must have the PGD countersigned by an authorising manager before the service can be provided.

***4.2.4 Consultation***

Service users will receive a consultation with a pharmacist who meets the training and professional requirements set out in this specification. This should be in a private consultation room in which both practitioner and service user can speak in normal speaking volumes without being overheard. If consulting the patient remotely, the pharmacist must be situated within the consultation room for the duration of the consultation.

If the service user is under 16 the practitioner shall assess the suitability of the young person to receive advice and treatment without parental consent using Fraser Guidelines (see Appendix B). Assessment of the need and suitability of a patient to receive EHC, in line with the relevant PGDs must be undertaken by the pharmacist. If clinically indicated the practitioner should provide a pregnancy testing kit to the service user and not supply EHC until such time as a negative result has been obtained.

Inclusion and exclusion criteria detailed in the PGD will be applied to the provision of the service. Where appropriate EHC will be provided as follows:

* Levonorgestrel will be offered to service users who have had UPSI within the last 72 hours
* Ulipristal Acetate will be offered to service users who have had UPSI more than 72 hours ago but less than 120 hours ago

Service users who have had UPSI more than 120 hours ago or who are excluded from the PGD criteria for any other reason will be referred to and provided information on accessing other local services with all due haste.

Please go to www.axess.clinic for service provision details.

In all cases where EHC is suitable, pharmacists are required to discuss the option of copper intrauterine device (IUD) as an alternative to EHC. If this method is preferred and suitable, practitioners should refer the service user to their local GP or Sexual Health clinic to have the device fitted.

Information on emergency IUD provision and direct online booking link can be found at

www.axess.clinic/eiud

The consultation should also include:

* Verbal and written advice (or website link) on the avoidance of STIs and the use of regular contraceptive methods. This may include a referral to local GP or sexual health clinic for ongoing contraceptive needs, provision of a starter pack of oral contraception with referral to GP or sexual health clinic for ongoing provision.
* In all cases the service user will be offered with three free condoms and given advice and/or a demonstration as necessary on how to use these. Condoms will be supplied by the Integrated Sexual Health service.
* Service users aged 15 to 24 should be advised of the rise in chlamydia infections, given a postal testing kit or signposted to their GP or local sexual health clinic for a STI testing.

Where there are any concerns about the welfare of the service user appropriate and immediate action must be taken in accordance with the Safeguarding procedures set out at Appendix A.

***4.2.5 Training***

Pharmacists must have completed The Centre for Pharmacy Postgraduate Education (CPPE) Declaration of Competence for Emergency Contraception, and update this every two years. Pharmacists must also have read and understood the PGDs.

**4.3 Starter packs for oral contraception under a PGD (QuickStart)**

***4.3.1 Service aim***

The aim of this element of the service is to offer free starter packs for progesterone only oral contraception under a PGD as a bridging method with a view to service users obtaining further supplies via in most cases their local GP or from a local sexual health clinic. It is anticipated that in most cases it would be offered in conjunction with and as a follow on to the EHC service to encourage women accepting to take a longer term view of their contraceptive needs.

***4.3.2 Product type***

Follow on (QuickStart) oral contraception are available under this scheme of the type specified by the PGDs:

* Progestogen Only Pill (POP*) - (Desogestrel 75microgram x 84 tablets)*

***4.3.3 Inclusion and exclusion criteria***

Inclusion and exclusion criteria are detailed in the PGDs.

Providers of this service have a responsibility to ensure that the service is provided in accordance with the relevant PGDs.

***4.3.4 Consultation***

*It is expected that as part of assessment for emergency hormonal contraception the majority of clinical information for the safe provision of follow on progesterone only contraception will be obtained.*

As with EHC the consultation must be delivered in a private designated room that:

* affords a sufficient level of privacy, for example: a sign is attached to the door of the room saying Consultation Room;
* is distinct from the general public areas of the pharmacy premises; and
* a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially.

Before offering a starter pack of oral contraception the practitioner should discuss the full range of available contraception including long acting reversible contraception methods and signpost the service user to their local GP or sexual health service if an alternative method is preferred.

If the service user chooses to obtain a starter pack of oral contraception from the pharmacy, the pharmacist will assess their eligibility to receive a starter pack of oral contraception in accordance with the criteria set out in the PGD. If the service user is under 16 the practitioner shall also assess the suitability of the young person to receive advice and treatment without parental consent using Fraser Guidelines (see Appendix B).

If suitable to receive oral contraception the service user will be given a starter pack of the appropriate contraception and advised to contact their local GP or sexual health service for future supplies or alternative follow on contraception.

The pharmacist will also give advice on how to use oral contraception including what to do if they miss a pill for whatever reason and explain the side effects as detailed in the PGD and the patient information leaflet for the product. If not suitable to receive oral contraception the service user should be directed to their local GP or sexual health service for an alternative contraception method. Please go to [www.axess.clinic](http://www.axess.clinic) for service information.

The practitioner will record the full drug name, dose (if appropriate) and amount given clearly within the electronic notes (PharmOutcomes) and should forward a copy of this to the service user’s GP electronically if permission for GP contact is gained. Consent and communication should be documented and actioned within PharmOutcomes

**4.4 STI self-testing kits**

STI screening kits will be provided for pharmacy issue by our testing partner SH:24. Patients will be given screening kits to self-administer. Kits contain clear instructions for how to use. It will be the patients responsibility to send the kit back to SH:24.

***4.4.1 Inclusion criteria***

* Liverpool local authority residents

***4.4.2 Exclusion criteria***

* Non-Liverpool local authority residents
* Those declaring symptoms of sexual ill health should be referred to their GP or local axess Sexual Health clinic for testing and treatment. Please use [www.axess.clinic](http://www.axess.clinic) for referral information

***4.4.3 Service delivery options***

***Pharmacy Click and Collect*** – Kits requested through www.axess.clinic can be collected from a pharmacy collection point (rather than delivered to home address)

*Kit Provision Procedure*

* Web-based assessment form is completed by client – A unique reference number and kit type required is generated for the client
* Any member of the pharmacy staff (using SH:24 web-portal), enter client reference number and kit reference number to link test kit to patient
* Pharmacy staff provide designated STI screening kit type to client plus condom pack (three condoms).
* Pharmacy record kit issue on PharmOutcomes (with SH:24 patient reference) for invoicing purposes

Our online provider SH:24 administer and provide consumables (kits) to pharmacies as part of “click and collect” scheme. Condoms will be provided by the sexual health service.

If the staff member has any concerns with regard to safeguarding or sexual exploitation they must, in the first instance, notify the responsible pharmacist or other Level 2 Safeguarding trained person. Following this please complete local safeguarding procedures set out in Appendix A. It is the responsibility of the Provider to ensure that all staff delivering this service are aware of local safeguarding procedures and feel confident in reporting concerns.

Young people declaring symptoms of sexual ill health should be referred to their GP or local sexual health clinic for testing and treatment.

Further information about the National Chlamydia Screening Programme is available via the link below:

<http://www.chlamydiascreening.nhs.uk/ps/resources/core-requirements/NCSP%20Standards%207th%20edition%20FINAL.pdf> *Fees for delivering the service*

**4.5. Blood pressure and BMI assessment**

***4.5.1 Inclusion criteria***

* Those referred via an axess service or axess partner organisation possessing a valid referral SMS token

***4.5.2 Exclusion criteria***

* Those referred via non-affiliated axess services not in possession of referral token

***4.5.3 Service delivery options***

* Blood pressure, weight and height measurements will be taken by any qualified member of staff (or automatic machine if available). BMI will then be calculated using the calculator available on PharmOutcomes. Data will be inputted into PharmOutcomes. The patient must consent for the data to be shared with axess sexual health. The blood pressure monitor must be in good working order and be calibrated.
* BP and BMI to be entered onto PharmOutcomes
* Those with BP readings above 140/90mmHg or higher, but lower than 180/120mmHg should be signposted to their general practitioner. Those with a reading of 180/120mmHg or higher should be urgently referred to see their GP the same day. During general practice opening hours the pharmacist should call the general practice whilst the patient is still in the pharmacy. If the pharmacist is unable to contact the general practice or the general practice is closed, the pharmacist will advise the patient to take appropriate action, which may include referral to an urgent care centre if their GP cannot see them that same day.

***4.5.4 Training Requirements***

All staff must have completed training (e-learning or face-to-face) on how to use the blood pressure monitoring equipment which should be provided by their equipment manufacturer.

**5.** **Service Fees**

Fees for delivering the service are as follows:

|  |  |
| --- | --- |
| **Emergency Hormonal Contraception** | |
| **Criteria** | **Amount** |
| Consultation | £15.00 |
| Per tablet Levonorgestrel | Drug Tariff + VAT |
| Per tablet Ulipristal acetate | Drug Tariff + VAT |
| Pregnancy test (as appropriate) | £5.70 |
| STI postal kit provision | £1 per postal test issued |

|  |  |
| --- | --- |
| **Quick Start Contraception** | |
| **Criteria** | **Amount** |
| Consultation | £15 – POP follow on after EHC issue/consultation |
| Per starter pack provided - Desogestrel 75 microgram x 84 tablets | Drug tariff price plus VAT @ 5% |

|  |  |
| --- | --- |
| **STI Kit Provision (Only)** | |
| **Criteria** | **Amount** |
| Click and collect kit + Condom pack offer (Optional after offer) | £2.50 per postal test kit issued |

|  |  |
| --- | --- |
| **Blood pressure and BMI measurement to facilitate remote axess contraception prescribing** | |
| **Criteria** | **Amount** |
| Blood pressure and BMI assessment in those with valid referral token | £10.00 |

**Appendix A**

**Safeguarding Procedures  
Children and Young People (under 18)**

Anyone who has concerns for the immediate safety of a **child or young person** must phone:

• Careline Adults 0151 233 3800 open 7 days a week, 24 hours a day

• Careline Childrens 0151 233 3700 open 7 days a week, 24 hours a day

Do not hesitate. Seek support and advice immediately.

Please refer to the link below for more information about safeguarding children and young people:

Website: <https://liverpool.gov.uk> this is a one stop shop web address with a search bar for easy location of desired service

Safeguarding Vulnerable Adults

A vulnerable adult is any person 18 or over who is or may be in need of community care services by reason of:

•Mental or other disability, age or illness and;

•Who is or may be unable to take care of him/herself; or

•Unable to protect him/herself from significant harm or serious exploitation

To report concerns about vulnerable adults:

Liverpool:

• 9-5 Referral phone number: 0151 907 8306

• 9-5 Referral Online https://Liverpool.me/safeguarding-adults-alert-form/

• Changing Lives– 0300 11 11 247 (Domestic Abuse Support Service)

• Liverpool Rape and Sexual Assault Support Centre & Liverpool Independent Sexual Violence Advocate: 01925 221 546

• Liverpool City Council main number: 0303 333 4300.

If you have safeguarding concerns do not hesitate to seek support and advice immediately.

**Appendix B**

**Fraser Guidelines**

Any competent young person in the United Kingdom can consent to medical, surgical or nursing treatment, including contraception and sexual and reproductive health. They are said to be competent if they are capable of fully understanding the nature and possible consequences of the treatment.

Consent from parents is not legally necessary, although the involvement of parents is encouraged. (A parent is someone with legal parental responsibility. This is not always a biological parent.)

Young people are owed the same duties of care and confidentiality as adults. Confidentiality may only be broken when the health, safety or welfare of the young person, or others, would otherwise be at grave risk. A health professional can give advice or treatment to a person under 16 without parental consent providing they are satisfied that:

* The young person will understand the advice;
* The young person cannot be persuaded to tell his or her parents or allow the doctor to tell them that they are seeking contraceptive advice;
* The young person is likely to begin or continue having unprotected sex with or without contraceptive treatment; and
* The young person's physical or mental health is likely to suffer unless he or she receives contraceptive advice or treatment.

In 2004, the Department of Health issued revised guidance for health professionals in England. This covers confidentiality, duty of care, good practice and the Sexual Offences Act 2003. The recommendations include that services should produce an explicit confidentiality policy and advertise that their services are confidential to under-16s.[[3]](#footnote-3)

In England, Wales and Northern Ireland, the laws on sexual offences do not affect the ability of professionals to provide confidential sexual health advice, information or treatment if it is in order to protect the young person from sexually transmitted infections or pregnancy, to protect their physical safety or to promote their emotional well-being.

1. Department of Health (2013). *A Framework for Sexual Health Improvement in England.* <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf> [↑](#footnote-ref-1)
2. Public Health England (2014 revised 2015). Making it Work: A Guide to Whole System Commissioning for sexual health, reproductive health and HIV. <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf> [↑](#footnote-ref-2)
3. 6 Department of Health, Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under16 on contraception, sexual and reproductive health (DH, 2004). [↑](#footnote-ref-3)