Sexual Health Services Specification East & West Suffolk and Waveney

Service	Community Pharmacy Sexual Health Services	
Commissioner Lead	Alison Amstutz	
Provider Lead	Community Pharmacies	
Period	1 st April 2023 – 30 th April 2024	

1. Service Elements

PLEASE NOTE REFERENCES TO WOMEN THROUGHOUT THIS DOCUMENT INCLUDES CISGENDER WOMEN, TRANSGENDER MEN AND NON-BINARY (ASSIGNED FEMALE AT BIRTH) PEOPLE WHO HAVE NOT HAD HYSTERECTOMY OR BILATERAL OOPHORECTOMY.

1.1 Options

The community pharmacy sexual health contract allows pharmacies to choose from a combination of options for sexual health service delivery. The options are identified below, and pharmacies are asked to indicate on the PharmOutcomes Public Health contract sign-up section which of the options they wish to provide.

Option 1	Chlamydia screening
Option 2	Emergency Hormone Contraception (EHC)
Option 3	Chlamydia treatment
Option 4	Chlamydia screening and Emergency Hormone Contraception (EHC)
Option 5	Chlamydia screening and chlamydia treatment
Option 6	Emergency Hormone Contraception (EHC) and chlamydia treatment
Option 7	Chlamydia screening, Emergency Hormone Contraception (EHC) and chlamydia treatment

1.2 Pharmacies are required to deliver the Sexual Health Promotion, Advice and Signposting element of the service specification regardless of the chosen option.

2. Purpose

2.1 Aims

As part of a local network, pharmacies will provide rapid access to high quality contraceptive and sexual health services, namely:

- 2.1.1 Opportunistic chlamydia screening of sexually active women aged 15-24 years old and screening of partners regardless of age and gender;
- 2.1.2 Provision, via a Patient Group Direction (PGD), of treatment for chlamydia infection to clients aged from 13 years and over;
- 2.1.3 Provision, via a Patient Group Direction (PGD), of emergency hormonal contraception (EHC) to clients aged from 13 years and over;
- 2.1.4 Provide sexual health promotion and advice and signposting to local sexual health services, GP Practices and other appropriate services;

2.2 General Overview

Sexual health outcomes can be improved by accurate, high quality and timely information, rapid access to confidential, integrated sexual health services, early diagnosis and treatment of infection and joined up provision that enables seamless patient pathways.

Pharmacies have an important role in the provision of sexual health services through:

- Prompt access to sexual health services without an appointment in a location close to home or work;
- o Convenient opening hours including evenings and weekends;
- Access to a broad range of pharmacy-led services which are of comparable quality and follow the same national clinical standards as those offered through other providers;
- A private and confidential service, in line with national and professional guidance;
- Access for vulnerable groups and deprived communities who would not typically access conventional NHS services.
- Signposting where appropriate to other sexual health services.
- Changes to the National Chlamydia Screening Programme can be found here <u>Changes to</u> the National Chlamydia Screening Programme (NCSP) – GOV.UK (www.gov.uk)
- This can be summarised as:
 - Opportunistic screening (that is the proactive offer of a chlamydia test to young people without symptoms) should focus on women*, combined with:
 - reducing time to test results and treatment
 - strengthening partner notification
 - re-testing after treatment
 - In practice this means that chlamydia screening in community settings, such as GPs and pharmacies, will only be proactively offered to young women. Services provided by sexual health services remain unchanged.
 - Everyone can still get tested if they need, but men will not be proactively offered a test unless an indication has been identified, such as being a partner of someone with chlamydia or having symptoms.
 - This change removes the offer of opportunistic chlamydia screening to asymptomatic men outside sexual health services only and does not change the STI testing services offered by sexual health services. All young people will still be able to access chlamydia tests at sexual health services and young men will continue to be contacted and tested through partner notification procedures.

2.3 Expected Outcomes

Sexual health services within pharmacies will contribute to:

- Continuing to reduce the rates of under 18 conceptions
- Reducing unintended pregnancies among all women of fertile age
- Reducing rates of STIs

3. Services

3.1 Service Description

Chlamydia Screening

Chlamydia is a major public health concern as infection can lead to serious and costly health problems including pelvic inflammatory disease, chronic pelvic pain, tubal factor infertility, and ectopic pregnancy. In 2019, 49% of new diagnoses for sexually transmitted infections in sexual

health services (SHS) were for chlamydia. The prevalence of infection is highest in young sexually active people (15 to 24 year olds).

The chlamydia screening service:

- 3.1.1 is offered to young women under 25 who have ever been sexually active, annually if no partner change or on change of sexual partner.
- 3.1.2 is offered to clients who require re-testing following treatment for chlamydia infection;
- 3.1.3 can be offered by any pharmacy staff;
- 3.1.4 allows for the screening of the client and any current sexual partner(s). Partners may be screened regardless of age or gender;
- 3.1.5 provides an appropriate screening kit(s) to a client[s] requesting a chlamydia test or to those identified as suitable by the pharmacist or a member of their support staff;
- 3.1.6 advises on how to utilise the kit, how to return it for testing and what will happen following completion of the test;
- 3.1.7 signposts clients presenting with symptoms of a sexually transmitted infection to the local sexual health service;
- 3.1.8 encourages clients to notify any partners where appropriate and provides details of how they can access a free STI screen; either via the iCaSH online express testing service if they have no symptoms of an STI, or by contacting an iCaSH clinic directly if they are experiencing symptoms.

Pharmacies are not expected to develop a system to manage results. All management of results, partner notification and treatment will be delivered by iCaSH Suffolk, Cambridgeshire Community Services. Patients with positive results will be offered by iCaSH Suffolk options of services as to where to gain treatment.

Chlamydia Treatment

The chlamydia treatment service:

- 3.1.9 is provided following direct referral from iCaSH only;
- 3.1.10 is available to any individual aged 13 years or over;
- 3.1.11 is provided by the pharmacist in person;
- 3.1.12 takes a client history to ensure that the treatment is safe and appropriate;
- 3.1.13 supplies chlamydia treatment with supporting pharmaceutical advice via the PGD agreed by the LPC and Public Health (PGD is located on PharmOutcomes);
- 3.1.14 follows the local chlamydia treatment pathway agreed by iCaSH, LPC and Public Health (pathway shown in Appendix 1);
- 3.1.15 ensures maintenance of records for each supply and, if required, shares information with appropriate parties in line with confidentiality protocols;
- 3.1.16 provides the client with written information to support any verbal advice;
- 3.1.17 encourages clients to notify any partners where appropriate and offer partner treatment if they present in pharmacy with the client;
- 3.1.18 signposts clients presenting with symptoms to the local sexual health service;
- 3.1.19 advises client about the importance of retesting for chlamydia 3 months after treatment;
- 3.1.20 signposts client to chlamydia testing options through iCaSH or pharmacies participating in chlamydia screening services.

Emergency Hormonal Contraception

The EHC service:

- 3.1.21 is available to any female client aged 13 years or over;
- 3.1.22 is provided by the pharmacist in person;
- 3.1.23 takes a client history to ensure that they have sufficient information to assess the appropriateness of the supply;

- 3.1.24 provides EHC (ulipristal or levonorgestrel where appropriate) with supporting pharmaceutical advice via the PGD agreed by the LPC and Public Health (PGD is located on PharmOutcomes);
- 3.1.25 ensures maintenance of records for each supply and, if required, shares information with appropriate parties in line with confidentiality protocols;
- 3.1.26 provides the client with written information to support any verbal advice;
- 3.1.27 signposts clients who are excluded from the service to other services for treatment and advice within the time frame for emergency contraception treatment to be effective;
- 3.1.28 a young person under 13 years requesting EHC must be referred to the child's GP or the sexual health service and record this on PharmOutcomes using the U13s referral template. Where possible the pharmacist should endeavour to support and assist the child in accessing this service. This may include the pharmacist contacting the service and arranging an appointment.
- 3.1.29 The pharmacist delivering the EHC service must have obtained an Enhanced DBS check within the last three (3) years.
- 3.1.30 Pharmacies providing the Public Health commissioned EHC service should undertake best endeavours to ensure an appropriately trained pharmacist is available to provide the service during opening hours. If you are unable to provide a service due to unavailability of an appropriately trained pharmacist, please direct the patient to an alternative service in your area and provide support to the patient to access the service.

NB: All clients must be informed that a copper intra-uterine device (copper coil) would be the most effective method of emergency contraception. They must be directed to the relevant services if they wish to pursue this option.

Sexual Health Promotion, Advice and Signposting

The Service will:

- 3.1.31 provide support and advice to people accessing the service, including advice on safe sex, preconception care, condom use and advice on the use of regular contraceptive methods, when required;
- 3.1.32 signpost clients to local sexual health services as appropriate;
- 3.1.33 can be offered by any appropriately trained pharmacy staff.

3.2 Geographic Coverage

Services will be provided in the county of Suffolk only.

3.3 Residency of Client

- 3.3.1 The Service is available to Suffolk and Norfolk residents only. Non-Suffolk and non-Norfolk residents should be signposted to the most appropriate sexual health clinic.
- 3.3.2 Supply of EHC and chlamydia treatment to Norfolk residents is available through Suffolk pharmacies in order to ensure access for those people living close to county boundaries. This activity should also be processed via PharmOutcomes.

3.4 Accessibility/Acceptability

- 3.4.1 Services need to be accessible, appropriate and sensitive to the needs of all service users. Noone should be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion.
- 3.4.2 The service provider must ensure that the service is user-friendly, non-judgemental, client-centred and confidential.
- 3.4.3 The service provider must operate from premises that can provide an acceptable level of privacy to respect a client's right to confidentiality and safety.

3.5 Interdependencies (PharmOutcomes)

- 3.5.1 PharmOutcomes (a web-based national IT system) shall be used by all pharmacies providing sexual health services in Suffolk.
- 3.5.2 It supports the efficient commissioning, delivery, invoicing and analysis of community pharmacy services.
- 3.5.3 The system will help community pharmacies provide services more effectively and make it easier for commissioners to audit and manage these services by streamlining the reporting and payments processes.
- 3.5.4 This will in turn improve the evidence base for community pharmacy services and ease the burden of record keeping and service management.

3.6 Staff Training

- 3.6.1 Pharmacists delivering EHC and chlamydia treatment must complete CPPE self-declaration of competence for sexual health in pharmacies, and as appropriate emergency contraception and/or chlamydia testing and treatment services, as well as CPPE safeguarding children and vulnerable adults: a guide for pharmacy teams (level 2 assessment). Pharmacists must be aware of Suffolk safeguarding processes. Suffolk County Council provide safeguarding training and working together training, this is accessible to pharmacy staff if of interest at: <u>https://www.suffolk.gov.uk/care-and-support-for-adults/protecting-people-at-risk-of-abuse/adult-abuse-and-safeguarding/</u> <u>http://www.suffolk.gov.uk/</u>
- 3.6.2 Contractors must retain their original certificates within the pharmacy. Update training should be completed at least every two years after being fully trained. All training should be recorded on PharmOutcomes.
- 3.6.3 Participating community pharmacies will be required to fully brief any locums about their sexual health service offer. Locum pharmacists must be aware that to take part in the EHC and chlamydia treatment element they must be able to provide evidence of successful completion of CPPE sexual health in pharmacies module and Emergency Contraception e-learning, as well as CPPE safeguarding children and vulnerable adults: a guide for pharmacy teams (level 2 assessment), and have signed up to the PGD.
- 3.6.4 The pharmacist will be required to recognise personal and professional limitations in respect of EHC and chlamydia treatment and identify and prioritise the pharmacy staffs' learning and development needs for handling requests for EHC and chlamydia treatment.

Note, Pharmacists delivering the EHC and/or the chlamydia treatment component will be required to have a valid enhanced DBS check every 3 years and recorded on PharmOutcomes.

3.7 Pathways

- 3.7.1 The pharmacist must use their professional judgement to consider, and where appropriate, act on any child protection issues coming to their attention as a result of providing the service. This should be in line with local child protection procedures and any national or local guidance on under 16s sexual activity.
- 3.7.2 Pharmacies will link into existing local networks of community sexual health services 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 other sexually transmitted infections.

3.7.3 People less than 16 years of age who present for screening and/or treatment and who are not deemed to be Fraser competent should be referred to local sexual health services. Where possible the pharmacist should endeavour to support and assist the child in accessing this service. This may include the pharmacist contacting the service and arranging an appointment.

4 Targets and Activity

Quality and Performance Indicator(s)	Target and Threshold	Method of Measurement	Consequence of Breach
Number of chlamydia screening		Data from	
kits given to target population		PharmOutcomes	
Number of consultations for		Data from	
chlamydia treatment		PharmOutcomes	
Number of consultations for EHC		Data from	
Number of consultations for ERC		PharmOutcomes	
Datiant avaarianse		Focus Groups	
Patient experience		Mystery shopping	

5. Data Reporting and Data Quality5.1 Reporting Process

• The Provider shall complete all fields in PharmOutcomes.

6. Payments

6.1 Payment Process

Claims for sexual health services from pharmacies will need to be made on the PharmOutcomes webbased platform. This will be the only way claims will be processed and payments made to pharmacies.

6.2 Charges

- 6.2.1 Supply of chlamydia screening kit £4 per kit
- 6.2.2 Consultation for chlamydia treatment £20 + drug cost (at drug tariff price) + VAT
- 6.2.3 Consultation for EHC £20 + drug cost (at drug tariff price + VAT

To order more chlamydia kits, please use the '**Sexual Health Resource order form' on PharmOutcomes**. Alternatively, if there are problems with this process, email <u>sexualhealthsuffolk@tht.org.uk</u> quoting 'pharmacy kits' in the subject bar, or call Terrence Higgins Trust on 01473 393100.

Appendix A

