

Service Specification No	<b>Contract No. HC1744</b>
Service	<b>No Worries - Young People's Sexual Health Service</b>
Authority Lead	<b>Alice Marriott, Sadie Adams</b>
Supplier Lead	<b>Primary Care Supplier - Pharmacy</b>
Period	<b>1<sup>st</sup> April 2024 – 31<sup>st</sup> March 2029 (+ 5 years)</b>
Date of Review	<b>Annually in April</b>

## 1. Population Needs

### 1.1 Introduction

The No Worries young people's sexual health service aims to promote community pharmacies as centres of excellence, offering sexual health services as detailed below to Wiltshire residents aged 13-24 years old. It aims to provide a friendly and accessible service to young people, and be proactive to support them with their sexual health needs.

Its important young people feel comfortable and confident accessing health services, and that these services provide a positive experience to support young people adopt healthy behaviours and lifestyle choices to improve outcomes. The World Health Organisation (WHO) defines sexual health as a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationship, as well as the aspiration of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

The consequences of poor sexual and reproductive health are preventable and include unplanned pregnancies, infections including HIV, cervical and other genital cancers, pelvic inflammatory disease, infertility, psychological consequences, stigma and poorer educational, social and economic opportunities.

Young people are more likely to engage in risk taking behaviour which may lead to unwanted pregnancy and sexually transmitted infections (STIs). Quick easy access to emergency contraception and STI testing can prevent unintended pregnancy and onward transmission of infections. Health care staff should have a positive, non-judgemental approach to interactions with young people to discuss their sexual and reproductive health. Making every contact count (MECC) is an approach that utilises open discovery questions and is a person-led conversations which focuses on what a person think they may be able to do to make a positive change to their lifestyle. This MECC approach should be incorporated into all clinical consultation including those around sexual and reproductive health.

According to the [2021 census](#) data there are around 51,600 young people aged 15 – 24 living in Wiltshire.

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates higher in young adults than any other age group. Chlamydia infections causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility.

The National Chlamydia Screening programme (NCSP) promotes opportunistic screening to sexually active young people aged under 25 years, In June 2021 the programme was

changed to focus on reducing reproductive harm of untreated infection through opportunistic screening offered to young women\*

***\*References to women through this document includes cisgender women, transgender men and non-binary (assigned female at birth) people who have not had a hysterectomy or bilateral oophorectomy.***

Chlamydia screening in community settings will only be proactively offered to young women. If men have been identified as a partner of someone with Chlamydia or having symptoms, they can still get tested and treated.

In 2022 the Chlamydia detection rate per 100,000 aged 15 to 24 in Wiltshire was 1,402 per 100,000 which is lower than the minimum recommended rate. The UK Health Security Agency (UKHSA) recommends that local authorities should be working towards achieving a detection rate of at least 3,250 per 100,000 female population aged 15 to 24.

Young people experience the highest diagnosis rates of the most common STIs, this may be due to higher rates of partner change among those aged 16-24, understanding of STI risk and reduced condom use. As well as young people, STIs also disproportionately impact gay, bisexual, men who have sex with men (GBMSM), and people of black Caribbean ethnicity.

Unintended pregnancies can end in maternity, miscarriage or abortion. Unplanned pregnancy is strongly associated with lower educational attainment, current smoking, recent drug use, and lack of sexual competence at first sex.

The under 18s conception rate per 1,000 women in Wiltshire in 2021 was 7.0, this is lower than the England rate of 13.1.

The under 18s conceptions leading to abortion in Wiltshire in 2021 was 55.7% and England rate was 53.4%

### **1.1.1 Local and National Policy**

The provision of sexual health services contributes to the following key local and national priorities:

- Reduce rates of sexually transmitted infections (STI) and HIV
- Reduce unintended pregnancies rates, with the focus on under 16 and under 18 conceptions.
- Reduce repeat terminations.
- Prioritise prevention.
- Reduce inequalities and improve sexual health outcomes.
- Promote all methods of contraception and increase access to Long-Acting Reversible contraception (LARC)
- Reducing the rate of teenage conceptions
- Providing condoms to reduce STI (sexually transmitted infection) rates.
- Increase access to LARC (long acting reversible contraception) to reduce conceptions and repeat terminations.
- Increase access to Chlamydia screening.

Department of Health and Social Care issued a policy paper for [Women's Health Strategy for England, updated 30 August 2022](#). This strategy is the next step on the journey to reset

the dial on women's health. Women often have to navigate their way around multiple different health professionals and facilities trying to access basic services to maintain their health and wellbeing. The Women's health strategy is informed by the life course approach. Their 10- year ambitions are:

- Girls and boys receive high-quality, evidence-based education on menstrual and gynaecological health from an early age. Across the population, there is increased awareness, and menstrual health and gynaecological conditions are no longer taboo subjects in any aspect of society.
- Women and girls are empowered to stay well throughout their lives, including through self-care. Women and girls have an awareness of the different gynaecological conditions (such as endometriosis and Poly Cystic Ovary Syndrome) and less well-known conditions (such as adenomyosis), and an understanding of what a normal menstrual cycle should look like for them. Women and girls know where, when and how to seek help for menstrual or gynaecological symptoms, and what support and care they can expect.
- All women and girls can access high-quality, personalised care within primary and community care, including access to contraception for the management of menstrual problems and gynaecological conditions. Where more specialist care is needed, women and girls can access diagnostic and treatment procedures in a timely manner.
- Women and girls with severe endometriosis experience better care, where diagnosis time is reduced on the journey from initial GP appointment through to final diagnosis.
- Women and girls report improved experiences of care and gynaecological procedures, in particular experiences of pain during procedures such as hysteroscopy and IUD fittings. Disparities in access to care and experiences of care are tackled.
- Healthcare professionals in primary care are well informed and trained in menstrual and gynaecological health and can offer women and girls evidence-based advice and treatment.
- NICE guidelines for gynaecological conditions are developed where they do not currently exist and existing guidelines are updated rapidly in response to new evidence, and guidelines are implemented into practice. Guidelines are presented in an interactive format to support healthcare professionals to provide high-quality, cost-effective care.
- Women and girls with menstrual and gynaecological conditions are supported to reach their full potential in education and the workplace. Education institutions and employers are well equipped to support their students or workforce and are encouraged to implement evidence-based support such as workplace policies.
- There is more research into menstrual and gynaecological conditions to better understand causes, treatments and impacts on wider health and quality of life.

At the time of writing this service specification the Department of Health and Social Care announced £25 million investment in women's health hubs. Hubs will bring together healthcare professionals and existing services to provide integrated women's health services in the community, focussing on improving access to care and reducing health inequalities. The investment will be distributed equally to Integrated Care Boards (ICBs) to enable the establishment of a women's health hub in every integrated care system.

The No Worries service supports the Women's Health Strategy. Public Health Wiltshire will support and update No Worries Suppliers as the strategy is implemented locally and regionally, including establishment of women's health hub, to ensure effective patient-centred pathways and signposting.

The Office of Health Improvement & Disparities issued guidance that was updated 10

March 2022: [Sexual and reproductive health and HIV: applying All Our Health](#). This guidance highlights that health and care professionals can have an impact on an individual level by:

- Reassuring individuals that they are entitled to confidential, non-judgemental access to information and services.
- Providing information about the full range of contraceptive methods and promoting prompt access to the method that best suits their needs – see the [Sexwise website](#) for downloadable information leaflets and [NHS.UK](#) also provides useful information on contraception
- Ensuring that pregnant women needing an abortion have respectful, non-judgemental, easy, quick and confidential access to services
- Ensuring pregnant women have the option to discuss their pregnancy intentions, receive unbiased information, and access contraception and/or preconception care as appropriate taking account of the potential benefits of addressing factors early, such as obesity before pregnancy.
- Ensuring people understand the different STIs, associated potential consequences and how to protect themselves and partners from STI transmission – the [Sexwise website](#) provides a number of useful resources and [NHS.UK](#) provides useful information on STIs
- Providing information about where to get prompt access to HIV and STI testing and the full range of HIV prevention methods available – see the [HIV Prevention England \(HPE\) website](#) for free patient resources, information briefings for professionals, and sector development training events and [NHS.UK](#) provides useful information on HIV
- Ensuring people who are diagnosed with HIV receive prompt referral into care and high-quality treatment services.
- Using 'making every contact count' principles by initiating conversations about sexual and reproductive health, and HIV, in different health and non-health settings
- Ensuring that people understand their right to healthy and non-coercive relationships, and those that do not have access to appropriate support.

## 2. Service Delivery

### 2.1 Aims and Objectives

The overall aim of this locally commissioned service is to reduce the rate of sexually transmitted infections and unintended pregnancy by enabling quick and easy access sexual & reproductive health services to Wiltshire residents aged 13 – 24 years old.

Suppliers are signing up to deliver No Worries services to all young people approaching the venue. This supports reducing health inequalities and enables young people to attend venues that are accessible to them and best fits their needs:

- To increase access to free condoms
- To increase access to Chlamydia testing and treatment
- To increase the awareness of young people of the incidence and effects of STIs
- To increase access to Emergency Hormonal Contraception for young women aged 13 -24 years
- To increase access to free pregnancy testing and referral on to abortion, contraception or support services as appropriate
- To increase access for young people to advice about sexual health and contraceptive services
- To know how and when to refer young people for more specialist advice, testing and treatment

- To increase the awareness of young people of how they can help reduce their risk of STIs and unplanned pregnancy
- To help increase health seeking behaviour among young people aged 13 -24 years

The Supplier shall:

- Provide a friendly, non-judgemental, person centred service that is accessible to young people
- On request of a “No Worries service” The Supplier will confirm the availability of the pharmacist. Ideally this should take place on the same day or within 24 hours, if same day is not available. If for any reason The Supplier is unable to provide a suitable time The Supplier will aid and support the young person to find an alternative venue that is appropriate to their need.
- Provide a confidential service, information can only be shared with expressed and recorded permission.
- Provide assurance at the start of every appointment that the service is confidential with the only exception being when the practitioner judges that the young person is at risk and the involvement of others is necessary, e.g. child protection / safeguarding lead.
- Provide free condoms to young people, and seek assurances that the young person understands:
  - o The correct use of condoms to protect against pregnancy and STIs.
  - o Factors impacting their effectiveness.
  - o What to do if a condom breaks.
- Provide EHC (emergency hormonal contraception) under a PGD (patient group directive). This service should be immediately accessible to the young person contacting the pharmacy. Reinforce messages around condoms, factors impacting their effectiveness especially if reason given for EHC was the condom split / failed and their correct use. Provide advice on full STI testing.
- Provide information on pre-exposure prophylaxis (PrEP) and how to reduce acquiring HIV. Signpost to WiSe, Wiltshire Sexual Health service or their nearest sexual health clinic.
- Provide information on all methods of contraception including LARC to allow a young person to make informed choice on the method of contraception that meets their needs. If the young person would like to discuss this further refer them to their registered GP practice. Only refer to WiSe, Wiltshire Sexual Health service if there are complexities or concerns around STIs.
- Providing pregnancy testing and onward referral to support or abortion services as appropriate.
- Promote opportunistic Chlamydia testing to women who are sexually active. National Chlamydia Screening Programme (NCSP) recommends sexually active women under 25 years to get tested:
  - o After having sex with a new partner
  - o Annually
- Provide timely access to treatment for those who test positive for chlamydia and their sexual partners. WiSe, Wiltshire Sexual Health Service will refer young people following a positive Chlamydia result through NCSP.

- Encourage partner notification (PN) for those who test positive for chlamydia.
- Provide a service that supports the needs of young people from diverse communities including LGBTQ+, black and ethnic minority, Gypsy Roma Traveller and Boater (GRTB) and disabled people.
- The Supplier will ensure all staff are aware of the service specification and their roles to ensure the service is accessible to young people.
- The Supplier will ensure all staff delivering the service have an Enhanced level DBS check. This level is suitable for people working with children or adults in receipt of healthcare or personal care.
- The Supplier will take appropriate action to ensure a safe and quality assured service is provided.
- The Supplier is responsible to recheck staff DBS, renewals should be carried out in line with their HR policies.
- The Supplier shall have in place a standard operating procedure (SOP) for the delivery of the service, this should be reviewed annually and updated if there are any changes to the service. This should include referral pathways
- The Supplier will ensure venues have internet access to use PharmOutcomes to record activity through service templates.

At the time of writing this service specification the pharmacy contraception service for participating pharmacies to either start the oral contraceptive pill or to continue their contraception management in community pharmacy setting start date has yet to be confirmed. Once service has commenced Suppliers should signpost young people into this service.

## **2.2 Direct Service Delivery Description and Pathway**

The following is a guide to service delivery and details the following criteria, which is locally determined by Public Health Wiltshire.

### **Promotion and Marketing**

The Supplier will:

- Ensure the No Worries service is advertised and promoted within their setting. For example, displaying No Worries materials within the setting.
- Promote future local or national sexual health campaigns which will be communicated by Public Health Wiltshire.
- Engage with local services and schools to raise awareness of the service to ensure young people are aware of the service.
- Ensure all staff are fully informed of the No Worries service and service aims – this includes all new starters and locums.

Public Health Wiltshire will:

- Provide No Worries promotional materials, Appendix 2 provides examples of the following materials that are available:
  - No Worries venue poster
  - No Worries venue window sticker
  - No Worries wallet card
  - No Worries social media images

Materials can be requested via email: [noworries.nhswiltshire@nhs.net](mailto:noworries.nhswiltshire@nhs.net)

- List active No Worries Suppliers on the Wiltshire Council website via <https://www.wiltshire.gov.uk/article/1408/Sexual-health>

- Promote the No Worries service and service Suppliers via their social media accounts to promote No Worries and share sexual health promotion messages.
  - @PHWiltshire – Twitter
  - @NoWorriesWiltshire – Facebook

## Consultations

- The Supplier will provide a friendly, non-judgemental, person-centred service to young people.
- On request of a No Worries consultation The Supplier will offer an appointment ideally on the same day or within 24 hours, if same day is not available. If for any circumstance The Supplier is unable to provide a consultation The Supplier will aid and support the young person to find an alternative venue that is appropriate to their need.
- Have a private space such as a consultation room to provide the service.

## Safeguarding

- The Supplier will ensure all staff who come into contact with children and young people are aware of their responsibility to safeguard and promote the welfare of children and young people and should know what to do if they have concerns about safeguarding and child protection issues.
- The Supplier will ensure all staff should have access to appropriate safeguarding training, learning opportunities, and support to facilitate their understanding of the clinical aspects of child or young persons welfare and information sharing.
- The Supplier will ensure all staff have the knowledge, skills and competence to undertake their roles. They will ensure all staff know what action to take if they have concerns, including to whom they should report concerns to and from whom to seek advice.

## Gillick competency and Fraser guidelines

[National Society for the Prevention of Cruelty to Children \(NSPCC\) states](#) Gillick competency and Fraser guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe.

When practitioners are trying to decide whether a child is mature enough to make decisions about things that affect them, they often talk about whether the child is 'Gillick competent' or whether they meet the 'Fraser guidelines'.

Although the two terms are frequently used together and originate from the same legal case, there are distinct differences between them.

The Fraser guidelines still apply to advice and treatment relating to contraception and sexual health. But Gillick competency is often used in a wider context to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

The following information looks at how this can be applied in practice.

## Assessing Gillick competence

There is no set of defined questions to assess [Gillick competency](#). Professionals need to consider several things when assessing a child's capacity to consent, including:

- the child's age, maturity and mental capacity
- their understanding of the issue and what it involves - including advantages, disadvantages and potential long-term impact
- their understanding of the risks, implications and consequences that may arise from their decision
- how well they understand any advice or information they have been given
- their understanding of any alternative options, if available
- their ability to explain a rationale around their reasoning and decision making.

Remember that consent is not valid if a young person is being pressured or influenced by someone else.

Children's capacity to consent may be affected by different factors, for example stress, mental health conditions and the complexities of the decision they are making. The same child may be considered Gillick competent to make one decision but not competent to make a different decision.

If you don't think a child is Gillick competent or there are inconsistencies in their understanding, you should seek consent from their parents or carers before proceeding. In complex medical cases, such as those involving disagreements about treatment, you may wish to seek the opinion of a colleague about a child's capacity to consent (Care Quality Commission, 2019).

### **Child protection concerns**

The child's safety and wellbeing is paramount.

When you are assessing Gillick competency if you have any concerns about the safety of the young person you should check whether previous child protection concerns have been raised and explore any factors that could put them at risk of abuse.

You must always share child protection concerns with the relevant agencies, even if this goes against a child's wishes.

### **Fraser guidelines**

The [Fraser guidelines](#) apply specifically to advice and treatment about contraception and sexual health. They may be used by a range of healthcare professionals working with under 16-year-olds, including doctors and nurse practitioners.

Following a legal ruling in 2006, Fraser guidelines can also be applied to advice and treatment for sexually transmitted infections and the termination of pregnancy (Axton v The Secretary of State for Health, 2006).

### **Using the Fraser guidelines**

Practitioners using the Fraser guidelines should be satisfied of the following:

- the young person cannot be persuaded to inform their parents or carers that they are seeking this advice or treatment (or to allow the practitioner to inform their parents or carers).
- the young person understands the advice being given.
- the young person's physical or mental health or both are likely to suffer unless they receive the advice or treatment.
- it is in the young person's best interests to receive the advice, treatment or both without their parents' or carers' consent.
- the young person is very likely to continue having sex with or without contraceptive treatment.



## **Child protection concerns**

When using Fraser guidelines for issues relating to sexual health, you should always consider any potential child protection concerns:

- Underage sexual activity is a possible indicator of child sexual exploitation and children who have been groomed may not realise they are being abused.
- Sexual activity with a child under 13 should always result in a child protection referral.
- If a young person presents repeatedly about sexually transmitted infections or the termination of pregnancy this may be an indicator of child sexual abuse or exploitation.

You should always consider any previous concerns that may have been raised about the young person and explore whether there are any factors that may present a risk to their safety and wellbeing.

**You must always share child protection concerns with the relevant agencies, even if a child or young person asks you not to.**

- Multi Agency Safeguarding Hub (MASH) via 0300 456 0108 or email [mash@wiltshire.gov.uk](mailto:mash@wiltshire.gov.uk) . In an emergency, the police can be contacted.

## **Pregnancy Testing**

Free pregnancy testing will be available through No Worries, to increase the opportunities for young women to access this time crucial service in places and at times that are more convenient for them. Young people may especially value the anonymity that accessing this service via a community pharmacy can provide and at times that are more convenient.

Pharmacies can order pregnancy tests by email to [noworries.nhswiltshire@nhs.net](mailto:noworries.nhswiltshire@nhs.net)

Please note the test kits are dip and read pregnancy tests therefore urine sample pots can also be requested.

The Supplier will ask the young person to provide a urine sample and on return the test can be carried out by the pharmacist and the result to be confirmed to the young person.

The Supplier will ensure pharmacists are competent to provide information and decision support. Pharmacists should also be able to provide signposting information to abortion services without delay if appropriate.

## **Emergency Hormonal Contraception (EHC)**

In line with NICE guidance ([Contraception Quality Standard QS129](#)) and [FSRH Clinical Guideline: Emergency Contraception Published July 2023](#) all women seeking EHC should be advised of the availability of the IUD for emergency contraception. The benefits and disadvantages should be discussed before a decision to go ahead with EHC is made.

In addition, there are two further options for emergency contraception (levonorgestrel or Ulipristal) to which PGDs are available to facilitate prescribing. Drug costs will automatically be included in the payment to the pharmacy through completion of the service template via PharmOutcomes.

The Supplier is responsible to purchase and maintain supplies of levonorgestrel and

Ulipristal.

Emergency Hormonal Contraception, offers a time restricted intervention for young people who have either had unprotected sex or where another form of contraception has failed. Faculty of Sexual and Reproductive Health Guidance 1 (Amended July 2023) states “All eligible women presenting between 0 and 120 hours of UPSI or within 5 days of expected ovulation should be offered a Cu-IUD because of the low documented failure rate”. (<http://www.fsrh.org/pdfs/CEUGuidanceEmergencyContraception11.pdf>)

The Supplier can sign post women for IUD insertion to their registered GP practice or WiSe, Wiltshire Sexual Health service. IUD fitting for EHC is effective for up to 5 days after unprotected sexual intercourse. The earlier the young woman has access to emergency contraception the better the chance of preventing an unplanned pregnancy. If the young woman does not wish to have an IUD fitted, levonorgestrel or Ulipristal which are tablet forms of EHC - can be supplied via a PGD. Pharmacists are to have a discussion around the reason for EHC and provide advice to the young woman on contraception methods available. Discuss correct condom usage (especially when the reason for EHC is condom failure or splitting), factors impacting their effectiveness and encourage full STI testing.

## **Chlamydia screening and treatment**

Wise (Wiltshire Sexual Health Service) co-ordinate the National Chlamydia Screening programme (NCSP) in Wiltshire. Suppliers can order Chlamydia testing kits from WiSe for opportunistic screening in asymptomatic young women aged 15-24 years old.

The Supplier shall:

- Opportunistically offer screening of asymptomatic women aged 15 – 24 years old
- Test symptomatic 13 – 24 year old (not limited to women)
- Provide treatment and advice to those with a confirmed positive result.
- Offer advice on partner notification, support testing and treating partners (no upper age limit for partners).
- Discuss risk reduction and provide sexual health promotion including consent, healthy relationships and risks of unprotected sex so young people can make informed and responsible decisions.

Chlamydia testing kits can be ordered through WiSe [sft.sexualhealthscreening@nhs.net](mailto:sft.sexualhealthscreening@nhs.net)

Public Health Wiltshire will communicate any future changes to the NCSP to Suppliers.

## **Treatment – Asymptomatic only**

At the time of writing this service specification [NICE guidance for Chlamydia – uncomplicated genital](#) - first line treatment is First-line treatment is Doxycycline 100 mg twice a day for 7 days (contraindicated in pregnancy) which can be supplied our PGD.

WiSe co-ordinate treatment for people who receive a positive Chlamydia result through the NCSP in Wiltshire. Where the person indicates, they would like to attend a No Worries pharmacy for treatment, WiSe will notify the venue.

The Supplier will:

- Receive a Chlamydia treatment referral notification through PharmOutcomes from WiSe
- Provide treatment under a PGD for Doxycycline (Azithromycin PGD is also available).
- Refer back to WiSe if the young person or sexual partner meets any of the PGD exclusion criteria, therefore meaning you are unable to supply treatment for WiSe to arrange an alternative treatment venue. Reject the PharmOutcomes notification providing reason for non-supply.
- Discuss risk reduction and provide sexual health promotion including consent, healthy relationships and risks of unprotected sex so young people can make informed and responsible decisions.
- A test of cure is not usually necessary, however it is recommended in pregnancy, where poor compliance is suspected, and where symptoms persist.

## Condoms

Provide free condoms to young people, and seek assurances that the young person understands:

- the correct use of condoms to protect against pregnancy and STIs.
- factors impacting their effectiveness.
- what to do if a condom breaks.

The Supplier will ensure staff are competent to deliver these aspects of the service.

Public Health Wiltshire will distribute standard sized condoms (roughly 54mm width and 190mm length). If a young person requires a different size, please contact Public Health Wiltshire to discuss alternative stock. Condoms demonstrators are also available.

To order condom supplies to support delivery of the No Worries service please email: [noworries.nhswiltshire@nhs.net](mailto:noworries.nhswiltshire@nhs.net)

Young people under the age of 16 can access condoms with a consultation with a trained member of staff. This should be a positive opportunity to discuss and offer sexual health advice, in addition to discussing other forms of contraception and will allow the opportunity to assess if there are any concerns of safeguarding.

Condoms will be issued to the individual requesting them, they will not be able to collect for someone else.

If a young person is requesting condoms frequently the pharmacist can use this opportunity to seek assurances.

## 2.3 Population covered and Acceptance Criteria

Primary Care: Community pharmacy Suppliers working in Wiltshire Council administrative area, this excludes community pharmacies in Swindon.

All Wiltshire residents aged 13 – 24 years who approach the pharmacy requesting a No Worries consultation.

Partners (of any age) of young person diagnosed with a chlamydia infection through NCSP.

If a non-Wiltshire resident presents for EHC aged 13 – 24 years, if there is no alternative to accessing treatment within the time constraints, Public Health Wiltshire will accept the EHC to be issued and for a service claim to be submitted. Public Health Wiltshire will audit and monitor this activity through the PharmOutcomes reports. From time-to-time Public Health Wiltshire may contact the pharmacy to discuss.

## **2.4 Exclusion Criteria and Thresholds**

- All Primary Care: Community Pharmacies outside of Wiltshire Council administration area to Wiltshire Council residents.
- Anyone outside the specified age range

## **2.5 Data collection**

The Supplier will

- Have access to a computer with internet connection to access PharmOutcomes.
- Record service activity through PharmOutcomes service templates.
- Submit service templates in a timely manner following service provision.
- When required share relevant information with other health care professionals, in line with confidentiality arrangements, including the need for the permission of the young person to share the information.

## **2.6 Interdependencies with other services**

Joint working and effective partnership pathways need to be in place between sexual health service Suppliers. The list below is not limited to:

- Sexual Health Service (WiSe, Wiltshire Sexual Health Service)
- Primary Care – GP
- Community Pharmacy
- School nursing
- Maternity Services
- Gynaecology
- NHSE Contraceptive pill service (Start date TBC)
- Multi Agency Safeguarding Hub (MASH)
- Substance misuse service (Connect Wiltshire)
- Swindon and Wiltshire Sexual Assault Referral Centre SARC (First Light)
- Termination of pregnancy service
- Mental health services
- Domestic abuse service (FearLess)

## **2.7 Any activity planning assumptions**

- As this is a demand led service no activity planning assumptions have been made. Without prejudice to the terms of the Contract and without relieving the Supplier of its obligation to perform the Services, if The Supplier is unable to deliver the No Worries

service at any point during the contract they must inform Public Health Wiltshire at the earliest opportunity and signpost young people to alternative services.

### 3. Applicable Service Standards

#### 3.1 Applicable service standards

The Supplier will deliver the service in line with national guidance and service delivery standards include but are not limited to:

- NICE Public Health guideline (PH51): Contraceptive service for under 25s, Published: 26 March 2014 <https://www.nice.org.uk/guidance/ph51>
- NICE Quality Standard [QS129]: Contraception, Published 2016 <https://www.nice.org.uk/guidance/qs129>
- NICE Quality Standard [QS61]: Infection prevention and control, Published: 17 April 2014 <https://www.nice.org.uk/guidance/qs61>
- MedFASH (2005) Recommended Standards for Sexual Health Services <https://www.nat.org.uk/publication/medfash-recommended-standards-sexual-health-services>
- FSRH (2016) Service Standards for Sexual and Reproductive Healthcare <https://www.fsrh.org/standards-and-guidance/documents/fsrh-service-standards-for-sexual-and-reproductive-healthcare/>
- FSRH (2020) Service Standards for Confidentiality in Sexual and Reproductive Health services <https://www.fsrh.org/standards-and-guidance/documents/fsrh-service-standards-for-confidentiality-in-srh-services/>
- FSRH (2014) Quality Standard Contraceptive Services <https://www.fsrh.org/standards-and-guidance/documents/fsrhqualitystandardcontraceptiveservices/>
- Disclosure and Barring Service (DBS) information available at <https://www.gov.uk/dbs-check-applicant-criminal-record>
- GOV.UK Establishing youth-friendly health and care services (2023) - "You're Welcome" <https://www.gov.uk/government/publications/establishing-youth-friendly-health-and-care-services>
- GOV.UK NCSP: quality assurance framework, Published: 1 January 2003 Last updated 24 June 2021 <https://www.gov.uk/government/publications/ncsp-quality-assurance-qa-framework>

#### 3.2 Applicable local standards

- The Supplier will promote the service and display No Worries promotional material.
- From 1 April 2024 pharmacists providing No Worries will need to complete their enrolment form through PharmOutcomes, this will allow access to service templates for activity to be recorded. The enrolment forms will provide Public Health Wiltshire with

assurances the service requirements are in place with regards to DBS, DoC and PGDs.

- The completion of PharmOutcomes service templates is essential requirement. This provides data required to monitor the service and process payment for delivery of the service.
- The Supplier has a duty to ensure that staff involved in the provision of the service are aware of and act in accordance with local protocols and NICE guidance.
- The Supplier will notify Public Health Wiltshire if:
  - o There is a gap in service provision – longer than 2 weeks
  - o They can no longer deliver the service
  - o A pharmacist would like to deliver the service

### **3.3 Staffing competency**

#### **The Supplier will ensure:**

- all staff who have a role in providing the service are suitably qualified and competent to deliver aspects of this service. The service will require a variety of skills, knowledge, attitudes, values and abilities.
- pharmacists providing the service are qualified, professionally registered, trained and competent, in line with NICE guidance.
- pharmacists providing the service can demonstrate they are competent to deliver the service by completing the Declaration of Competence (DoC) via Centre for Pharmacy Postgraduate Education (CPPE) for:
  - Emergency Contraception
  - Chlamydia testing and treatment

This includes meeting the safeguarding competencies expected of all healthcare professionals which is a core competence within the DoC. Each DoC self-assessment framework lists available learning and assessment which can provide support pharmacists to provide evidence they meet the competencies. The following CPPE packages (or subsequent updated versions) should be completed as part of the DoC process and updated every three years:

- Sexual Health in pharmacies (e-assessment)
- Emergency Contraception (e-assessment)
- Dealing with difficult discussions (e-learning) or Consultation skills for pharmacy practice (e-assessment)
- Safeguarding (children Level 1 and 2, adults level 1 and 2 and Children, Young people and adults: level 2 case studies (e-learning))
- The pharmacist will be required to work through the DoC self-assessment, this can be printed and signed to generate the declaration statement. The pharmacist can confirm with CPPE when statement of declaration has been signed – Public Health Wiltshire will monitor this.
- The pharmacist delivering the service is aware they are responsible for keeping their knowledge and skills up to date and relevant to roles and responsibilities in line with this service specification.
- They can demonstrate when required they are responsible for identifying the learning needs of their own staff and recording their continuing professional development (CPD).
- They cascade training opportunities and service requirements to all staff to ensure

everyone is aware of the service and details of the service specification to ensure staff respond sensitively and appropriately to No Worries requests or enquires by young people.

- Pharmacists operate accordingly in line with the PGDs for Azithromycin, Doxycycline, Levonorgestrel and Ulipristal. Within each of the PGD documents, Appendix A – registered health professional authorisation sheet should be completed and signed by both the professional and their authorising manager. This authorisation page should be retained as a record of those who work under this PGD.
- Health and safety, safeguarding, equality and diversity training is provided to staff involved in this service.
- Staff are familiar with Wiltshire Multi Agency Safeguarding Hub (MASH), Wiltshire Safeguarding Vulnerable People Partnership (SVPP) <https://www.wiltshiresvpp.org.uk/> and reporting a concern <https://www.wiltshiresvpp.org.uk/p/how-to-report-a-concern>
- All staff who interact with patients have knowledge and understanding of the MECC approach.
- All staff delivering the service have an Enhanced level DBS check. This level is suitable for people working with children or adults in receipt of healthcare or personal care.

Public Health Wiltshire will require pharmacists providing the service to complete an enrolment process through PharmOutcomes this will allow access to No Worries service templates. An example of the information we will require is:

- DBS certificate number and date of issue
- DoC confirmed via CPPE for Emergency Contraception (Updated every 3 years)
- DoC confirmed via CPPE for Chlamydia testing and treatment (Updated every 3 years)
- Reviewed each PGD and signed Appendix A for Azithromycin, Doxycycline, Levonorgestrel and Ulipristal.

### 3.4 Review and Audit

This agreement will run for a period of 5 years, subject to the terms of the Contract. Where the delivery of the service does not meet performance expectations, discussion will take place between the Wiltshire Public Health Team and The Supplier in question about addressing barriers with service delivery. Wiltshire Public Health Team has the right to terminate the contract with the practice with immediate effect.

Public Health Wiltshire will undertake a service review annually of activity and coverage. Public Health Wiltshire will provide The Supplier and pharmacists with an update following this review. Public Health Wiltshire will also monitor services provided to non Wiltshire residents.

Public Health Wiltshire will review and audit CPPE viewer on an ad hoc basis to ensure DoC for Emergency contraception and Chlamydia testing and treatment is maintained and updated every 3 years. Where CPPE records show this hasn't been reviewed Public Health Wiltshire will contact the pharmacist and Supplier to update records within an agreed timeframe.

To support service delivery Public Health Wiltshire will seek efficiencies and support service improvements working with LPC leads and PharmOutcomes.

## 4. Finance and Contract Management

### 4.1 Financial details

- Pharmacies within Wiltshire Council administrative area signing up to deliver this service will receive monthly payments for the following:

Description of Activity	Fee (excluding VAT)
Completed consultation (This includes provision of EHC, Chlamydia treatment, pregnancy testing and condoms)	£18.60
Provision of a supervised dose or double dose of Levonorgestrel – <i>based on the drug tariff price and subject to BNF rate changes</i>	£5.71
Provision of a supervised dose of Ulipristal – <i>based on the drug tariff price and subject to BNF rate changes</i>	£15.50
Provision of a dose of Azithromycin – <i>based on the drug tariff price and subject to BNF rate changes</i>	£1.65
Provision of a dose of Doxycycline – <i>based on the drug tariff price and subject to BNF rate changes</i>	£2.00

- Activity entered through PharmOutcomes service templates will generate a service claim which will generate an invoice.
- Public Health Wiltshire will run a report of all activity provided during the reported month and monitor activity provided.
- Public Health Wiltshire will review enrolment criteria and CPPE records to ensure pharmacist have all the requirements in place to deliver the service. If any of the requirements are incomplete or over 3 years Public Health Wiltshire will contact The Supplier and pharmacist to resolve.
- Public Health Wiltshire will process invoices monthly. Should any discrepancies or queries arise Public Health Wiltshire will contact The Supplier to enquire.

### 4.2 Notifying Public Health Wiltshire of changes to delivery or organisational details

- The Supplier is required to contact Public Health Wiltshire using Appendix 3 to provide formal notification of changes to:
  - Bank details
  - Contact details
  - Changes of Ownership
- If The Supplier is temporarily unable to deliver the service, they must notify Public Health Wiltshire within 5 working days by emailing [PHServicePayments@wiltshire.gov.uk](mailto:PHServicePayments@wiltshire.gov.uk) to agree any contingency plans and enable Public Health Wiltshire to maintain up to date records of active Suppliers.

### 4.3 Contract Monitoring

The contract management meetings can include but are not limited to:

- Activity
- Training



#### **4.4 Business Continuity Planning**

The Business Continuity Plan are designed, maintained, reviewed and, where necessary, implemented by the Supplier to reduce, mitigate and/or negate the impact of failure of the Services in whole or part. The Supplier provides means, including a phone line, through which it can be contacted and reached 24 hours a day.

The Business Continuity Plan shall address risks, including but not limited, to the following:

- disruption of Services for any reason including exceptionally inclement weather;
  - the loss of access to Supplier's staff (e.g. flu pandemic, industrial action);
  - the loss of access to any required premises;
  - failure and lack of resilience of the Management Information System and other technologies;
  - failure of Assets and Equipment; and
- failure of the goods and services supply chain.

## Appendix 1

## Sexual Health History

Patient name \_\_\_\_\_

D.O.B    \_\_\_\_ / \_\_\_\_ / \_\_\_\_                      **Male / Female**

<b>If under 16 consider:</b> <input type="checkbox"/> Confidentiality (limits) <input type="checkbox"/> Who they live with <input type="checkbox"/> School / other <input type="checkbox"/> Fraser ruling <input type="checkbox"/> Age of current partner <input type="checkbox"/> Age at first sexual intercourse (SI) <input type="checkbox"/> Referral if appropriate (child protection, school nurse, GUM etc)																											
<b>Reason for attendance:</b>  																											
<b>Sexual History:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">When was last SI?</td> <td style="width: 20%;">Regular / casual partner?</td> <td style="width: 20%;">Duration relationship?</td> <td style="width: 15%;">Type of sex?</td> <td style="width: 15%;">Condom use?</td> <td style="width: 15%;">Country of origin?</td> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>N° of sexual contacts in last <sup>6</sup>/<sub>12</sub>:</p>				When was last SI?	Regular / casual partner?	Duration relationship?	Type of sex?	Condom use?	Country of origin?	1						2						3					
When was last SI?	Regular / casual partner?	Duration relationship?	Type of sex?	Condom use?	Country of origin?																						
1																											
2																											
3																											
<b>Partners' details - <u>ever</u>:</b> <input type="checkbox"/> Endemic areas <input type="checkbox"/> IVDU <input type="checkbox"/> Bisexual (for females) <input type="checkbox"/> MSM (for males)  Test for HIV / hepatitis B/C	<b>Past history of STIs:</b> <input type="checkbox"/> Chlamydia <input type="checkbox"/> Gonorrhoea <input type="checkbox"/> Other  Other risks Past/present IVDU ( <i>test for HIV / hepatitis B/C</i> )	<b>PMH:</b>   <b>Past gynae history</b> (TOP, pregnancy)	<b>DH / current contraception:</b>   <b>Past contraception:</b>																								
<b>Last NORMAL period:</b>  <b>Cycle length:</b>	Contraception discussed today? <input type="checkbox"/> Contraindications considered <input type="checkbox"/> Pill teach <input type="checkbox"/> Implanon referral <input type="checkbox"/> Contraception counselling	Emergency contraception? <input type="checkbox"/> Where to get <input type="checkbox"/> EPOC given today <input type="checkbox"/> IUD today (or referral / advice)	Pregnancy test <input type="checkbox"/> Negative <input type="checkbox"/> Positive																								
<b>Tests:</b> <input type="checkbox"/> Offered? <input type="checkbox"/> Self taken chlamydia <input type="checkbox"/> STI screen (endocx chlamydia, GC; HVS) <input type="checkbox"/> HIV / syphilis <input type="checkbox"/> Hepatitis B/C (If risk identified)																											
<b>Diagnosis / management / treatment:</b>  																											

Further advice:	Referral to:	Preferred method of contact:
<input type="checkbox"/> Condoms given?	<input type="checkbox"/> GUM	<input type="checkbox"/> Home tel:
<input type="checkbox"/> Condom demonstration?	<input type="checkbox"/> Counselling	<input type="checkbox"/> Mobile:
<input type="checkbox"/> Safer sex / no SI if on treatment	<input type="checkbox"/> TOP	<input type="checkbox"/> Letter – address:
<input type="checkbox"/> OCP interaction if abs	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Importance contact tracing		

**Signed (print)** \_\_\_\_\_ **Date** \_\_\_\_\_

## Appendix 2



A4 Provider poster



A4 provider confidentiality poster



Provider window sticker



Wallet cards - Front and back design



A5 Promotional flyer



A4 promotional service poster

## Appendix 3: Templates for notifying Public Health Wiltshire of changes to delivery or organisational details

Public Health Wiltshire  
 Wiltshire Council, County Hall,  
 Bythesea Road  
 Trowbridge  
 Wiltshire  
 BA14 8JN

Email: [PHServicePayments@wiltshire.gov.uk](mailto:PHServicePayments@wiltshire.gov.uk)  
 Date: \*\*\*\*\*

Dear Public Health Wiltshire,

### RE: Change of Supplier details – contact or bank information

We are currently on the Public Health Wiltshire Supplier framework for the provision of Public Health Services. We would like to notify you of amendments to information submitted through our application, either organisation contact details or bank details to help you maintain your records and process payments.

#### 1. Changes to contact details

Previous details	
Organisation name	
Address	
Postcode	
Telephone number	
Email address	
Contact name	
Pharmacy ODS code	
New details	
Organisation name	
Address	
Postcode	
Telephone number	
Email address	
Contact name	
Pharmacy ODS code	

Change request completed by:

Date:

Please email this updated information to [PHServicePayments@wiltshire.gov.uk](mailto:PHServicePayments@wiltshire.gov.uk)

## 2. Changes to bank details

Please indicate if you have recently changed your organisation's bank details: **Y / N**

**Supplier name:**

**Supplier postcode:**

**Change request completed by:**

**Date:**

Public Health Wiltshire requires the following information, on the organisation's headed paper, for our records:

- Organisation name
- Organisation address
- Email address (for remittance)
- Organisation phone number
- VAT registration number (if applicable)
- Sort code
- Account number

To enable timely payment for Public Health Services activity claims, please ensure this updated information is provided to us as soon as possible. Please email your new bank details, on company headed paper, to [PHServicePayments@wiltshire.gov.uk](mailto:PHServicePayments@wiltshire.gov.uk)

If you have any questions, please do not hesitate to contact Public Health Wiltshire using the email address above.

Kind regards,

Public Health Wiltshire