



North Northamptonshire Council

Schedule 1 Service specification

Service Specification Name	North Northamptonshire Contraceptive Service Emergency Hormonal Contraception (EHC) 2025
Service Summary	North Northamptonshire Contraceptive Service will provide Emergency Hormonal Contraception (EHC) under Patient Group Direction (PGD) as a Locally Commissioned Public Health Service (LCPHS)
Commissioning authority	North Northamptonshire Council
Commissioning Lead	Yvonne Powell – Commissioning Manager
Period covered	1 st April 2025 – 31 st March 2029
Date of Review	Annual Review (January)
SERVICE COMMENCEMENT AND CONTRACT TERM	
Effective Date	1 st April 2025
Service Commencement Date	1 st April 2025
Contract Term	The contract will have a term of 2 years, with the option to extend up to two additional years, for a maximum total contract length of 4 years. Any extension must be for a minimum of 6 months. The contract is set to commence on 01/04/2025.
Contract Value	£20,000 per annum £80,000 over a 4-year period
Option to extend Contract Term	Yes
Notice Period (for termination)	One month

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1. Introduction

North Northamptonshire Council (the Council) is committed to improving sexual and reproductive health outcomes within the region. As part of this commitment, the Council seeks to commission community pharmacies to deliver Emergency Hormonal Contraception (EHC) services.

This Service Specification sets out the requirements for the delivery of EHC services, in alignment with the National Public Health Outcomes Framework, which aims to enhance access to contraception and sexual health advice.

Participating pharmacies will provide free EHC under a Patient Group Direction (PGD).

2. Background

The Framework for Sexual Health Improvement in England (2013)¹ and the Women's Health Strategy for England (2022)² sets out national goals to improve health outcomes across the life course. This EHC service aligns with these objectives by providing timely and accessible contraception to prevent unintended pregnancies, particularly for vulnerable populations.

Locally, the service will support the Council's "One Council Plan", which aims to create thriving, inclusive communities where residents have opportunities to improve their health, wellbeing, and quality of life. Achieving this vision requires collaboration across the healthcare system, including partnerships with North Northamptonshire Integrated Sexual Health Services (NNISH), to deliver a holistic, patient-centred approach to sexual health.

Unplanned pregnancy remains a significant public health challenge due to its long-term social, health, and educational consequences. EHC offers a cost-effective solution to reduce unintended pregnancies and supports wider efforts to improve sexual health outcomes. In North Northamptonshire:

- The abortion rate for women aged 15–44 is 21.1 per 1,000, exceeding both regional and national averages³.

¹ Department of Health. (15 March 2013). Guidance A Framework for Sexual Health Improvement in England. [Online]. GOV.UK. Available at: <https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england> [Accessed 12 November 2024].

² Department for Health and Social Care. (20 July 2022). Women's Health Strategy for England. [Online]. GOV.UK. Last Updated: 30 August 2022. Available at: <https://www.gov.uk/government/publications/womens-health-strategy-for-england> [Accessed 12 November 2024].

³ Health (2025). *Sexual and Reproductive Health Profiles | Fingertips | Department of Health and Social Care*. [online] Phe.org.uk. Available at: <https://fingertips.phe.org.uk/sexualhealth#page/1/gid/8000059/pat/15/par/E92000001/ati/502/are/E06000061/yr/1/cid/4/tbm/1> [Accessed 12 November 2024].

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- Teenage pregnancy rates have declined, but unintended conceptions continue to impact individuals, families, and local services.

The Emergency Hormonal Contraception (EHC) service is integrated with the national Pharmacy Contraception Service (PCS), allowing pharmacists to prescribe oral hormonal contraception for both new and repeat prescriptions. This service eliminates the need for clients to visit a General Practice (GP) or clinic, streamlining access to contraception.

By aligning the EHC service with PCS, clients can access a broader range of contraceptive options in one location, enhancing convenience and improving health outcomes for residents. The integration promotes timely access, reduces barriers to care, and supports increased privacy for individuals seeking contraception services.

Providers must adhere to national clinical guidelines and safeguarding policies, including the assessment of Fraser competence for young people. Key standards and guidelines include:

- FSRH Clinical Guideline: Emergency Contraception (March 2017, amended July 2023)⁴
- FSRH Clinical Guideline: Contraceptive Choices for Young People (2019)⁵
- FSRH Clinical Guideline: Barrier Methods for Contraception and STI Prevention (2015)⁶
- NICE Guidance PH51: Contraceptive Services for Under 25s (2014)⁷
- UK Medical Eligibility Criteria for Contraceptive Use (UKMEC)⁸

By integrating these national frameworks with local priorities, the EHC service aims to address health inequalities and empower residents to make informed decisions about their sexual and reproductive health.

3. Key Service Aims and Outcomes

⁴ The Faculty of Sexual and Reproductive Healthcare. (March-2017.). *FSRH Clinical Guideline: Emergency Contraception (March 2017, amended)*. [Online]. Faculty of Sexual and Reproductive Healthcare. Last Updated: July 2023. Available at: [FSRH Clinical Guideline: Emergency Contraception \(March 2017, amended July 2023\) FSRH](#) [Accessed 12 December 2024].

⁵ The Faculty of Sexual and Reproductive Healthcare. (March 2010). *FSRH Clinical Guideline: Contraceptive Choices for Young People*. [Online]. FSRH. Last Updated: May 2019. Available at: [FSRH Clinical Guideline: Contraceptive Choices for Young People \(March 2010, amended May 2019\) | FSRH](#) [Accessed 12 December 2024].

⁶ The Faculty of Sexual and Reproductive Healthcare. (August 2023). *FSRH Clinical Guideline: Barrier Methods for Contraception and STI Prevention*. [Online]. <https://fsrh.org/Public/Documents/ceu-clinical-guidance-emergency-contraception-march-2017.aspx>. Last Updated: October 2015. Available at: [FSRH Clinical Guideline: Barrier Methods for Contraception and STI Prevention \(2012, amended 2015\) | FSRH](#) [Accessed 12 December 2024].

⁷ National Institute for Health and Care Excellence. (2014). *Contraceptive services for under 25s*. [Online]. NICE. Available at: [Overview | Contraceptive services for under 25s | Guidance | NICE](#) [Accessed 12 December 2024].

⁸ The Faculty of Sexual and Reproductive Health care. (September 2019). *UK Medical Eligibility Criteria for Contraceptive Use (UKMEC)*. [Online]. FSRH. Last Updated: April 2016. Available at: [UK Medical Eligibility Criteria for Contraceptive Use \(UKMEC\) | FSRH](#) [Accessed 12 December 2024].

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The Emergency Hormonal Contraception (EHC) service aims to:

- Prevent unplanned pregnancies by providing timely access to EHC and quick-start contraception under a Patient Group Direction (PGD).
- Promote safe sexual practices and improve sexual health outcomes across all age groups.
- Reduce sexual health inequalities by delivering accessible, tailored services for vulnerable and underserved populations.

Core Outcomes

The service will achieve its aims through the following key elements:

- **Provision of EHC and Quick-Start Contraception:** Reduce unplanned pregnancies and terminations by providing timely EHC and quick-start contraception under a Patient Group Direction (PGD) to individuals who have had unprotected sex, regardless of age.
 - **Accessibility for Individuals Aged 13+:** Improve access to emergency contraception and sexual health advice for individuals aged 13 and above, with a particular focus on teenagers.
 - **Addressing Sexual Health Inequalities:** Deliver services that are accessible, acceptable, and tailored to meet the needs of vulnerable groups to reduce sexual health inequalities.
 - **Safeguarding and Child Sexual Exploitation (CSE):** Recognise and respond to safeguarding concerns, including signs of CSE, and make referrals to safeguarding services when appropriate.
 - **Health Promotion and Behavioural Support:** Offer brief interventions and referrals to prevention services (e.g., smoking cessation, physical activity, diet and nutrition, alcohol support) as part of a holistic approach to health promotion.
 - **Provision of Levonelle 1500 and EllaOne:** Supply Levonelle 1500 to women of any age, including those under 16 deemed Fraser competent, under a PGD. Where available, EllaOne should be the first-line option, provided there is an established protocol for its use.
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- **Fraser Competency Assessments:** Conduct Fraser competency assessments for individuals under 16 to ensure appropriate and safe provision of EHC.
- **Emergency Contraceptive Options:** Discuss all emergency contraceptive options with clients, including emergency intrauterine device (IUD). This is particularly important for clients who have exceeded the effectiveness timeframe of 72–96 hours for Levonelle 1500 or 120 hours for EllaOne (where available). Clients seeking an IUD should be referred to their GP or local sexual health service, with EHC provided in the interim as per PGD in case they do not attend.
- **Chlamydia Screening for Under 25s:** Encourage Chlamydia screening for all individuals under 25 requesting EHC, aiming to offer a screen in 100% of consultations with this age group.
- **C-Card Outlet and Condom Access:** Act as a C-Card outlet to improve condom access for individuals under 25, or signpost to the nearest C-Card provider if unavailable.
- **Safe Sex Information and STI Referrals:** Provide information on safe sex practices and refer patients to the Integrated Sexual Health Service for comprehensive contraception and STI screening as needed.
- **Client-Centred and Confidential Service:** Deliver a non-judgmental, client-centred, and confidential service, ensuring all clients feel respected and supported.

4. Service Description

The Provider is responsible for delivering Emergency Hormonal Contraception (EHC) services in line with national guidelines and safeguarding protocols. The service must be delivered in a way that is accessible, non-judgmental, and client-centred, ensuring all clients feel respected and supported.

Definitions

For the purposes of this specification:

- **‘The Provider’** refers to the contracted pharmacy responsible for overall service delivery, compliance with contractual obligations, and administrative requirements.
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- **‘The Pharmacist’** refers to the accredited individual delivering consultations under the Patient Group Direction (PGD) and carrying out clinical duties.

The Provider is responsible for ensuring that the accredited pharmacist:

1. Assesses Client Needs:

- Confirms the client’s eligibility for Emergency Hormonal Contraception (EHC) under the Patient Group Direction (PGD).
- Conducts a Fraser competency assessment for clients under 16 to ensure they can give informed consent.

2. Provides Emergency Contraception Options:

Discusses the full range of emergency contraception options, Supplies Levonorgestrel or Ulipristal Acetate under PGD, ensuring EllaOne is used as the first-line option where protocols allow, but can also include:

- Emergency IUD (Copper Coil): Recommended as the most effective option (>99% effectiveness).
- Levonorgestrel-based emergency contraception (Levonelle 1500).
- Ulipristal Acetate-based emergency contraception (EllaOne).

3. Discusses the Effectiveness of Emergency Contraception:

- Covers the benefits, risks, and possible side effects of each emergency contraception option.
- Refers or signposts clients to additional services, particularly those at high risk of pregnancy for whom an IUD may be the most effective option.

4. Informs Clients about IUD Effectiveness:

- Clearly communicates that an IUD is the most effective method of emergency contraception.

5. Manages Unsuitable Cases:

- Advises clients who are unsuitable for EHC or have exceeded the timeframes for Levonorgestrel (72–96 hours) or Ulipristal Acetate (120 hours).
- Refers these clients to a local sexual health clinic or GP for an emergency IUD, supplying interim EHC as necessary (see Appendix A).

6. Promotes Regular Contraceptive Methods:

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- Provides information on regular contraception options to reduce reliance on emergency contraception.
- Refers clients to sexual health clinics or GPs for consultations on long-acting reversible contraception (LARC) or other methods.

7. Provides STI Prevention Advice and Condoms:

- Offers advice on safe sex practices and the importance of condoms for preventing sexually transmitted infections (STIs).
- Provides condoms where appropriate or signposts clients to C-Card providers (see optional Component B).

8. Signposts and Refers Clients:

Refers clients to appropriate services for additional support, including:

- GPs for ongoing contraception needs.
- Sexual health services for STI testing or IUD provision.
- Safeguarding services, as necessary.

9. Maintains Confidentiality and Safeguarding Compliance:

- Adheres to confidentiality practices and safeguarding policies, ensuring that vulnerable clients, particularly those under 16, are referred to safeguarding services when needed.

10. Conducts Remote Consultations (if applicable):

- Follows the same assessment and consultation process as face-to-face consultations.
- Ensures safe delivery or collection of EHC, with appropriate attention to safeguarding considerations.
- Refers vulnerable clients, particularly those under 16, to sexual health services as needed.

Remote Consultations

Remote consultations for EHC may be conducted via telephone only when the individual cannot attend the pharmacy in person. In such cases:

- The same assessment and consultation questions must be followed as in face-to-face consultations.
 - EHC may be delivered to the patient or collected by a representative if the pharmacist has ensured patient safety and minimised risks, with particular attention to safeguarding considerations.
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- Vulnerable clients, particularly those under 16, must still be referred to a sexual health service for additional support.

The Faculty of Sexual and Reproductive Healthcare (FSRH) and the British Association for Sexual Health and HIV (BASHH) provide standards for online and remote sexual health service providers, which serve as benchmarks for all providers. Further details can be accessed on FSRH/BASHH Standards for Online and Remote Providers of SRH Services⁹.

5. Statement of Requirements

This section outlines the detailed requirements for pharmacists, providers, and premises to deliver Emergency Hormonal Contraception (EHC) services effectively and consistently.

Role of the Pharmacist

The Provider must ensure that the accredited pharmacist:

1. Maintains Knowledge and Professional Standards:

- Is familiar with the contents of the relevant PGDs, service specification, consultation templates, assessment tools, and national and local guidelines.
- Maintains awareness of sexual offences legislation and its implications for service provision.
- Holds suitable professional indemnity insurance.

Conducts Consultations in Line with PGD Protocols:

- Assesses client eligibility for EHC and conducts Fraser competency assessments for individuals under 16.
- Explains all emergency contraception options, including:
 - Emergency IUD (Copper Coil): Recommended as the most effective option (>99% effectiveness).
 - Levonorgestrel-based emergency contraception (Levonelle 1500).

⁹ The Faculty of Sexual and Reproductive Health care. (2019). *FSRH/BASHH Standards for Online and Remote Providers of Sexual and Reproductive Health Services*. [Online]. FSRH. Available at: [FSRH/BASHH Standards for Online and Remote Providers of SRH Services \(Jan 2019\) | FSRH](#) [Accessed 12 December 2024].

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- Ulipristal Acetate-based emergency contraception (EllaOne).

Provides verbal and written information to clients, covering:

- Possible changes to their menstrual cycle.
- The need for barrier contraception until other methods are resumed.
- Signs of ectopic pregnancy requiring medical attention.
- When to seek advice or take a pregnancy test if menstruation is irregular or absent.

2. Ensures Safeguarding Compliance:

- Identifies safeguarding concerns during consultations, particularly risks related to child sexual exploitation (CSE) and sexual abuse.
- Refers clients to safeguarding services as required, following local safeguarding protocols.

Has access to safeguarding resources, including contacts for:

- The local Safeguarding Children Board.
- Children's Services.
- Local Authority Children's Social Care referral points.
- Completes and documents safeguarding referrals in line with local and national guidelines.

3. Provides Chaperone Availability:

- Ensures a chaperone is available upon client request, using an appropriate pharmacy staff member.
- Records the name of the staff member acting as a chaperone, along with the date and time of the consultation.

4. Signposting and Referrals:

Refers or signposts clients to the appropriate services, as necessary, including:

- GPs for ongoing contraception needs.
 - North Northamptonshire Integrated Sexual Service for STI testing including chlamydia screening or emergency IUD provision.
 - NHS 111 for out-of-hours support.
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- Ensures signposting information is accurate, relevant, and up to date at the time of consultation.

Role of the Provider

The Provider is responsible for:

- **Promoting the Service:** Pharmacies should advertise their participation in the EHC scheme through posters, window stickers, leaflets, newsletters, digital screens, or other media.
 - **Participation in Chlamydia Screening Programme:** Pharmacies offering EHC should be signed up to the Chlamydia screening programme or be able to signpost to the nearest North Northamptonshire Integrated Sexual Health test site via this link [Integrated Sexual Health Service | NHFT](#).
 - **Ensuring Pharmacist Competency:** Confirm that all pharmacists delivering the service meet competency requirements and are familiar with the service specification and PGD.
 - **Participation in the C-Card Scheme:** Pharmacies offering EHC should be signed up to the C-Card scheme or be able to signpost to the nearest C-Card provider.
 - **Designating an Onsite Lead:** Assign an onsite lead to oversee service provision and ensure compliance with contract terms.
 - **Consultation Area:** Pharmacies must have a consultation area that is available for use when providing each of the above. This consultation area will be deemed suitable if it meets the requirements for conducting a Medicines Use Review.
 - **Service Continuity:** Make every reasonable effort to avoid interruptions in service. The Provider must ensure that all staff involved in service provision, including locum pharmacists, are familiar with the scheme details and local protocols. In the event of service disruption, staff should correctly signpost clients to another participating pharmacy or provider, including calling ahead to confirm availability at alternative locations.
 - **Claims Submission:** Submit completed claims monthly via PharmOutcomes and respond promptly to any queries arising from the claims.
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- **Informing The Council of Changes:** Notify the council if an EHC-trained pharmacist leaves and the service can no longer be provided.

The Premises

The Provider is required to have a confidential consultation room (or area) suitable for conducting EHC consultations. It must:

- Provide sufficient space for customers, patients and staff members;
- Be kept clean and in good repair;
- Be laid out and organised for the purpose of consulting or providing a healthcare service;
- Be laid out and organised so that, once a consultation has commenced and is in progress, other members of staff (or customers) cannot interrupt the consultation or enter the room / area without permission;
- Not be used for storage of stock (other than stock that could be used or supplied during a consultation).

6. Data Management / UK General Data Protection Regulation (UK GDPR)

The Provider must comply with the NHS Data Security and Protection Toolkit and maintain an appropriate range of policies, procedures, and processes to secure and protect clients' personal information in line with legal requirements.

Confidentiality is a right of all clients. The Provider must clearly inform service users about confidentiality practices and the circumstances under which confidentiality may be breached. Consent should be obtained for sharing information with health professionals for treatment and prevention purposes.

The Provider must also ensure clients are informed that their anonymised data may be used for contract monitoring and public health analysis. All services must comply with the Faculty of Sexual and Reproductive Healthcare (FSRH) Standard Statement on Confidentiality.

7. Quality Requirements

Activity levels will be reviewed annually using data from the PharmOutcomes system for monitoring and payment. If a pharmacy is not delivering services or offering screening, the council will arrange a meeting to address the issue.

Activity for Submission to North Northamptonshire Council

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- Activity data must be submitted electronically via PharmOutcomes by the last day of the month in which the consultation occurred.
- Monitoring is an integral part of the commissioned service agreement, and compliance with the terms of service is essential for continuity by the Provider.
- Any data sharing outside of PharmOutcomes will be carried out confidentially and securely, in accordance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

Quality Indicators

All participating pharmacies are expected to operate within the following quality indicators and to provide evidence as required.

- The Provider must agree to cooperate with any locally agreed service evaluation or clinical audit exercise if requested. This may include visits by a mystery shopper or the administration of a client satisfaction questionnaire, supplied by the Provider.
- The pharmacist is recommended to attend the Centre for Pharmacy Postgraduate Education CPPE training event or webinar once, after signing the declaration of competence.
- There is an expectation of a collaborative commitment between North Northamptonshire Council, Providers, and the Local Pharmaceutical Committee (LPC) to continually improve the service. All parties should work proactively to develop innovative and dynamic ideas to enhance service accessibility.

8. Training

To deliver this service, the Provider must have evidence of competence in the clinical skills and knowledge necessary for all service aspects. The required skills and knowledge are covered in the training modules available on CPPE and/or NHS England's e-learning for healthcare (eLfH) platforms. As a minimum, the pharmacist must complete the CPPE Emergency Hormonal Contraception module.

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Essential Training Requirements

Safeguarding: Safeguarding Level 3¹⁰ (video on eLfH)

Additional Training to Support Clinical Practice:

- CPPE Documenting in patient clinical records (e-learning)¹¹
- CPPE Remote consultation skills (e-learning)¹²
- PGD (e-learning) on eLfH¹³
- CPPE consultation skills for pharmacy practice¹⁴: taking a person-centred approach and e-assessment

Pharmacists should self-assess their knowledge, skills, and confidence and declare their competence to supply EHC in line with the relevant PGD. This is achieved by:

Initial Competence Declaration: All pharmacists (including locums) must complete the CPPE Declaration of Competence form for emergency contraception before offering this service.

Competence Renewal: Pharmacists should renew their personal declaration of competence every three years. Copies should be retained on file and made available to North Northamptonshire Council upon request.

The Provider must ensure that all pharmacists have signed the PGD, with copies kept on file. The Provider is also required to declare their competence by electronically submitting their registration and competence on PharmOutcomes.

9. Acceptance and Exclusion Criteria

EHC Service Acceptance

¹⁰ NHS England. (2022). *Safeguarding level 3 for Community Pharmacy Teams*. [Online]. NHSE eLfH. Last Updated: 16/08/2022. Available at: [Safeguarding Children and Adults Level 3 for Community Pharmacists](#) [Accessed 12 December 2024].

¹¹ Centre for Pharmacy Postgraduate Education. (2020). *Documenting in patient clinical records*. [Online]. CPPE. Last Updated: 01/2023. Available at: [CPPE Documenting in patient clinical records](#) [Accessed 12 December 2024].

¹² Centre for Pharmacy Postgraduate Education. (2020). *Remote consultation skills*. [Online]. CPPE. Last Updated: 09/2024. Available at: [CPPE Remote consultation skills](#) [Accessed 12 December 2024].

¹³ NHS England. (2021). *Patient Group Directions*. [Online]. eLearning for healthcare Hub. Last Updated: 26 June 2024. Available at: [PGD](#) [Accessed 12 December 2024].

¹⁴ Centre for Pharmacy Postgraduate Education. (2024). *Consultation skills: face-to-face and remote*. [Online]. CPPE. Last Updated: 2024. Available at: [CPPE consultation skills for pharmacy practice](#) [Accessed 12 December 2024].

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- The EHC Service is available to all women who reside or work in North Northamptonshire and believe they may be at risk of pregnancy, regardless of age, or GP practice.
- Clients under 16 years of age can access the service if they are deemed competent to consent to treatment according to Gillick Competency and Fraser guidelines.
- There is no limit to the number of times a client can access the EHC Service; however, practitioners should use discretion with repeat attendees. It should be emphasised to clients that EHC is an emergency measure only and that they should consult their GP or the Contraceptive and Sexual Health Service for regular contraceptive options.
- The service should be 'open access' for all individuals in the area, meaning that anyone present in the area should be able to access the full range of sexual health services provided.

EHC Service Exclusion

- Women who are unsuitable for treatment under the conditions of the PGD or this service specification.
- Women who have not provided valid consent for the treatment.
- Friends, relatives, or third parties requesting EHC on behalf of the intended user.
- EHC should not be supplied for possible future use.
- If a practitioner chooses not to supply EHC due to moral or religious beliefs, they must refer the client to an alternative source within the time limits for EHC to be effective, ensuring contraceptive cover is not compromised.

If a service user requires EHC but is excluded from supply under the PGD, they should be advised to visit their GP or attend a Contraceptive & Sexual Health clinic as an emergency. They should also receive information and advice on how to access other sexual health services.

The service reserves the right to refuse provision to a service user displaying unreasonable or unacceptable behaviour toward staff, or if the named professional responsible for their care deems it clinically necessary.

Interdependencies with Other Services

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- Individuals presenting with symptoms of sexually transmitted infections should be advised to seek immediate care from local Genito-Urinary Medicine (GUM) and Sexually Transmitted Infection Treatment Services.
- Individuals identified as pregnant should be referred to their GP or a local pregnancy advisory service.

The service will maintain effective working relationships with associated services, agencies, and stakeholders to enhance the quality of care and support a holistic approach where necessary. These associated groups may include:

- General practices
- Pharmacies
- Integrated contraception and sexual health services
- Integrated Care Board and NHS England
- UK Health Security Agency or Office of Health Improvement and Disparities
- Safeguarding Children and Adults Boards
- Safeguarding teams within the NHS and local authorities

10. Contract Management, Performance Monitoring, and Review

Key Performance Indicators

The partial postcode of each client must be entered into PharmOutcomes to enable claim processing by the Council.

The Provider will support the achievement of the following outcomes, which will be monitored regularly:

	Indicator	Source	Frequency
1	Number of consultations for emergency hormonal contraception.	PharmOutcomes	The council will extract from PharmOutcomes on a quarterly basis.
2	Number of clients issued and supplied with emergency contraceptive pills.	PharmOutcomes	The council will extract from PharmOutcomes on a quarterly basis.
3	Number of clients according to different demographic factors such as age, ethnicity, LSOA.	PharmOutcomes	The council will extract from PharmOutcomes on a quarterly basis.

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4	Number of times that condoms are issued within an EHC consultation.	PharmOutcomes	The council will extract from PharmOutcomes on a quarterly basis.
5	Number of Chlamydia tests offered during EHC consultations (15-24years only)	PharmOutcomes	The council will extract from PharmOutcomes on a quarterly basis.

Service Monitoring and Compliance

The council will monitor compliance with the requirements of this service specification and may arrange visits to providers as needed.

Service Volume

The council does not set a minimum or maximum number of consultations. However, it reserves the right to temporarily limit or suspend the service if demand exceeds or is expected to exceed the available budget. This includes the provision of condoms, which may need to be prioritised in areas with higher teenage pregnancy and STI rates.

The council will give the Provider with at least three months' notice if a suspension or limitation becomes necessary.

11. Risk Management

Safeguarding Adults

The Provider must ensure that staff have received appropriate training on safeguarding vulnerable adults and are familiar with the guidance, policies, and procedures from the North Northamptonshire Safeguarding Adults Board¹⁵.

If an adult has been sexually assaulted or raped, the Provider must refer them to the appropriate service and authority.

Safeguarding Children and Young People

The Provider must ensure that practitioners understand their specific responsibilities when working with young people aged 13 to 15, as well as those under 13. In principle, all individuals under 16 should be seen in a clinical setting.

¹⁵ Northamptonshire Adult Safeguarding Board. (2025). Northamptonshire Adult Safeguarding Board. [Online]. northamptonshiresab.org.uk. Available at: [Northamptonshire Safeguarding Adults Board |](https://northamptonshiresab.org.uk) [Accessed 10 February 2025]

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For clients under 16, the Provider must ensure they are seen by a worker trained in Fraser Competency to assess their capacity to consent to EHC. The EHC consultation should proceed only if the client is assessed as competent under the Fraser Ruling.

For individuals under 13, the pharmacist should contact the on-call doctor from the East Midlands Children and Young People Sexual Assault Service (EMCYPAS) for support and to determine who will administer EHC¹⁶. A safeguarding referral to Children's Social Care (Multi-Agency Safeguarding Hub)¹⁷ should also be made, as the Sexual Offences Act states that individuals under 13 cannot legally consent to sexual intercourse; therefore, this constitutes statutory rape. See Appendix C for contact details of relevant agencies.

Child Sexual Exploitation (CSE)

The Provider must ensure that staff delivering the service have received appropriate training to identify CSE, both as part of their induction and through ongoing, service-specific training. The service should adhere to good practice by using the Spotting the Signs national proforma to identify risk of child exploitation within sexual health services.

Domestic Abuse

During consultations, where appropriate, information should be provided to clients on available sexual and domestic abuse support services.

Serious Incidents

The Provider must have processes and procedures in place for reporting serious incidents and patient safety incidents. All serious incidents and patient safety events should be managed in line with the Patient Safety Incident Response Framework (PSIRF)¹⁸ as outlined under the NHS Standard Contract¹⁹.

Guidance for Transgender and Non-Binary People

Guidance on managing requests for emergency contraception for transgender and non-binary individuals can be found in the [FSRH CEU Clinical Statement](#):

¹⁶ NHS. (2025). *Children and Young People East Midlands Sexual Assault*. [Online]. EMCYPAS. Available at: [East Midlands Children and Young People's Sexual Assault Service - East Midlands Children and Young People's Sexual Assault Service](#) [Accessed 10 February 2025].

¹⁷ Northamptonshire Safeguarding Children partnership. (2024). *Child Exploitation Risk Assessment Framework (CERAF)*. [Online]. northamptonshirescb.org.uk. Available at: [News - Northamptonshire Safeguarding Children Board](#) [Accessed 10 February 2025].

¹⁸ NHS England. (2020). *Patient Safety Incident Response Framework*. [Online]. NHS England. Last Updated: 2022. Available at: [Patient Safety Incident Response Framework \(PSIRF\)](#) [Accessed 12 December 2024].

¹⁹ NHS England. (2024). *NHS Standard Contract*. [Online]. NHS England. Last Updated: April 2024. Available at: [NHS Standard Contract](#) [Accessed 12 December 2024].

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[Contraceptive Choices and Sexual Health for Transgender and Non-Binary People](#)²⁰.

This resource provides information on both emergency and ongoing contraception.

Regarding emergency contraception, the FSRH states: “Both oral EHC methods (ulipristal acetate 30 mg and levonorgestrel 1.5 mg) and the Cu-IUD can be used by trans men and non-binary people without interfering with the hormone regimens used in their treatment.”

12. Performance and Compliance Audits

Clinical Governance

The Provider is responsible for ensuring that robust clinical governance arrangements are in place to support the delivery of safe, effective, and high-standard services. The Provider must adhere to Department of Health guidance, including:

- Establishing and maintaining links with reproductive and sexual health services.
- Implementing processes and procedures for reporting incidents, including serious untoward incidents (SUIs). The Provider is required to inform the Director of Public Health of incidents, near misses, complaints, compliments, and other patient feedback.

Clinical Skills and Competencies

The Provider is responsible for ensuring that all staff are competent and trained to deliver the services described in this specification.

All Personnel who provide EHC services must:

- Maintain awareness of and implement robust processes around Information Governance.
- Be registered with the General Pharmaceutical Council and have completed the current CPPE training packages on Emergency Contraception and Safeguarding Vulnerable Adults and Children (online or face-to-face).

²⁰ FSRH. (2017). *FSRH CEU Statement: Contraceptive Choices and Sexual Health for Transgender and Non-binary People*. [Online]. fsrh.org. Available at: FSRH. (2017). *FSRH CEU Statement: Contraceptive Choices and Sexual Health for Transgender and Non-binary People*. [Online]. fsrh.org. Available at: <https://www.fsrh.org/Common/Uploaded%20files/documents/contraceptive-choices-and-sexual-health-for-t> [Accessed 11 February 2025].

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- Complete the CPPE Declaration of Competence (DOC) to provide emergency contraception within the past three years.
- Sign the PGD for the supply of Levonelle 1500.
- Sign the PGD for the supply of EllaOne (when available).
- Undergo an Enhanced Disclosure and Barring Service (DBS) check, to be repeated every three years. The staff member's surname, certificate number, and date of birth should be made available to the Provider upon request. (For more information, see The Disclosure and Barring Service helps employers make safer recruitment decisions²¹).

13. Other Relevant Details

Variation

The Council reserves the right to vary any part of this agreement at any time due to changes arising from an Act of Parliament, a directive from Central Government, or the results of an audit or review. A minimum of 60 days' notice will be provided for any such variation.

The Council also reserves the right to propose amendments to service provision to ensure the contract's purpose is fulfilled and that achievable activity is maintained. This may occur if Central Government, NHS England, the UK Health Security Agency, or any other regulatory body deems routine activities specified in this document no longer feasible.

Services Fee & Invoicing Arrangements

The Provider will receive the following level of payments:

NB: Please note that these payments are for financial 2024 to 2025 and are subject to review.

Consultation Fee: For each completed consultation (including a Chlamydia screen if client is under 25), regardless of whether a supply is made to the client.	£15
Drug Reimbursement: The drug reimbursement of a supervised dose of Levonorgestrel or Ulipristal Acetate will be paid at Drug Tariff Price and subject to BNF rate changes.	Drug Tariff Price

²¹ GOV.UK. (1997). *The Disclosure and Barring Service helps employers make safer recruitment decisions*. [Online]. GOV.UK. Last Updated: 2012. Available at: <https://www.gov.uk/government/organisations/disclosure-and-barring-service/about> [Accessed 12 December 2024].

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- Payment is contingent upon activity being recorded on PharmOutcomes.
- The council will audit the application of the inclusion criteria for the provision of Levonorgestrel 1.5mg and Ulipristal Acetate 30mg.
- The council will review the tariff annually and reserves the right to adjust the fee as needed.
- Payments will be credited to the Provider's account by the end of the month following entry into the PharmOutcomes system. Invoices are automatically submitted via PharmOutcomes.
- No payments (for consultation or drug costs) will be made if the service has been provided by an untrained EHC service pharmacist, non-pharmacist staff, or if a supply is made outside the conditions of the PGD.
- Regular audits and mystery shopper exercises will be conducted throughout the contract period.
- The Provider will comply with any reasonable alternative payment processes required by the council.

Annexes

Appendix A: Guidance on Contraceptive Advice for Young People (13-15)

The Fraser Guidelines

The Fraser Guidelines (1986) outline best practices for health professionals providing contraceptive advice or treatment to individuals under the age of 16 without parental consent. This is deemed appropriate if the Fraser criteria is met (see below).

In considering contraception advice or treatment for individuals under 16, doctors and other healthcare professionals should take particular care not to undermine parental responsibility or family stability. Therefore, they should always encourage the young person to inform their parents or guardian, or to permit the professional to inform them, about the advice or treatment being sought.

In exceptional cases where the young person is unwilling or unable to involve their parents—such as in situations where family relationships have broken down—a

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healthcare professional may provide advice and treatment without parental knowledge or consent if the following criteria are satisfied:

Fraser criteria:

1. The young person understands the advice given and has sufficient maturity to comprehend the moral, social, and emotional implications involved.
2. The young person cannot be persuaded to involve their parents, nor will they allow the parents to be informed that contraceptive advice is being sought.
3. The young person is likely to begin or continue having sexual intercourse with or without contraceptive treatment.
4. Without contraceptive advice and treatment, the young person's physical and/or emotional health is likely to suffer.
5. It is in the young person's best interests for the doctor or other health professional to provide contraceptive advice and/or treatment without parental consent.

Assessment for Clients Under 16

If a client is believed to be under 16 years of age (but at least 13-year-old), the pharmacist will assess the client's competence in accordance with the Fraser Guidelines. A designated section of the proforma (see SLA) must be completed during this process. During each consultation, the pharmacist should discuss and document the following areas, including an evaluation of the young person's maturity:

- The young person's understanding of the advice given.
- Encouragement to involve their parents.
- The potential impact on the young person's physical or mental health if advice or treatment is withheld.
- Confidentiality e.g., breach on if at risk to self or others
Actions taken in the best interest of the young person.

Appendix B: Guidelines for Missed Pills & Use of Emergency Hormonal Contraception (EHC)

There is no point in the menstrual cycle that is entirely risk-free for pregnancy, especially if the woman has irregular periods or is unsure of her cycle dates. However, the risk of pregnancy in the first three days of the cycle is considered negligible.

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Situation	Indications for emergency contraception
<i>Unprotected sex</i>	<ul style="list-style-type: none"> • Consensual sex, no contraceptive methods used • Rape or sexual assault with risk of pregnancy • Coitus interruptus / failed coitus interruptus • Ejaculation on external genitalia.
<i>Potential failures of various contraceptive methods</i>	
Combined pills	If two or more combined oral contraceptive pills are missed in the first week of pill-taking (i.e., days 1–7), and unprotected sexual intercourse (UPSI) occurs during this time or in the pill-free week preceding it.
Progestogen-only pills	If <i>one or more</i> POPs have been missed or taken >3 hours late (>12 hours late for Cerazette®) <i>and</i> UPSI has occurred in the 2 days following this.
Intrauterine contraception	If complete or partial expulsion is identified or mid-cycle removal of an IUD/IUS is deemed necessary <i>and</i> UPSI has occurred in the last 7 days.
Progestogen-only injectables	If the contraceptive injection is overdue—more than 14 weeks since the previous medroxyprogesterone acetate (DMPA) injection or more than 10 weeks since the previous norethisterone enantate (NET-EN) injection—and unprotected sexual intercourse (UPSI) has occurred.
Barrier methods	If there has been failure of a barrier method.
<i>Use of liver-enzyme inducers</i>	
Liver enzyme-inducing drugs (including St John's Wort)	An additional barrier method is recommended while using these contraceptives concurrently with liver enzyme inducers. Emergency hormonal contraception (EHC) is indicated if unprotected sexual intercourse (UPSI) or barrier method failure occurs during, or within 28 days after, the use of liver enzyme-inducing drugs.

Definitions

Term or Acronym	Definition
Contract	The legal agreement between the Provider and the Council, detailing the Council's requirements, terms, and conditions.

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Term or Acronym	Definition
Contract Year	A period of twelve (12) months, commencing on the Contract Start Date.
Council	North Northamptonshire Council, the commissioning authority for this service specification.
Service and/or Works	Refers to the goods, supplies, services, works, or any related requirements to be provided by the Provider to fulfil the obligations of the contract.
Provider	The organisation contracted by the Council, following the evaluation of bids, to deliver the specified services.
Pharmacist	The accredited individual responsible for delivering consultations under the Patient Group Direction (PGD) and providing clinical care.
Patient Group Direction (PGD)	A written instruction that enables qualified health professionals to supply and administer specific medicines to groups of patients without a prescription.
EHC	Emergency Hormonal Contraception, a method of preventing pregnancy after unprotected sexual intercourse (UPSI).
UPSI	Unprotected Sexual Intercourse, sexual activity without the use of contraception or barrier methods to prevent pregnancy or STIs.
Safeguarding	Policies and procedures aimed at protecting children, young people, and vulnerable adults from harm, including abuse, neglect, and exploitation.
Fraser Competence	A legal framework used to assess whether a young person under the age of 16 has the capacity to consent to medical advice or treatment.

Appendix C: Information for use by Community Pharmacists.

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**East Midlands Children and Young People Sexual Assault Service
(EMCYPSAS)**

Website: East Midlands Children and Young People's Sexual Assault Service.

Advice line number: 0800 183 0023²².

Spotting the Signs of CSE Proforma

The British Association for Sexual Health and HIV (BASHH) and Brook have developed the *Spotting the Signs* tool to help UK health professionals identify young people at risk of or experiencing sexual exploitation²³.

²² NHS East Midland Children and Young People Sexual Assault Services. (2024). *East Midland Children and Young People Sexual Assault Services*. [Online]. East Midland Children and Young People Sexual Assault Services. Last Updated: 2024. Available at: [East Midlands Children and Young People's Sexual Assault Service - East Midlands Children and Young People's Sexual Assault Service \(emcypsas.co.uk\)](https://emcypsas.co.uk) [Accessed 12 December 2024].

²³ British Association of Sexual Health and HIV. (2021). *STI and Related Conditions in Children and Young People 2021*. [Online]. bashh.org/. Available at: [STI and Related Conditions in Children and Young People 2021 | BASHH](https://www.bashh.org/sti-related-conditions-in-children-and-young-people-2021) [Accessed 10 February 2025].
