Pharmacy Emergency Hormonal Contraception Scheme; Levonorgestrel Only - Lancashire Version

PERFORMANCE REQUIREMENTS – SPECIFICATION, QUALITY AND PRODUCTIVITY

Service	**Pharmacy Emergency Hormonal Contraception Service; Levonorgestrel Only**
Commissioner Lead	**Chris Lee**
Provider Lead	**Community Pharmacies**
Period	**1st April 2022 – 31st March 2023**

1. Purpose

1.1 General Overview

This specification sets out a model for the provision of an Emergency Hormonal Contraception (EHC) service involving the supply of Levonorgestrel where appropriate, by a suitably qualified and competent community pharmacist, free of charge, (funded by the commissioner), to the service user, according to the approved Patient Group Direction (PGD) for the supply of emergency hormonal contraception by a community pharmacist from a community pharmacy.

1.2 Aims

- To improve access to Emergency Hormonal Contraception (EHC) and sexual health advice.
- To increase knowledge of EHC and mainstream contraception amongst service users and healthcare professionals.
- To increase knowledge of risks associated with sexually transmitted infections (STI's) and refer to appropriate services.
- To help contribute to a reduction in the rate of unplanned pregnancies, particularly in under 18s.
- To signpost hard to reach females, especially young females, into mainstream sexual health services.
- To enhance pharmacists' professional practice.
- To enable participating pharmacists to be active participants in an integrated multi-disciplinary service to help ensure easy and swift access to advice.

1.3 Objectives

- Delivery of a user friendly, non-judgemental, client-centred and confidential EHC service from community pharmacies
- Pharmacists will link into the local network of contraceptive and sexual health services to help ensure easy and swift access to advice

1.4 Expected Outcomes Including Improving Prevention

- Reduction in the under 18 conception rates.
- Reduction in the number of terminations of unplanned pregnancies.

1.5 Evidence Base

Recent policy
It is expected that as part of the pharmacist's professional responsibility, that they are cognisant of and compliant with the latest policy guidance and clinical practice, these currently include the following.

- RCOG FSRH Emergency Contraception (Aug 2011)
- Sexual Health Framework (DoH Mar 2013)
- Making it work Commissioning Guide (May 2014)
- Faculty of Sexual and Reproductive Health Clinical Guidance
- http://www.fsrh.org/pdfs/FSRHQualityStandardContraceptiveServices.pdf (April 2014)
- https://www.fsrh.org/documents/ceu-clinical-guidance-emergency-contraception-march-2017/fsrh-guideline-emergency-contraception-2017..pdf

The Department of Health's 'National Strategy for Sexual Health and HIV' recommends the development of Emergency Contraception services, and pharmacies are an ideal setting for provision of these services, particularly at weekends and bank holidays when other services may not be available.

The national strategy for sexual health and HIV (DoH Jul 2001)

'Choosing Health Through Pharmacy'; A programme for pharmaceutical Public Health, published in April 2005, encouraged PCTs to consider commissioning sexual health services through pharmacies.
Choosing Health through pharmacy

'Community pharmacy supply of emergency hormonal contraception: a structured literature review of international evidence' (Feb 2005) Oxford Journals – this literature review concluded that there was good evidence that community pharmacy EHC services provided timely access to treatment and were highly rated by women.
http://humrep.oxfordjournals.org/content/21/1/272.full

The Levonorgestrel prescribing has been updated in line with Faculty of Sexual and Reproductive Health Emergency Contraception guideline. The updates and additions from the previous PGD have been highlighted in yellow in the attached

2 Scope

2.1 Service Description

Pharmacists will supply Levonorgestrel Emergency Hormonal Contraception (EHC) when appropriate to clients in line with the requirements of a locally agreed Patient Group Direction (PGD). The PGD will specify the age range of clients that are eligible for the service; it may facilitate supply to young persons under 16 in appropriate circumstances.

This service is available to **all** females, irrespective of age or residency. It must be recorded whether they are a Lancashire resident or not and appropriate advice given regarding follow up in their local area.

Clients excluded from the PGD criteria will be referred as soon as possible to another local service that will be able to assist them, e.g. GP, community contraception service **(the pharmacist must be certain that the service they refer a client to is open and accessible, by ringing ahead if necessary)**; or will be invited to purchase over-the-counter EHC from the pharmacy if the exclusion from supply via the PGD is only due to an administrative matter i.e. age range determined by the Commissioner.

The pharmacy will ensure they have available, accessible, and up-to-date information to enable them to signpost people to other relevant sexual health services, as required, so as to be an active participant in an integrated multi-disciplinary sexual health economy.

NHS Choices has a postcode look up system that advises users where their nearest sexual health service is.

Pharmacists may need to share relevant information (e.g. for referrals) with other health care professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for the permission of the client to share the information.

As part of the EHC consultation, the provider will offer/provide Chlamydia screening postal kits where appropriate to people aged 15-24 (the Pharmacist may use professional discretion for those at high risk outside this age group accessing this service). The service will be free of charge to eligible service users and is funded by the Commissioner - service users are at liberty to refuse this service. A free of charge supply of six condoms should be offered at all consultations. The provider will be able to access Chlamydia screening postal kits from Sexual Health Services in their area, see section 4.2 and Appendix 1.

2.2 Accessibility, fairness, and equity of provision

The pharmacy must maintain appropriate records to ensure effective ongoing service delivery and audit. Records will be confidential and should be stored securely and for a length of time in line with local NHS record retention policies.

- The commissioning of this service will reflect The Public Services (Social Value) Act 2012. Lancashire County Council support this Act and will not seek just to assess the implications of commissioning decisions regarding the risk to groups of people but will look for opportunities (social value) to advance opportunities to those people.

- The service will be non-stigmatising and non-discriminatory, providing fair and equitable access. The service will comply with the Equality Act 2010.

- The service will work in a way that it does not discriminate against individuals on the grounds of gender, race, disability, sexual orientation, sexual practices, gender reassignment, age, pregnancy or maternity, marriage/civil partnership or belief system and will ensure that all applicable legislation is adhered to.

2.3 Essential links to other services/care pathways

The service will ensure links to: -

- General practice
- Chlamydia screening programme
- Interpreter services
- Sexual Health services
- Social Care
- Safeguarding Team

2.4 Interdependency with other contracts

Pharmacies will be able to access postal chlamydia screening kits from Sexual Health Services.

Pharmacies will be required to work alongside Sexual Health Services, GP Practices, and other Public Sector bodies such as the Police, Probation; and also, private and third sector organisations when required. See Appendix 1 for details of sexual health service providers in Lancashire.

3 Service Delivery

3.1 Competencies and Training

The service will ensure all staff are appropriately qualified and supported in their work so as to realise their potential, work positively with service users and their carers, and positively promote the service.

All staff will be supported to continuously update skills and techniques relevant to their work.

Staffing and management structures will be streamlined and efficient with all staff having clear areas of responsibility and remits.

Where appropriate qualified staff must be registered with a professional body e.g. The General Pharmaceutical Council (GPhC).

The pharmacist must:

- Have evidence of Continuous Personal Development (CPD).
- Sign the approved Patient Group Direction (PGD) for the supply of emergency hormonal contraception by a community pharmacist from a community pharmacy and agree to work in accordance with the PGD.
- Provide the CPPE (or equivalent) EHC 'Declaration of Competence' (DoC) documentation. Records of assessment for all the programmes must be retained by the pharmacy contractor, together with the EHC PGD; which has been signed by all pharmacists working to the PGD, and also by the authorising manager ('Individual Authorisation' on last page of the PGD). Please click on the link to access the CPPE 'Declaration of Competence' https://www.cppe.ac.uk/services/declaration-of-competence Declaration of Competence' to be available if requested by the commissioner
- Have appropriate indemnity insurance to provide this service.
- Undertake reassessment of competence to deliver the EHC service is recommended at least every 3 years
- Undertake Disclosure and Barring https://www.gov.uk/disclosure-barring-service-check/tracking-application-getting-certificate

The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service, including sensitive, client-centred communication skills. This may be facilitated by the provision of local training.

All training costs will be met by the pharmacy/ contractor providing the EHC service.

Where interruption of the service is unavoidable, the identified pharmacist(s) will ensure that support staff and any replacement pharmacists are aware of the details of the Pharmacy EHC service and are able to correctly signpost women to another participating pharmacy or health care provider. This will include phoning ahead, if signposting to another authorised pharmacy, to ensure that the service is available at that time. Instances must be reported to the commissioner and will be monitored. If this occurs repeatedly, the contract will be reviewed and may be terminated.

3.2 Service model

The pharmacy contractor must:

- Ensure that all pharmacists providing this service have completed the appropriate 'Declaration of Competence'.
- A standard operating procedure (SOP) must be produced by the service provider and reviewed annually for the provision of this service.

NOTE: The participating accredited pharmacy should only offer to sell over the counter EHC products when other routes of supply are not possible.

3.2.1 Display

All participating accredited pharmacies will be required to provide clearly visible dedicated window space for a logo/poster indicating the availability of EHC through a pharmacy enhanced service. Posters are available to download in PDF format:
http://psnc.org.uk/wp-content/uploads/2013/08/ThinkPharmacyPosters.pdf

Family Planning leaflets are available to download in PDF format:
http://www.fpa.org.uk/resources/downloads
FPA Guide to contraception leaflet
Registration on the FPA website will enable emailing of links so that patients can download leaflets and information.

3.2.2 Consultations

- The pharmacy will offer a user-friendly, non-judgmental, client-centred, and confidential service.

- EHC consultations are to be handled only by qualified pharmacists who have declared competence to deliver EHC services (see 3.1). No part of the consultation may be undertaken by any other individual, although other pharmacists and pre-registration students may, with the service user's consent, observe for training purposes.

- It should be reinforced at the start of every consultation that the service is completely confidential (the only exception being when the accredited pharmacist judges that the client is at risk and involvement of others is necessary, e.g. child protection – more information to support this can be found below and on the patient assessment/consultation form).

- An assessment/consultation form must be completed for every consultation on PharmOutcomes.

- An assessment/consultation to establish the need and suitability for a client to receive EHC must be undertaken in line with the approved PGD for the supply of EHC by a community pharmacist from a community pharmacy. Where appropriate a supply will be made; where a supply of EHC is not appropriate, advice and referral to another source of assistance, if appropriate, will be provided (see also section **3.2.3**). See Appendix 1 for Sexual Health Service Providers.

- The Pharmacy will perform a pregnancy test if required, as outlined in the PGD and subject to the pharmacy having suitable facilities. If a pregnancy test cannot be carried out on site the client can undertake a pregnancy test at locally identified toilet facilities and return to the pharmacy to verify and interpret the result, provided the patient returns within 72 hours of unprotected sexual intercourse.

- The service will be provided in line with the 'Fraser Guidelines' and 'Department of Health' guidance on confidential sexual health advice and treatment for young people aged under 16 (see 'Fraser Competence and Confidentiality' on page 1 of the 'Client Assessment Form' in Appendix 2).

- The service will be provided in accordance with national and local child and vulnerable adult protection guidelines (See Appendix 3).

- Supply and supervised consumption of EHC is a requirement of the PGD and there can be no reasonable objections, including fasting during Ramadan, from a genuine service user. If a client feels sick, they must be advised to have a snack and return shortly.

- A postal Chlamydia Screening Kit should be supplied to clients and their partners if under 25 years of age (or deemed as high risk by the pharmacist). Chlamydia Screening Kits are available through the local Chlamydia Screening Office (See Appendix 1).

- The pharmacy will provide support and advice to clients accessing the service, including advice on avoidance of pregnancy and sexually transmitted infections (STIs) through safer sex and condom use i.e.

    - advice and signposting to services that provide long-term contraceptive methods
    - advice and signposting on the use of regular contraceptive methods
    - onward signposting to services that provide diagnosis and management of STIs.

- To support verbal advice the following should also be provided.

    - Discrete supply of six regular condoms in a pharmacy bag. Clinic packs of 144 condoms can be ordered by contacting phadmin@lancashire.gov.uk who will email an order form. When the order form has been completed and returned to phadmin email address above, orders should be received within 5 working days*.
    - Discrete supply of appropriate leaflets available from the Family Planning Association at: http://www.fpa.org.uk/for-professionals/home to include:
        - Long acting reversible contraception methods/ other methods of contraception
        - Sexually transmitted infections

- For full dosage information refer to PGD (Version EC.2020.1 or superseding revisions):
    - 1 tablet (1.5mg) to be taken as soon as possible after unprotected sexual intercourse (preferably within 12 hours but no later than 72 hours or 96 hours where Ulipristal Acetate (UPA) is contraindicated or unable to be provided free of charge at the time of requesting EC.
    - 2 tablets (3mg) to be taken as soon as possible after unprotected sexual intercourse up to 96 hours when the woman is taking or has taken in the last 28 days liver enzyme inducing drugs (unlicensed use) following FSRH Guidance 2017
    - 2 tablets (3mg) to be taken as soon as possible after unprotected sexual intercourse up to 96 hours when the women have a BMI >26 or weighs greater than 70kg (unlicensed use) following FSRH Guidance 2017.
    - 2 tablets (3mg) to be taken as soon as possible after unprotected sexual intercourse up to 96 hours when the BMI or weight cannot be recorded due to COVID 19 restrictions

* Please note that these condoms should not be used for other purposes: quantities used will be compared to consultations completed and supplies may be declined if it appears stocks have been used elsewhere, i.e. condoms have run out before enough consultations have been recorded to use this amount. In such a situation the pharmacy will be expected to supply condoms from their own stock.

3.2.3 Referral

Regardless of whether a supply is made, all clients should be advised to consult their GP, Sexual Health Services or other local services available regarding future contraceptive and/or sexual health needs. All these services are completely confidential.

3.3 Governance

The service provider is responsible for the governance and oversight of the service being provided and should have arrangements in place to demonstrate this.

3.4 Business Continuity

The Service Provider ensures that sufficient staffing is available for the effective running of the service, including contingency planning for times of sickness, absences or any other occurrence that may jeopardise the delivery of the service to service users at levels sufficient to meet the performance objectives and service standards of the service as outlined in this agreement.

3.5 Buildings and Accommodation

The service provider will be responsible for sourcing buildings that have the appropriate planning permission for delivering public health services (including drug and alcohol treatment if applicable).

The service provider will be responsible for the maintenance costs of any buildings occupied for delivering services, which includes fittings, equipment, repairs, and alterations. The provider will be responsible for any costs associated with the replacement of furniture, maintenance and calibration of equipment and the safe disposal of the same, and provide consumables required for the smooth operation of the building.

3.6 Additional Costs

The provider is responsible for all community prescribing costs within the contract value (excluding GP prescribing and dispensing).
The provider will be responsible for registering with the NHS Business Services Authority as an Independent Sector Healthcare Provider and informing the NHS Business Services Authority of all their prescribing details for ePact and in order to obtain prescription pads.
The provider will co-operate with the commissioners around access requirements to ePact and prescribing data.

3.7 Communication and Marketing

Providers will have the responsibility for ensuring interpreter services are available when required.
All costs in relation to communication and marketing will be met by the provider.

3.8 Consulting with users

Health & Wellbeing
Foresight (2008). Mental Capital and Wellbeing Project Report.

Government's Foresight project on Mental Capital and Wellbeing, this report recommends five ways to well-being. It presents the evidence and rationale between each of the five ways, drawing on a wealth of psychological literature. In line with similar messages for healthy eating, these are Connect, Be active, Take Notice, Keep Learning and Give.

The service will be highly encouraged to promote wellbeing in the workplace.

4 Referral, Access, and Acceptance Criteria

4.1 Geographic coverage/ boundaries

Community pharmacies in Lancashire.

4.2 Location(s) of service delivery

Suitable pharmacies in Lancashire. The pharmacy must have a consultation area available which is fit for purpose and suitable for confidential discussions. The consultation area as a minimum must meet the requirements set out for advanced services within the NHS community pharmacy contractual framework i.e. be clearly signposted as a private consultation area, be able to seat the pharmacist and the client and allow them to talk in the area at normal speaking volumes without being overheard.

For Sexual Health Services in Lancashire – Please refer to Appendix 1.

4.3 Days/ hours of operation

The service will operate during pharmacy opening hours.

4.4 Referral criteria and sources

This service is an open referral service and therefore anyone can refer people in, including any healthcare professional and self-referral**.**

4.5 Exclusion criteria

There may be some situations where, based on the information obtained, the accredited pharmacist is unable to supply under the terms of the PGD. In these situations, the scheme requires the pharmacist to urgently refer the client to an alternative provider (see Appendix 1). The client must be made completely aware of the decreasing effectiveness of EHC with time.

4.6 Response time

Clients will be moved to the consultation area as described in 4.2, to meet with the accredited pharmacist as soon as possible, or if an accredited pharmacist is not available, signposted appropriately.

4.7 Applicable service standards – national/local/statutory

All serious and other untoward incidents must be reported to the local authority within 2 working days of the incident as per the Public Health Serious Incidence policy (embedded within the LCC Pharmacy Contract). The service must then provide an outlined report of the incident and its outcome within 45 days of notification of the incident.

5 Discharge Criteria and Planning

According the Public Health Contract

6 Prevention, Self-Care and Patient and Carer Information

See 3.2.2

7 Service Improvement Requirements

8 Baseline Performance Targets – Quality, Performance & Productivity

Performance Indicator	Threshold	Method of Measurement	Frequency of Monitoring
Quality – Key Performance Indicators and Outcome Indicators			
Personalised Care Planning All verbal counselling will be supported by written information	100% of all women provided with counselling should have written as well as verbal communication	Audit	Quarterly
Clearly documented complaints procedure in place	100%	Audit	Annually
Patient assessment form completed for every assessment	100% of all consultations must have their assessment recorded on PharmOutcomes	Audit	Quarterly
Number of clients presenting when accredited pharmacist is not on premises	100%	Number of clients presenting	Quarterly

9 Activity

Activity Performance Indicators

Service Area:			
Type	**Threshold**	**Lancashire Residents**	**Frequency**
Number of clients presenting when accredited pharmacist is not on premises			
Number of clients referred to other services			
Number of pregnancy tests carried out			

10 Currency and Prices				
Currency and Price				
Basis of Contract				
Block				
£15.00 for every completed and documented emergency hormonal contraception consultation with an accredited pharmacist The list price for Levonelle 1500 stated in the current Drug Tariff + VAT (Note: NOT Levonelle OTC pack). £5 per documented pregnancy test undertaken. See **3.2.2**		£15.00 List price £5.00		

Claims are to be submitted via PharmOutcomes by the 5th of each Month, any received after this date will not be processed until the following month.

Claims must be submitted not later than three (3) months after the month of the claim (for example March claim can be submitted in April, May or Jun). However, if they are submitted after the 3-month grace period they will not be approved for payment.

11 Reviews/Monitoring
Monitoring will be via PharmOutcomes in the first instance. Quality review meetings/visits may be instigated at the commissioner's request.

Appendix 1

FOR SERVICE USERS
Single Direct Line for Lancashire Services
0300 1234 154
Monday – Friday 9am – 5pm

this links directly to Lancashire Sexual Health Service provider's staffed lines

For information about services in Lancashire

http://www.lancashire.gov.uk/health-and-social-care/your-health-and-wellbeing/sexual-health.aspx

OR

fpa.org.uk/

For pharmacist's direct contact with the providers

LANCASHIRE WIDE ALL AGE SEXUAL HEALTH SERVICES

And

LANCASHIRE WIDE YOUNG PEOPLE'S SERVICES

Sexual health Screening and contraception up to level 3 (included what was GUM type services) for all ages including young people who need more complex clinical care.

Provider: Blackpool Teaching Hospitals NHS Trust

https://lancashiresexualhealth.nhs.uk/

Nurse Consultant: catherine.shelley@nhs.net
Telephone: 01253 951992

Appendix 2

COMMISSIONED SERVICES – PUBLIC HEALTH, LANCASHIRE COUNTY COUNCIL

Client Assessment Form for Emergency Hormonal Contraception (Levonorgestrel 1500 micrograms)

FRASER COMPETENCE AND CONFIDENTIALITY		
This section must be completed for all patients less than 16 years of age or where competence is in doubt Whilst it is permissible to offer young people confidential contraceptive advice, they must be made aware that there can be rare occasions when this confidentiality may be broken, and other agencies involved. This is usually if the professional suspects that someone is hurting or harming the client. In some situations, such as where there is a discrepancy in age between a very young client (under 14) and their partner, concerns may be raised. If you are unsure, discuss the situation with a colleague or contact the designated Child Protection Nurse. It is probably not in the client's best interests to withhold emergency contraception but record keeping should reflect details of the consultation.		
Does the client understand the advice given, the potential risks and benefits of treatment, and has sufficient maturity to understand what is involved in terms of moral, social, and emotional implications?	☐ Yes	☐ No
Has the client been encouraged to involve her parents or to allow the healthcare professional to?	☐ Yes	☐ No
Has the possible effect on the physical or mental health of the client, if treatment were withheld, been considered?	☐ Yes	☐ No
Is providing contraceptive advice and treatment in the best interest of the client?	☐ Yes	☐ No
All the above areas must be fully discussed during the consultation which should be documented and include an assessment of the client's maturity. If any question is answered 'No', the client must be referred.		

CLIENT HISTORY			
Date of Consultation:			
ID Number/ Name (initials)			
Age of Client:		Age of Partner:	
Clients usual General Practitioner (GP)		First Four Digits of Clients Postcode:	
Date of, or time since, start of Last Menstrual Period (LMP):			
Details of when UPSI occurred:		Day of Cycle: Time: Hours elapsed since:	
How many days is each normal cycle?		And is regular / irregular * *(* delete as applicable)*	
Reason for seeking Emergency Contraception: *(*ring applicable number)*		1. No contraceptive used 2. Failed barrier method of contraception 3. Missed or incorrectly used combined or progestogen only contraceptive pill 4. Contraceptive pill vomited or affected by diarrhoea or medicines 5. Late depot injection 6. Removal or loss of implant/ intrauterine device/ system 7. Missed, incorrectly used, affected by medicines, or removed contraceptive patch/ vaginal ring 8. Vomited supplied course of EC 9. Loss of protection following change in contraceptive method 10. Other appropriate reason (state):	

INCLUSION CRITERIA		
A: Has the client had unprotected sexual intercourse (UPSI) in this menstrual cycle?	☐ Yes	☐ No
B: Did this episode of UPSI occur within the last 72 hours, (120 hours if the client takes or has recently taken liver enzyme inducing drugs; or between 72 and 120 hours if Ulipristal Acetate is contraindicated)?	☐ Yes	☐ No
C: All emergency contraceptive options (including mode of action and failure rates) discussed with the client and hormonal method preferred?	☐ Yes	☐ No
D:		

To be eligible for supply of Levonelle-1500 under this service specification, the answers to A, B AND C must be YES. To be eligible for If any of these do not apply, the client should be referred to a GP or Doctor Led Contraceptive Service.		
EXCLUSION CRITERIA		
D. Has the client ever had an allergic reaction/ severe adverse effect to Levonelle or any ingredient?	☐ Yes	☐ No
E. Have there been any other episodes of UPSI in the last three weeks for which the client has NOT had emergency contraception?	☐ Yes	☐ No
F. Was the last menstrual period (LMP) more than four weeks ago?	☐ Yes	☐ No
G. Was the LMP abnormal in any way (e.g. different length or flow), or any unexplained or unusual vaginal bleeding in the current cycle?	☐ Yes	☐ No
H. Has the client used ulipristal acetate (EllaOne) in the previous 5 days?	☐ Yes	☐ No
I. Are there any child protection issues or serious concerns?	☐ Yes	☐ No
J. Does the client suffer with lactose intolerance?	☐ Yes	☐ No
K. Is the client currently or has taken in the last 28 days liver enzyme inducers (***give double dose***) including carbamazepine, ciclosporin, griseofulvin, nevirapine, oxcarbazine, phenytoin, primidone or other barbiturates, rifabutin, rifampicin, ritonavir, modafinil, St John's Wort or topiramate or any other medication that may interact with EC? *(Remember to cross check brand names)*	☐ Yes	☐ No
L. Has the woman had unprotected sexual intercourse within 96 hours and has a BMI >26 or weighs greater than 70 kg. (unlicensed use) following FSRH Guidance 2017		
If the answer to F or G is 'Yes', exclude pregnancy before proceeding. If pregnant, refer to GP or Specialist Sexual Health Service. **If the answer to H is 'Yes', advise that the efficacy of** ulipristal acetate (EllaOne) **may be reduced. Proceed if it is in the patient's best interests and strongly recommend IUD.** **If the answer to I is 'Yes', proceed if it is in the client's best interests. Whether proceeding or not, refer as appropriate and involve child protection team.** **If the answer to K is 'Yes' and IUD is declined, issue double dose of levonorgestrel 1500 microgram.** **If the answer to L is 'Yes' and an IUD is declined, issue a double dose of levonorgestrel 1500 microgram as per the locally agreed PGD following FSRH Guidance 2017** **If the answer is 'Yes' to ANY other question, the client should be referred to a GP or Doctor Led Contraceptive Service**		

CLIENT COUNSELLING		
All the following subjects must be raised/ discussed with the client before supply		
Possible adverse effects, including possible ectopic pregnancy, and action to take if they occur	☐ Yes	☐ No
Advise that levonorgestrel 1500 microgram is not 100% effective and that pregnancy can still occur	☐ Yes	☐ No
Possible effects on the foetus if pregnancy occurred	☐ Yes	☐ No
How to take levonorgestrel 1500 microgram and action to take if vomiting occurs	☐ Yes	☐ No
The need to abstain from intercourse or to consistently and correctly use a reliable barrier method of contraception for at least until the next menstrual period. Other hormonal contraception may be continued	☐ Yes	☐ No
Future contraceptive needs	☐ Yes	☐ No
That levonorgestrel 1500 microgram does not protect against sexually transmitted diseases and the actions to take if the patient is concerned about these	☐ Yes	☐ No
Recommend pregnancy test after four weeks or if next period is late or abnormal in any way	☐ Yes	☐ No

ACTION TAKEN			
Was the client supplied levonorgestrel 1500 microgram?		☐ Yes	☐ No
Was the client supplied levonorgestrel 3000 micrograms			
Confirm that the dose was taken, supervised at the consultation?		☐ Yes	☐ No
Batch Number of Issued Packet:	Expiry Date of Issued Packet:		
Was the client referred to another agency? *(if 'Yes', state which agency below)*		☐ Yes	☐ No
Any further notes:			

Appendix 3

MAKING A SECTION 47 REFERRAL

For children residing within Lancashire boundaries

The Service Provider shall devise, implement and maintain a procedure for its staff which ensures compliance with pan-Lancashire procedures for Safeguarding Children and Safeguarding Vulnerable Adults, and shall supply a copy of its procedure to the Commissioner before commencement of the service.

Pan Lancashire safeguarding children policies and procedures can be accessed at:
http://www.lancashiresafeguarding.org.uk/online-safeguarding.aspx
http://panlancashirescb.proceduresonline.com/index.htm

Concerns about a child should be reported on:
0300 123 6720 8am-8pm
0300 123 6722 8pm-8am

The service provider will comply with the lead commissioner's standards for safeguarding as detailed in the CCGs safeguarding policy and will provide evidence of their safeguarding arrangements on request, at a minimum this will be annually.

Possible signs and indicators of child abuse and neglect

Appendix 4

Physical Abuse

Actions and behaviour of adult/ carer	• Minor injuries • Serious head injuries eg. Those resulting in fractures or head injuries • Premeditated sadistic injuries • Burns and scalds • Bites • Repeated abuse resulting from lack of control • Injury resulting from physical chastisement	• Shaking • Poisoning • Physical assaults regarded as bullying • Suffocating • Fabricated or induced illness • Female circumcision • Death/murder
Physical signs on child/ young person	• Unconscious • Unexplained bruising/marks or injuries • Injuries of different ages • Adult bite marks • Outline bruising eg. belt, hand print • Bruises to eyes, ears, finger tips • Burns and scalds on hands, feet, buttock, groin, cigarette burns	• Difficulty in moving limbs • Blood in white of eyes, small bruises on head, bruises on rib cage—may be associated with shaking injuries • Injuries and/or fractures in babies and children who are not mobile • Drowsiness eg. from head injury or poisoning • Female genital mutilation • Genital/anal area injuries
Behaviour and emotional state of child/ young person	• Aggressive • Withdrawn or watchful behaviour • Low self-esteem • Poor concentration • Poor self image	• Flinching when approached or touched

Emotional Abuse

Actions and behaviour of adult/ carer	• Rejection • Lack of praise and encouragement • Lack of comfort and love • Lack of secure attachment • Lack of continuity of care eg. frequent moves • Serious over protectiveness • Inappropriate non-physical punishment eg. locking in bedroom, cold water in bath, frequent shouting at a child • Humiliating and degrading behaviour, including bullying and racial abuse	• Exposure to repeated incidents of domestic abuse • Age or developmentally inappropriate expectations being imposed on the child • Making the children feel frightened or in danger
Physical signs on child/ young person	• Self harm behaviour, eg. mutilation, substance misuse, suicide attempts • Developmental delay • Eating disorders	
Behaviour and emotional state of child/ young person	• Aggressive • Withdrawn • Low self-esteem and self worth • Repetitive comfort behaviour eg. rocking or hair twisting • Sudden speech disorders	• No sense of achievement • Lack of confidence, lack of positive identity • Inability to play • Failure to thrive • Severe behaviour problems

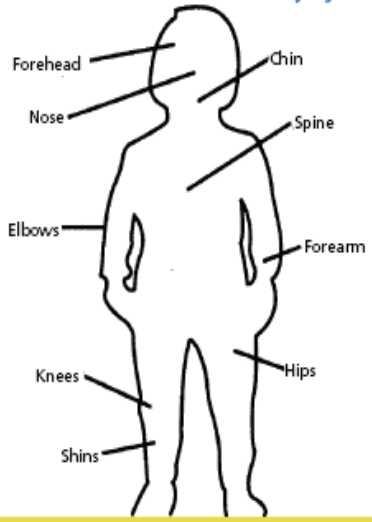
Sexual Abuse

Actions and behaviour of adult/ carer	• Inappropriate fondling • Mutual masturbation • Digital penetration • Oral/genital contact • Anal or vaginal intercourse • Sexual exploitation • Exposure to pornography	• Encouraging children/young people to become prostitutes • Encouraging children to witness intercourse or pornographic acts • Leaving a child in the care of a known sex offender • Internet child pornography
Physical signs on child/ young person	• Injuries to the genital/anal area • Sexually transmitted diseases • Pregnancy • Bruises, scratches, burns or bite marks • Eating disorders	• Self harm eg. suicide, self mutilation, substance misuse • Bleeding from vagina or anus • Pain in passing urine or faeces • Persistent discharge • Warts in genital or anal area
Behaviour and emotional state of child/ young person	• Nightmares and disturbed sleeping patterns • Persistent offending, non-school attendance, running away • Wetting, soiling, smearing excreta • Significant changes in child's behaviour • Depression	• Sexual awareness which is inappropriate to child's age and developmental stage • Sexually aggressive towards other children • Low self-esteem • Limited attention span • Unexplained aggression or withdrawn behaviour.

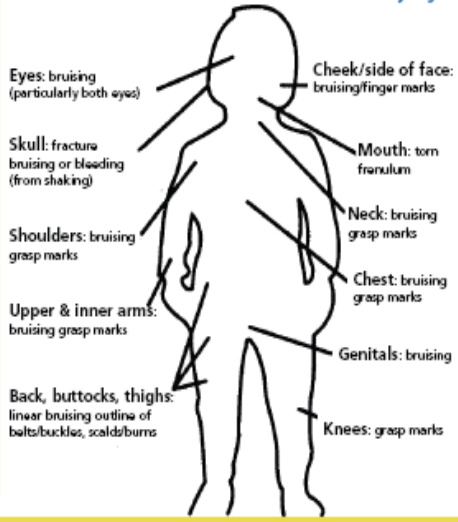
Neglect

Actions and behaviour of adult/ carer	• Abandonment or desertion • Leaving alone • Malnourishment, lack of food, inappropriate food or erratic feeding • Lack of warmth • Lack of adequate clothing • Lack of protection or lack of supervision appropriate to child's age and developmental stage • Persistent failure to attend school	• Leaving child alone to care for younger siblings • Lack of appropriate stimulation • Lack of protection from dangerous substances eg. fire, drugs, chemicals • Lack of appropriate medical care • Lack of secure attachment
Physical signs on child/ young person	• Delayed physical development: underweight and small of stature • Hands and feet which are cold and puffy • Chronic nappy rash • Slow growth in both weight and height • Frequently smelly • Persistently dirty, unkempt appearance	• Persistently hungry • Non-organic failure to thrive • Impairment of health • Death
Behaviour and emotional state of child/ young person	• Low self-esteem • Destructive tendencies • Neurotic behaviour • Running away • Stealing or hiding food	• Indiscriminately seeking affection from unfamiliar adults • Impairment of intellectual behaviour • Long-term difficulties with social functioning

Common sites for accidental injury



Common sites for non-accidental injury



Be alert to the possibility of child abuse

1. What is the injury?
   Does it appear accidental?
2. Where is the injury?
   Is it in an unusual site?
3. Does the explanation of the injury fit with the presentation?
4. When was it caused?
   Is the age of the injury right?
5. How was it caused?
   (both stated and suspected)
6. Who caused it?
   (both stated and suspected)
7. Witnesses?
   Do stories tally?
8. What action was taken afterwards by the family?

Implications for practice - signs and symptoms of abuse should never be interpreted in isolation and must always be assessed in the context of the child's medical and social history, developmental stage and explanation given