**Sexual and Reproductive Health Community Pharmacy Service Specification**

1. **Service Background**
* Southwark has some of the most significant sexual and reproductive health challenges in the country, with a young and diverse population. In 2021, Southwark had the fifth highest rate of pregnancy for under 18s of any local authority, with 71.9% of these leading to abortion. Providing high quality and accessible reproductive care for residents is thus a key public health priority.
* Increasing accessibility and choice regarding contraception is a priority of the 2021 Women’s Health Strategy for England, including emergency hormonal contraception. The Lambeth, Southwark and Lewisham Sexual and Reproductive Health Strategy 2019-24 identifies pharmacies as a key point of delivery for contraception due to their anonymity, ease, and accessibility.
* Recent data collected across Lambeth and Southwark showed that 94% of respondents found getting contraception near their local area to be ‘extremely important’ or ‘important’. 51% of respondents said that their preferred site to access contraception would be a community pharmacy.
* Pharmacies are thus a key point of delivery for contraceptive care in Southwark, due in part to their accessibility and convenience.
* Since the remodel of the Sexual and Reproductive Health (SRH) Pharmacy service in 2019, significant developments have impacted the delivery of the service. The COVID-19 pandemic, the creation of the Sexual Health London (SHL) e-service and the National Health Service England (NHSE) Pharmacy Contraception Service have all had an impact.
* NHSE commissions the national pharmacy contraceptive service. This service includes:
	+ Ongoing monitoring and supply of repeat oral contraception (OC) prescriptions via a Patient Group Direction (PGD).
	+ Initiation of OC via PGD.
* Consequently, the Sexual and Reproductive Health service commissioned by Southwark Council has been updated to ensure the service meets the needs of residents as closely as possible. The updated service includes:
	+ Assessment for supply of emergency hormonal contraception (EHC).
	+ Supply of EHC.
	+ Provision and promotion of free condoms via the local condom distribution scheme for eligible young people.
	+ Signposting for sexually transmitted infections (STI) testing via local sexual health clinics and the Sexual Health London (SHL) e-service.
	+ Comprehensive consultation of the contraceptive options available to residents (including through pharmacies, SHL, sexual health clinics and GP practices).
	+ Referral and support with booking appointments to access long-acting reversible contraception (LARC).
* Pharmacies providing the service are also required to sign up to the NHSE Pharmacy Contraception Service, through which residents can access OC.
* The aim of the SRH Pharmacy Service is to offer increased choice and accessibility of contraceptive services to residents, while creating additional capacity in primary care and sexual health clinics to meet the demand for complex assessments.
* The SRH Pharmacy Service will support the essential role that community pharmacies play in addressing the need for high quality and accessible contraceptive care for residents. In doing so, the service will help to address health inequalities by increasing accessibility and availability of contraceptive care, and signposting to wider sexual and reproductive health care and resources, in line with NICE Guidelines to use community pharmacies to promote health and wellbeing [NG 102][[1]](#footnote-2).
1. **Service Aims and Objectives**

The aims of the service are:

* To improve the quality and accessibility of reproductive health care for Southwark residents, including EHC and OC under the relevant PGDs and distribution of condoms via the local condom distribution scheme.
* To deliver high quality and accurate sexual and reproductive health advice, supporting residents to make informed choices about their sexual and reproductive health.
* To provide SRH care in non-judgemental safe spaces for residents.
* To support residents to access sexual and reproductive health care, including long-term contraception, in local settings, including sexual health clinics and SHL.
* To provide young people with free condoms under the prevailing condom distribution scheme to support a reduction in Sexually Transmitted Infections (STIs) and unplanned pregnancies.
* To deliver improved sexual and reproductive health outcomes for Southwark residents, including a reduction in abortions and an increase in the uptake of long-term contraception (including LARC).
* To support and signpost vulnerable residents via the appropriate safeguarding channels.
* To provide services in line with the ‘You’re Welcome’[[2]](#footnote-3) criteria for health and wellbeing services for young people.
* To tackle health inequalities in the borough through provision of accessible and high quality sexual and reproductive health services.
* The objectives of the service are:
* To increase the accessibility of EHC and OC for all residents of Southwark aged 13 and over.
* To increase the amount of sexual and reproductive health care delivered in community pharmacy settings to create additional capacity in primary care and sexual health clinics to meet the demand for complex assessments.
* To increase the use of condoms among young people through delivery and promotion of the local condom distribution scheme.
* To increase residents’ knowledge of their sexual and reproductive health, increasing residents’ ability to make confident and informed choices about their sexual and reproductive health.
* To reduce rates of abortion and unplanned pregnancy, particularly among young people.
* To provide a faster response to service user’s SRH needs through additional access provided by pharmacies.
* To promote integration and partnership working among primary care providers of SRH services.
* To work towards improved sexual and reproductive health outcomes for residents as a key part of the wider sexual and reproductive health landscape across Lambeth, Southwark and Lewisham.
1. **Requirements for Service Provision**

Prior to provision of the service, the pharmacy contractor must:

* Be registered with the General Pharmaceutical Council (GPhC).
* Hold a signed contract with Southwark Council to provide the service.
* Ensure all relevant Patient Group Directions and Individual Practitioner Authorisation forms are completed, signed, and returned to the Commissioners.
* Satisfactorily comply with its obligations under Schedule 4 of the National Health Service (Pharmaceutical and Local Pharmaceutical) Regulations 2013 for essential services, as per the NHS Pharmacy Regulations Guidance 2023.
* Ensure that all staff members are trained appropriately as specified by the Commissioners in section 9. This includes but is not limited to training covering confidentiality, knowledge of alternative services and signposting, and seeking urgent medical advice. This service specification will refer to ‘pharmacy staff’ to denote the pharmacists, pharmacy technicians and other non-registered members of the pharmacy team. The responsible pharmacist must ensure that delegated tasks are undertaken by competent and suitably qualified pharmacy staff.
* Offer consultations for both initiation of OC and routine monitoring and ongoing supply of OC under the National Health Service England (NHSE) Pharmacy Contraception Service. Commissioned pharmacies should make use of referral pathways between the pharmacies, local specialist SRH services and GP practices.
* Offer the service during all hours of opening by a qualified pharmacist under the relevant PGD. The service must be available for a minimum of 5 days a week. If for any reason this will not be possible at any time in the duration of the contract, the pharmacy must inform the Commissioners and Contract Support Provider as soon as possible and ensure service users are appropriately signposted to alternative services as specified by the Commissioners.
* Inform the Commissioners and Contract Support Provider of any significant changes to staffing, including any change in the number of pharmacists able to provide the service at the pharmacy.
* Provide a consultation room in which service users can be seen privately and confidentially, without the possibility of being overheard. This area must be fit for purpose, accessible, and in a good state of presentation and cleanliness. The consultation room must be accessible for wheelchair users. It is the responsibility of the pharmacy contractor to ensure these standards are maintained at all times; the Commissioners and the Contract Support Provider maintain the right to audit these standards.
* Register as a dispensing outlet under the prevailing condom distribution scheme as specified by the Commissioners.
* Provide services in line with national guidelines for young person’s services (known as the “You’re Welcome” Criteria[[3]](#footnote-4)).
1. **Equipment**
* The pharmacy contractor must ensure any equipment used in the provision of the service is compliant with its obligations under Schedule 4 of the National Health Service (Pharmaceutical and Local Pharmaceutical) Regulations 2013 for essential services, as per the NHS Pharmacy Regulations Guidance 2023.
* The pharmacy contractor must ensure that any equipment used meets the requirements of the NHSE Pharmacy Contraception Service[[4]](#footnote-5).
* The pharmacy contractor is responsible for calibrating any equipment used as part of the service (e.g. blood pressure monitors) at least once a year. Clear records of calibration must be kept and should be available on request by the Commissioners or Contract Support Provider.
1. **Service description**

Service overview:

* As per Section 3 of the Service Specification (Requirements for Service Provision), the pharmacy contractor must ensure the service is accessible, appropriate, and sensitive to the needs of all eligible service users.
* Consultations must be provided in consultation rooms that allow privacy, confidentiality, and are wheelchair accessible.
* No eligible person shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.
* Service users may access the service via the following routes:
	+ Self-referring to a commissioned community pharmacy.
	+ Referral from general practice following a request for emergency contraception.
	+ Referral from a sexual health clinic.
* All aspects of the service are dependent on seeking the consent of the service user, including the supply of medicines under the relevant PGDs and the booking of contraceptive referral appointments at GPs or sexual health clinics.
* The service model may change over the duration of the contract to reflect insights from both service users and commissioned pharmacies. It is expected that commissioned pharmacies will work with Commissioners to deliver the updates to the service.
* Commissioned pharmacies are expected to provide all elements of the service set out below. Commissioned pharmacies are expected to participate in ongoing service development in collaboration with the commissioned support provider, which may lead to delivery of additional services in liaison with Commissioners. Please see appendix 1 for the pathways illustrating service supply.

Specific service pathways:

**Comprehensive contraceptive assessment:**

* All service users will be clinically assessed to ensure they are competent under Fraser guidelines (if under 16 years old).
* All service users will be clinically assessed to ensure they meet the eligibility criteria requirements under the relevant PGD.
* Potential safeguarding issues or concerns will be identified via clinical assessment and managed using the relevant safeguarding procedures for vulnerable adults[[5]](#footnote-6) and children[[6]](#footnote-7) as set out by the Commissioners.

**Assessment for emergency hormonal contraception (EHC):**

* Service users requesting EHC will be invited for a consultation to discuss the available options.
* Pharmacists will use the SXT EHC calculator[[7]](#footnote-8) to determine the most appropriate method of EHC for the service user. This will allow pharmacists and/or service users to book an appointment at a sexual health clinic if the service user elects to have an emergency intrauterine device (IUD) fitted.

**Supply of emergency hormonal contraception:**

* Levonorgestrel or Ulipristal Acetate will be supplied by an authorised pharmacist under the relevant PGD.
* Service users who are excluded under the PGD exclusion criteria (see section 7) should be referred to an appropriate health service provider for further investigation or assessment for supply of EHC.

**Support to access alternative forms of contraception:**

* As part of the contraceptive consultation, service users will be advised on the availability of long-acting reversible contraception (LARC) and emergency intrauterine devices (IUDs), as well as OC under the NHSE Pharmacy Contraception Service.
* Pharmacists will support service users wishing to start OC to access this via PGD under the NHSE Pharmacy Contraception Service.
* Pharmacists or Pharmacy Technicians will support service users to book LARC appointments at sexual health clinics or GP surgeries. Where available, online booking systems will be used; if unavailable, pharmacists are expected to advise service users on accessing clinics or to submit a referral through PharmOutcomes.

**Supply of condoms:**

* Pharmacies will be required to register with the prevailing local condom distribution scheme as set out by the Commissioners.
* Pharmacists or Pharmacy Technicians will supply condoms, information and advice to people who are registered as part of the scheme.
* If service users are eligible and wish to access condoms, but are not registered under the scheme, Pharmacists or Pharmacy Technicians must register eligible service users before supply of condoms is made.

**Wider sexual and reproductive health services:**

* Pharmacists and Pharmacy Technicians are expected to signpost service users to relevant local sexual health services (including the Sexual Health London online STI testing service) where appropriate.

**Promotion of SRH Pharmacy services:**

* Pharmacies are expected to promote the SRH offer and the NHSE Pharmacy Contraception Service. Promotion should be displayed within the pharmacy such that it is visible to the public (for example, in a window), and on the relevant websites.
1. **Inclusion Criteria**
* To be eligible to access EC service a person must:
	+ Be a resident of Southwark.
	+ Be over 13 years of age.
	+ Be able to understand any information or advice given during the assessment process as per the Fraser Guidelines (where service user is under the age of 16).
	+ Fulfil the inclusion criteria under the relevant PGD.
* To be eligible to access condom distribution services a person must:
	+ Be a resident of Southwark.
	+ Be between the ages of 13 and 24 (inclusive).
	+ If under 16 years old, be able to understand any information or advice given during the assessment process as per the Fraser Guidelines.
	+ Be registered with the prevailing condom distribution scheme, or consent to being registered by the pharmacy in their capacity as a distribution outlet.
1. **Exclusion Criteria**
* A person will not be eligible for any aspects of this service if they:
	+ Are considered clinically unsuitable and/or are excluded for supply of medicines according to the relevant PGD. This includes, but is not limited to:
		- Individuals under 16 years of age and assessed as not competent according to the Fraser Guidelines.
		- Individuals 16 years of age or over and assessed as lacking capacity to consent.
	+ Are not a resident of Southwark.
* Service users who are not eligible under the PGD exclusion criteria should be referred to an appropriate health service provider or offered alternative contraceptive methods if appropriate. All actions taken must be documented by the pharmacist in PharmOutcomes.
1. **Consultation Pathways**

Emergency Hormonal Contraception

* The pharmacy must respond to anybody requesting emergency contraception as soon as possible. If it is not possible to see the service user immediately, the service user must be given a time to return that day or signposted to the nearest alternative provider. This may be either the SHL e-service or local sexual health clinic.
* Please refer to appendix 1 for the service pathways.
* Pharmacists are encouraged to complete the PharmOutcomes template during the consultation to ensure accuracy of reporting and avoid unnecessary delays in data submission.
* Verbal consent must be obtained and recorded in the PharmOutcomes template.
* Either party may request or offer a chaperone to be present during the consultation.
* More information regarding use of a chaperone can be found in the Clinical Governance section of the Pharmaceutical Services Negotiating Committee (PSNC) website[[8]](#footnote-9).
* If any concern arises regarding potential safeguarding issues, appropriate action should be taken in line with local safeguarding processes[[9]](#footnote-10).
* The service will be free of charge to the service users who meet PGD requirements, in accordance with the inclusion and exclusion criteria laid out this service specification.
* The consultation must include a conversation with the service user that provides information on all contraceptive options available, including LARC.
* Pharmacists are encouraged to consider the 5 A’s approach during consultations with service users about contraception:
	+ Ask – ask about the service user’s current contraceptive methods and their understanding of what is available to them.
	+ Advise – provide high quality advice on the contraceptive methods available to service users.
	+ Assess – assess service users’ readiness to adopt a method, including their clinical appropriateness and a review of the client’s historical use of EHC.
	+ Assist – support access to contraception, including provision of condoms and signposting to sexual health clinics.
	+ Arrange – where service users consent to referrals, support with booking appointments for LARC or IUD fittings, or arrange for service users to be started on OC.
* If the assessment criteria are met (including the eligibility criteria outlined in this service specification), supply of EHC should be made.
* Pharmacists will use the SXT EC calculator to determine the best method of EHC for the service user. This includes provision of emergency IUD as an alternative to oral EHC, which should be discussed with the service user.
* If the service user chooses to have an emergency IUD fitted, the SXT EC tool can be used to book an appointment at a sexual health clinic.

Condom Distribution Scheme

* Pharmacists are expected to advise any eligible service users about the prevailing condom distribution scheme.
* Pharmacies must respond to any service users requesting condoms who fulfil the eligibility criteria for the scheme.
* Verbal consent must be obtained from the service user, and recorded in the PharmOutcomes Condom consultation template and Therapy Audit template for the service.
* Where the service user requests a supply of condoms, if they fulfil the eligibility criteria under section, a supply of condoms should be made.
* If the pharmacy does not have a supply of condoms available, they should direct the service user to the nearest available outlet using the Come Correct website[[10]](#footnote-11).
* Service users requesting condoms should be provided with comprehensive advice on the contraceptive options available to them, along with brief advice on sexual and reproductive health (including the importance of STI testing).
* This excludes the sale of condoms to those who do not meet the criteria for the prevailing condom distribution scheme.

All consultations

* During all consultations, service users should be made aware of the following local offers:
	+ FindSexualHealth[[11]](#footnote-12)
	+ Sexual Health London (SHL) e-service[[12]](#footnote-13)
	+ Council webpages[[13]](#footnote-14)
	+ MSI Reproductive Choices[[14]](#footnote-15) (where service users can access terminations)
* All appropriate clients should be made aware of emergency IUDs as an alternative to EHC. Referrals can be made using the SXT EC tool where service users consent to this.
* During the consultation, pharmacists should inform service users of the availability of OC. If the service user chooses to receive OC and assessment criteria are met for OC under the NHSE Pharmacy Contraception Service, supply of ongoing OC should be made.
* The pharmacy is required to report any patient safety incidents in line with the Clinical governance approved particulars for pharmacies[[15]](#footnote-16).
1. **Clinical skills and knowledge**
* Prior to commencement of the service, the pharmacy contractor must ensure that all staff providing the service are competent to do so in line with the specific skills and knowledge outlined in section 9 and with the relevant PGDs.
* It is the responsibility of the community pharmacy contractor to ensure that all members of the team including locum pharmacists, new pharmacists, pharmacy technicians and other staff are aware of the service and, if they are not able to deliver the service, are able to direct service users to the appropriate member of staff.
* The service should be available during all opening hours, and should not be dependent on the presence of one single accredited pharmacist.
* All pharmacy staff delivering the service must attend applicable training and necessary updates as outlined by the Commissioners.
* All staff providing any aspect of the service will be required to attend the following training provided by the Commissioners:
	+ SRH Pharmacy Service training.
	+ STI awareness and signposting training for pharmacists and non-clinical staff.
	+ Training to deliver the condom distribution scheme as defined by the Commissioners and the Contract Support Provider.
* The pharmacy must maintain documentary evidence that all staff providing the service have attended the relevant training and have evidence of the appropriate competencies.
* Pharmacy staff should have evidence of competence in the clinical skills and knowledge covered in the following training modules delivered by the Centre for Pharmacy Postgraduate Education (CPPE) and/or other relevant professional bodies:
	+ CPPE contraception.
	+ CPPE emergency hormonal contraception.
	+ CPPE consultation skills for pharmacy practice.
	+ CPPE sexual health in pharmacies.
	+ Safeguarding Level 3[[16]](#footnote-17) for children and adults.
	+ Faculty of Sexual and Reproductive Health (FSRH) contraceptive counselling e-learning.
* If a pharmacy contractor has a change in staffing and the new pharmacist has not been trained, they must inform the Contract Support Provider as soon as possible.
* Pharmacists must ensure they are familiar with and meet the requirements of the relevant PGDs that relate to this service. Individual named pharmacists must be formally authorised by the Commissioners through completed and signed PGDs and Individual Practitioner Authorisation (IPA) forms.
* Pharmacists must ensure they attend annual refresher PGD training for staff providing the service under the EHC PGD.
* Training related to new or updated PGDs will be organised by Commissioners and the Contract Support Provider in liaison with sexual health service clinicians and must be attended by all commissioned pharmacists.
1. **Data and information management**
* The provider must comply with their obligations under the Data Protection Act (2018) and all other relevant legislations in relation to the secure transfer, protection and storage of information.
* The pharmacy contractor should maintain appropriate patient records to ensure effective ongoing service delivery and audit.
* The pharmacy contractor will be required to complete the PharmOutcomes template provided during each consultation. Commissioners will use PharmOutcomes to monitor anonymised service-level data as set out in section 13.
* Pseudonymised data recorded via electronic clinical records systems may be shared with NHS England for service monitoring and evaluation purposes.
* All relevant records must be managed in line with the 2021 Records management code of practice for health and social care[[17]](#footnote-18).
* Contracted pharmacies are expected to provide relevant data to the SRH Pharmacy Support Provider (as identified by the Commissioners) to enable the completion of audits and service reviews.
* The Commissioners reserve the right to audit the information and data held at the pharmacy in respect of this service.
1. **Payment arrangements**
* Payment will be made quarterly in arrears for the claims inputted into PharmOutcomes.
* There will be a one month grace period to submit any outstanding claims from the previous quarter.
* Reimbursement will be paid on the condition that the pharmacy has provided the service in accordance with the service specification.
* The fee structure for the provision of each service is outlined as follows (PharmOutcomes will capture all appropriate parts of the patient pathway to support payments).

Payments will be made in accordance with the tariffs below:

**EHC and Contraception Consultations**

Consultation fee    **£18.00**

Levonorgestrel drug cost - 1.5mg   **£5.20 (as per NHS Drug Tariff)\***

Levonorgestrel drug cost - 3.0mg  **£10.40 (as per NHS Drug Tariff)\***

Ulipristal acetate drug cost  **£14.05 (as per NHS Drug Tariff)\***

LARC booking or referral **£5.00**

*\*Drug costs will be matched to the NHS Drug Tariff and are thus subject to fluctuation in prices, which will be updated automatically on PharmOutcomes. It is the responsibility of the commissioned pharmacies to work with Commissioners and the Contract Support Provider to ensure reimbursement is accurate.*

**Condom pathway**

Supply of condoms (6-12 condoms) **£1.50**

Registration with Come Correct **£5.00**

**Other**

Annual EHC activity payment\* **£200.00**

Annual EHC enhanced payment\*\* **£150.00**

*\*Payment to be made at the end of the financial year should the pharmacy have made a minimum of 50 supplies of EHC.*

*\*\*Payment to be made at the end of the financial year should the pharmacy have made a minimum of 150 supplies of EHC.*

1. **Withdrawal from the service**
* If the pharmacy contractor wishes to stop providing the service, they must notify the Commissioner and the Contract Support Provider, giving at least one month’s notice prior to the cessation of the service. The pharmacy contractor may be asked for their reason for withdrawal from the service to support future commissioning.
* If a pharmacist leaves or changes the branch they work in, the pharmacy owner must inform Commissioners at the earliest opportunity.
1. **Monitoring**
* Commissioners and the Contract Support Provider will use PharmOutcomes to monitor pseudonymised service-level data, including but not limited to:
* Under the SRH Pharmacy Service:
	+ Number of service users presenting for EHC.
	+ History of previous EHC use in the last 12 months.
	+ Number and type of EHC provisions made.
	+ Number of referrals made for LARC and emergency IUDs.
* Under the NHSE Pharmacy Contraception Service:
	+ Number of people presenting for initation and/or ongoing supply of oral contraception.
	+ Number of provisions made of ongoing oral contraception.
* Under the prevailing condom distribution scheme:
	+ Number of provisions of condoms made.
	+ Number of new registrations of service users.
	+ Number of repeat visits.
* Contracted pharmacies are expected to work with the Contract Support Provider in the ongoing monitoring of the SRH Pharmacy Service. This may include, but is not limited to:
	+ Annual reviews of the service.
	+ Quarterly performance monitoring.
	+ Mystery shopping exercises.
	+ Service audits.
* The service will be evaluated against a number of KPIs, which will be agreed between the Commissioners, the Contract Support Provider and the contracted pharmacies during the mobilisation period of the service.
1. **Tackling Health Inequalities**
* Southwark Council is committed to addressing all forms of inequality in the borough. We have developed a series of anti-racist pledges as part of the broader Southwark Stands Together programme of work to tackle racism within the borough.
* It is required that all contracted pharmacies work in alignment with the pledges of Southwark Stands Together, ensuring the project upholds these anti-racist values. Contracted pharmacies must ensure all staff are familiar with and working in alignment with Southwark Stands Together[[18]](#footnote-19).

**Appendix 1: Service Pathways**

**EHC PATHWAY**

Offer purchase of pregnancy test (to be used no sooner than 21 days after last UPSI) **AND**

Offer condoms (via C-card if under 25 years, or to be purchased; as per pathway below) **AND**

Signpost to STI testing at clinics or through SHL e-service due to risk through UPSI **AND**

Offer brief SRH advice

Pharmacist uploads to PharmOutcomes and is reimbursed by Local Authority

Supply levonorgestrel 3.0mg (double dose) and advise to start contraception immediately

Offer contraception consultation; if service user consents, deliver consultation and suitable ongoing contraception (as per pathway below)

Supply levonorgestrel 1.5mg and advise to start contraception immediately

Service user declines

Deliver NHSE Pharmacy Contraception Service

Provide condoms as per pathway below

LARC referral at service user’s preferred clinic

Supply ulipristal acetate 30mg and advise to start contraception after 5 days

**IF CONTRAINDICATED:**

Supply levonorgestrel 1.5mg and advise to start contraception immediately

No suitable EC due to date of UPSI or service user changed mind

Book or refer service user for IUD at the service user’s preferred SH clinic

Weigh/measure service user

**OR**

Ask service user’s weight/height

Copper IUD

(Cu-IUD)

BMI >26 or weight >70kg

BMI <26 or weight <70kg

Ulipristal acetate (UC-EC)

Levonorgestrel EHC (LNG-EC)

Service user attends for emergency contraception

Service userand pharmacist to use SXT emergency contraception calculator: **[https://sxt.org.uk/service]**

Pharmacist discusses options with service user in consultation room, and delivers consultation as per the service specification (5 A’s approach). Records the following information:

• Age

• Confirm Gillick competent / meets Fraser guidelines (where service user under 16 years old)

• Partial postcode (e.g. SE1 2)

• Service user’s (self-declared) previous use of EC

Potential safeguarding concerns identified via clinical assessment and managed through local safeguarding procedures

**CONDOM PATHWAY**

Offer sale of condoms

Provide free condoms as part of C-Card scheme to service user (following relevant processes if under 16 years of age) **and** record encounter on Therapy Audit

Pharmacist uploads to PharmOutcomes and is reimbursed by Local Authority

Accepted

Declined

24 years or younger

25 years or older

Advise to register for C-Card scheme

Yes

No

Service user’s age?

Is service user part of the Come Correct C-Card scheme?

Assessment for competency according to Fraser Guidelines

Service user **lacks** capacity

Refer to local safeguarding procedure

Service user **has** capacity

Service user attends for other pharmacy services (including EHC, contraception etc.)

Service user attends requesting condoms

Is the service user **under 16** years of age?

Yes

No

Potential safeguarding concerns identified via clinical assessment and managed through local safeguarding procedures

Provide condom demonstration as required (all new service users and those under 16 years of age)

**AND**

Brief SRH advice including advice on STI testing

1. [Overview | Community pharmacies: promoting health and wellbeing | Guidance | NICE](https://www.nice.org.uk/guidance/NG102) [↑](#footnote-ref-2)
2. https://www.gov.uk/government/publications/establishing-youth-friendly-health-and-care-services [↑](#footnote-ref-3)
3. https://www.gov.uk/government/publications/establishing-youth-friendly-health-and-care-services [↑](#footnote-ref-4)
4. NHS England. *NHS Pharmacy Contraception Service. Community pharmacy advanced service specification.* 2023. [available at https://england.nhs.uk/long-read/nhs-pharmacy-contraception-service/]. [↑](#footnote-ref-5)
5. https://www.southwark.gov.uk/social-care-and-support/adult-social-care/safeguarding-adults/safeguarding-adults [↑](#footnote-ref-6)
6. https://safeguarding.southwark.gov.uk/asking-for-help/ [↑](#footnote-ref-7)
7. https://sxt.health/us/ec/surveys/65771c9575f76301592180f2/edit [↑](#footnote-ref-8)
8. https://cpe.org.uk/quality-and-regulations/clinical-governance/ [↑](#footnote-ref-9)
9. https://safeguarding.southwark.gov.uk/asking-for-help/ [↑](#footnote-ref-10)
10. https://comecorrect.org.uk/ [↑](#footnote-ref-11)
11. https://findsexualhealth.co.uk/ [↑](#footnote-ref-12)
12. https://www.shl.uk/ [↑](#footnote-ref-13)
13. https://www.southwark.gov.uk/health-and-wellbeing/health-advice-and-support/safe-sex [↑](#footnote-ref-14)
14. https://www.msichoices.org.uk/find-us/ [↑](#footnote-ref-15)
15. https://www.england.nhs.uk/publication/approved-particulars/ [↑](#footnote-ref-16)
16. https://portal.e-lfh.org.uk/Component/Details/767185 [↑](#footnote-ref-17)
17. https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care [↑](#footnote-ref-18)
18. Southwark Council. Southwark Stands Together. 2023. [available at https://www.southwark.gov.uk/engagement-and-consultations/southwark-stands-together] [↑](#footnote-ref-19)