

Pharmacy First EHC service – Frequently Asked Questions (FAQs)

Q1. Is Levonorgestrel first line treatment in cases of ‘missed pill’

A1. Yes. If the woman or young person has recently taken a product containing progestogen or progesterone (e.g. contraceptive pill) within the last 7 days, the effectiveness of ulipristal acetate could theoretically be reduced.

- *Supply Levonorgestrel*

Q2. If the woman or young person is sure of the date of her LMP and length of her cycle and calculation suggests that she has already ovulated can oral EHC be supplied?

A2. Yes. If it is within 5 days after likely ovulation the Cu-IUD should be recommended as there is no evidence that oral EHC is effective if ovulation has already occurred. However as there can be barriers / delays to having the Cu-IUD fitted oral EHC should also be supplied.

The woman or young person should be counselled accordingly, supplied with a KYO leaflet and consultation form completed.

Q3. If a woman or young person presents in the pharmacy looking to buy EHC, can you offer them the Pharmacy First service?

A3. Yes. It is reasonable to offer the service in this case as the service will be much more comprehensive and provide the opportunity to discuss bridging contraception, STI risk etc. It does however require the woman or young person to give personal details and she may not wish to do so and can opt to buy OTC instead.

Q4. Choice of treatment in the Pharmacy First service differs from current NICPLD training resources. Which should I follow?

A4. Product choice should be in line with the service specification which is in line with evidence and formulary (ie EllaOne is more effective and should be supplied unless contra-indicated). NICPLD courses are due for review.

Q5. Some stores have restricted access to YouTube on corporate devices. How do I access the 35-minute recorded training webinar? And must this be viewed prior to service provision?

A.5 The webinar is only available on YouTube so pharmacists may have to view it in their own time on personal phones or tablets. It is recommended that all pharmacists view the webinar prior to service provision.

In addition, the 2-hour recorded training session (21/02/22) on the ECHO Moodle site must be viewed by all pharmacists prior to service delivery.

Q6. Do patients have a choice in what oral EHC they get? If they want a different option, e.g. Levonelle instead of Ella-One, would they have to purchase?

A6. The pharmacist must recommend the most appropriate treatment in line with service specification and PGDs. If the woman or young person would still prefer an alternative then it's an OTC sale (with appropriate advice and caveats) or onward referral.

Q7. Why are we recommending the coil if there might be a delay in receiving it?

A7. The Cu-IUD is the most effective method of EC and therefore should be recommended to every woman or young person in line with FRS guidance. There is no regional service for provision which may result in barriers / delays. Oral EHC should also be supplied.

Q8. Can I provide bridging contraception without emergency hormonal contraception as part of this service?

A7. The service is for women and young people who present to the pharmacy in need of emergency contraception. Bridging contraception may be supplied following the EHC consultation even in a case where supply of EHC was not required.

Q9. If EHC is not indicated / supplied following the EHC consultation do I still claim the consultation fee?

A9. Yes. If the pharmacist has carried out the EHC consultation in full; including assessment, advice regarding STI risk, on-going contraceptive options and provided a KYO leaflet then a claim for the consultation fee can be made even if oral EHC was not supplied.

Q10. How do I order more 'Know Your Options' leaflets?

Further supplies of the KYO leaflets are available on request from your local integrated care office by emailing:

Belfast pharmacyservicesbelfast@hscni.net

SE pharmacyservicesse@hscni.net

South pharmacyservicessouth@hscni.net

North pharmacyservicesnorth@hscni.net

West pharmacyserviceswest@hscni.net

Q11. Do we send any notification of medicines supply or consultation details to the patients GP practice?

No. This service is totally confidential. All information is retained in the pharmacy for the length of time required in the DoH Good Management, Good Records guidelines;

- Records for adults - retain for 10 years after last entry.
- Records for clients under 18 - retain until 25th birthday or for 10 years after last entry, whichever is the longer i.e. records for clients aged 16-17 should be retained for 10 years and records for clients under 16 should be retained until age 25 (i.e. still retained for at least 10 years).

If bridging contraception is supplied the woman or young person should be advised to contact her GP before the 3-month supply runs out to arrange further supplies.

The only possible exception may be if there are safe guarding issues and the pharmacist decides that the GP should be informed as well as the police service and/or Gateway, in the young person's best interest.

Q12. How do I get paid for consultation fees and medicines supplied?

Monthly claim forms (completed in full) should be emailed to local integrated care offices for payment of consultation fees and PV1s / IP prescriptions sent to BSO in the usual way.