



Pharmacy First Service for Emergency Hormonal Contraception (EHC)

Service Specification and Guidance V03.00

Change history

Version	Details of changes	Date
V02.00	<p>Page 11: If the last UPSI occurred between 96–120 hours ago or the woman or young person is unsure:</p> <ul style="list-style-type: none"> • <i>Offer ulipristal acetate</i> • <i>In line with the service PGD levonorgestrel should not be used beyond 96 hours</i> • <i>If ulipristal is contra-indicated refer the woman or young person for Cu-IUD fitting</i> <p>Page 13: Drug interactions If the woman or young person is taking liver enzyme-inducing drugs or is within 28 days of stopping:</p> <ul style="list-style-type: none"> • <i>If the Cu-IUD is contraindicated or not acceptable, offer double dose (3 mg) levonorgestrel to be taken as a single dose as soon as possible and within 96 hours of UPSI.</i> 	1 st April 2024
V03.00	<p>Page 17: Point e has been amended providing updated information on accessing abortion services in Northern Ireland and removing requirement to supply a KYO leaflet to clients</p>	27 th November 2024

April 2024

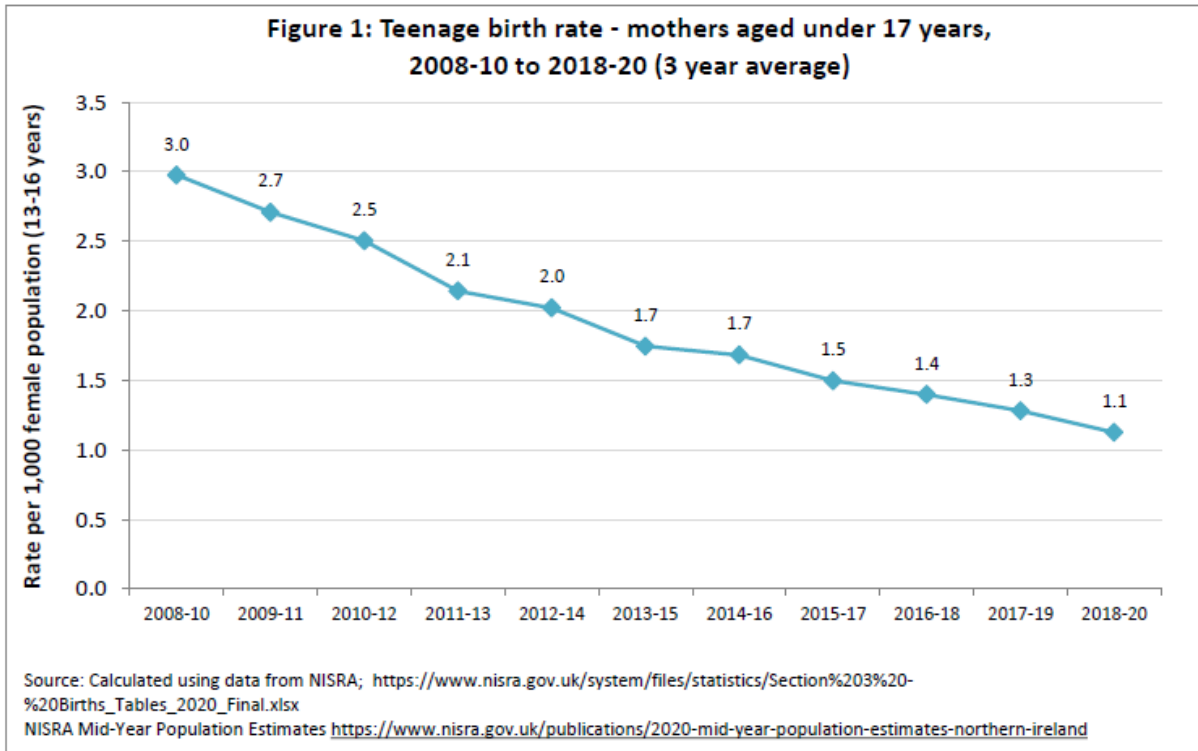
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1. BACKGROUND

Improving the sexual health and wellbeing of the population is one of the public health priorities for Northern Ireland (NI).

Following the Sexual Health Promotion Strategy & Action Plan (2008-2013) the birth rate to mothers aged less than 17 years in NI reduced from 3.1 births per 1,000 (2003-2005) to 2.1 births per 1,000 (2011-2013) to 1.1 births per 1,000 (2018-2020).



Birth rates in adolescent females in NI and the UK are still amongst the highest in Europe. The Pharmacy First Service for emergency hormonal contraception (EHC) will ensure that women and young people have timely access to EHC when clinically indicated. This should contribute to achieving a reduction in the number of unintended conceptions, particularly in young women across Northern Ireland.

Evidence based treatment

The Copper Intrauterine device (Cu-IUD), sometimes referred to as “the coil”, is the most effective method of emergency contraception. When insertion of a Cu-IUD is not possible the alternative is oral EHC.

There are two types of oral EHC, Ulipristal Acetate (UPA-EC) and Levonorgestrel (LNG-EC). **UPA-EC has been demonstrated to be more effective than LNG-EC.** Provision of the Pharmacy First Service for EHC through community pharmacies will ensure supply of the most appropriate and effective treatment.

The pharmacist will offer information and advice to women and young people requesting EHC and, when appropriate, issue and supply the most appropriate treatment free of charge.

2. SERVICE AIMS AND OBJECTIVES

The aim of the service is to provide, where clinically appropriate, EHC in circumstances where potential failure of regular contraceptive method is recognised, or unprotected sexual intercourse (UPSI) has taken place.

The objectives of the service are:

- To provide information on emergency contraception, including offering advice on the superior effectiveness of Cu-IUD and signposting for this as appropriate.
- To increase knowledge, especially amongst younger women, of the availability of EHC and hormonal contraception (i.e. desogestrel 75 microgram tablets) from community pharmacies.
- To improve access to EHC and sexual health advice.
- To increase the appropriate use of EHC by women and young people who have had UPSI / contraception failure; and reduce the incidence of unplanned pregnancies.
- To ensure treatment is in line with best practice and [NI formulary](#).
- To refer women and young people, as appropriate, into mainstream contraceptive services.
- To increase the knowledge of risks, such as Sexually Transmitted Infections (STIs), associated with UPSI.
- To encourage the use of condoms amongst women and young people presenting for EHC, to enable them to protect themselves against STIs and unplanned pregnancy. Condoms are available free of charge at local Sexual Health Clinics.
- To refer women and young people who may be at risk of having contracted a STI to an appropriate service.

3. SERVICE OUTLINE

- The service is available to any woman or young person aged 13 years or over. **Please refer to the safeguarding section on page 9 for advice on action to take if a young person under 13 years presents to a pharmacy requesting access to the service.**
- The service must be provided by an appropriately trained pharmacist in person. A video consultation may be undertaken, in exceptional circumstances only (see further information on page 8 “accessing the service”).
- The pharmacist takes a patient history to ensure that they have sufficient information to assess the appropriateness of the supply.
- Women and young people who are excluded from the service (e.g. not registered with a GP in NI) should be made aware of other services for treatment and advice within the required time frame for treatment to be effective, including locations where they can access free EHC (Sexual Health Clinics, GP, OOHs) as well as the availability of an over-the-counter sale of EHC as appropriate.
- The pharmacist offers information and advice about all methods of emergency contraception including the Cu-IUD and provides information on the probability of treatment failure with advice on the course of action in the event of this occurring.
- All individuals should be informed that insertion of a Cu-IUD within five days of UPSI or within five days from earliest estimated ovulation is the most effective method of emergency contraception.
- When a woman or young person chooses to have a Cu-IUD fitted she should also be supplied with appropriate oral EHC to take immediately in case she changes her mind regarding the Cu-IUD or there is a delay or difficulty in arranging Cu-IUD insertion.
- The pharmacist supplies EHC where clinically indicated, recording the supply using the consultation form.
- The pharmacist can supply:
 - Ulipristal acetate 30mg as a single dose as soon as possible but no later than 120 hours after UPSI

OR, when ulipristal is not indicated:

- Levonorgestrel 1.5mg (POM) as a single dose as soon as possible and within 96 hours¹ of UPSI
- Levonorgestrel 2 x 1.5mg (3mg unlicensed dose) as a single dose and within 96 hours of UPSI for clients:
 - With a body mass index of more than 26kg/m² or who weigh more than 70kg.

¹ EHC providers should advise women that LNG-EC is licensed for EC up to 72 hours after UPSI. The evidence suggests that LNG-EC is ineffective if taken more than 96 hours after UPSI.

<https://www.fsrh.org/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>

- Taking enzyme-inducing medicines or herbal products.
- The pharmacist is responsible for ensuring that the service is user-friendly, non-judgemental, client-centred and confidential.
- The pharmacist offers advice about regular methods of contraception and how to obtain a supply including through the GP practice and Sexual Health Clinics.
- If appropriate, e.g. the individual is not on regular contraception and is likely to engage in further sexual activity, the pharmacist can supply:
 - Three months of Desogestrel 75 micrograms tablets (POM).
- Desogestrel provides ‘bridging contraception’ until the woman or young person has an opportunity to attend their GP/specialist clinic to arrange further supply
- The pharmacist offers information and advice about safer sex and the benefits of screening for STIs. Women and young people should be signposted to appropriate services where required. A copy of the patient information leaflet [Know Your Options \(KYO\)](#) should be provided. The KYO leaflet contains important information on these topics. See [Translation help | nidirect](#) for written advice in languages other than English.
- If the woman is under 16 years of age, [Fraser competence](#) must be assessed and documented.
- The pharmacist must use their professional judgement to consider, and where appropriate, act on any child protection issues coming to their attention as a result of providing the service. This should be in line with local child protection procedures and any national or local guidance on under 16s sexual activity. Information is available on the ni.gov.uk website at <http://www.health-ni.gov.uk/topics/child-protection>.
- The service should be offered from premises that can provide an acceptable level of privacy to respect the right to confidentiality and safety of women and young people (see section 7, page 19).
- The pharmacist must ensure maintenance of records for each supply and may be required to share information with appropriate parties in line with confidentiality protocols.
- The service should be provided according to any required regulatory and professional standards.

Patient Eligibility for the service

The following persons are **eligible** for the service;

- Women and young people aged 13 years or over who are registered with a GP in Northern Ireland. Proof of age is not required.

Pharmacy Eligibility for service

The service can only be provided from participating community pharmacies where the contractor:

- Holds a contract with the SPPG to deliver the service; copy available on the [BSO website](#). A copy should be signed and returned via secure email to local Primary Care office.

- Ensures that pharmacists providing the service are trained, competent and available to deliver the service. Pharmacists must undertake relevant training to ensure clinical care competency prior to commencing service delivery.
- Ensures that the pharmacy has a confidential consultation area meeting the premises requirements in section 7, page 19.
- Ensures a Standard Operating Procedure (SOP) is in place to support delivery of the service in line with the service specification and guidance.
- Ensures Patient Group Directions (PGDs) relating to service delivery are organisationally authorised and signed by an appropriate authorising person.
- SPPG PGDs to be used for this service are available on the [BSO](#) website.
- Ensures that the service is available during all of the pharmacy's opening hours, where practically possible.

Pharmacist Eligibility to provide the service

This service can only be provided by pharmacists who are:

- Registered with the Pharmaceutical Society of Northern Ireland (PSNI). Pharmacist Independent Prescribers (IPs) must be registered with the PSNI as an independent prescriber.
- Working in a pharmacy contracted to provide the service.
- Fully trained and competent to provide the service.
- Non-IP pharmacists must have read, understood and signed the service PGDs and must provide the service exactly in line with the PGDs.

Patient Consent

- Before the consultation the pharmacist must provide women and young people with sufficient information to inform consent to avail of the service.
- The service privacy notice (available on [BSO](#) website) should be used to explain to the woman or young person how their personal data will be used and a copy supplied if requested.
- The woman or young person must sign the consultation form to confirm consent.
- In law, any competent young person in the UK can consent to medical treatment including contraception. Young people 16 years of age and over, including those with a disability/impairment are presumed to be competent to give consent to medical treatment unless otherwise demonstrated. For young people under the age of 16 years, however, competence to consent has to be demonstrated, in line with Fraser competence.
- Fraser Competence for young people less than 16 years of age:
 - If a young person is believed to be < 16 years of age, the pharmacist must assess their '[Fraser Competence](#)'. Discussion with the young person should explore the following issues at each consultation.
 - Does the young person understand the advice given?
 - Has the young person been encouraged to involve parents?

- Is the young person likely to continue having sex, in which case there is a need for ongoing contraception?
- If treatment is withheld is the young person's physical or mental health (or both) likely to suffer?
- Is it in the young person's best interest to give contraceptive advice, treatment or supplies without parental consent?
- This should be fully documented using the [Fraser competency form](#), available on the BSO website and should include an assessment of the young person's maturity to understand the proposed treatment.
- **Safeguarding:** The possibility of physical, sexual and emotional harm including coercion and/or exploitation should be considered when a woman or young person presents for EHC. **Completion of safeguarding training is a prerequisite for delivery of this service.** Details are provided in the training section on page 20. Information on how to access safeguarding advice and when to initiate a safeguarding referral is outlined in the assessment section on page 10.

Accessing the service

- Women and young people seeking advice and /or treatment make initial contact with the pharmacy in person or by telephone.
- The pharmacist arranges a face-to-face consultation with the woman or young person. In exceptional circumstances only, the consultation may be by video.
- All consultations carried out by video should take place via the Pharmacy's HSC Zoom account as this enables the most appropriate security settings to be applied to all HSC users of Zoom.
- **The consultation is between the woman or young person and the pharmacist with no exceptions i.e. no third-party consultations.**
- Women or young people may be referred into the service by their GP practice or Out of Hours medical centre. Arrangements for this should be agreed in advance where possible.

Pharmacy First Consultation

a) Assessment²

When a woman or young person requests emergency hormonal contraception (EHC):

- Reassure her that the consultation will remain confidential. The GP practice will not be informed unless there are any particular circumstances in which confidentiality may need to be breached (for example, safeguarding or suspected child protection issues). In such cases the pharmacist will aim to seek the woman or young person's consent to contact third parties. However even if consent is not given by the woman or young person, where

² NICE Clinical Knowledge Summaries: Emergency Hormonal Contraception
[Scenario: Management | Management | Contraception - emergency | CKS | NICE](#)

there is a safeguarding concern the pharmacist must act on this, e.g. through contacting relevant safeguarding lead / social services.

Assess whether EHC is indicated:

- Consider supply of EHC if a woman or young person does not wish to conceive and has had UPSI:
 - On any day of a natural menstrual cycle.
 - After regular hormonal contraception has been compromised or used incorrectly.
 - From day 21 after childbirth.
 - From day 5 after miscarriage, abortion, ectopic pregnancy, or uterine evacuation for gestational trophoblastic disease (GTD).

Take a full history to determine the most appropriate choice of EHC:

- Ask when the most recent UPSI occurred and whether additional UPSI has occurred in the same cycle:
 - Consider a pregnancy test if the woman or young person has had UPSI earlier in the cycle.
 - Be aware that pregnancy testing cannot reliably exclude pregnancy if there has been an episode of UPSI less than 21 days previously.
- Discuss her menstrual history:
 - Ask about the date of the start of her last menstrual period (LMP) and the usual cycle length.
 - Calculate the earliest likely date of ovulation (estimated as the date of the start of her LMP plus the number of days in the shortest cycle minus 14). Calculators are available on line; one such example can be found at [Calculator.net](https://www.calculator.net).
- Ask about previous use of EHC in this cycle and in previous cycles (confirm which was taken and when it was taken).
- Ask about other factors that could affect the choice of EHC, including:
 - Whether she is postpartum or breastfeeding.
 - Current medications (with particular attention to liver enzyme-inducing drugs, progestogens and herbal products).
 - Contraindications/restrictions. [The UK Medical Eligibility Criteria for Contraceptive Use](#) (UKMEC) offers guidance on the safety of different contraceptives in women with particular medical conditions or personal characteristics.

Safeguarding advice / referral

Assess for potential risk of sexual abuse, sexual exploitation, rape, and non-consensual sex, particularly if the woman or young person is considered to be vulnerable (e.g. less than 16 years of age).

- The legal age of consent to sexual activity is 16 years.

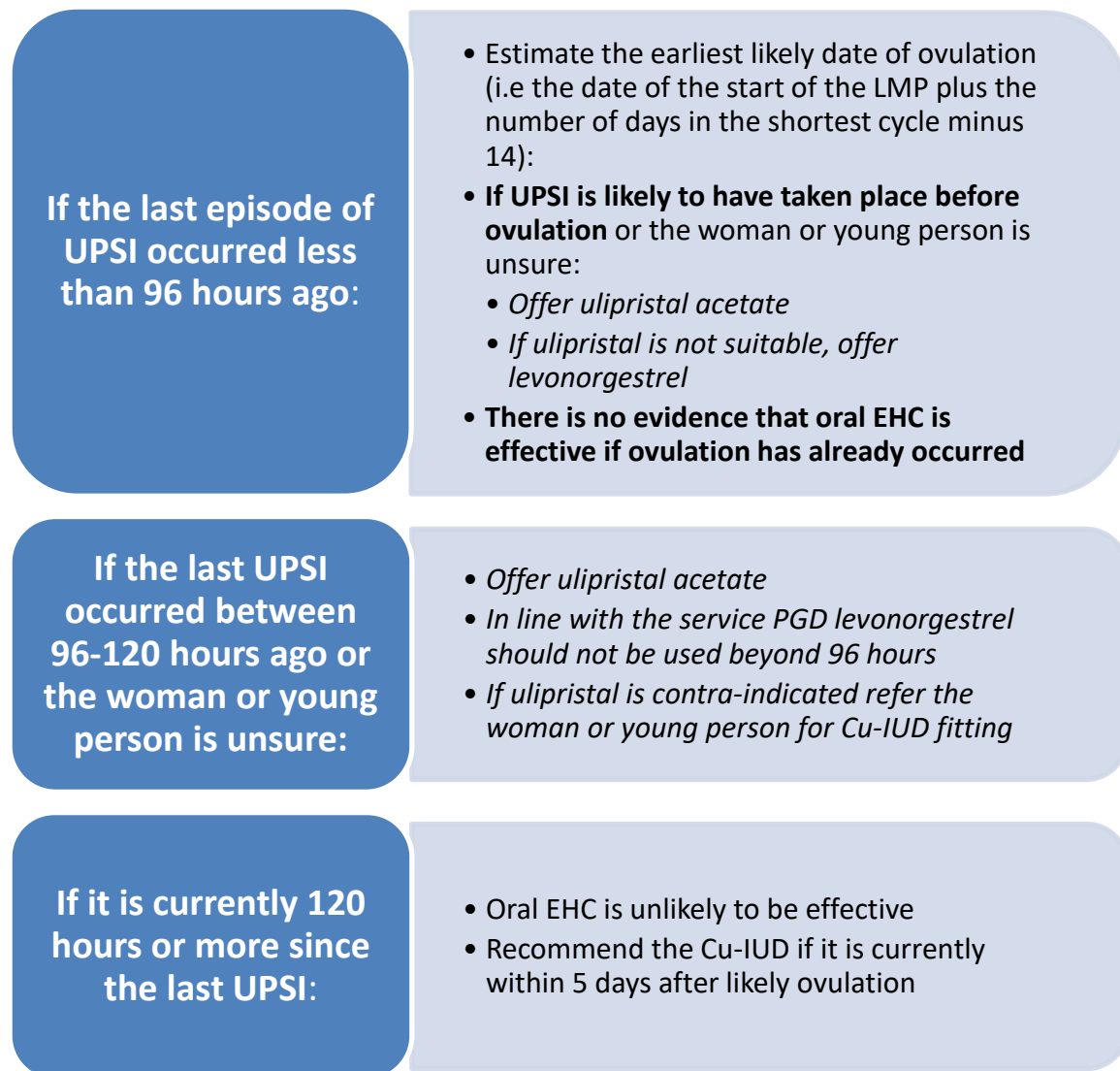
- However, surveys suggest that around one in three young people in the UK have had sexual intercourse by this age. Although unlawful, mutually agreed sexual activity between under-16-year-olds of similar age would not generally lead to prosecution unless there was evidence of abuse or exploitation.
- In Northern Ireland, as in England and Wales, young people aged less than 13 years of age are considered unable to legally consent to sexual activity.
- A young person aged less than 13 years presenting for EHC should be considered as a **safeguarding red flag**. In Northern Ireland, there is no statutory duty under criminal law to report to the police cases of sexual activity involving children under the age of 16 years **unless the child is under 13 years or the other party is aged 18 years or over**.
 - If the young person is under 13 years the pharmacist has a statutory duty to report the incident to the police.
 - If the young person is under 16 years and the other party is 18 years or older the pharmacist has a statutory duty to report the incident to the police.
 - If the young person (of any age) is showing signs of immediate danger e.g. suicidal ideation or abuse, the pharmacist should supervise the young person whilst contacting the police.
- If non-consensual sex or sexual abuse is suspected, follow local process for alerting the relevant safeguarding leads.
- If the young person discloses any sexual health symptoms or details circumstances of concern during the consultation, they should be referred to their local Gateway safeguarding team. Details can be found on the BSO website [Belfast HSC Trust \(hscni.net\)](http://hscni.net).
- In all cases, when a discussion has taken place between the pharmacist and a woman or young person, where safeguarding issues have been identified, document a summary of the discussions and keep the record in a secure place in the pharmacy for the time period specified in the [DOH Good Management, Good Records guidelines](#). For sexual health records:
 - 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).
- In the case of women over 18 years where safeguarding issues have been identified, discuss the need to contact the Trust Adult safe-guarding team and either provide the woman with the appropriate phone number, or with her consent, make the call on her behalf.

b) Treatment

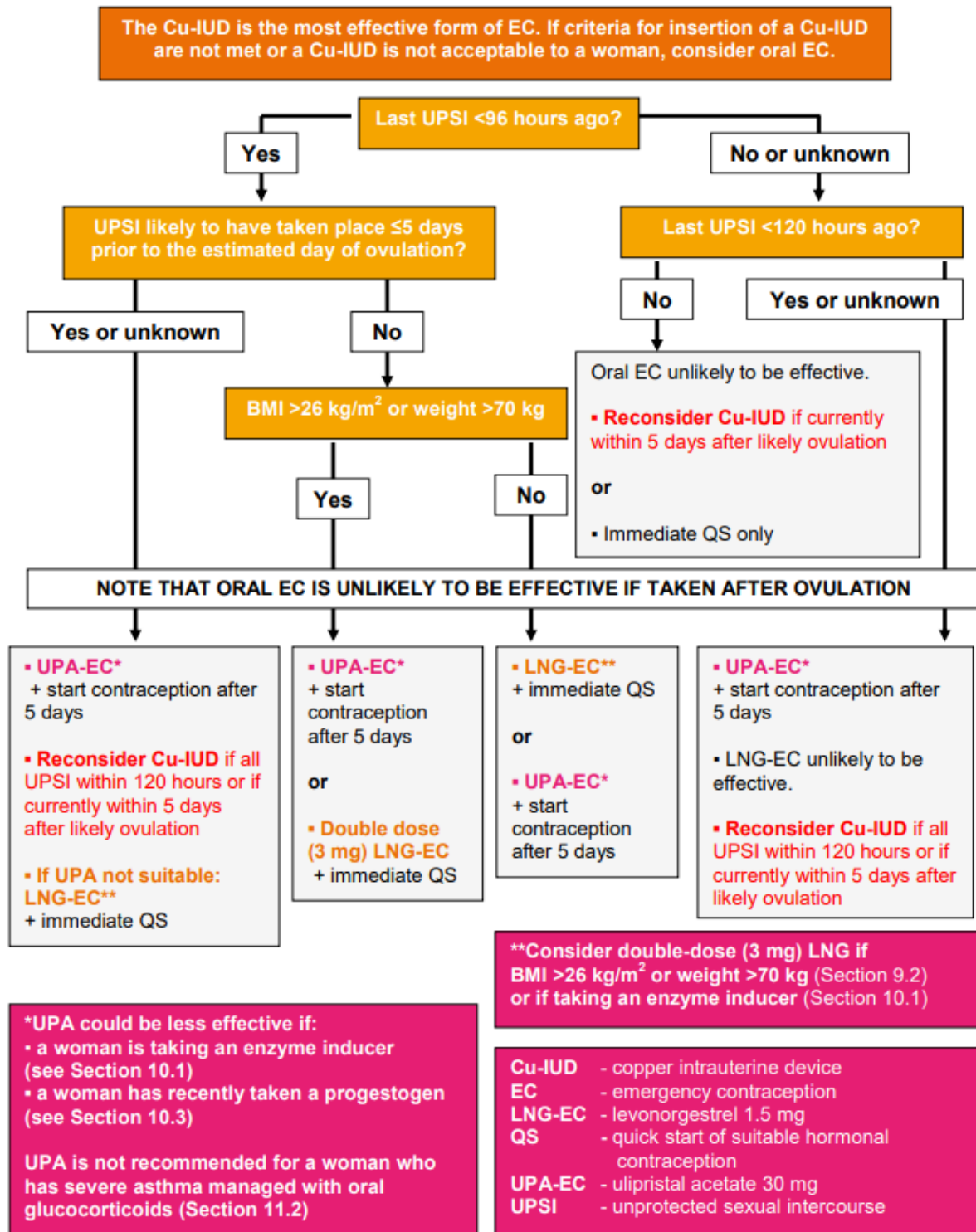
All women and young people should be advised that the Cu-IUD is the most effective method of emergency contraception. If the woman or young person wishes to have a Cu-IUD fitted then she should be sign-posted to the most appropriate service (GP practice or local clinic). Oral EHC should also be given and taken as soon as possible,

in line with the [Faculty of Sexual & Reproductive Healthcare \(FSRH\) guidance](#). This is in case there is difficulty in accessing a Cu-IUD appointment or the individual changes her mind.

Choice of oral EHC (refer to the FSRH decision-making algorithm below)



FSRH Algorithm 2: Decision-making Algorithm for Oral Emergency Contraception (EC): Levonorgestrel EC (LNG-EC) vs Ulipristal Acetate EC (UPA-EC)



***UPA could be less effective if:**

- a woman is taking an enzyme inducer (see Section 10.1)
- a woman has recently taken a progestogen (see Section 10.3)

UPA is not recommended for a woman who has severe asthma managed with oral glucocorticoids (Section 11.2)

****Consider double-dose (3 mg) LNG if BMI >26 kg/m² or weight >70 kg (Section 9.2) or if taking an enzyme inducer (Section 10.1)**

Cu-IUD - copper intrauterine device
EC - emergency contraception
LNG-EC - levonorgestrel 1.5 mg
QS - quick start of suitable hormonal contraception
UPA-EC - ulipristal acetate 30 mg
UPSI - unprotected sexual intercourse

Additional factors to consider when determining the most suitable choice of EHC:

i. Weight and body mass index (BMI):

- If the woman or young person's **BMI is < 26 kg/m²** or **body weight is < 70 kg**, offer *ulipristal acetate* or, if ulipristal is not suitable, levonorgestrel.
- If the woman or young person's **BMI is > 26 kg/m²** or **body weight is > 70 kg**, offer *ulipristal acetate* or, if ulipristal is not suitable, a double dose (3 mg) of levonorgestrel.

ii. Drug interactions:

- Ulipristal acetate is not suitable for use by women or young people who have severe asthma controlled by **oral** glucocorticoids. The antiglucocorticoid effect of UPA may affect asthma control
 - Offer *levonorgestrel*
- Ulipristal acetate is not suitable for use by women or young people taking antacids, proton-pump inhibitors or H2-receptor antagonists.
 - Offer *levonorgestrel*
- If the woman or young person is taking **liver enzyme-inducing drugs** or is within 28 days of stopping a liver enzyme-inducing drug:
 - The copper intrauterine device (Cu-IUD) is the preferred option.
 - If the Cu-IUD is contraindicated or not acceptable, offer *double dose (3 mg) levonorgestrel* to be taken as a single dose as soon as possible and within 96 hours of UPSI. Explain that this recommendation is outside the product licence and is based on expert clinical judgement.
 - Ulipristal acetate is **not** recommended.

iii. Progestogen containing products:

- If the woman or young person has recently taken a product containing progestogen or progesterone (e.g. for contraceptive purposes, EHC, gynaecological indications, or hormone replacement therapy), be aware that the effectiveness of ulipristal acetate, could theoretically be reduced if the progestogen was taken in the 7 days prior to taking ulipristal acetate and could be reduced if the progestogen is taken in the 5 days after taking ulipristal acetate.
 - Offer *levonorgestrel* (although it is unknown whether ulipristal acetate taken when there may still be circulating progestogen is more or less effective than levonorgestrel).

iv. Breastfeeding:

- Breastfeeding mothers do not need EHC if they are exclusively breastfeeding (>85% infant feeds are breastfeeding, they are <6 months post-partum **and** their periods have not returned post-partum).

- If ulipristal acetate is supplied, advise the mother not to breastfeed and to express and discard milk for one week after she has taken ulipristal acetate.
- If levonorgestrel is supplied, advise the mother that a small amount is excreted into breast milk. To minimise exposure to the infant, she should take levonorgestrel immediately after breastfeeding and avoid nursing for at least 8 hours. The need for an alternative method of feeding (e.g. formula) should be considered for this time period, particularly in pre-weaning infants.

c) Advice

It is essential that at the time of provision of EHC it is explained to the woman or young person that EHC provides no ongoing protection from pregnancy. The main mechanism of action of oral EHC is to delay ovulation, and when ovulation occurs later in the cycle there is a greater risk of pregnancy if there is further UPSI. The pharmacist should advise women and young people that the available evidence suggests that EHC administered after ovulation is ineffective.

- Discuss with the woman or young person (and provide information on) the mode of action, efficacy, advantages and disadvantages, and possible risks and adverse effects of the EHC supplied.
- Advise her that she should take EHC as soon as possible after UPSI. If she vomits within 3 hours of taking EHC, she should take a second dose as soon as possible:
 - Advise the woman or young person to come back to the pharmacy for a second supply of medication.
 - If the pharmacy is likely to be closed signpost the woman or young person to a late opening pharmacy offering the service or OOHs medical centre.
 - If she attends a different pharmacy for a second supply of medicine it will involve a second consultation.
- Advise her that her next menstrual period might be different:
 - If she has early mild bleeding or spotting, this is probably caused by the EHC and may not be the start of the next menstrual cycle. She should not regard this time as safe for UPSI.
 - Most women will have a normal period at the expected time; some women will have their period later or earlier than normal.
- Advise her that EHC is not 100% effective. She should have a pregnancy test if her next period is more than 7 days late or bleeding is lighter than usual.

- Advise her that the risk of ectopic pregnancy is very small. However, she should seek prompt medical attention if she experiences severe lower abdominal pain after taking EHC.
- Advise her that EHC does not protect against STIs. Only a barrier method of contraception (such as a condom) can reduce the risk of STIs.
- Using the [KYO leaflet](#) as an aide memoire, discuss the section on STIs including risks, window periods for testing and how to order free home testing kits if required. Highlight the central booking numbers to be used for further advice and treatments for STIs.
- If the woman or young person is not currently using contraception advise her that she would need to use ongoing contraception or abstain from UPSI to avoid further risk of pregnancy.

Emergency Hormonal Contraception:

- Is intended for occasional use and should in no instance replace a regular contraceptive method.
- Does not provide contraceptive cover for the remainder of the cycle or for subsequent UPSI. There is a significantly increased risk of pregnancy with further UPSI later in the cycle in which EHC has been taken.
- Can be used more than once in the same cycle, but repeated administration is not advisable because of the possibility of disturbance of the cycle.
- Provide verbal and [written information](#) on all methods of ongoing contraception and information on how to access them.
- If the woman or young person becomes pregnant after taking EHC:
 - Advise her that evidence on the outcome of pregnancies exposed to EHC is limited. However, there have been no associated adverse outcomes with the small number of pregnancies that have been reported to date.

d) Bridging Contraception

A consultation regarding EHC should include advice regarding the importance of ongoing contraception and information about the available contraceptive methods. The pharmacist should ensure that after taking EHC a woman or young person has access to her contraceptive method of choice. Quick starting of suitable contraception (immediately after LNG-EC or >5 days after UPA-EC) should always be offered and follow-up pregnancy testing advised.

Patient eligibility for bridging contraception

Any woman or young person not already taking an oral contraceptive (or using other regular hormonal contraceptive) should be offered a three-month supply of progestogen-only contraception (POP) desogestrel via this Pharmacy First Service.

Few medical conditions restrict the use of the POP, these may include:

- Unexplained vaginal bleeding
- Known hypersensitivity to the active ingredient or to any constituent of the product - see [Summary of Product Characteristics](#)
- Has experienced ill health related to previous hormonal contraception use
- Has an underlying condition which has been exacerbated by previous hormonal contraception use.
- Has severe liver cirrhosis with abnormal Liver Function Tests (LFTs) or a liver tumour (adenoma or carcinoma).
- Current or past history of breast cancer
- Individuals using enzyme-inducing drugs / herbal products or within 4 weeks of stopping them.
- Any bariatric or other surgery resulting in malabsorption from the gastrointestinal tract.
- Acute porphyria.
- Cardiovascular disease (current or past history of ischaemic heart disease, vascular disease, stroke or transient ischaemic attack).

Health professionals should be familiar with the most up-to-date [UK Medical Eligibility Criteria for Contraceptive Use \(UKMEC\)](#)

Supply of bridging contraception

Where appropriate the pharmacist may provide a three-month supply of desogestrel 75 microgram tablets.

- If the woman or young person is starting progestogen-only contraception after ulipristal acetate EHC, advise that:
 - **She should wait 5 days** (at least 120 hours) after taking UPA-EC before starting desogestrel, with a pregnancy test 21 days later to exclude pregnancy resulting from EHC failure. A delay of 5 days is required to prevent interaction with the UPA-EC.
- If the woman or young person is starting progestogen-only contraception after LNG-EC, advise that:
 - **She should quick start** the contraception, with a pregnancy test 21 days later to exclude pregnancy resulting from EHC failure.

In all cases she should use additional contraception (such as a condom) or avoid sexual intercourse until the progestogen-only contraception becomes effective (48 hours after initiation). See the CKS topic on [Contraception - progestogen-only methods](#) for more information.

Advice to be given when supplying bridging contraception

Advise the woman or young person that:

- She should take the pill daily with no pill-free interval and at the same time each day to ensure maximal efficacy.
- She should take it at a time of day that best suits her to aid adherence (however it can be taken up to 12 hours after her usual time).
- If she is more than 12 hours late she should still take it but use condoms for the next 48 hours. She should take the next pill at the normal time. This may mean taking two pills in 24 hours (the missed pill and the next one at the usual time).
- It is very safe from a medical point of view.
- She may notice a few side effects in the first week or so, such as headaches, mood swings, nausea, sore breasts, but these are usually very mild and pass very quickly.
- It does not cause weight gain. If she notices her appetite increasing in the first few days, don't start eating more as her appetite will soon return to normal.
- The one thing she will notice is that her periods will change. They may:
 - Continue to be regular but be lighter than normal.
 - After a few months they may stop altogether.
 - They may be irregular.
- Advise her to give it 3 months to see what happens, but if she is still not happy with what it has done to her periods she may want to change to a different method of contraception.
- She will need to contact her GP or local sexual health clinic before the 3 months' supply runs out, to arrange further supply.

e) Accessing abortion services in Northern Ireland

It is important that all clients accessing the Pharmacy First EHC service are provided with accurate information on how to access abortion services in Northern Ireland. Advise the woman or young person that the most up to date information on abortion care can be accessed on the NI Direct website at [Abortion services | nidirect](#); an A5 flyer is also available at [Abortion Services](#)

4. SUPPLY OF MEDICINE

- Where a medicine is supplied it shall be appropriately labelled and the pharmacist must counsel the individual regarding its safe and effective use.
- The woman or young person should be encouraged to take the medicine at the time of supply in order to ensure compliance.
- Pharmacists must ensure any medicines supplied comply with current good practice guidelines:

- Pharmaceutical Society guidance available at <http://www.psn.org.uk/publications/code-of-ethics-and-standards/>
- MHRA Drug Safety Advice <https://www.gov.uk/drug-safety-update>
- Where supply of medicine and / or written patient information is indicated for a woman or young person following a video consultation, arrangements for collection of these items must be agreed between the pharmacist and the individual.
- When treatment is required and appropriate it should be selected from the formulary and supplied in one of two ways:
 - The Pharmacist Independent Prescriber (IP) writes a prescription for the medicine which is dispensed in accordance with the relevant SOP.
 - The non-IP Pharmacist supplies the medicine in line with the service PGDs and completes a Pharmacy Voucher (PV). The medicine is dispensed in accordance with the relevant SOP.

5. FORMULARY

Table 1: The Pharmacy First Formulary for EHC and bridging contraception

Emergency Hormonal Contraception	Dosage and course length	Drug tariff codes
First line (including when BMI>26 or weight >70kg) Ulipristal acetate 30mg	One tablet to be taken immediately	39231
Second line (when ulipristal is not indicated) Levonorgestrel 1.5mg (POM)	One tablet to be taken immediately	13391
Levonorgestrel 1.5mg (POM) <ul style="list-style-type: none"> ➢ BMI >26 or weight >70kg or ➢ Concurrent liver enzyme-inducing drugs 	Two tablets to be taken immediately (unlicensed indication)	13391
Bridging Contraception Progestogen-only Contraceptive Pill (POP)	Dosage and course length	
Desogestrel 75 micrograms tablet (POM)	84 (3 x 28) tablets. One to be taken daily at the same time each day.	13467
All PVs should be endorsed with the Pharmacy First code		97003

Consult the SPCs for individual medicines for possible risks and adverse effects.
 Ulipristal acetate 30mg SPC <https://www.medicines.org.uk/emc/product/14200/smpc>
 Levonorgestrel 1.5mg SPC <https://www.medicines.org.uk/emc/product/7308/smpc#gref>
 Desogestrel 75 mcg SPC <https://www.medicines.org.uk/emc/ingredient/701>

6. PHARMACY FIRST CONSULTATION RECORDS

- All Pharmacy First consultation records must be full, accurate and contemporaneous.
- A record of the consultation must be retained in the pharmacy and be available to SPPG for monitoring and audit purposes. This includes both Consultation forms and Fraser Competency forms.
- If there are any safeguarding concerns following risk assessment for sexual abuse, sexual exploitation, rape, and non-consensual sex the pharmacist should contact the local safeguarding lead immediately. On these occasions if necessary a copy of the consultation form may also be shared with the patients GP.
 - In such circumstances confidential patient information should be transferred securely and within 24 hours. Arrangements for the secure transfer of patient information should be agreed in advance.
- All records must be kept for the time periods in line with the [DOH Good Management, Good Records guidelines](#).
- IP prescriptions should be coded with normal drug tariff codes and submitted along with the usual prescription bundle to BSO for payment.
- PVs should be coded with normal drug tariff codes and the Pharmacy First code **97003/1** should be added. These PVs should be processed in line with other Pharmacy First vouchers.
- Claim forms should be submitted by email to **local Primary Care offices** on a monthly basis for payment of service fees.

7. PREMISES

Pharmacies participating in the Pharmacy First Service must have a consultation area that meets the following requirements:

- The consultation area should be where both the patient and pharmacist can sit down together.
- The patient and pharmacist should be able to talk at normal speaking volumes without being overheard by another person (including pharmacy staff).
- The consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.
- The consultation area must provide equal access to all patients who may wish to avail of the Pharmacy First Service.
- **All** Pharmacy First EHC consultations must take place in the consultation area.

8. PROFESSIONAL RESPONSIBILITY

- It is the responsibility of individual pharmacists to have suitable indemnity insurance cover (see appendix 1 for Pharmacist Independent Prescribers). This should include the unlicensed use of levonorgestrel.
- At all times the pharmacist will be required to preserve patient confidentiality in line with their responsibilities as members of the Pharmaceutical Society of Northern Ireland and GDPR regulations. Situations where confidentiality may need to be breached, e.g. safeguarding issues, are outlined above.
- At no point does this service abrogate the professional responsibility of the individual pharmacist. They must use their professional judgement at all times.
- The responsible pharmacist on the day is responsible for ensuring that the service is delivered in line with the service specification and guidance.
- Any complaints relating to the service should be dealt with in line with the participating pharmacy's complaints SOP.
- Pharmacists acting in the dual role of prescribing and supplying medicines should follow the joint [RCN and RPS Guidance on Prescribing, Dispensing, Supplying and Administration of Medicines](#).

9. TRAINING

All pharmacists must undertake training necessary to meet the competency required to provide the service. A recorded training session is available on the ECHO Moodle site. This recording must be viewed by all pharmacists prior to service delivery.

Pharmacists must be registered with EHCO to view the recording. The link to registration is <https://tinyurl.com/C19CommPharmacyECHO>. There is also a short video available [here](#) to assist with registration. Any problems please contact Elaine Kane at e.kane@hospiceuk.org Tel: 028 95582393.

A webinar recorded by CPNI colleagues is also available to view at <https://youtu.be/YjfQK7cDbTQ> (click 'browse YouTube' to start the recording).

Further recommended training is available on the **NICPLD** website which includes;

- A two hour recorded lecture [Oral Emergency Contraception](#) (Recorded March 2021: Dr Caroline Hunter & Lyndsey Hasson SHSCT)
- Public Health elearning module – [Emergency Contraception](#)

NHS E-learning in collaboration with FRSH have also developed a series of elearning modules covering; contraception, emergency contraception, safe-guarding and history taking. These are available at [Sexual and Reproductive Healthcare - elearning for healthcare \(e-lfh.org.uk\)](#). The site requires registration which is free of charge to health professionals.

10. REMUNERATION AND REIMBURSEMENT

The fees payable to pharmacy contractors for this service are:

- A one-off set up fee of £200 per pharmacy contractor
- A consultation fee of £25 per EHC consultation
- An additional fee of £15 per consultation where bridging contraception is supplied.
- The claim form should be completed monthly and emailed to local Integrated Care offices for processing and payment of service fees.
- The cost of medicines supplied as part of the consultation will be reimbursed on submission to BSO of the prescription or pharmacy voucher as appropriate.

Contact Details for Local Primary Care Offices:				
Belfast	South Eastern	Southern	Northern	Western
12-22 Linenhall Street Belfast BT2 8BS	12-22 Linenhall Street Belfast BT2 8BS	Tower Hill Armagh. BT61 9DR	County Hall 182 Galgorm Road Ballymena BT42 1QB	Gransha Park House 15 Gransha Park Clooney Road Londonderry BT47 6FN
Tel: 028 9536 3926	Tel: 028 9536 3926	Tel: 028 9536 2104	Tel: 028 9536 2812	Tel: 028 9536 1082
pharmacyservicesbelfast@hscni.net	pharmacyservicesse@hscni.net	pharmacyservicessouth@hscni.net	pharmacyservicesnorth@hscni.net	pharmacyserviceswest@hscni.net

11. SERVICE EVALUATION

Evaluation of the service will be undertaken by the Medicines Optimisation and Innovation Centre (MOIC) and SPPG. A service user on-line survey will be available periodically. SPPG will provide pharmacists with a QR code to share with service users to complete the anonymised on-line survey.

12. SERVICE MONITORING AND POST PAYMENT VERIFICATION

- The pharmacy contractor will be required to submit all records requested by SPPG in relation to the Pharmacy First Service within 14 days of receipt of the request.
- The pharmacy contractor is required to co-operate on a timely basis in respect of any review or investigation being undertaken by SPPG / BSO regarding the Pharmacy First Service.
- In the event where SPPG cannot assure claims relating to the provision of the Pharmacy First Service recovery of the payment will be sought.

13. PROMOTION OF THE SERVICE

- SPPG will provide printed A3 and A4 posters for use within the pharmacy. Pharmacies may also wish to promote the service on Twitter and Instagram using the resources available on the [BSO](#) website. The pharmacy contractor shall not publicise the availability of the service other than using any materials specifically provided by SPPG without the prior agreement of the SPPG or in any way which is inconsistent with the professional nature of the service.

14. OTHER TERMS AND CONDITIONS

- The pharmacy contractor shall not give, promise or offer to any person any gift or reward as an inducement to or in consideration of his/her registration with the service.
- The pharmacy contractor shall not give, promise or offer to any person engaged or employed by him any gift or reward or set targets, against which that person will be measured, to recruit patients to the service.
- The pharmacy contractor shall ensure that service provision is in accordance with professional standards.

References

FSRH Clinical Guideline: Emergency Contraception <https://www.fsrh.org/standards-and-guidance/fsrh-guidelines-and-statements/emergency-contraception/>
Fraser Guidelines <https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines>

Resources

See the CKS topic on [HIV infection and AIDS](#)
See the CKS topic on [Contraception - progestogen-only methods](#)
FSRH clinical guideline: [Quick starting contraception](#)

Appendix 1 - Appendix for Pharmacist Independent Prescribers

Indemnity Insurance

- It is the responsibility of individual pharmacists to have suitable indemnity insurance cover. Any additional costs incurred to meet the requirement to offer the EHC service will be met by the SPPG. IPs should submit invoices to their local Integrated care office (see contact email addresses below).

Guidance on prescribing and dispensing

Pharmacists acting in the dual role of prescribing and supplying medicines should follow the joint [RCN and RPS Guidance on Prescribing, Dispensing, Supplying and Administration of Medicines](#)

- The prescribing and dispensing/supply and/or administration of medicines should normally remain separate functions performed by separate health care professionals in order to protect patient safety.
- Exceptionally, where clinical circumstances make it necessary and in the interests of the patient, the same health care professional can be responsible for the prescribing, dispensing and/ or supply/administration of medicines
- Where this occurs, an audit trail, documents and processes are in place to limit errors. This should be included in the service SOP.

PSNI Standards and Guidance for Pharmacist Independent Prescribers is available at [Standards-and-Guidance-for-Pharmacist-Prescribing-April-2013.pdf \(psni.org.uk\)](#)

[GMC Good practice in prescribing and managing medicines](#) (updated 5th April 2021)

Prescription security

- Prescription pads should be kept in a secure locked area, when not in use and not left unattended or unsecure at any time.
- IPs are responsible for their own prescription pads. When a service ends any unused prescriptions should be stored securely for the duration of the IPs employment in the pharmacy. These may be retained for future services requiring IP clinical skills.
- Alternatively, unused prescriptions which become obsolete should be destroyed in line with the pharmacy's confidential waste policy and a record kept of the destruction

All aspects of prescription security should be covered in the service SOP. [Prescription security in Medical practices](#) although written for use in GP practices may also contain useful information relevant to Pharmacist Independent Prescribers.

SPPG local offices:

Belfast pharmacyservicesbelfast@hscni.net

South Eastern pharmacyservicesse@hscni.net

Southern pharmacyservicesouth@hscni.net

Northern pharmacyservicesnorth@hscni.net

Western pharmacyserviceswest@hscni.net