HSC Health and Social Care

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An Roinn Sláinte
Männystrie O Poustie
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Pharmacy First Service for Emergency Hormonal Contraception (EHC)

Service Specification and Guidance V05.00

Change history

Version	Details of changes	Date
V05.00	**Page 4:** information on teenage pregnancy rates in mothers aged <20 years rates has been updated (data up to 2022-24 now included). **Page 6:** bullet point in section 2 revised to clarify that women and young people should be advised (as appropriate) on how to access mainstream contraceptive services, rather than referred into these services. **Page 10:** new bullet point added advising that IP pharmacists are not required to sign the service PGDs; however, it is recommended that they refer to them in the delivery of the service. **Page 13:** new bullet points in section 3.6: • Advising that the available evidence suggests that oral EHC administered after ovulation is ineffective. This does not preclude supply of EHC, but may help inform advice given on the need for ongoing regular contraception. • Highlighting that ulipristal acetate should not be used if the service user has missed a dose of their oral contraceptive pill. This is listed as an exclusion in the ulipristal PGD (this is aligned with V3 of the UPA-EC SPS national template).	May 2026

	Page 19: additional information in section iii advising that ulipristal cannot be supplied via this service in a missed pill situation; it is an exclusion in the PGD. **Page 28:** updated training information; • updated details of how to access a training video via the ECHO Moodle site • new requirement to complete the NICPLD Safeguarding Advice & Guidance for Pharmacists recorded webinar to be completed **Page 29:** information on how to access the MOIC evaluation included in section 11. Throughout the document, all previous links to Faculty of Sexual & Reproductive Health (FSRH) resources have been updated to College Sexual & Reproductive Health (CoSRH) resources.	
V04.00	**Section 3:** updated numbering **Page 10 (section 3.6):** added text that EHC service providers should advise women and young people that the available evidence suggests that oral EC administered after ovulation is ineffective **Page 14:** updated flowchart to state that the available evidence suggests that oral EC administered after ovulation is ineffective **Page 16:** Updated information on progesterone and progestogen products **Page 17:** Updated information regarding use of EHC when breastfeeding **Page 19:** Included contact details for Trust Sexual and Reproductive Health Clinics and information on how to access SH:24 **Page 20:** Inclusion of information on how to access abortion services and how to access pregnancy support counselling in NI **Page 26:** removed reference to two hour recorded lecture as no longer available on NICPLD website	April 2025
V03.00	**Pages 8 & 17:** • removing requirement to supply a KYO leaflet to clients • updated information on how to access advice on availability of abortion services in Northern Ireland	27th November 2024
V02.00	**Page 11:** If the last UPSI occurred between 96–120 hours ago or the woman or young person is unsure: • *Offer ulipristal acetate* • ***In line with the service PGD levonorgestrel should not be used beyond 96 hours*** • *If ulipristal is contra-indicated refer the woman or young person for Cu-IUD fitting* **Page 13:** Drug interactions If the woman or young person is taking liver enzyme-inducing drugs or is within 28 days of stopping:	1st April 2024

	• *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.*	

May 2026

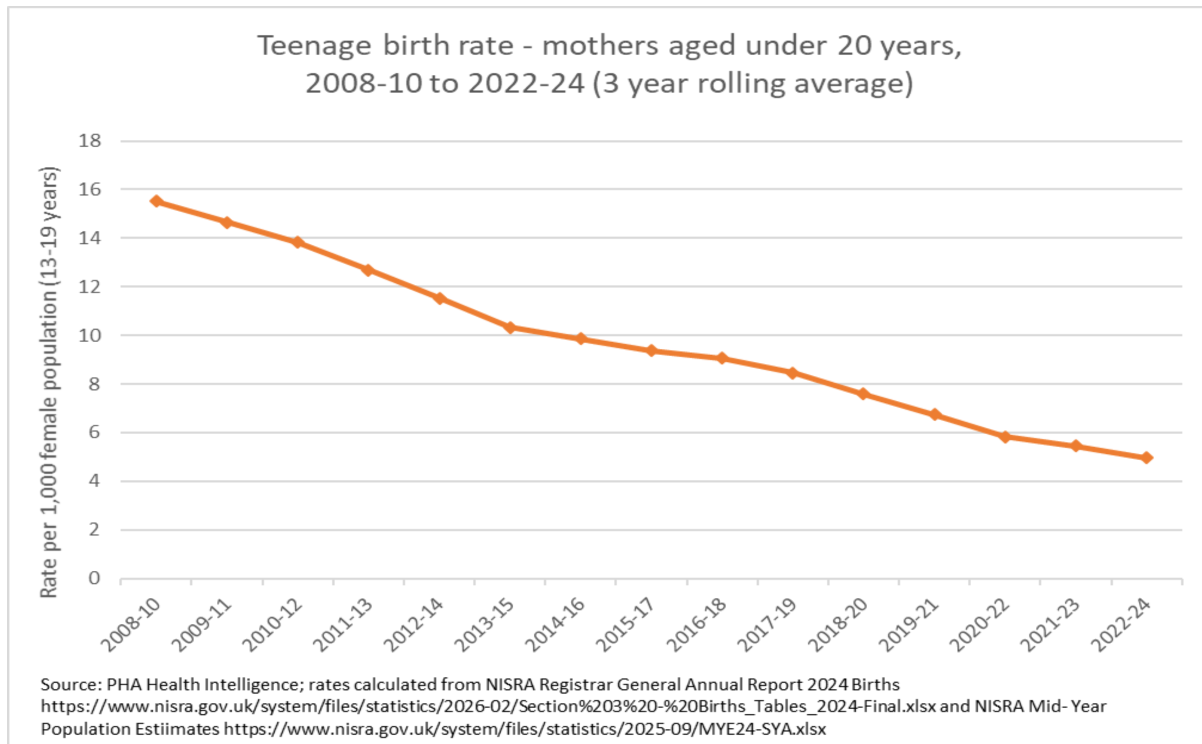
Table of Contents

1. BACKGROUND ... 5
2. SERVICE AIMS AND OBJECTIVES ... 6
3. SERVICE OUTLINE ... 7
3.1 *Patient Eligibility for the service* ... 9
3.2 *Pharmacy Eligibility for service* ... 9
3.3 *Pharmacist Eligibility to provide the service* ... 10
3.4 *Patient Consent* ... 10
3.5 *Accessing the service* ... 11
3.6 *Pharmacy First Consultation* ... 12
3.7 *Advice to be given when supplying EHC*: ... 18
3.8 *Patient eligibility for the supply of bridging contraception* ... 23
3.9 *Advice to be given when supplying bridging contraception* ... 24
4. SUPPLY OF MEDICINE ... 25
5. FORMULARY ... 25
6. PHARMACY FIRST CONSULTATION RECORDS ... 26
7. PREMISES ... 27
8. PROFESSIONAL RESPONSIBILITY ... 27
9. TRAINING ... 28
10. REMUNERATION AND REIMBURSEMENT ... 29
11. SERVICE EVALUATION ... 29
12. SERVICE MONITORING AND POST PAYMENT VERIFICATION ... 29
13. PROMOTION OF THE SERVICE ... 30
14. OTHER TERMS AND CONDITIONS ... 30
References ... 30
Resources ... 30
Appendix 1 – Pharmacist Independent Prescriber

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 20 years in NI reduced from 15.5 births per 1,000 (2008-2010) to 12.7 births per 1,000 (2011-2013) to 5.0 births per 1,000 (2022-2024).



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 copper 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 advise women and young people, as appropriate, on how to access mainstream contraceptive services.
- To increase the knowledge of risks, such as Sexually Transmitted Infections (STIs), associated with UPSI. Discuss the risks of STIs and how to order home testing kits via SH:24; highlight the central booking numbers (see page 21) that can be used for further advice and treatment for STIs.
- 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 13 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, <u>in exceptional circumstances only</u> (see further information on page 11 “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 choses to have a Cu-IUD fitted <u>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.</u>
- 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 hours[1] 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/m^2 or who weigh more than 70kg.
    - 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:
  - Desogestrel 75 micrograms tablets (POM) x 3 months' supply.
- 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.
- 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.

[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.
CoSRH Clinical Guideline: Emergency Contraception (March 2017, amended July 2023)

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 27).
- 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.

3.1 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.

3.2 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 27.
- 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.

3.3 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.
- IP pharmacists are not required to sign the service PGDs; however, it is recommended that they refer to them in the delivery of the service

3.4 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, a copy should be 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:
    - 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 pre-requisite for delivery of this service**. Details are provided in the training section 9 on page 28. Information on how to access safeguarding advice and when to initiate a safeguarding referral is outlined in the assessment section on page 13.

3.5 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.

3.6 Pharmacy First Consultation:

- **Initial assessment[2]:**
  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 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 *(however, EHC service providers should advise women and young people that the available evidence suggests that oral EHC administered after ovulation is ineffective).*
  - 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.

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

- 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.
- Advise women and young people that the available evidence suggests that oral EHC administered after ovulation is ineffective. This does not preclude supply of EHC, however it may inform discussions on the use of a copper-IUD (as the most effective method of emergency contraception) and the need for ongoing regular contraception.

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.
- Current medications (with particular attention to liver enzyme-inducing drugs, progestogens and herbal products).
- Contraindications/restrictions. The UK Medical Eligibility Criteria for contraceptive use offers guidance on the safety of different contraceptives in women with particular medical conditions or personal characteristics.
- "**Missed pill" situation** - ulipristal acetate should not be used if the service user has missed a dose of their oral contraceptive pill. This is listed as an exclusion in the ulipristal PGD

- **Safeguarding advice / referral:**

Assess women and young people 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.

Young people aged less than 16 years of age:

- The legal age of consent to sexual activity is 16 years.
- Surveys suggest that around one in three young people in the UK have had sexual intercourse by the age of 16 years.
- 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 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 Gateway Services for Children's Social Work.
- 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.

In all women and young people:

- If non-consensual sex or sexual abuse is suspected, follow local processes for alerting the relevant safeguarding leads.
- 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.

- **Treatment**

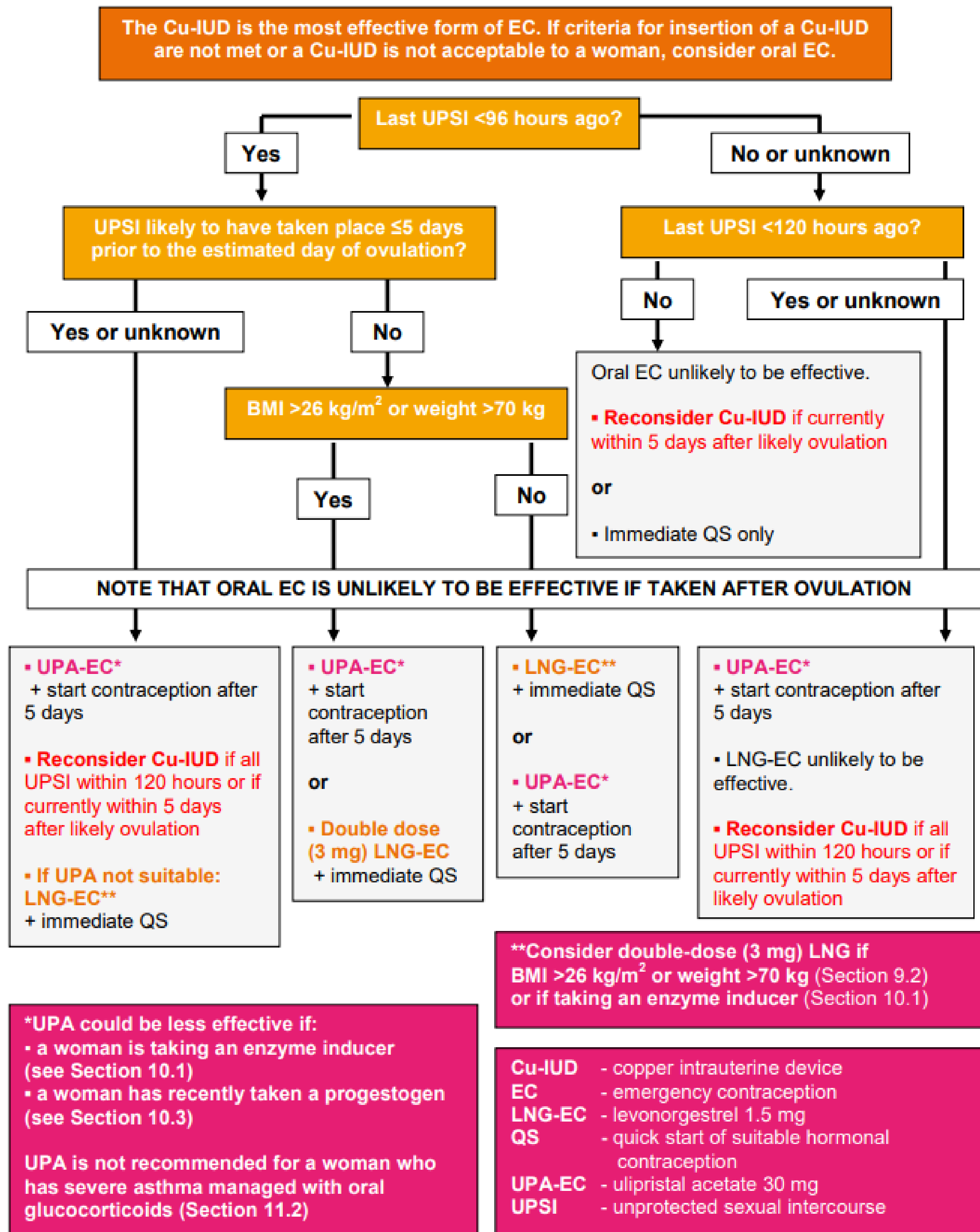
  All women and young people should be advised that the Cu-IUD is the most effective method of emergency contraception. If the woman or young person wishes to have a Cu-IUD fitted then she should be sign-posted to the most appropriate service (GP practice or local clinic). Oral EHC should also be given and taken as soon as possible, in line with the College of Sexual & Reproductive Healthcare (CoSRH) guidance This is in case there is difficulty in accessing a Cu-IUD appointment or the individual changes her mind.

If the last episode of UPSI occurred less than 96 hours ago:	• Estimate the earliest likely date of ovulation (i.e the date of the start of the LMP plus the number of days in the shortest cycle minus 14):
	• **If UPSI is likely to have taken place before ovulation** or the woman or young person is unsure:
	  • *Offer ulipristal acetate*
	  • *If ulipristal is not suitable, offer levonorgestrel*
	• The available evidence suggests that oral EC administered after ovulation is ineffective

If the last UPSI occurred between 96-120 hours ago or the woman or young person is unsure:	• *Offer ulipristal acetate* • *In line with the service PGD levonorgestrel should not be used beyond 96 hours* • *If ulipristal is contra-indicated refer the woman or young person for Cu-IUD fitting*
If it is currently 120 hours or more since the last UPSI:	• Oral EHC is unlikely to be effective • Recommend the Cu-IUD if it is currently within 5 days after likely ovulation

For information on the most appropriate choice of oral EHC (refer to the CoSRH decision-making algorithm below)

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



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 or used a product containing progestogen or progesterone {e.g. for contraceptive purposes (including contraceptive pills, progestogen IUD and progestogen implant), 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. **Ulipristal cannot be supplied via this service in a missed pill situation; it is an exclusion in the PGD**.

- *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).

- **Ulipristal:** no interruption of breastfeeding is necessary following a single dose of Ulipristal Acetate when given for Emergency Contraception. Following a review of previous advice, *which had stated that breast milk should be expressed and discarded for one week after UPA-EC*, members of the Guideline Development Group (GDG) for the CoSRH Guideline Emergency Contraception have issued a Statement (CoSRH) advising that there is no need to avoid breastfeeding after taking a single dose of UPA-EC. This is in line with recommendations from the UK Drugs in Lactation Advisory Service (UKDILAS), which are published on the Specialist Pharmacy Service (SPS) website

- **Levonorgestrel:** women who breastfeed should be informed that the available limited evidence indicates that LNG-EC has no adverse effects on breastfeeding or on their infants. Women can be advised to continue to breastfeed after using LNG-EC.

3.7 Advice to be given when supplying EHC

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.

- Discuss the risks of STIs and how to order home testing kits via SH:24; highlight the central booking numbers that can be used for further advice and treatment for STIs:

- Central booking numbers in the case of urgent referrals or queries regarding emergency contraception or for advice and treatments for STIs, community pharmacists can contact their local Trust Sexual & Reproductive Healthcare clinics as follows:
    - **Northern Trust: 028 2826 6163**
      Monday to Friday 9.00am to 5.00pm
    - **South Eastern Trust: 028 9041 3796**
      Monday, Tuesday, Thursday and Friday 9.00am to 12.30pm
    - **Southern Trust: 028 3756 2200**
      Monday and Wednesday 9.30am to 12.30pm & Friday 9.30am to 12pm
    - **Western Trust: 028 7132 1758**
      Monday to Friday 9.00am to 5.00pm
    - Common Youth also run an STI service for young people under 25 in their clinics in Belfast and Coleraine. For more information, email hello@commonyouth.com or call 028 9032 8866

- 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, due to ovulation being delayed.

- 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 information on all methods of ongoing contraception and information on how to access them.

- **Advise the woman or young person that should she become pregnant after taking EHC:**
  - that the 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.

- **How to access 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

- **How to access pregnancy support counselling:** to discuss all of the options that are available to women and young people facing an unplanned pregnancy (i.e. continuing with pregnancy, abortion and adoption). This information can be accessed on the Informing Choices NI website.

3.8 Patient eligibility for the supply of 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 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.

3.9 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.

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 [The Code, Standards and Guidance – Pharmaceutical Society NI]
  - MHRA Drug Safety Advice https://www.gov.uk/drug-safety-update
- Where supply of medicine 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**
When ulipristal is not indicated: Levonorgestrel 1.5mg (POM)	One tablet to be taken immediately	**13391**
Levonorgestrel 1.5mg (POM) ➢ 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 & RPS Prescribing and dispensing position statement guidance

9. TRAINING

All pharmacists must undertake training necessary to meet the competency required to provide the service.

The following training must be viewed by all pharmacists prior to service delivery:

- The recorded training session (titled "Video: CPC 21/02/22") that is available on the ECHO Moodle site. This video is uploaded to the "Collaborative Community Pharmacy Networks" of the Moodle site, under "Year 3 ECHO Programme 2022". Pharmacists must be registered with ECHO to view the recording. Registration and access to the training is via the following link: https://moodle.echonorthernireland.co.uk.
  A Moodle Registration guide is available on the BSO website at:
  If you have any issue registering, please contact Elaine Kane at: Elaine.Kane@rqia.org.uk Tel: 028 95360644
- The NICPLD Safeguarding Advice & Guidance for Pharmacists.

Further additional training is also available:

- A webinar recorded by CPNI colleagues is available to view at https://youtu.be/YjfQK7cDbTQ (click 'browse YouTube' to start the recording).
- Emergency Contraception eLearning training - which is available in under Public Health eLearning on the NICPLD website
- 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

An evaluation of the service has been undertaken by the Medicines Optimisation and Innovation Centre (MOIC) and SPPG. The outcome of the review was published in December 2025.

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
CoSRH Clinical Guideline: Emergency Contraception
CoSRH Clinical Guideline: Emergency Contraception (March 2017, amended July 2023)
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
CoSRH clinical guideline: Quick Starting Contraception | CoSRH

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 pharmacyservicessouth@hscni.net

Northern pharmacyservicesnorth@hscni.net

Western pharmacyserviceswest@hscni.net