NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Patient Group Direction For The Supply Of Ulipristal Acetate Emergency Contraception (UPA-EC) By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles

Lead Author: Consultant in Sexual and Reproductive Health NHSG **Co-ordinator:** Medicines Management Specialist Nurse NHSG	**Consultation Group**: See relevant page in the PGD	**Approver:** NoS PGD Group **Authorisation:** NHS Grampian
Signature: 		**Signature:** 
NoS Identifier: NoS/PGD/UPA_EC/ MGPG1350	**Review Date:** February 2025 **Expiry Date:** February 2026	**Date Approved:** February 2023

NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles have authorised this Patient Group Direction to help individuals by providing them with more convenient access to an efficient and clearly defined service within the NHS Boards. This Patient Group Direction cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 2

Revision History:

Reference and approval date of PGD that has been adapted and/or superseded	PGD supersedes NoS/PGD/UPA_EC/MGPG1119, Version 1.3	
Date of change	**Summary of Changes**	**Section heading**
September 2022	2 yearly review in conjunction with FSRH/SPS National template.	
September 2022	Acute porphyria added as per FSRH/SPS template.	Exclusion criteria
September 2022	Back pain added to list of side effects as per updated SmPC for ellaOne®.	Identifying and managing possible adverse reactions
November 2022	If appropriate added to the sentence Day 1 of last menstrual period (LMP) in the history section.	Appendix 4 - Proforma

NoS Identifier: NoS/PGD/UPA_EC/MGPG1350
Keyword(s): PGD Patient Group Direction EHC ulipristal, emergency contraception ellaOne®

Policy Statement: It is the responsibility of the individual healthcare professionals and their line managers to ensure that they work within the terms laid down in this PGD and to ensure that staff are working to the most up to date PGD. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect individual, staff or visitor safety and comfort will be reduced. Supervisory staff at all levels must ensure that staff using this PGD act within their own level of competence.

The lead author is responsible for the review of this PGD and for ensuring the PGD is updated in line with any changes in clinical practice, relevant guidelines, or new research evidence.

Review date: The review date for a PGD needs to be decided on a case-by-case basis in the interest of safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

Document:	Drafted:	September 2022
	Completed:	November 2022
	Approved:	February 2023 (published – April 2023)
	Amended and re-authorised:	

Organisational Authorisations

This PGD is not legally valid until it has had the relevant organisational authorisation.

PGD Developed/Reviewed by;

Medical practitioner	**Name:** Dr Hame Lata **Health Board:** NHSH **Title:** Consultant in Sexual and Reproductive Health **Contact email:** hame.lata@nhs.scot **Signature:** ..... **Date:** 31/03/2023
Senior representative of the professional group who will provide care under the direction	**Name:** Deborah Syme **Health Board:** NHST **Title:** Team Leader, The Corner, Health and Social Care Partnership **Contact email:** deborah.syme@nhs.scot **Signature:** ..... **Date:** 29/03/2023
Lead author	**Name:** Dr Sinead Cook **Health Board:** NHSG **Title :** Consultant in Sexual and Reproductive Health **Contact email:** sinead.cook@nhs.scot **Signature:** ... **Date:** 03/04/2023
Pharmacist	**Name:** Alison Smith **Health Board:** NHSG **Title :** Medicines Management Pharmacist **Contact email:** alisonjane.smith@nhs.scot **Signature:** ..... **Date:** 24/03/2023

Approved for use within NoS Boards by;

North of Scotland (NoS) PGD Group Chair	Signature	Date Signed
Lesley Coyle		16/03/2023

Authorised and executively signed for use within NoS Boards by;

NHS Grampian Chief Executive	Signature	Date Signed
Professor Caroline Hiscox		12/04/2023

Management and Monitoring of Patient Group Direction

PGD Consultative Group

The consultative group is legally required to include a medical practitioner, a pharmacist and a representative of the professional group who will provide care under the direction.

Name:	**Title:**
Dr Sinead Cook	**Lead Author:** Consultant in Sexual and Reproductive Health NHSG
Jodie Allan	**Co-ordinator:** Medicines Management Specialist Nurse NHSG
Alison Smith	**Pharmacist:** Medicines Management Pharmacist NHSG
Dr Hame Lata	**Medical Practitioner:** Consultant in Sexual and Reproductive Health NHSH
Deborah Syme	**Senior Representative:** Team Leader, The Corner, Health and Social Care Partnership NHST
Sara Beveridge	Clinical Nurse Specialist, Sexual and Reproductive Health Service NHST
Katrina Drew	Unplanned Pregnancy/Sexual Health Nurse NHSG
Kimberly McKinnes	Service Manager and Lead Nurse Sexual Health NHSH

Patient Group Direction For The Supply Of Ulipristal Acetate Emergency Contraception (UPA-EC) By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles

Clinical indication to which this PGD applies

Definition of situation/ Condition	This Patient Group Direction (PGD) will authorise approved healthcare professionals as detailed in the characteristics of staff authorised to work under this PGD to supply ulipristal acetate (UPA-EC) for emergency contraception to Individuals requesting emergency contraception who report an episode of unprotected sexual intercourse (UPSI), occurring within the last 120 hours (5 days) for the prevention of unwanted pregnancy, where the insertion of a copper intrauterine device (Cu-IUD) is declined, unsuitable or when access to this provision is not possible. **Note:** Healthcare professionals should advise service users that the available evidence suggests that oral EC administered after ovulation is ineffective. All must be advised that a Cu-IUD is the most effective method of emergency contraception. If they are referred for a Cu-IUD, oral emergency contraception should be issued at the time of referral in case the Cu-IUD cannot be fitted, there is a delay with the procedure or the individual changes their preference. Trial data have shown that the pregnancy rate is lower following treatment with UPA-EC than with levonorgestrel (LNG-EC). **Therefore, UPA-EC should be considered first line when oral EC is indicated for an Individual.** This PGD should be used in conjunction with the recommendations in the current British National Formulary (BNF), British National Formulary for Children (BNFC), the individual Summary of Product Characteristics (SmPC), the Faculty of Sexual and Reproductive Healthcare (FSRH) UKMEC guidance April 2016 (updated September 2019) and the FSRH Clinical Effectiveness Unit guideline Emergency contraception guideline March 2017 (updated December 2017).
Inclusion criteria	**Follow the Flowchart for Oral Emergency Contraception (EC): LNG-EC Versus UPA-EC (Appendix 3). Ensure the EC Proforma is completed (Appendix 4)** **Note:** The healthcare provider 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.

	• An Individual under 16 years of age may give consent for the supply of UPA-EC, provided they understand fully the benefits and risks involved. The Individuals should be encouraged to involve a parent/guardian, if possible, in this decision. Where there is no parental involvement and the Individuals indicates that they wish to accept the supply, supply should proceed, if the pharmacist deems the Individual to have the legal capacity to consent. The Age of Legal Capacity (Scotland) Act 1991, Section 2 (4) states that 'a person under the age of 16 years shall have legal capacity to consent on their own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending them, they are capable of understanding the nature and possible consequences of the procedure or treatment. Legal advice from the NHS in Scotland states that if a healthcare professional has been trained and professionally authorised to undertake a clinical assessment which is normally that of a medical practitioner, then that health care professional can be considered to have the necessary power to assess the capacity of a child under the 1991 Act, for that procedure or treatment. If under 13 years of age this PGD cannot be used and the healthcare professional should speak to the local Child Protection lead and follow the local child protection policy. Individuals aged 13 years up to and including 54 years of age presenting for EC within 120 hours of UPSI who have been advised that a Cu-IUD is the most effective form of EC and where: • UPSI or failure of another method of contraception has occurred • Criteria for the insertion of a Cu-IUD are not met, the Individual declines Cu-IUD or where access to the provision of a Cu-IUD isn't possible. UPA-EC can be given more than once in a cycle. **Note:** UPSI includes the withdrawal method, condom failure and inadequate use of other contraceptive methods. This includes Individuals with condom failure in the first seven days after 'quick starting' hormonal contraception or an intra-uterine system (IUS), Individuals out with day 1 - 5 of their cycle or Individuals who are using an oral, patch or implant contraception within 28 days of enzyme inducer use.

	Best practice advice given by FSRH is used for guidance in this PGD and may vary from the Summary of Product Characteristics (SmPC). **Use outside of product licence:** This PGD includes off-label use in the following conditions o Severe hepatic impairment o Lapp-lactase deficiency o Hereditary problems of galactose intolerance o Glucose-galactose malabsorption. Prior to the supply of the medicine, valid consent to receiving treatment under this PGD must be obtained. Consent must be in line with current individual NHS Boards consent policy.
Exclusion criteria	• Under 13 years (the healthcare professional should speak to the local Child Protection lead and follow the local child protection policy) • 55 years of age and over • Individuals under 16 years of age and assessed as not competent to consent to treatment using Fraser guidelines • Allergy or hypersensitivity to UPA-EC or any of the excipients including potato starch, maize starch, colloidal anhydrous silica, magnesium stearate, talc, lactose monohydrate • Pregnancy or suspected pregnancy (if a Individuals menstrual period is late or in case of symptoms of pregnancy, pregnancy should be excluded before UPA-EC is supplied) • Given birth in last 3 weeks – (EC not needed). **Note:** EC **is** however needed for UPSI 5 days or more after early pregnancy loss • Most recent UPSI more than 120 hours ago (5 days) • Progestogen use in the last 7 days, i.e. LNG-EC, oral, patch, implant or injectable contraception or progestogens for gynaecological indications • Expired IUS or contraceptive implant that is in situ • Severe asthma treated by oral steroids • Porphyria • Current use, or within last 28 days, of liver enzyme modifying drugs (barbiturates, primidone, phenytoin, carbamazepine, rifampicin, rifabutin, ritonavir, griseofulvin and St. John's wort (hypericum). Guidance on efficacy and recommended treatment can be found at www.fsrh.org.uk. Current or recent use of medicinal products that increase gastric pH (e.g. proton pump inhibitors (PPI), antacids and H_2 -receptor antagonists) as these may reduce plasma concentrations of UPA-EC and reduce efficacy. UPA-EC

	should not be given if there has been PPI use in last 7 days or H_2 antagonist or antacid use in the last 24 hours. Individuals for whom no valid consent has been received.
Precautions and special warnings	Any gender based violence, child protection and welfare issues should be referred through the appropriate channels. UPA-EC is excreted in breast milk and a risk to the breastfed infant cannot be excluded. After taking UPA-EC, breastfeeding is not recommended for one week. During this time it is recommended to express and discard the breast milk in order to stimulate lactation. Other methods of EC may be more suitable. Consideration should be given to the current disease status of those with severe malabsorption syndromes, such as acute/active inflammatory bowel disease or Crohn's disease or previous gastric surgery e.g. bypass/sleeve. Although the use of ulipristal is not contra-indicated it may be less effective and so these Individuals should be advised that insertion of Cu-IUD would be the most effective emergency contraception for them and referred accordingly if agreed.
Action if excluded from treatment	Refer to GP or sexual health service (SHS) for further consultation. If a Cu-IUD is considered the most appropriate intervention, Individual should be referred to the sexual health services as soon as possible. Oral EC should be given at the time of the referral (if suitable under PGD) in case the Cu-IUD cannot be fitted or the Individual changes their mind. A Cu-IUD can be fitted up to 5 days after a single episode of UPSI in a cycle or up to 5 days after the earliest ovulation date expected within a regular cycle. If more than 120 hours, since episode of UPSI, refer to sexual health service or GP for assessment. Offer LNG-EC if appropriate via PGD (refer to LNG-EC PGD). For anyone presenting for treatment under this PGD aged under 13 years, the local child protection team must be contacted. Consultation with sexual health services or their GP should be prioritised. Document the reason for exclusion under the PGD and any action taken in the appropriate clinical records.

Action if treatment is declined	The Individual should be advised of the risks of not receiving the supply of UPA-EC. Refer to sexual health service or GP. Document that the supply was declined, the reason and advice given in appropriate clinical records.

Description of treatment available under the PGD

Name form and strength of medicine	Ulipristal acetate (UPA-EC) 30mg tablet.
Legal status	Ulipristal acetate (UPA-EC) 30mg tablet is a Prescription-only Medicine (POM). In accordance with the MHRA all medicines **supplied** under a PGD **must** either be from over-labelled stock, or be labelled appropriately in accordance with the regulatory body guidelines for the labelling of medicines for the professional providing the supply.
Is the use out with the SmPC?	Best practice advice given by FSRH is used for guidance in this PGD and may vary from the SmPC. This PGD includes off-label use in the following conditions: Lapp-lactase deficiency • Hereditary problems of galactose intolerance • Glucose-galactose malabsorption • Severe hepatic impairment. Medicines should be stored according to the conditions detailed in the storage section in this PGD. However, in the event of an inadvertent or unavoidable deviation of these conditions refer to NHS Board guidance. Continued use would constitute an off-label use under this PGD. The responsibility for the decision to release the affected medicines for use lies with pharmacy. Where the medicine is assessed in accordance with these guidelines as appropriate for continued use, administration under this PGD is allowed. Where a medicine is recommended off-label consider, as part of the consent process, informing the individual that the medicine is being offered in accordance with national guidance but that this is outside the product licence.
Dosage/Maximum total dose	• One UPA-EC 30mg tablet to be taken orally • Where possible the tablet should be taken at the end of consultation

	• If there are concerns that the Individual may be pregnant, carry out a pregnancy test (PT) and if negative supply the tablet. If unable to carry out a PT immediately, advise test and supply tablet and inform the Individual to take tablet if PT is negative • If vomiting occurs within 3 hours of UPA-EC intake, another 30mg tablet should be taken.
Frequency of dose/Duration of treatment	Once only dose for that episode of UPSI or potential contraceptive failure. Dose can be repeated if vomiting occurs within 3 hours of ingestion.
Maximum or minimum treatment period	See Frequency of dose/Duration of treatment section above.
Route/Method of administration	Oral. The tablet can be taken with or without food.
Quantity to be supplied	One 30mg tablet
Storage requirements	Store below 25°C. Store in the original packaging to protect from moisture. Keep the blister in the outer carton to protect from light.
Follow-up (if applicable)	Ensure the Individual is advised to return if vomiting occurs within 3 hours after taking UPA-EC. Additionally, ensure information regarding where to access UPA-EC should vomiting occur out with the hours the service is available. EC does not prevent a pregnancy in every instance. Advise a pregnancy test three weeks after treatment especially if the expected period is delayed by more than seven days or abnormal (e.g. shorter or lighter than usual), or if using hormonal contraception which may affect bleeding pattern. If abdominal pain is experienced which is not typical of the Individuals usual dysmenorrhoea or pregnancy is suspected for any other reason, pregnancy should be excluded. Individuals should also be advised to seek medical advice if they have signs and symptoms suggestive of an ectopic pregnancy. The Individual may wish to make an appointment to discuss any aspect of their UPA-EC use, it is therefore important to ensure the Individual has the contact number for appropriate follow up services (this may be their GP).

Advice (Verbal)	The option of a Cu-IUD should be discussed with **all** Individuals requesting emergency contraception, even if presenting within 72 hours. Efficacy of the Cu-IUD is superior to that of UPA-EC, the failure rate is estimated at no greater than 1% and it allows ongoing contraceptive benefit. The Cu-IUD can be inserted up to 5 days after UPSI or, if time of ovulation can be reliably estimated, up to 5 days following ovulation (i.e. up to day 19 of menstrual cycle in regular 28 day cycle). A careful menstrual history is necessary to establish likely date of ovulation. Individuals should be informed that UPA-EC is unlikely to be effective if taken post-ovulation. Advise the Individual (as per proforma): • How the UPA-EC works, benefits of treatment and how it should be taken • Advise individual what to expect and of the possible side effects and their management • About failure rate, and that EC does not prevent a pregnancy in every instance. Individuals should be advised that oral EC administered after ovulation is unlikely to be effective • On what to do if they vomit within three hours of taking the tablet. The Individual should be advised where to obtain more supplies if this occurs • Provide information regarding all methods of ongoing contraception and how to access these • After using EC treatment only provides protection for that episode of UPSI. It is recommended that subsequent acts of intercourse be protected by a reliable barrier method until their next menses • To take a pregnancy test if their next period is 7 days late, lighter or shorter than normal, or after 3 weeks to establish whether they have become pregnant from this episode of UPSI • To seek medical advice if there is any lower abdominal pain, as ectopic pregnancies may occur following use, particularly at risk are Individuals with a history of ectopic pregnancy, fallopian tube surgery or pelvic inflammatory disease. Individuals who become pregnant after EC use should seek medical follow up to exclude this • There appears to be no increased risk to a foetus if the Individual becomes pregnant after taking UPA-EC. Individuals who become pregnant after taking UPA-EC should contact their GP. Any pregnancy should be reported to www.hra-pregnancy-registry.com, see risk minimisation materials

- Light bleeding 2-3 days after taking UPA-EC is common and should not be assumed to be a period or a guarantee that the UPA-EC has been effective
- That breastfeeding is not recommended for 7 days after taking UPA-EC. During this time it is recommended to express and discard the breast milk in order to stimulate lactation
- Where appropriate, discuss safer sex and sexually transmitted infections. Where possible provide information about how to access testing if needed
- If serious adverse or persistent effects occur, the individual/parent/carer should be advised to contact their GP/Accident and Emergency department/NHS24
- Individuals/carers should be advised to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme.

Continuing Contraception

To maintain the efficacy of UPA-EC Individuals should be advised to delay (re)commencement of hormonal contraception for at least 5 days. In addition, to use a barrier method or abstain until contraceptive cover has been achieved as per table below.

Additionally, Individual should be advised that regular use of reliable contraception is more effective at preventing pregnancies than regular use of EC, and that use of oral EC does not provide any ongoing contraceptive effect.

UPA then wait at least 5 days before starting contraception	**Method of Contraception**	**After restarting hormonal contraception, additional contraception is required for a further.**
	Combined oral contraceptive pill (except Qlaira®), vaginal ring or patch	7 days
	Qlaira® combined oral contraceptive pill	9 days
	Progestogen only pill (traditional/desogestrel)	2 days
	Progestogen only implant or injectable	7 days

Advice (Written)	Additional individual information leaflets such as those below should be provided where available: Family Planning Association: Your Guide to Emergency Contraception and Your Guide to Contraception. Available at Resources - The Sexual Health Company (FPA) via login.
Identifying and managing possible adverse reactions	**The most commonly reported undesirable effects are;** Headache Breast tenderness Fatigue Dizziness Pelvic pain Back pain Dysmenorrhoea Nausea and vomiting Mood disorders Abdominal pain Myalgia **This list is not exhaustive. Please also refer to current BNF and manufacturers SmPC for details of all potential adverse reactions.** **BNF**: BNF British National Formulary - NICE BNF for Children British National Formulary - NICE **SmPC/PIL/Risk Minimisation Material:** Home - electronic medicines compendium (emc) MHRA Products | Home RMM Directory - (emc) If an adverse reaction does occur give immediate treatment and inform relevant medical practitioner as soon as possible. Document in accordance with locally agreed procedures in the individual's record. Report any suspected adverse reactions using the Yellow Card System. Yellow Card Scheme - MHRA.
Facilities and supplies required	The following are to be available at sites where the medicine is to be supplied: • Appropriate storage facilities • An acceptable level of privacy to respect individual's right to confidentiality and safety • Access to a working telephone • Access to medical support (this may be via the telephone) • Clean and tidy work areas, including access to hand washing facilities or alcohol hand gel • A copy of this current PGD in print or electronically.

Characteristics of staff authorised to supply medicine(s) under PGD

Professional qualifications	Registered nurses and midwives as recognised by the Nursing and Midwifery Council (NMC), and pharmacists whose name is currently on the register held by the General Pharmaceutical Council (GPhC).
Specialist competencies	**Approved by the organisation as:** • Competent to assess the individual's capacity to understand the nature and purpose of the medicine supply in order to give or refuse consent • Aware of current treatment recommendations and be competent to discuss issues about the medicine with the individual • Having undertaken appropriate training to carry out clinical assessment of individuals identifying that treatment is required according to the indications listed in the PGD • Competent to undertake supply of the Medicine • Competent in the recognition and management of anaphylaxis or under the supervision of persons able to respond appropriately to immediate adverse reactions • Competent to work under this PGD and authorised by name as an approved person to work under the terms of the PGD. **Additionally:** **Pharmacists** Community pharmacists must have completed the following TURAS e-learning and assessment packages and be able to provide evidence of this if requested to do so: • Emergency Contraception • Contraception • Safeguarding Children and Vulnerable Adults. • Responding to Rape and Sexual Assault in Community Pharmacies. **Nurses and Midwives** Must hold a recognised qualification in contraception/sexual health (an introduction to contraception is not sufficient). **Or** Have undertaken significant training and have evidenced experience in contraception and sexual health.
Ongoing training and competency	**All professionals working under this PGD must:** • Have undertaken NoS PGD module training on TURAS Learn

	• Maintain their skills, knowledge and their own professional level of competence in this area according to their individual Code of Professional Conduct. **Note:** All practitioners operating under the PGD are responsible for ensuring they remain up to date with the use of the medicine. If any training needs are identified these should be discussed with those responsible for authorisation to act under the PGD. • Have knowledge and familiarity of the following; o SmPC for the medicine(s) to be supplied in accordance with this PGD.
Responsibilities of professional manager(s)	**Professional manager(s) will be responsible for;** Ensuring that the current PGD is available to all staff providing care under this direction. Ensuring that staff have received adequate training in all areas relevant to this PGD and meet the requirements above. Maintain up to date record of all staff authorised to supply the medicine(s) specified in this direction.

Documentation

Authorisation of supply	Nurses and midwives working within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles can be authorised to supply the medicine(s) specified in this PGD by their Professional Line Manager/Consultant/Practice GPs. Community pharmacists working within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles can be authorised to supply the medicine(s) specified in this PGD when they have completed local Board requirements for service registration. All authorised staff are required to read the PGD and sign the Agreement to Supply Medicines Under PGD (Appendix 1). A Certificate of Authorisation (Appendix 2) signed by the authorising professional/manager should be supplied. This should be held in the individual health professional's records, or as agreed within the individual Health Board.
Record of supply	An electronic or paper record must be completed to allow audit of practice.

	An electronic/HEPMA record of the screening and subsequent supply, or not of the medicine(s) specified in this PGD should be made in accordance with individual Health Board electronic/HEPMA recording processes. If a paper record is used for recording the screening of individuals and the subsequent supply, or not of the medicine(s) specified in this PGD, it should include as a minimum: • Date and time of supply • Individuals name and CHI • Exclusion criteria, record why the medicine was not supplied (if applicable) • Record that valid consent to treatment under this PGD was obtained • The name, dose, form, route of the medicine supplied • Advice given, including advice given if excluded or declined treatment under this PGD • Signature and name in capital letters of the healthcare professional who supplied the medicine, and who undertook the assessment of the individual's clinical suitability for the administration/supply of the medicine • Record of any adverse effects and the actions taken (advise individuals' GP/relevant medical practitioner). Depending on the clinical setting where supply is undertaken, the information should be recorded manually or electronically, in one (or more) of the following systems, as appropriate: • NaSH – Sexual Health Electronic Patient Record • Individual's GP records if appropriate • HEPMA • Individual service specific systems. Local policy should be followed with respect to sharing information with the individual's GP practice. All records should be clear, legible and contemporaneous and in an easily retrievable format.
Audit	All records of the medicine(s) specified in this PGD will be filed with the normal records of medicines in each practice/service. A designated person within each practice/service where the PGD will be used will be responsible for annual audit to ensure a system of recording medicines supplied under a PGD.
References	Electronic Medicines Compendium http://www.medicines.org.uk ellaOne® 30mg– Date of revision of text 01/01/2021. Accessed 29/09/2022

	British National Formulary accessed 29/09/22. Faculty of Sexual and Reproductive Health Emergency Contraception March 2017 (updated Dec 2020) Faculty of Sexual and Reproductive Healthcare Drug interactions with hormonal contraception May 2022 MHRA 2016 Levonorgestrel-containing emergency hormonal contraception: advice on interactions with hepatic enzyme inducers and contraceptive efficacy Faculty of Sexual & Reproductive Healthcare Clinical Standards Committee: Statement on the prescription, administration or supply of Contraceptive Medicines for use outside the terms of their reference December 2009 Faculty of Sexual & Reproductive Healthcare UK Medical Eligibility Criteria for Contraceptive Use April 2016 (Updated September 2019) FSRH CEU Statement: Contraceptive Choices and Sexual Health for Transgender and Non-Binary People (October 2017)

NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Appendix 1

Healthcare Professional Agreement to Supply Medicine(s) Under Patient Group Direction

I: _____ (Insert name)

Working within: _____ e.g. Area, Practice

Agree to supply the medicine(s) contained within the following Patient Group Direction:

Patient Group Direction For The Supply Of Ulipristal Acetate Emergency Contraception (UPA-EC) By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles

I have completed the appropriate training to my professional standards enabling me to supply the medicine(s) under the above direction. I agree not to act beyond my professional competence, nor out with the recommendations of the direction.

Signed: _____

Print Name: _____

Date: _____

Profession: _____

Professional Registration number/PIN: _____

NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Appendix 2

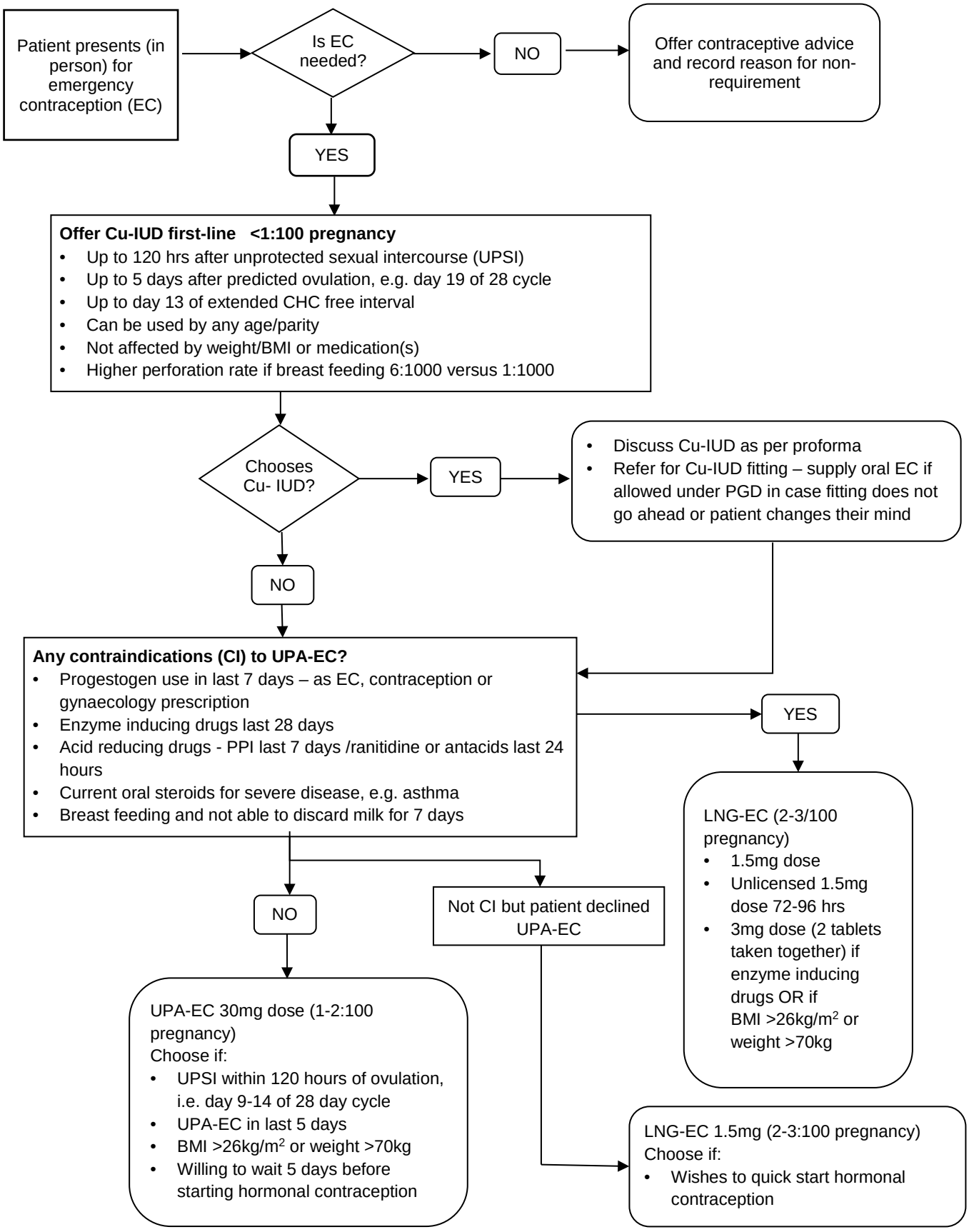
Healthcare Professionals Authorisation to Supply Medicine(s) Under Patient Group Direction

The Lead manager/Professional of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated.
The Senior Nurse/Professional who approves a healthcare professional to supply the medicine(s) under this PGD is responsible for ensuring that they are competent, qualified and trained to do so, and for maintaining an up-to-date record of such approved persons.
The Healthcare Professional that is approved to supply the medicine(s) under this PGD is responsible for ensuring that they understand and are qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that supply is carried out within the terms of the direction, and according to their individual code of professional practice and conduct.
Patient Group Direction For The Supply Of Ulipristal Acetate Emergency Contraception (UPA-EC) By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles
Local clinical area(s) where the listed healthcare professionals will operate under this PGD:

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

Patient Group Direction For The Supply Of Ulipristal Acetate Emergency Contraception (UPA-EC) By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles					
Name of Healthcare Professional	**Signature**	**Date**	**Name of Manager**	**Signature**	**Date**

Appendix 3 - Flowchart For Oral Emergency Contraception (EC): LNG-EC Versus UPA-EC



Emergency Contraception Proforma **Appendix 4**

This form is for use within Sexual Health Services (SHS) and in community pharmacies commissioned to provide EHC.

Consultation Details

Healthcare Professional Name (PRINT):	Date of Consultation:
Client Name:	Date of Birth: Age:
Client under 16 years of age and assessed as competent under the Fraser Guidelines? Yes ☐ No ☐	
Client not competent or is under 13 years of age referral made to child protection as per local guidance Yes ☐ No ☐	

Circumstances Leading to EHC Request

UPSI
Time since UPSI? ☐ 12 hrs or less ☐ 12-24 hrs ☐ 24-48 hrs ☐ 49-72 hrs ☐ 72-120 hrs ☐ >120 hrs

Reason for UPSI (tick relevant)	
☐	No contraception or withdrawal method used
☐	Oral contraceptive failure (indicate reason as below)
	☐ Severe diarrhoea
	☐ Severe vomiting
	☐ Missed pill(s)
☐	Barrier method failure
☐	Late contraceptive injection
☐	Other (please state below)
Was alcohol a contributing factor? Yes ☐ No ☐	

History	
Day 1 of last menstrual period (LMP) (if appropriate)	/ /
LMP regular?	Yes ☐ No ☐
Any other episodes of UPSI since last menstrual period?	Yes ☐ No ☐
If there has been other episode of UPSI was LNG-EC or UPA-EC taken since LMP?	LNG-EC ☐ UPA-EC ☐
Pregnancy test undertaken? (Test should be done if period is late, LMP unsure or LMP unusual) Refer to GP if positive.	Yes ☐ No ☐ Test: Positive ☐ Negative ☐
Are there any concerns in regard to abuse? (If yes refer to the appropriate service as per local guidelines)	Yes ☐ No ☐

Medical History	**Yes**	**No**	**Action/Information**
Allergy to UPA-EC or LNG-EC?			If yes advise Cu-IUD and refer for fitting. If declined refer to GP or Sexual Health Service (SHS).
Current unexplained vaginal bleeding?			If yes refer to GP or Sexual Health Service (SHS)
Previous vomiting with EC?			Advise to return for a repeat dose if vomiting occurs within 3 hours of LNG-EC/UPA-EC.
Progesterone or levonorgestrel in the last 7 days?			If yes UPA-EC less effective – advise Cu-IUD or use LNG-EC.
BMI >26kg/m^2 or >70kg in weight			If yes advise Cu-IUD (first line), UPA-EC if suitable or LNG-EC 3000microgram dose (unlicensed).
Currently breastfeeding?			Not affected by Cu-IUD or LNG-EC. Advise to discard breast milk for 7 days after UPA-EC use.
Given birth within the last 3 weeks?			If yes EC is not required. **Note:** Early pregnancy loss **does** require EC.
Severe asthma treated with oral glucocorticoids?			If yes UPA-EC not suitable, consider LNG-EC if UPSI is <96 hours or refer to GP or SHS if greater.
Severe malabsorption syndrome e.g. Crohn's disease or severe diarrhoea?			If yes suggest Cu-IUD as LNG-EC and UPA-EC may be less effective.

Medical History	Yes	No	Action/Information
Porphyria?			If yes UPA-EC is not suitable – advise Cu-IUD or use LNG-EC.
Currently taking medicines that increase gastric pH?			UPA-EC will have a reduced effect if PPI taken in the last 7 days or H2 antagonist or antacid taken within the last 24 hours.
Currently taking enzyme inducing medication?			If yes UPA-EC is not suitable. The only licensed option is a Cu-IUD or consider LNG-EC 3mg dose (unlicensed).
Currently taking any interacting medicines? (See BNF Appendix1)			If yes refer to GP or SHS.

Counselling Checklist to be Discussed Prior to Treatment

Pregnancy Risk:

Days 9-16 of /28 cycle	20-30% risk of pregnancy with x 1 UPSI
Days 1-8 and >16 of /28 cycle	2-3% risk of pregnancy with x 1 UPSI
LNG-EC within 96 hours	2-3 in 100 patients will become pregnant
UPA-EC within 120 hours	1-2 in 100 patients will become pregnant
Copper Cu-IUD up to 120 hours after UPSI / or ovulation	< 1 in 100 patients will become pregnant

☐	Cu-IUD discusses as most effective 1st line option.	☐	Mode of action, efficacy and failure rates (see above)
☐	Action if vomiting occurs within 3 hours.	☐	Explain any common side effects
☐	If EC fails there is no increased risk of fetal abnormality	☐	Next period may be late/early and light bleeding may occur over the next few days (not to be counted as a period)
☐	Return if there is a further episode of UPSI	☐	Read the PIL for the EC
☐	When to seek medical advice i.e. should severe abdominal pain occur	☐	If no normal menstrual period within 3 weeks take pregnancy test

For 13 -18 year olds or vulnerable adults (poor mental health, drugs or alcohol issues, GBV etc): patient consents to local SEXUAL HEALTH SERVICE being informed to arrange follow up (pregnancy test, STI screen or testing, further contraception discussion and supply)	Yes ☐ No ☐

Planned Treatment **Note:** Tick to confirm that Cu-IUD has been offered to client ☐

☐	Referred for Cu-IUD	☐	Too late for any EC (Refer to GP or SHS)
☐	LNG-EC 1,5mg single dose under PGD Batch No: Expiry Date: / /	☐	UPA-EC 30mg single dose under PDG Batch No: Expiry Date: / /
☐	LNG-EC 3mg single dose under PGD (unlicensed) Batch No: Expiry Date: / /	☐	Too late for either UPA-EC or LNG-EC, but declines Cu-IUD (Refer to GP or SHS)
☐	No EC required		

Referral	Referred to Sexual Health Service ☐	Referred to Out of Hours Service ☐	Referred to GP ☐

STI Advice (when appropriate)	
STI risk discussed	Yes ☐ No ☐
How/Where to access STI testing or treatment discussed	Yes ☐ No ☐
14 day window period for Chlamydia and gonococcal swabs	Yes ☐ No ☐
3 month window period for syphilis, hepatitis B,C and HIV	Yes ☐ No ☐

Contraception Advice (when appropriate)		
Intended Contraception Discussed Yes ☐ No ☐ (Indicate as below if discussed)		
☐ Client declined/undecided	☐ POP	☐ Ring
☐ Condoms only	☐ Patch	☐ Injection
☐ Cu-IUD or IUS	☐ COC	☐ Implant

Additional questions for 13- 15 year olds, or under 18 year olds in care to exclude child sexual abuse and exploitation. *A child protection concern is not an exclusion criteria for the PGD as the pregnancy risk might continue.*		
How old is the person or are the persons you are having sex with? If there is an age gap over 2 years (24 months) between the patient and the person(s) they have sexual contact with- **Follow local Health Board Child Protection Policies**		
Have you ever been made to do something sexual that you didn't want to do?	Yes ☐ No ☐	If the patient says yes – **Follow local Health Board Child Protection Policies**
Have you ever been made to feel scared or uncomfortable by the person/s you have been having sexual contact with?	Yes ☐ No ☐	If the patient says yes – **Follow local Health Board Child Protection Policies**
Has anyone ever given you something like gifts, money, drugs, alcohol or protection for sex?	Yes ☐ No ☐	If the patient says yes – **Follow local Health Board Child Protection Policies**

Consent			
Emergency hormonal contraception treatment risks have been fully explained to me and I agree to treatment. I have been informed of how my data will be stored and who will be able to access that information, as well as how it may be used.			
Client Signature		Date	
Healthcare Professional Supplying Signature		Date	

Appendix 5

Notification To Local Sexual Health Service To Arrange Follow Up For Under 18 Year Old Patients And Vulnerable Adults After Supply Of EHC

This form is not suitable for urgent referrals of patients for the insertion of an EC IUD), oral EC but unsuitable for treatment via PGD or for the treatment of patients with symptomatic STIs. Please call your local Sexual Health Service to arrange any urgent appointment instead.

CONFIDENTIAL WHEN COMPLETED

Data protection confidentiality. Note: This message is intended only for the use of the patient or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

Sexual Health Service (name):	
Address	
The following patient has been supplied with oral EC today:	
Patient name	
Date of birth/CHI	
Patient address	
Postcode	
Mobile number	
Landline number	
Any additional requirements (Interpreter etc.):	
GP name	
GP practice address	

☐ The client is consenting to be contacted by the Sexual Health Service phone call/text (mobile)/ phone call (landline)/ by letter.

Please delete any mode of communication the patient is NOT consenting to.

Please arrange a follow up appointment for this patient at your clinic for:

- ☐ pregnancy testing
- ☐ contraceptive counselling
- ☐ contraception supply
- ☐ STI screening or testing
- ☐ other (please specify):

Additional relevant information (please tick which applicable and give details):

- ☐ Repeat unplanned pregnancies:
- ☐ Child(ren) in care:
- ☐ Learning disability:
- ☐ Gender-based violence:
- ☐ Drug misuse:
- ☐ Alcohol misuse:
- ☐ Mental health problems:
- ☐ Homelessness:
- ☐ Complex medical history, drug interactions or contraindications to contraception:
- ☐ Other:

Any other comment:

Other agencies involved:

Patient consent:

I give my permission to allow my healthcare provider to pass, to my local Sexual Health Service, details of this consultation and to arrange follow up within their service.

Patient signature	Date

This form should be sent (in paper form or electronically) to your local Sexual Health Service and a copy retained. Please discuss with your local Sexual Health Service about the quickest and safest way to do this.

Referring health care professional (name):

Referring health care professional (signature):

Job title:

Referring organisation/agency/ service:

Contact number:

E-mail:

Additional Information about confidentiality to patients requesting EC between 13 and 15:

“If you're between 13 to 15, you have the same rights to confidentiality as an adult and your health care provider won't tell your parents, or anyone else, as long as they believe that you fully understand the information and decisions involved. They'll encourage you to consider telling your parents or carers, but they won't make you.

Even if the health care provider feels that you're not able of making a decision yourself, the consultation will still be confidential. They won't tell anyone that you saw them, or anything about what you said.

The only time a health care provider might want to tell someone else is if they believe there is a risk to your safety or welfare, such as abuse, or to the safety of someone else. The risk would need to be serious, and they would usually discuss this with you first”.