PCA(P) (2015) 20

**ANNEX B**

**EMERGENCY HORMONAL CONTRACEPTION (EHC) SERVICE**

**SERVICE SPECIFICATION**

**PROVISION OF EMERGENCY HORMONAL CONTRACEPTION (EHC)**

**1. Service aim**

1.1 To provide, where clinically indicated, a free supply of emergency hormonal contraception (EHC).

**2. Service outline and standards**

2.1 The service is available to any female client aged 13 years or over.

2.2 The service must be provided by the pharmacist in person.

2.3 The pharmacist takes a client history to ensure that they have sufficient information to assess the appropriateness of the supply.

2.4 Clients who are excluded from the service must be referred to other services for treatment and advice within the time frame for emergency contraception treatment to be effective.

2.5 The pharmacist supplies where clinically indicated, EHC recording the supply using the appropriate form and following the procedure set out in section 3. The pharmacist can supply:

* + Levonorgestrel 1.5mg (POM), as a single dose as soon as possible after unprotected sexual intercourse (UPSI), according to a Patient Group Direction (PGD); or
	+ Ulipristal acetate 30mg (P) as a single dose as soon as possible but no later

than 120 hours after UPSI.

2.6 The pharmacist should refer to guidance on first line therapy as determined by the local NHS Board Area Drug and Therapeutic Committee’s prescribing formulary, taking into account clinical need.

2.7 The Pharmacist is responsible for ensuring that the service is user-friendly, non-judgemental, client-centred and confidential.

2.8 A pharmacist who chooses not to supply EHC on the grounds of religious, moral or ethical reasons must treat the matter sensitively and advise the client on an alternative local source of supply (another pharmacy, GP or sexual health service) available within the time frame for emergency hormonal contraception treatment to be effective (within 120 hours of unprotected sexual intercourse). (see RPS *Medicines, Ethics and Practice Guide*). PCA(P) (2015) 20

2.9 The service should be operated from premises that can provide an acceptable level of privacy to respect a client’s right to confidentiality and safety.

2.10 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. Wherever possible clients should be identified using a CHI number.

2.11 The pharmacist must ensure, where appropriate, that the client is counselled on other sexual health matters and related topics, including long-acting contraception and sexually transmitted infections. Clients should be signposted to appropriate services where required. Written information should also be available on these topics.

2.12 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.

2.13 The service should be provided according to any required regulatory and professional standards.

**3. Service Procedure**

3.1 The pharmacist follows the procedure detailed below:

* The pharmacist consults with female client, takes a client history and establishes the need, any possibility of current pregnancy, any contra-indications, previous use and current medication to ensure the supply is safe and appropriate.
* The supply is made and recorded in the patient medication record.
* The client is counselled on the use of EHC and what to do if she vomits after taking the medication this includes returning to the pharmacy for a further supply if clinically appropriate.
* The pharmacist advises that the next period may be early or late and to contact their GP or family planning adviser if the period has not occurred within 3 weeks or if menstruation is unusually heavy or light or if there is any presence of lower abdominal pain.
* The pharmacist advises on the use of barrier contraception until the next period.
* The pharmacist counsels the client on the importance of using regular contraception if they are sexually active and promotes the role of condoms in preventing sexually transmitted infections.

* The pharmacist provides the client with an EHC and contraception information leaflet to support any verbal advice.
* The pharmacist provides the client with written advice on local agencies who can provide access to further treatment and services if required, this includes details of specific services for young people under 18 years of age.
* The pharmacist provides any additional written and verbal advice on the risk of sexually transmitted infections as a result of unprotected sex and future contraceptive needs.

**4. Training**

4.1 Training on the supply of EHC should involve all pharmacy staff in order to ensure that everyone is aware of the key issues regarding the supply of EHC and so that all staff respond sensitively and appropriately to enquiries about EHC. In particular, staff should recognise that all requests for EHC should be referred to the pharmacist early on in the consultation.

4.2 Pharmacists providing the service must complete the NHS National Education for Scotland (NES) 'Contraception' e-learning resource which includes advice on ulipristal and a MCQ -assessment and the NES e-learning package on *Child Protection*. Both these resources are available on the NES Portal (https://portal.scot.nhs.uk). The training must be satisfactorily completed as per NES performance indicators by completing the appropriate assessments to a satisfactory standard. Pharmacists should have up to date knowledge of local sexual health services so that they can refer appropriately.