

## Emergency Hormonal Contraception: Update for pharmacists providing EHC services

The EHC service commissioned by the Public Health Department of Cumbria County Council is changing, with the introduction of the option of using Ulipristal Acetate 30mg (UPA) when appropriate, whilst retaining the option of Levonorgestrel 1500mg (LNG) supply in certain instances.

The principles of the revised service:

- There is an increased emphasis on referral of patients for fitting of an emergency Copper Intra Uterine Device (IUD). The IUD is the most effective method of emergency contraception, and it is a method which can provide prevention of pregnancy over a greater part of the menstrual cycle; the latest Faculty of Sexual & Reproductive Healthcare (FSRH) guidance states that there is no evidence that EHC is effective after ovulation – whereas an IUD can be inserted up to 5 days after the earliest expected date of ovulation.
- UPA is recognised to be more effective than LNG in preventing unwanted pregnancy, but is more expensive. At times of the menstrual cycle when there is a low risk of conception – generally early and late in the cycle when the cycle is regular – LNG is preferred, as it is a more economical option. It is also available for use in patients where UPA is contraindicated. In instances where unprotected sexual intercourse (UPSI) has occurred at times of high risk of conception, UPA will now be used as first line EHC .

It is anticipated that the necessary amendments to the Patient Group Direction and additional training sessions will be complete by June 1<sup>st</sup> 2018, when the new service will replace the existing LNG-only offering. A new Pharmoutcomes service will similarly replace the existing one. Pharmacies should ensure that all claims for the LNG-only service are entered by the end of May 31<sup>st</sup>.

Pharmacists who are already accredited to deliver the current Levonorgestrel-only EHC service are responsible for ensuring that their Declaration of Competence is still valid for the revised service, and should be mindful that the DoC needs to be revalidated every 3 years in any event. We suggest that the most effective way to be sure that the competencies specified is to complete the appropriate [CPPE EHC e-learning](#) available via CPPE and attend a further face to face learning session, if possible. In addition, all pharmacists providing the service must be familiar with the current FSRH guidance.

This is the web link to the guidance on the FSRH site [FSRH EHC Guidance](#) . It will also be available on the Community Pharmacy Cumbria website.

All of the guidance is relevant, but particular attention should be paid to Algorithm 2 on p.14 – please note that the guidance refers to some off-licence use of LNG. The scope of the pharmacy service does not cover any such use.

Pharmacies will be advised of additional training dates as soon as they are confirmed. In the meantime, please direct any queries to the Community Pharmacy Cumbria office.