Devon Sexual Health

Contraception, Sexual Health & HIV service

NHS

# Devon & Torbay Pharmacy Training

## Emergency Hormonal Contraception

## Chlamydia Screening

# Aim of session

- To introduce a new Emergency Contraception (EC) Service for community pharmacists. Including;

- An additional PGD for Ulipristal (UPA)
- A new protocol and flow chart
- A paperless service

# Overview

- Chlamydia screening and the role of the pharmacist
- Consultations with young people
- The role of the chlamydia screening team
- Emergency hormonal contraception (EHC) PGD & Protocol

# Why is Chlamydia screening so important?

- Silent- 80% of woman and 50% of men are asymptomatic
- Serious- PID; Infertility; Ectopic pregnancy; Arthritis; Testicular pain; Neonatal infections
- Spreadable –most common bacterial sexually transmitted infection in the UK
- Average 1:14 test positive in under 25's

# Chlamydia Screening: Pharmacies

Community pharmacies are a valuable and trusted public health resource and well placed to provide Chlamydia screening. They;

- Have contact with millions of people every day
- Often first point of call
- Non-appointment – opportunistic, client choice and anonymity
- Have on-going role in maintaining and improving the health of the community they serve
- Can access hard to reach groups in rural and deprived urban areas,
- Are accessible to those without transport
- Provide EHC
- Don't share stigma often associated with Sexual Health Services

*Healthy Lives, Healthy people: Our strategy for public health in England DH 2010*

# Additional Kits

- **Torbay**

  Michelle Crowe PA
  Torbay Sexual Medicine Service
  michelle.crowe@nhs.net
  01803 656520 – VM facility

- **Devon**

  Ellen Reed/Lorraine Bemmer
  Devon Chlamydia Screening Office
  ndht.cso@nhs.net
  01392 284965 – VM facility

# Chlamydia screening service role

- Preventx website is checked by the Chlamydia Screening Administrator.
- Preventx informs all over 16s of their Negative results.
- Any under 16s with Negative results who test remotely will be contacted by a Health Adviser to check Fraser competence.

- All patients are notified of their result by their chosen contact method:

    Negatives within 5 days

    Positives within 48 hrs

# Management of positive results

Carried out by the chlamydia screening health advisor

- Patient informed of result and information given about the infection
- Check to confirm patient is asymptomatic
- Treatment venue established
- Treatment – Doxycycline 100mgs BD for 7/7 or stat dose Azithromycin 1gram
- Partner management / treatment discussed
- Compliance check 1/52
- Test of cure 6 weeks for those treated with Azithromycin if considered high risk or  if pregnant

# Talking to Young People

## Objective:

To support the right of young people to develop healthy, respectful and consensual sexual relationships.

# Confidentiality

- Young people have a right to confidentiality regardless of where testing and treatment takes place.
- Confidentiality may only be broken when the health, safety or welfare of the young person, or others, would otherwise be at grave risk.

# Consent

- **Informed consent**
  - Can be said to have been given based upon a clear appreciation and understanding of the facts, implications, and consequences of an action i.e. the test .
  - To give informed consent, the individual concerned must have adequate reasoning faculties and be in possession of all relevant facts.
- **Fraser competency**
  - Under 16.
  - Ensure EHC Assessment and record sheet are completed.
  - Safeguarding section now extended to include 16-18 year olds also.

**Multi-Agency Safeguarding Hub TORBAY**
Tel: 01803 208100
torbay.safeguardinghub@torbay.gov.uk

**Multi-Agency Safeguarding Hub DEVON**
Tel: 03451551071
mashsecure@devon.gcsx.gov.uk

# Ages – a grey area?

- A child under the age of 13 does not, under any circumstances, have the legal capacity to consent to any form of sexual activity.

- Sexually active teenagers aged between 13 and 16 must have their needs assessed.
- Although sexual activity for 16 – 18 year olds is not an offence, these young people are still offered the protection of the Child Protection procedures under the Children Act 1989.
- Young people under the age of 13 or where abuse is suspected must be managed according to:
  - Devon's safeguarding children policy and guidance http://www.dscb.info/
  - Torbay safeguarding children policy and guidance http://torbaysafeguarding.org.uk/

# Abusive or Exploitive relationships

- Most young people under the age of 18 have a healthy interest in sex and sexual relationships.
- Some relationships are abusive and exploitive and these young people may need the provision of protection or additional services.
- Health services are in a key position to recognise children and young people who are suffering abuse of exploitation.

# Risk Indicators

Relevant indicators that point to an increased risk of child sexual exploitation (CSE) :

- Is a male present with the young person (often older) who will not leave the young person alone or allow them to speak to you alone?
- Are there physical injuries present that give you cause for concern?
- Are you aware that the young person's behaviour may place them at risk, e.g. does use of alcohol or other substances inhibit their ability to make informed choices?

More information: http://www.nhs.uk/livewell/abuse/pages/child-sexual-exploitation-signs.aspx

# If you have concerns

Sometimes you may not need to make a direct referral, but just talk through a case or concern you might have about a particular young person.

Designated professionals:

## Devon

Designated Nurse Safeguarding Children:

- Chrissie Bacon & Catriona Cunningham 07815008548

Named Nurse Safeguarding Children:

- Anna Brimacombe 01271 341533

## Torbay

Designated Nurse Safeguarding Children:

- Phillippa Hiles 01803 655720

There may be occasions where the need for referral is obvious, or you may be advised to refer following discussion with another professional.

# MASH referral

Worried about a child?
call
Devon
0345 155 1071
Devon out of hours
0845 6000 388

Torbay
01803 208100
Torbay out of hours
0300 456 4876

Resources: http://www.devonsafeguardingchildren.org
http://www.torbaysafeguarding.org.uk

# Consent

## Over 16- Mental capacity act 2005

- Those with learning difficulties or where there is impairment of decision making refer to Safeguarding Adults team

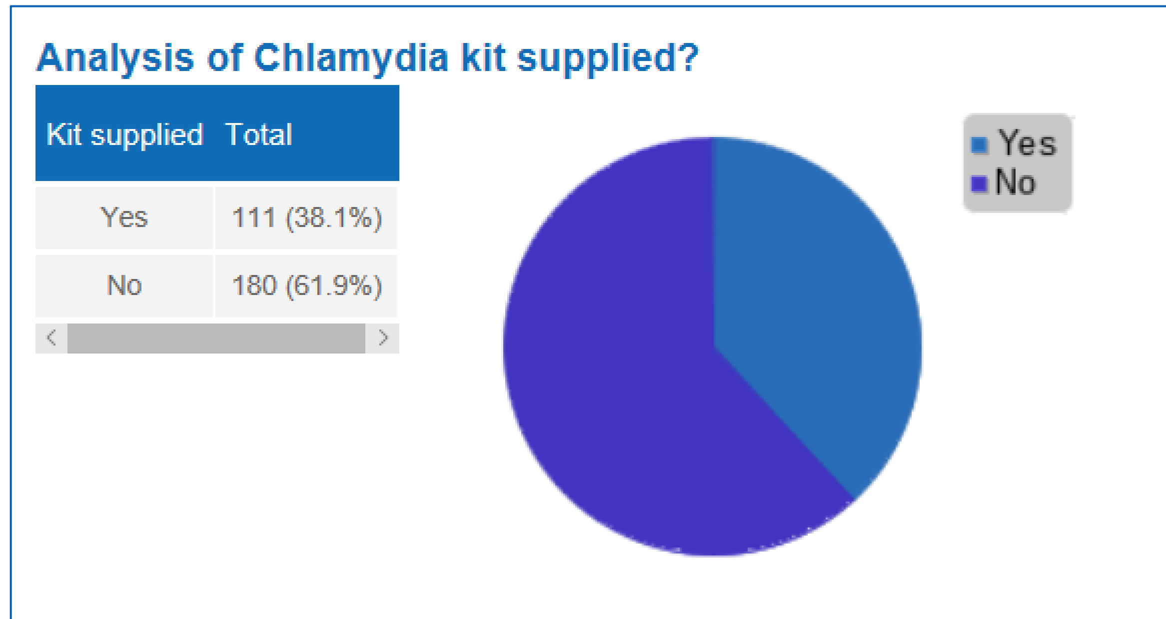
- http://www.devon.gov.uk/adult-protection.htm
- https://www.torbayandsouthdevon.nhs.uk/services/safeguarding-adults/

# Talking To Young People about chlamydia testing.

- How do you think you're doing?
- Is Chlamydia testing equal to EHC supply in pharmacies?

# Analysis of kits supplied: Devon

- April – June 2018

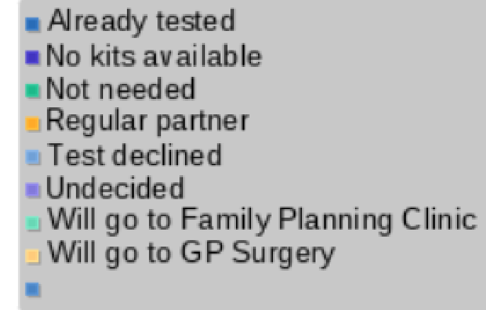

Analysis of Chlamydia kit supplied?

| Kit supplied | Total |
|---|---|
| Yes | 111 (38.1%) |
| No | 180 (61.9%) |

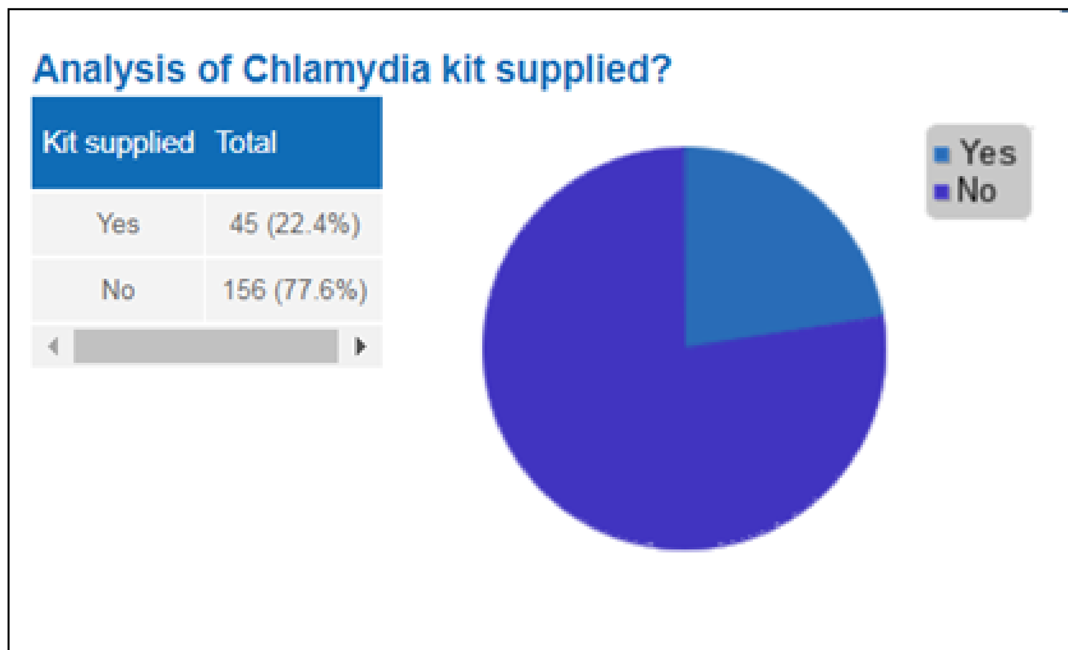
# Reasons kits not supplied – Devon

## Analysis of If No, please give reason

| Reason test declined | Total |
|---|---|
| Already tested | 38 (21.1%) |
| No kits available | 25 (13.9%) |
| Not needed | 38 (21.1%) |
| Regular partner | 42 (23.3%) |
| Test declined | 18 (10%) |
| Undecided | 8 (4.4%) |
| Will go to Family Planning Clinic | 2 (1.1%) |
| Will go to GP Surgery | 6 (3.3%) |
| | 3 (1.7%) |

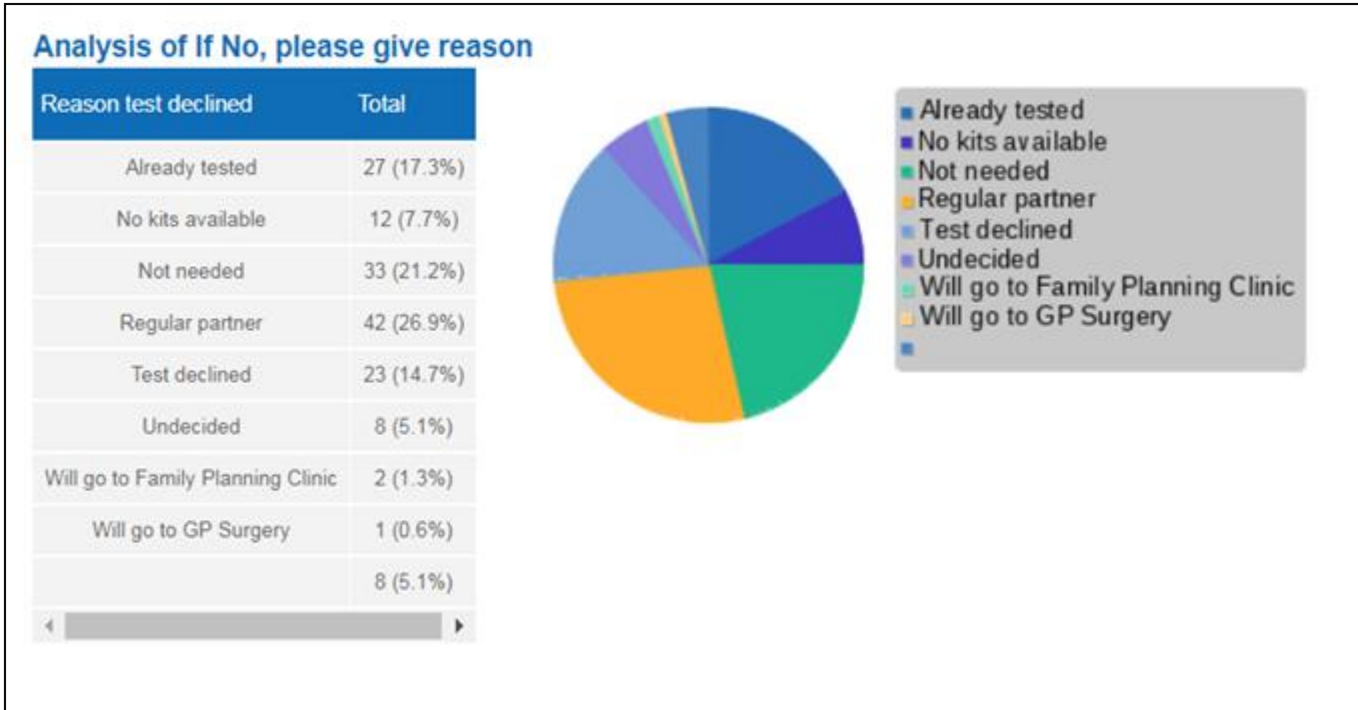


# Analysis of kits supplied – Torbay


Analysis of Chlamydia kit supplied?

| Kit supplied | Total |
|---|---|
| Yes | 45 (22.4%) |
| No | 156 (77.6%) |

# Reasons kits not supplied – Torbay



Analysis of If No, please give reason

| Reason test declined | Total |
|---|---|
| Already tested | 27 (17.3%) |
| No kits available | 12 (7.7%) |
| Not needed | 33 (21.2%) |
| Regular partner | 42 (26.9%) |
| Test declined | 23 (14.7%) |
| Undecided | 8 (5.1%) |
| Will go to Family Planning Clinic | 2 (1.3%) |
| Will go to GP Surgery | 1 (0.6%) |
| | 8 (5.1%) |

# Tips for a Successful Consultation

1. Make it easy for them to get to you – ensure any public information is clear about how to get to you and the process.
2. Use straight forward language – test rather than screen, sex or intercourse rather than making love.
3. Make the test offer an integral part of EHC consultation.
4. Focus on the key message about chlamydia – invisible, serious and easily spread – it can be spread by oral sex or genital contact only.
5. Avoid judgement

# Tips for a Successful Consultation

6. Tell them the test is easy.
7. Emphasise confidentiality.
8. Be positive- make the young person feel welcome and respected for making a responsible decision.
9. Encourage questions.
10. Back up verbal information with written advice.

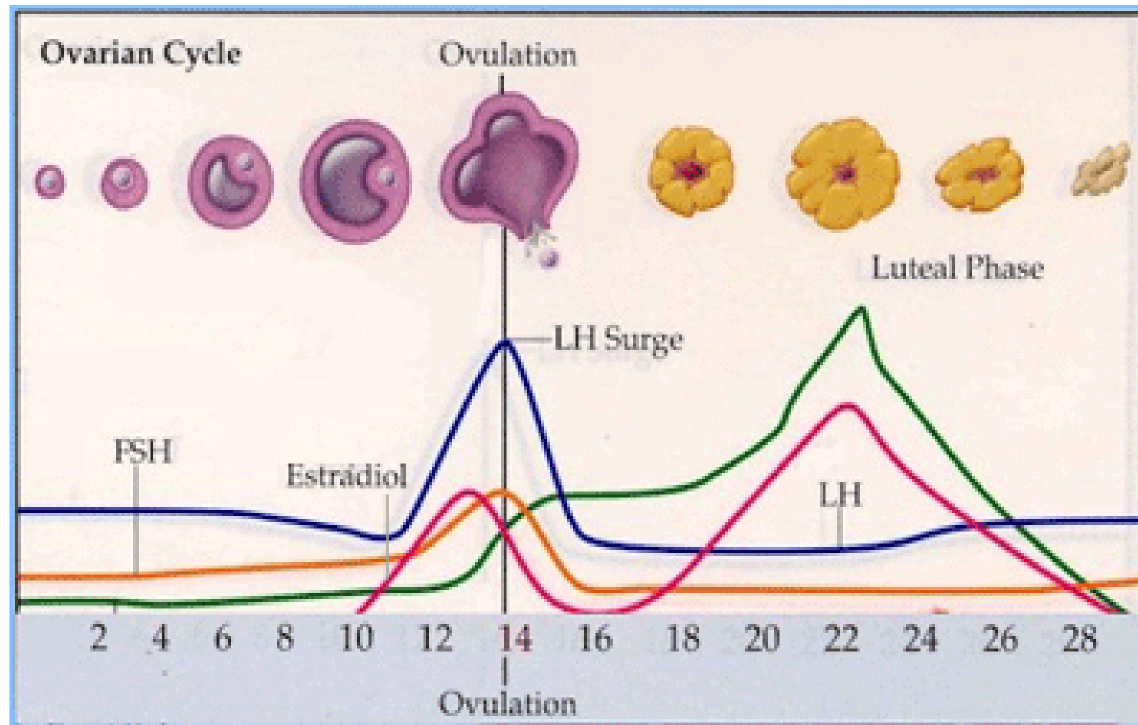
Remember young people are often hungry for information on sexual health but reluctant to ask

# Ways to increase screening

- See every visit as an opportunity to screen
- Introduce opportunities not requiring direct intervention – remote pick ups
- Appoint a screening champion
- Whole team approach
- Normalise screening
- Advertise and promote service – posters available
- Monitor and audit

# Emergency contraception

# Menstrual cycle



# The fertile period

- During a cycle, the fertile period lasts for about 7 days.
- It includes: the days *before* ovulation, the day *of* ovulation and the day *after* ovulation.
- The egg has a lifespan of about 12-24hrs.

# Emergency contraception

- Any female method which is given after intercourse, but has its effects prior to the stage of implantation.

- The latter is believed to occur no earlier than 5 days after ovulation.

# How does EC work?

- Does not cause abortion.
- A pregnancy is not recognised to legally exist until implantation is completed.

- May work by:
  - Preventing/delaying ovulation
  - Preventing fertilisation
  - Preventing implantation of fertilised egg

# Risk of pregnancy

- Overall risk of pregnancy in a single act of Unprotected Sexual Intercourse (UPSI) on any day in the cycle is 2-4%

- Risk of pregnancy mid cycle is 20-30%

# FSRH CEU guidance

## Emergency contraception 2017

# Key messages

- Emphasis has moved away from *time since risk* to considering *time in cycle/risk of ovulation*.
- Post Coital Intrauterine device (PCIUD) should always be considered first line.
- If not appropriate then consider Ulipristal (UPA) or Levonorgestrel (LNG).
- Use flowchart and protocol as aids

# Emergency contraception

- **Oral EC**
  - Levonogestrel 1500mcg (levonelle 1500) LNG
  - Ulipristal Acetate 30mg (Ella One) UPA
  - Main mode action is prevention of ovulation

- **Intrauterine. PCIUD**
  - Copper IUD.
  - Works by preventing fertilisation and implantation

# Levonorgestrel

- **Levonelle 1500**
- Licenced between 0-72 hours after UPSI.
- Efficacy demonstrated up to 96 hours.
- 0-96 hours on Pharmacy PGD
- Can be used out of licence between 72-120 hours
- Can be used more than once per cycle.

# Levonorgestrel

- Liver enzyme inducing medication: 2 x Levonelle 1500 (off label).
- **BMI >26 and or weight >70kg; given 2x Levonelle 1500 (off label)**
- The closer to ovulation the less likely LNG will work
- BUT DOES NO HARM (UKMEC-> no CI)

# Ulipristal Acetate

- **EllaOne**
- 30mg UPA as single dose.
- Selective progesterone receptor modulator.
- Inhibits or delays ovulation.
- Can prevent ovulation even after the LH surge has started unlike Levonogestrel.

# Ulipristal Acetate (ellaOne)

- Licenced for use 0-120 hours after UPSI.
- Higher overall efficacy compared to LNG at all time periods up to 120hr post UPSI
  - (Glasier et al, Lancet Vol 375 no 9714 Feb 2010 meta-analysis)
- More effective at preventing ovulation compared to LNG when given in the pre ovulation period.
- CAN be used more than once per cycle.

# Ulipristal Acetate (Ella One)

- **Contraindications:**
  - Severe asthma requiring oral glucocorticoids.
  - Breast feeding for 7days post Ella One.
  - Severe hepatic impairment.

- **Drug interactions:**
  - Liver enzyme inducing medication.
  - Hormonal contraception.
  - Drugs that increase gastric pH

# UPA hormonal interactions

- UPA interacts with progesterone's including contraceptives, LNG and HRT.
- Interaction works both ways.
- Any progesterone taken in the 7days prior to UPA will prevent UPA working.
- Any progesterone taken in the 5days after UPA will prevent UPA working.
- UPA may prevent any progesterone from working for 5 days.

# Implications for EC provision

- If on any hormonal method of contraception avoid UPA.
- If taken oral EC in the last 7days and require it again give the same one again? (PCIUD)
- Might not know what she was given? Take a photo.
- If UPA is given, delay quick start for 5 days.
- But may -> further USI

# Copper IUD

- **The most effective method of EC**
- Inserted up to 120 hours after 1st episode of UPSI or within 5 days of earliest predicted ovulation. (Care with pill errors…. Refer)
- Failure rate < 1%.
- Effectively quick starts a LARC.
- If referring on for PC IUD supply oral EC at time of initial consultation. (see protocol for telephone numbers)

# Considerations

- Difficulty in predicting ovulation.
  - Variable luteal phase. (Wilcox et al BMJ 2000 Vol 321 1259-62)
- Risk of further USI/EC in that cycle.
- Need for quick start ?
- BMI/enzyme inducers.
- Use of progesterone's /previous EC if considering UPA
- One woman's risk of pregnancy not same as another woman's.
- UPA 30mg – not the same risks as 5mg used for uterine fibroids. MHRA states no cases of serious liver injury with ellaOne® since launch in the EU in 2009, no concerns or changes to its use at this time (dated 08/08/18).

https://www.fsrh.org/news/fsrh-statement-mhra-new-restrictions-esmya-ulipristal-acetate/

# Pill errors and EC

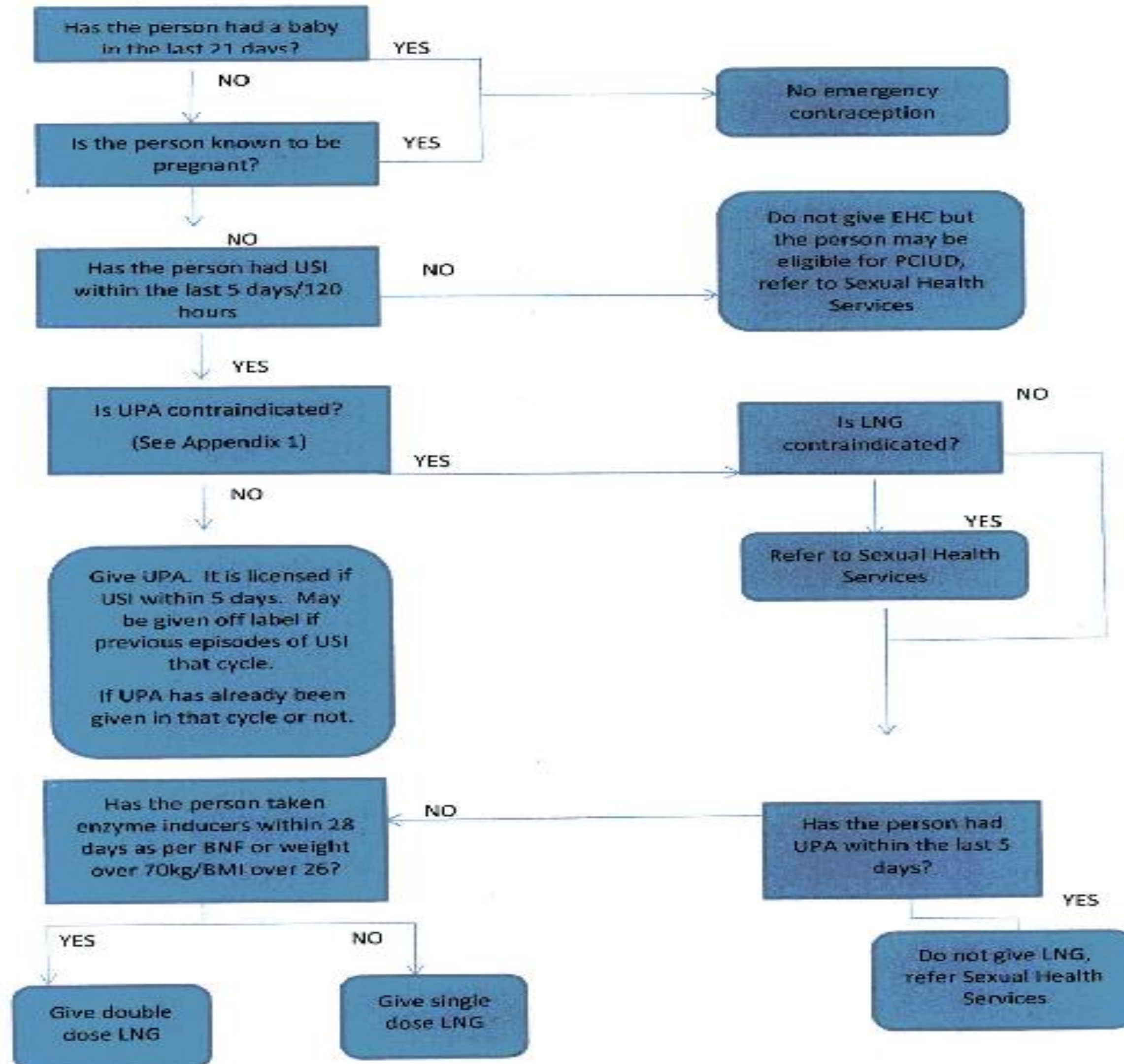
- Most women will ovulate by day 10 of a Pill free interval (PFI) or 10 days after stopping Combined oral contraception (COCP) but some by day 8.
- Give oral LNG but do not stop COCP/Progesterone only pill (POP). Use extra protection (EP) for 7days as required.
- Rules state PCIUD can be fitted up to day 13 of COCP PFI.
  - Do not count PFI bleeds as periods!
- Ovulation after stopping POP/Desogestrel cannot be accurately predicted.
  - PCIUD only recommended up to day 5 post USI.

# So…

- Women should be offered choice.
- Quick starting a method will reduce their risk of pregnancy more effectively.
  - EP for 7days post LNG.
  - delay for 5days and then EP for 7days post UPA **(CEU Statement September 2015).**
- PCIUD is the best EC (= quick start of LARC).
- Advise / arrange Sexually Transmitted Infection (STI) screening at 2 weeks post USI.
- Consider the need for PEPSE (Post-Exposure Prophylaxis following Sexual Exposure).

**Appendix A**

## Is emergency contraception required?



# Pharmacists advice lines

- The Centre Exeter, Nurses Office:
  01392 284931
- The Centre Barnstaple:
  01271 341562
- Torbay Sexual Medicine Service:
  01803 656521 / 01803 656500

# Ulipristal, Levonorgestrel and Chlamydia screening (13-24 yrs) Devon and Torbay

| Has anything changed? | What do I need to do? |
|---|---|
| Continues to be a Public Health commissioned service by both Devon County Council and Torbay Council | Key public health contacts:<br><br>Sandra Allwood - Devon County Council<br>Sandra.allwood@devon.gov.uk or 01392 386381<br><br>Sarah Aston - Torbay Council<br>Sarah.Aston@torbay.gov.uk or 01803 208475 |
| New specialist contraception and sexual health services provider across the Devon and Torbay area | Devon Sexual Health Service:<br>www.thecentresexualhealth.org<br><br>Visit the website to familiarise yourself with the full range of clinics and services in your area<br><br>Contact for ordering pharmacy chlamydia screening kits:<br>Devon County Council area - ndht.cso@nhs.net or 01392 284965<br><br>Torbay Council area - michelle.crowe@nhs.net or 01803 656520 |

# Ulipristal, Levonorgestrel and Chlamydia screening (13-24 yrs) Devon and Torbay

| | |
|---|---|
| New public health service specification for Devon & Torbay to include Ulipristal, Levonorgestrel and chlamydia screening | To be formally ratified at LPC on 10 September<br><br>You will be alerted when the final version is published on Devon LPC website via PharmOutcomes |
| Electronic record keeping on PharmOutcomes – no requirement for paper record from 1/10/18 | All accredited pharmacists will be required to enrol for new service prior to 1/10/18<br><br>More information about the enrolment will be posted via PharmOutcomes<br><br>Payments continue in same way – any questions to your local public health team contact as above |
| New protocol for Ulipristal and Levonorgesterel with new flowchart to be used in conjunction with PGDs | Read new PGDs, protocol and service specification<br><br>You will be alerted via PharmOutcomes and through your lead pharmacist about the process for signing and returning PGDs prior to 1/10/18 |