Brighton & Hove City Council

NHS
Brighton and Hove
Clinical Commissioning Group

PATIENT GROUP DIRECTION

The supply of Ulipristal Acetate 30mg for Emergency Contraception (UPA-EC) by accredited community pharmacists working within the boundaries of Brighton & Hove City Council

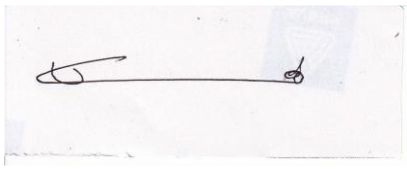
For the supply of **ulipristal acetate 30mg by accredited community pharmacists working in** Brighton & Hove and contracted to provide the Sexual Health and Contraceptive Service.

Direction no: BH 2015 13

CHANGE HISTORY	
Version/Date	Change details
BH 2015 13	Updated Summary of Product Characteristics (SPC) Updated Faculty of Sexual and Reproductive Healthcare (FSRH) guidance Updated National Institute for Health and Care Excellence (NICE) Guidance

PGD comes into effect	1st August 2022
PGD review date	1st August 2023
PGD expiry date	31st July 2024

This PGD template has been developed by the following health professionals on behalf of Brighton & Hove City Council (BHCC):

NAME/ROLE	SIGNATURE	DATE
Clinical Lead for Medicine Management Dr Will Shepherd		17/5/2022
Pharmacist Janet Rittman		25/4/22
Clinical Quality and Patient Safety Chief Nursing Officer & Caldicott Guardian, Sussex CCGs Allison Cannon		24/05/2022

ORGANISATIONAL APPROVAL

The PGD is not legally valid until it has had the relevant organisational approval.

It is the responsibility of the organisation that has legal authority to authorise the PGD to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD.

Patient Group Direction authorised by:		
TITLE /ORGANISATION	**SIGNATURE**	**DATE**
Alistair Hill Director of Public Health Brighton and Hove Council		21/06/22

Valid from: 1/8/22
Review date: 1/8/23
Expiry date: 31/7/24
Approving Organisation : BHCC

This Patient Group Direction (PGD) must only be used by accredited community pharmacists who have been named and authorised by their organisation to practise under it. The most recent and in date final signed version of the PGD must be kept in a designated place within the pharmacy and be readily accessible to all community pharmacists for reference and audit.

PGDs do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with the General Pharmaceutical Council (GPhC) Standards for Pharmacy Professionals and Pharmaceutical Society of Northern Ireland (PSNI) Code of Ethics for Pharmacists.

No PGD can envisage every clinical situation. Pharmacists are expected to exercise professional judgement and discretion. In any situation where there is a concern a doctor must be consulted.

Individual practitioners must declare that they have read and understood the Patient Group Direction and agree to supply/administer medicines listed only in accordance with the PGD within the specified start and expiry dates.

The pharmacist must work within the service specification agreed between the employing pharmacy and the commissioning organisation.

Patient group direction effective from 1st August 2022
PROFESSIONALS AUTHORISED TO SUPPLY UNDER THIS PGD
BHCC authorises the use of this document by accredited community pharmacists who are working within the boundaries of Brighton & Hove
DECLARATION: I am a registered pharmacist, employed at

Name of Pharmacy	
Address	
Post Code	

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Characteristics of Staff
I have read this Patient Group Direction (PGD) and confirm that: **Qualifications** • I am registered with the General Pharmaceutical Council (GPhC) or Pharmaceutical Society of Northern Ireland (PSNI). • I am employed within a community pharmacy commissioned to provide the Sexual Health and Contraceptive Service Specification. **Specialist qualifications and competencies** • I have completed the accreditation and training requirements detailed in the Sexual Health and Contraceptive Service Specification. • I have completed the Emergency Hormonal Contraception Declaration of Competence (DoC) on the Centre for Pharmacist Postgraduate Education (CPPE) website https://www.cppe.ac.uk/services/declaration-of-competence. Pharmacists' personalised statement of declaration should be retained, which may need to be provided to commissioners and/or employers when required via the CPPE Viewer. • I have completed the mandatory CPPE Safeguarding Children and Vulnerable Adults e-learning and passed the associated level 2 assessment. • I am aware of local safeguarding policies and contact information. • I have reviewed my competency to operate under this PGD using the NICE Competency Framework for health professionals using patient group directions • I have reviewed the local policies and documentation for this service and references associated with this PGD. • I am aware that it is my responsibility to keep up-to-date with changes to the recommendations for this medicine and acknowledge any limitations to my knowledge or competence. I will complete continuing professional development as defined by the GPhC or PSNI and take part in an audit as detailed in the service specification.

Name	GPhC/PSNI registration number	Signature	Date

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Signature of Authorising Pharmacist or Pharmacy Manager

…….

Name of Authorising Pharmacist or Pharmacy Manager

…….

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1. Clinical conditions or situation to which this PGD applies

1.1 Definition of clinical situation for use	Ulipristal for emergency contraception (UPA-EC) within 120 hours (5 days) of unprotected sexual intercourse (UPSI) or contraceptive failure.
1.2 Criteria for inclusion	• Any individual **13 to 25 years of age** presenting for emergency contraception (EC) within 120 hrs (5 days) of unprotected sexual intercourse (UPSI). For guidance refer to the **Faculty of Sexual and Reproductive Healthcare (FSRH) Decision-making Algorithms for Emergency Contraception** in the following document Page ix. FSRH Guideline Emergency Contraception March 2017 (Amended December 2020) http://www.fsrh.org/pdfs/CEUguidanceEmergencyContraception11.pdf • Contraception has been used incorrectly or has been compromised. For further information refer to the Summary of Product Characteristics (SmPC) of individual products or Faculty of Sexual and Reproductive Healthcare (FSRH) March 2017 (Updated December 2020) FSRH Guideline Emergency Contraception. http://www.fsrh.org/pdfs/CEUguidanceEmergencyContraception11.pdf • All options for emergency contraception discussed and the individual prefers the hormonal method. • The individual has no contraindications to the medication. • The individual has taken UPA-EC but has vomited the tablet within 3 hours of taking. The new dose must still be within 120 hours of the first UPSI of that episode. • Must be able to give **informed consent** to treatment. Informed consent is the process by which an individual learns about and understands the purpose, benefits, and potential risks of a treatment and then agrees to receive the treatment. • **If the individual is under 16 years old**, they must be assessed as Fraser Competent (see Appendix 1) or if not assessed as Fraser Competent accompanied by one or both parents, or a legal guardian and consents to the treatment being given. • Individuals 26 years of age or over who cannot easily obtain EC from another NHS source without undue delay (exceptional circumstances only) • Consents to consultation and medication supply by a pharmacist without referral to a doctor.

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1.3 Criteria for exclusion	**Personal Characteristics & Reproductive History** • Age <13 years or > 25 years of age. • Informed consent not given. • Individuals under 16 years old and assessed as lacking capacity to consent using the Fraser Guidelines. • Individuals 16 years of age and over and assessed as lacking capacity to consent. • If under 13 years of age follow local safeguarding policy- refer to section 1.5 • Safeguarding or child sexual exploitation (CSE) concerns- refer to section 1.5 • More than 120 hours since this episode of UPSI. Discuss option of copper intrauterine device (Cu-IUD) and refer to the Sexual Health and Contraceptive Service (SHAC) http://brightonsexualhealth.com **N.B.** A dose may be given if there have been previous untreated or treated episodes of UPSI within the current cycle if the most recent episode of UPSI is within 120 hours. • Less than 21 days following childbirth. • Known or suspected pregnancy. If UPSI occurred > 21 days ago and no or abnormal period, advise individual to complete a pregnancy test (as soon as possible, as supply of EC is time critical) before supplying EC. • Less than 5 days following abortion, miscarriage, ectopic pregnancy or uterine evacuation for gestational trophoblastic disease. **Medical history** • Severe asthma controlled by oral glucocorticoids. • Acute porphyria **Medication History** • Known hypersensitivity to any constituent of UPA-EC. Refer to Summary of product Characteristics (SPC) https://www.medicines.org.uk/emc • Use of levonorgestrel or any other progestogen in the previous 7 days (i.e. hormonal contraception, hormone replacement therapy or use for other gynaecological indications). Consider if levonorgestrel as emergency contraception (LNG-EC) is appropriate (or Cu-IUD) refer to LNG-EC PGD. • Concomitant use with a medicine affecting gastric pH (e.g. antacids, histamine H2 antagonists and proton pump inhibitors). • Taking a medicine or herbal product that interacts with UPA-EC (see section 2.10). Refer the British National Formulary (BNF) www.bnf.org or the Faculty for Sexual and Reproductive Healthcare (FSRH) CEU guidance: Drug interactions with hormonal contraception https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/drug-interactions/

	Please note: It may be appropriate to supply individuals taking enzyme inducing drugs with an increased dose of LNG-EC. Refer to the LNG-EC PGD It is imperative to contact the Sexual Health and Contraception Service (SHAC) for advice if the pharmacist has any concerns about supplying UPA-EC. Refer to the SHAC website for contact information http://brightonsexualhealth.com
1.4 Cautions including any relevant action to be taken	• A Copper intrauterine device (Cu-IUD) should always be discussed as a more effective alternative when emergency contraception is required. Available evidence suggests oral EHC is ineffective if taken after ovulation. Cu-IUD can be inserted up to 5 days after first UPSI or up to 5 days after the earliest estimated date of ovulation (whichever is later). Onward referral should be made as appropriate. **UPA-EC should be provided even if a Cu-IUD is planned, unless it is to be fitted that day or there is an exclusion to it.** • UPA-EC is ineffective if taken after ovulation. • If an individual vomits within 3 hours from ingestion a repeat dose may be given. • UPA-EC can be supplied if USPI earlier in the same cycle as well as within the last 5 days, as evidence suggests it does not disrupt an existing pregnancy and is not associated with fetal abnormality. • If individual is taking enzyme-inducing drugs (or herbal products) or has taken them in the last 28 days (includes prescribed and purchased medicines) – refer for Cu-IUD or consider supply of a 3mg dose of LNG-EC. A double-dose of UPA-EC is not recommended. • Individuals receiving post-exposure prophylaxis for sexual exposure to HIV (PEPSE). Refer to section 2.11. • The effectiveness of ulipristal can be reduced by progestogen taken in the following 5 days and individuals must be advised not to take progestogen containing drugs for 5 days after ulipristal. See section 'Written information and further advice to be given to individual'. • If stopping oral hormonal contraception or inability to quick start oral contraception for 5 days is likely to cause harm or increase risk of unplanned pregnancy, consider using LNG-EC or offer Cu-IUD as alternative. • if individual has a **Body Mass Index (BMI) greater than or equal to 26kg/m^2 or weighs 70kg (11 stone) or more**. Although the use of ulipristal is not contraindicated it may be less effective and so these individuals should be advised that insertion of Cu-IUD would be the most effective emergency contraceptive for them. Supply EC as appropriate and refer accordingly if agreed for Cu-IUD. If oral hormone contraception is preferred either supply

	UPA-EC (normal dose) or refer to the LNG-EC PGD for consideration of a 3mg dose of LNG-EC. • 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. 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. • If the individual has not yet reached menarche consider onward referral for further assessment or investigation**.** • Breastfeeding: UPA-EC is excreted in breast milk. Advise individual to avoid breastfeeding for 1 week and to express and discard milk during that time.
1.5 Action to be taken if the individual is excluded or declines treatment	• Signpost or refer to SHAC http://brightonsexualhealth.com or GP as soon as possible with information about further options. • Individuals 26 years of age or older should be given the option to purchase EC over the counter (if appropriate) or be referred to SHAC or GP. In exceptional circumstances a supply can be made under this PGD. • If pregnancy is suspected (i.e. If UPSI occurred > 21days ago and no or abnormal period ask individual to complete a pregnancy test (as soon as possible as the supply of EC is time critical) before supplying EC or refer to SHAC. • If exclusion is due to a drug interaction consider if LNG-EC could be supplied as an alternative to UPA-EC or refer for Cu-IUD. • Safeguarding (including child sexual exploitation) concerns identified at presentation should be referred to the Brighton and Hove Safeguarding Children Partnership (BHSCP) https://www.brightonandhovelscb.org.uk/wp-content/uploads/BH-Safeguarding-Children-Partnership-Arrangements-Final.pdf • Follow local safeguarding arrangements for vulnerable adults when appropriate.https://www.brighton-hove.gov.uk/content/social-care/keeping-people-safe/help-adults-risk-abuse-or-neglect • Individuals who lack capacity to consent should be referred to SHAC or GP for a Best Interest Assessment undertaken by an authorised prescribing practitioner http://www.legislation.gov.uk/ukpga/2005/9/contents • If the individual declines treatment discuss implications and record the declination on PharmOutcomes. • Document all actions taken.

2. Description of treatment

2.1 Name, strength & formulation of drug	Ulipristal acetate 30mg tablet
2.2 Legal status	Pharmacy Only Medicine (P)
2.3 Route of administration	Oral, with or without food. Taking with or after food may reduce the incidence of nausea and vomiting a known side effect
2.4 Off label use	Best practice advice given by Faculty of Sexual and Reproductive Healthcare (FSRH) is used for guidance in this PGD and may vary from the Summary of Product Characteristics (SPC) https://www.medicines.org.uk/emc This PGD includes unlicensed use in the following conditions: • Severe hepatic impairment • Lapp-lactase deficiency • Hereditary problems of galactose intolerance • Glucose-galactose malabsorption For further information regarding use outside product licence refer to the FSRH Guideline Emergency Contraception March 2017 (Amended December 2020) http://www.fsrh.org/pdfs/CEUguidanceEmergencyContraception11.pdf Where a drug is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the drug is being offered in accordance with national guidance but that this is outside the product licence. Drugs should be stored according to the conditions detailed in the Storage section in this table. However, in the event of an inadvertent or unavoidable deviation of these conditions the local pharmacy or Medicines Management team must be consulted. Where drugs have been assessed by pharmacy/Medicines Management in accordance with national or specific product recommendations as appropriate for continued use this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected drugs for use lies with pharmacy/Medicines Management.
2.5 Dose and frequency of administration	A single tablet to be taken as soon as possible within 120 hours of unprotected sexual intercourse (UPSI).

2.6 Duration of treatment	• A single dose is permitted under this PGD.
	• If vomiting occurs within 3 hours of ulipristal being taken a repeat dose can be supplied under this PGD.
	• Repeated doses can be given within the same cycle. Please note:
	  ○ If within 7 days of previous levonorgestrel offer levonorgestrel again (not ulipristal)
	  ○ If within 5 days of ulipristal then offer ulipristal again (not levonorgestrel)

2.7 Quantity	Original pack of one tablet. To be administered in the pharmacy or dispensed and appropriately labelled for the individual to take away.
2.8 Storage of products	Medicines must be stored securely according to national guidelines and in accordance with the product SPC.
2.9 Identification & management of adverse reactions	A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk and BNF www.bnf.org The following side effects are common with ulipristal acetate (but may not reflect all reported side effects): • Nausea or vomiting • Abdominal pain or discomfort • Headache • Dizziness • Muscle pain (myalgia) • Dysmenorrhea • Pelvic pain • Breast tenderness • Mood changes • Fatigue • The FSRH advises that disruption to the menstrual cycle is possible following emergency contraception **Effects on ability to drive and use machines**. Mild to moderate dizziness is common after taking ulipristal, somnolence and blurred vision are uncommon. Advise individual not to drive or use machinery if they experience such symptoms.
2.10 Management of and reporting procedure for adverse reactions	In the event of untoward or unexpected adverse reactions: • If necessary seek appropriate emergency advice and assistance. • Document in the individual patient medication record and complete incident procedure if adverse reaction is severe (refer to local organisational policy) • Use yellow card system to report serious adverse drug reactions directly to the Medicines and Healthcare products Regulatory Agency (MHRA). Yellow cards are available in the back of the BNF or obtained via Freephone 0808 100

	3352 or online at https://yellowcard.mhra.gov.uk/ The public can report adverse effects directly to the MHRA via the yellow card scheme and should be encouraged to do so. • Report any adverse reactions via organisation incident policy.
2.11 Drug interactions	A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk or the BNF www.bnf.org Additional Sources of information include: • Stockley's Drug Interactions https://about.medicinescomplete.com/publication/stockleys-drug-interactions/ • Faculty for Sexual and Reproductive Healthcare (FSRH) CEU guidance: Drug interactions with hormonal contraception (Jan 2017, last reviewed 2019) https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/drug-interactions/ • For interactions with post-exposure prophylaxis for sexual exposure to HIV (PEPSE) regimes it is recommended to check with the online University of Liverpool HIV Drug Interactions Checker https://www.hiv-druginteractions.org/checker If necessary access the individuals NHS Summary Care Record (SCR) (with consent) if they are uncertain about the medications they are taking.
2.12 Written information and further advice to be provided	• All methods of emergency contraception should be discussed. All individuals should be informed that fitting a Cu-IUD within five days of UPSI or within five days from the earliest estimated ovulation is the most effective method of emergency contraception. • Explain mode of action, dosage, side effects, and follow-up advice. **Provide manufacturer's patient information leaflet (PIL) and discuss content.** • Advise individual to take the tablet with or after food. **If vomiting occurs within 3 hours, a second dose should be taken immediately. Advise individual to return to the pharmacy for a second dose or to contact the SHAC.** • Explain that menstrual disturbances can occur after emergency hormonal contraceptives. • Advise that after oral EC there is a pregnancy risk if there is further UPSI and ovulation occurs later in the same cycle. Recommend use of appropriate contraceptive methods and how these can be accessed. Supply condoms as needed. • In line with FSRH guidance individuals using hormonal contraception should delay restarting their regular hormonal contraception for 5 days following ulipristal acetate use.

	Avoidance of pregnancy risk (i.e. use of condoms or abstain from intercourse) should be advised until fully effective. • A pregnancy test is recommended 21 days after treatment especially if the next menstrual period is delayed by more than 7 days, is lighter or shorter than usual or is associated with abdominal pain that is not typical of the individuals usual dysmenorrhea. **Individuals must be advised to go to SHAC or GP if the pregnancy test is positive.** • Individuals who start hormonal contraception after use of UPA-EC should be advised to have a pregnancy test even if they have bleeding; bleeding associated with the contraceptive method may not represent menstruation. • Discuss long term contraception options and refer individual to the Sexwise website https://www.sexwise.fpa.org.uk to access further information. • Advise that UPA-EC will not protect against further UPSI later in the cycle. Recommend use of local barrier method or abstaining until the next menstrual period starts or long term contraceptive method is effective. • There is no evidence of harm if someone becomes pregnant in a cycle when they had used emergency hormonal contraception. • Concurrent use of a barrier method should be encouraged and the risks of sexually transmitted infections (STIs) discussed. If appropriate provide a self-testing chlamydia /gonorrhoea test and explain how to use. • Individuals presenting for repeat supplies of EHC should be referred to the SHAC or GP for additional support. • Give individual the opportunity to ask questions and address any concerns or queries. • Provide contact information for SHAC or refer to website http://brightonsexualhealth.com
2.13 Advice/ follow-up treatment	• The individual should be advised to seek medical advice in the event of an adverse reaction. • The individual should attend an appropriate health service provider if their period is delayed, absent or abnormal or if they are otherwise concerned. • Advise individual to contact the SHAC or GP 3 weeks after taking UPA-EC if the pregnancy test is positive or if the expected period is more than 7 days late. • Refer to SHAC or GP for further advice about long term contraception and screening for sexually transmitted infections (STI).

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2.14 Records	Record the consultation and clinical assessment as prompted on the Pharmoutcomes (PO) emergency contraception template, include additional notes on the patient medication record (PMR) when necessary. Individuals should be made aware of the confidentiality policies for the service they are attending, including the circumstances in which confidentiality may need to be breached The Pharmoutcomes template will record the following information: • Informed consent of the individual. • If individual is under 16 years of age document competency using Fraser guidelines. • Safeguarding referral if relevant. • If individual is under 13 years of age record safeguarding action taken. • Individual's name, date of birth and first 3-4 characters of postcode i.e. TN34. This is a confidential service that can be accessed without a full address and GP notification. • Name of registered health professional operating under the PGD. • Medical and medication history as prompted by PO. • Any known allergy. • Date of supply. • Record the name of the medication, number of packs supplied with batch numbers and expiry dates. • Any advice given about the medication including side effects, benefits, how to take it and when, and what to do if any concerns. • Details of any adverse drug reactions and any action taken. • Any supply outside the terms of the product marketing authorisation. • Any referral arrangements. • Any follow up arrangements. • For adults all PGD documentation in a patient's clinical record must be kept for 8 years after the last entry. • For children all PGD documentation in a patient's clinical record must be kept until the child is 25 years old or for 8 years after a child's death. All records should be clear, legible and contemporaneous. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

References	• Faculty of Sexual and Reproductive Healthcare (FSRH) Clinical Guideline: Emergency Contraception (March 2017, amended December 2020) http://www.fsrh.org/pdfs/CEUguidanceEmergencyContraception11.pdf • Faculty of Sexual and Reproductive Healthcare. UK Medical Eligibility Criteria (UKMEC) for Contraceptive Use; April 2016 (Amended September 2019) https://www.fsrh.org/standards-and-guidance/uk-medical-eligibility-criteria-for-contraceptive-use-ukmec/ • Faculty of Sexual and Reproductive Healthcare. Clinical Effectiveness Unit (CEU) guidance: Drug interactions with hormonal contraception (Jan 2017, last reviewed 2019) https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/drug-interactions/ • Faculty of Sexual and Reproductive Healthcare Clinical Guideline (April 2017): Quick starting contraception https://www.fsrh.org/standards-and-guidance/documents/fsrh-clinical-guidance-quick-starting-contraception-april-2017/ • Faculty of Sexual and Reproductive Healthcare: Clinical Effectiveness Unit guidance: Recommended Actions after Incorrect Use of Combined Hormonal Contraception (e.g. late or missed pills, ring and patch) (March 2020, Amended 6 July 2021) https://www.fsrh.org/documents/fsrh-ceu-guidance-recommended-actions-after-incorrect-use-of/ • National Institute for Health and Care Excellence (NICE) Patient Group Directions (March 2017) https://www.nice.org.uk/Guidance/MPG2 • British National Formulary https://bnf.nice.org.uk • Electronic Medicines Compendium https://www.medicines.org.uk/emc • General Pharmaceutical Council Standards for Pharmacy Professionals May 2017 https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf • The Pharmaceutical Society of Northern Ireland (PSNI),The code of ethics for pharmacists in Northern Ireland http://www.psni.org.uk/about/code-of-ethics-and-standards/ • Centre for Postgraduate Pharmacist Education (CPPE). Declaration of Competence. • https://www.cppe.ac.uk/services/declaration-of-competence • Specialist Pharmacy Service: Patient Group Directions, Reproductive Health. Supply and/or administration of ulipristal acetate 30mg tablet for emergency contraception: PGD template. https://www.sps.nhs.uk/articles/supply-and-or-administration-of-ulipristal-acetate-30mg-tablet-for-emergency-contraception-pgd-template/#:~:text=pGD%20contraception

Appendix 1

Under 16s- Fraser Guidelines

In England, Wales and Northern Ireland, in order to provide contraception to young people under 16 years of age without parental consent, it is considered good practice to follow the Fraser Guidelines/criteria.
While the Fraser Guidelines below relate specifically to contraceptive advice or treatment, the principles are applicable to other sexual health services for young people under 16. A young person's age should not be a barrier to them accessing condoms.

Competence is demonstrated if the young person is able to:
Understand the treatment, its purpose and nature, and why it is being proposed
Understand its benefits, risks and alternatives
Understand in broader terms what the consequences of the treatment will be
Retain the information for long enough to use it and weigh it up in order to arrive at a decision.

A young person is competent to consent to contraceptive advice or treatment if:

- The young person understands the professional's advice
- The professional cannot persuade the young person to inform their parents or allow the professional to inform the parents that they are seeking contraceptive advice.
- The young person is very likely to begin or continue having intercourse with or without the contraceptive treatment.
- Unless they receive contraceptive advice or treatment, the young person's physical or mental health or both are likely to suffer.
- The young person's best interests require the professional to give contraceptive advice, treatment or both without parental consent.

Reference

- Faculty of Sexual and Reproductive Healthcare Clinical Guideline: Contraceptive Choices for Young People Clinical Effectiveness Unit March 2010 (Amended May 2019)

https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-young-people-mar-2010/

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