Brighton & Hove City Council

PATIENT GROUP DIRECTION

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

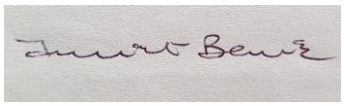
For the supply of **UPA-EC by accredited community pharmacists and pharmacy technicians working in** Brighton & Hove and contracted to provide the Sexual Health and Contraceptive Service.

Direction no: BH 2015 14

CHANGE HISTORY	
Version/Date	Change details
BH 2015 14	Updated Summary of Product Characteristics (SPC) Updated Faculty of Sexual and Reproductive Healthcare (FSRH) guidance

PGD comes into effect	**1st August 2024**
PGD review date	1st January 2027
PGD expiry date	**31st July 2027**

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

NAME/ROLE	SIGNATURE	DATE
Dr Juliet Bowie Specialist Grade in Contraception Brighton Sexual Health and Contraception Clinic (SHAC)		20/7/24
Janet Rittman Public Health Pharmacist Brighton and Hove City Council		17/7/24
Alistair Hill Director of Public Health Brighton and Hove City Council		24/07/24

Short Life Working Group Membership

Name	Designation
Janet Rittman*	Pharmacist
Dr Juliet Bowie*	Doctor
Stephen Nicholson	Public Health Programme Manager Sexual Health
Julia Powell	Chief Executive Officer Community Pharmacy Surrey and Sussex

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.

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.

No PGD can envisage every clinical situation. Pharmacists and pharmacy technicians 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 original copy, signed by all those concerned, should be kept in a designated place within the pharmacy, and be readily accessible for reference and audit purposes.

The pharmacist/ pharmacy technician must work within the service specification agreed between the contracted pharmacy and the commissioning organisation.

Patient group direction effective from **1st August 2024**
HEALTHCARE PROFESSIONALS AUTHORISED TO SUPPLY UNDER THIS PGD
BHCC authorises the use of this document by accredited community pharmacists and pharmacy technicians who are working within the boundaries of Brighton & Hove
DECLARATION: I am a registered pharmacist/ pharmacy technician working at

Name of Pharmacy	
Address	
Post Code	

Valid from: 1/8/24
Review date: 1/7/27
Expiry date: 31/7/27
Approving Organisation : BHCC

Characteristics of Staff
I have read this Patient Group Direction (PGD) and confirm that**:** **Qualifications** I am registered with the General Pharmaceutical Council (GPhC) **Specialist qualifications and competencies** I am competent to provide the Community Pharmacy Sexual health and Contraception Service to individuals in BHCC service under PGD because: • 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 within the last 2 years. Pharmacists/ pharmacy technicians 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 Health Education England Safeguarding Children level 2 and Safeguarding Adults level 2 e-learning for healthcare (this can be accessed through the CPPE website) https://www.cppe.ac.uk/programmes/l/safegrding_elfh-e-02/ and passed the associated level 2 assessment within the last 2 years. • I am aware of local safeguarding policies and contact information. Information is available from the following links https://www.bhscp.org.uk https://www.bhsab.org.uk Refer to section 1.5 • 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 (Refer to Page 15) • 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 and take part in an audit as detailed in the service specification.

Name	Designation *(Pharmacist or Pharmacy technician)*	GPhC registration number	Signature	Date

Authorising manager/pharmacist

I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of the Community Pharmacy for the above-named health care professionals who have signed the PGD to work under it.

Name	**Designation**	**Signature**	**Date**

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1. Clinical conditions or situation to which this PGD applies

1.1 Definition of clinical situation for use	To reduce the risk of pregnancy after unprotected sexual intercourse (UPSI) or regular non-hormonal contraception has been compromised or used incorrectly.
1.2 Criteria for inclusion	• Any individual **13 to 25 years of age** presenting for emergency contraception (EC) between 0 and 120 hrs of unprotected sexual intercourse (UPSI) or when regular non-hormonal contraception has been compromised or used incorrectly. For guidance refer to the **Faculty of Sexual and Reproductive Healthcare (FSRH) Decision-making Algorithms for Emergency Contraception** in the following document , FSRH Guideline Emergency Contraception March 2017, amended July 2023 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 – refer to Appendix 1. • 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/ pharmacy technician without referral to a doctor.

1.3 Criteria for exclusion	• If under 13 years of age follow local safeguarding policy- https://www.bhscp.org.uk Refer to section 1.5. • Informed consent not given. • Individuals under 16 years old and assessed as lacking capacity to consent using the Fraser Guidelines. Refer to Appendix 1. • Individuals 16 years of age and over and assessed as lacking capacity to consent. . Follow local safeguarding arrangements for vulnerable adults when appropriate https://www.bhsab.org.uk • 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. Refer to SHAC or GP if individual unable to purchase a pregnancy test. • Less than 5 days following abortion, miscarriage, ectopic pregnancy or uterine evacuation for gestational trophoblastic disease. • Severe asthma controlled by oral glucocorticoids. • Acute porphyria • Known hypersensitivity to any constituent of UPA-EC. Refer to Summary of product Characteristics (SPC) https://www.medicines.org.uk/emc • Use of levonorgestrel (LNG-EC) or any other progestogen in the previous 7 days (i.e. hormonal contraception including combined oral contraception, depot injection, 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. • Concurrent use of antacids, proton-pump inhibitors or H_2-receptor antagonists including any non-prescription (i.e. over the counter) products being taken. • Taking a medicine or herbal product, or within 4 weeks of stopping (for example St John's Wort) that interacts with UPA-EC (see section 2.11). 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-

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	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/pharmacy technician 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	• All individuals should be informed that insertion of a copper intrauterine device (Cu-IUD) within five days of UPSI or within five days from earliest estimated ovulation is the most effective method of emergency contraception. If a Cu-IUD is appropriate and acceptable supply oral EC and refer to the appropriate health service provider. • 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 UPSI 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. • The effectiveness of ulipristal can be reduced by progestogen (i.e. hormonal contraception including combined oral contraception, depot injection, hormone replacement therapy) taken in the following 5 days and individuals must be advised not to take progestogen containing drugs for 5 days after ulipristal. UPA- EC is generally not recommended in a missed pill situation. See section 'Written information and further advice to be given to individual'. • Body Mass Index (BMI) >26kg/m2 or weight >70kg – individuals should be advised that though oral EC methods may be safely used, a high BMI may reduce the effectiveness. A Cu-IUD should be recommended as the most effective method of EC. If UPA-EC is not appropriate 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 or after Bariatric surgery. 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. • If the individual is less than 16 years of age an assessment based on Fraser guidelines must be made and documented. Refer to section 1.5. • If the individual is less than 13 years of age the healthcare professional should speak to local safeguarding lead and follow the local safeguarding policy. Refer to section 1.5.
1.5 Action to be taken if the individual is excluded or declines treatment	• Explain the reasons for exclusion to the individual and signpost or refer to SHAC http://brightonsexualhealth.com or GP as soon as possible with information about further options, including referral to SHAC for consideration of copper intrauterine device (Cu-IUD). • 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 (refer to LNG PGD) 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.bhscp.org.uk • Follow local safeguarding arrangements for vulnerable adults when appropriate https://www.bhsab.org.uk • 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 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. 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.
2.5 Dose and frequency of administration	A single tablet to be taken as soon as possible up to 120 hours after unprotected sexual intercourse (UPSI).

2.6 Duration of treatment	• UPA-EC should be taken orally as a single dose
	• If vomiting occurs within 3 hours of UPA-EC being taken a repeat dose can be supplied under this PGD.
	• Repeated doses, as separate episodes of care can be given within the same cycle. Please note:
	  ○ If within 7 days of previous LNG-EC offer LNG-EC again (not UPA-EC)
	  ○ If within 5 days of UPA-EC then offer UPA-EC again (not LNG-EC)

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 Labelling Requirements	Label as per the legislation for a prescription only medicine (POM) if individual is taking the medicine away from the pharmacy.
2.10 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.
2.11 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 as per service contractual agreement and report as required. • Healthcare professionals and individuals are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: http://yellowcard.mhra.gov.uk

2.12 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 (May 2022) 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.
2.13 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.**https://www.medicines.org.uk/emc/product/9437/pil • 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. Refer to SPC for individual products to clarify restarting HC guidance.

	• 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. **Individuals must be advised to go to SHAC or GP if the pregnancy test is positive.** • Discuss long term contraception options and refer individual to the NHS website https://www.nhs.uk/contraception/methods-of-contraception/ 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
2.14 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).
3. 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:

	• The consent of the individual and
	  ○ If individual is under 13 years of age record action taken
	  ○ If individual is under 16 years of age document capacity using Fraser guidelines. If not competent record action taken.
	  ○ If individual over 16 years of age and not competent, record action taken.
	• Safeguarding referral if relevant.
	• Individual's name, date of birth and first 3-4 characters of postcode i.e. BN3. 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.
	• Relevant past and present medical history, including medication history. Examination findings where relevant e.g. weight
	• 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, including advice given if excluded or declines treatment.
	• 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.
	
	Records should be signed and dated (or a password-controlled e-records) and securely kept for a defined period in line with local policy.
	
	A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

References (accessed April 2024)	• Faculty of Sexual and Reproductive Healthcare (FSRH) Clinical Guideline: Emergency Contraception (March 2017, amended July 2023) 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 (May 2022) 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 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 and guidance for pharmacy professionals. https://www.pharmacyregulation.org/pharmacists/standards-and-guidance-pharmacy-professionals • 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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