

The NHS Pharmacy Contraception Service - initiating contraception



Presentation overview

- Tier 2 pilot evaluation
- Key changes to the service
- Competency & training
- Guidance & resources
- Providing the service
- Top tips for initiation
- Final points for consideration

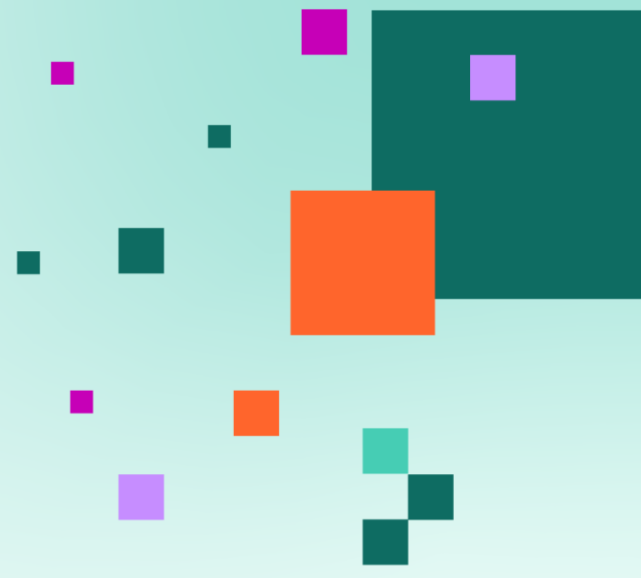


What does initiation include?

- New to using OC
- Restarting OC
- Switching between OC



Tier 2 pilot evaluation



Tier 2 – Registration and Consultations

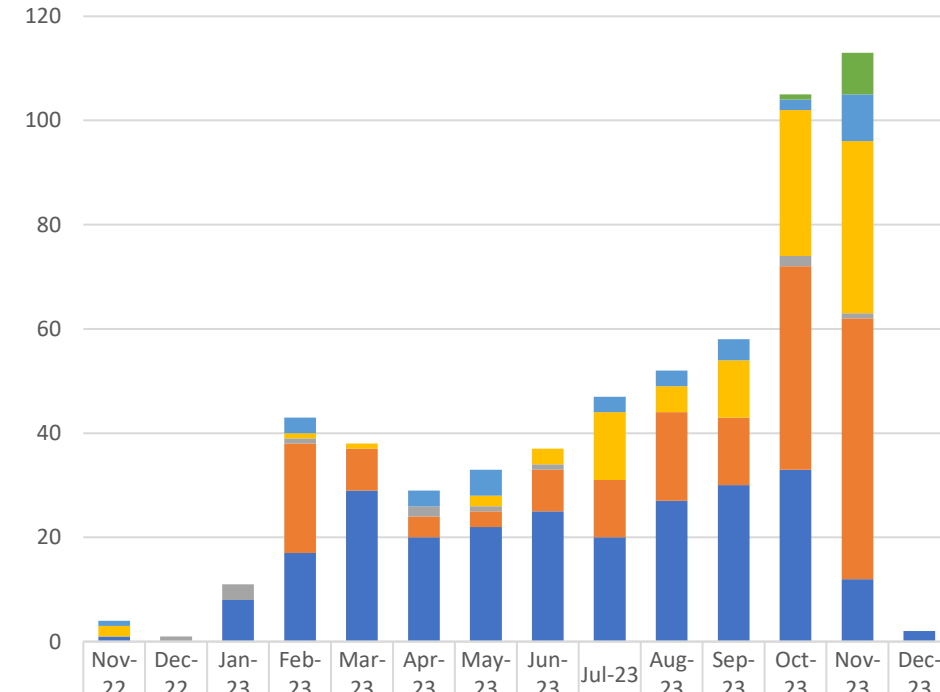
Overview

	TIER 2						Total
	South East	North East And Yorkshire	North West	Midlands	East Of England	London	
Total Registered Pharmacies	9	9	7	27	7	4	59
Number of Pharmacies Live	9	8	2	16	1	4	40
Number of Pharmacies undertaking consultations	9	7	4	13	3	2	38
Number of Consultations	246	174	12	99	33	9	573

Pilot closed - 30 Nov 2023

573 consultations

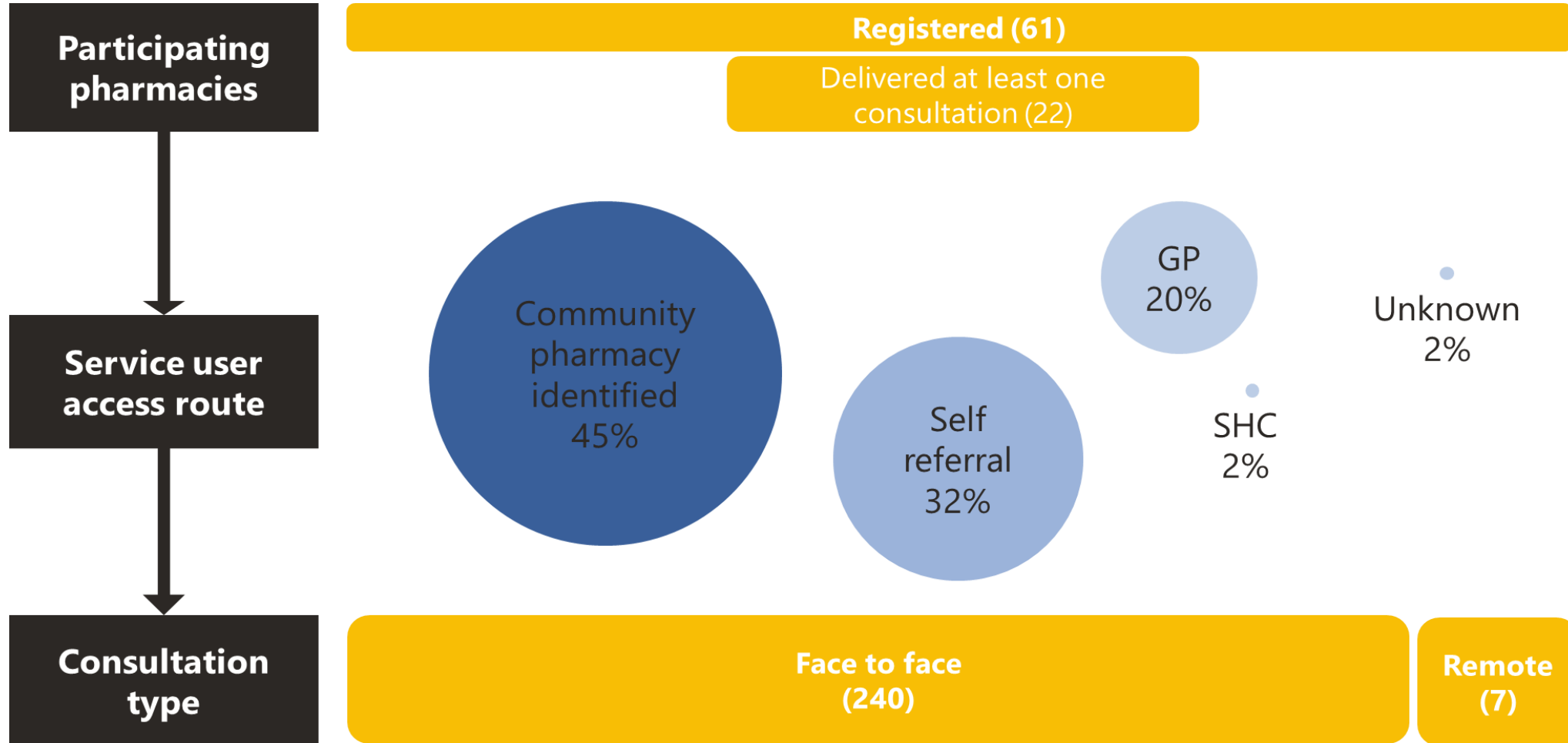
Consultations by Region



Region	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
London												1	8	
East Of England	1			3		3	5		3	3	4	2	9	
Midlands	2			1	1		2	3	13	5	11	28	33	
North West		1	3	1		2	1	1				2	1	
North East And Yorkshire				21	8	4	3	8	11	17	13	39	50	
South East	1		8	17	29	20	22	25	20	27	30	33	12	2

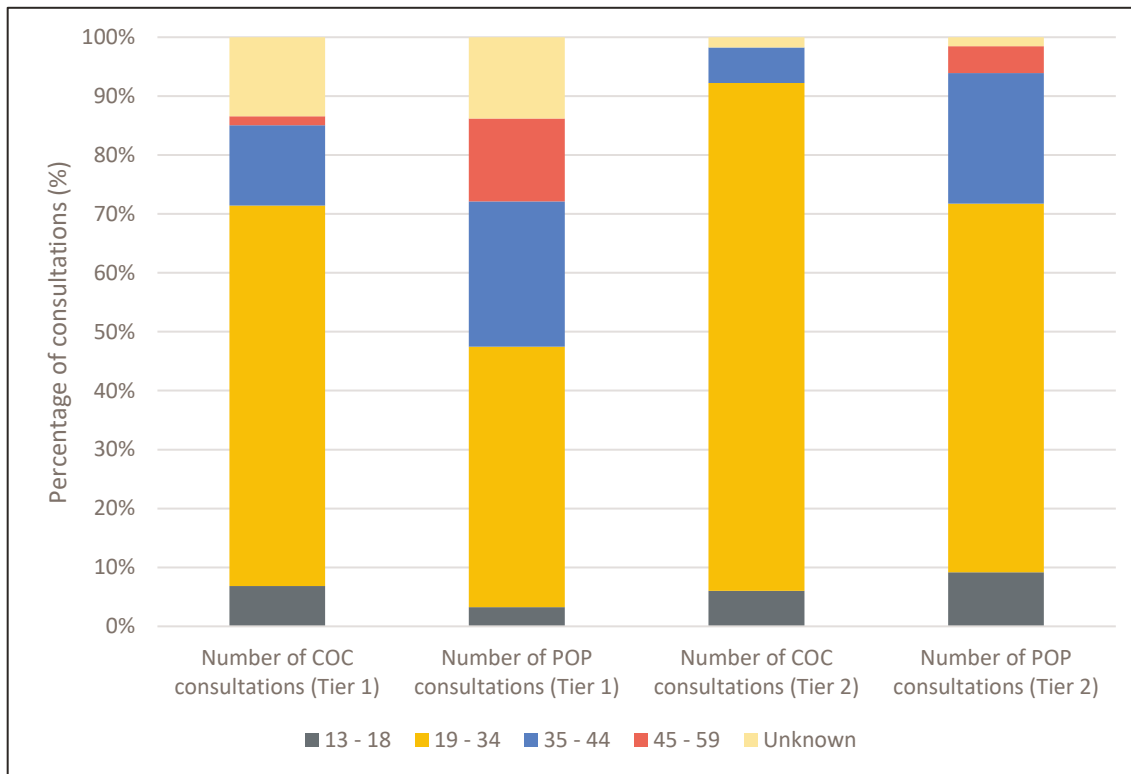
Summary of pilot activity (up to 1 Aug 2023)

Summary of the number of Tier 2 consultations delivered by registered pharmacies; how people accessed the service; and the type of consultation. Percentages have been rounded to the nearest whole number.

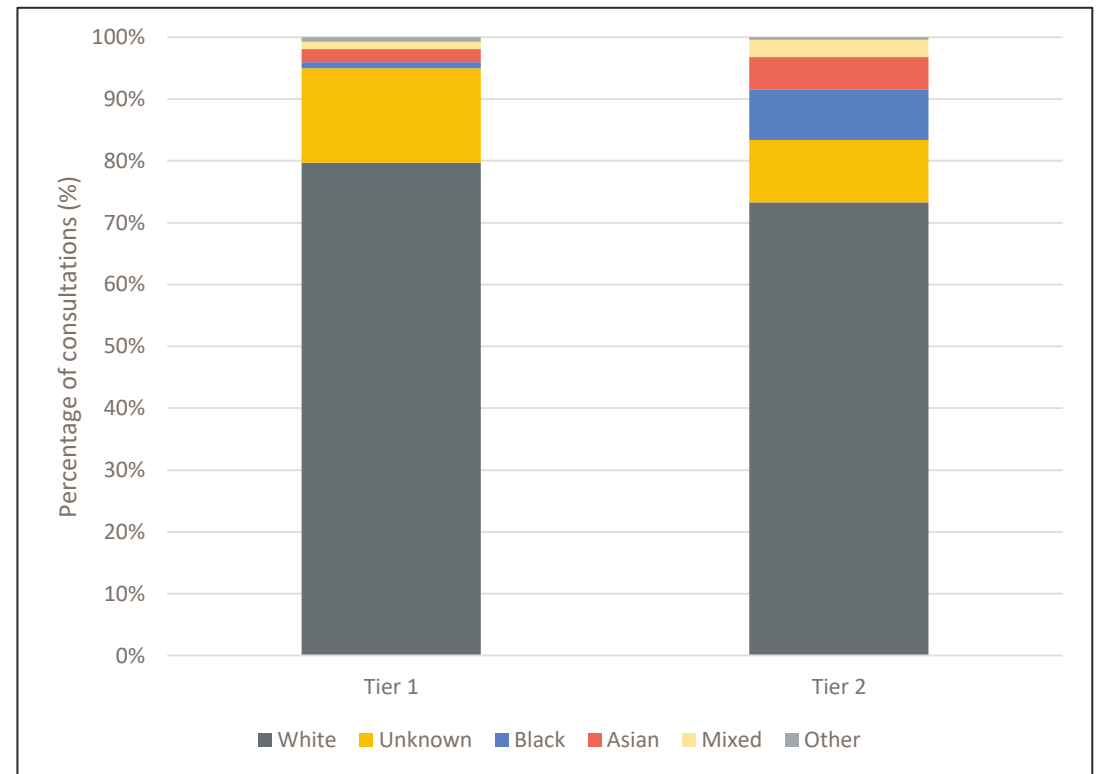


Age and ethnicity of service users accessing Tier 2

- People aged 19-34 years of age accounted for 74% of all consultations in Tier 2, compared with 55% of initial consultations in Tier 1 (ongoing supply).
- People identifying as White accounted for 73% of all Tier 2 consultations, compared with 80% of Tier 1 consultations for the same duration.



Comparison of the age of service users for Tier 1 and Tier 2, and the outcomes of the consultation (COC or POP supplied)



Comparison of service user ethnicity, Tier 1 vs Tier 2

Evaluation - Summary of factors impacting on the Tier 2 pilot



Promoting activity

Targeted engagement of LPC representatives with pharmacies.

Communication directly from the NHSE national team, e.g. sharing of activity data to promote the pilot service to pharmacists yet to register.

Use of decision aids such as *Brook* and *Contraception Choices*.

Confidence to undertake consultations following training and experience.

Inhibiting activity

Lack of promotion of the pilot service to the public.

Lack of pharmacist capacity, limiting engagement with the pilot and preventing pharmacists registering to deliver the service.

Lack of engagement from GPs and SHCs, significantly limiting the number of signposts. Pharmacies less proactive in encouraging GPs to signpost.

Service user findings

Access

54% of SMS survey respondents (n=7) had attempted to access contraception via their GP or SHC before seeing the pharmacist.

"It's quicker to go to the pharmacy because sometimes you can call the GP and you will be in a queue for a very long time. It gets really frustrating."

Patient 4 (SE)

Questions

92% of SMS survey respondents (n=12) were satisfied that all their questions about the contraceptive pill were answered.

"The pharmacist that I spoke with about the pill knew what they were talking about and their explanations of the pill were great."

Patient 2 (NEY)

Trust

All SMS survey respondents reported that they felt comfortable discussing the pill with their pharmacist.

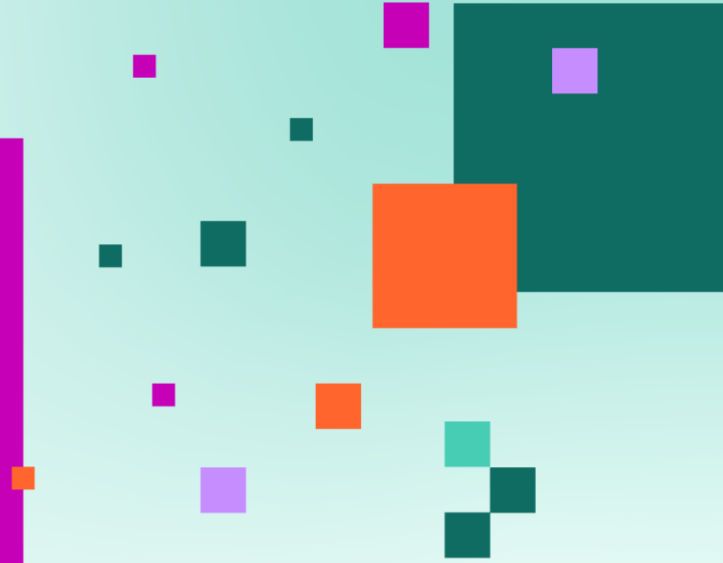
"Accessing the pill at the pharmacy is more comfortable. It is similar to a GP surgery because you are in a private room, but the pharmacy staff, they were nice and understanding"

Patient 3 (M)

Very
Satisfied

All respondents reported being very satisfied with the service and stated that they would be very likely to use a pharmacy-based contraception service again.

What are the key
changes from Tier 1
to expansion of the
service?



Safeguarding Level 3: mandatory training or access to trained prof

Introduction of initiation of contraception

Additional funding provided – part of £645m

Transition period (Tier 1 to expanded service)

Key changes

Greater use of skill mix

Community Pharmacy England resources for pharmacy teams

Tier 1 & Tier 2 combined into one service - supporting both initiation and ongoing supply of OC

Additional training recommendations to support initiation

Service description

- Expanded from 1st December 2023
- Supplies via PGD
- Currently consultation can only be provided by pharmacists
- Suitably trained and competent pharmacy staff can provide blood pressure and BMI measurement, where appropriate
- Remote provision where clinically appropriate and agreed between the pharmacist and individual

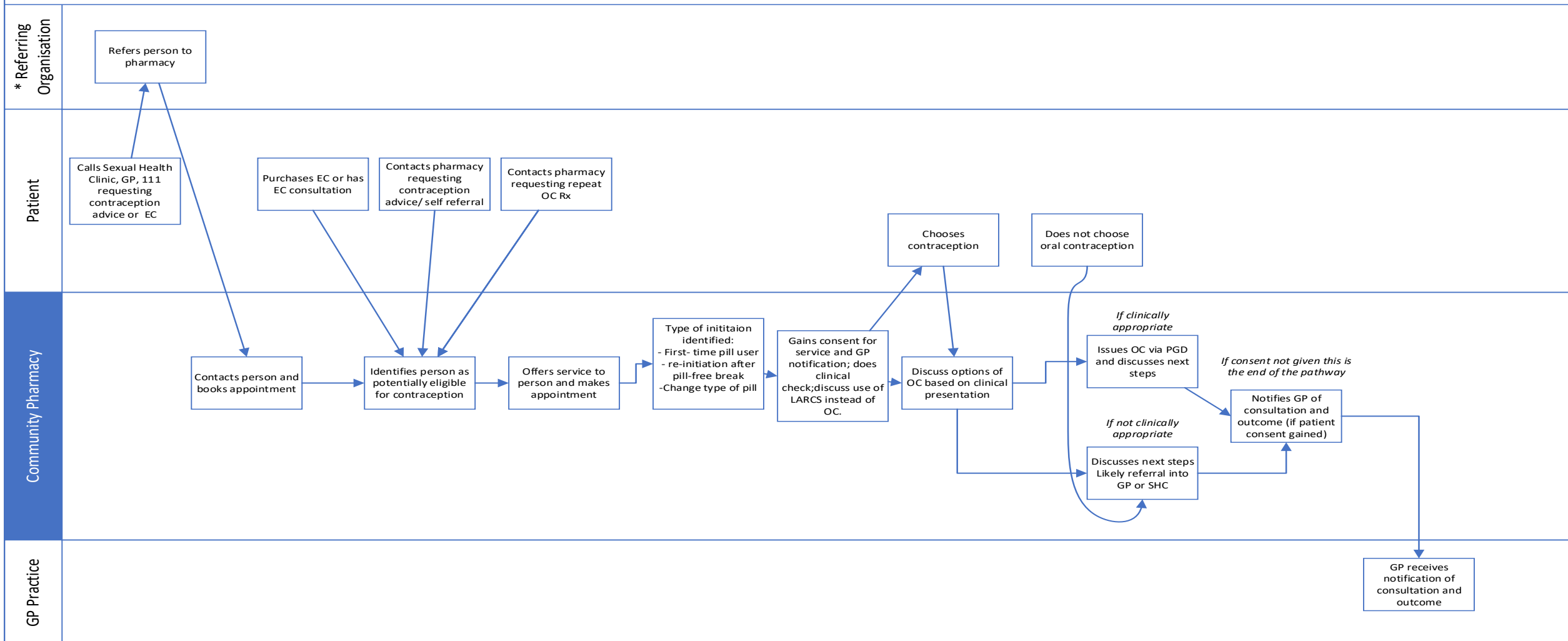


Service description – Initiation pathway

Pharmacy Contraception Service Pathway

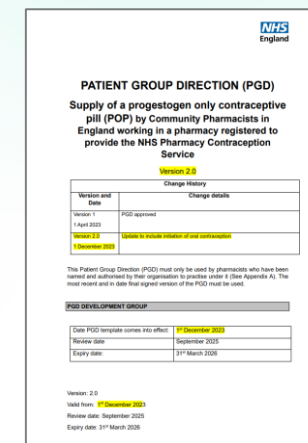
Initiation of Oral Contraception

* referring organisation includes Primary Care (e.g. GP Practices and pharmacies) and Sexual Health Centres



Key service documentation

- Service specification
- PGDs (COC & POP)
- Community Pharmacy England Briefing 031/23: Guidance on the NHS Pharmacy Contraception Advanced Service



PATIENT GROUP DIRECTION (PGD)
Supply of a progestogen only contraceptive pill (POP) by Community Pharmacists in England working in a pharmacy registered to provide the NHS Pharmacy Contraception Service

Version 2.0

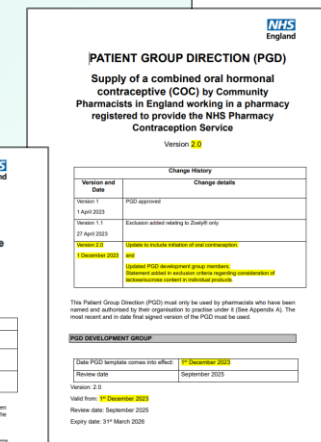
Version and Date	Change details
Version 1 1 April 2020	PGD approval
Version 1.1 27 April 2020	Exclusion added relating to Zofit® only
Version 2.0 1 December 2023	Updated to include retailer of oral contraceptives and updated PGD development group members. Relevant advice in relevant areas regarding oral contraceptives and information content in relevant products.

This Patient Group Direction (PGD) must only be used by pharmacists who have been named and authorised by their organisation to practice under it (See Appendix A). The most recent and in date final signed version of the PGD must be used.

PGD DEVELOPMENT GROUP

Date PGD template comes into effect:	1 December 2023
Review date:	September 2025
Expiry date:	31 st March 2026

Version: 2.0
Valid from: 1 December 2023
Review date: September 2025
Expiry date: 31st March 2026



PATIENT GROUP DIRECTION (PGD)
Supply of a combined oral hormonal contraceptive (COC) by Community Pharmacists in England working in a pharmacy registered to provide the NHS Pharmacy Contraception Service

Version 2.0

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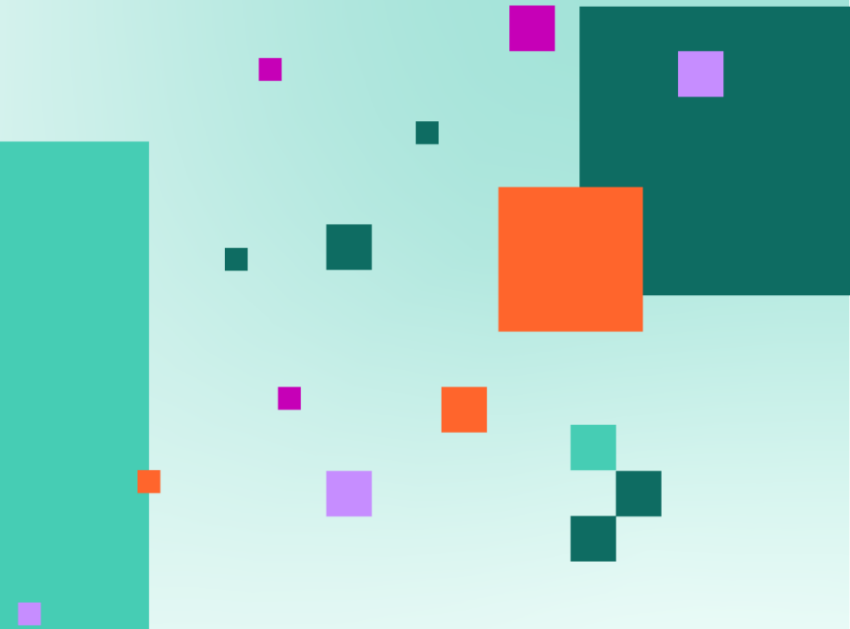
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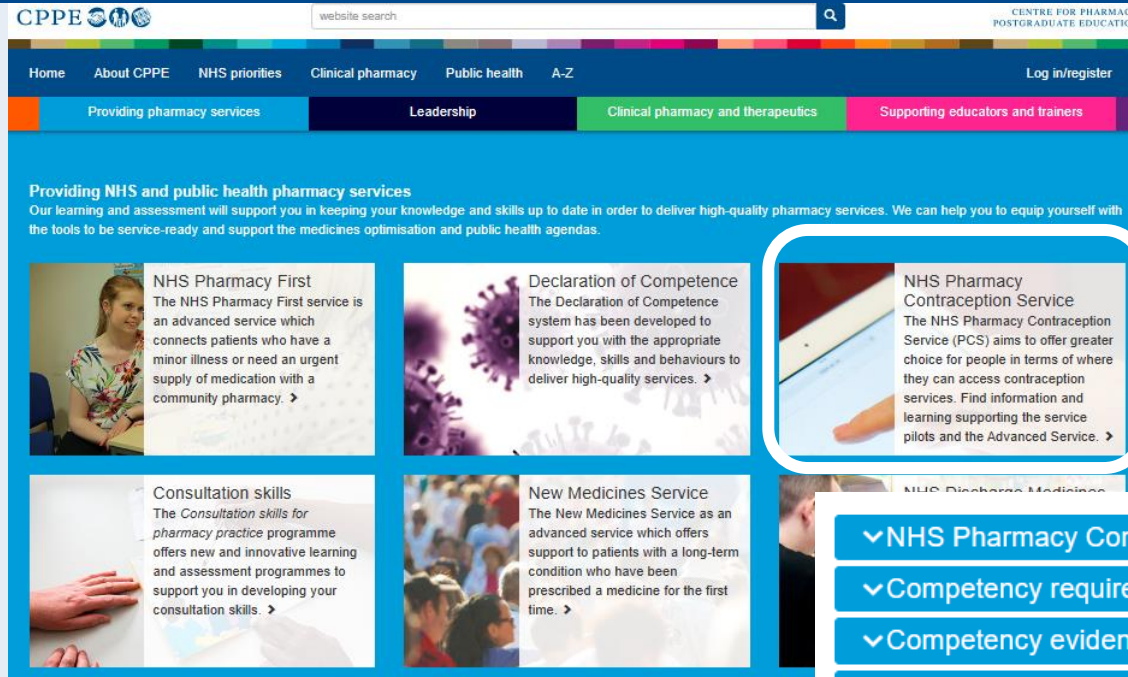
Classification: Official
Publication approval reference: PHN00751

Community Pharmacy advanced service specification
NHS Pharmacy Contraception Service
Version 2.0

Competency & training



NHS Pharmacy Contraception Service (PCS)



You access e-learning for healthcare programmes and other resources via the NHS Pharmacy Contraception Service (PCS) landing page.

<https://www.cppe.ac.uk/service/s/pcs/pcs>

- ▼ NHS Pharmacy Contraception Service - service specification
- ▼ Competency requirements
- ▼ Competency evidence
- ▼ Recommended training modules
- ▼ Online tools to support contraceptive choices
- ▼ Further learning resources

If you would like further information about this service, you can access [Community Pharmacy England's](#) information pages.

Competency requirements

- Pharmacy contractors must ensure that pharmacists and pharmacy staff providing the service are competent to do so. This may involve completion of training.
- Additional training may be required (to support initiation)
A CPPE short video learning resource is coming soon.
- Keep documentary evidence of competence.
- Pharmacists are responsible for remaining up to date with skills and competencies in the service specification and patient group directions (PGDs).

Recommended training modules

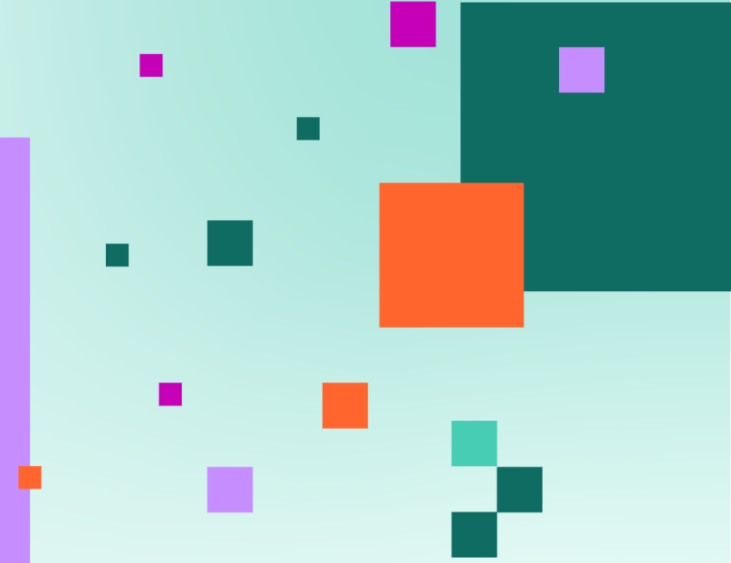
- **Recommended training is listed in the service specification and on the CPPE landing page.**
 - Packages that are highly recommended are indicated by an asterisk *
 - One mandatory requirement = Safeguarding Level 3
 - Complete specified training
- Or*
- Have direct access to professional advice from someone who can advise on Safeguarding at Level 3.

Make best use of skill mix

This isn't only about pharmacists. Invest in your pharmacy technicians' growth and empower your team by enrolling them in the [Community pharmacy technician: advancing your role programme](#).



Guidance and resources



Guidance and resources

Premises requirements

- Consultation room

IT requirements

- **Must** use an NHS-assured clinical IT system
- Annex B – data recorded

Standard operating procedure

- Review your SOP to cover both elements of the service



Guidance and resources

- No requirements regarding local engagement of stakeholders, however...
- GP practices and local sexual health clinics **service notification template**
- **Briefing 034/23** – Briefing for general practice teams and local sexual health clinics (or equivalent) on the service
- **Briefing 032/23** – Service implementation checklist



Guidance and resources

Pharmacy team

- Use a whole pharmacy team approach to promotion and recruitment
- Community Pharmacy England [Briefing 033/23](#): Briefing for pharmacy teams – the Pharmacy Contraception Advanced Service
- Pharmacy staff providing blood pressure and BMI measurements must be appropriately trained and competent



Guidance and resources

Tier 2 pilot sites

- Enhanced service contract ended 30th November 2023
- To continue provision, you must opt into the Advanced service via the NHBSA's MYS portal
- No new set up fees apply



Guidance and resources

Existing Tier 1 providers – Transition period

- Can continue solely providing on-going OC supplies for **up to 3 months**
- To provide the expanded service, you **must** opt-in to the updated service via the NHBSA's MYS portal
- Between **1st December 2023 and 23:59 on 29th February 2024**
- Opt-in = agreement to provide initiation & repeat supply in accordance with new specification and PGDs
- No new set up fees apply

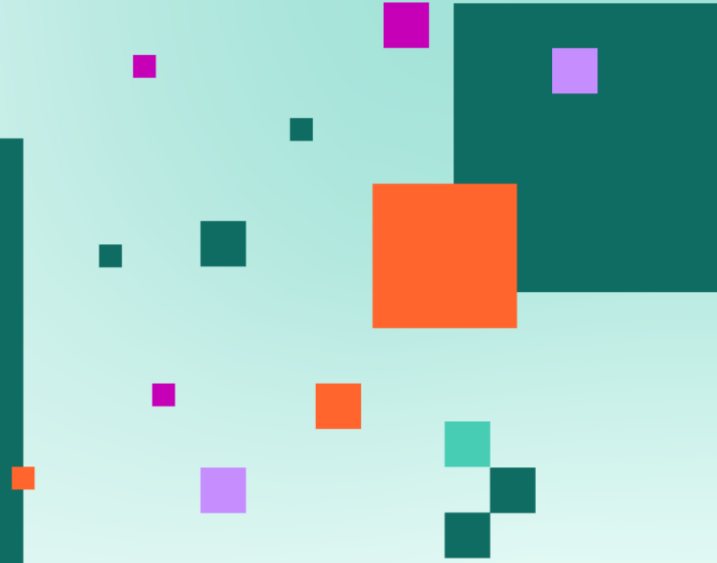
Guidance and resources

Transition period – Deregistering

Between 1st Dec 2023 and 29th Feb 2024

- Can opt-out and deregister from the service
- Must give 30 days' notice and provide the service for this period
- Anyone who does not opt-in OR opt-out will be automatically deregistered from the service from 1st March 2024

Providing the service

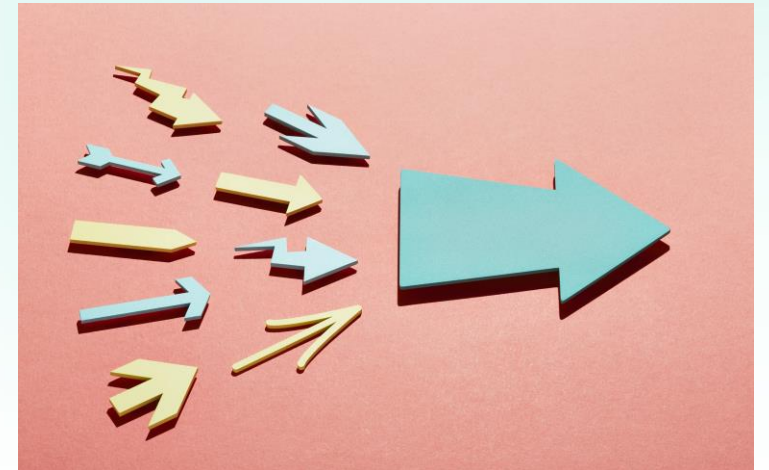


Providing the service

Access routes:

- Pharmacy identified
- Self-refer
- Referred

For the purposes of this service, a referral includes active signposting to attend the pharmacy to receive the service.



Providing the service

Eligibility

Inclusion criteria

- An individual **seeking to be initiated** on an OC **or** seeking to obtain a further supply of their ongoing OC



Exclusion criteria

- No changes in the specification



Additional inclusion and exclusion criteria are listed in the PGDs

Providing the service

- Promoting the service in the pharmacy
 - ✓ Posters, leaflets, digital media
 - ✓ Collecting a prescription
 - ✓ Accessing other services
- Blood pressure reading & BMI
 - ✓ Where clinically appropriate
 - ✓ Updated guidance available to support taking clinic BP
 - ✓ Leaflet to note results, where appropriate
- Pre-consultation questionnaire

CONFIDENTIAL

NHS Pharmacy Contraception Service pre-consultation questionnaire

To provide the contraceptive pill safely, we need to ask you a number of questions. Please complete this form before your consultation with the pharmacist.
When completing the form, please follow any instructions provided by the pharmacy team.
If you are having any problems with your medicine or would like to consider alternative contraceptive options, please discuss this with the pharmacist.

Note to the pharmacy team: Advise patients to answer all the questions. Patients only requesting an ongoing supply of a contraceptive pill (POP) should be advised to ignore the shaded screening questions.

Patient details			
Name:	Date of birth:	Age:	
Address:		Postcode:	
Email address:		Telephone number:	
Ethnicity:		NHS number:	
GP Practice:		Consultation date:	

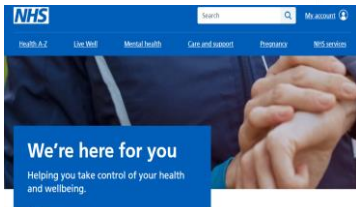
Screening questions		
1. Are you wanting to start a new contraceptive pill or restart a previously used contraceptive pill? (If yes, go to question 6)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you previously had a supply of your contraceptive pill from your general practice, sexual health clinic or a pharmacy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you wanting to change your current contraceptive pill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you missed any pills at any point or had a gap of any duration since your last supply?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you had any problems with or side effects from your contraceptive pill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are you taking any other prescribed medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are you taking any over the counter medicines or herbal products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you had your blood pressure checked within the last three months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide your blood pressure reading if known:		
9. Are you pregnant, or might you be pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Do you have long periods of immobility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Cardiovascular health		
11. Are you a smoker (including vaping / use of e-cigarettes)? (If no, go to question 13)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. If you are a smoker, would you like help giving up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. What is your weight?		Pharmacy use BMI:
14. What is your height?		
15. Do you have a current or past history of ischaemic heart disease, vascular disease, stroke, or transient ischaemic attack (TIA)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Do you have diabetes? (If no, go to question 18)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Providing the service

Consultation

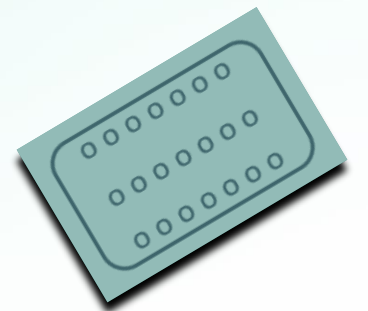
- Patient centered approach
- Discuss alternative and more effective forms of contraception including Long-Acting Reversible Contraception (LARC)
- Initiation – discuss options with individual
- Online shared decision-making contraception consultation tools



Providing the service

Outcomes

- **Criteria met – Supply can be made**
 - ✓ FSRH UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) calculator available to support clinical decision on choice
 - ✓ Local ICB formularies/restrictions should be referred to
 - ✓ Quantity
 - Initiation – quantity **should not exceed 3 months**
 - Ongoing supplies of **up to 12 months** duration



Providing the service

Outcomes

- **Criteria not met** – Supply deemed not clinically appropriate
 - ✓ Explain
 - ✓ Refer
 - ✓ Document
 - reason for not supplying against a PGD
 - referral to an alternate service provider



Funding

- No changes to the funding structure
- Fee claimable irrespective of the outcome of the consultation
 - must make a record of the consultation
- Set up payment of £900 in instalments continues
 - Only one setup payment per pharmacy
 - Eligible consultations can be initiation or repeat supplies

Top tips for tier 2 contraception service Including shared decision making on choice of contraceptives based on my experiences in Evans Pharmacy

Emma Anderson

Evans Pharmacy (Daleacre Healthcare)

Making it work in practice

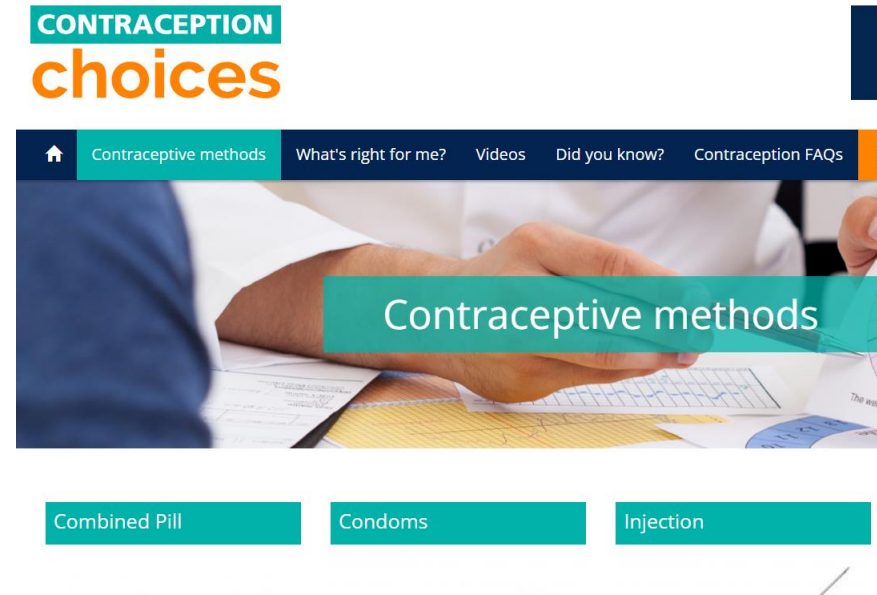
Think about:

- An appointment system
- Support staff to measure weight, height and BP when needed.
- The use of remote consultations.



Consider giving information prior to the appointment

- There is a lot to cover it may be helpful for some patients to receive information ahead of their appointment.
- This could include the Contraceptive choices website: <https://www.contraceptionchoices.org/contraceptive-methods>
- Brook and Sexwise resources are also listed in the service specification.



Thinking about safeguarding

- Who is with you today?
- Don't make assumptions!
- Did anyone bring you to the pharmacy today?
- Where are they now?
- Consider speaking to the person using the service alone initially to check if they want someone else who brought them present in the consultation.



LARCs

- Long-acting reversible contraceptives are methods that the person does not need to think about daily.
- These include the contraceptive injection, implant, copper IUD and progestogen releasing intrauterine device.
- Although we do not provide these currently as part of the NHS contraception service, you need to discuss during consultations.
- It may be appropriate to give a short supply of the contraceptive pill if the person cannot access a LARC straight away.

Progestogen only pill versus combined contraceptive pill

Progestogen only pill

- An option for some people who cannot take the combined pill.
- Irregular bleeding, may bother some people.
- Needs to be taken at roughly the same time every day. There is either a 12 hour or a 3 hour 'window' in which to take it.
- the average user can expect it to be around 91% effective.

Reference the Contraceptive choices website

<https://www.contraceptionchoices.org/contraceptive-methods>

Combined pill

- Cycle control – can take back-to-back and bleeding is lighter and less painful.
- Some people can't use the pill because of a risk of blood clots
- blood clots in the legs or lungs is a very rare side-effect (5-12 in 10,000 users)

Choice of progestogen only pill

If a progestogen only pill is preferred, Desogestrel 75microgram tablets have a 12-hour window in which to be taken.



Choice of combined oral contraceptive

- Faculty of sexual and reproductive healthcare guidance (FSRH) does not contain information on the choice of combined normal contraceptive pills.
- [NICE CKS states](#) 1st line option are monophasic preparations containing 30 micrograms of oestrogen, plus either norethisterone or levonorgestrel. These have a lower risk of DVT.
- Choice of pill will be guided by the most cost-effective product for the NHS but in line with your ICS guidance. Search for “APC followed by your county” to check what is on your formulary.
- However, consider the woman's preference.



Side-effects from a previous pill?

oestrogen side-effects

- menorrhagia, breast fullness, migraine type headaches, fluid retention, tiredness, irritability, nausea.
- **Try changing to a lower oestrogen or higher progestogen pill or pill with some androgenic activity.**
- **Rigevidon[®] or Levest** are low cost options on [Nottinghamshire formulary](#)
- Check your local formulary.

progestogen side-effects

- scanty menses, dry vagina, breast tenderness, dull type of headache, appetite increase, weight gain, premenstrual depression, leg cramps, softening of ligaments, acne, greasy hair, low mood low libido especially if associated with low mood.
- **Try changing to a less androgenic progestogen or higher oestrogen pill (2nd line)** for example Ethinylestradiol 30mcg / desogestrel 150mcg. **Gedarel 30/150** is a low cost option on [Nottinghamshire formulary](#)
- If this is still not tolerated Ethinylestradiol 30 mcg / drospirenone 3 mg (3rd/4th line) brands include **Lucette[®] or Yacella[®] brand.**

Androgenicity of progestogens

Levonorgestrel (Rigevidon, Microgynnon)

Gestodene (Femodene)

Desogestrel (Marvelon, Gedarel 30/15)

Drospirenone (Yasmin, Lucette)

Reference GP Notebook Pill ladder for combined pill (COC) Last edited 03/2020 <https://www.gpnotebook.com/en-au/simplepage.cfm?ID=x20130725203135685340>



Highest androgenicity

More progestogen side-effects

Lowest androgenicity

More oestrogen side-effects

How much oestrogen?

- **20 µg versus >20 µg oestrogen combined oral contraceptives for contraception**
- a systematic review was undertaken and found that:
- no differences were found in contraceptive effectiveness for 20 µg versus >20 µg estrogen combined oral contraceptives.
- compared to the higher-estrogen pills, several COCs containing 20 µg ethinyl estradiol (EE) resulted in higher rates of early trial discontinuation (overall and due to adverse events such as irregular bleeding) as well as increased risk of bleeding disturbances (both amenorrhea or infrequent bleeding and irregular, prolonged, frequent bleeding, or breakthrough bleeding or spotting).
- **cycle control may be better with COCs containing 30-35 µg EE** compared with those containing 20 µg.

[Gallo MF, Nanda K, Grimes DA, Lopez LM, Schulz KF. 20 µg versus > 20 µg estrogen combined oral contraceptives for con- traception. Cochrane Database of Systematic Reviews 2013, Issue 8. Art. No.: CD003989. DOI: 10.1002/14651858.C D003989.](#)

Which combined contraceptive regimen?

- Traditionally pills are taken for 21 days followed by a 7-day break, then repeat.
- Tailored regimens
 - reduce the frequency of pill free break or shorten the pill free break. For example, tricycling when three packs are taken back-to-back.
 - This allows control of bleeding and can reduce symptoms associated with the pill free interval.
 - This can reduce the risk of escape ovulation and resulting contraceptive failure.
 - As safe and as effective for contraception as standard 21/7 regimens.

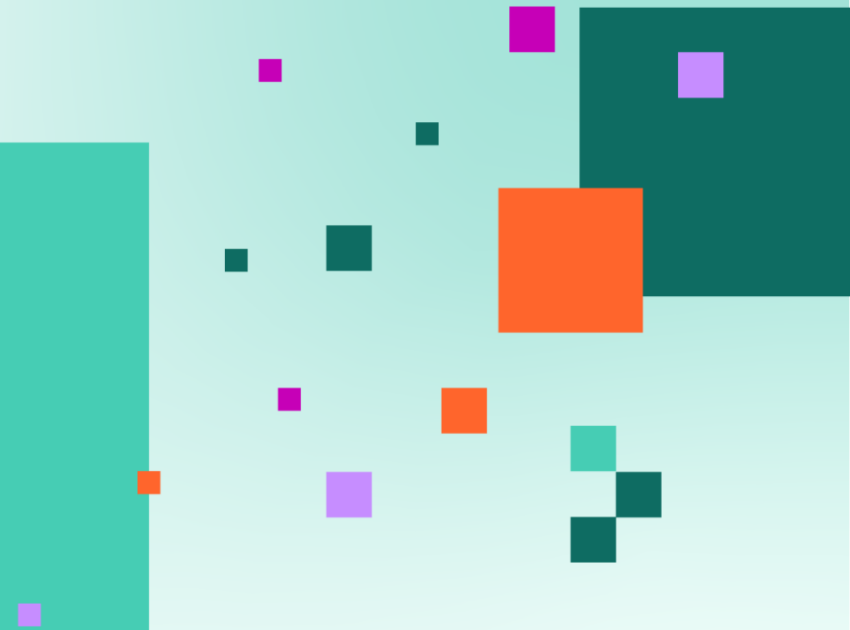
Reference

FSRH combined hormonal contraception guidance, 2019 <https://www.fsrh.org/standards-and-guidance/documents/combined-hormonal-contraception/>

Safety netting

- Useful to document from a medicolegal perspective
- Return if problems occur and phone NHS111 if the pharmacy is closed.
- NHS choices
- Combined pill <https://www.nhs.uk/conditions/contraception/combined-contraceptive-pill/>
- Progestogen only pill <https://www.nhs.uk/conditions/contraception/the-pill-progestogen-only/>
- Pills do not protect against STIs
- If pills are missed, come and check if you need emergency contraception or phone NHS111 if the pharmacy is closed.
- Alternative methods of contraception

Final points for consideration



Final points for consideration...

- Raise awareness with GP practices and sexual health clinics initially
- Explain the service has been expanded...
- ...but be aware you may get fewer referrals for initiation as they are harder to identify upfront
- Ensure **Profile Manager** reflects current registration status
- Ensure the whole team understand the pathway from EC to longer term contraception
- Tell people to tell people!
- Use marketing materials to raise awareness
 - Posters for general practices and in pharmacies
 - Translated materials
 - Higher education materials
 - Social media

