

The NHS Pharmacy Contraception Service



Presenters

Alastair Buxton – Director of NHS Services

David Onuoha – Service Development Manager

Kirsty Armstrong, National Pharmacy Integration Lead, NHS England

Emma Anderson, CPPE Tutor and
Clinical Services Pharmacist, Evans Pharmacy

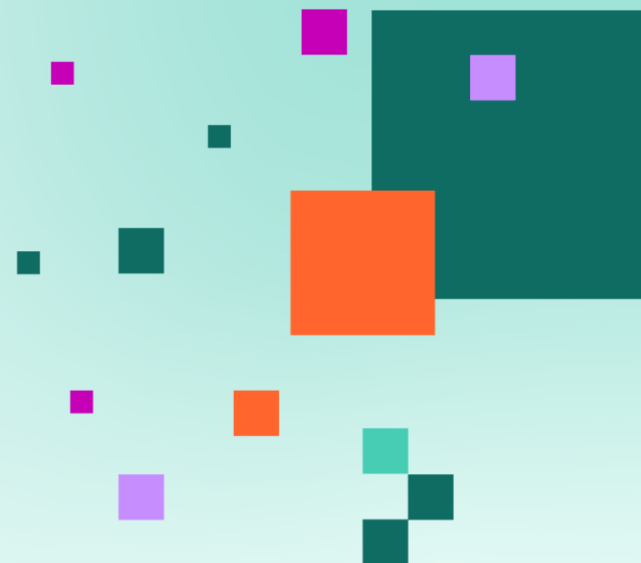
Priya Littler, Clinical Services Lead Pharmacist, Lalys Pharmacy

Presentation overview

- Background & policy – Kirsty
- Service specification & documentation – David
- Guidance & resources – David
- Competency & training – Emma
- Providing the service – David
- Evaluation learnings – Kirsty
- Top tips from practice – Priya & Emma
- Final considerations – Kirsty



Background & policy



Background & policy



NHS Long Term Plan

“importance of NHS services complementing the action taken by local government to support the commissioning of sexual health services”



Pharmacy offer for sexual health, reproductive health and HIV: a resource for commissioners and providers

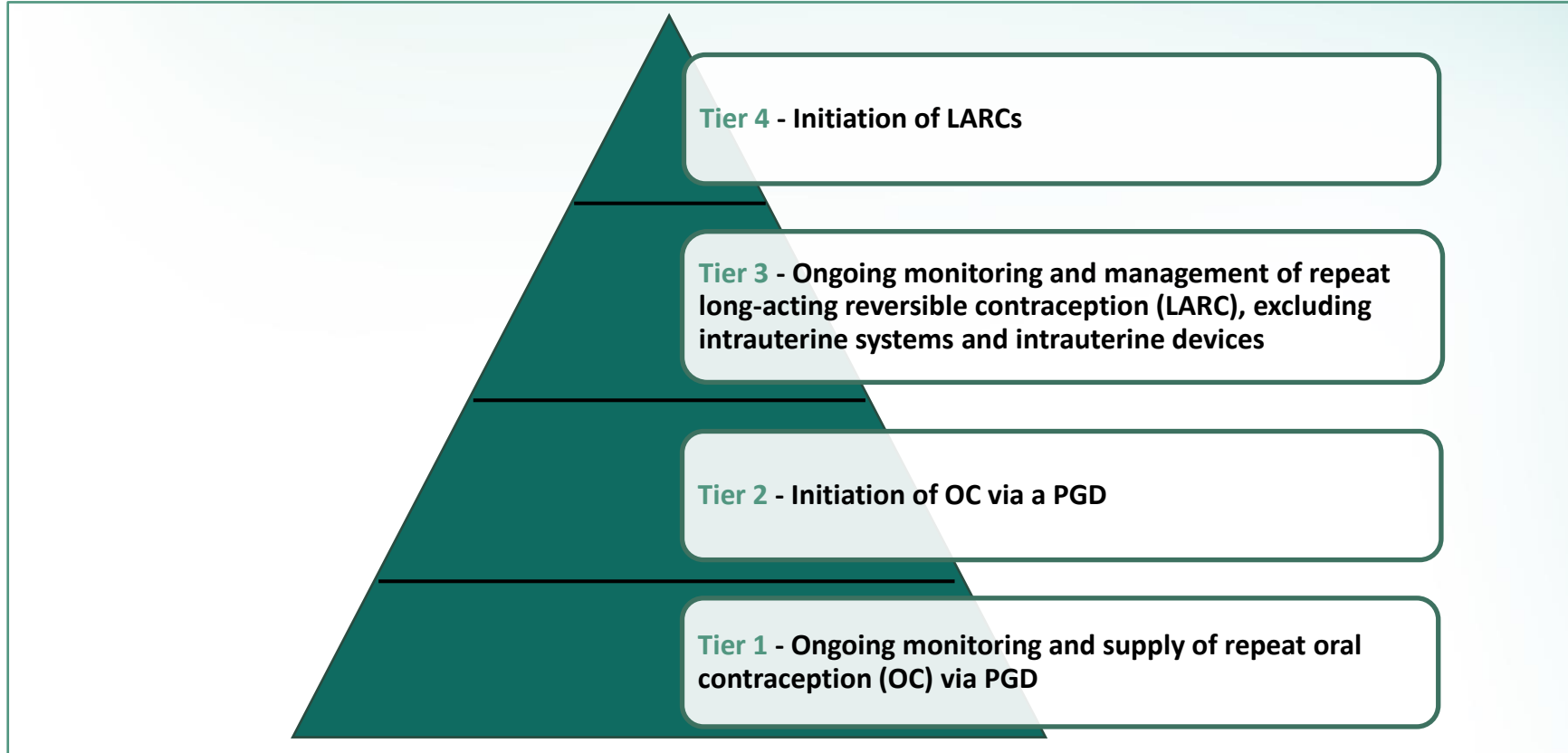
“the role community pharmacy can play in supporting ongoing contraception”



Commitment in CPCF to

“test a range of prevention services”

Background & policy



NHS 75
England

About us Our work Commissioning Get involved Coronavirus

NHS Pharmacy Contraception Service Tier 1 – Ongoing supply of oral contraception

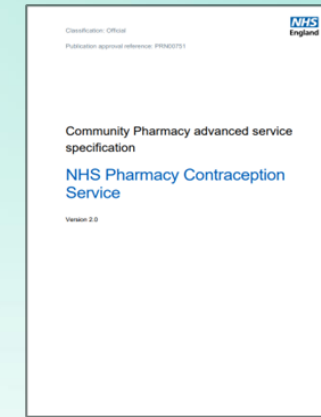
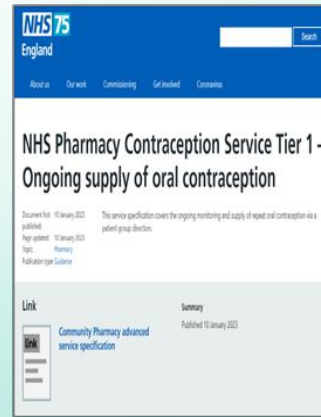
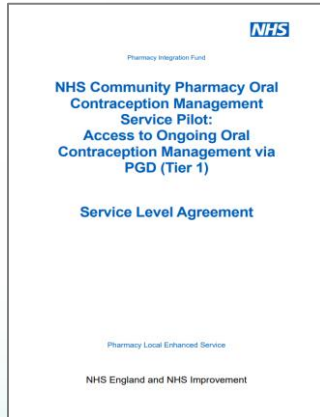
Document first published: 10 January 2023
Page updated: 10 January 2023
Topic: Pharmacy
Publication type: Guidance

This service specification covers the ongoing monitoring and supply of repeat oral contraception via a patient group direction.

Link **Summary**
Published 10 January 2023

[Community Pharmacy advanced service specification](#)

Background & policy



2021 - commence Tier 1 pilot

October 2022 - commence Tier 2 pilot

April 2023 - Launch of Tier 1 PCS

May 2023 - Delivery Plan for recovering access to primary care

1st December 2023 - Expansion of PCS



Background & policy

Objectives:

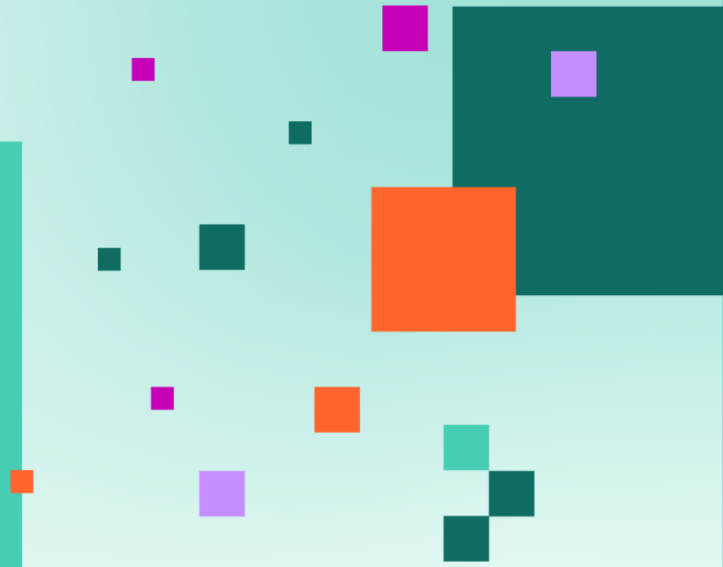
- Model to initiate provision of OC, and to continue the provision of OC supplies initiated in primary care
- Establish an integrated pathway that provides greater choice and access

Aims:

- Provide greater choice of access to contraception services
- Provide extra capacity in primary care and sexual health clinics (or equivalent) to support more complex assessments



Service specification and documentation

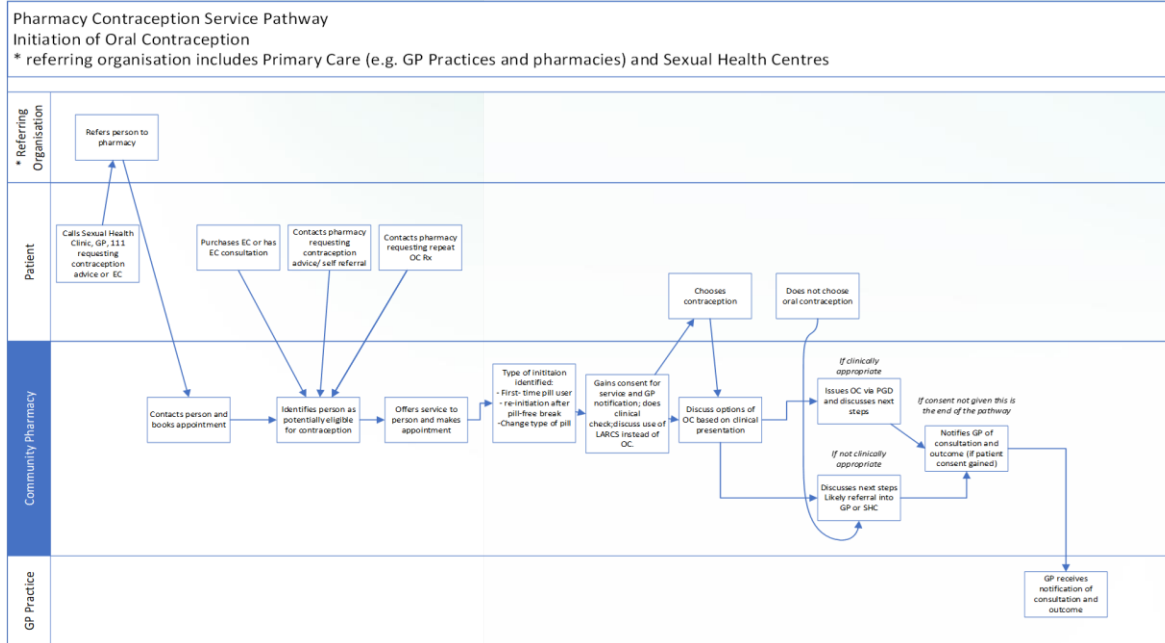


Service description

- Advanced service – expanded from 1st December 2023
- Involves **initiation, review and repeat supply of oral contraception**
- Pharmacies **need to provide both elements of the service**
- 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 appropriated and agreed between pharmacist and individual

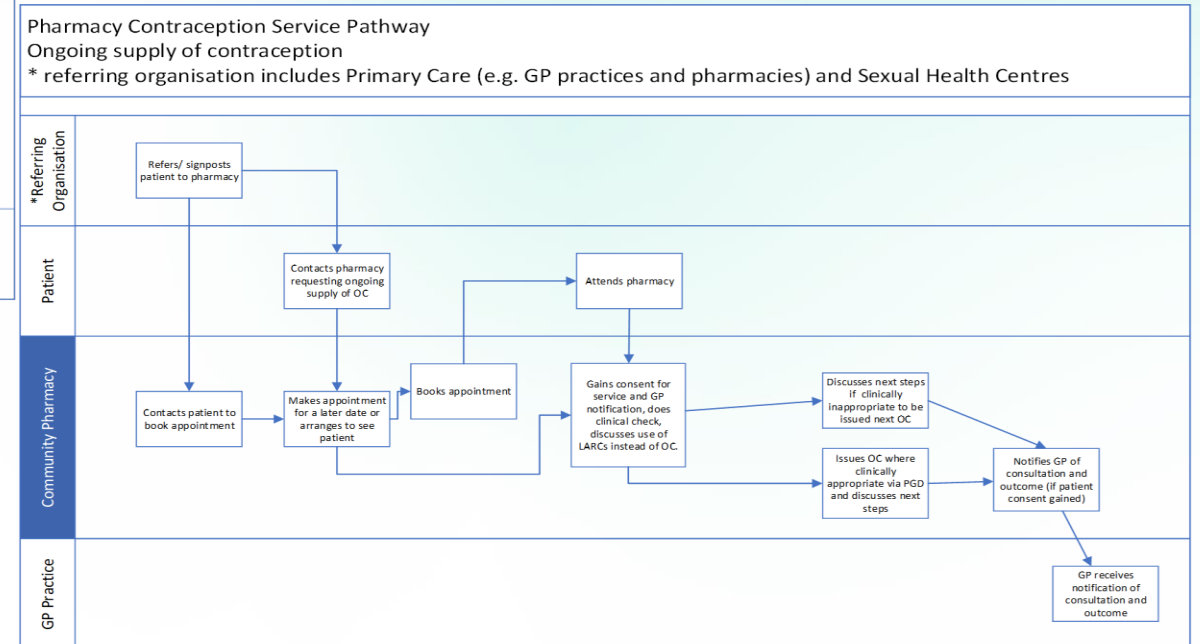


Pathways



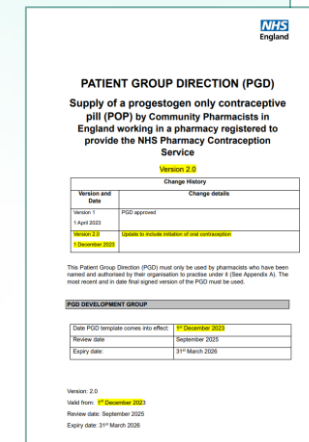
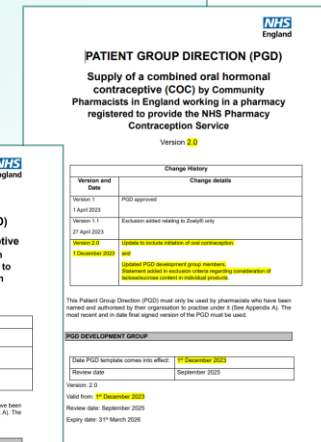
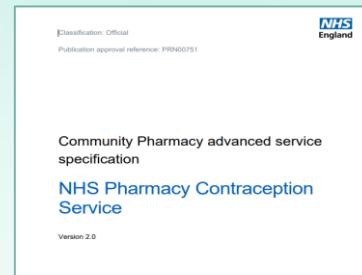
Initiation pathway

Ongoing supply pathway



Key service documentation

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



Change History	
Version and Date	Change details
Version 1 1 April 2020	PGD approved
Version 1.1 27 April 2020	Exclusion added relating to 20mg only
Version 2.0 1 November 2023	Update to include retention of oral contraceptive pill and Update PGD development group members Changes noted in red text in original document Interim version for use in medical practice

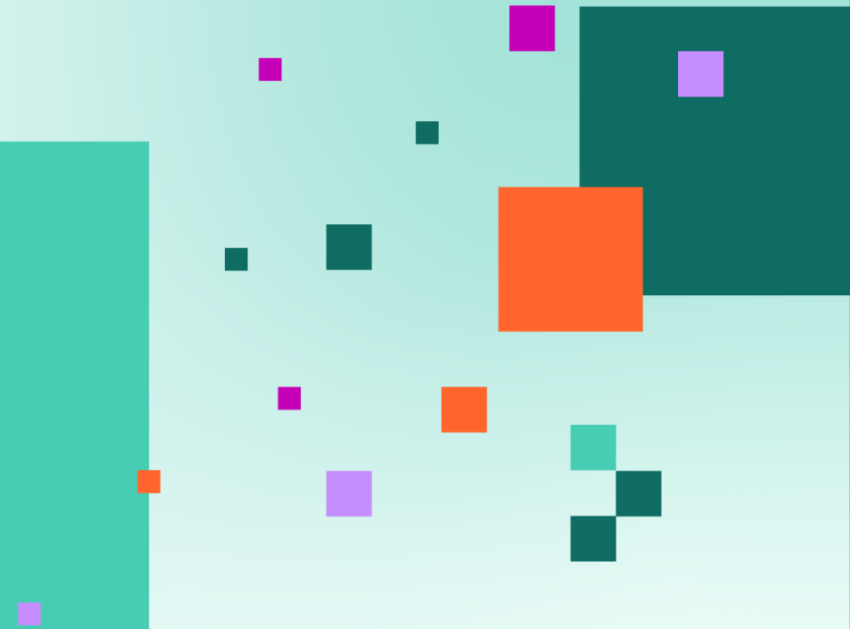
This Patient Group Direction (PGD) must only be used by pharmacists who have been named and authorised by their organisation in practice under 4 (See Appendix A). The most recent and in-date final signed version of the PGD must be used.

PGD DEVELOPMENT GROUP

Date PGD template comes into effect:	1 st December 2023
Review date:	September 2025

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

Guidance and resources



Guidance and resources

- Compliant with Terms of Service requirements for Essential services and clinical governance
- **Premises requirements**
 - ✓ Consultation room
- **IT requirements**
 - ✓ Must use an NHS-assured clinical IT system
 - ✓ Annex B – data recorded
- **Standard operating procedure**
 - ✓ 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



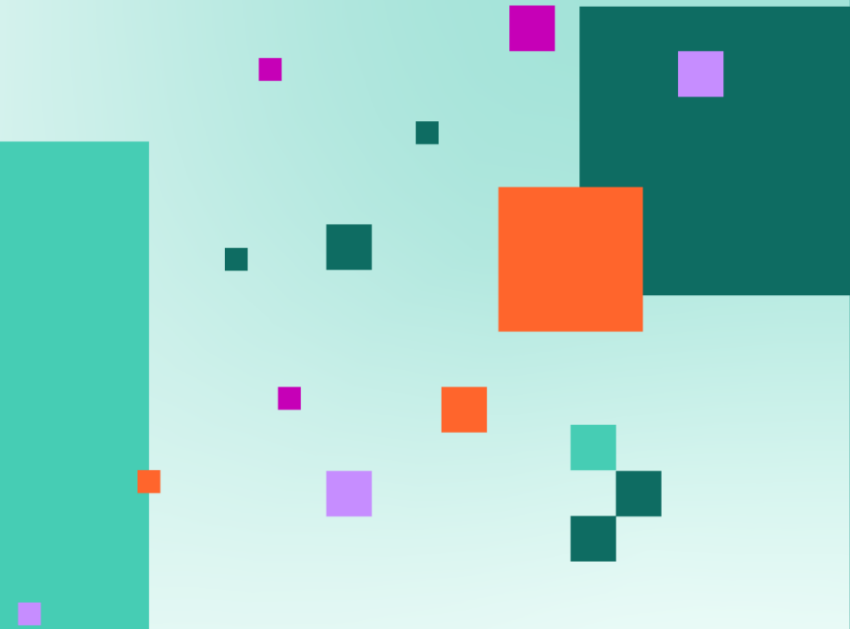
Pre-commencement activity

- Sign up via NHSBSA's MYS portal
- Recommend owners identify the hours and/or days of provision
- Update **NHS Profile Manager**
- Review and document local safeguarding teams contact details
- Confirm local process for referral for LARC

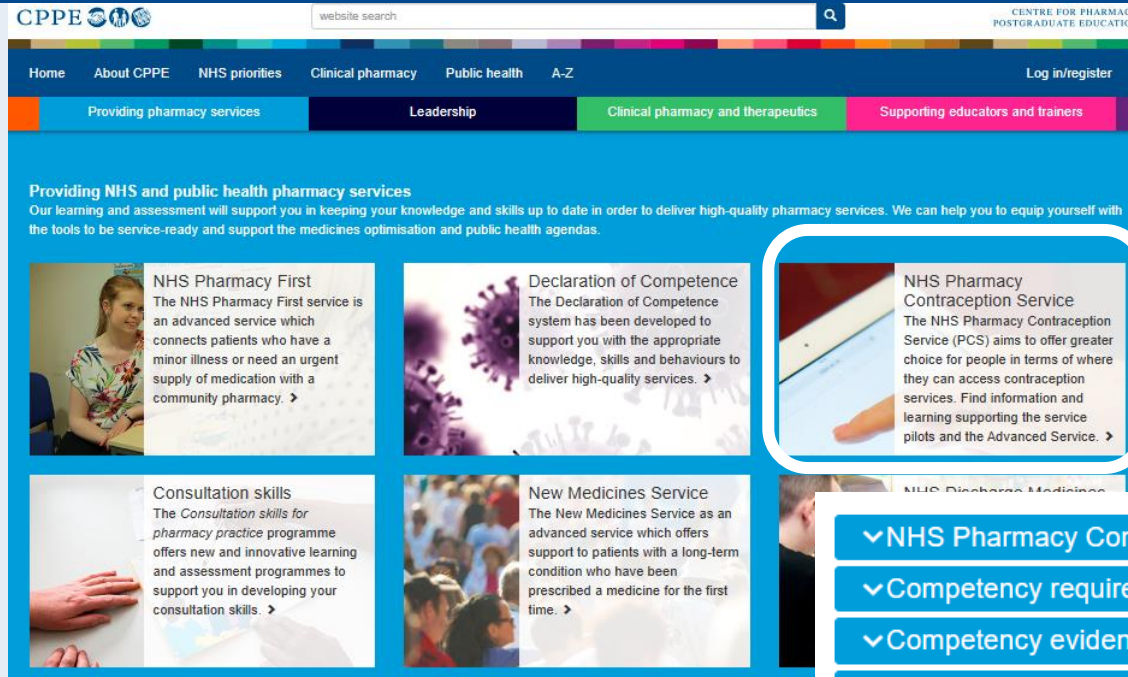


Competency & training

Emma Anderson, CPPE Tutor



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

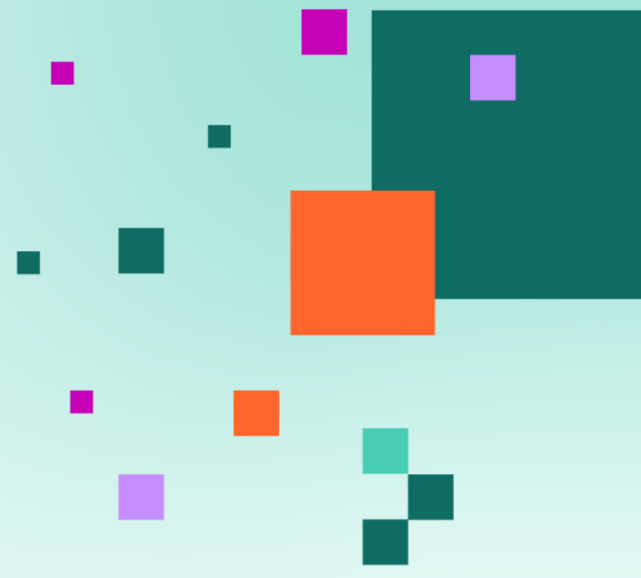
- **Recommended training is listed in the service specification and on the CPPE landing page.**
 - Packages that are highly recommended are indicated by an asterisk *
 - One mandatory requirement = Safeguarding Level 3
 - Complete specified training
- Or*
- Have direct access to professional advice from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

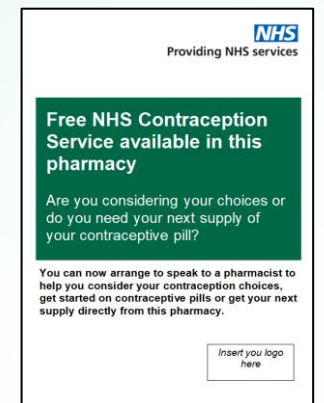


Providing the service



Providing the service

- **Promoting the service in the pharmacy**
 - ✓ Posters, leaflets, digital media
 - ✓ Collecting a prescription
 - ✓ Accessing other services
- **Booking appointment / walk in**
 - ✓ Respond to anybody requesting the service as soon as is reasonably possible
- **Consent is verbal**
 - ✓ Provide awareness of sharing of information
 - ✓ If no consent to share with their general practice, do not send GP service notification

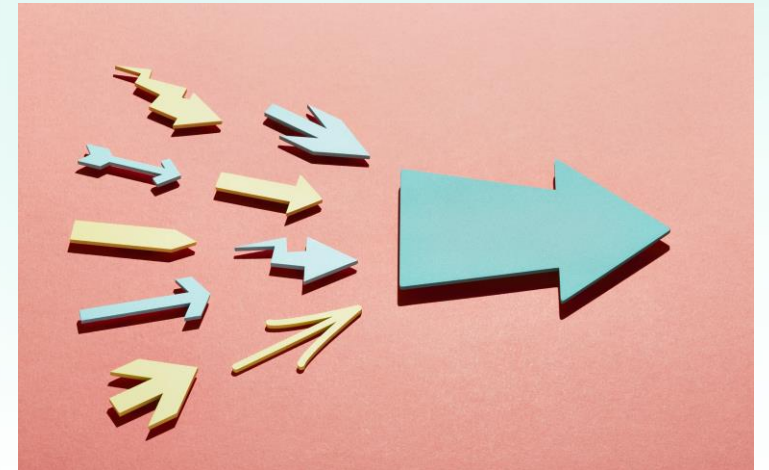


Providing the service

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.



Eligibility

Inclusion criteria

- Seeking to be initiated; or
- Seeking a further supply of their ongoing OC:
 - Combined oral contraceptive (COC) – age from menarche up to and including 49 years of age
 - Progestogen only pill (POP) – age from menarche up to and including 54 years



Eligibility

Exclusion criteria

- Considered clinically unsuitable
- Excluded according to the PGD protocols, including, but not limited to:
 - Individuals under 16 years of age and assessed as not competent using Fraser Guidelines
 - Individuals 16 years of age and over and assessed as lacking capacity to consent
- Additional inclusion and exclusion criteria are listed in the PGDs



What does initiation include?

- New to using OC
- Restarting OC
- Switching between OC
- Bridging where a LARC is desired



Providing the service

■ Blood pressure reading & BMI

- ✓ Where clinically appropriate
- ✓ Guidance available to support taking clinic BP
- ✓ Leaflet to note results, where appropriate
- ✓ Measurements can be supplied by the individual

■ Pre-consultation questionnaire

■ NHS-assured clinical record systems

- ✓ May act as consultation prompts
- ✓ Facilitate the recording of information
- ✓ Annex B sets out the fields which need to be collected

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.

Important information: Please provide answers to all the questions. Patients only requesting an emergency supply of a pregnancy only pill (POP) should be advised to ignore the stated screening questions.

Patient details

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

Screening questions

- Are you wanting to start a new contraceptive pill or restart a previously used contraceptive pill? (If yes, go to question 5) Yes No
- Have you previously had a supply of your contraceptive pill from your general practice, sexual health clinic or a pharmacy? Yes No
- Are you wanting to change your current contraceptive pill? Yes No
- Have you missed any pills at any point or had a gap of any duration since your last supply? Yes No
- Have you had any problems with or side effects from your contraceptive pill? Yes No
- Are you taking any other prescribed medication? Yes No
- Are you taking any over the counter medicines or herbal products? Yes No
- Have you had your blood pressure checked within the last three months? Yes No
- Please provide your blood pressure reading if known: /
- Are you pregnant, or might you be pregnant? Yes No
- Do you have long periods of amenorrhoea? Yes No

Cardiovascular health

- Are you a smoker (including vaping) / use of e-cigarettes? (If no, go to question 13) Yes No
- If you are a smoker, would you like help giving up? Yes No
- What is your weight? **Pharmacy use only**
- What is your height? **Pharmacy use only**
- Do you have a current or past history of ischaemic heart disease, vascular disease, stroke, or transient ischaemic attack (TIA)? Yes No
- Do you have diabetes? (If no, go to question 18) Yes No

Other health conditions

- Do you have any kidney history or breast cancer under the age of 50? Yes No
- Do you have any past or current history of any other cancer? Yes No
- Gastro-intestinal health**
- Do you have any form of liver disease or liver impairment? Yes No
- Do you have gall bladder disease that causes you symptoms or is medically managed? Yes No
- Do you suffer from acute/active inflammatory bowel disease or Crohn's disease? Yes No
- Have you ever had an organ transplant that has resulted in complications? Yes No
- Have you ever had an organ transplant that has resulted in complications? Yes No
- Do you have severe kidney impairment or acute renal failure? Yes No
- Do you suffer from Cholestasis, a condition caused by blocked or reduced flow of bile fluid? Yes No
- Other health conditions**
- Do you have any internal major organ(s)? Yes No
- Have you ever been diagnosed with Anti-phospholipid syndrome (APS) (also known as Hughes syndrome) with or without Lupus? Yes No
- Have you ever had an organ transplant that has resulted in complications? Yes No
- Do you have severe kidney impairment or acute renal failure? Yes No
- Have you been diagnosed with Acute porphyria? Yes No

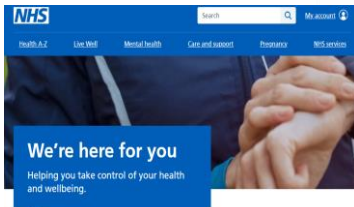
Thank you for completing this form. Please return it to the pharmacist when you are ready.

For the pharmacist:
* Question relevant to POP pill only.
** For POP. Do not check until 1 month after the start of the next cycle.
*** Question relevant to POP only.

Providing the service

Consultation

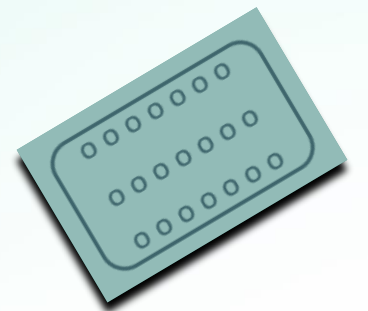
- Patient centered approach
- Discuss alternative and more effective forms of contraception including Long-Acting Reversible Contraception (LARC)
- Initiation – discuss options with individual
- Online shared decision-making contraception consultation tools



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
 - ✓ Supply in labelled original packs
 - ✓ Record any advice or signposting



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



Providing the service

Data capture

- Maintain appropriate clinical records
- Records of the reimbursement data retained for 3 years
- Data shared with NHSBSA via an application programming interface (API)
- Anonymised data shared with NHS England for service evaluation and research purposes
- Details of the data in [Annex B](#)



Funding

- **£18 payment** per consultation
- Fee claimable irrespective of the outcome of the consultation
- Reimbursement of OC supplied in accordance with the Drug Tariff Determination + an allowance at the applicable VAT rate
- No prescription charges or patient declarations
- **Pharmacy set up costs of £900** per premises in instalments:
 - **£400 payment on signing up** to deliver the service via the NHSBSA MYS portal
 - **£250 payment after claiming the first 5 consultations**
 - **£250 payment after claiming a further 5 consultations** (i.e., 10 consultations completed)
- Where commissioned to provide a related service, cannot claim twice for same activity

Claiming payment

- Claim data submitted from PCS IT systems, via API, to the NHSBSA MYS portal
- Pharmacy owner still need to verify claim
- Claims should be submitted monthly and no later than three months from claim period for the chargeable activity provided

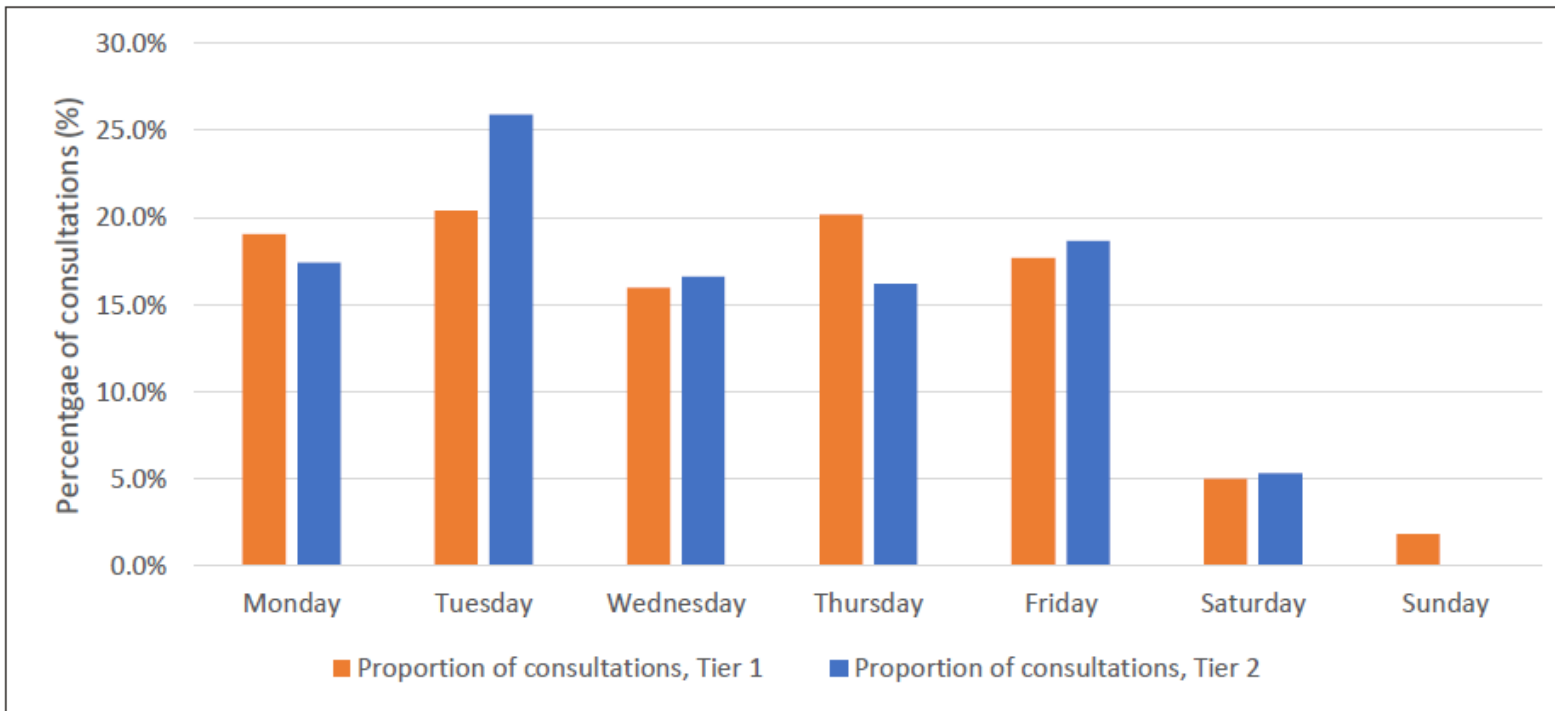
Evaluation Learnings



Consultation day

Consultations were most likely to take place during weekdays, with fewer Tier 2 (initiation) consultations taking place on the weekend. Small peaks in consultation activity are seen on Tuesdays and Fridays.

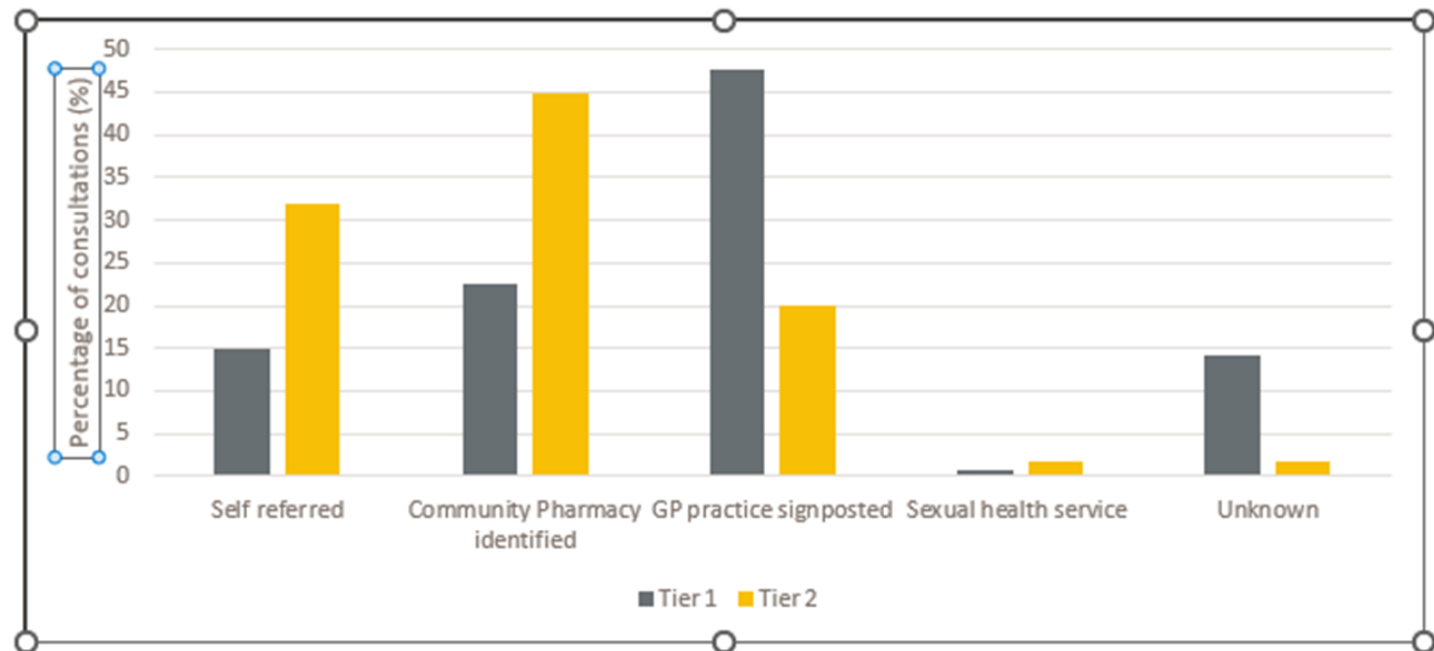
Figure 8: Comparison of the day of the week that consultations occurred, Tier 1 vs Tier 2



Comparison of access type

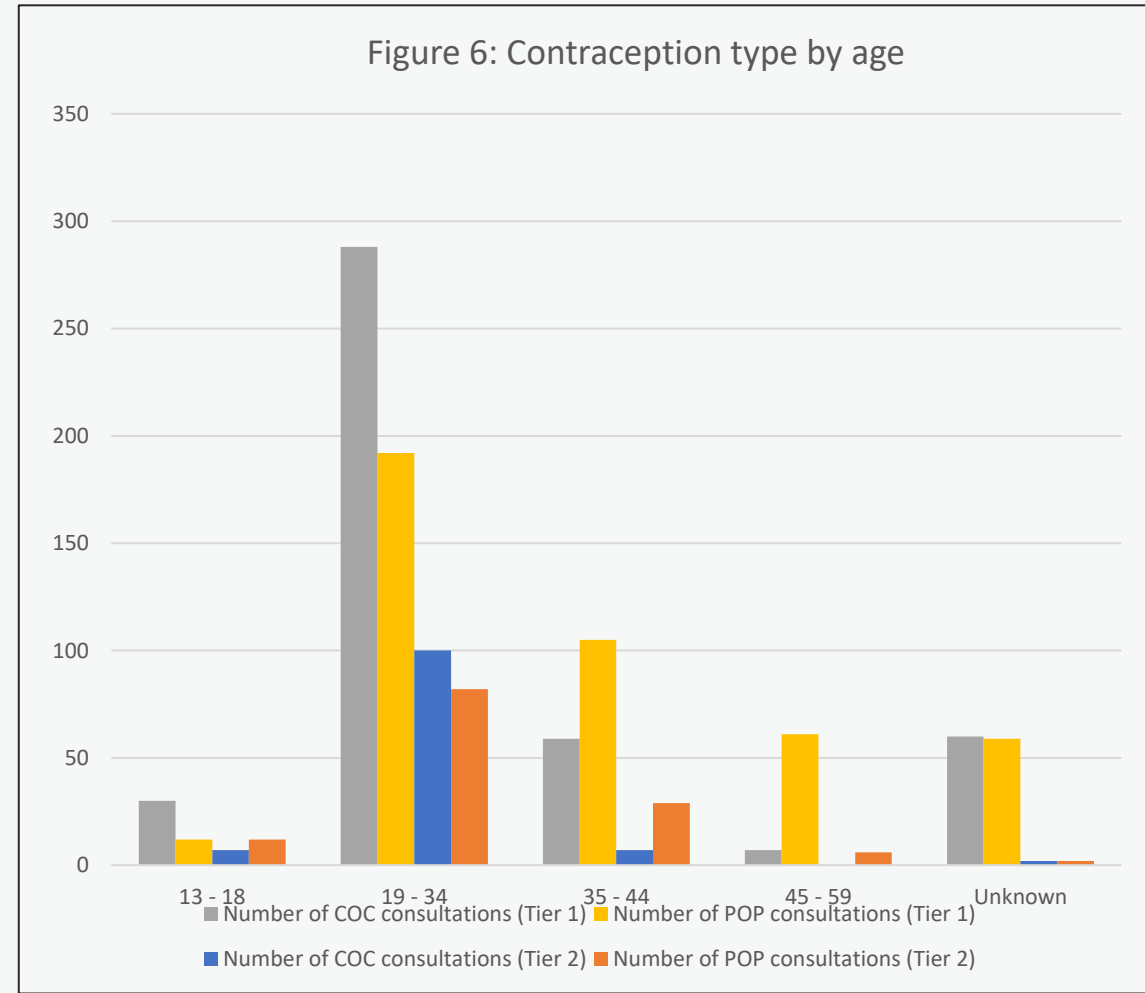
- Self-referral and community pharmacy identified people accounted for more than double the proportion of consultations in Tier 2 compared with Tier 1.
- Self-referral accounted for 15% of consultations in Tier 1, and 32% of consultations in Tier 2.
- GP surgery referral/signposting incidences were lower in Tier 2; 20% of consultations in Tier 2 were the result of GP signposting, compared with 48% in Tier 1.

Figure 4: Comparison of access routes, Tier 1 and Tier 2



Age of service users

- Consultations with people aged 19-34 years of age account for 74% of consultations for all contraceptives in Tier 2 vs 55% in Tier 1.
- Service users aged 35 years and over are more likely to be supplied with a POP (83%) (as per guidelines), with fewer women in this group supplied a COC (16%) in Tier 2.



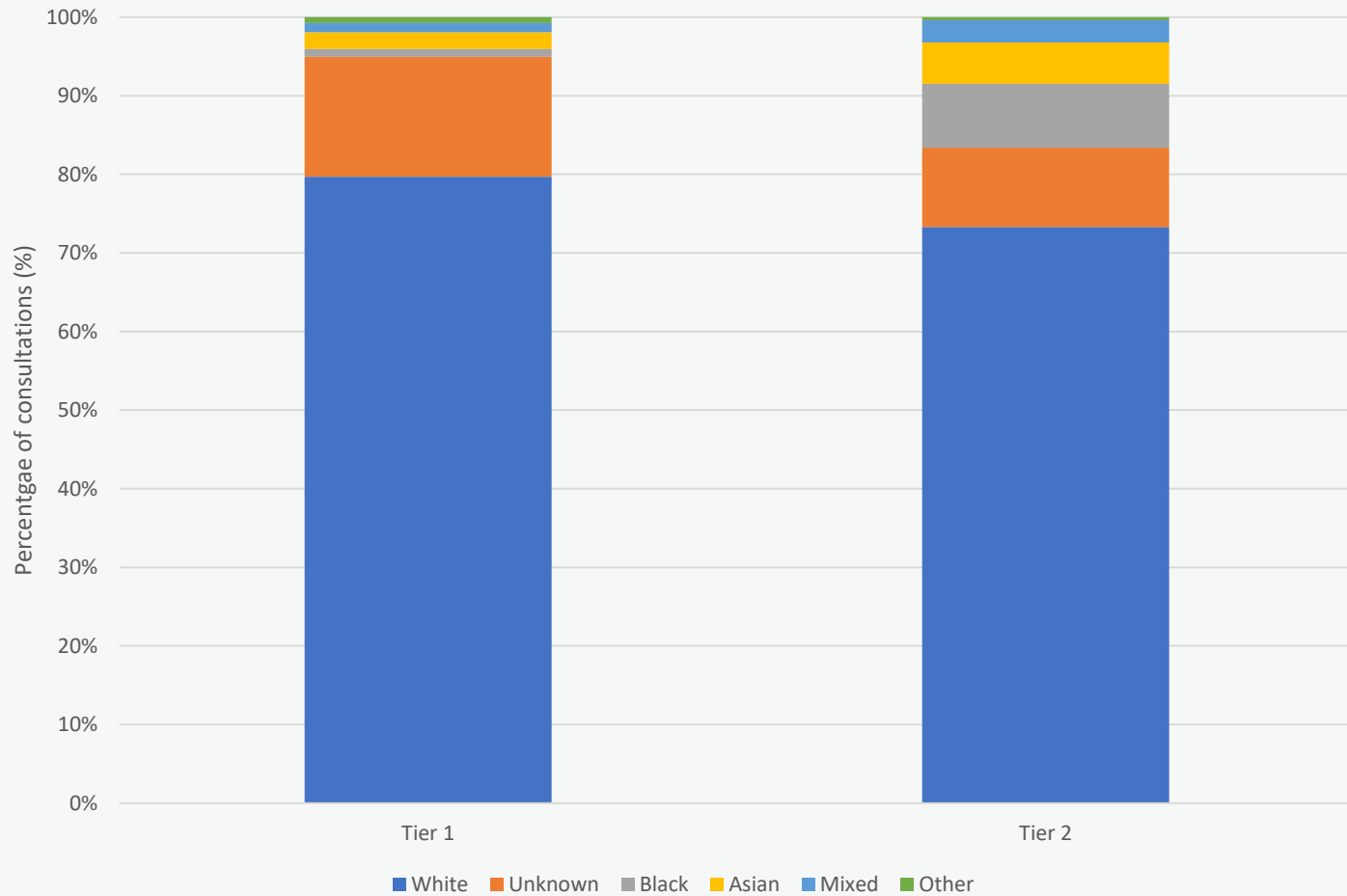
Demographic characteristics of service users

- 73% of service users who accessed the Tier 2 pilot were of white British origin
- For the same duration of Tier 1 pilot delivery, consultations with people identifying as White was higher, accounting for 80% of all Tier 1 consultations.

Table 1: Ethnicity of service users attending for an initial consultation. Specific numbers <5 are not displayed to protect privacy.

Ethnic group	Ethnicity	Number of consultations
Asian or Asian British	Indian or Indian British	<5
	Bangladeshi or Bangladeshi British	<5
	Chinese	<5
	Pakistani or Pakistani British	<5
	Any other Asian background	5
Black, Black British, Caribbean or African	Black or Black British African	20
Mixed or multiple ethnic groups	Mixed White and Asian	5
	Mixed White and Black Caribbean	<5
White	White British	169
	Any other White background	12
<u>Other</u> ethnic group	Any other Ethnic group	<5
Unknown		25

Comparison of service user ethnicity

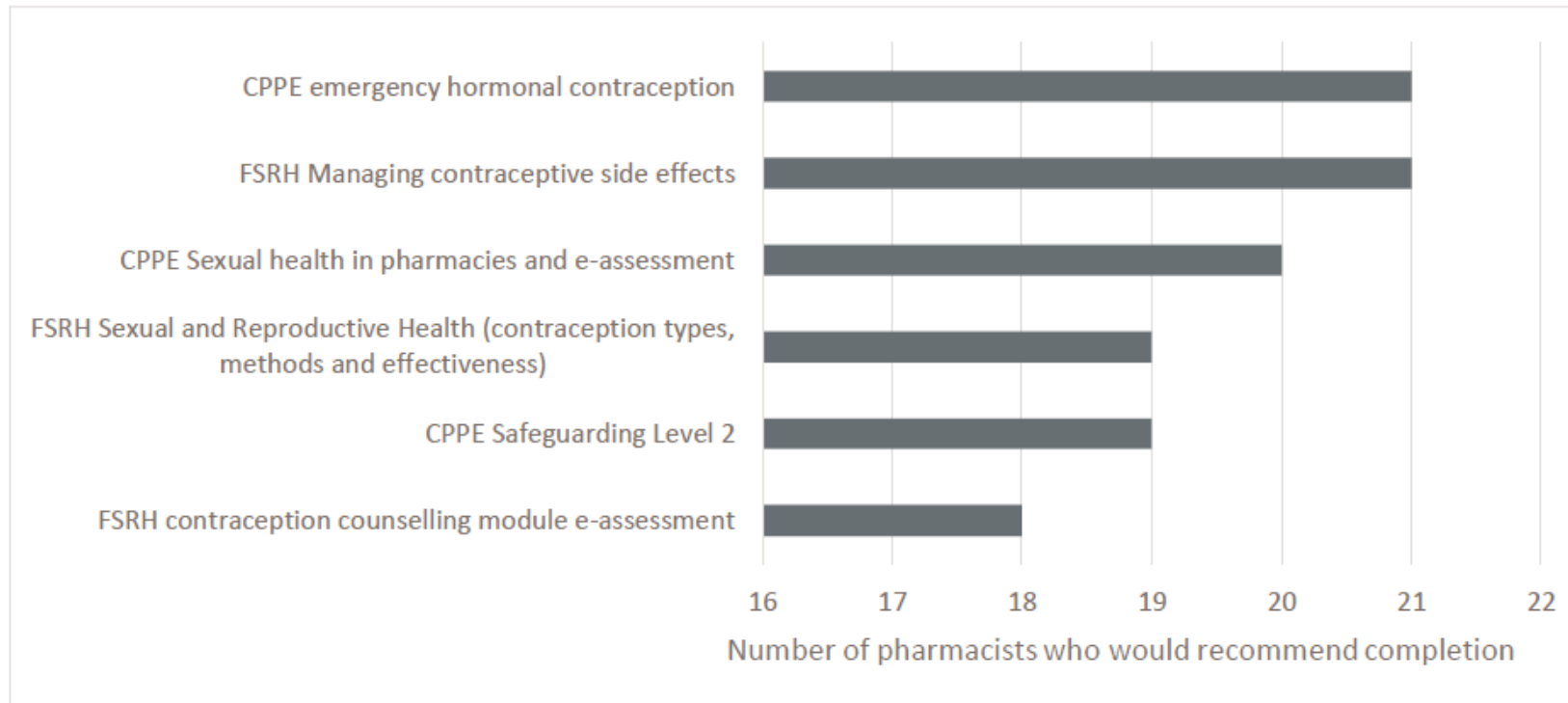


- People identifying as Black account for a larger percentage of consultations in Tier 2 (8%) compared with Tier 1 (1%).
- The proportion of consultations listed with unknown ethnicity decreased, suggesting that the recording of ethnicity data has increased.

Training

Pharmacists responding to a Tier 2 evaluation survey reported which of the training modules (for Tier 1 and Tier 2) they would recommend pharmacy colleagues complete prior to delivering OC consultations.

Figure 10: Training modules recommended by more than 75% of the 22 survey respondents



Top tips from pharmacies providing the service

Priya Littler, Clinical Services Lead
Pharmacist, Lalys Pharmacy



Implementing the service

Encouraged and supported pharmacists with completion of training

Supported set up of other branches

Utilise skill set of your team and upskill if needed

Target recruitment of patients

Prepare marketing material

Prepare simple conversations for counter staff to support recruitment

Recruitment & marketing text messages

Maximise use of promotion materials

Check all the equipment required is available

External promotion of service

Upskilling the team and other pharmacists

Links for training & realistic timeframes to complete

Twice weekly team meetings

Emails to review operational aspects

WhatsApp group to share best practice and top tips

Engaged general practices & sexual health clinics

General practice clinical pharmacists

Follow up emails to clarify any issues

Follow up phone calls with practice managers and clinical pharmacists to provide mentorship and support

Utilised links developed as PCN community pharmacist

Challenges

Capturing all the required data ->
Prequestionnaire

Time -> Maximise use of the team

Walk-in requests -> manage expectations

Time spent where did not meet criteria ->
Sensitivity & record consultation

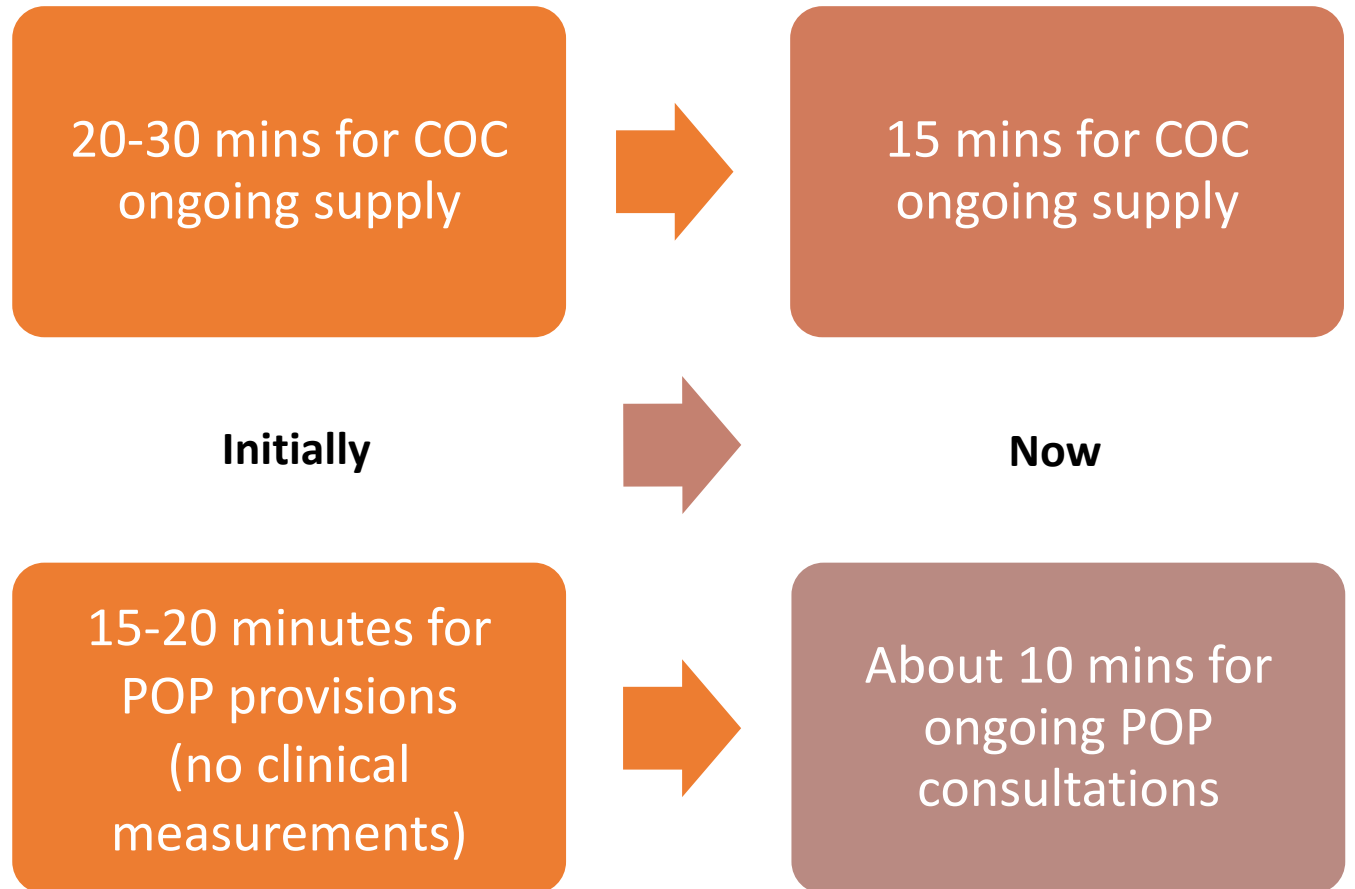
External promotion

PCN pharmacists and all local practice managers

Work with LPC service

Engaged with the lead Communications Officer for Health and Care Portsmouth to develop a press release

The consultation



Walk in, appointment only or both?

Both appointment based and try to accommodate walk ins

Encourage patients to access at least two weeks before they run out

Manage bookings in your diaries to ensure staff aware of availability

All staff need to be aware of any booking systems to best support patients

Clear process on what information to capture on appointment system

How do you help urgent need?

How do you manage pharmacist absence?

Top tips for service provision including shared decision making on initiation 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.
- Most consultations will be continuations rather than initiations



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

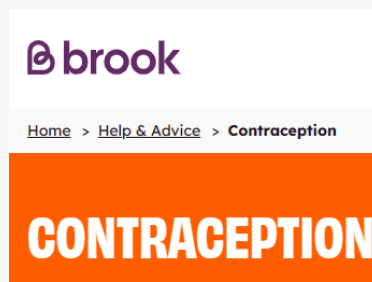
- Long-acting reversible contraceptives are methods that the person does not need to think about daily.
- These include the contraceptive injection, implant, copper IUD and progestogen releasing intrauterine device.
- Although we do not provide these currently as part of the NHS contraception service, 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.

Most consultations will be continuation and no changes need to be made. You will just need to check that the person is getting on okay with their pills and wants to continue with the same preparation. A small number of people will be starting, restarting or switching pills

Consider giving information ahead of the appointment



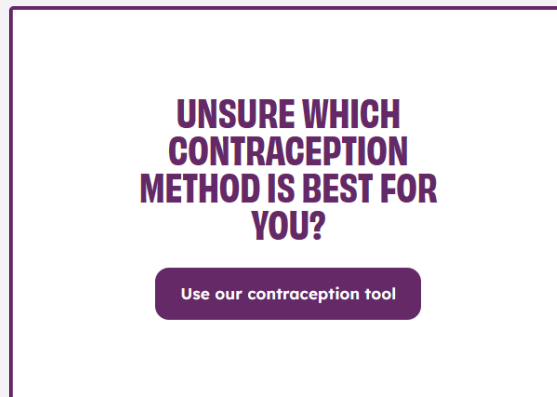
Contraception choices



Brook



Sexwise



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.

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)

Reference the Contraceptive choices website

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

FSRH UK medical eligibility for contraceptive use

The PGDs list exclusion criteria and cautions – for more information see the FSRH UK medical eligibility criteria for contraceptive use.



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 30-35micrograms of oestrogen, plus either norethisterone or levonorgestrel. These have a lower risk of DVT.
- To help protect NHS resources, wherever practicable, local formularies/restrictions should also be used.
- To find your formulary search for the name of your ICS and either “APC” or “formulary” For example for High Wycombe – search “APC Buckinghamshire” or “Buckinghamshire formulary”



Side-effects from a previous pill?

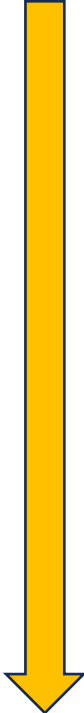
oestrogen side-effects

- 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

Progestogen	Example brands - Check your formulary	 <p>Highest androgenicity</p> <p>More progestogen side-effects</p> <p>Lowest androgenicity</p> <p>More oestrogen side-effects</p>
Levonorgestrel	Rigevidon, Microgynon	
Gestodene	Millinette Femodene	
Desogestrel	Gedarel, Marvelon,	
Drospirenone	Lucette, Yasmin,	

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

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

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.

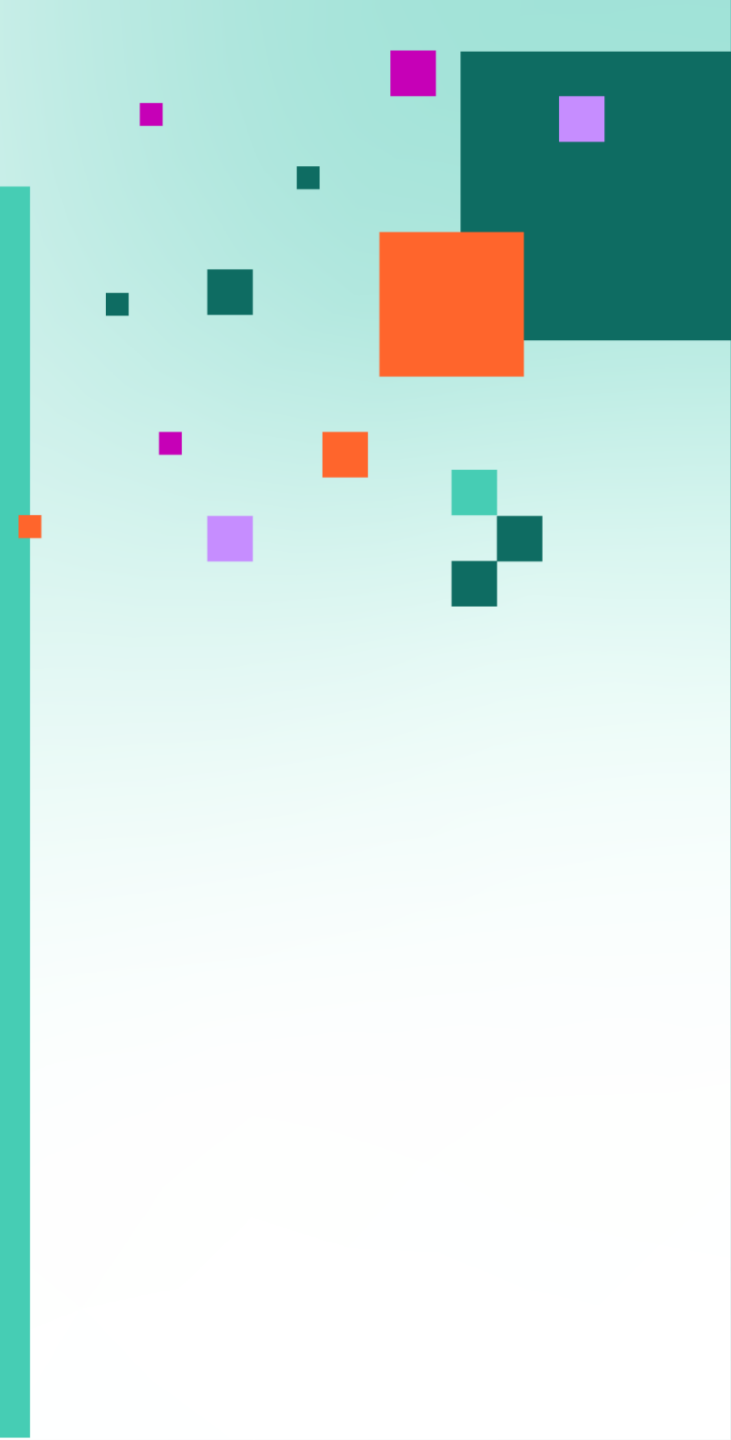
Reference

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
- SHAPE tool now includes pharmacy contraception service
- 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 (to follow)
 - Higher education materials
 - Social media





Further information and resources

- cpe.org.uk/PCS
- FAQs: cpe.org.uk/PCSfaqs
- Additional support: services.team@cpe.org.uk
- Sign up to Community Pharmacy England eNews at cpe.org.uk/enews
- [@CPENews](https://twitter.com/CPENews)

Good luck with the service!