

Briefing: 016/25: The NHS Pharmacy Contraception Service – What’s changing?

This Community Pharmacy England Briefing provides guidance for community pharmacy owners and their teams who are already providing the Pharmacy Contraception Service (PCS) on the changes to the service.

The revisions to the service, including the addition of oral emergency contraception (EC) to the service are planned to take place on **1st October 2025**. However, NHS England will confirm this nearer that date, via their [Primary Care Bulletin](#). The commencement date is dependent on the necessary changes to the clinical services IT systems being made.

Updated resources to support provision of the service are available at cpe.org.uk/PCS.

Summary of key changes to the service

- The service will be expanded to include oral EC.
- Suitably trained and competent pharmacy technicians will also be able to provide the service.
- Standard operating procedures (SOP) for the service need to include the process for escalation of clinical and non-clinical issues.
- Where a pharmacy technician is providing the service, an SOP must be in place to include the process of how the responsible pharmacist will supervise associated activities connected to the supply of medicines via the patient group directions (PGD).
- The service specification clarifies that all consultations must be verbal and provided from the pharmacy premises. Also, all consultations must be directly with the person accessing the service, and for whom the medication is for.
- Distance selling premises pharmacies (DSPs) are not permitted to provide face-to-face consultations with patients present at the pharmacy premises.
- Where a DSP pharmacy is providing a remote consultation and requires an individual’s blood pressure, height and weight, these measurements cannot be performed in the DSP pharmacy.
- The service specification states the service must not be offered as an alternative to dispensing a person’s NHS prescription if they already have one.
- Clarification of inclusion and exclusion criteria and need to supply any NHS medicine with reasonable promptness.
- Addition of drospirenone to the progesterone PGD to enable the supply of this medicine.
- A requirement to check the individual’s GP record.
- Greater emphasis on recording information, particularly related to any safeguarding actions and any chaperone details.
- The need to provide additional support and advice, including advice on the avoidance of

pregnancy and sexually transmitted infections (STIs) through safer sex and condom use is recommended where appropriate.

- Changes in the minimum quantity of OC to be supplied for ongoing supplies of OC.
- Standardisation of wording in the service specification to bring it into alignment with other Advanced services.

α) Introduction

Following negotiations between Community Pharmacy England, the Department of Health and Social Care (DHSC) and NHS England, an expansion of the PCS was agreed and announced on 31st March 2025. It has subsequently been announced that, subject to IT changes being implemented on schedule, the revisions to the service will apply from 1st October 2025.

The expanded service will allow pharmacists and pharmacy technicians to provide initiation of oral contraception (OC), routine monitoring and ongoing supply of OC and provision of oral EC via PGDs.

This Briefing provides pharmacy owners and their teams with some further context to each of the key changes.

For a full briefing about the service, pharmacy owners should refer to the [Community Pharmacy England Briefing 017/25: Guidance on the Pharmacy Contraception Advanced Service](#).

The service specification and the associated PGDs, describe the full requirements for provision of the service.

At the time of publication of this Briefing, the revised service specification, revised OC PGDs and new EC PGDs have been published in draft form on the NHSBSA website, to provide advance notice to pharmacy owners and their teams.

There may be some minor amendments to the PGDs prior to the go-live date to address feedback on several clinical issues that have been raised with NHS England. The PGDs all contain a section highlighting the changes made to the document.

The final versions of all the documents will be published on the [NHS England website](#) and must be read and understood by all pharmacists and pharmacy technicians providing the service.

Pharmacy owners are advised to read the [draft service specification](#) (and the final specification when published) in advance of the go-live date to ensure they are familiar with and can continue to meet the requirements of the service before continuing to provide it.

Pharmacy owners who are currently registered to provide the service and intend to continue to provide it following the changes to the service on the go-live date, are not required to take any action regarding service registration.

Pharmacy owners who are currently providing the service and who do not wish to provide oral EC, will need to de-register from providing the PCS via MYS by 29th September 2025. Further information on de-registering from the service can be found at cpe.org.uk/PCS.

De-registering from the service after 31st August 2025 will mean a pharmacy owner is unable to fulfil



the gateway criteria for the Pharmacy Quality Scheme 2025/26; any Aspiration payments paid will be re-claimed at a future date. In addition, to receive the Pharmacy First Clinical Pathways fixed payment, from June 2025 requires pharmacy owners to be signed up to provide both the Hypertension Case-Finding Service (except DSPs) and PCS.

b) Changes to the service and why they are being made

Inclusion of oral EC

Oral EC has been provided by community pharmacies through a combination of locally commissioned public health services and via over-the-counter sales for nearly 20 years.

The commissioning of oral EC provision through public health services has varied across the country, with most local authorities commissioning a community pharmacy oral EC service, but with many variations between them. The variation in service specifications include the products being supplied and the inclusion criteria (e.g. the service is commonly restricted to individuals under 25 years of age).

Individuals who do not meet the inclusion criteria for locally commissioned services are restricted to purchasing the product (if clinically appropriate) or accessing it through another healthcare provider. This puts an unnecessary burden on other care settings and has created significant health inequalities.

The inclusion of oral EC in the PCS will provide consistent access from community pharmacies across England to free OC and oral EC for individuals of childbearing potential, removing variation in the service offer found within locally commissioned services.

This approach will further support tackling health inequalities through providing wider access to contraception services. It will also support high-risk communities and vulnerable individuals by providing an integrated sexual health service from a pharmacy of their choice with no requirement to be registered with a GP.

Enabling pharmacy technicians to provide the service

The change in legislation introduced in the summer of 2024, to allow pharmacy technicians to work under PGDs has allowed this change to the service. From the go-live date for the various changes to the service, suitably trained and competent pharmacy technicians will also be able to provide the service. This approach supports greater use of skill mix by pharmacy owners, where that fits within their business plans and may enable even greater provision of the service.

Updating SOPs

The service specification now requires that pharmacy owner's SOPs for the service must include the process for escalation of clinical and non-clinical issues identified including accessing Level 3 safeguarding advice, signposting details, record keeping, equipment maintenance and validation, and staff training.

In addition, to support provision of the service and ensure that the responsible pharmacist can supervise all supplies of medication without impacting on the legal ability for a pharmacy technician to make a supply under the associated PGDs, pharmacy owners will need to review their SOPs related to dispensing/supplying POM medicines. Where a pharmacy technician is to provide the



service, SOPs must include the process of how the responsible pharmacist will supervise associated activities connected to the supply of medicines, such as labelling. The SOP should define the roles and responsibilities of the responsible pharmacist and pharmacy technician to meet legal requirements and to enable a supply of medicine to be made autonomously by the pharmacy technician under the PGD, with appropriate supervision.

Verbal consultations

The service specification now confirms that all consultations (face-to-face or remote) should be verbal and must be provided from the pharmacy premises. The use of purely digital asynchronous consultations (e.g. text based digital consultations) is not permitted.

DSP service provision

In line with the [changes to the Regulations previously announced](#), from 1st October 2025, DSP pharmacies will no longer be able to provide Directed services (Advanced, National Enhanced, and Enhanced services) face-to-face with patients, onsite at the distance selling premises.

DSP pharmacies will only be able to provide Directed services remotely from the distance selling premises, similar to their remote delivery of Essential services.

DSPs will need to consider how they provide aspects of the service, including how they will obtain any biometric readings required. Where a DSP pharmacy requires an individual's blood pressure, height and weight, these measurements cannot be performed in the DSP pharmacy.

As combined oral contraceptive supplies will require the person's blood pressure and BMI, and in some cases, certain requests for oral EC supplies may require consideration of weight or BMI, this information can be self-reported by the person requesting the service.

Consultations directly with the recipient

All consultations must be directly with the person accessing the service, and for whom the medication is for. There are several reasons for requiring this including, considerations related to safeguarding, consent, the clinicians ability to assess an individual's competence if they are not involved in a consultation, confidentiality, entitlements to make a request on behalf of another individual, ability to verify medical and health information required by the pharmacist or pharmacy technician to make a clinical assessment of individual's requirements and whether or not a supply can be made, and advice and safety netting associated the outcomes of a consultation.

Provision of the most expedient care and safeguarding the NHS purse

When a person attends the pharmacy to collect an NHS repeat prescription for OC, the service can be highlighted to them to consider for future supplies.

The service must not be offered at that time as an alternative to dispensing the person's NHS prescription. There is workload and, therefore, cost, associated with the issuing of a prescription. The prescribed items are also recorded on the patient's general practice record. If a pharmacy does not dispense the prescription and instead provides the PCS, there is a charge to the NHS and the subsequent post-consultation notification to general practice (where the individual consents) will also appear on the individual's record. When the record is reviewed, this will appear as though there has been a duplicate supply, as the individual's record does not indicate if an issued prescription was



not subsequently dispensed.

Timely provision, updated inclusion and exclusion criteria

With the introduction of oral EC to the service, there is a greater need to ensure that the pharmacy has clear practices in place to support responding to anybody requesting a supply of oral EC or OC as soon as is reasonably possible. This should have particular regard to the need for timely provision of emergency contraception after unprotected sexual intercourse (UPSI), or where regular contraception has been compromised or used incorrectly.

Following discussion with the individual seeking the service, if the pharmacy is unable to offer a consultation within the time needed to meet the person's emergency contraception or contraception need, they should be signposted to an alternative pharmacy or other service provider for a consultation.

The service specification now clarifies that provisions of OC can only be made to individuals where the requirement is for contraceptive purposes. The inclusion criteria for the service do not include other uses such as the management of bleeding, management of acne etc. The PGDs, which provide the legal framework for supplies, can only be used to provide supplies to individuals wishing to obtain an oral contraceptive for contraception purposes. Individuals seeking oral contraceptives for other conditions, should be referred to their general practice.

Requests for oral EC on a just-in-case basis are not permitted, as advance supplies of oral EC are excluded from the service.

Addition of Drospirenone

Drospirenone has been added to the progesterone only pill (POP) PGD.

As its licenced age is from menarche up to and including 49 years, its addition has also resulted in an amendment to the inclusion criteria for the service regarding POPs. All other POPs can continue to be provided up to and including 54 years.

GP record check

The service specification now requires, with the person's consent, that their GP record (e.g. via GP Connect Access Record), national care record, or an alternative clinical record, is checked by the pharmacist or pharmacy technician as part of the consultation unless there are exceptional circumstances preventing this.

Additional information to record

The service specification now details additional information that should be recorded in the clinical notes for the service. These include any concerns about any potential safeguarding issues, details of any appropriate action(s) taken and the details of a chaperone if one is present during the consultation.

Provision of wider advice during consultations

With the inclusion of oral EC, the PCS will replace any locally commissioned oral EC services. Generally, these local services have included support and advice regarding the avoidance of



pregnancy and sexually transmitted infections (STIs) through safer sex and condom use.

To maintain this important element of advice giving, the revised service specification includes the requirement to provide such appropriate advice. This may include highlighting other locally commissioned pharmacy services (such as condom services or chlamydia testing) that the pharmacy is able to offer, or signposting individuals to other services that provide long-term contraceptive methods and diagnosis and management of STIs.

Your Local Pharmaceutical Committee (LPC) website may provide a reference point for local sexual health services in the absence of a locally commissioned service and local sexual health information.

Change in the minimum quantity for ongoing supplies of OC

Ongoing supplies of an OC should now be for a minimum of six month's supply, unless there are clinical reasons not to supply that amount of medicine. If a lesser amount is supplied, the clinical reasons for this should be documented in the clinical record.

The service specification still advises that supplies can be made of up to 12 months duration in line with the Faculty of Sexual and Reproductive Healthcare (FSRH) guidance.

Standardisation with other Advanced services

To better align the service specification across all Advanced services, the service specification has been updated to have similar sections and similar standard wording. This should assist pharmacy owners to more easily find information and ensures there are standard contractual requirements across all the Advanced services.

Increased item of service fees

As part of the negotiations, we were successful in persuading DHSC and NHS England to increase the consultation fee for both initiation and repeat supplies of contraception to £25 (a 39% increase).

This increased fee applied from 1st April 2025 and better reflects the costs of provision of the service, particularly initiation consultations, which generally take longer to provide.

The oral EC element of the service will have a fee of **£20** per consultation, plus the cost of any oral EC provided to the person.

c) What impact will the national commissioning of oral EC have on local services?

It is likely that local oral EC services will be decommissioned, but that will be a decision for the local authority commissioners. Community Pharmacy England are working with the network of LPCs to seek to ensure any additional local commissioning allied to oral EC provision, such as provision of STI screening kits and condoms continues to be commissioned locally.

Local commissioning of oral EC services is widespread, with most local authorities commissioning a service, but engagement by pharmacies across the country is variable; this may be due to the fee



levels for local services or the available budget meaning not all pharmacies can participate in a service. There are also wide variations in the patient eligibility rules applying to local oral EC services, which can severely restrict access to some schemes.

The nationally commissioned service will help improve access to oral EC across England, with the majority of pharmacies already signed up to provide the PCS. The service will not include restrictive eligibility criteria for patients.

Most pharmacies currently providing a locally commissioned service will also receive a higher fee when providing the national service.

Updated resources to support provision of the service are available at cpe.org.uk/PCS.

If having read this Community Pharmacy England Briefing and the information and resources on our website you have further queries about the service, or you require more information please contact services.team@cpe.org.uk