Community Pharmacy England

Briefing: 022/25

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Briefing for pharmacy teams – Top tips for providing the NHS Pharmacy Contraception Service

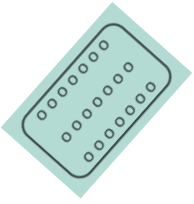
This Community Pharmacy England Briefing provides top tips for pharmacy teams that have been shared by other pharmacy teams providing other nationally commissioned Advanced services.

It incorporates tips from those teams who were involved in the pilot of the Pharmacy Contraception Service (PCS) and from those who have successfully been providing the service since its launch.

Challenge 1: The person says they don't want the service

People may be reluctant to receive services for a variety of reasons, including lack of time or feeling that they don't need help beyond that given by their GP. Try some of the following:

- ✓ **Don't force it:** If a person says they don't have time for the service, don't treat this as a problem and instead give the person a leaflet about the service to take away and consider in their own time. Suggest they might like to come in another time to talk about it or to make an appointment. A person given options means they are a partner in the care provided to them.
- ✓ **Go beyond the GP:** Some people feel they can ask GPs for any advice needed, so explain how the service supports GPs' work and allows GPs to focus on more complex patient care.
- ✓ **Think about your terminology:** People may be more receptive to the offer of "Collecting your pill without having to visit your GP surgery and having a chat about it" but may be put off by words like 'service' and 'review'. Emphasising that services are free NHS services can also help. Think about how you explain the service and avoid using any jargon.
- ✓ **People are busy:** People may not be interested in receiving a service if it's going to take a long time, so consider using phrases like "There's no need for an appointment" (if you are offering the service on a walk-in basis), or "It means you can have your pill check and collect your pill at the pharmacy on the same day/at the same time without having to contact your GP surgery".



- ✓ **When it suits you:** Consider what is best to meet the person's time needs if a service is not or cannot be offered on a walk-in basis. Saying "We have a range of times when we can offer this", shows greater flexibility and willingness to schedule an appointment to suit them. As opposed to saying "Our next appointment is" which can be perceived as inflexible and not considering their needs.
- ✓ **Sell the benefits:** Emphasise the potential benefit of the service and sharing your own experience can help to demonstrate, for example, if you or other members of staff have used a service that is offered at the pharmacy.
- ✓ **Offer an alternative:** Offer the service when patients contact the pharmacy to request repeat supplies or to order their prescription from their GP surgery.

Challenge 2: I'm not sure how to promote the service

- ✓ **Use the available promotional materials:** To promote the availability of the service to people, review and make use of all the promotional resources that are available on the Community Pharmacy England website. These include a **checklist** to help you review what you already do and what you could be doing to promote the service, posters (for pharmacy owners to print), digital marketing resources for use if you have digital screens, patient leaflets and social media templates. All these resources are available in the resources section at cpe.org.uk/pcs.
- ✓ **Create your own promotional materials:** Remember if you decide to develop your own marketing materials, they must comply with the requirements of the Terms of Service relating to the promotion of services funded by the NHS.
- ✓ **Using the NHS identity:** If you decide to develop your own marketing materials and want to use the NHS identity, ensure the guidelines on the use of the NHS identity are adhered to.
- ✓ **Use technology:** Do you use a text messaging service or social media to promote your pharmacy services? If so, you could highlight the availability of the free service. You could also add a message onto your telephone call holding message.
- ✓ **Small flyers:** These can be attached to prescription bags to prompt a conversation to highlight or promote the service when handing out medicines for people identified as previously having had an oral contraceptive dispensed; these are available at cpe.org.uk/pcs.
- ✓ **Patient leaflets:** Use these to inform the patient about the service, particularly when they are pushed for time but could benefit from it. A patient leaflet is available at cpe.org.uk/pcs.
- ✓ **Other pharmacy services you could promote or use to promote this service:** Think about what other services you provide at your pharmacy and how you could link into this service:
  - Could you check if the person is eligible for a free NHS flu vaccination or would like to get a private flu vaccination?
  - Do you have any locally commissioned services that you are providing that the person may be interested in, or would provide additional support and care to a patient?
  - When a person attends the pharmacy or makes contact for other services, e.g. to access a supply of oral emergency contraception (EC), the PCS can provide both their oral EC and an opportunity for them to consider their ongoing contraception requirements.
  - When patients present at the pharmacy with a prescription for OC or oral EC, 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.
  - If you provide a private weight management service, highlight that some weight management medicines can stop OC from working effectively by providing

appropriate information like the Patient information GLP-1 agonists and contraception leaflet. This may encourage the person to talk to the pharmacist about their contraception.

Challenge 3: I'm too busy to stand at the counter looking for people!

- ✓ **Use your team:** Pharmacists and pharmacy technicians can provide the consultation (suitably trained and competent pharmacy staff are able to provide BMI and blood pressure measurements), but you can use your whole team to promote the service, help to identify eligible individuals, recruit them and book appointments (if you are using a booking system in your pharmacy).
- ✓ **Make the most of your PMR system:** The PMR will provide you with details such as a patient's age and the medicines they are taking, so this may assist you with identifying people eligible to use the service.
- ✓ **Organise training:** Brief training for staff is likely to be valuable to ensure they all understand and feel confident talking about how the service works and how they can be involved in the service. A pharmacy team briefing is available at cpe.org.uk/pcs.

Challenge 4: How can I reach people who don't collect their own medicines?

- ✓ **Take-home materials:** Consider adding a flyer or information leaflet in the bag. Copies of patient leaflets are available to print from the resources section at cpe.org.uk/pcs.
- ✓ **Be flexible:** Consider offering appointments and walk-in appointments to offer the greatest flexibility to people.

Challenge 5: How can I balance unpredictable workloads with appointments?

- ✓ **Plan your days:** Booking appointments for times when the pharmacy tends to be less busy, or more than one pharmacist will be on the premises. This may well be something you do already, but it can help. Pharmacies vary, but many pharmacy owners find that before 11am is the quietest time, and that patients collecting prescriptions at this time are more willing to wait; others avoid booking appointments over the 'lunch rush' when people collect prescriptions during their lunch break.
- ✓ **Consider the person's needs:** With the introduction of oral EC to the PCS, where a supply is assessed as appropriate, it needs to be provided with reasonable promptness. Oral EC supplies must take into account the clinical need of the individual, for example, a supply of oral EC should be made as soon as possible to allow the individual to take the medication within the defined timeframes of clinical efficacy of the oral EC. Whereas, for an OC consultation and supply, the individual may not have an immediate need and may be willing to attend a later appointment at a mutually convenient time.
- ✓ **Talk to people:** If a person books in for an appointment and the pharmacist or pharmacy technician is running late, encourage the team to explain that they will do their best to see them on time. If they are dealing with an urgent request from another patient which could

cause a brief delay, letting the person know when they book in, or keeping them updated while they are waiting, will help to manage a person's expectations.

- ✓ **Be clear on timing:** People must not feel rushed, and they need time to ask any questions they have about the service, but there are steps you can take to ensure that consultations are not inappropriately long. Try managing expectations by setting out an approximate or maximum timeframe at the beginning, e.g. "This shouldn't take longer than fifteen minutes"; remember appointments for initiation of OC take longer; use 'closing signals' to draw the consultation to a natural close; and make sure staff know what sort of urgent circumstances they should limit interruptions to.
- ✓ **Encourage the individual to pre-consider their needs:** Sharing the available online shared decision-making contraception consultation tools via a link sent by text or email will also assist the individual to consider their options ahead of the consultation. Use of these tools as part of the consultation also provides support for the pharmacist or pharmacy technician and will support the individual's decision making.
- ✓ **Pre-consultations:** Use any available tools to gather as much information from the individual as possible ahead of the consultation. Template **pre-consultation questionnaires** have been developed to allow people who will attend the pharmacy, or who are in the pharmacy for the service, to provide information which can then be used during the consultation. Copies of the questionnaires are available in the resources section at cpe.org.uk/pcs.
- ✓ **Be clear on which other pharmacies provide the service:** Where you are unable to meet the appointment requirements of an individual, signpost them to another pharmacy. You can capture this information for easy reference on the **referral and contact details template** available in the resources section at cpe.org.uk/pcs.

Challenge 6: People forget appointments and don't turn up!

If you decide to use a booking system, it can be frustrating if people don't turn up for their appointments. Try some of the following:

- ✓ **Remind them:** Giving people an appointment card or other written reminder of their planned appointment can be helpful, as can reading back times and details if it is being booked on the phone. You could also consider phoning individuals the day before their appointment to confirm they are still able to attend.
- ✓ **Use technology:** If a person has booked an appointment, you could remind them about this beforehand with an email or a text message.
- ✓ **Talk to them:** Let them know that it's ok if they need to cancel or change their appointment, but that you'd really appreciate it if they could let you know if they are not able to attend the appointment, as you may then be able to offer this appointment to someone else.

Challenge 7: My local GPs or local sexual health clinic just aren't interested in the service

GPs can be difficult to win over when it comes to pharmacy services, sometimes because they're under too much pressure to be interested, and sometimes because

they don't see the value.

For sexual health teams, making referrals to community pharmacies may be a new approach for them. Their services are often in high demand and, therefore, time to engage the team may be a challenge.

Keep these facts in mind in any dealings with both these teams and try the following:

- ✓ **Think about the wider team:** There is more to a GP practice than just the doctors and some pharmacies have successfully promoted their services by talking to practice nurses, clinical pharmacists, practice managers, receptionists and others; you could even give them leaflets to hand out about the service.
  For sexual health teams - enquire who it would be best to speak to within their team about the service; you could even give them leaflets to hand out about the service.
- ✓ **Work together with other pharmacy colleagues:** In many cases there will be several pharmacies seeing patients from any practice or from the catchment area of a sexual health team. So, talk to one another – a joint pharmacy approach could be far more successful and will save time for both these teams.
- ✓ **Value their time:** We know that both GPs and sexual health clinic teams are busy and feel under pressure, so try to find a time that will suit them to talk about the service rather than dropping it on them in the middle of surgery / clinic hours. You could ask for a short speaking slot at a practice / team meeting, for example. Explain to the practice / clinic how they can signpost people to you or any other participating pharmacy. Where presented with an opportunity to discuss the service, consider what adds value to their practices.
- ✓ **Don't undersell yourself:** It can feel uncomfortable telling people about how well you have done, but if you don't convince GPs / the sexual health team about the value of services or how may appointments it has saved them, they'll never buy into them. Try telling them some of your success stories where patients have seen a significant benefit from services, or where the service provided the patient with the right interventions at the right time in one place.
- ✓ **Keep track of your joint successes with this service:** How many people have been identified, who are now using regular contraception because of the joint work between your pharmacy and the practice? How many people were initiated onto an OC following an oral EC consultation? How many people have been referred onwards for long-acting reversible contraception?
- ✓ **Be concise:** Appropriate feedback and referral back to GPs / sexual health clinics can help cement the benefits of services in their minds, so keep feedback concise and limit it to issues that will be of value or interest to them.
- ✓ **Ask their opinions:** GPs / other healthcare professionals are more likely to accept something if they have had some say over it, so ask your GPs / sexual health team for feedback on the service.

- ✓ **Understand what they offer:** Use the opportunity to understand what services the general practice / sexual health clinic provides and their opening hours. Enquire how best to make referrals to them where appropriate or to raise queries. If an individual needs to be referred, e.g. for a long acting reversible contraceptive, what are the time scales for an

individual to be seen, as some may need bridging contraception from the pharmacy to get them through to the appointment.

- ✓ **Keep up the momentum:** If referrals from a practice are low, or start to dwindle, speak to them again – sometimes occasional reinforcement is all that's needed to keep referrals routine.
- ✓ **Train together:** Consider holding shared training with practice staff / sexual health clinic staff or offering to be a speaker at a protected learning time event for general practices – this can improve both your relationships and patient care.

Challenge 8: How the addition of oral EC changes the need for urgency of response

With the introduction of oral EC to the service, there is a greater need to ensure that the pharmacy has clear procedures 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 EC after unprotected sexual intercourse, or where regular contraception has been compromised or used incorrectly.

- ✓ **Time sensitivity:** If individuals walk-in for EC, remember this service is time sensitive and most people will be keen to obtain a supply, if appropriate, as soon as possible to reassure themselves. Offer the next available appointment/timeslot if the patient cannot be seen straight away. Most individuals are happy to wait if realistic waiting times are offered (generally up to 30 minutes) or will return if given an appointment on the same day, when the pharmacist is next available. If individuals are enquiring about service provision by phone, offer the earliest available appointment on the same day or signpost to another pharmacy, if you cannot accommodate their needs.
- ✓ **Service availability:** Use the opportunity to remind service users to call in advance to ascertain service availability and to avoid disappointment or undue delay for future needs.
- ✓ **Remind individuals that the service is free:** Although the individual themselves will be required to attend the consultation to determine suitability and to discuss their options, the service will be free.
- ✓ **Nervousness or embarrassment:** For some individuals, coming to the pharmacy and asking about EC can be embarrassing. Individuals may also feel anxious about their situation. Supporting enquiries with discretion and advising individuals that the service involves a private consultation with the pharmacist or pharmacy technician and can take between 10-15 minutes will assist with making the individual feel less nervous and less public. Offering the option of a chaperone, such as a family member or friend, to be present can also make them feel more comfortable and supported.
- ✓ **Knowing your local options:** If the pharmacy is unable to offer a consultation within the time needed to meet the person's EC or contraception need, they should be signposted to an alternative pharmacy or other service provider for a consultation. If individuals get in touch shortly before closing and there is insufficient time to support them at that time, pharmacy staff may either signpost to a pharmacy with later opening hours (advise the individual to call to check service availability) or determine

(following consultation with the pharmacist or pharmacy technician providing the service) whether it is suitable for the individual to be seen the next day. It may be more convenient for the individual to come back to the same pharmacy.

Further information on the Pharmacy Contraception Service can be found at cpe.org.uk/pcs.

If you have any queries or require more information, please contact:
services.team@cpe.org.uk