

## Pharmacy Contraception Service

The pharmacy contraception service (PCS) can support GP Practice workload by shifting both patient behaviour and practice workflows. The key is making pharmacy the default first access point for appropriate contraception needs rather than GP appointments.

### Top tips for increasing the service

#### 1. Actively redirect suitable patients

A lot of contraception requests (especially repeat oral contraception) don't require a GP or other GP Practice independent prescriber

- Train reception and care navigation teams to offer the pharmacy contraception service
- Use consistent messaging like:  
*"You can get this quicker at your local pharmacy today—no appointment needed."*
- Build this into triage protocols for:
  - Repeat oral contraception
  - Initiation of oral contraception (where eligible under PCS)

This reduces GP workload and normalises pharmacy as the go-to.

#### 2. Embed referral pathways into booking systems

- Include pharmacy as an option alongside GP/nurse appointments

The easier it is for staff, the more it happens.

#### 3. Promote the service visibly

Patients often don't know pharmacies offer contraception.

- Website banners and online triage (e.g. AccuRx messages)
- Waiting room posters and digital screens
- SMS campaigns to relevant cohorts (e.g. women aged 16–49)

Message focus:

- Faster access
- No GP appointment needed
- Confidential and NHS-funded

#### 4. Use targeted population health outreach

Be proactive, not just reactive.

- Identify patients overdue for pill checks or repeat prescriptions
- Send bulk texts:  
*"You can now get your contraception from a pharmacy—same day access available."*
- Link to pharmacy finder tools

[find-a-pharmacy-offering-contraceptive-pill-without-prescription](#)  
[find-emergency-contraception](#)

This shifts routine demand away from GPs.

## 5. Align with local pharmacies

Strong GP–pharmacy relationships drive uptake.

- Share a list of participating pharmacies locally
- Agree communication loops (e.g. when patients are referred or declined)
- Invite pharmacists to practice meetings

This builds trust so staff feel confident redirecting patients.

## 6. Standardise staff training and scripts

Inconsistent messaging reduces uptake.

- Train all frontline staff (reception, care navigators, clinicians)
- Provide simple scripts and FAQs
- Clarify eligibility criteria so staff don't hesitate

If staff aren't confident, they default back to GP bookings.

## 7. Integrate into clinical workflows

Make pharmacy referral part of routine care.

- When issuing last oral contraception prescription, add:  
*"Next time, you can go straight to a pharmacy."*
- Add prompts in consultation templates
- Include PCS in contraception counselling discussions

Clinician endorsement strongly influences patient choice.

## 8. Monitor and feedback

Track whether it's working.

- Measure:
  - Reduction in GP contraception appointments
  - Number of pharmacy referrals
- Share results with staff to reinforce behaviour change

Visible impact = sustained adoption.

Increasing pharmacy contraception consultations isn't about awareness alone—it's about systematically making pharmacy the easiest, fastest option at every touchpoint (reception, online, clinician, and follow-up).

## Implementation Plan: Increasing Pharmacy Contraception Service Uptake

### Phase 1: Set Foundations

#### 1. Appoint a PCS Lead

Assign a named person (GP, pharmacist, or practice manager) to:

- Coordinate rollout
- Liaise with community pharmacies
- Track progress

Without ownership, this can stall quickly.

#### 2. Map Local Pharmacy Provision

- Identify all pharmacies delivering PCS in your area

- Create a simple internal list (name, location, opening hours)
- Confirm:
  - Walk-in vs appointment
  - Any limitations

Share this with all staff.

### 3. Define Clear Eligibility Criteria for Redirect

Agree internally what gets sent to pharmacy:

#### Redirect to pharmacy:

- Repeat oral contraception
- New oral contraception (if eligible under PCS)
- Routine oral contraception checks
- Emergency contraception

#### Keep in GP:

- Complex medical history
- LARC (coil/implant)
- Safeguarding concerns

Turn this into a 1-page guide for staff.

### *Phase 2: Build Workflow Changes*

#### 4. Update Care Navigation Protocols

Reception teams should:

- Ask: *"Is this for contraception?"*
- Offer community pharmacy as first option

Provide a standard script:

"You can usually get this faster at a pharmacy today without an appointment—would you like me to direct you?"

Train staff to be confident—not hesitant.

#### 5. Embed Prompts in Clinical Systems

In EMIS Web / SystemOne:

- Add consultation pop-ups:
  - "Consider Pharmacy Contraception Service"
- Add templates/macros:
  - Quick note for redirection
- Could add SNOMED coding for:
  - "Referred to pharmacy contraception service"

Make the right action the easy action.

#### 6. Enable Digital Signposting

Use tools like AccuRx:

- Create SMS templates:
  - "You can access contraception today at a local pharmacy—no GP appointment needed."
- Add links to:

- NHS pharmacy finder
- Integrate into:
  - Online triage responses
  - Appointment confirmations

### *Phase 3: Patient Awareness*

#### **7. Launch a Communication Campaign**

Use multiple touchpoints:

##### **In-practice:**

- Posters in waiting rooms
- Digital screens
- Reception desk prompts

##### **Digital:**

- Website homepage banner
- Social media posts
- Online consultation auto-responses

Focus message:

- Faster
- Convenient
- Confidential
- NHS-funded

#### **8. Targeted SMS Outreach**

Run a population health search:

- Women aged 16–49
- On repeat oral contraception
- Overdue pill checks

Send SMS via AccuRx:

“You can now get your contraception directly from a pharmacy—often same day. Ask us or visit a participating pharmacy.”

This is one of the highest-impact steps.

### *Phase 4: Pharmacy Collaboration*

#### **9. Engage Local Pharmacies**

- Set up a short meeting (virtual or in-person)
- Agree:
  - Referral expectations
  - Feedback loop (e.g. if patient unsuitable)
- Share practice contact details

Strong relationships increase staff confidence in redirecting.

#### **10. Create a Feedback Loop**

- Pharmacies notify practice if:
  - Patient unsuitable
  - Safeguarding concerns

- Practice reviews patterns:
  - Are referrals appropriate?

This prevents “bounce-back” frustration.

### *Phase 5: Embed in Clinical Behaviour*

#### **11. Clinician Behaviour Change**

During consultations, clinicians could say:

“Next time, you can go straight to a pharmacy for this.”

Also:

- Add notes in records
- Issue shorter prescriptions where appropriate to encourage shift

Clinician endorsement is critical—patients trust it more than admin messaging.

#### **12. Add PCS to Contraception Pathways**

Update internal guidance:

- Make pharmacy first-line for oral contraception
- Include PCS in:
  - New patient checks
  - Postnatal contraception discussions

### *Phase 6: Monitor & Optimise*

#### **13. Track Key Metrics**

Measure monthly:

- Number of GP contraception appointments
- Number of pharmacy consultations completed
- Appointment availability improvements

#### **14. Staff Feedback Loop**

Ask:

- Are patients accepting redirection?
- Where are conversations failing?
- Any confusion about criteria?

Refine scripts and processes.

#### **15. Iterate Messaging**

If uptake is low:

- Simplify language
- Emphasise speed (“same-day access” works well)
- Address misconceptions (confidentiality, safety)

### **What Success Looks Like**

After ~3 months, you should see:

- Fewer GP appointments for routine contraception
- Increased same-day access via pharmacy
- Improved GP capacity

- Staff confidently redirecting without hesitation

### Common Issues

- Vague messaging (“pharmacy might help”) → be decisive
- Untrained reception staff → they default to booking GP
- No pharmacy relationships → lack of trust
- No system prompts → staff forget under pressure

### Supporting information

#### 1. Reception / Care Navigation Script

##### Opening question:

“Is this request about contraception?”

##### If YES:

“You can usually get contraception much quicker from a local pharmacy—often the same day and without a GP appointment. Would you like me to direct you there?”

##### If patient hesitates:

“It’s an NHS service, confidential, and pharmacists are specially trained to provide oral contraception and advice.”

##### If patient agrees:

“Great—I’ll send you details of your nearest pharmacies now.”

Can send the ‘find a pharmacy’ link via AccuRx message.

#### 2. AccuRx SMS Templates

##### A. General Signposting

You can now get oral contraception directly from a local pharmacy—often same day, no GP appointment needed.

Find a pharmacy that offers contraception: [Find a pharmacy that offers the contraceptive pill without a prescription - NHS](#)

##### B. After Contacting Reception

Following your request—your local pharmacy can provide contraception quickly without needing a GP appointment. This is an NHS service and completely confidential.

##### C. Targeted Campaign

You may be able to get your contraception directly from a pharmacy—often same day. No GP appointment needed. Ask your pharmacy or contact us for details.

#### 3. Clinician Script (During Consultations)

When issuing contraception:

“Next time, you don’t need to book with us—you can go straight to a pharmacy for this, often the same day.”

#### 4. Waiting Room Poster (Print or Screen)

##### Headline:



Get your contraception from your pharmacy

**Body:**

- Same-day access available
- No GP appointment needed
- Confidential NHS service

**Call to action:**

Ask at reception or visit your local pharmacy today

[Community Pharmacy England PCS promotional materials](#)

**5. Website Banner Text**

 **Need contraception?**

You can now get it directly from a pharmacy—fast, convenient, and no GP appointment needed.

[Find a pharmacy that offers the contraceptive pill without a prescription - NHS](#)

**6. Staff Training (10-minute briefing outline)**

Cover:

- What PCS is
- What to redirect (oral contraception and emergency contraception = yes, coils = no)
- Exact script to use
- Reassurance points:
  - Safe
  - Confidential
  - NHS-funded

**Key message to staff:**

“Pharmacy is the default for routine contraception.”

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