



Top Tips: Contraception Service – Initiation and Ongoing

What is it?

- Initiation: where a person wishes to start OC for the first time or needs to restart OC following a pill free break. A person who is being switched to an alternative pill following consultation can also be considered as an initiation;
- Ongoing supply: where a person has been supplied with OC by a primary care provider or a sexual health clinic (or equivalent) and a subsequent equivalent supply is needed. Their current supply of OC should still be in use.

Note: There are associated PGDs and Service Spec documents published for this service. Make sure you are familiar with and adhere to these!

Inclusion / Exclusion criteria

Inclusion	Exclusion
■ An individual seeking to be initiated on an OC, or seeking to obtain a further supply of their ongoing OC: ■ Combined oral contraceptive (COC) – age from menarche up to and including 49 years of age; or ■ Progestogen only pill (POP) – ■ Norethisterone, Levonorgestrel and Desogestrel – from menarche up to and including 54 years; and ■ Drospirenone only – from menarche up to and including 49 years.	■ The individual is considered clinically unsuitable, or is excluded for supply of oral OC according to the PGD protocols, including, but not limited to: ■ Individuals under 16 years of age and assessed as not competent using Fraser Guidelines; and ■ Individuals 16 years of age and over and assessed as lacking capacity to consent.

Routes in

- Accept self-referrals, GP/sexual health/111 signposting, or identify eligible people proactively.
- Use the entire pharmacy team to promote service, attach flyers to bags, use posters/social media and book appointments.
- Respond as soon as reasonably possible; if unable to meet need, signpost promptly elsewhere.

Before you start



- Complete MYS registration and update NHS website profile.
- Use NHS-assured IT system for contemporaneous records in the consultation room.
- Maintain SOP covering safeguarding, escalation, equipment cleaning/calibration, referrals, record keeping and technician/RP supervision.
- Keep documentary evidence of staff competency, training and signed PGD declarations.
- Have validated BP monitor plus height/weight equipment available and maintained.
- Agree local referral pathways with GP practices, sexual health and LARC providers.

Consultation essentials

- All consultations should be verbal (face-to-face or remote) and must be provided from the pharmacy premises.
- All consultations must be directly with the person accessing the service.
- Obtain and record verbal consent.
- Apply PGD criteria and clinical judgement.

Clinical assessment

- ✓ Obtain and record the individual's consent.
- ✓ Discuss alternative and more effective contraception (e.g. LARC) for OC consultations.
- ✓ Measure/record blood pressure and BMI where appropriate and explain the results.
- ✓ Check the individual's clinical records (with consent) unless exceptional circumstances prevent this.
- ✓ Record consultation details using an NHS-assured clinical record system.

Supply

Part 1: Initiation of Oral Contraception	Part 2: Ongoing Supply of Oral Contraception
• Use PGD inclusion/exclusion criteria and clinical judgement to confirm suitability. • Obtain and record verbal consent. Consultation can proceed if GP sharing declined. • Consult directly with the person (face to face or permitted remote route from pharmacy premises). • Take relevant history: contraception goals, medical conditions, medicines, smoking/VTE risks, bleeding concerns, adherence preferences. • Discuss all suitable OC options (COC/POP types) plus more effective methods including LARC. • Use shared decision-making tools where available. • Check GP/national records where available and appropriate.	• Confirm current product, adherence, satisfaction and any interval changes in health/history. • Reassess suitability under PGD at every repeat supply. • Repeat BP/BMI or other checks when required by PGD. • Continue same clinically appropriate brand/generic where needed and follow local formulary. • Usual supply should be minimum 6 months unless clinical reason not to; consider up to 12 months where appropriate. • Manage side effects, bleeding changes, interactions and missed pill queries.



• Measure/record BP and BMI when required; self-reported values only if clinically appropriate and record as such. • Initial supply must not exceed 3 months. • Provide counselling: start method, missed pills, vomiting/diarrhoea, side effects, warning symptoms, STI protection, when to seek help. • Document product chosen, rationale, advice, referrals and follow-up plan.	• If no longer suitable, switch within PGD scope where appropriate or refer. • Use every review to discuss LARC, condoms, STI testing and wider health needs. • Record all advice, outcomes, non-supply reasons and referrals.
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No supply

If a supply of OC is not deemed clinically appropriate, the pharmacist or pharmacy technician should explain why this is the case to the person and refer them to their general practice or sexual health clinic (or equivalent).

Clinical record systems should prompt the recording of:

- A record of the reason for not supplying against a PGD; and



- A record of the referral to an alternate service provider.

Signposting

Organisation	Resources
NHS UK	Your contraception guide • Practical information about contraception
Contraception Choices website – University College London • A range of posters and online content	Contraception Choices • Helps women and couples decide which method of contraception might suit them best (advantages and disadvantages of methods)
Brook • Charity supporting people with their sexual health and wellbeing	Advice on: ■ Contraception; ■ Pregnancy; ■ STIs; ■ Relationships; ■ Gender; ■ Health & wellbeing; ■ Abuse & violence; and ■ More.



Linking other Pharmacy Services

Eligible for a free NHS or private flu vaccination?

Locally commissioned services?



If you provide a private weight management service, highlight that some weight management medicines can stop OC from working effectively by providing Community Pharmacy England – cpe.org.uk appropriate information like the Patient information GLP-1 agonists and contraception leaflet

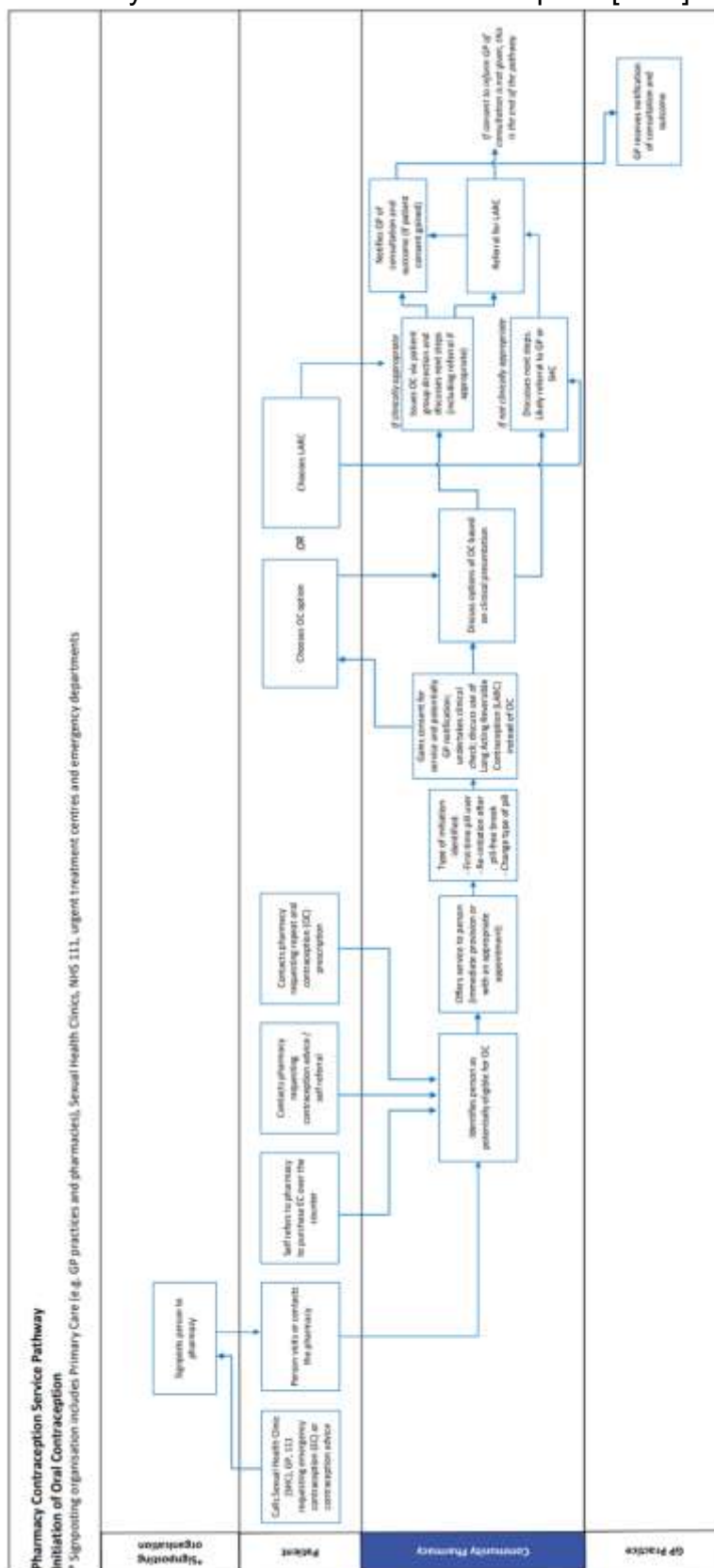


Increasing Service Provision

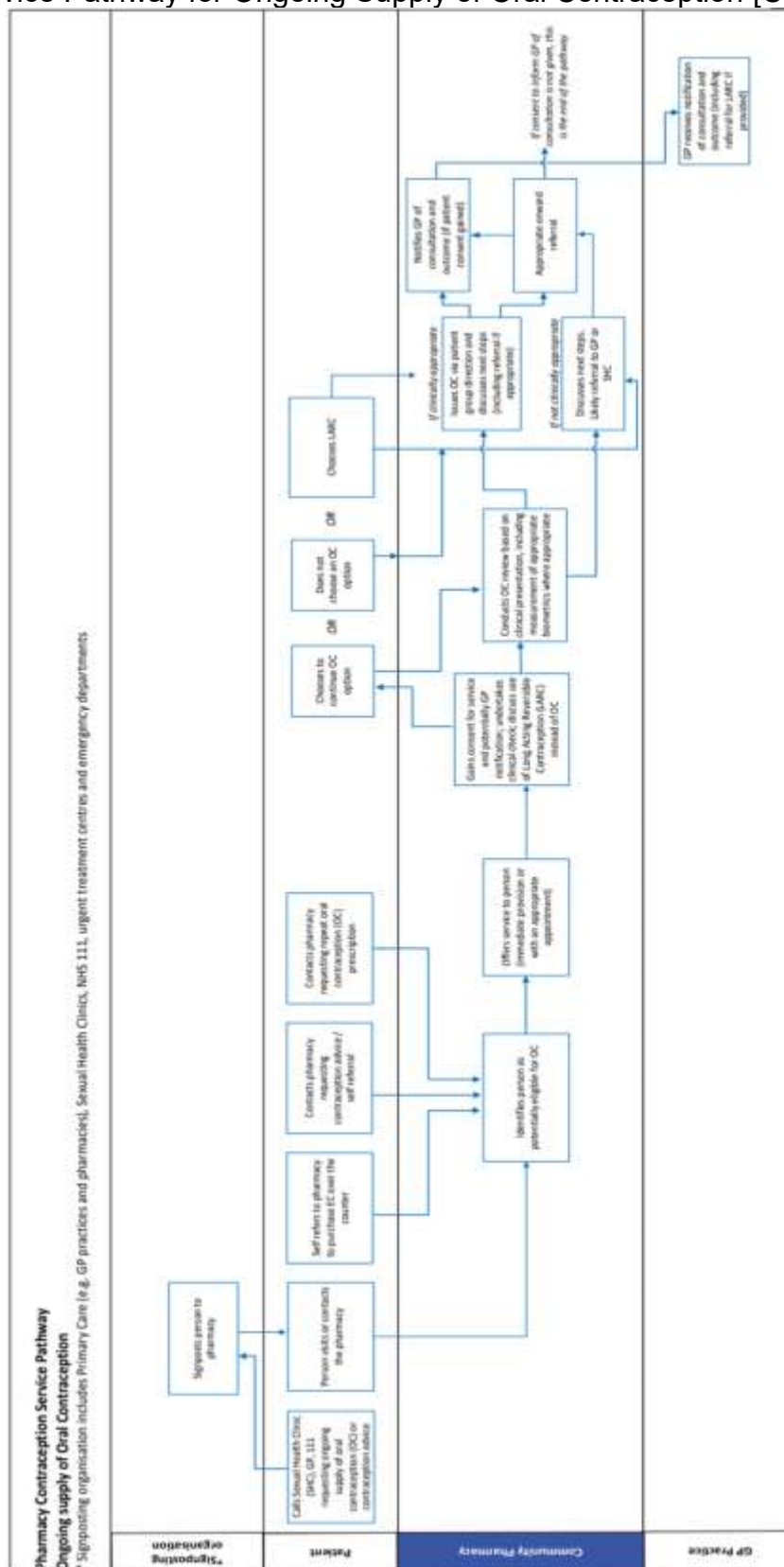
Top tip	How to
Make the whole team service champions	• Use the whole pharmacy team to promote the service. • Ensure staff know who may be eligible and how to direct people into the service. • Include the service in routine conversations with appropriate patients.
Make the service visible	• Use posters and promotional materials. • Use pharmacy social media. • Ensure the NHS website profile is up to date.
Don't miss opportunities to provide the service	• Ensure staff recognise requests for oral contraception and know how to direct them into the service. • Treat oral contraception requests as a priority rather than asking the person to return later. • If the service cannot be provided, signpost immediately to another provider. • Maintain stock levels of the PGD medication, check weekly.
Make access quick and convenient	• Accept self referrals and referrals from GP, sexual health, and NHS 111 services. • Identify eligible people proactively.
Remove Barriers and Reduce Embarrassment	• Offer a private and welcoming approach. • Maintain privacy during consultations.
Offer choice, not just a pill	• Discuss suitable COC and POP options. • Discuss more effective methods including LARC. • Use reviews as an opportunity to discuss LARC, condoms, and STI testing.
Have robust referral pathways	• Agree local referral pathways with GP practices, sexual health, and LARC providers. • If the service cannot supply, explain why and refer promptly to an appropriate alternative provider.
Use every contact to support wider sexual health	• Promote wider sexual health support including: ◦ STI testing ◦ Chlamydia screening ◦ Condom Distribution Service ◦ Emergency contraception ◦ Sexual health clinics • Link into Brighton & Hove SHAC where appropriate. • Use EC provision as an opportunity for wider sexual health conversations.
Strengthen Links with Local Youth Services	• Build relationships with: ◦ Schools and colleges ◦ Universities ◦ Youth centres ◦ Housing and homelessness services ◦ Social care teams ◦ Community organisations supporting young people • Provide leaflets/posters and encourage referrals into the pharmacy service.
Celebrate and Share Success	• Share positive service figures with staff. • Recognise team members who actively promote the service. • Discuss service outcomes at team meetings.



Appendix A: Service Pathway for Initiation of Oral Contraception [CPE]



Appendix B: Service Pathway for Ongoing Supply of Oral Contraception [CPE]



Annex C: Pharmacy Contraception Service pre-consultation questionnaire [CPE]

NHS Pharmacy Contraception Service pre-consultation questionnaire

To provide the contraceptive pill safely, we need to ask you several questions. Please complete this form before your consultation with the pharmacist or pharmacy technician.

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 or pharmacy technician.

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

Patient details

Name:		Date of birth:		Age:	
Address:		Postcode:			
		Telephone number:			
Email address:		NHS number: (If known)			
GP Practice:		Consultation date:			

Screening questions

1. Are you currently using or have you previously used any of the following forms of contraception (tick all that apply)? ☐ Contraceptive pill ☐ Contraceptive patch ☐ Intrauterine device (IUD) or copper coil ☐ Intrauterine system (IUS) or hormonal coil ☐ Contraceptive injection ☐ Contraceptive implant ☐ Vaginal ring		
2. Are you wanting to start a new contraceptive or restart a previously used contraceptive pill? (If yes, go to question 8)	☐ Yes	☐ No
3. Have you previously had a supply of your contraceptive pill from your general practice, sexual health clinic or a pharmacy? If yes, please provide the name of the pill if known:	☐ Yes	☐ No
4. Do you use the contraceptive pill mainly for contraceptive purposes? If no, please indicate the reason it was prescribed:	☐ Yes	☐ No
5. Are you wanting to change your current contraceptive pill? ☐ Not sure	☐ Yes	☐ No
6. Have you missed any pills at any point or had a gap of any duration since your last supply?	☐ Yes	☐ No
7. Have you had any problems with or side effects from your contraceptive pill?	☐ Yes	☐ No
8. Are you taking any other prescribed or supplied medication, including short term medication (e.g. antibiotics)?	☐ Yes	☐ No
9. Are you taking any over the counter medicines, herbal products or supplements?	☐ Yes	☐ No
10. Do you have any allergies?	☐ Yes	☐ No



If yes, please provide details:		
11. Are you using any medication or have you had any surgery to assist with weight loss?	☐ Yes	☐ No
12. Have you had your blood pressure checked within the last three months?*	☐ Yes	☐ No
Please provide your blood pressure reading if known*:	/	
13. Are you pregnant, or might you be pregnant?	☐ Yes	☐ No
14. Have you given birth to a child in the last 21 days?	☐ Yes	☐ No
15. Are you breast feeding?	☐ Yes	☐ No
16. Do you have long periods of immobility?*	☐ Yes	☐ No
Cardiovascular health		
17. Are you a smoker (including vaping / use of e-cigarettes)?* (If no, go to question 19)	☐ Yes	☐ No
18. If you are a smoker, would you like help giving up?*	☐ Yes	☐ No
19. What is your weight?*		Pharmacy use BMI:
20. What is your height?*		
21. Do you have a current or past history of ischaemic heart disease, vascular disease, stroke, or transient ischaemic attack (TIA)?**	☐ Yes	☐ No
22. Do you have diabetes?* (If no, go to question 24)	☐ Yes	☐ No
23. If yes, has this affected any of your organs (causing retinopathy, nephropathy, or neuropathy)?*	☐ Yes	☐ No
24. Have you ever had a deep vein thrombosis or pulmonary embolus?*	☐ Yes	☐ No
25. Do you have a current or past history of any heart disease?*	☐ Yes	☐ No
26. Do you have parents, siblings or children who have had heart disease or strokes under the age of 45?*	☐ Yes	☐ No
27. Do you have parents or siblings that have had a deep vein thrombosis or pulmonary embolus under the age of 45?*	☐ Yes	☐ No
28. Do you have any blood clotting illnesses / abnormalities?*	☐ Yes	☐ No
29. Do you have any problems with your heart muscle or any impaired heart function?*	☐ Yes	☐ No
30. Do you have or have you been diagnosed with atrial fibrillation?*	☐ Yes	☐ No
Neurological health		
31. Do you suffer from migraines?* (If no, go to question 34)	☐ Yes	☐ No
32. If so, do you experience visual symptoms or changes in sensation or muscle power on one side of your body?*	☐ Yes	☐ No
33. If you suffer from migraines, did your first attack occur when you started taking your contraceptive pill?*	☐ Yes	☐ No
34. Do you have a meningioma or a history of meningioma?	☐ Yes	☐ No
Cancers		



35. Do you have any past or current history of breast cancer?	☐ Yes	☐ No
36. Do you have any undiagnosed breast symptoms?*	☐ Yes	☐ No
37. Do you have any family history of breast cancer under the age of 50?*	☐ Yes	☐ No
38. Do you have any past or current history of any other cancer?	☐ Yes	☐ No
Gastro-intestinal health		
39. Do you have any form of liver disease or liver impairment?	☐ Yes	☐ No
40. Do you have gall bladder disease that causes you symptoms or is medically managed?*	☐ Yes	☐ No
41. Do you suffer from acute/active inflammatory bowel disease or Crohn's disease?	☐ Yes	☐ No
42. Have you had any bariatric surgery or any other surgery that has reduced your ability to absorb things from your stomach?	☐ Yes	☐ No
43. Do you suffer from Cholestasis, a condition caused by blocked or reduce flow of bile fluid?*	☐ Yes	☐ No
Other health conditions		
44. Do you currently have any undiagnosed vaginal bleeding?	☐ Yes	☐ No
45. Do you have any planned major surgeries?*	☐ Yes	☐ No
46. Have you ever been diagnosed with Anti phospholipid syndrome (APS) (also known as Hughes syndrome) with or without Lupus?*	☐ Yes	☐ No
47. Have you ever had an organ transplant that has resulted in complications?*	☐ Yes	☐ No
48. Do you have any kidney impairment or acute renal failure?*	☐ Yes	☐ No
49. Have you been diagnosed with Acute porphyria?	☐ Yes	☐ No
50. Have you been advised that you have high potassium levels in your blood (a condition called hyperkalaemia)?	☐ Yes	☐ No
51. Have you been diagnosed with Addison's disease, also know as primary adrenal insufficiency hypoaldosteronism?	☐ Yes	☐ No
52. Is there anything else you would like to share with us to consider in your consultation? If yes, provide details:	☐ Yes	☐ No

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

For the pharmacist or pharmacy technician:

* Question relevant to COC pill only.

** For POP, TIA (first attack only) if taking the method when the event occurred.