

|     | Stay Clinically Updated   |
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|     | Keep current with national guidelines and on best practices in contraception  |
|     | counselling and management (e.g. NICE, Faculty of Sexual and Reproductive   |
|     | Health).  |
|     | • Be familiar with eligibility criteria ( <u>UKMEC</u> ), side effects, and interactions.   |
|     | • Understand bridging methods, emergency contraception options and LARC options.  |
|     | Women requiring contraception should be given information about and offered a   |
|     | choice of all methods, including long-acting reversible contraception (LARC)  |
|     | methods.  |
|     | Ensure that pharmacists delivering the service are appropriately trained and  |
|     | qualified.  |
|     | Suitably trained and competent pharmacy technicians will also be able to provide  |
|     | the service once the service specification has been updated.  |
|     | <ul> <li>The FSRH is advising that individuals use contraception whilst using GLP-1 agonists,<br/>with additional advice for those using tirzepatide. The FSRH has also produced a</li> </ul> |
|     | resource for clinicians to share with patients and a patient leaflet.   |
|     | FSRH statement: Glucagon-like peptide-1 (GLP-1) agonists and oral contraception   |
|     | (Feb 2025)   FSRH   |
|     | <ul> <li>Example of a Combined Oral Contraception Decision Algorithm</li> </ul>   |
|     | COC-Decision-Making-Algorithm-V1.2.pdf  |
|     | • Drospirenone will be added to enable the supply of this medicine under PGD as part  |
|     | of the PCS. This product will only be able to be supplied under the service once the  |
|     | PGDs have been updated.   |
|     | Be Familiar with local prescribing formularies and local safeguarding protocols.  |
|     | Contraception Service Consultation  |
|     | Ensure a confidential consultation area is used.  |
|     | <ul> <li>Make patients feel comfortable discussing sensitive topics.</li> </ul>   |
|     | • Use inclusive, non-judgmental language and explain options clearly so that patients   |
|     | understand all available contraception methods including their effectiveness, side  |
|     | effects, and potential risks.   |
|     | Offer written information or digital resources to support decision-making.     Tailer the advise and support to the individual's peeds and sizeumstances, including                           |
|     | <ul> <li>Tailor the advice and support to the individual's needs and circumstances, including<br/>those with complex needs or those who may have limited access to other services</li> </ul>  |
| Y   | <ul> <li>Actively address common misconceptions and myths about contraception to</li> </ul>   |
|     | ensure informed decision-making   |
|     | <ul> <li>Explore using remote consultations, including telephone or video links, to increase</li> </ul>   |
|     | accessibility for those who prefer or need it.  |
|     | Maintain appropriate confidentiality, especially with younger clients.  |
|     | Be comprehensively trained to proactively identify safeguarding concerns and  |
|     | effectively follow local referral pathways.   |
|     | Document and Follow-Up  |
|     | Accurately record all consultations and decisions.  |
|     | Provide clear safety-netting advice.  |
|     | Where needed, schedule follow-up or refer appropriately.  |
|     | Streamline Workflow   |
|     | • Integrate the service into your daily routine (e.g., booking appointments or walk-ins).   |
| tQ, | Implement clear standard operating procedures (SOPs) for all aspects of the   |
|     | service, including consultations, referrals, and record-keeping and regularly review.   |
|     | <ul> <li>Use checklists or structured templates for consistency.</li> </ul>   |

• Delegate admin tasks where possible.



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|           | <ul> <li>Educate the entire pharmacy team on the service, including how to refer patients<br/>and gather relevant information.</li> <li>Where possible utilise a booking system so you can book patients in for next time<br/>when they receive their prescription. This helps secure their ongoing engagement</li> </ul> |
|           | and reduces the chance of them forgetting about the service later.  |
|           | <ul> <li>Using the Hypertension Case-Finding service, ensure you <u>do not</u> claim for</li> </ul>   |
|           | hypertension consultations as per CPE guidance when taking a patient's blood  |
|           | pressure during this service  |
|           | Promote the Service   |
|           | Display posters or leaflets in-store.   |
|           | Use social media or your pharmacy website to advertise.   |
|           | • Utilise and inform local GPs, clinics, support groups that you offer the contraception  |
|           | service to help spread awareness.   |
|           | Communicate the service to existing patients, especially those already accessing  |
|           | other pharmacy services, potentially through SMS messages.  |
|           | • Use your PMR drug reports to identify patients who could be eligible for the service  |
|           | and proactively reach out to them with appointment offers.  |
|           | Use stickers for key messages on prescriptions to remind staff to promote the   |
|           | service. Place them on prescription bags, medication packaging, or shelves to   |
|           | highlight services and prompt patients about available consultations.   |
|           | Use bag stuffers / information leaflets when dispensing a prescription for a  |
|           | contraceptive to inform patients about the service and potentially increase the   |
|           | numbers of patients coming to the pharmacy for it.  |
|           | • If you have a booking system for the service promote it to patients. A simplified   |
|           | booking will help improve patient attendance and scheduling Promote Your Services with Local GPs and Sexual Health Services   |
|           |   |
|           | <ul> <li>Collaborate with your local GP practices and Sexual Health Services to promote services.</li> </ul>  |
|           |   |
|           | <ul> <li>Share information about available pharmacy services so they can refer patients to<br/>you, improving community health outcome</li> </ul>   |
|           | <ul> <li>Consider identifying a link person in GP surgeries who may be the prescribing lead</li> </ul>  |
|           | or practice pharmacist.   |
|           | Offer a Range of Services   |
|           | • Stock a variety of contraceptive methods where permitted (e.g., POP, condoms,   |
|           | EHC).   |
|           | • Link with other services (e.g., STI testing, smoking cessation, weight management).   |
|           | Identify and signpost to other local services that provide LARC or termination of   |
|           | pregnancy   |
| $\odot$   | Get Ready for the inclusion of Emergency Contraception to the service   |
|           | Promote the contraception service alongside regular EHC consultations. Linking  |
|           | these services can boost patient satisfaction and increase uptake.  |
|           | From October 2025, subject to the introduction of IT updates to community   |
|           | pharmacy clinical services IT systems, the service will be <b>expanded to include</b>   |
|           | <b>Emergency Hormonal Contraception (EHC)</b> , with a fee of <b>£20</b> per consultation,  |
|           | plus the cost of any EHC provided to the patient.   |
| Resources |   |

- <u>Gillick competence and Fraser guidelines</u>
- <u>NHS service specification</u>

- UKMEC guidance
- <u>Community Pharmacy England resources</u>
- <u>CPPE Contraception Training Resources</u>