

Pharmacy Contraception Service Toolkit

Background

A 2019 Public Health resource for commissioner highlights the role that community pharmacy can play in supporting the provision of ongoing contraception. Additionally, the NHS Long Term Plan highlights the importance of NHS services complementing local government action to support the commissioning of sexual health services.

The 5 year Community Pharmacy Contractual Framework (CPCF) agreement that was reached in July 2019 included a plan to pilot repeat supplies of oral contraception. The Pharmacy Contraception Service builds on the learning from the pilot service. This was originally envisioned to be a tiered service but, following the announcement of NHS England's Delivery Plan for recovering access to Primary Care, the original tiered service proposal was removed and the service expanded to include the initiation of oral contraception (OC).

The service provides contractors with another opportunity to address health inequalities by providing wider access in their communities and signposting service users into local sexual health services in line with [NICE Guideline NG102](#)

Aims and objectives of the service

The objectives of the service are to:

- Provide a model for community pharmacy teams to initiate provision of OC, and to continue the provision of OC supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. Both initiation and

ongoing supply will be undertaken using PGDs to support the review and supply process; and

- Establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering continuing their current form of OC.

The service aims to provide:

- Greater choice from where people can access contraception services; and
- Extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

Service description

If you decide to provide the service, you must ensure that the service is accessible, appropriate, and sensitive to the needs of all service users. No eligible person shall be excluded or experience particular difficulty in accessing and effectively using the service. You need to provide both elements of the service i.e. initiation and repeat supplies of oral contraception.

People will access the service by one of the following routes:

- Identified by the pharmacist as clinically suitable and accepts the offer of the service.
- Self- referral to a community pharmacy.
- Referral from their GP practice as they have requested a repeat prescription and a review is needed.
- Referral from a sexual health clinic (or equivalent).
- Referral from another NHS service provider e.g. urgent treatment centres or NHS 111.

Service specification and PGDs

Fees and payments

The following fees have been agreed for the service:

- A set-up fee of £400 on signing up to deliver the service via the MYS portal.
- £250 paid after claiming for the first 5 consultations.
- £250 paid after completing a further 5 consultations (i.e. 10 in total).
- A fee for each consultation of £18
- Reimbursement for the oral contraception supplied (in accordance with the Drug Tariff determination).

If you are commissioned to deliver any related services that incorporates BP clinic measurements (for example the hypertension case finding service) you cannot claim twice for the same activity.

Data from the NHS approved IT system is submitted to the MYS portal by an API and will be used by the NHS to populate a payment claim within the portal. You should review the claim before submitting it.

Claims should be submitted within one month, and no later than three months, following the provision of the service. Claims made more than three months after the consultation will not be paid.

Premises requirements

A face-to-face consultation is the preferred option when delivering this service. The premises must have a consultation room which:

- Is clearly designated as an area for confidential consultations.
- Is distinct from the general public area of the pharmacy.
- Allows both the person receiving the service and the service provider to sit down together and have a conversation at normal speaking volumes which cannot be overheard by any other person (unless the patient has consented to a carer or chaperone being present).

Remote consultations are permitted to be used to provide the service. If you are undertaking these then you must ensure that there are arrangements in place to

enable the pharmacist to communicate confidentially with the person receiving the service via telephone or a live video link.

Patient eligibility

Inclusion criteria

- Be an individual seeking to be initiated onto an OC, or seeking a repeat supply of their ongoing oral contraception in line with the PGD protocol, and as follows:
 - Combined Oral Contraceptive – from menarche up to and including 49 years of age.
 - Progesterone Only Pill – from menarche up to and including 54 years of age.

Exclusion criteria

- People who are considered clinically unsuitable, or who are excluded for supply of oral contraception according to the PGD protocols. This includes but is not limited to:
 - Individuals under the age of 16 and assessed as not competent using Fraser Guidelines
 - Individuals aged 16 and over and assessed as lacking capacity to consent

Pharmacist knowledge and skills requirements

You must keep documented evidence that all pharmacists and pharmacy staff involved in providing the service are competent with regards to the specific skills and knowledge.

Pharmacists providing the service are personally responsible for remaining up to date with the skills and knowledge listed below.

To deliver the service pharmacists must have evidence of competence in the clinical skills and knowledge required to provide the service. There is no required Declaration of Competence (DoC) but pharmacists must be able to evidence their competence in the clinical skills and knowledge identified in the service specification and PGDs in the

training modules listed below. All modules (including the elfh ones) can be accessed via the [CPPE Pharmacy Contraception Service webpage](#).

*Packages that are highly recommended are highlighted with an asterisk**

Safeguarding

Please note, it is highly recommended that you complete the level 3 safeguarding training rather than relying on another person in the organisation to be available at all times.

- Safeguarding Level 3 – Safeguarding Children and Adults Level 3 for Community Pharmacists – video on elfh OR
- Safeguarding Level 3 Learning for Healthcare Safeguarding OR
- Have direct access to professional advice from someone who can advise on safeguarding at level 3

Ongoing supply

- *CPPE Emergency Contraception
- CPPE consultation skills for pharmacy practice and e-assessment

Either

- *CPPE contraception (including e-assessment)

Or

- *the following 4 subsections of module 3 – Contraceptive Choices of the FSRH Sexual and Reproductive Health e-learning
 - O3_01 Mechanism of action, effectiveness and UKMEC
 - O3_02 Choosing contraceptive methods
 - O3_03 Combined hormonal contraception
 - O3_04 Progesterone only methods (oral and injectable)

Either

- *CPPE sexual health in pharmacies and e-assessment

Or

- *The following 4 subsections of module 9 – STIs FRSH Sexual and Reproductive Health e-learning

- 09_01 Epidemiology and transmission of Sexually Transmitted Infections (STI)
- 09_02 STI testing
- 09_03 STI management
- 09_04 Partner notification

And

*One subsection in the external resources module of the Sexual Health (PWP) e-learning on elfh FRSH [contraception counselling](#)

Initiation

The following subsections of Module 2 of FSRH e-SRH on elfh :

- 02_01 Health history and risk assessment
- 02_02 Confidentiality, chaperones, and consent

The following subsection of Module 3 of the FSRH e-SRH on elfh:

- 03_07 *Barrier contraceptives

The following subsections of Module 5 of the FSRH e-SRH on elfh:

- 05_01 Managing bleeding problems in women using contraceptives
- 05_02 Managing contraceptive side-effects
- 05_03 Managing side-effects and complications of IUD and IUS

Other training to support clinical practice:

- CPPE documenting in patient clinical records
- CPPE consultation skills for pharmacy practice
- CPPE remote consultation skills
- PGD e-learning on elfh

Pharmacists must be familiar with at least one online shared decision making contraceptive tool. For example:

- [Contraception Choices](#)
- [Brook](#)
- [Sexwise](#)

These tools are used to support the pharmacist and should be shared with the person accessing the service (before the appointment if possible) to support their decision making.

Getting ready to provide the service

Before providing the service, you must:

- Have an NHS approved IT system that includes an API to transmit PCS data to the MYS portal
- Have an SOP in place for the service which includes the process for the escalation of issues identified, signposting details, equipment maintenance and validation, and staff training.
- Pharmacy team members completing BMI and/ or BP measurement must have completed relevant training.
- Ensure that all pharmacy staff involved in the provision of the service are familiar with, and will adhere to, the SOP.
- Have access to a blood pressure monitor that has been validated by the British and Irish Hypertension Society (BIHS).
- Have access to equipment to measure height and weight so that the person's BMI can be calculated.
- It is recommended that you engage with local GP practices and/or sexual health clinic colleagues to make them aware that the pharmacy is participating in the service, and that they can refer patients into the service. Given the current workforce pressures, it is advisable that you agree the potential number of patients so that you can plan the workload accordingly.

- Review your stock holding of oral contraceptives to ensure that you have sufficient supply to provide the service.
- Notify NHS England of your intent to provide the service by completion of an electronic registration through the NHSBSA Manage Your Service (MYS) application. **DO NOT do this until you have completed the training, have the equipment in place, and are ready to provide the service/ accept referrals.**

Providing the service

Patient recruitment

The whole pharmacy team can proactively promote the service and support with the recruitment of patients. Brief your team on the service, and coach them on how best to approach people about the service and the right language to use.

Patients can also be referred into the service by their GP or local sexual health clinic (or equivalent) so building great relationships with fellow Healthcare Professionals can help you to drive activity. In Greater Manchester, GP practices using EMIS can send direct referrals via PharmOutcomes. If your local practice uses a different system, you will need to agree a referral process with them.

Celebrate your successes with your team. This will help to increase their confidence in engaging patients into the service.

Consent

Patients must give verbal consent to the service before it can be provided. You should record this in the person's clinical record.

With explicit consent, information relating to the consultation will be shared with the person's general practice. However, if the person does not consent to sharing information with the general practice, or if they are not registered with a general practice, the consultation can still proceed, and a notification will not need to be sent.

The person should be advised of the following information sharing that will take place:

- The sharing of information about the service with NHS England as part of service monitoring and evaluation
- The sharing of information about the service with the NHSBSA and NHS England as part of post-payment verification

The consultation

You must respond to anybody requesting a supply of OC as soon as is reasonable possible. If you are unable to offer a consultation within the time needed, you should signpost the person to an alternative pharmacy or other service for a consultation.

As part of the consultation, the pharmacist will determine the clinical appropriateness of making a supply of OC following the guidelines in the appropriate PGD.

Either party can request a chaperone to be present during the consultation.

During the consultation, if you are concerned about a potential safeguarding issue, you must take appropriate action, where necessary, in line with [local safeguarding processes](#).

The consultation must include a conversation with the person regarding alternative and more effective forms of contraception e.g. Long Acting Reversible Contraceptives (LARC).

Regardless of the outcome of the consultation, it may be appropriate to signpost the person accessing the service to another provider.

The repeat supply of a combined oral hormonal contraceptive requires BMI and a blood pressure measurement to be taken. A person accessing the service may also offer their own weight, height, and blood pressure measurements. Any self-reported measurements must be recorded as such.

Where BMI and BP measurements are taken within the pharmacy, these can either be conducted by the pharmacist as part of the consultation, or by a suitably trained member of the pharmacy team before the consultation with the pharmacist.

Outcomes and next steps

If the assessment criteria are met

For initiation of an OC the quantity supplied should not exceed three months. You should use your professional discretion as to which product listed in the PGD to supply. To protect NHS resources you should refer to [GM ICB's formulary](#) (chapter 7) to supply the best value product to meet the clinical need of the patient.

You can supply up to 12 months duration of the oral contraception the person is currently using. Unless there is a reason not to, supplies of this duration are in line with the [Faculty of Sexual and Reproductive Healthcare](#) (FSRH) guidance. Restricting the length of supply could result in unwanted discontinuation of the method and an increased risk of pregnancy.

Repeat supplies should be made in line with the person's previous supply e.g. when a branded product has been supplied for clinical reasons, such as an allergy to the product's constituents, the repeat supply should be an equivalent brand or generic, that follows any medicines [formulary requirements of GM ICB](#).

If the criteria are not met

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

You are required to report any patient safety incidents in line with the [clinical governance approved particulars for pharmacies](#).

Record keeping and data management

You must maintain appropriate patient records to ensure effective ongoing service delivery and audit.

With explicit consent, the full details of the consultation must be sent via PharmOutcomes to the person's general practice for entry into the patient record. If

explicit consent has not been gained, or the person does not have a general practice, the notification will not need to be sent but the information must still be recorded.

A dataset must be reported to the NHSBSA's MYS portal via an API linked to the pharmacy clinical record system. Records of the reimbursement data reported to the NHSBSA's MYS portal should be retained for 3 years for post payment verification purposes.

The following must be recorded for the supply of OC against the PGD for monitoring and evaluation purposes:

- Full name
- Date of birth
- Address
- Postcode
- GP practice identifier
- Date of consultation
- Professional identifier of the pharmacist providing the consultation
- Relevant past medical, surgical and mental health history
- Consent for treatment record
- Systolic BP (COC only)
- Diastolic BP (COC only)
- BMI (COC only)
- Allergies and adverse reactions
- Medicine supplied
- Quantity of medicine supplied
- Dose amount
- Supply type
- Information and advice given
- Referral to
- Escalated to
- Receiving organisation identifier

- Onward referral date

Monitoring and Post Payment Verification (PPV)

As well as meeting the Essential services requirements, you must ensure that your pharmacy has the following and that these are available for inspection should the local NHSE or ICS Primary Care Commissioning Team undertake a site visit:

- A working and appropriately calibrated blood pressure monitor which is validated by BIHS.
- Sexual health promotional media or evidence of an ability to signpost.
- A suitable quantity of oral contraceptive products to enable efficient and direct supply to the person attending and ensure continuation of supply.

It is your responsibility to be able to provide evidence of claims when requested by the NHSBSA for PPV.

Withdrawal from the service

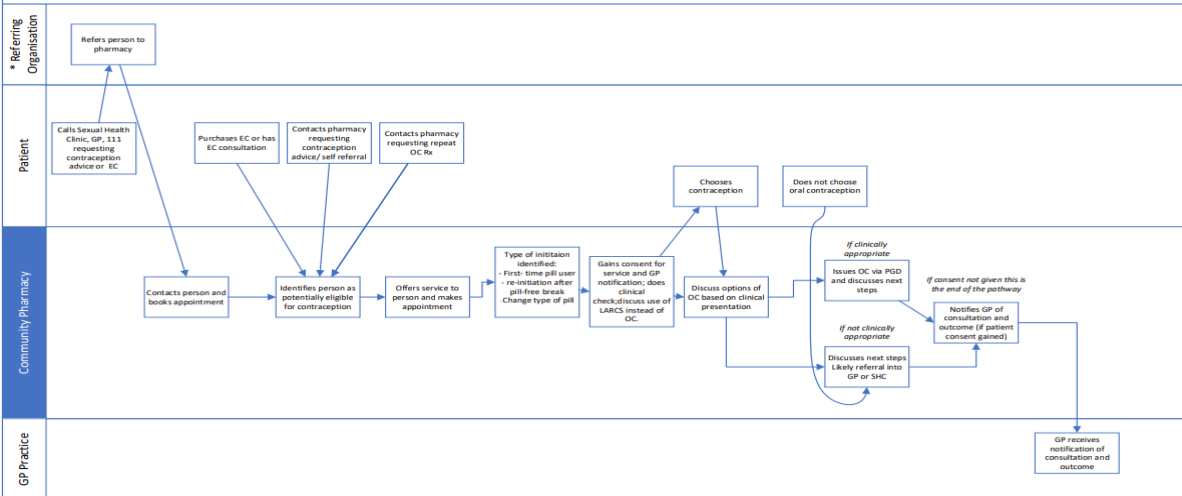
If you wish to stop providing the service, you must notify the commissioner of your decision via the MYS portal, giving at least one month's notice prior to the cessation of the service. You may be asked your reasons for withdrawing from the service.

If you de-register from the service, or cease trading, within 30 days of registration, you will not qualify for the £400 set up fee. If the £400 fee has already been paid, the money will be claimed back.

Service pathway

Pharmacy Contraception Service Pathway
Initiation of Oral Contraception

* referring organisation includes Primary Care (e.g. GP Practices and pharmacies) and Sexual Health Centres



Useful resources

CPE Pharmacy Contraception Service webinar – [initiating contraception](#)

CPE Pharmacy Contraception Service webinar – [getting going with the service](#)