



Pharmacy Contraception Service

Presenters:

- Mydah Ahmad – Community Pharmacy PCN Engagement Lead Pharmacist
- Ali Khalaf – Nationally Commissioned Pharmacy Services and Intelligence Lead Pharmacist

My role

Introduction

Mydah Ahmad

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**Community Pharmacy PCN
Engagement Lead for Greater
Manchester**

Connector between community pharmacy, PCNs and GP practices — translating system priorities into practical service delivery.

Focus services: Pharmacy First, Hypertension Case-Finding and **Pharmacy Contraception Service.**

System coverage: 10 GM localities, 400+ GP practices and 600+ community pharmacies.

Key workstreams

1 Practice-level support

Working directly with GP practices, PCNs and Locality Boards to improve referrals into PCARP services.

2 Data-led action

Using referral data and insight with the **Intelligence Lead Pharmacist** to identify and target support to inactive and low-referring practices.

3 Best-practice spread

Creating webinars, reports, GP practice drop-ins and case studies to share what works across the system.

Impact (Feb 2024 – Dec 2025)

45% fewer inactive GP practices
(0 referrals/month)

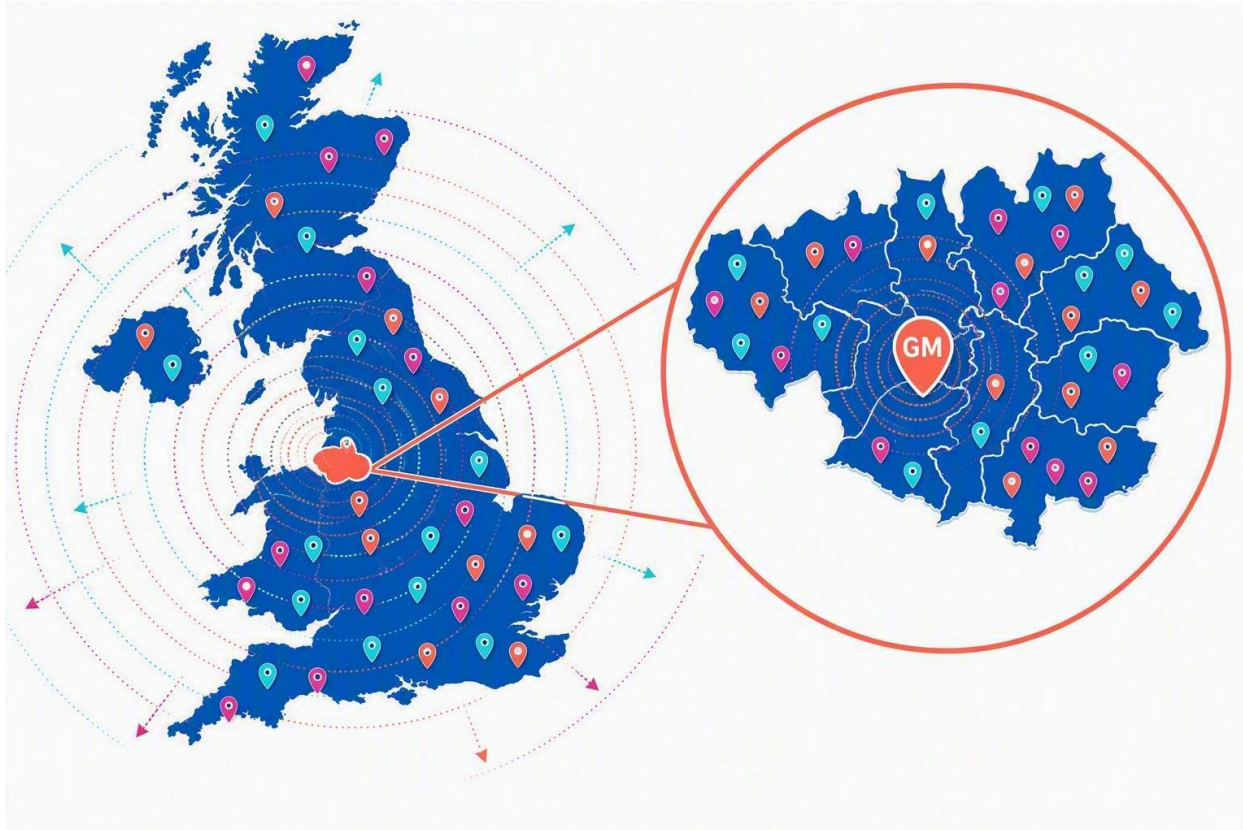
73% fewer low-referring GP practices
(<10 referrals/month)

>7,000 more GP practice referrals

100% GP practices outreached

In short: turning system priorities into practical action with GP practices, PCNs and community pharmacies.

Strong relationships turn referrals into system-wide confidence



WHY RELATIONSHIPS MATTER

Positive referrals build confidence everywhere.

Each interaction shapes whether practices refer again.

- 1 BUILD TRUST**
Understand practice pressures and implement practical tips.
- 2 MAKE REFERRALS WORK**
Give a clear rationale, communicate well and follow through.
- 3 GROW CONFIDENCE**
Continue the momentum, increase referrals and strengthen credibility.

SESSION OUTCOME

A practical toolkit to build relationships that sustain referrals.

Housekeeping

BEFORE WE BEGIN

- **QUESTIONS**

Please keep questions to the end; note anything you'd like to revisit

- **TAKE PART**

Share experiences and tips in the activity session

- **IDENTIFY YOUR KNOWLEDGE GAPS**

Make note of key topics/areas you need to learn more about

- **MAKE IT PRACTICAL**

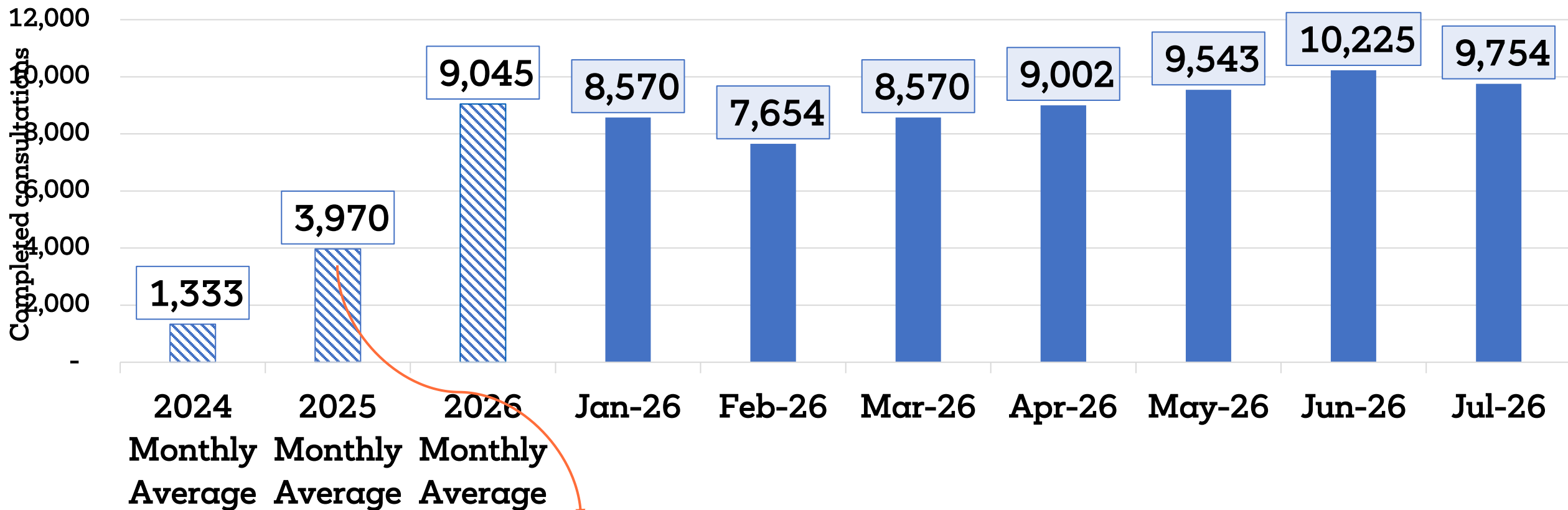
Capture on your action plan one thing you can implement after the session



Data Insights and What It Means for your Pharmacy

From New Service to Major Contributor

Total Monthly PCS Consultations Delivered by Community Pharmacies in GM
(Initiation, Continuation and Emergency Contraception)



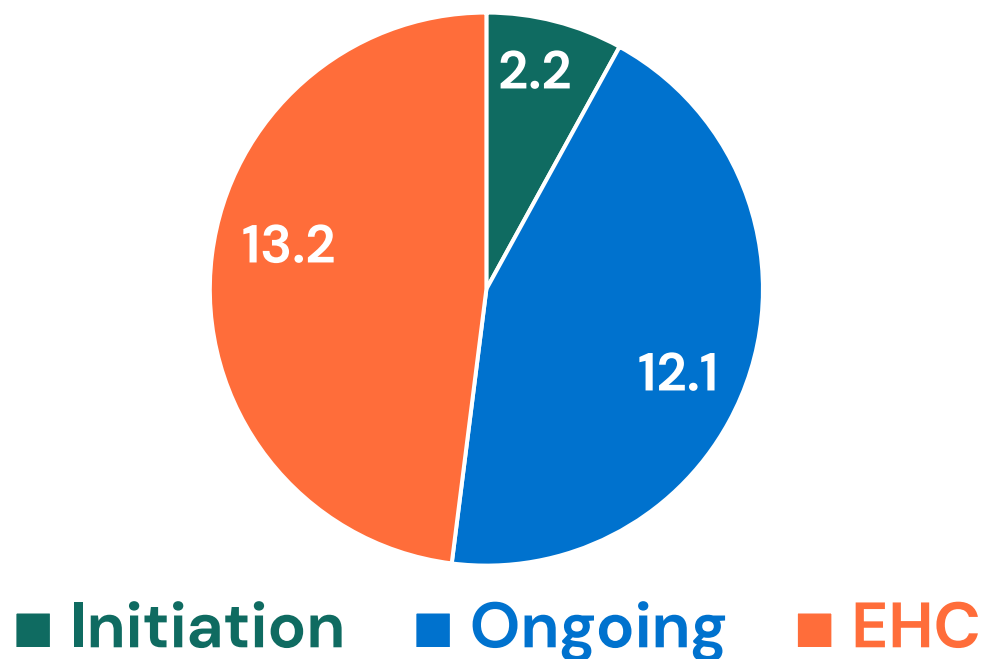
***Oral emergency contraception became part of the service on 29th of October 2025**

PCS Activity across GM Localities including EHC

Monthly average activity per 10,000 population • January to July 2026

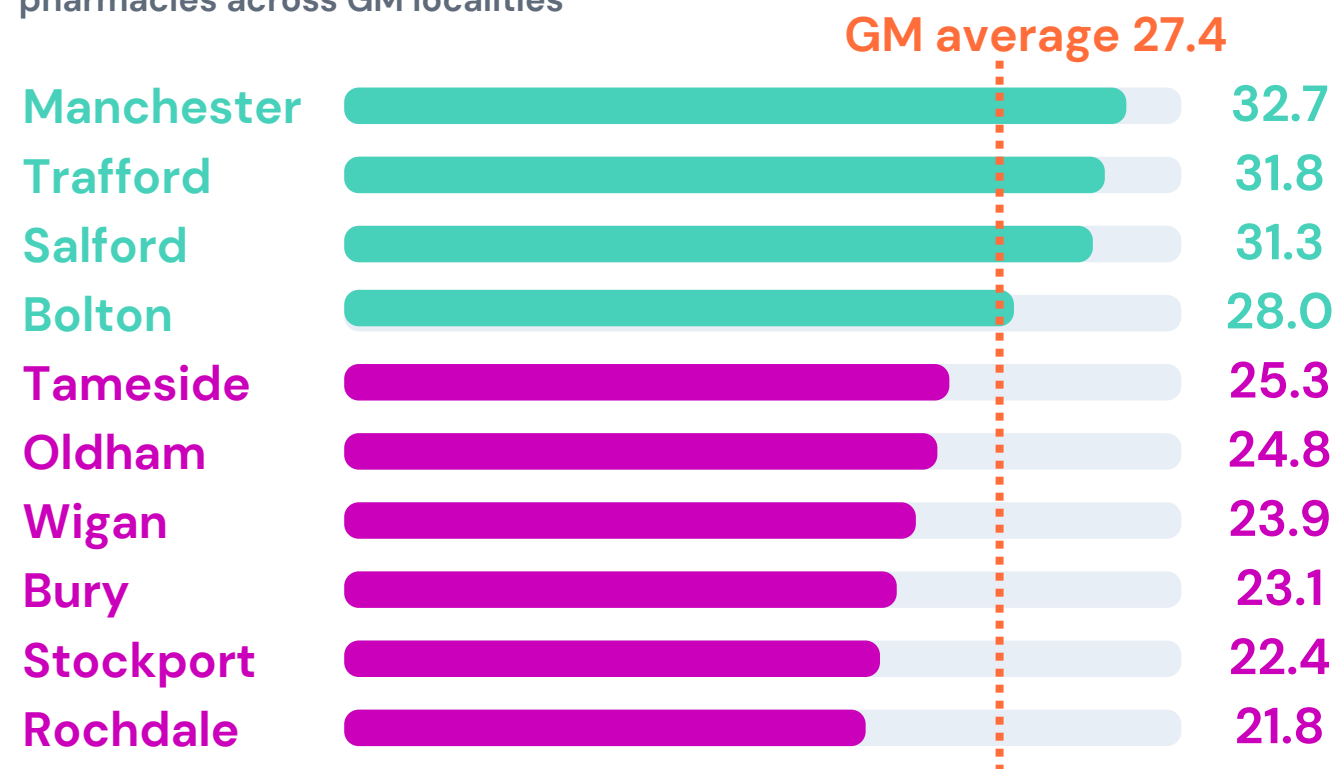
Greater Manchester

PCS service mix across GM expressed
per 10,000 population



PCS activity per 10,000 population

PCS activity delivered by community
pharmacies across GM localities



Initiation

GM 2.2/10,000

National 2.3/10,000

Ongoing/ continuation

GM 12.1/10,000

National 13.2/10,000

EHC

GM 13.2/10,000

National 11.2/10,000

Population-adjusted activity supports comparison between ICBs and localities of different size.

Source: Data provided by NHS England and analysed by the Community Pharmacy Provider Board (CPPB)

Initiation and Ongoing PCS Activity across GM Localities

Activity per 10,000 population • initiation and ongoing monitoring • EHC excluded • January to July 2026

Greater Manchester

Initiation and ongoing activity expressed
per 10,000 population

14.2

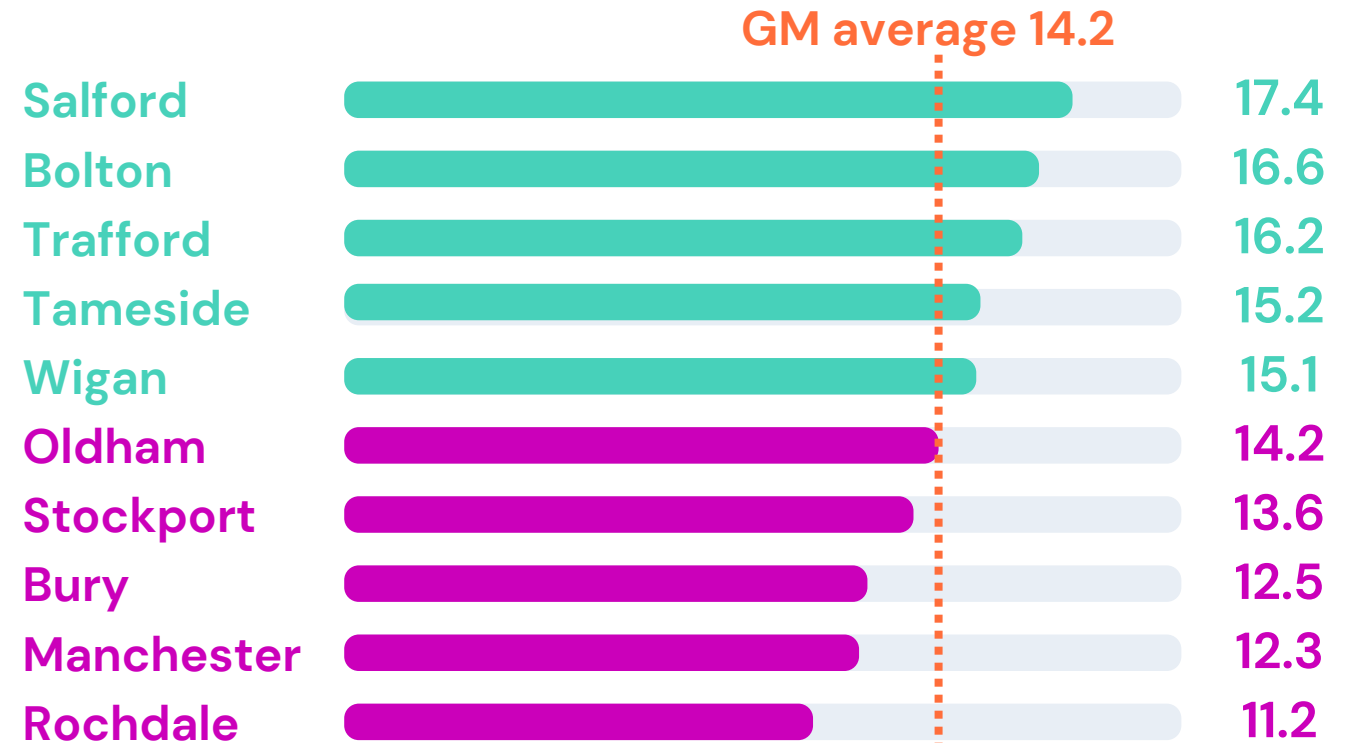
GM average per 10,000 population

Initiation + ongoing / continuation

Emergency hormonal contraception
excluded

Initiation + ongoing per 10,000

Activity delivered by community pharmacies
across GM localities • EHC excluded



EHC can skew overall PCS activity towards localities with concentrated student populations and higher footfall. Excluding EHC therefore provides a clearer picture of locality-level performance for initiation and ongoing contraception.

Where are the Opportunities to Increase PCS Activity?

Monthly average PCS consultations as a proportion of GP-issued oral contraceptive prescription items • January to June 2026

GP Rx = monthly prescription items for combined oral contraceptive (COC) and progestogen-only pill (POP) issued by GPs.

PCS = **initiation** and **ongoing** oral contraception consultations delivered by community pharmacies (ex EHC).

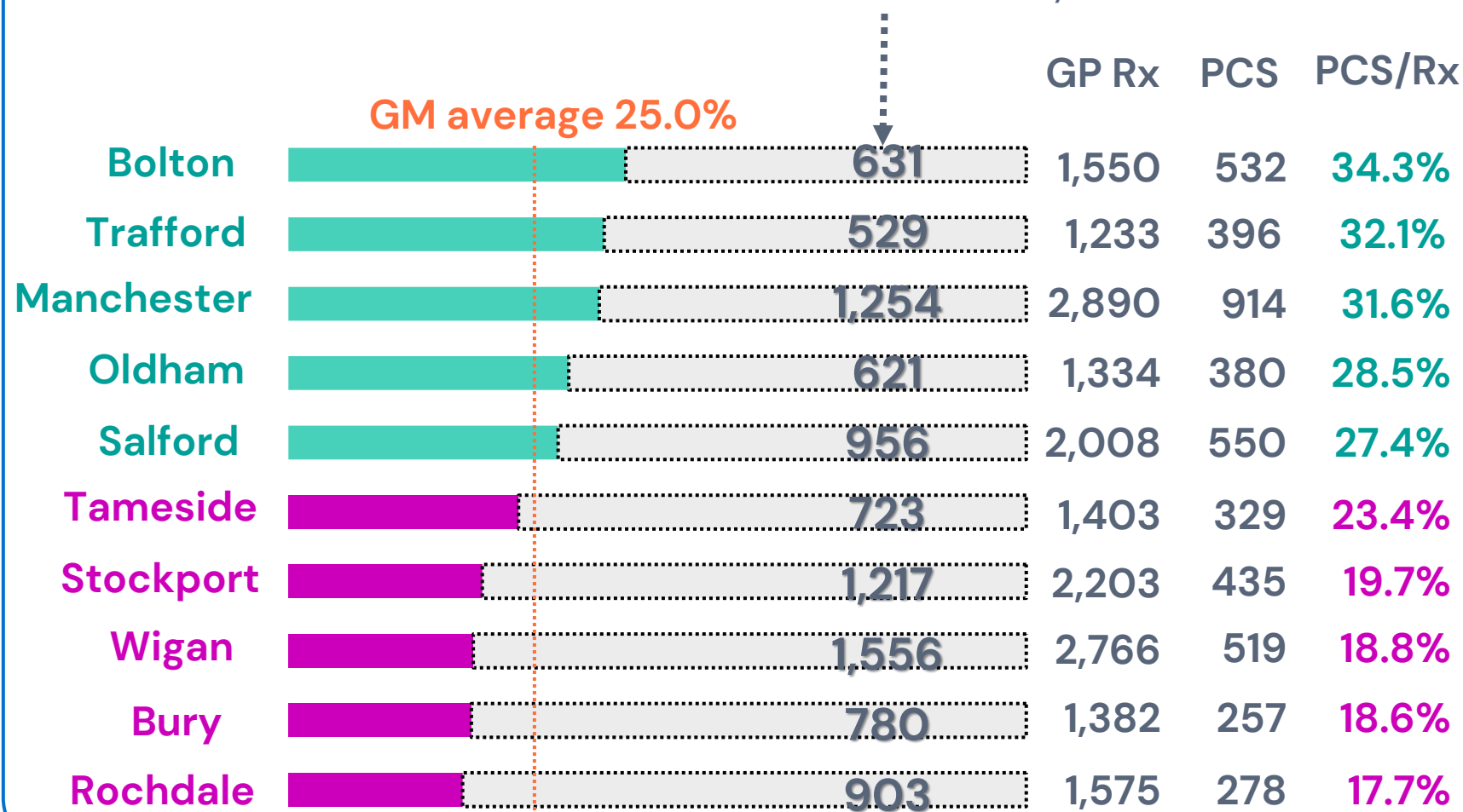
■ **Higher %:** Stronger community pharmacy uptake

■ **Lower %:** Greater opportunity for PCS growth

▤ Illustrative additional PCS activity if 75% of GP oral contraception prescribing were shifted into the PCS*

PCS as % of GP-issued contraceptive items

Numbers of additional PCS activity to 75% level



*Directional opportunity indicator only: GP Rx items and PCS consultations are different activity measures.

Source: PCS Data provided by NHS England and GP Rx items are obtained from Open Prescribing. Data was analysed by the Community Pharmacy Provider Board (CPPB)

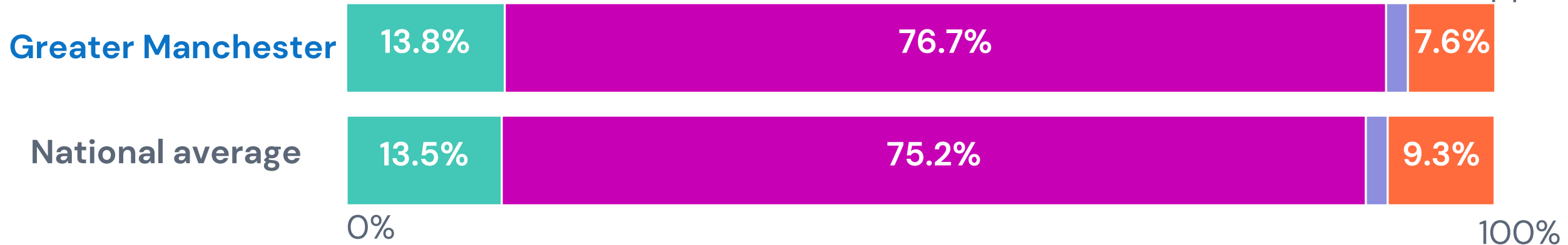
Duration of Contraception Supplied GM vs National

PCS contraception supply duration • comparison with national average • January to July 2026

GM broadly mirrors the national supply profile, with slightly
more 6-month supply and **less 12-month** supply

Proportion of contraception supplies by duration

% of total supplies



3-month supply
Initiation only

13.8% GM **13.5%** National

+0.3 pp

6-month supply
Ongoing supply

76.7% GM **75.2%** National

+1.5 pp

9-month supply
Ongoing supply

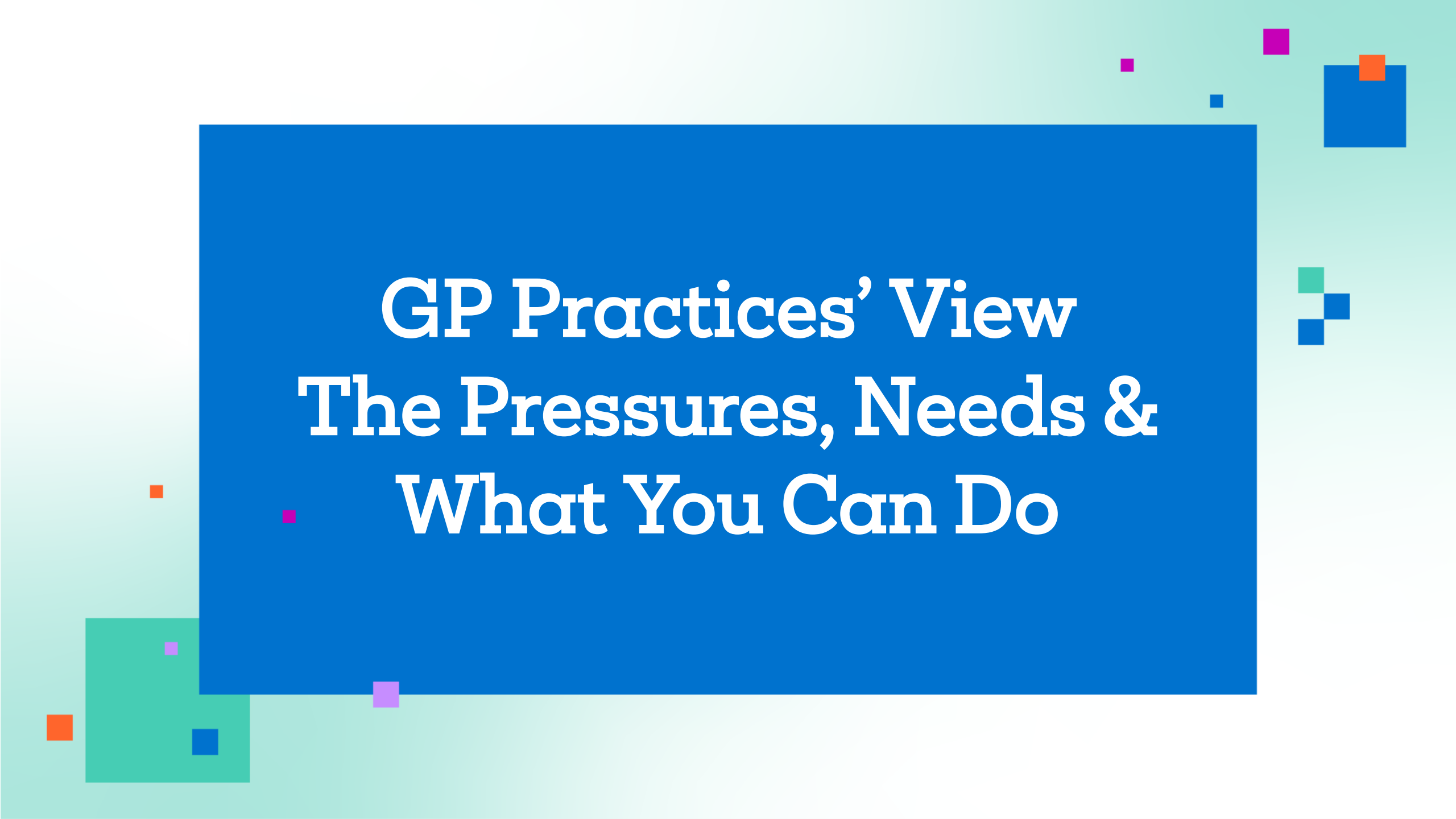
1.9% GM **1.9%** National

No difference

12-month supply
Ongoing supply

7.6% GM **9.3%** National

-1.7 pp



GP Practices' View The Pressures, Needs & What You Can Do

GP pressures and what you can do

GP PRESSURES

WHAT YOU CAN DO

01	QOF and BeCCoR deadlines	→	• X referrals a day will free up Y appointments /week • Saved time can be repurposed to...
02	Workforce turnover & referral fatigue	→	• Identify and share key resources; run refresher sessions • Understand the GP triage model and working processes
03	Inconsistency in service delivery	→	• Implement direct feedback loops and monthly CP–GP huddles • Are your locums trained to deliver the service?
04	Historical milestones	→	• Identify influential team player(s) and talk through past barriers • Align supplies with FSRH guidance and the practice’s usual duration of supply

Make referrals easy: be consistent, communicative and responsive



The Elevator Pitch

What is an elevator pitch?



Short enough to deliver
in one lift ride.

A CLEAR, COMPELLING INTRODUCTION

A brief, persuasive way to explain who you are, the value you offer and what you want to happen next.

IT ANSWERS FOUR QUESTIONS

01

WHO?

Who are you?

02

NEED?

What matters?

03

VALUE?

How can you help?

04

ASK?

What happens next?

Be memorable. Be relevant. Make the next step obvious.

Pharmacy Contraception Service

Elevator Pitch Builder for GP Practice Conversations

Use this sheet to structure a short conversation with a GP practice about the Community Pharmacy Contraception Service.



Greater Manchester
Community Pharmacy
Provider Board



Greater Manchester
Community Pharmacy
Provider Board

1 What should you cover?



What is the service?

.....
.....
.....



Why does it matter to this GP practice?

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.....
.....



What are the benefits for patients?

.....
.....
.....



What are the benefits for the practice?

.....
.....
.....



What would you like them to do next?

.....
.....
.....

2 Key talking points

☐☐☐☐☐

3 Conversation structure

1.
Open



2.
Explain



3.
Tailor



4.
Close

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4 Your elevator pitch

How would you explain the service in a short, clear introduction?



Aim for 30 seconds

.....
.....
.....

5 Your call to action

What specific ask will you make before leaving the conversation?

.....
.....
.....



Remember

Keep it short



Make it relevant



Focus on patient benefit



Leave with a clear next step

With a focus on the PCS, work through the activity sheet to produce a 30 second elevator pitch.



5 mins

Examples

Mydah's Elevator Pitch

Hi, I'm Mydah – your PCN Eng Lead for GM. I'm leading the rollout of a new Pharmacy Contraception Service project, and I'm dropping in today to highlight what this could mean for your practice. Did you know you could be saving *up to 106 clinic hours a year* just by transferring your full routine oral contraception cohort (632 items) to community pharmacy? That's time you can immediately repurpose towards BeCCoR, QOF and other priority targets — while still receiving full consultation notes back from CP. Practices already live are seeing quick, low-effort workflow wins, and I'd love to explore what this could look like for your team. Can we sync up next Friday for about 10 minutes?

Key Topics To Consider

- Patient benefit – enhancing access to the pill
- Is this a priority workstream for you right now?
- If not is there anything I can support with to help with capacity pressures?
- Next steps - a slot at the next Practice Meeting?

Summary

The background features a light teal gradient. A large, solid blue rectangle is centered on the page, containing the word "Summary" in white. Scattered around this central rectangle are various smaller geometric shapes: squares and rectangles in shades of orange, purple, blue, and teal. Some of these shapes are nested or overlapping, creating a modern, abstract design.

Following the session, you now have...

- A clearer understanding of how the service is growing and its contribution to primary care in GM.
- The insight to recognise local opportunities, using data to understand the needs of your community and strengthen planned contraception.
- An action plan that is specific, realistic and accountable.
- A deeper toolkit to implement from tomorrow.
- A greater awareness for why relationships matter for you, the profession, wider team and the public.

- Actionable strategies to implement from *tomorrow*
- A small step with a big impact

Long Term Actions

- Maintain the momentum
- Implement ways of ensuring consistency with referrals and communication



Contact Us

For support with GP relationships queries

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