

Pharmacy Integration Fund

# **NHS Community Pharmacy Contraception Service Pilot:**

## **Access to Oral Contraception via PGD**

### **Tiers 1 & 2 Toolkit for Pharmacy Staff**

**V 1.1**

Pharmacy Local Enhanced Service

NHS England

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## 1 Introduction

**This toolkit is only for use by pharmacies that are delivering both Tier 1 and Tier 2 of the Pharmacy Contraception Service Pilot.**

- 1.1 This toolkit is a practical guide on how to provide the NHS Community Pharmacy Contraception Service (PCS) Pilot – Access to Oral Contraception. The toolkit does not replace the service specifications (Tiers 1 & 2) published by NHS England, which must be read by all pharmacists providing the service. Pharmacy staff must make sure that they have understood the service specifications and work within the requirements of relevant professional guidance and legislation.
- 1.2 If you are a pharmacist intending to provide the pharmacy contraceptive service, please read the service specifications before reading this toolkit. For the rest of the pharmacy team, this toolkit provides practical guidance that should help you in the successful provision of this pilot service.
- 1.3 The NHS Long Term Plan highlights the importance of NHS services complementing the action taken by local government to support the commissioning of sexual health services and exploring future commissioning arrangements to widen access and create capacity where it is needed.
- 1.4 Supply of contraception services currently exist in primary care and community sexual health. The NHS Long Term Plan also commits to offering improved and more timely access to more services close to where people live by funding bigger, more widely skilled teams so people can more easily connect with the right service for their needs.
- 1.5 This pilot aims to address an observed issue with capacity with current provision and improve access by creating more capacity in primary care with a service commissioned through community pharmacy.

# Part A for the whole pharmacy team

The following sections cover:

- An overview of the service
- Getting started
- How to provide the service and
- How to claim payment for the service

It is important that all staff involved in providing the service have read and are familiar with the content of Part A.

## 2 Aims and intended outcomes

- 2.1 The NHS Community Pharmacy Contraception Service (PCS) pilot will test a care pathway for people who wish to initiate or continue their oral contraception (OC) treatment in community pharmacy. Access to this service will improve capacity in primary care, access and choice for people wishing to obtain an initial or repeat supply of an OC. Addressing this gap will improve sexual health awareness and reduce unwanted pregnancies.
- 2.2 Working together to achieve integration through collaborative local working across primary care will improve relationships between primary care providers leading to a better patient experience and more efficient delivery of services. Full details of the aims and intended outcomes of this service can be found in the Tier 1 and Tier 2 service specifications

## 3 Service description

- 3.1 People will be offered access to contraception (initiation or ongoing supply) through the Patient Group Direction (PGD) pharmacy service.
- 3.2 Where appropriate, people will be referred from existing services to community pharmacy as part of an integrated pathway from their GP surgery or other Primary Care Service e.g. sexual health clinic.
- 3.3 People can also be directly recruited by the pharmacy team where appropriate, or they can self-refer and request support directly through the Pharmacy.
- 3.4 When a person attends the pharmacy to collect, or have dispensed, an NHS repeat prescription for an OC, whilst they can be offered the PGD service for when they need their next supply, in these circumstances any NHS prescription that has been issued should be dispensed in the usual manner.

### Inclusion criteria

- A person (age from menarche to up to 50 years) presenting for contraception;
- People who consent to the referral where appropriate, and to participate in the pilot service model;

[Note: the person accessing the service will be asked to confirm consent again to participate in the evaluation but refusal to participate in the evaluation should not exclude them from the service]

### Exclusion criteria

- People who are unable to give consent to participate.
- People who choose not to use community pharmacy to obtain further supplies of an OC.
- People considered clinically unsuitable for supply of an OC according to the PGD protocol.
- People who are excluded according to the PGD protocol.

3.5 Once a person has been confirmed as meeting the inclusion criteria, the clinical management of initial or repeat supplies of oral contraception for a person accessing this service will involve a consultation with a pharmacist using the PGD to consider the clinical appropriateness of any supply.

### The Model of Care

3.6 A person can be referred, with consent, by their GP surgery or local sexual health clinic to a participating community pharmacy for either initiation, or repeat supplies of OC. The referral will ideally be made using a secure electronic message e.g. NHSmail or EPS note but this is not essential for service delivery. The individual will choose the community pharmacy registered for the pilot to which they wish to be referred.

Referrals could also be via telephone, or by the person being verbally signposted to a local participating pharmacy of the patient's choice and advised to speak to the pharmacist.

3.7 When a person attends a pharmacy to collect an NHS repeat prescription for OC, they can be offered the PGD service for when they need their next supply. If the person gives their consent, the pharmacist will inform the person's GP or sexual health clinic that they will continue to provide a repeat supply for up to 12 months

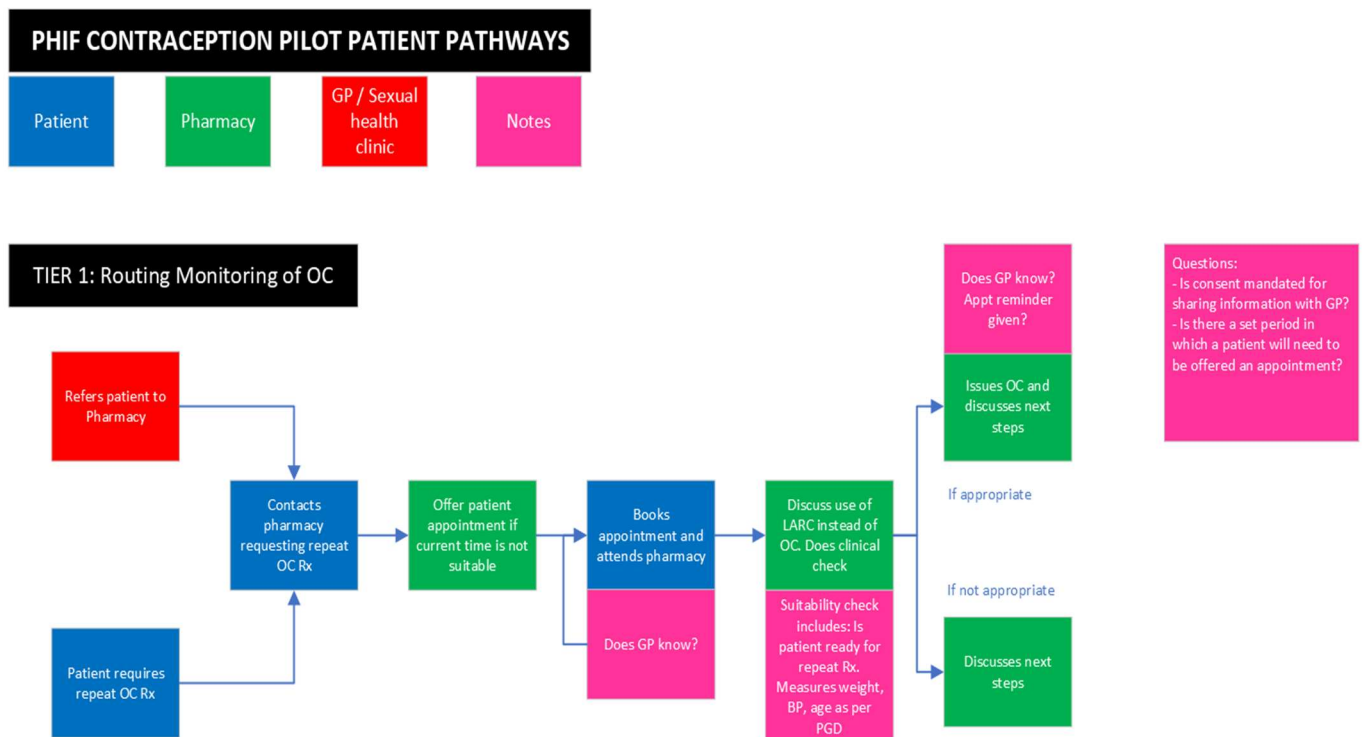
3.8 Pharmacies can also identify people suitable for ongoing supply or initiation of an OC. Examples could include:

- Following supply of EHC
- When the person attends the pharmacy with an FP10 for an OC, or collects a repeat prescription of an OC
- From the pharmacy PMR (subject to appropriate patient consents)

3.9 People can also self-refer to the service and request support directly through the pharmacy.

3.10 For ongoing supply of an OC and where prescriptions have been issued through general practice, the most recent prescription information can be confirmed through access to the Summary Care Record with appropriate consent. For people referred from other primary care clinics the pharmacist will need to confirm the name and quantity of OC previously supplied e.g. via NHSmail with the primary care provider or evidence<sup>1</sup> of the last supply such as the dispensing label and packaging. The community pharmacy will complete the steps described in the Model of Care (see Figure 1).

Figure 1 The Model of Care



<sup>1</sup> “Evidence” should be provided of a recent prescription, i.e. within the previous 12 months similar to an “Emergency Supply” for a prescription.

- 3.11 If the person has not made contact within two working days of a formal referral, community pharmacy staff will contact the person to confirm inclusion in pilot. The community pharmacy will attempt to contact the person at least three times (the last of which must be on the fifth working day following receipt of referral) before closing the referral if the person does not respond.
- 3.12 People who wish to decline the referral once it has been received (by the pharmacy) should be given details of alternative sexual health services should they wish to seek support in the future. The reason for not continuing will be captured within the web-based consulting tool before the referral is closed. This information would be used for the purpose of service evaluation.
- 3.13 A consultation is performed to determine clinical appropriateness, blood pressure (BP) and Body Mass Index (BMI) are monitored for combined oral contraception (self-reporting of these measures is permitted). It is the pharmacist's clinical decision whether an initial or repeat supply is safe and appropriate or not with reference to the PGD protocol.

3.14 **Tier 1**

People who continue to receive repeat supplies from the community pharmacy will be offered support appropriate to their needs.

The pharmacy will supply up to a maximum of **Twelve months** medication in appropriately labelled original packs at a time in accordance with the instructions described in the PGD. Unless there are reasons not to, a longer duration of supply should be considered in line with FRSH guidance (see below).

FRSH guidance advises that 'that provision of up to a 1-year supply of OC (combined or POP) may be appropriate depending on the woman's preference and anticipated use. Restriction of the length of supply could result in unwanted discontinuation of the method and increased risk of pregnancy. It may be appropriate to provide a more limited supply (e.g. 3 months) for women who would benefit from returning for a follow-up visit (e.g. women with pre-existing significant medical conditions)'.<sup>2 3</sup>

People supplied with 12 months of OC should be reminded to seek advice if there are any changes to their medical history during this time.

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<sup>2</sup> [FSRH Clinical Guideline: Combined Hormonal Contraception \(January 2019, Amended November 2020\) - Faculty of Sexual and Reproductive Healthcare](#)

<sup>3</sup> [FSRH Clinical Guideline: Progestogen-only Pills \(August 2022, Amended October 2022\) - Faculty of Sexual and Reproductive Healthcare](#)

### 3.15 Tier 2

People who wish to access an initial supply of oral contraception from the community pharmacy will be offered support appropriate to their needs.

The pharmacy will supply up to a maximum of **Three months** medication at initiation stage in appropriately labelled original packs at a time in accordance with the instructions described in the PGD.

- 3.16 Following initiation of an OC by a pharmacist, a person can return to a pharmacy for a further Tier 1 service i.e. ongoing supply.
- 3.17 Either party may request / offer a chaperone be present during the consultation. More information regarding use of a chaperone in a community pharmacy can be found on the PSNC website<sup>4</sup>.

## 4 How can the pharmacy team get involved?

- 4.1 A well-informed pharmacy team makes it easier to operate new services. Depending how your team works, you may have a briefing session to bring you up to date and let you ask questions. There is also a one-page summary in Appendix A as a quick reference guide.
- 4.2 Team members should be clear about daily tasks such as checking for appointments and receiving referrals and greeting people. Working collectively, the whole team will make the service a success.
- 4.3 As a Healthy living pharmacy there may be opportunities identified by the team to support the service by holding an awareness event/campaign on sexual health and complete any relevant online training.
- 4.4 As part of being a healthy living pharmacy staff may have opportunities to explore sign posting to weight management services. For those pharmacies offering the CVD advanced service, a referral might be made for ambulatory blood pressure monitoring, should this be clinically relevant.

## 5 Getting started with the service

### What do I need to do to get ready to provide this service?

- 5.1 It is important that you start by reading both the Tier 1 and Tier 2 service specifications. This will provide you with a complete overview of what is entailed in providing the service.
- 5.2 Many pharmacies already provide some form of emergency hormonal contraception (EHC) service. All pharmacists and other pharmacy staff may already have the

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<sup>4</sup> PSNC <https://psnc.org.uk/wp-content/uploads/2013/07/psnc20briefing20on20chaperone20policy.pdf>



necessary knowledge and skills to provide the service. It is important that anyone involved with the service ensure that they:

- Have an up to date understanding of the Human Medicines Regulations (HMR) in relation to the supply of POM medicines and use of a PGD.
- Can communicate with and advise people appropriately and effectively and are able to apply good shared decision-making skills.
- Are familiar with the NHS Community Pharmacy Contraceptive Service pilot service specifications and have reflected on whether they feel they have enough knowledge to handle consultations related to these.
- Can assess the needs of people and feel confident to approach them to offer the service.
- Can act on the referrals received and make appropriate referrals to other healthcare professionals.
- Can explain the service and give appropriate sexual health advice.

5.3 Training and development materials to support contraception services is available from several providers, including the Centre for Pharmacy Post Graduation Education (CPPE)<sup>5</sup> and the Faculty of Sexual and Reproductive Health (FSRH)<sup>6</sup>. Pharmacists must be satisfied that they are competent to provide the service. If a pharmacist identifies training needs, further training as suggested through CPPE and FSRH should be sought before services are provided. Examples of further training may include shared decision-making, remote video consultations, Patient group directions and blood pressure training. CPPE have developed a self-assessment framework, available on the CPPE website which pharmacists can use to identify gaps in their knowledge. It is recommended that pharmacists use this framework to plan their learning ahead of providing the service.

### **How do I sign up for NHS Community Pharmacy Contraception Service Pilot – Tiers 1&2 – Access to Oral Contraception?**

5.4 Contractors eligible to sign up for either tier of the pilot services will be invited to participate by their NHS England Regional teams via email. Tier 1 must be delivered before a pharmacy is eligible for Tier 2 registration (see 5.5). A copy of the service specification will be sent out with this email.

5.5 Once they have reviewed the service specification, all pharmacy contractors wanting to provide the service must register via the relevant NHS BSA website<sup>7</sup>. Only pharmacies within the agreed pilot areas will be able to sign up and only contractors

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<sup>5</sup> CPPE <https://www.cppe.ac.uk/services/pcs/pcs-advanced>

<sup>6</sup> FSRH <https://www.fsrh.org/education-and-training>

<sup>7</sup> NHSBSA Tier 1 <https://nhsbsa.nhs.uk/nhs-community-pharmacy-contraception-management-service-pilot>

NHSBSA Tier 2 <https://wh1.snapsurveys.com/s.asp?k=163102360932>

who have a pharmacist who has completed 10 or more Tier 1 consultations will be permitted to register for Tier 2.

- 5.6 Only pharmacists who have delivered 10 or more Tier 1 consultations will be permitted to deliver Tier 2 consultations.
- 5.7 If you work for a multiple pharmacy group, you should check with your management team how they want pharmacies to register to provide the service BEFORE you go ahead with registration. Your head office is likely to have already provided guidance on this matter.
- 5.8 To register, the contractor must complete the relevant NHS Community Pharmacy Contraception Service Pilot registration declaration within the NHS BSA registration portal.

A link will then be shared via email to the registered pharmacy to invite pharmacists to enrol and confirm their readiness to deliver the service.

Once registration and enrolment has been verified, a link to access the web-based IT tool will be shared via email with the Pharmacy. This IT tool is the same for both Tiers 1 and 2.

We will routinely share a list of pharmacies that are ready to accept referrals to promote with local stakeholders. This list will also be available on our NHSEI webpage<sup>8</sup>.

### What equipment do I need?

- 5.9 A Blood Pressure (BP) monitor is used to clinically assess suitability. Community pharmacies that already provide BP monitoring services will already have access to a calibrated BP monitor<sup>9</sup>.
- 5.10 The pharmacy must also have facilities to calculate BMI.
- 5.11 Pharmacists can accept the home test results of a person accessing the service.
- 5.12 Contractors are not permitted to claim separately for the BP monitoring if they deliver this as part of a locally commissioned BP monitoring service, e.g. NHS Health Checks.

### How do I know if people are referred to the pharmacy?

- 5.13 The referral for this service can be made using an electronic system such as NHSmail or EPS messaging as part of a prescription drawn down from the spine. You may need

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<sup>8</sup> <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/nhs-community-pharmacy-contraception-management-service-pilot-access-to-ongoing-management-of-oral-contraception-tier-1/>

<sup>9</sup> <https://bihsoc.org/bp-monitors/for-specialist-use/>.

to login regularly to the system / NHSmail to check if you have any referrals. The system / NHSmail should be checked for referrals throughout the day. You may want to assign responsibility for checking for referrals to appropriate members of your team.

- 5.14 People referred to this service may come to the pharmacy without prior notice. If someone requests advice on receiving oral contraception your team should ask if they have been referred from a primary care / community service so that the electronic system / NHSmail can be checked. If no electronic referral has been made the person can still be offered either of the services by the pharmacy team subject to the pharmacist establishing eligibility based on the criteria outlined in the service specifications.

### **What to do if a person presents but you have not received a referral?**

- 5.15 Consider that people may be signposted to this service and are able to self-refer and access this service opportunistically.
- If no electronic referral has been made the person can still be offered the services by the pharmacy team subject to the pharmacist establishing eligibility based on the criteria outlined in the service specifications.
  - Record in the web-based consulting tool if they have been signposted from their GP or other primary care clinic without an electronic referral message.
  - If the person has been referred from a non-pilot pharmacy this should also be record in the web-based consulting tool.

## **6 Requirements for service provision**

- 6.1 Full details of the requirements that pharmacies must meet before and while they provide this service are provided in the service specifications.
- 6.2 Several of the important points include:
- The service must not be used to divert or attempt to change the person's use of their usual pharmacy.
  - Pharmacy contractors must ensure all relevant members of the pharmacy team have access to and know how to use the electronic referral system, NHSmail and the NHS Summary Care Record (SCR) and can provide the service competently.
  - During the pharmacy's opening hours, the electronic referral system / NHSmail must be checked with an appropriate regularity, to pick up referrals in a timely manner. NHSmail may be the agreed electronic referral system in place. Pharmacy contractors should determine the regularity of checking for referrals from all routes e.g. telephone, walk-in, NHSmail, EPS message and make sure relevant pharmacy team members are aware of the process to follow as part of the pharmacy pilot SOP.

## 7 Service availability

- 7.1 Ensure all pharmacy team members, including all pharmacists, are aware of the procedures to be followed in the event of a temporary suspension of the service and have easy access to the key contact numbers for the service (they should be recorded in the SOP for the service).
- 7.2 Ensure all pharmacy team members, including all pharmacists, are aware of how to contact the support team for any electronic system (used for this pilot) in the event that there is a problem with the system. Include the contact details in the SOP for the service. In the event of a system failure please record any consultation details at the earliest opportunity.
- 7.3 Pharmacists must be competent to provide the services and be able to confirm how they meet that competency. If in any doubt, further training should be sought before services are provided<sup>10</sup>.
- 7.4 Where pharmacies are registered to deliver both Tier 1 and Tier 2 services, contractors should be reminded that only pharmacists that have delivered more than 10 Tier 1 consultations will be permitted to deliver Tier 2 consultations.

## 8 Service promotion

- 8.1 Community Pharmacy contractors will be responsible for promoting these services with the people who use their pharmacy. The services can also be offered to people in General Practice and / or local Sexual Health services who consent to receiving their oral contraception management in community pharmacy.
- 8.2 Regional pharmacy contracting teams supported by the NHSE pharmacy integration pilot team will inform local GPs, Local Authority Commissioners and sexual health clinics about the pilot and promote the services as an opportunity to create capacity in primary care.
- 8.3 The services are intended to complement and work alongside existing locally commissioned specialist services.
- 8.4 The pharmacy could display an appropriate range of national sexual health promotional free branded material if available to support any person in the pharmacy to access. Additional NHS promotional material will be made available by the regional NHSE teams and through the FutureNHS<sup>11</sup> platform.
- 8.5 Participation in health promotion campaigns such as national Sexual Health Week in October 2022/23 are encouraged as an opportunity to promote the services.

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<sup>10</sup> CPPE <https://www.cppe.ac.uk/services/pcs/pcs-advanced>

<sup>11</sup> FutureNHS <https://future.nhs.uk/connect.ti/PharmacyIntegration/view?objectID=29998384>

## 9 How to claim payment

- 9.1 Refer to the service specifications for full details.
- 9.2 Consultation as part of an appointment for the clinical check and providing appropriate monitoring (including BP monitoring for combined hormonal oral contraception requests) will be reimbursed in line with entries made into the web-based consulting tool. Reports may be generated automatically using the web-based consulting tool.

## 10 How to withdraw from providing the service

- 10.1 If the pharmacy contractor wishes to stop providing the services, they must notify NHS England that they are no longer going to provide the service via email [england.pharmacyintegration@nhs.net](mailto:england.pharmacyintegration@nhs.net), giving at least one month's notice prior to cessation of the services, to ensure that accurate payments can be made and all referrals are closed.

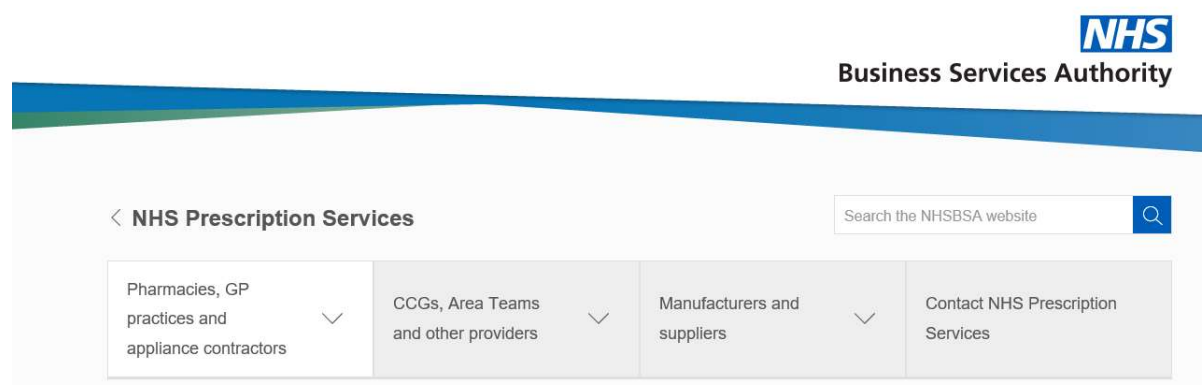
# Part B for pharmacists providing the services and others that need more detailed information

This part of the toolkit provides more detail to help with the provision of each element of the service and should be read in conjunction with the service level agreement and the service specifications.

## 11 Registering for the NHS Community Pharmacy Contraception Services pilot

11.1 For contractors wishing to register for the Tier 1 pilot service please follow the following link [NHS Community Pharmacy Contraception Management Service Pilot | NHSBSA](#)

11.2 For contractors wishing to register for the Tier 2 pilot service please follow the following link [NHS Community Pharmacy Contraception Management Service Pilot | NHSBSA](#)

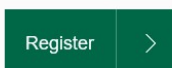


11.3 Once on the Registration page, it is recommended that you read the information about the project and ensure you understand your requirements for providing the service and the service specification if you have not already done so.

11.4 If you have already read and understand the requirements for providing the service and the service specification, and you wish to register for this pilot service, select “Register” at the bottom of the page.

You must register your pharmacy's details with NHS England by completing the form on the link below.

This is an online signup so there's no need to return a signed SLA to NHS England.



11.5 Please answer all the questions as prompted and click next to proceed.

## PhIF NHS Community Pharmacy Contraception Service

To continue enter your pharmacy organisation (ODS) code

The code begins with an F and is entered on your prescription submission document at the end of each month e.g. FA001 / FAA01  
If you are having trouble logging in, please email [nhsbsa.help@nhs.net](mailto:nhsbsa.help@nhs.net) giving your ODS code and pharmacy address.

Next →

- 11.6 You will be asked to confirm that the email shown in the box is the correct shared NHSmail email address (which must be in the following format: pharmacy.ODScode@nhs.net).
- 11.7 Finally, click the “Register” button. The message below will then appear to confirm that your registration request has been sent and received at the NHS BSA.
- 11.8 A confirmation email will be sent to your shared NHSmail account. Once this is received, you are registered to provide the service.
- 11.9 Pharmacy contractors who wish to provide the NHS Contraception service in Community Pharmacy and who previously provided other NHS Contraception / Emergency Hormonal Contraception services MUST still register to provide this NHS pilot service.

## 12 How should I involve my pharmacy team?

- 12.1 It is always easier to provide any new pharmacy service if the full team are aware of what is being introduced and know how the service will operate. You may want to consider:
  - Holding a briefing session for your team.
  - Providing them with the one-page overview on how the service will work (Appendix A).
  - Discussing as a team how you can work collectively to make the service a success.
  - Making sure all team members are clear on the daily activity required, such as checking for referrals or referring people to the pharmacist if they present requesting a supply and consultation.
  - It is anticipated that all members of the pharmacy team will deal with enquiries about the service. It is important that all staff are aware of the potentially sensitive nature of an enquiry and are trained to respond appropriately.
  - The pharmacy team should be made aware of which pharmacists can deliver which service, Where pharmacies are registered to deliver both Tier 1 and Tier 2 services, the pharmacy team should be reminded that only pharmacists that have delivered more than 10 Tier 1 consultations will be permitted to deliver Tier 2 consultations.

## 13 NHS Community Pharmacy Contraception Service

### Consultation with the person accessing the service

- 13.1 The following should take place during the consultation and reference to the PGD made:
- An explanation of consent and recording of the response to whether the person consents to the consultation.
  - Discussion about all methods of contraception and promotion of Long-Acting Reversible Contraception (LARC).
  - BP monitoring and recording with an explanation of the results. Home monitoring results can be accepted.
  - The web-based consultation tool will offer guidance and will prompt the recording of:
    - Eligibility
    - Smoking status
    - BMI – The person can offer their own weight and height measurement
    - History of migraine
    - History / Family history of heart disease or stroke
    - History of diabetes
    - History / Family history of breast cancer
    - History of Gastro-intestinal conditions
    - Other relevant medical and medication history (Sodium Valproate)
  - Record of any OC supplies (Name / Dose / Quantity) made against a PGD.
  - Record of any signposting / referral to alternate service providers.
  - Optimising the use of OC.

During the routine consultation it may be beneficial to consider offering the person:

- A re-confirmation that consent is understood and still applies.
  - BP monitoring and recording with an explanation of the results.
  - General discussion regarding suitability of initiation of OC, continuing to supply the OC or consideration of alternatives.
- 13.2 Where necessary, supplementary written information, links to online resources, or signposting to other support services should be given. Record any advice and signposting provided.



### Person did not attend

- 13.3 If the person did not attend (DNA) an agreed appointment at the community pharmacy, the pharmacy team should make three attempts to contact the person to rearrange the appointment. After three attempts, if the pharmacy team cannot contact the person, record a DNA entry on the electronic referral system. It will be assumed that this person no longer consents to the process.
- 13.4 The pharmacist should use professional judgement to decide whether it is appropriate to notify the person's GP of the DNA. Consideration should be given to people in vulnerable groups.

### Decision to supply

- 13.5 Following a remote or face to face consultation, the pharmacist should use their professional judgement, with reference to the PGD (Appendix E), to determine whether they may supply an OC in accordance with the requirements of the Human Medicines Regulations and the service specification.
- 13.6 The PGDs do not restrict which brands of OC can be supplied. Pharmacists should use their professional discretion in the appropriate choice of an OC. Local formularies/restrictions should be referred to and followed accordingly. Please refer to your regional NHSE team for further support.
- 13.7 Unless it is an initiation of contraception then a quantity sufficient to coincide with the next appointment should be supplied up to a maximum of **Twelve months** and in accordance with the PGD. Unless there are reasons not to, a longer duration of supply should be considered in line with FRSH guidance (refer to FRSH guidance – see 3.14 )
- 13.8 Supplies upon initiation must not exceed **Three months for this pilot**.
- 13.9 Items and quantities supplied need to be recorded.

### Prescription charges and exemptions

- 13.10 NHS Prescription charges do not apply to the supply of an OC.
- 13.11 Any supply is to be made according to the clinical protocol set out for the pilot PGD.
- 13.12 The pharmacy should follow local processes to record supply through the pilot web-based consultation tool to ensure claims for reimbursement can be made for service fees and OC supply.

### Decision to not supply

- 13.13 The pharmacist may decide it is not clinically appropriate to supply OC. In deciding whether or not to make a supply, the pharmacist must consider the impact on the individual. If the pharmacist decides not to make a supply, it must be clearly explained, and the person should ideally agree with this decision. If the person

requires support from another healthcare professional, the pharmacist must organise this for them.

- 13.14 Where no items are supplied to the individual, it is important that the reasons are captured within the pilot web-based consultation tool to support the evaluation of the service.

### **Onward referral when an item is out of stock**

- 13.15 Agree future appointment dates with the person that overlap the length of treatment supplied so that they are not due to run out on the day of their appointment. Wherever possible the required stock or a suitable alternative should be obtained and supplied so that the person can benefit from continuity of support and not referred on.
- 13.16 If the required product cannot be supplied in time to maintain continuous treatment, discuss alternative formulations that they may choose to continue with from the same pharmacy. If the option of continuing at the same pharmacy is not acceptable to the person, then agreement should be made with the person for referral to another pilot NHS PCS pharmacy. Contact the pharmacy and check that the product is in stock and that they are willing to accept the referral.
- 13.17 If the pharmacy does not have the items in stock, then the pharmacist should use their professional judgement as to the number of alternative NHS PCS pharmacies that should be tried.
- 13.18 Once a pharmacy with the required product that can take the referral is found, transfer the person's details by forwarding the referral details to the new pharmacy via the electronic referral system (where this functionality exists) or via NHSmail. Provide the person with the details of the pharmacy to which they have been referred.

### **Service users unable to travel to the pharmacy**

- 13.19 NHS OCS is primarily intended as a face-to-face service. However, there may be a requirement to provide support, monitoring, or follow up remotely via live video consultations.
- 13.20 Remote video consultations may only be considered if it will meet the requirements of the service specification and must only be provided with the person's informed consent. Please refer to the NHS guidance on video consultations for further advice. [Using video conferencing and consultation tools - NHS Transformation Directorate \(england.nhs.uk\)](https://www.england.nhs.uk/using-video-conferencing-and-consultation-tools/)
- 13.21 Pharmacists must be able to demonstrate that any technology used to provide a remote consultation e.g. Microsoft Teams, meets all relevant professional, regulatory, and national standards for provision of such consultations.
- 13.22 If the person is unable to travel to the pharmacy, they should be asked for a representative who can collect the OC supply on their behalf. Pharmacies are not

expected to deliver to people as part of this service but should follow their usual practice to support people in gaining access to medicines.

- 13.23 Consideration should be given to people in vulnerable groups and safeguarding.

### **Diversion of medicines**

- 13.24 Although unlikely, pharmacists must be aware that diversion of medicines occurs and use their professional judgement to not supply a product if there is cause for concern. The pharmacist must discuss the reasons for no supply with the person and raise an issue with NHS England local pharmacy contracting team.

### **Record keeping**

- 13.25 Supply of an OC should be entered onto the Patient Medication Record (PMR) and product supplied should be labelled.
- 13.26 Records in the pilot web-based consultation tool must also be fully completed to ensure an accurate clinical record is maintained of the consultation, correct payments for provision of the service are claimed, and accurate information is available to support the management and evaluation of the service.
- 13.27 Pharmacy contractors may be required to provide reports for service evaluation and monitoring purposes. Examples of data that may be requested are given in the service specifications.

## **14 Governance**

- 14.1 The pharmacy is required to report any incidents related to patient safety, near misses, the referral process, or operational issues. An incident reporting form is included within the pilot web-based consultation tool for submission to the local NHS England primary care commissioning team. Complaints about the service, untoward incidents including violence and aggression towards pharmacy staff, and customer falls should be reported to the local NHS England primary care commissioning team as per local guidance.
- 14.2 In response to incidents or near-misses the pharmacy should reflect on current practice and, if appropriate, implement changes to reduce the risk of a similar event and improve the quality of care provided.

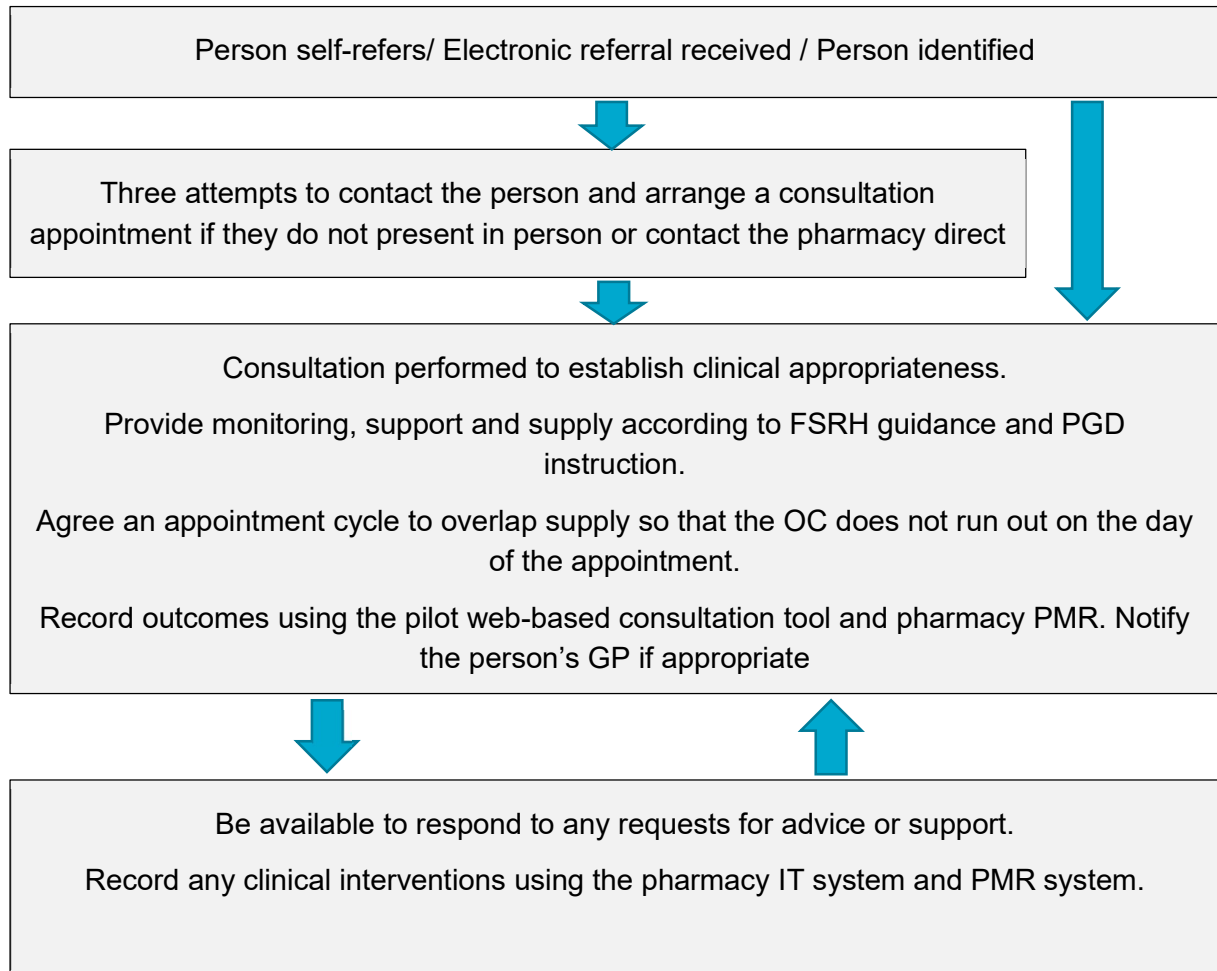
## **15 Evaluation**

- 15.1 Aspects of the services to be examined through the evaluation will include but are not limited to:
- Scope opportunity to get feedback on communications work / support
  - Impact on health inequalities (linking to post codes of those accessing the service).

## PhIF NHS Community Pharmacy Contraception Service

- The experience and satisfaction of the person accessing the service.
  - Pharmacy staff, Sexual Health Service staff and General Practice staff experience.
  - Identification of a clinical pathway for referral from community pharmacy.
  - Operational efficiency including numbers of potential people approached and rates of participation.
  - Operational issues with the running of the service, which may prompt changes to its design or future development.
  - Any variation between pilot areas.
  - The cost of implementation including time and resources required.
  - Learning from incidents and near misses.
- 15.2 The consultation tool will capture an individual's consent to share details for the purpose of evaluation and will invite them to take part in a confidential exit experience survey (via text message).
- 15.3 A privacy notice explaining why we want to process this data, NHS England's legal basis for processing personal data for this project, how we use it, and what an individual's legal rights are is available in Appendix I. Please share this with any person accessing this service.

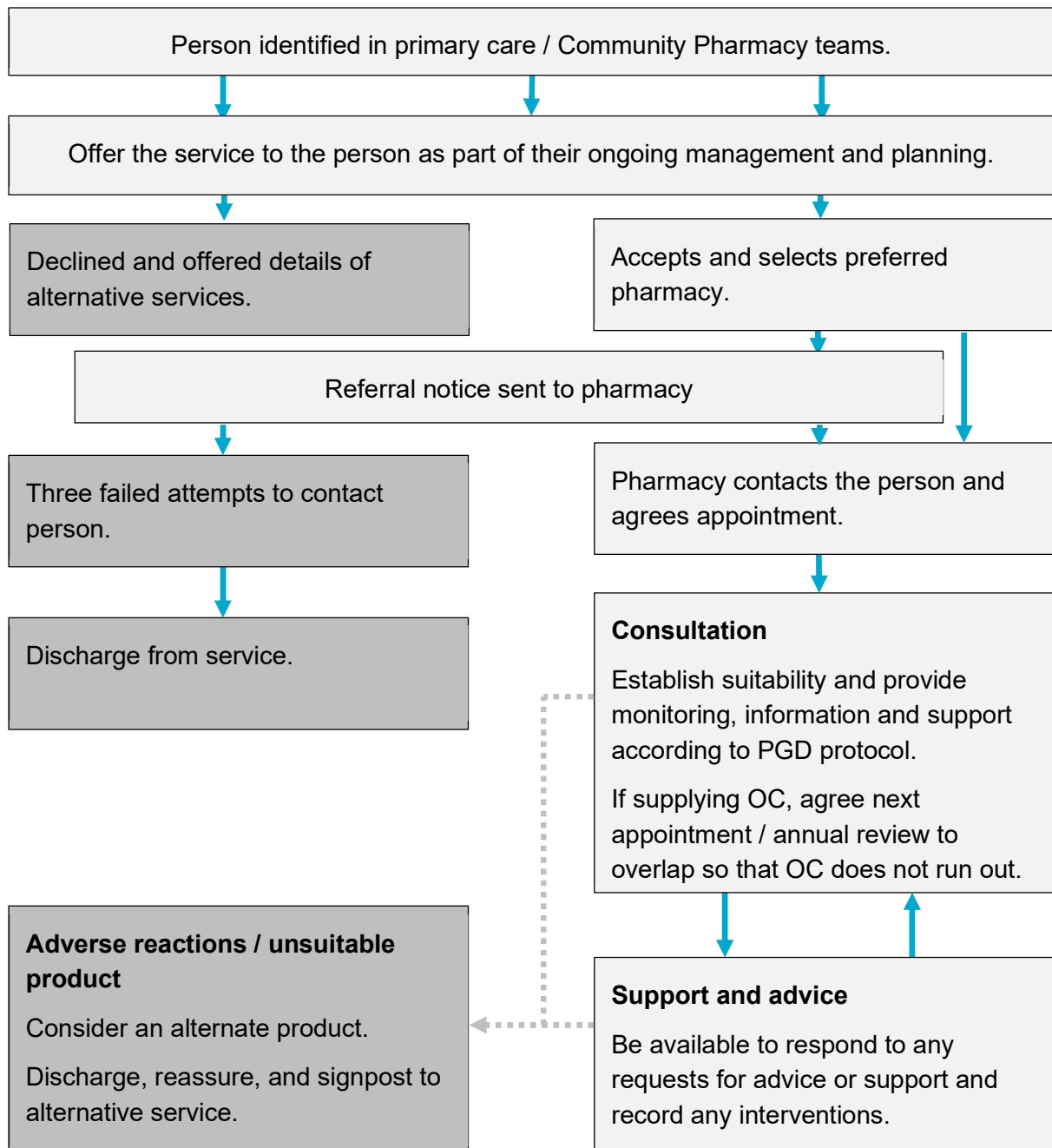
## Appendix A – Service overview



## Appendix B – Implementation checklist

Action	Complete
The pharmacy is registered with NHSBSA to provide the service. <b>Note:</b> some multiple pharmacy groups may complete this process centrally, please check your internal communications where appropriate to confirm the process to follow for your pharmacy to register for NHS PCS.	<input type="checkbox"/>
Responsible staff have read the relevant NHS PCS specifications and any SOP's.	<input type="checkbox"/>
Responsible staff are aware of the information within the NHS PCS toolkit and know where to access this when needed.	<input type="checkbox"/>
Responsible staff feel competent to provide support to people.	<input type="checkbox"/>
Records of certifications stored on-site and available if requested.	<input type="checkbox"/>
The pharmacy team have logon credentials to access the electronic referral system.	<input type="checkbox"/>
The pharmacy team have a process in place to check for referrals at appropriate intervals.	<input type="checkbox"/>
The pharmacy team have access to the pharmacy's NHSmail shared mailbox on every day the pharmacy is open.	<input type="checkbox"/>
Pharmacists and pharmacy technicians can access the NHS Summary Care Record (SCR).	<input type="checkbox"/>
All pharmacists can readily access the NHS PCS service specifications, toolkit and any SOP's and have the required logon credentials for the electronic referral system and NHSmail shared mailbox for the pharmacy.	<input type="checkbox"/>
All staff who will be delivering the service have been signposted to the training requirements and are aware that they are responsible for their own competency.	<input type="checkbox"/>
Pharmacist has read and signed the PGD	

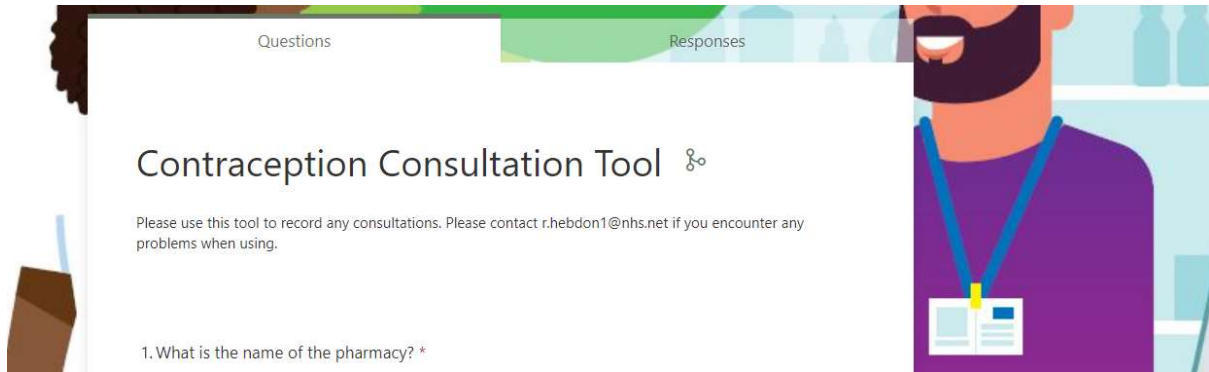
## Appendix C – Service flow



## Appendix D – Pilot web-based consulting tool

The consulting tool is web-based and therefore does not require installation but it is recommended that you have access to a computer in the pharmacy consultation room.

You may need to check with your internet service provider / network manager that you can access the website hosting the tool.



If you require any assistance, please email us on [england.pharmacyintegration@nhs.net](mailto:england.pharmacyintegration@nhs.net)



## Appendix E – Patient Group Direction (PGD)

### PGD for the supply of a combined oral hormonal contraceptive (COC) in Community Pharmacy



COC-National-PGD-  
V-1.0-Sep-2021-SIGN

### PGD for the supply of a progestogen only oral contraceptive pill (POP) in Community Pharmacy



POP-National-PGD-  
V-1.0-Sep-2021-SIGN

## Appendix F – Referral template

### Contraception Management Service – Community Pharmacy

Organisation Name

Organisation Full Address (stacked)

Long date letter merged

Dear Pharmacist

Please review the below person under the NHS Tier 1 Oral Contraception Management Service

Name	Full Name(inc. middle)
Date of Birth	Date of Birth
NHS Number	NHS Number
Preferred Contact Telephone Number	Free Text Prompt
Date and Time of Referral	Short date letter merged Time letter merged
GP Practice	Organisation Name
Community Pharmacy referred to	Free Text Prompt
Currently prescribed oral contraceptives	
Any other information	Free Text Prompt

Yours Sincerely

Organisation Name

## Appendix G – Post Event Message



**Midlands and Lancashire**  
Commissioning Support Unit

Pharmacy Name  
Pharmacy Address  
Pharmacy Postcode

Date: Insert date here

GP Name  
GP Address  
GP Postcode

Dear Doctor

**NHS Oral Contraception Management Service – Insert Patient Details**

For information, the above person was seen in the pharmacy clinic today and following consultation it was agreed that:

Insert consultation outcome here (for e.g. 'the oral contraception was deemed safe and appropriate to continue/be initiated. Six/Three months' supply was made in accordance with the PGD. An appointment has been arranged to coincide with this supply' or 'a supply was deemed inappropriate and a referral has been made with the specialist sexual health service').

Please update your records accordingly.

Regards

Your details here

## Appendix H – Resources

NHS Futures platform (numerous resources including promotional material)

<https://future.nhs.uk/connect.ti/PharmacyIntegration/view?objectID=29998384>

Tier 1 Pilot service: NHSBSA registration portal

<https://nhsbsa.nhs.uk/nhs-community-pharmacy-contraception-management-service-pilot>

Tier 2 Pilot service: NHSBSA registration portal

<https://wh1.snapsurveys.com/s.asp?k=163102360932>

PSNC chaperone policy

<https://psnc.org.uk/wp-content/uploads/2013/07/psnc20briefing20on20chaperone20policy.pdf>

FSRH training

<https://www.fsrh.org/education-and-training>

CPPE CMS training gateway

<https://www.cppe.ac.uk/services/ocms>

BP Measurement

<https://www.nice.org.uk/guidance/ng136/chapter/recommendations>

BP Monitor guidance

<https://bihsoc.org/bp-monitors/for-specialist-use/>

BMI Calculator

<https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>

Guidance on what evidence can be used to make an “Emergency Supply” for a prescription.

<https://psnc.org.uk/somerset-lpc/wp-content/uploads/sites/55/2013/12/emergency-supply-RPS.pdf>

## Appendix I – Privacy Notice and Digital Consent

### Digital Consent document



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### Privacy Notice document



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## Privacy Notice for those taking part in the Community Pharmacy Oral Contraceptive Management Service

### This NHS England study and your personal data

This Privacy Notice explains what this project is for, why we want to process your data, NHS England's legal basis for processing your personal data for this project, how we use it, and what your legal rights are.

### The purpose of this project

NHS England is testing a new service in community pharmacies to offer people a contraception service for people taking an oral contraceptive (known as "the pill"). Midlands and Lancashire Commissioning Support Unit (part of NHS England) are working with NHS England to evaluate this new contraceptive service in local community pharmacies. The pilot aims to understand what works well, and less well and, if necessary, how it might be improved in the future.

### Processing your data

In order to find out if this new service is working well, we will need to process information about you. Most of this information will be collected by the pharmacist when providing you with the service and shared with to Midlands and Lancashire Commissioning Support Unit which is part of NHS England (see below). This will include information about your consultation but no information that identifies you. The pharmacist will ask you for your

postcode, but this is not recorded but converted automatically to an indication of deprivation where you live.

We will also ask you take part in a very short text message survey after your consultation with the pharmacist so you can tell us about your experience of this service. We may also ask you take part in a telephone interview.

### **What is NHS England's legal basis for processing your personal data?**

NHS England requires a legal basis to process your personal data. NHS England's and Improvement's lawful basis for processing personal data jointly is Article 6(1)(e) '...public authority...'. This is underpinned by our statutory duties, and accompanies other the bases that apply, as described below.

NHS England has a general power under Section 2 of the NHS Act 2006 to act as required to facilitate or discharge its duties. As such, an example is processing personal information from individuals to communicate with them in order to invite them to take part in qualitative interviews or to inform policy in the routine course of its business. MLCSU would be doing this on our behalf.

Where we process special categories of data, the legal basis is: Article 9(2)(h) – '...the provision of health or social care...'.

The privacy notice for NHS England can be found here: <https://www.england.nhs.uk/contact-us/privacy-notice/>

Midlands and Lancashire Commissioning Support Unit (part of NHS England) are carrying out this evaluation on behalf of NHS England. Their privacy policy can be found here: <https://www.midlandsandlancashirecsu.nhs.uk/privacy-policy/>

### **How will NHS England use any personal data including your responses?**

NHS England will use your personal data and responses solely for evaluation purposes and to produce findings and insights for NHS England and Improvement in relation to this new contraceptive service.

If you agree, we may use your mobile phone survey to send you a customer satisfaction survey by text and we may also contact you with a request to undertake a telephone

interview. If you do take part in a telephone interview at a later date, your answers will be collected using digital recorders, note-taking, and in some cases, the sound files will be used to produce transcripts. The sound files will be destroyed as soon as the transcripts have been undertaken.

NHS England will keep your personal data and responses in strict confidence in accordance with this Privacy Policy. NHS England can assure you that you will NOT be identifiable in any published results.

### **How will NHS England ensure my personal information is secure?**

NHS England takes its information security responsibilities seriously and applies various precautions to ensure your information is protected from loss, theft or misuse. Security precautions include appropriate physical security of offices and controlled and limited access to computer systems.

All information will be transferred using secure methods and all confidential documents will be password protected.

### **How long will NHS England retain my personal data and identifiable responses?**

NHS England will only retain your personal data in a way that can identify you for as long as is necessary to complete the evaluation. In practice, this means that once we have satisfactorily reported the anonymous research findings to NHS England, we will securely remove your personal, identifying data from our systems.

For this project we will securely remove your personal data from our systems by 31<sup>st</sup> December 2023 which is the end of the pilot.

### **Your rights.**

- You have the right to access your personal data within the limited period that NHS England holds it.
- Taking part in this research is entirely voluntary. You have the right to withdraw your consent to being contacted and to object to our processing of your personal data at any time. However, if you take part in an interview with us and then later change your mind, we might not be able to delete your answers as we will destroy any identifiable links with your answers shortly after the interview is completed.
- You also have the right to rectify any incorrect or out-of-date personal data about you which we may hold.
- If you want to exercise your rights, please contact us at [england.dpo@nhs.net](mailto:england.dpo@nhs.net)
- You have the right to lodge a complaint with the Information Commissioner's Office (ICO), if you have concerns on how we have processed your personal data. You can find details about how to contact the Information Commissioner's Office at <https://ico.org.uk/global/contact-us/> or by sending an email to: [casework@ico.org.uk](mailto:casework@ico.org.uk).

**Where will my personal data be held & processed?**

All of your personal data used and collected for this research will be stored by NHS England in data centres and servers within the United Kingdom.

**How can I contact NHS England about this research and/or my personal data?**

## NHS England as a data controller

NHS England is a data controller under the EU General Data Protection Regulation and the Data Protection Act 2018. Our legal name is the NHS Commissioning Board. Our head office address is:

NHS England London  
Skipton House  
80 London Road  
London  
SE1 6LH

## Contact details of our Data Protection Officer

NHS England and NHS Improvement have appointed a joint Data Protection Officer. If you have any queries about this privacy notice or about how NHS England or NHS Improvement process personal data, please contact our data protection officer at the address below.

**Carol Mitchell**

Head of Corporate Information Governance and Data Protection Officer  
Transformation & Corporate Development Directorate  
NHS England  
Quarry House  
Quarry Hill  
Leeds  
LS2 7UE

E-mail: [england.dpo@nhs.net](mailto:england.dpo@nhs.net)