COMMUNITY PHARMACY CHESHIRE & WIRRAL

Community Pharmacy Halton, St Helens & Knowsley

Community Pharmacy Liverpool

Community Pharmacy Sefton

The NHS Pharmacy Contraception Service

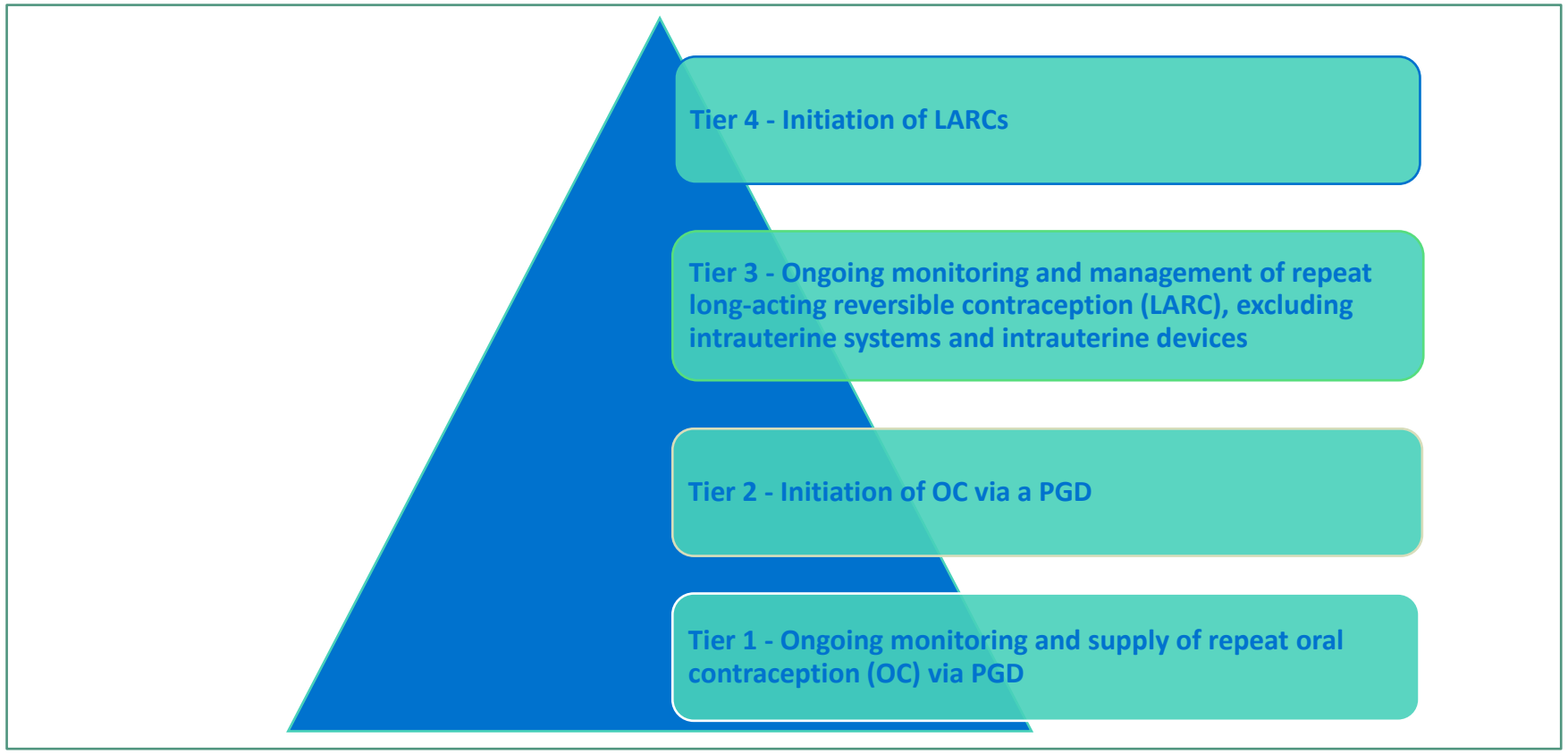
Welcome & Overview

Agenda

7.00pm	Welcome & Intro
7.05pm	Service Update
7.15pm	Background and Aims of the service
7.25pm	Top tips
7.45pm	Local sexual health service update
8.00pm	Offering contraception services confidently
8.45pm	Q&A
9.00pm	Close

Background & policy

Background & policy



Service description

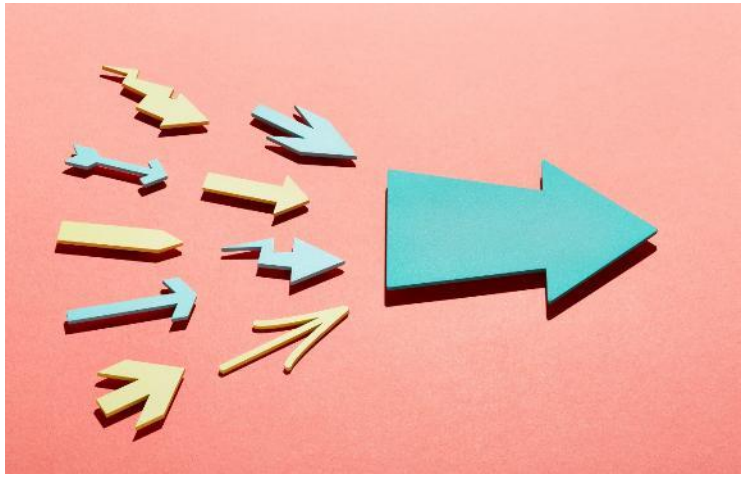
- Advanced service – expanded from 1st December 2023
- Involves **initiation, review and repeat supply of oral contraception**
- Pharmacies **need to provide both elements of the service**
- Supplies via PGD
- Currently consultation can only be provided by pharmacists
- Suitably trained and competent pharmacy staff can provide blood pressure and BMI measurement, where appropriate
- Remote provision where clinically appropriated and agreed between pharmacist and individual

Providing the service

Access routes:

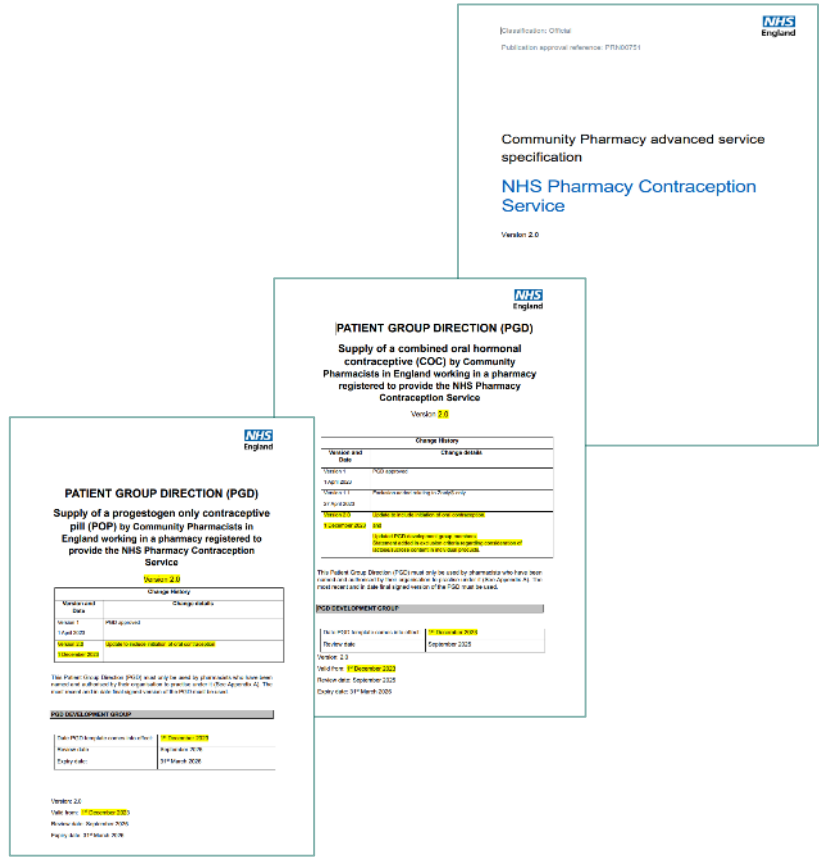
- Pharmacy identified
- Self-refer
- Referred Via GP/ Sexual health clinic/ NHS 111/UEC

For the purposes of this service, a referral includes active signposting to attend the pharmacy to receive the service.



Key service documentation

- Service specification
- PGDs (COC & POP)
- Community Pharmacy England Briefing **031/23**: Guidance on the NHS Pharmacy Contraception Advanced Service
- Pharmacy owner checklist – CPE Briefing **032/23**



Guidance and resources

Pharmacy team

- Use a whole pharmacy team approach to promotion and recruitment
- Community Pharmacy England Briefing 033/23: Briefing for pharmacy teams – the Pharmacy Contraception Advanced Service
- Pharmacy staff providing blood pressure and BMI measurements must be appropriately trained and competent

Providing the service

Providing the service

- **Promoting the service in the pharmacy**
  - ✓ Posters, leaflets, digital media
  - ✓ Patients collecting a prescription
  - ✓ Patients Accessing other services
- **Booking appointment / walk in**
  - ✓ Respond to anybody requesting the service as soon as is reasonably possible
- **Consent is verbal**
  - ✓ Provide awareness of sharing of information
  - ✓ If no consent to share with their general practice, do not send GP service notification

Eligibility

Inclusion criteria

- Seeking to be initiated; or
- Seeking a further supply of their ongoing OC:

  - Combined oral contraceptive (COC) – age from menarche up to and including 49 years of age
  - Progestogen only pill (POP) – age from menarche up to and including 54 years

Eligibility

Exclusion criteria

- Considered clinically unsuitable
- Excluded according to the PGD protocols, including, but not limited to:
  - Individuals under 16 years of age and assessed as not competent using Fraser Guidelines
  - Individuals 16 years of age and over and assessed as lacking capacity to consent

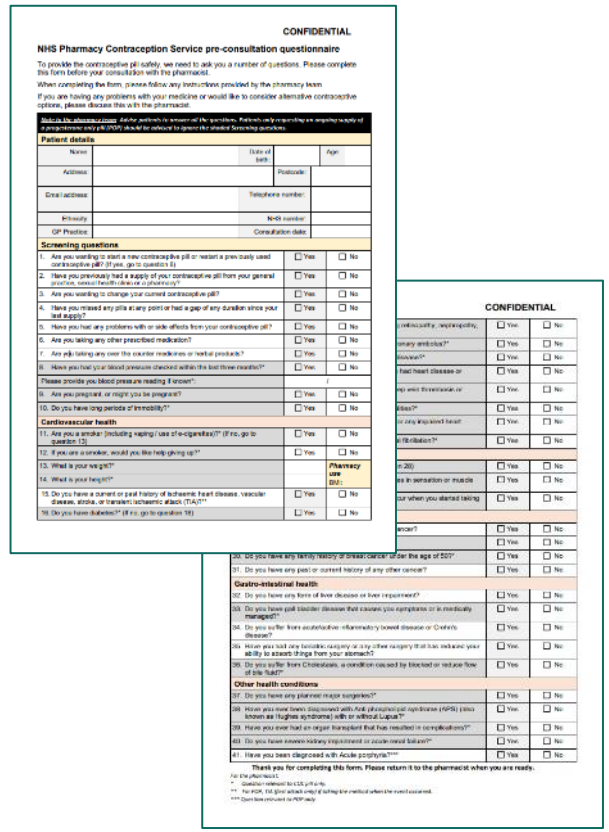
- Additional inclusion and exclusion criteria are listed in the PGDs

What does initiation include?

- New to using OC
- Restarting OC
- Switching between OC
- Bridging where a LARC is desired

Providing the service

- **Blood pressure reading & BMI**
  - ✓ Where clinically appropriate
  - ✓ Guidance available to support taking clinic BP
  - ✓ Leaflet to note results, where appropriate
  - ✓ Measurements can be supplied by the individual
- **Pre-consultation questionnaire**
- **NHS-assured clinical record systems**
  - ✓ May act as consultation prompts
  - ✓ Facilitate the recording of information
  - ✓ Annex B sets out the fields which need to be collected


CONFIDENTIAL

NHS Pharmacy Contraception Service pre-consultation questionnaire

To provide the contraceptive pill safely, we need to ask you a number of questions. Please complete this form before your consultation with the pharmacist.

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.

Patient details

Screening questions

Cardiovascular health

Other health conditions

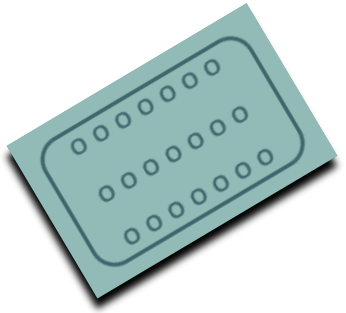
Thank you for completing this form. Please return it to the pharmacist when you are ready.

Providing the service

Outcomes

- **Criteria met –** Supply can be made

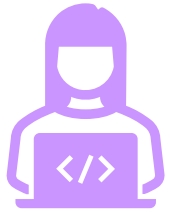
  - ✓ FSRH UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) calculator available to support clinical decision on choice
  - ✓ Local ICB formularies/restrictions should be referred to
  - ✓ Quantity
    - ➢ Initiation – quantity **should not exceed 3 months**
    - ➢ Ongoing supplies of **up to 12 months** duration
  - ✓ Supply in labelled original packs
  - ✓ Record any advice or signposting



Providing the service

Outcomes

- **Criteria not met –** Supply deemed not clinically appropriate
  - ✓ Explain
  - ✓ Refer
  - ✓ Document
    - reason for not supplying against a PGD
    - referral to an alternate service provider



Funding

- **£18 payment** per consultation
- Fee claimable irrespective of the outcome of the consultation
- Reimbursement of OC supplied in accordance with the Drug Tariff Determination + an allowance at the applicable VAT rate
- No prescription charges or patient declarations
- **Pharmacy set up costs of £900** per premises in instalments:
  - **£400 payment on signing up** to deliver the service via the NHSBSA MYS portal
  - **£250 payment after claiming the first 5 consultations**
  - **£250 payment after claiming a further 5 consultations** (i.e., 10 consultations completed)
- Where commissioned to provide a related service eg HCFS, cannot claim twice for same activity

Top tips from pharmacies providing the service

Getting started

- Print all posters and advertising materials provided
- Leaflets in bags – use translated materials
- Posters in pharmacy waiting area
- Social media
- Add to pharmacy online profiles
- Poster in local surgeries/sexual health clinic
- Add a message onto your phone call holding message
- Be aware of which other pharmacies in the area can provide the service
- Work out when your pharmacy can provide the service – Will it be walk in or appointment?

Identifying Potential Patients

- Run a PMR search for any patients who have received Oral Contraception from your pharmacy in the last 6 months
- Highlight service to any patients collecting prescriptions for oral contraception
- Highlight service to any patients purchasing or accessing EHC

Engage General Practices & sexual health clinics

- General practice clinical pharmacists / PCN pharmacists / Sexual health leads
- Follow up emails to clarify any issues
- Follow up phone calls with practice managers and clinical pharmacists to provide mentorship and support
- Utilised links developed as PCN community pharmacist Lead

Making it work in practice

Think about:

- An appointment system and how to offer both appointments and walk-ins?
- Manage bookings in your diaries to ensure staff aware of availability
- Clear process on what information to capture
- Support staff to measure weight, height and BP when needed.
- The use of remote consultations
- Most consultations will be continuations rather than initiations
- Encourage patients to access at least two weeks before they run out
- How do you help urgent need? Signposting?
- How do you manage pharmacist absence?

Thinking about safeguarding

- Who is with you today?
- Don’t make assumptions!
- Did anyone bring you to the pharmacy today?
- Where are they now?
- Consider speaking to the person using the service alone initially to check if they want someone else who brought them present in the consultation

Safety Netting

- Useful to document from a medicolegal perspective the full consultation, outcome, advice and leaflets given etc
- Return if problems occur and phone NHS111 if the pharmacy is closed
- www.NHS.UK for further information
- Combined pill https://www.nhs.uk/conditions/contraception/combined-contraceptive-pill/
- Progestogen only pill https://www.nhs.uk/conditions/contraception/the-pill-progestogen-only/
- Pills do not protect against STIs
- If pills are missed, come and check if you need emergency contraception or phone NHS111 if the pharmacy is closed
- Consider alternative methods of contraception

The consultation

20-30 mins for COC ongoing supply → 15 mins for COC ongoing supply

15-20 minutes for POP provisions (no clinical measurements) → About 10 mins for ongoing POP consultations

COMMUNITY PHARMACY CHESHIRE & WIRRAL

Local Sexual Health Service Update

Sexual Health

East Cheshire

Linda McCartney Centre, Royal Liverpool Hospital

The Beat, Liverpool City Centre

Garston, South Liverpool

The Arch, Huyton

New Alderley House, Macclesfield

Eagle Bridge Health and Wellbeing Centre, Crewe

Bath Street Health and Wellbeing Centre, Legh St, Warrington

Halton General Hospital, Runcorn

Widnes Health Care Resource Centre, Widnes

Birkenhead Medical Building, Birkenhead

St. Chad's Health Centre, Kirkby

Readesmoor Medical Centre, Congleton

Axess services East Cheshire

Axess Sexual Health Macclesfield
Axess Sexual Health Macclesfield
Macclesfield
SK10 3BL
Tel: 0300 323 1300 Option 1

Axess Sexual Health Congleton
Readesmoor Medical Centre
Congleton
CW12 1JP
Tel: 0300 323 1300 Option 1

Axess Sexual Health Crewe
Axess Sexual Health Crewe
Crewe
CW1 3AW
Tel: 0300 323 1300 Option 1

Axess Macclesfield- New Alderley House

Opening Times for walk-in clinics (times may vary depending on demand and capacity in clinic):
Monday, 16:00-19:00
Thursday, 16:00-19:00

Opening times for telephone assessment and our appointment booking line:
Monday, 09:00-13:00
Tuesday, 09:00- 13:00
Wednesday, 09:00-13:00
Thursday, 11:00-13:00
Friday, 09:00-13:00

Clinic opening times for appointments:
Monday, 13:30-15:30
Tuesday, 13:30-16:00
Wednesday, 13:30-15:30
Thursday, 13:30-15:30
Friday, 13:30-15:00

Axess Crewe - Eagle Bridge Health and Wellbeing Centre

Opening times for telephone assessment and our appointment booking line:
Monday, 09:00-13:00
Tuesday, 09:00-13:00
Wednesday, 09:00-13:00
Thursday, 11:00-13:00
Friday, 09:00-13:00

Clinic opening times for appointments:
Monday, 13:30-15:30
Tuesday, 13:30-16:00
Wednesday, 13:30-15:30
Thursday, 13:30-15:30
Friday, 13:30-15:00

Opening Times for walk-in clinics (times may vary depending on demand and capacity in clinic):
Wednesday, 16:00-19:00
Thursday, 16:00-19:00

Axess sexual health in Congleton- Readesmoor Medical Centre.

Clinic opening times for appointments:

Thursday, 16:00-19:00

Opening times for telephone assessment and our appointment booking line:
Monday, 09:00-13:00
Tuesday, 09:00- 13:00
Wednesday, 09:00-13:00
Thursday, 11:00-13:00
Friday, 09:00-13:00

Further support and information

- (*Emergency IUDs can be arranged by calling on the day before 1pm*) -Tel **03003231300**
- **Online smear appointments – Opened as per clinician capacity.**
- On-line service **SH:24; order for free, STI postal kits**. The service includes free return post and results delivery and covers any necessary treatment or clinic appointment as required, see the link; https://sh24.org.uk/

- **There is an online presentation available on EC and POP**, please see the following link below: https://www.youtube.com/watch?v=e0cybC_swLU

- **For any further information around axess sexual health, and the services available please go to their website on** https://www.axess.clinic/

- **Psychosexual appointments & Drugs & alcohol support services - referrals only**

Sexual Health

Warrington and Halton

Linda McCartney Centre, Royal Liverpool Hospital

The Beat, Liverpool City Centre

Garston, South Liverpool

The Arch, Huyton

New Alderley House, Macclesfield

Eagle Bridge Health and Wellbeing Centre, Crewe

Bath Street Health and Wellbeing Centre, Legh St, Warrington

Halton General Hospital, Runcorn

Widnes Health Care Resource Centre, Widnes

Birkenhead Medical Building, Birkenhead

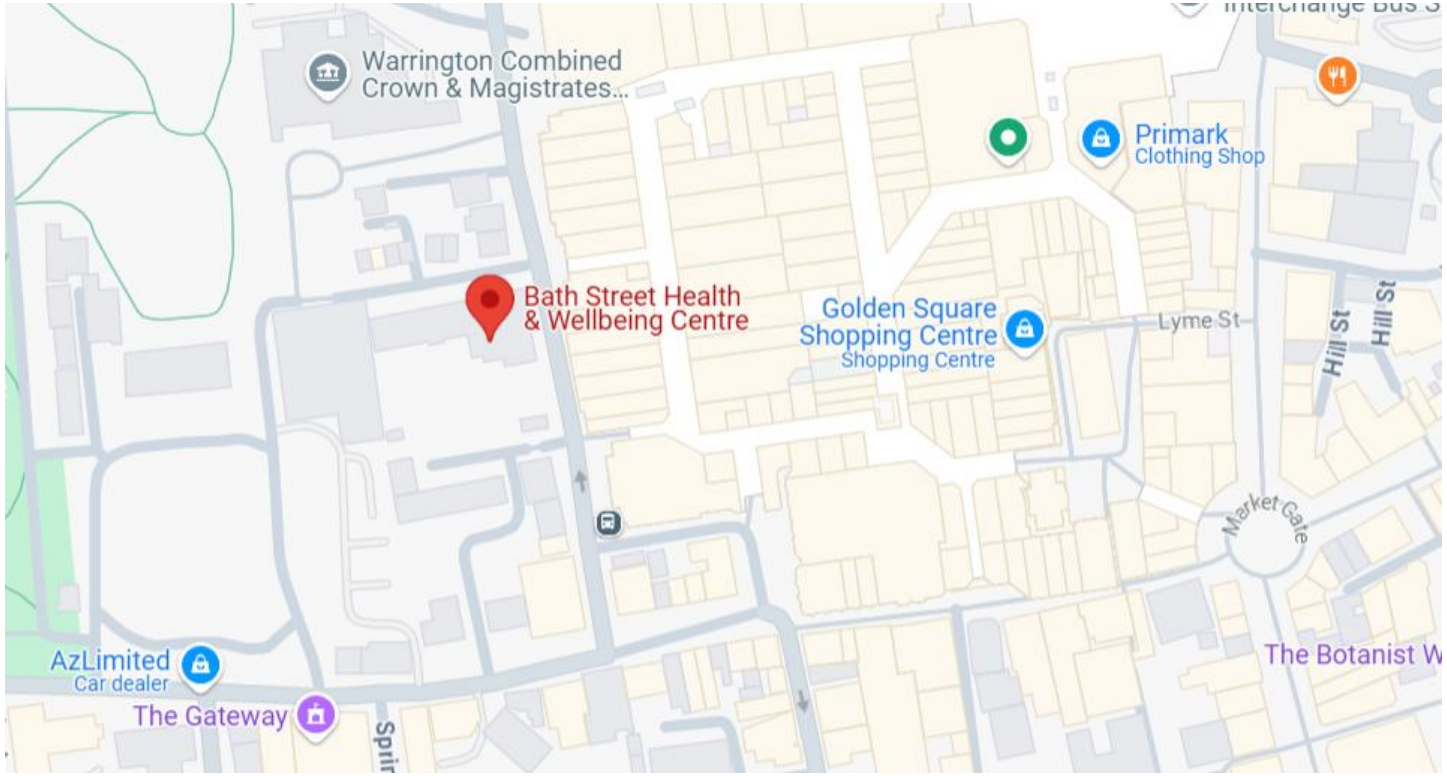
St. Chad's Health Centre, Kirkby

Readesmoor Medical Centre, Congleton

Axess Services Warrington

Axess Sexual Health Warrington
Bath Street Health and Wellbeing Centre
Warrington
WA1 1UG

03003231300 Option 2



Axess Sexual Health Warrington (Bath St)

Opening hours

Opening Times for Walk-in Clinics (times may vary depending on demand and capacity in clinic)

- Monday 5 p.m. - 7 p.m.
- Wednesday 5 p.m. - 7 p.m.

Clinic Opening Times for Telephone Assessment and Appointment Booking Line

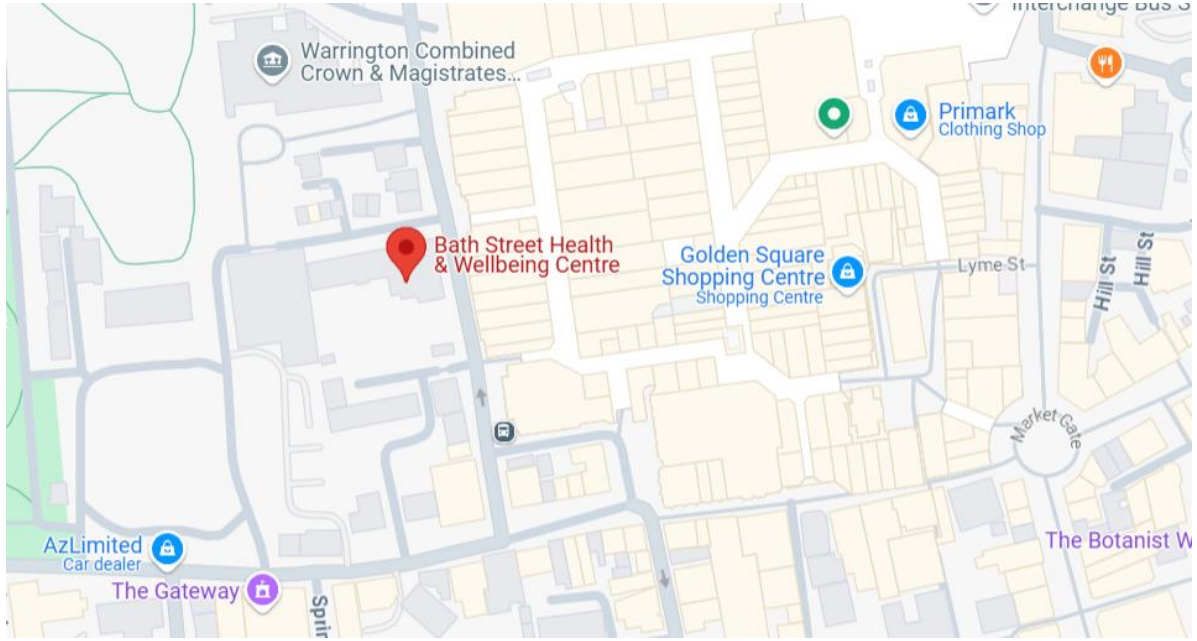
- Monday 9 a.m. - 1 p.m.
- Tuesday 9 a.m. - 1 p.m.
- Wednesday 9 a.m. - 1 p.m.
- Thursday 11 a.m. - 1 p.m.
- Friday 9 a.m. - 1 p.m.

Clinic Opening Times for Appointments

- Monday 9 a.m. - 4 p.m.
- Tuesday 9 a.m. - 1:30 p.m.
- Wednesday 9 a.m. - 4 p.m.
- Thursday 11 a.m. - 2:30 p.m.
- Friday 9 a.m. - 4 p.m.

Axess 4 U (19 & under) Warrington (Bath St)

Bath Street Health and Wellbeing Centre
Warrington
WA1 1UG



Opening hours

axess 4 u (young person's clinic, for those aged 19 and under) Opening Times

- Thursday 3:30 p.m. - 6 p.m.

Axess Young Person's Clinic <19yrs (Orford)

Jubilee Way
Warrington
WA2 8HE

03003231300 Option 2

Opening hours

axess 4 u (young person's clinic, for those aged 19 and under) Opening Times

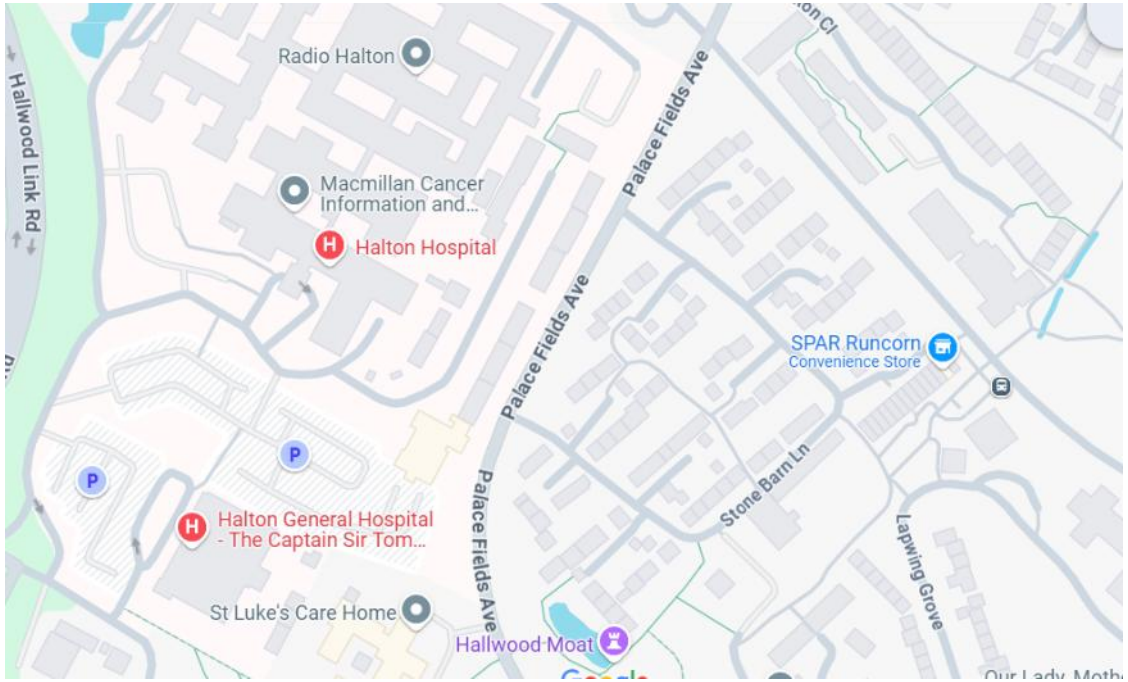
Tuesday 3:30 p.m. - 6 p.m.

Axess Sexual Health Runcorn

Halton General Hospital, Block 8

Runcorn

WA7 2DA



Clinic Opening Times for Telephone Assessment and Appointment Booking Line

- Monday 9 a.m. - 1 p.m.
- Tuesday 9 a.m. - 1 p.m.
- Wednesday 9 a.m. - 1 p.m.
- Thursday 11 a.m. - 1 p.m.
- Friday 9 a.m. - 1 p.m.

Clinic Opening Times for Appointments

- Monday 1:30 p.m. - 4:30 p.m.
- Wednesday 1:30 p.m. - 4:30 p.m.
- Thursday 1:30 p.m. - 4:30 p.m.
- Friday 1:30 p.m. - 4:30 p.m.

Opening Times for Walk-in Clinics (times may vary depending on demand and capacity in clinic)

- Wednesday 5 p.m. - 7 p.m.

Axess Sexual Health Widnes

Widnes Clinic, Floor 2

Widnes

WA8 7GD

Clinic Opening Times for Telephone Assessment and Appointment Booking Line

- Monday 9 a.m. - 1 p.m.
- Tuesday 9 a.m. - 1 p.m.
- Wednesday 9 a.m. - 1 p.m.
- Thursday 11 a.m. - 1 p.m.
- Friday 9 a.m. - 1 p.m.

Clinic Opening times

Walk in clinic- Tuesday 9 a.m. - 7 p.m.

Opening Times for Walk-in Clinics (times may vary depending on demand and capacity in clinic)

Axess Young Persons Clinic (19 and under) Halton

Widnes Clinic, Floor 2

Widnes

WA8 7GD

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Opening hours

axess 4 u (young person's clinic, for those aged 19 and under) Opening Times

Thursday 3:30 p.m. - 6 p.m.

Further Support and Information

- Emergency IUDs can be arranged by calling on the day before 1pm or attending a walk-in clinic
- Online smear appointments
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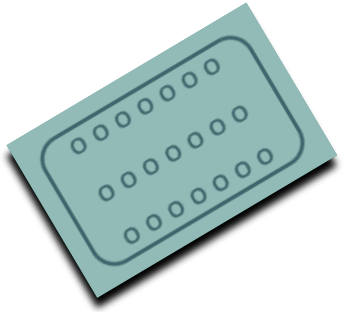
- Psychosexual appointments & Drugs & alcohol support services - referrals only

Axess Presenter

Choice of Progesterone Only Pill – Mini Pill



- The progestogen-only pill (the mini-pill) is taken every single day without any breaks.

- The POP is short acting and needs to be taken at roughly the same time each day. There is either a 12 hour or a 3 window in which to take it.

- If a Progesterone only pill is preferred Desogestrel 75mcg tablets have up to a 12 hour window in which they can be taken.

Progesterone Only Pill – Mini Pill

Positives

- Easy to take – one pill a day, every day
- It doesn't interrupt sex
- Good at preventing pregnancy
- Under the user's control
- Can help with heavy or painful periods
- It may mean that periods stop (temporarily)
- Out of the system quickly once it's stopped
- Often suitable for people who can't take oestrogen
- Can be used when breastfeeding
- Can be used at any age

Negatives

- Can be difficult to remember
- No protection against STIs

Possible side effects

- Irregular bleeding
- Headaches
- Sore breasts
- Changes in mood
- Changes in sex drive

Reference the Contraceptive choices website
https://www.contraceptionchoices.org/contraceptive-methods

Pan Mersey POP

Details...			
07.03.02.01	⊞ Oral progestogen-only contraceptives		
	Traditional progestogen-only contraceptives (norethisterone) work by altering cervical mucus to prevent sperm penetration and for some women ovulation is also inhibited. The primary mode of action of the desogestrel-only pill is inhibition of ovulation. There is no data to suggest that some POPs are better at preventing pregnancy than others. Paediatrics: all oral progestogen-only contraceptives are GREEN post menarche		
Desogestrel BNF SPC BNF C		**Formulary** GREEN	Tablets 75 micrograms Cerazette®, Cerelle®, Zelleta®
Drospirenone BNF SPC BNF C		**Formulary** GREY	Tablets 4mg Not currently recommended for contraception. This recommendation will be reviewed when an application for use is received.
Levonorgestrel BNF SPC BNF C		**Formulary** GREEN	Tablets 30 micrograms Norgeston ®
Norethisterone BNF SPC BNF C		**Formulary** GREEN	Tablets 350 micrograms Micronor ®, Noriday ®

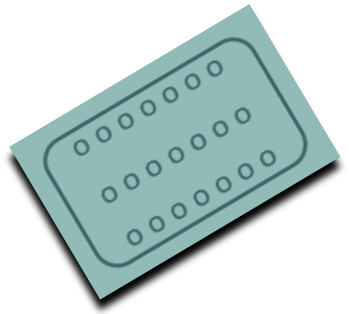
Choice of Combined Oral Contraceptive (COC)

Faculty of sexual and reproductive healthcare guidance (FSRH) does not contain information on the choice of combined pills

✓ **COC containing ≤30 µg EE in combination with levonorgestrel or norethisterone is a reasonable first-line choice of CHC to minimise cardiovascular risk.**

NICE CKS states 1st line option are monophasic preparations containing 30mcg of oestrogen, plus either norethisterone or levonorgestrel. These have a lower risk of DVT.

Choice of pill will be guided by the most cost effective product for the NHS but in line with local ICS formularies. See Pan Mersey Formulary www.panmerseyapc.nhs.uk/formulary



Consider the persons preference

Combined Pill

The combined pill is taken every day, usually with a week off once a month (for a period)

Positives

- Easy to take – one pill a day
- It doesn't interrupt sex
- The pill is good at preventing pregnancy
- Periods will usually be lighter
- The pill helps to reduce period pain
- Control over pattern of periods (regular or no periods)
- Easy to know and to control when a period will come
- The pill can help with acne and spots
- It can help treat symptoms of endometriosis, PCOS and menopause
- Protection against womb, ovarian and bowel cancer

Negatives

- The pill can be difficult to remember
- No protection against STIs

Possible side effects when first starting:

- Spotting (bleeding in between periods)
- Nausea (feeling sick)
- Sore breasts

Other possible side effects:

- Changes in mood or sex drive
- Feeling more hungry
- Headaches

Extremely rare side effects:

- Blood clots in the legs or lungs (5-12 in 10,000 users)

Reference the Contraceptive choices website
https://www.contraceptionchoices.org/contraceptive-methods

Pan Mersey Combined Oral Contraception

GREEN

Products in this section are generally similar in terms of efficacy, safety and cost. In the light of this the main considerations in selecting a product are the prescribing clinicians' view of suitability based on individual patient factors, and the patient's own views
Refer to BNF for products available

Exceptions are listed below:

Choice Of Contraception: POP v COC

This will depend on what is important to the patient

Brook and Contraceptive choices website have information for patients to help them to decide what is important to them.

If the patient is interested in Long acting contraceptives they can be signposted accordingly.

- www.Brook.org.uk
- www.Contraceptionchoices.org
- https://knowyourcontraceptives.co.uk/wp-content/uploads/2024/08/Patient-Decision-Tree-Leave-Piece.pdf

- Refer to Appendix B in the POP PGD and COC PGD to see which products can be supplied via the NHS Pharmacy Contraception Service

Progesterone Only Pill v Combined Oral Contraceptive

Progesterone only Pill

An option for some people who can't tolerate the combined pill.

Irregular bleeding may bother some people.

Needs to be taken at roughly the same time of day. There is either a 3 or 12 hour "window "in which to take it.

Combined Pill

Cycle control – can take back to back and bleeding is lighter and less painful

Some people can't use the pill because of risk of blood clots

Blood clots in the legs or lungs is a very rare side-effect (5-12 in 10,000 users)

Side Effects from Previous Pill

Oestrogen side effects

Menorrhagia, breast fullness, migraine type headaches, fluid retention, tiredness, irritability, nausea.

Try changing to a lower oestrogen or higher progestogen pill or pill with some androngergic activity

Check local formulary

Progestogen side effect Combined Pill

Scanty menses, dry vagina, breat tenderness, dull type of headache, appetite increase, weight gain, premenstrual depression, leg cramps, softening of ligaments, acne, greasy hear, low mood, low libido especially if associated with low mood. (But it can also sometimes help with low libido)

Try changing to a less androngergic progestogen or higher oestrogen pill for example Ethinylestradiol 30mcg/desogestrel 150mcg. Gedarel 30/150

If this is still not tolerated Ethinylestradiol 30mcg/ drospirenone 3mg brands include Lucette or Yacella

Androgenicity of progestogens

Levonorgestrel (Rigevidon, Microgynnon)

Gestodene (Femodene)

Desogestrel (Marvelon, Gedarel 30/15)

Drospirenone (Yasmin, Lucette)

Highest androgenicity

More progestogen side-effects

Lowest androgenicity

More oestrogen side-effects

Reference GP Notebook Pill ladder for combined pill (COC)Last edited 03/2020 https://www.gpnotebook.com/en-au/simplepage.cfm?ID=x20130725203135685340

Which Combined Contraception Regime?

- Traditionally pills are taken for 21 days followed by a 7-day break, then repeat.
- Tailored regimens
  - reduce the frequency of pill free break or shorten the pill free break. For example, tricycling when three packs are taken back-to-back.
  - This allows control of bleeding and can reduce symptoms associated with the pill free interval.
  - This can reduce the risk of escape ovulation and resulting contraceptive failure.
  - As safe and as effective for contraception as standard 21/7 regimens.

Reference

FSRH combined hormonal contraception guidance, 2019 https://www.fsrh.org/standards-and-guidance/documents/combined-hormonal-contraception/

How much Oestrogen?

- 20 µg versus >20 µg oestrogen combined oral contraceptives for contraception
- a systematic review was undertaken and found that:
- no differences were found in contraceptive effectiveness for 20 µg versus >20 µg oestrogen combined oral contraceptives.
- compared to the higher-oestrogen pills, several COCs containing 20 µg ethinyl estradiol (EE) resulted in higher rates of early trial discontinuation (overall and due to adverse events such as irregular bleeding) as well as increased risk of bleeding disturbances
- cycle control may be better with COCs containing 30–35 µg EE compared with those containing 20 µg.

Gallo MF, Nanda K, Grimes DA, Lopez LM, Schulz KF. 20 µg versus > 20 µg estrogen combined oral contraceptives for contraception. Cochrane Database of Systematic Reviews 2013, Issue 8. Art. No.: CD003989. DOI: 10.1002/14651858.CD003989

Consultation Scenarios

Scenario 1

- A patient presents asking for a repeat of her Levest COC. They do not take any other medication, have no allergies, have no side effects or problems associated with Levest. The patient is not pregnant or breastfeeding. They have taken the last pack of Levest correctly, and are due to resume their next cycle tomorrow. You complete the paperwork and there are no exclusion criteria met with regards to health or family history. However, when completing the blood pressure element of the service, her reading is 144/93. This is repeated twice more, with readings of 143/94 and 145/92. The patient is becoming impatient as they have to go to collect their child from school.

- What would you do?

Scenario 1 – Discussion Points

- A PGD exclusion criteria is a blood pressure greater than 140/90mmHg or controlled hypertension.
- In the Faculty of Sexual and Reproductive Healthcare UK Medical eligibility (FSRH UK MEC) for contraception use, a systolic blood pressure of 140–159 mmHg or diastolic blood pressure of 90–99 mmHg, is category three condition. This means that the risks outweigh benefits for this method of contraception.
- The patient is rushing between appointments, so it is possible that after relaxing if she took her blood pressure at home it would be lower. People can use self-reported blood pressure readings for this service. However, the patient wants to get a supply of contraceptive pills now.
- An option open to you is to provide a progestogen only pill, whilst her blood pressure is investigated and if necessary treated. Once it is back in range, she can resume her combined hormonal contraception. As this would be an initiation you can only provide three months' supply of this pill.
- Desogestrel has a 12-hour window in which it can be taken so this is an obvious first choice of progestogen only pill, compared to traditional progestogen only pills which only have a three-hour window in which they can be taken.
- Ensure that the patient's blood pressure is investigated
- It is important that the patient's blood pressure is investigated further.
- You could offer the hypertension case finding service, including if necessary 24-hour ambulatory blood pressure monitoring another day.
- If the patient does not want to do this then discuss the importance of seeing her GP in the next three weeks.

Scenario 2

- A 16 year old patient attends the pharmacy. She has recently started having consensual intercourse with her boyfriend and is currently using condoms, but is thinking about starting hormonal contraception. She doesn't know a lot about the options available to her and would therefore like some advice so she can make an informed decision.
- How would you proceed?

Scenario 2 – Discussion Points

- Phrases to start the discussion:
  - Do you have any thoughts on the type of contraceptive pill that you would like?
  - Would you like me to tell you about the two main types of oral contraception available?
  - Long-acting reversible contraceptives for example the injection, implant and coil are the most effective forms of contraception, would you like to talk about these today?
  - How are you getting on with your contraceptive pills?
  - Do you have any concerns or problems with your contraceptive pill?
- Consideration of safeguarding concerns.

Scenario 3

- A patient returns six weeks after initiating desogestrel as she is experiencing irregular /breakthrough bleeding which is getting no better. She would like to know what her options are. Assume no exclusion criteria are met within any of the PCS PGDs. How would you proceed?

Scenario 3 – Discussion Points

- It is worth stating at initial consultations that if someone doesn't get on with a particular pill it can be changed. This can either be done at three months or earlier if the person has concerns.
- Good practice to exclude STI, pregnancy, drug interactions, compliance and up-to-date smears
- Irregular bleeding is unpredictable and a commonly cited as a reason for discontinuation of POP.
- Use of CHC can improve irregular bleeding. Advise that breakthrough bleeding is common in the first 3 months. If this remains a problem, you could then look to increase oestrogen or change to progestogen with better cycle control. Options include 30mcg EE/75mcg GSD (e.g. Katya or Millinette) * 35mcg EE/250mcg NGT (e.g. Cilique or Lizinna) If BTB starts after 3 months refer to GP or Axess.
- If switching to a CHC - as this an initiation of the contraceptive pill three months' supply should be given.

Scenario 4

- A patient returns to the pharmacy a month after starting Rigevidon as she is complaining of worsening acne. There has been no changes to her health or circumstances otherwise, and she still meets all inclusion criteria for the PCS PGDs with no exclusion criteria met for either. How could you proceed?

Scenario 4 – Discussion Points

- It is worth stating at initial consultations that if someone doesn't get on with a particular pill it can be changed. This can either be done at three months or earlier if the person has concerns.
- Use of CHC can improve acne according to FSRH guidance. FSRH Guideline (January 2019) Combined Hormonal Contraception. BMJ Sexual & Reproductive Health [Internet]. 2019 Jan;45(Suppl 1):1–93. Available from: https://srh.bmj.com/content/45/Suppl_1/1
- If a woman is experiencing acne on a progestogen dominant pill such as Rigevidon, it is worth changing to a less progestogenic pill or a more oestrogen dominant pill.
- Options include: * 150mcg DSG/ 30mcg EE (e.g. Cimizt, Gedarel or Marvelon) * 0.03mg EE/ 3mg DRSP (e.g. Yacella, Yiznell, Dretine) * 250mcg NGT/ 35mcg EE (e.g. Cilique or Lizinna)
- As this an initiation of the contraceptive pill three months' supply should be given.

Scenario 5

- A patient presents for EHC in your pharmacy. You recognise her from a previous EHC consultation a few weeks back, so decide to discuss future contraception with the patient. They are flustered as they remember you too and find this all very embarrassing. They aren't really sure whether they want oral contraception or not. They also point blank refuse to attend the Axess clinic for a copper coil insertion. How would you proceed?

Scenario 5 – Discussion Points

- It is important that you show a non-judgemental approach.
- A discussion should be had around the type of EHC provided and when OC can be taken afterwards.
- If she has ulipristal acetate, then she needs to wait five days before starting hormonal contraception. Given her being undecided on OC, it is reasonable to find another time for her to come in and discuss ongoing contraception. Maybe you could direct her to a patient resource, for example the contraceptive choices website or Brook to have consider this further so that she has time to think before she comes back, if she would like to.
- If she has levonorgestrel, emergency contraception then she could start hormonal contraception straightaway, however this is less effective closer to ovulation. For more information see Emergency Contraception [Internet]. Fsrh.org. 2024. Available from: https://www.fsrh.org/Public/Public/Standards-and-Guidance/Emergency-Contraception.aspx
- Whilst the copper intrauterine device is gold standard in terms of efficacy, and would provide ongoing contraception, the patient is certain that she does not want this.

Scenario 6

- A patient wishes to restart oral contraception after the birth of her daughter six months ago. They are currently breastfeeding her, but have recently reduced the amount of breastfeeding so their husband can bottle feed too. The patient has been using condoms with her husband, but is worried about their reliability as a long-term option. Their preference is for a pill that does not cause irregular bleeding. Their BMI is 24.8, BP is 110/78 and there are no other contraindications for supply on either PGD. How would you proceed?

Scenario 6 – Discussion Points

- The FSRH advises that people who are breastfeeding should be informed that there is currently limited evidence regarding the effects of combined hormonal contraceptive use on breastfeeding. However, the better-quality studies of early initiation of CHC found no adverse effects on either breastfeeding performance (duration of breastfeeding, exclusivity and timing of initiation of supplemental feeding) or on infant outcomes (growth, health and development).
- If the baby was younger people who are breastfeeding should wait until 6 weeks after childbirth before initiating a combined hormonal contraception method. Breastfeeding and less than six weeks post-partum is a PGD exclusion criteria.
- The patient can be assured that progestogen only pills have no impact on breast feeding.
- You need to think about whether she may already be pregnant:
- People may be advised that, if they are less than 6 months postpartum, amenorrhoeic and fully breastfeeding, the lactational amenorrhoea method (LAM) is a 98% effective method of contraception.
- However, the FRSH state that people using LAM should be advised that the risk of pregnancy is increased if the frequency of breastfeeding decreases (e.g. through stopping night feeds, starting or increasing supplementary feeding, use of dummies/pacifiers, expressing milk), when menstruation returns or when more than 6 months after childbirth. As this describes the patient's current situation another method of contraception is needed to protect her now.

Scenario 6 – Discussion Points

- It would be sensible to check that the patient could not already be pregnant now.
- If the baby was younger you would need to think about the patient's post pregnancy thromboembolism risk.
- A PGD exclusion criteria is not breastfeeding and less than 6 weeks post-partum with other risk factors for venous thromboembolism (VTE). In this case a progestogen only pill could be used. The FSRH states that the earliest time you can start CHC is at 3 weeks post-partum but only if not breastfeeding and NO other risk factors for VTE

Final points for consideration

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- Raise awareness with GP practices and sexual health clinics initially
- SHAPE tool now includes pharmacy contraception service
- Explain the service has been expanded…
- …but be aware you may get fewer referrals for initiation as they are harder to identify upfront
- Ensure **Profile Manager** reflects current registration status
- Ensure the **whole team** understand the pathway from EC to longer term contraception
- Tell people to tell people!
- Use marketing materials to raise awareness
  - Posters for general practices and in pharmacies
  - Translated materials
  - Higher education materials
  - Social media

Further information and resources

- cpe.org.uk/PCS
- FAQs: cpe.org.uk/PCSfaqs
- Additional support: services.team@cpe.org.uk
- Sign up to Community Pharmacy England News: cpe.org.uk/enews
- **@CPENews**

Good luck with the service!

COMMUNITY PHARMACY CHESHIRE & WIRRAL

Q&A