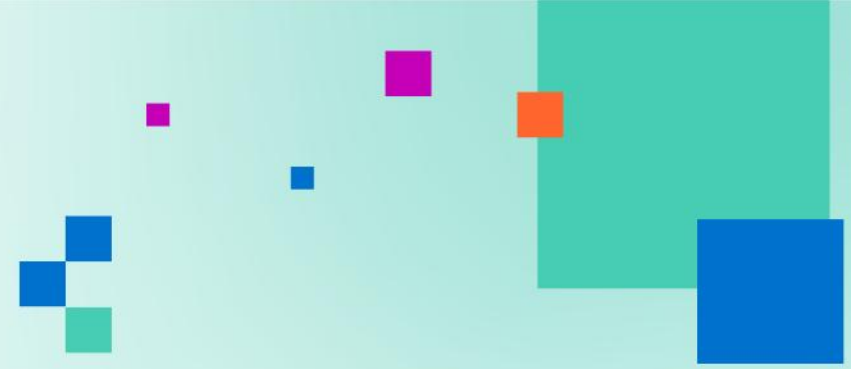


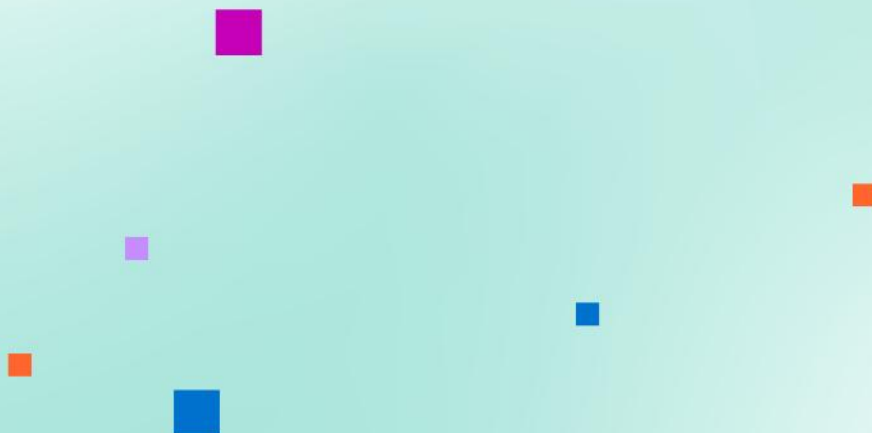


# The NHS Pharmacy Contraception Service





# Welcome & Overview



# Agenda

- |        |  |
|--------|--|
| 7.00pm | Welcome & Intro  |
| 7.05pm | Service Update   |
| 7.15pm | Background and Aims of the service                           |
| 7.25pm | Top tips   |
| 7.35pm | Local sexual health service info & update                    |
| 7.40pm | Contraception Refresher & Wider sexual health service update |
| 8.00pm | Offering contraception services confidently                  |
| 8.50pm | Q&A  |
| 9.00pm | Close  |

# Agenda

7.25pm Welcome & Introduction

7.05pm Service Update

7.15pm Aims of the service

7.25pm Contraception Refresher

7.45pm Wider sexual health service update

8.00pm Building confidence to discuss contraception

8.45pm Q&A

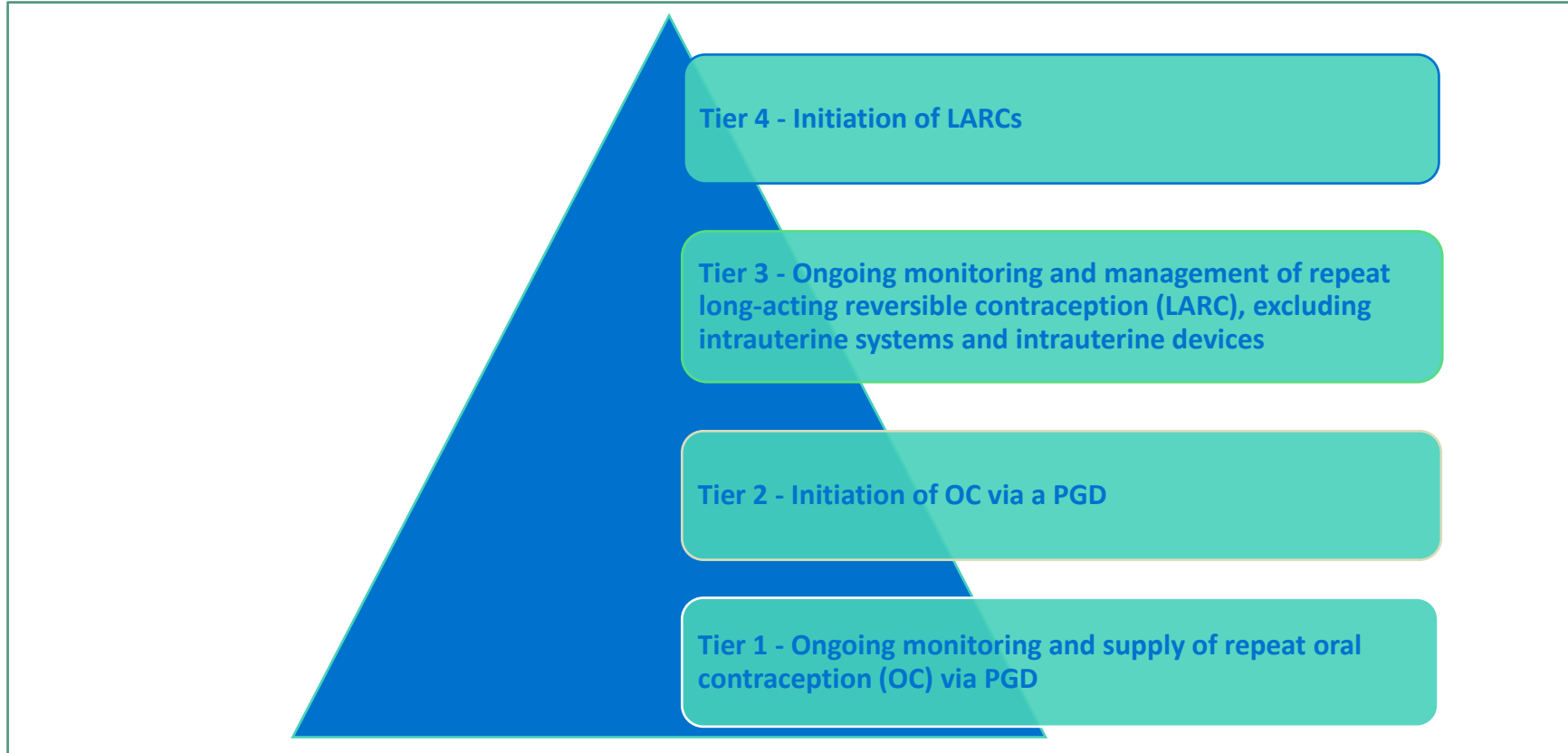
9.00pm Close



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# Background & policy

# Background & policy



## NHS Pharmacy Contraception Service Tier 1 – Ongoing supply of oral contraception

Document first published: 10 January 2023  
Page updated: 10 January 2023  
Topic: Pharmacy  
NHS Knowledge Hub

This service specification covers the ongoing monitoring and supply of repeat oral contraception via a patient group direction.

Link



Community Pharmacy advanced service specification

Summary

Published 10 January 2023

# Background & policy

## Objectives:

- Model to initiate provision of OC, and to continue the provision of OC supplies initiated in primary care
- Establish an integrated pathway that provides greater choice and access

## Aims:

- Provide greater choice of access to contraception services
- Provide extra capacity in primary care and sexual health clinics (or equivalent) to support more complex assessments



# 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



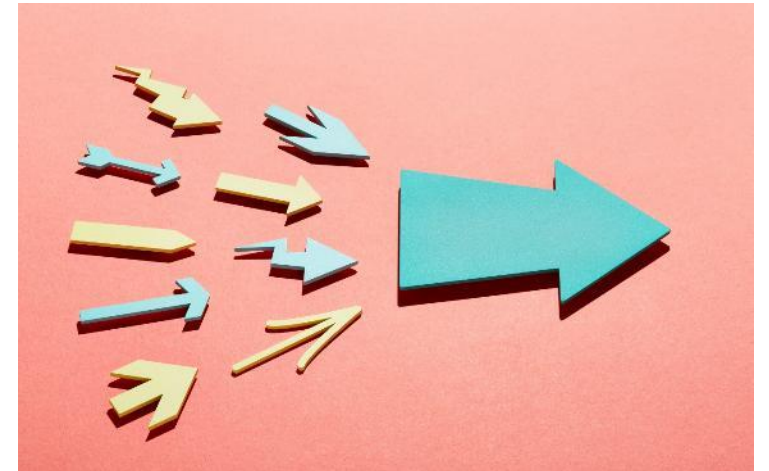


# Providing the service

## Access routes:

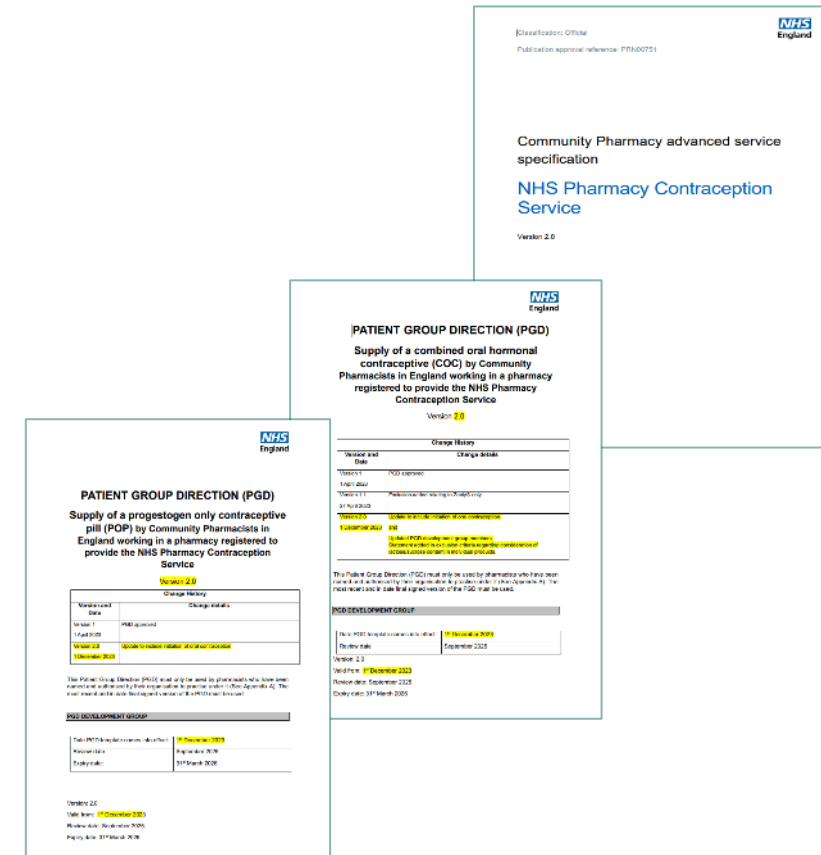
- Pharmacy identified
- Self-refer
- Referred Via GP/ Sexual health clinic/ NHS 111/UEC

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**



**Community Pharmacy advanced service specification**  
NHS Pharmacy Contraception Service  
Version 2.0

**PATIENT GROUP DIRECTION (PGD)**  
Supply of a combined oral hormonal contraceptive (COC) by Community Pharmacists in England working in a pharmacy registered to provide the NHS Pharmacy Contraception Service  
Version 2.0

**PATIENT GROUP DIRECTION (PGD)**  
Supply of a progestogen only contraceptive pill (POP) by Community Pharmacists in England working in a pharmacy registered to provide the NHS Pharmacy Contraception Service  
Version 2.0

# Guidance and resources

## Pharmacy team

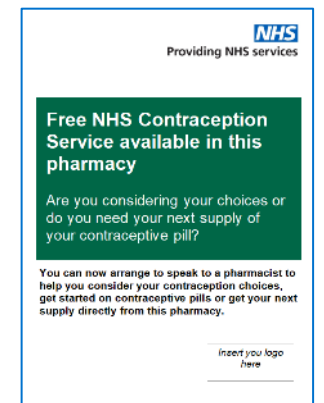
- Use a whole pharmacy team approach to promotion and recruitment
- Community Pharmacy England **Briefing 033/23**: Briefing for pharmacy teams – the Pharmacy Contraception Advanced Service
- Pharmacy staff providing blood pressure and BMI measurements must be appropriately trained and competent



# 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 contraception 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.

**Important information:** Please provide a response to the questions. Patients with a reading of any value other than a zero should only fill in the relevant question.

**Important information:** Please provide a response to the questions. Patients with a reading of any value other than a zero should only fill in the relevant question.

Patient details		
Name	Date of birth	Age
Address	Postcode	
Email address	Telephone number	
Ethnicity	NHS number	
GP Practice	Consultation date	

**Screening questions**

1. Are you wanting to start a new contraceptive pill or restart a previously used contraceptive pill? If yes, go to question 31.  Yes  No

2. Have you previously had a supply of your contraceptive pill from your general practice, GP or another pharmacy?  Yes  No

3. Are you wanting to change your current contraceptive pill?  Yes  No

4. Have you missed any pills at any point or had a gap of any duration since your last supply?  Yes  No

5. Have you had any problems with or side effects from your contraceptive pill?  Yes  No

6. Are you taking any other prescribed medicines?  Yes  No

7. Are you taking any over the counter medicines or herbal products?  Yes  No

8. Have you had your blood pressure checked within the last three months?  Yes  No

Please provide your blood pressure reading if recent: \_\_\_\_\_ / \_\_\_\_\_

9. Are you pregnant or might you be pregnant?  Yes  No

10. Do you have any symptoms of pregnancy?  Yes  No

**Cardiovascular health**

11. Are you a smoker (including vaping; use of e-cigarettes)? (If no, go to question 13)  Yes  No

12. If you are a smoker, would you like help giving up?  Yes  No

13. What is your weight? \_\_\_\_\_ **Pharmacy use only**

14. What is your height? \_\_\_\_\_ **DOB**

15. Do you have a current or past history of ischaemic heart disease, vascular disease, stroke, or transient ischaemic attack (TIA)?  Yes  No

16. Do you have diabetes? (If no, go to question 18)  Yes  No

17. Do you have any kidney failure or kidney disease?  Yes  No

18. Do you have any past or current history of any other cancer?  Yes  No

**Contraception-related health**

19. Do you have any form of liver disease or liver impairment?  Yes  No

20. Do you have gall bladder disease that causes you symptoms or is medically managed?  Yes  No

21. Do you suffer from autoimmune-inflammatory bowel disease or Crohn's disease?  Yes  No

22. Have you had any foodborne infection or any other infection that has reduced your ability to absorb things from your stomach?  Yes  No

23. Do you suffer from Cholelithiasis, a condition caused by blocked or reduced flow of bile from the liver?  Yes  No

**Other health conditions**

24. Do you have any abnormal blood test results?  Yes  No

25. Have you ever been diagnosed with Acute (physical) eye conditions (PMS) (also known as 'flashes syndrome') with or without Laser?  Yes  No

26. Have you ever had an organ transplant that has resulted in immunosuppression?  Yes  No

27. Do you have severe kidney impairment or end-stage kidney disease?  Yes  No

28. Have you been diagnosed with Acute porphyria?  Yes  No

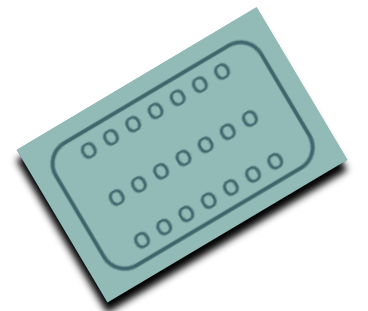
**Thank you for completing this form. Please return it to the pharmacist when you are ready.**

For the pharmacist:  
\* Question numbers in US only  
\*\* For NHS, fill in the date when filling in the form for medical when the record is made.  
\*\*\* Question numbers in US only

# Providing the service

## Outcomes

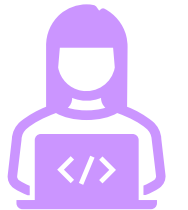
- **Criteria met – Supply can be made**
  - ✓ FSRH UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) calculator available to support clinical decision on choice
  - ✓ Local ICB formularies/restrictions should be referred to
  - ✓ Quantity
    - Initiation – quantity **should not exceed 3 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

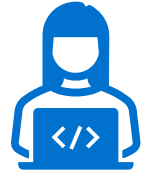
# Getting started

- 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

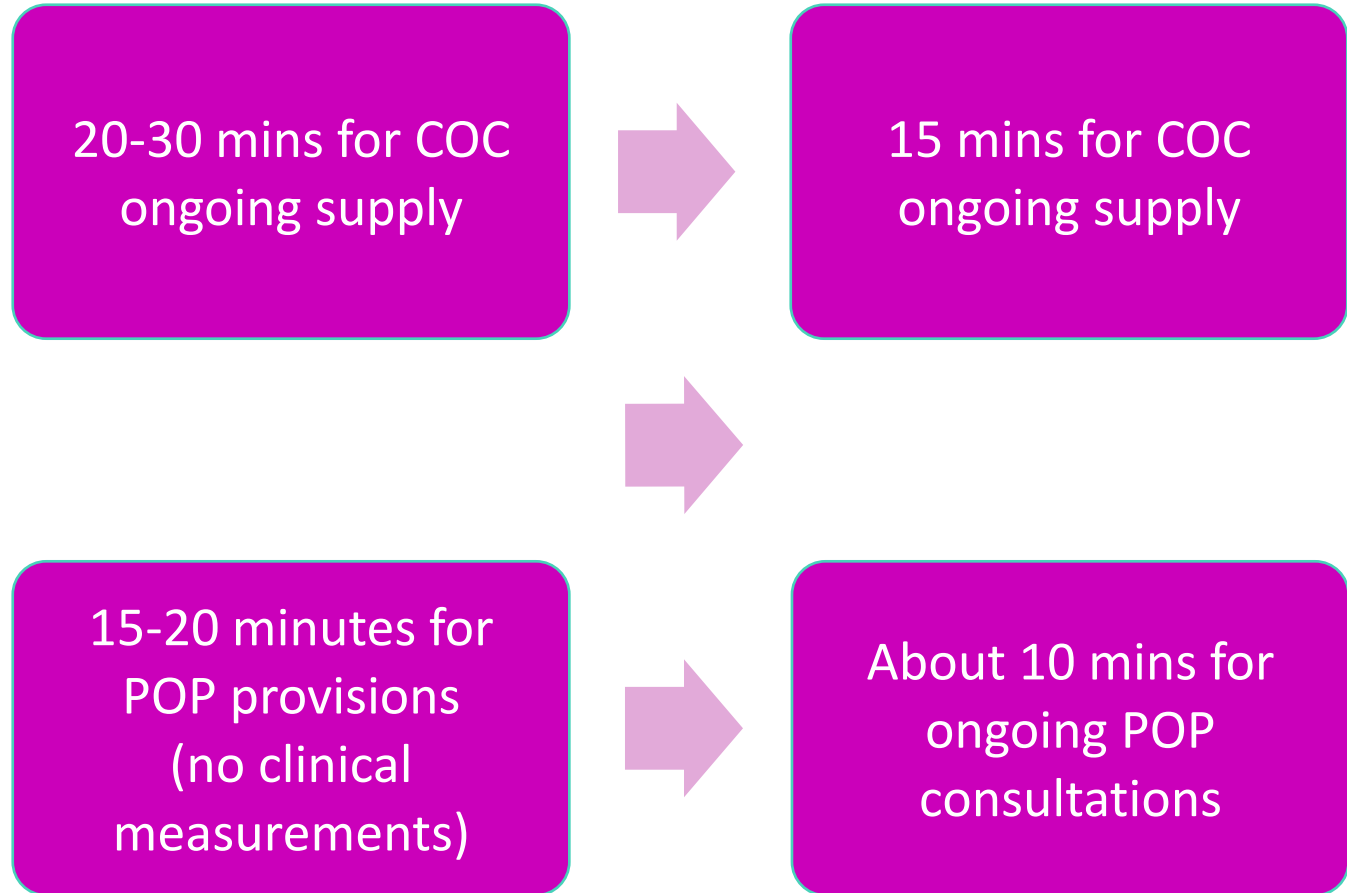
- Who is with you today?
- Don't make assumptions!
- Did anyone bring you to the pharmacy today?
- Where are they now?
- Consider speaking to the person using the service alone initially to check if they want someone else who brought them present in the consultation



# 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](http://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





# Cheshire West and Chester Integrated Contraception and Sexual Health Service

Service update, Contraception Refresher,  
and Building Confidence - April 2025

Dr Katy Sutcliffe & Bradley Pearson-Barnard



# Welcome & Introduction

## **Bradley Pearson-Barnard:**

CQC Manager for Cheshire West and Chester Service  
Deputy General Manager for HCRG Sexual Health

## **Dr Katy Sutcliffe:**

Consultant in Community Sexual and Reproductive Health  
BSc. (Hons) MBBS MRCOG MFSRH MA



Stock photo.



# Service Update

Bradley Pearson-Barnard

Deputy General Manager for HCRG Sexual Health Services



Visit our website:

[thesexualhealthhub.co.uk](https://thesexualhealthhub.co.uk)



For more help and advice visit  
[thesexualhealthhub.co.uk](http://thesexualhealthhub.co.uk)

# Who are we?

We provide free and confidential sexual health services in Cheshire West and Chester including:

- Chester
- Blacon
- Ellesmere Port
- Neston
- Winsford
- Northwich

**Providing information and advice on all types of contraception and STI testing and treatment; including vasectomy and community outreach.**

**Our service is confidential, non-judgemental and for people of all ages, genders and orientations.**



Stock photo.

**Changing lives through transforming health and care**

As one of the UK's largest community services providers, since 2006 we've dedicated ourselves to nurturing impactful and long-lasting relationships with our communities.





For more help and advice visit  
[thesexualhealthhub.co.uk](http://thesexualhealthhub.co.uk)

# How to contact us

- Patients can contact our appointments line on **0300 247 0020**
- Patients can book appointments online [www.thesexualhealthhub.co.uk](http://www.thesexualhealthhub.co.uk)
- Patients can contact us via **Chat Health**
- ✓ Professionals can email our service for general enquiries via [CWCSH@hcrhcaregroup.com](mailto:CWCSH@hcrhcaregroup.com)
- ✓ Professionals can email our outreach team via [Outreach.CheshireWest@hcrhcaregroup.com](mailto:Outreach.CheshireWest@hcrhcaregroup.com)
- ✓ Professionals can contact our Health Advising Team regarding results management via **01244 271131** or [healthadvising@hcrhcaregroup.com](mailto:healthadvising@hcrhcaregroup.com)



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# Where to find us

For more help and advice visit [thesexualhealthhub.co.uk](https://thesexualhealthhub.co.uk)



## Contraception & Sexual Health Clinics in Cheshire West and Chester

Free supplies and confidential advice - Everyone welcome, including under 16s

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Fountains Clinic</b> Chester, CH1 4DS Walk-in 8:15am - 11:30am Appointments only 1:00pm - 7:00pm	<b>Fountains Clinic</b> Chester, CH1 4DS Appointments only 8:30am - 3:30pm Walk-in (under 19's) 4:00pm - 7:00pm	<b>Fountains Clinic</b> Chester, CH1 4DS Walk-in 8:15am - 11:30am Appointments only 1:00pm - 7:00pm	<b>Fountains Clinic</b> Chester, CH1 4DS Walk-in 8:15am - 11:30am Appointments only 1:00pm - 7:00pm	<b>Fountains Clinic</b> Chester, CH1 4DS Walk-in 8:15am - 11:30am Appointments only 1:00pm - 3:30pm	<b>Fountains Clinic</b> Chester, CH1 4DS Appointments only 9:00am - 4:00pm Cervical screening Pre-bookable appointments 1:00pm - 4:00pm Community Vasectomy Service Self-referrals - we offer same day counselling and operations. Fridays
<b>Stanney Lane Clinic</b> Ellesmere Port CH65 9AE Appointments only 1:00pm - 3:00pm Walk-in (Under 19's) 3:30pm - 7:00pm	<b>Stanney Lane Clinic</b> Ellesmere Port CH65 9AE Appointments only 8:30am - 11:30am	<b>Dene Drive</b> Winsford, CW7 1AT Appointments only 1:00pm - 3:30pm	<b>Watling Street</b> Northwich, CW9 5EX Walk-in 8:15am - 11:30am Appointments only 1:00pm - 3:30pm	<b>Stanney Lane Clinic</b> Ellesmere Port CH65 9AE Walk-in 8:15am - 11:30am Appointments only 1:00pm - 3:30pm	
<b>Dene Drive</b> Winsford, CW7 1AT Appointments only 1:00pm - 3:00pm Walk-in 4:00pm - 7:00pm		<b>Neston Clinic</b> Neston, CH64 9RN Appointments only 4:00pm - 7:00pm Cervical screening Pre-bookable appointments 4:00pm - 6:30pm			

**Did you know**, we offer bookable and walk-in appointments for new and rebook cervical screening for those aged 25-64.

For appointments, please telephone **0300 247 0020**  
 For help and advice please scan the QR code or visit [thesexualhealthhub.co.uk](https://thesexualhealthhub.co.uk)



Updated January 2025



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# Our HUB

For more help and advice visit  
[thesexualhealthhub.co.uk](http://thesexualhealthhub.co.uk)

## **Fountains Health Centre Sexual Health clinic**

Fountains Health, Delamere Street, Chester, CH1 4DS

Parking on site £1.50 for 2 hours following validation within the clinic.

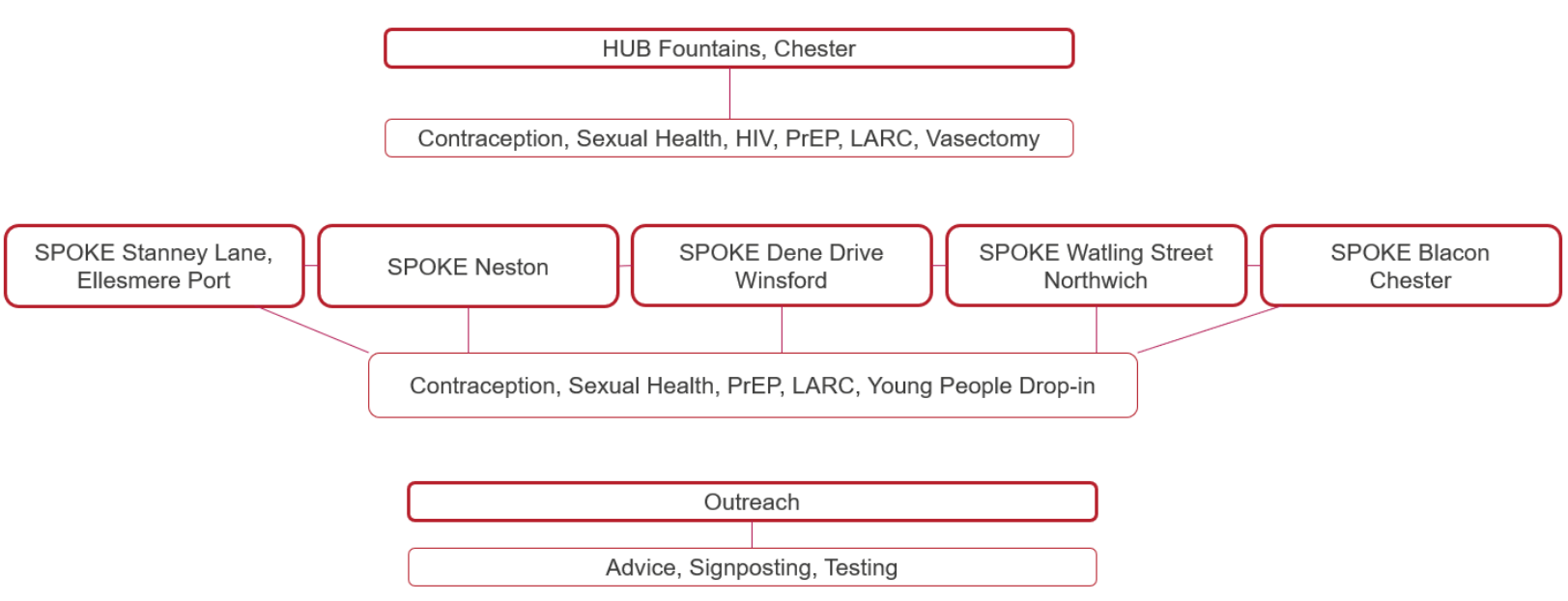


Stock photo.

- Sexual Health Counselling and advice
- Contraception (all types)
- Coil and implant fitting and removal
- Emergency contraception
- Screening and treatment for sexually transmitted infections (STIs), including HIV
- Postal testing
- Express testing
- Pregnancy testing
- Referrals for termination of pregnancy
- Cervical screening
- PrEP- Pre-exposure prophylaxis
- PEPSE
- Vasectomy Services
- Hepatitis B vaccinations
- HPV vaccinations (for men who have sex with men)

For more help and advice visit [thesexualhealthhub.co.uk](http://thesexualhealthhub.co.uk)

# Our Services



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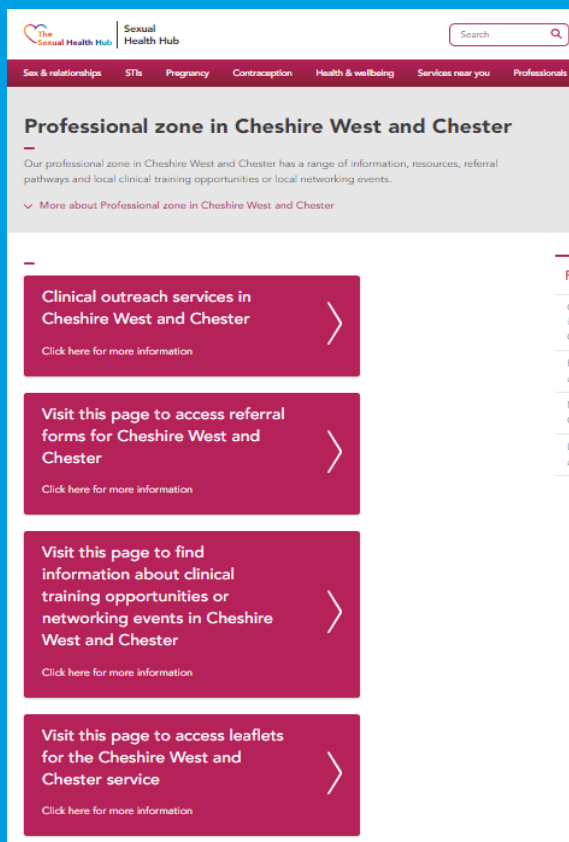


Call **0300 247 0020**

Monday - Thursday 9am- 5pm, Friday 9am-3:30pm & Saturday 9am-12:30pm



# Our Professional Zone



The screenshot shows the website's navigation bar with categories like 'Sex & relationships', 'STIs', 'Pregnancy', 'Contraception', 'Health & wellbeing', 'Services near you', and 'Professionals'. The main heading is 'Professional zone in Cheshire West and Chester'. Below this, there are four red buttons with white text and right-pointing arrows, each with a 'Click here for more information' link below it. The buttons contain the following text: 1. 'Clinical outreach services in Cheshire West and Chester', 2. 'Visit this page to access referral forms for Cheshire West and Chester', 3. 'Visit this page to find information about clinical training opportunities or networking events in Cheshire West and Chester', and 4. 'Visit this page to access leaflets for the Cheshire West and Chester service'.

## Targeted sexual health education referral

We can provide bespoke, targeted education sessions with one of our outreach nurses, with each session lasting between 30 minutes and 1 hour), although shorter interventions can be developed if necessary.

Sessions can be arranged at several venues such as:

- In schools or colleges
- Cheshire West and Chester sexual health services
- Outreach location
- A mutually agreed venue

We aim to provide quick, easy, and confidential access to our service. The best way to make a referral is to complete the [referral form](#). Once completed, please send via email to [outreach.cheshirewest@hrcgroup.com](mailto:outreach.cheshirewest@hrcgroup.com). If you need to discuss a referral or have a query, please contact [01244 271131](tel:01244 271131).

## Sexual health educational for teachers and young people

We can provide sexual health educational training to teachers and students within an educational environment. This may include:

- How to have a sexual health conversation with a young person
- How to signpost a young person to sexual health
- Preventing harm and promoting safe sex

Please email us via [outreach.cheshirewest@hrcgroup.com](mailto:outreach.cheshirewest@hrcgroup.com) for more information.

## Sexual health awareness training

We deliver quarterly sexual health awareness training for professionals. The aim is to educate and engage external agencies who come into contact with service users across the locality. The course covers:

- Overview of Cheshire West & Chester Sexual Health Service (The Sexual Health Hub)
- How to access the service
- Young people
- Safeguarding
- Coils & Implants – myth busting
- Outreach
- Sexually Transmitted Infections
- Contraceptive methods
- Q&A

To book, please complete the [online booking form](#). If you are unable to use the booking form, please email [Trainingbookings@qwestservices.co.uk](mailto:Trainingbookings@qwestservices.co.uk)



Stock photo.

## Community clinical outreach

If you are interested in us delivering some Clinical Outreach within your setting for your service users, please contact us by emailing [outreach.cheshirewest@hrcgroup.com](mailto:outreach.cheshirewest@hrcgroup.com). We can deliver the following:

- Let's talk about Contraception
- Let's talk about Sexual Health
- Let's talk about Women's Health
- Let's talk about Men's Health
- Let's talk about HIV and PrEP

For more help and advice visit [thesexualhealthhub.co.uk](http://thesexualhealthhub.co.uk)

# Postal / Express Testing

## At Home STI Tests

- **STI test kits:** What's available?
- **STI test kits:** How does it work?
- **Ordering:** How do I check if I'm eligible and order?
- **Timing:** How quickly will it arrive?
- **Delivery:** What does the kit look like?
- **Taking samples:** How do I take samples?
- **Returning samples:** How quickly do I need to return them?
- **Results:** When and how?
- **Waiting for results:** Can I still have sex?
- **Positive:** What happens now?



More about At Home STI Tests

## What STI test kits are available?

You can now order free confidential STI test kits by post for Chlamydia, Gonorrhoea, HIV and Syphilis if you live within one of our service areas, are over 16 and don't have any symptoms.

We don't offer Hepatitis B or C testing online but this is available in our clinics. We recommend these tests for those in higher risk groups including men who have sex with men, sex industry workers, swingers, those born in high prevalence areas and injecting drug users.

## How do STI home test kits work?

### STIs

HIV testing kits

At home chlamydia test



Stock photo.

Any Questions?

Visit our website:  
[thesexualhealthhub.co.uk](https://thesexualhealthhub.co.uk)



# Aims of the service

Bradley Pearson-Barnard  
Deputy General Manager for HCRG Sexual Health Services



Visit our website:  
[thesexualhealthhub.co.uk](https://thesexualhealthhub.co.uk)





For more help and advice visit  
[thesexualhealthhub.co.uk](https://thesexualhealthhub.co.uk)

## The Aim

Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations.

The Government has set out its ambitions for improving sexual health in its publication, A Framework for Sexual Health Improvement in England.

We recognise that for good sexual health we need relationships based on equality, sexual fulfilment and reproductive choice. Part of our work in ensuring there is choice for people and to break down barriers so everybody can access the support and services they need at each stage of their lives.



Stock photo.

For more help and advice visit  
[thesexualhealthhub.co.uk](https://thesexualhealthhub.co.uk)

# Background

Sexual health is about wellbeing, not just services: education, personal capacity and resilience, good relationships and preventative actions are as important as the provision of high quality sexual and reproductive health services.

It is important that our resident population have knowledge, access to information and services, and choice, in relation to their sexual health needs.

In addition, in July 2022 the Government published the first Women's Health Strategy for England which seeks to address inequalities in delivery of women's health services, which will impact on the future delivery of sexual health services.



For more help and advice visit  
[thesexualhealthhub.co.uk](https://thesexualhealthhub.co.uk)

# Principles and Vision

We want to put people at the heart of what we do. We believe this will help to improve their sexual health and wellbeing outcomes, and ensure there is autonomy and accountability.

- Building stronger links
- Innovation
- Advocate for change
- Equity
- Patients voices are heard



For more help and advice visit  
[thesexualhealthhub.co.uk](https://thesexualhealthhub.co.uk)

# Our Approach

Sexual health should be seen in its widest context, taking into account the person's environment, the geography within which they live and the life stage they are at.

- Reducing inequalities
- Prevention
- Partnership working
- Evidence based
- Empowerment



Any Questions?

Visit our website:  
[thesexualhealthhub.co.uk](https://thesexualhealthhub.co.uk)



# Contraception Refresher

Dr Katy Sutcliffe BSc. (Hons) MBBS MRCOG MFSRH MA  
Consultant in Community Sexual and Reproductive Health

Visit our website:  
[thesexualhealthhub.co.uk](https://thesexualhealthhub.co.uk)



# When is contraception required ...?

.... days after giving birth

.... days after miscarriage, abortion, ectopic

..... years after last menstrual period if aged under 50

..... after last menstrual period if aged over 50

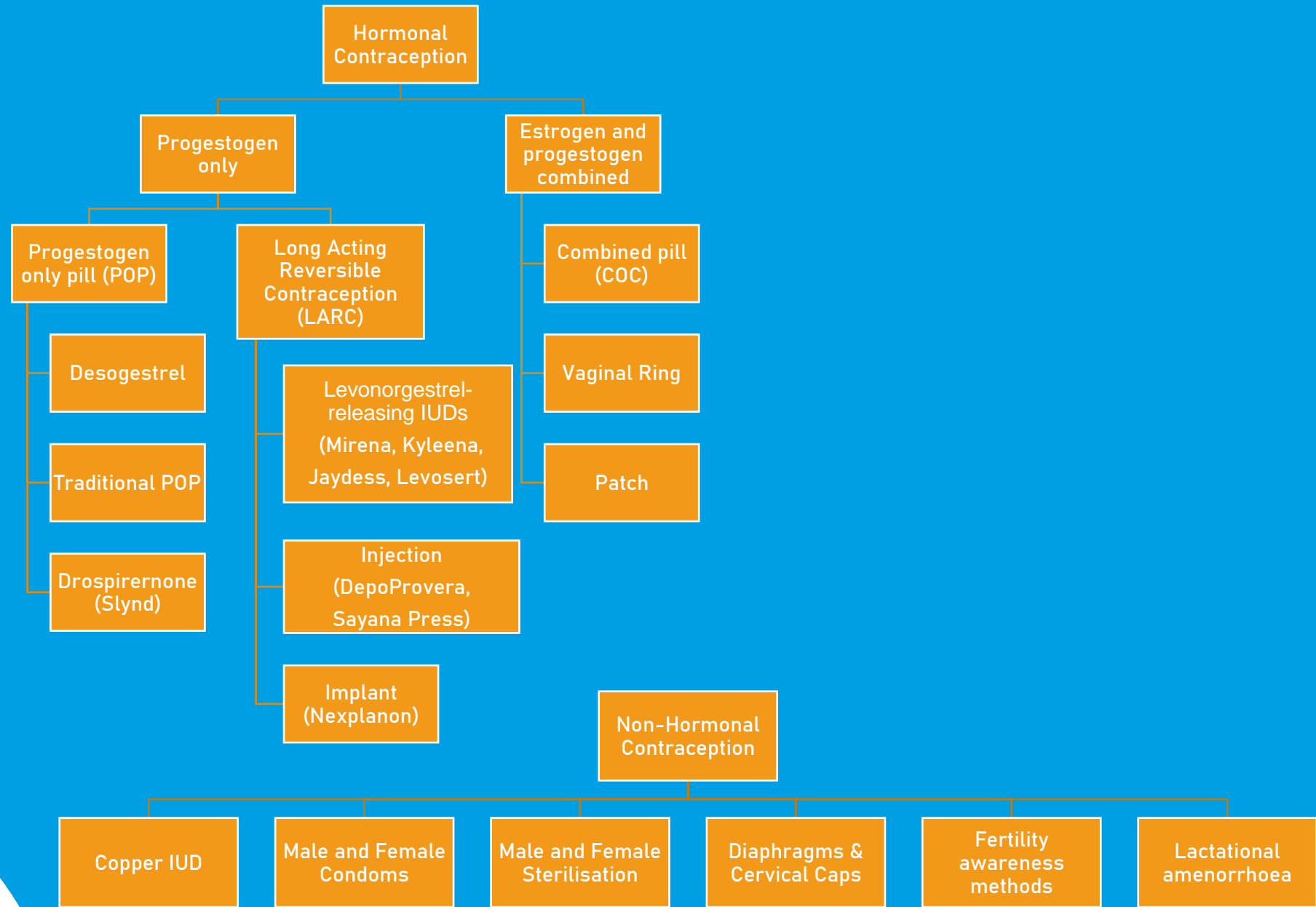
# When is contraception required ...?

- The first time(!)
- 21 days after giving birth
- 5 days after miscarriage, termination, ectopic
- 2 years after last menstrual period if under 50
- 1 year after last menstrual period if over 50
- (By age 55 can safely stop contraception)



How many methods of contraception can you name?



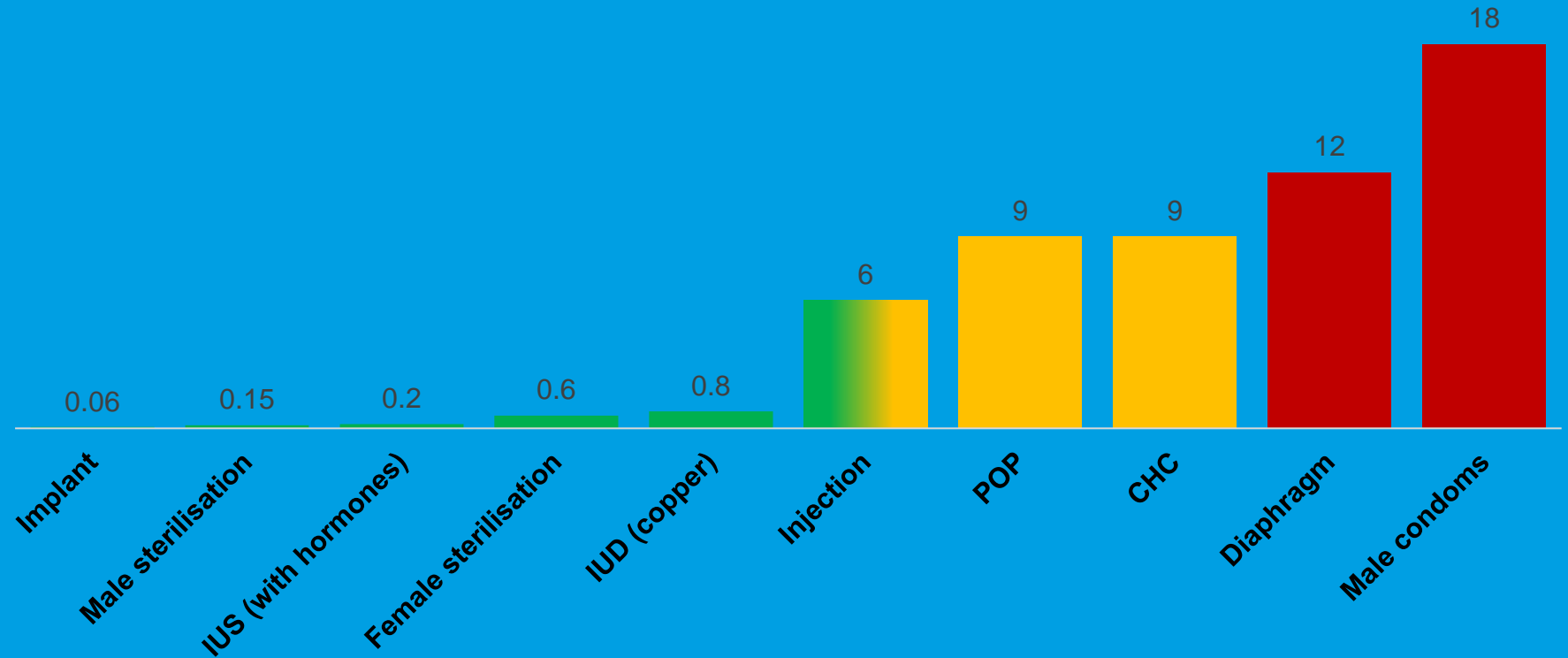


# Activation of prior learning!

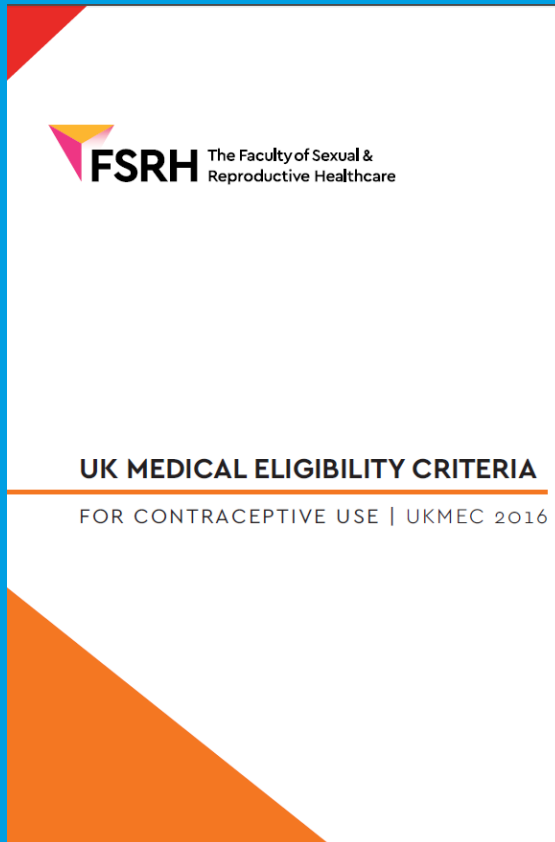
In groups, write down everything you know about:

- Combined hormonal contraception
- Progestogen only pills
- Emergency contraception
- LARC

# Failure rates with typical use per 100 woman-years



# UKMEC



- Medical eligibility criteria
- Who *can* use contraceptive methods safely
- About SAFETY not EFFICACY
- Does not indicate a *best method- CHOICE!!!*
- Category 1 = no restriction for use
- Category 2 = can generally be used, but more careful follow-up *may* be required.
- Category 3 = usually only initiated by a CSRH doctor; use is not usually recommended unless other methods are not acceptable.
- Category 4= unacceptable health risk and should not be used.

# UKMEC example

## CHC and breast cancer

CONDITION	Cu-IUD	LNG-IUS	IMP	DMPA	POP	CHC	
	I = Initiation, C = Continuation						
<b>Breast conditions</b>							
a) Undiagnosed mass/breast symptoms	1	2	2	2	2	I 3	C 2
b) Benign breast conditions	1	1	1	1	1	1	
c) Family history of breast cancer	1	1	1	1	1	1	
d) Carriers of known gene mutations associated with breast cancer (e.g. BRCA1/BRCA2)	1	2	2	2	2	3	
e) Breast cancer							
(i) Current breast cancer	1	4	4	4	4	4	
(ii) Past breast cancer	1	3	3	3	3	3	

**Which conditions are UKMEC 3 or 4 for the progestogen-only pill?**

# UKMEC 3/4 for POP

Stroke

Ischaemic heart disease

Breast cancer

Liver tumours/ cirrhosis





Which conditions are UKMEC 3 or 4 for combined hormonal contraception?

# UKMEC 3/4 for Combined Hormonal Contraception

- Smokers aged over 35
- BMI >35
- Multiple risk factors for CVD (such as smoking, diabetes, hypertension, obesity and dyslipidaemias)
- Diabetes with nephropathy/retinopathy/neuropathy
- Hypertension, vascular disease, stroke,
- Previous VTE
- VTE in a first-degree relative age <45
- Breast cancer
- Migraine with aura
- Thrombophilia
- SLE with positive antiphospholipid antibodies
- Hepatocellular carcinoma
- Decompensated cirrhosis

Any Questions?

Visit our website:  
[thesexualhealthhub.co.uk](https://thesexualhealthhub.co.uk)





# Wider Sexual Health Service Update

Bradley Pearson-Barnard  
Deputy General Manager for HCRG Sexual Health Services

Visit our website:  
[thesexualhealthhub.co.uk](https://thesexualhealthhub.co.uk)



# Access to Condoms

For more help and advice visit  
[thesexualhealthhub.co.uk](http://thesexualhealthhub.co.uk)

## Condoms Now

Following training with ourselves, we can provide services and locations throughout Cheshire West and Chester with condoms.

The condoms can then be given out to young people without the need to sign them up for a card as previous (C-CARD Scheme)

Services will still be required to go through a safeguarding process with each person prior to distribution – this is now quicker and without need for documentation

We will continue to monitor the condoms being distributed by each service via a simple distribution form completed by the service and returned to us monthly

For further information or to become a distribution site please email:

[Outreach.CheshireWest@hrcaregroup.com](mailto:Outreach.CheshireWest@hrcaregroup.com)



Stock photo.

## Condoms by Post

Condoms by Post are available by request via our online Sexual Health Hub – in the same way that people within the Cheshire West and Chester area can request a home testing kit to be sent to their chosen address free of charge, condoms can also now be requested.

### What will be sent?

X 12 condoms – trim, regular, large, latex free, female condoms  
X 3 sachets of lube

### How will it be sent?

An unmarked padded envelope, free of charge

### Who can order these?

Those aged 16 to 24 living in Cheshire West and Chester  
Those aged 16 and 17 will be asked to complete a 'spotting the signs' questionnaire prior to issuing.

# Aims of Condoms Now

## The scheme aims to:

- Improve sexual awareness in young people and raise awareness of sexually transmitted infections (STIs)
- Provide young people with appropriate resources to meet their needs
- Reduce the risk of teenage pregnancy

## This is done by:

- Providing free condoms
- Providing general sexual health information and advice to young people
- Providing young people with easily accessible locations to get condoms from



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# Outreach Work

For more help and advice visit  
[thesexualhealthhub.co.uk](https://thesexualhealthhub.co.uk)

**Our Clinical Outreach service launched 1st June 2024, with aims of providing our core clinical service within a community setting and improving accessibility to sexual health services**

**Providing sexual health advice and information for both patients and professionals alike, delivered through a variety of means – web based, face to face events and training sessions.**

Identifying and working with groups that are marginalised or hardly reached by our core service

- Young people
- Black and minority ethnic groups
- Substance misuse users
- People working in the sex industry
- Asylum seekers and refugees
- Groups living with disability
- Women's health
- LGBTQIA+



Stock photo.

# Primary Care LARC and Chlamydia Screening

In August 2024 the management of the primary care LARC contract and chlamydia screening programme moved into the sexual health service.

So what does mean?

- GP practices can access funded implant and coil training
- Tariffs paid for the insertion, refit, and removal of coils and implants
- Chlamydia screening for females aged 15-24

So what's next?

- As we develop the service we are looking at inter-practice referrals, governance, and how pharmacies can link into the chlamydia screening programme





Any Questions?

Visit our website:  
[thesexualhealthhub.co.uk](https://thesexualhealthhub.co.uk)



# Building confidence to discuss contraception

Dr Katy Sutcliffe BSc. (Hons) MBBS MRCOG MFSRH MA  
Consultant in Community Sexual and Reproductive Health


Visit our website:  
[thesexualhealthhub.co.uk](https://thesexualhealthhub.co.uk)





Competence is a great  
creator of confidence.

Mary Jo Putney

 quotezfoncy

# Contraception Case Study

Agnes Jones is 36 years old and she has been taking Orvanette for six months. She has no personal or family history of heart disease or VTE. She stopped smoking over a year ago, but has recently started to smoke again because of stress at work. She now smokes 20 cigarettes a day. She has noticed some bad headaches; sometimes she has to take time off work because of them. She is not sure what is causing her headaches. She is keen to get a repeat prescription. Her blood pressure at check-up was 120/67mmHg and her body mass index (BMI) was 27.

What do you want to know and what do you recommend?

- Ovranette is a combined hormonal contraceptive
- History of non-migrainous headache is not a contraindication to starting or continuing with the COC.
- Migraine with aura is a UK MEC category 3 condition for CHC
- Started smoking again. If under 35 years, would be UKMEC 2, however UK MEC 4 for COCs, as it would increase her risk of cardiovascular disease.
- No contraindications to any other method.

# CHC and smoking

CONDITION	Cu-IUD	LNG-IUS	IMP	DMPA	POP	CHC
	I = Initiation, C = Continuation					
<b>Smoking</b>						
a) Age <35 years	1	1	1	1	1	2
b) Age ≥35 years						
(i) <15 cigarettes/day	1	1	1	1	1	3
(ii) ≥15 cigarettes/day	1	1	1	1	1	4
(iii) Stopped smoking <1 year	1	1	1	1	1	3
(iv) Stopped smoking ≥1 year	1	1	1	1	1	2

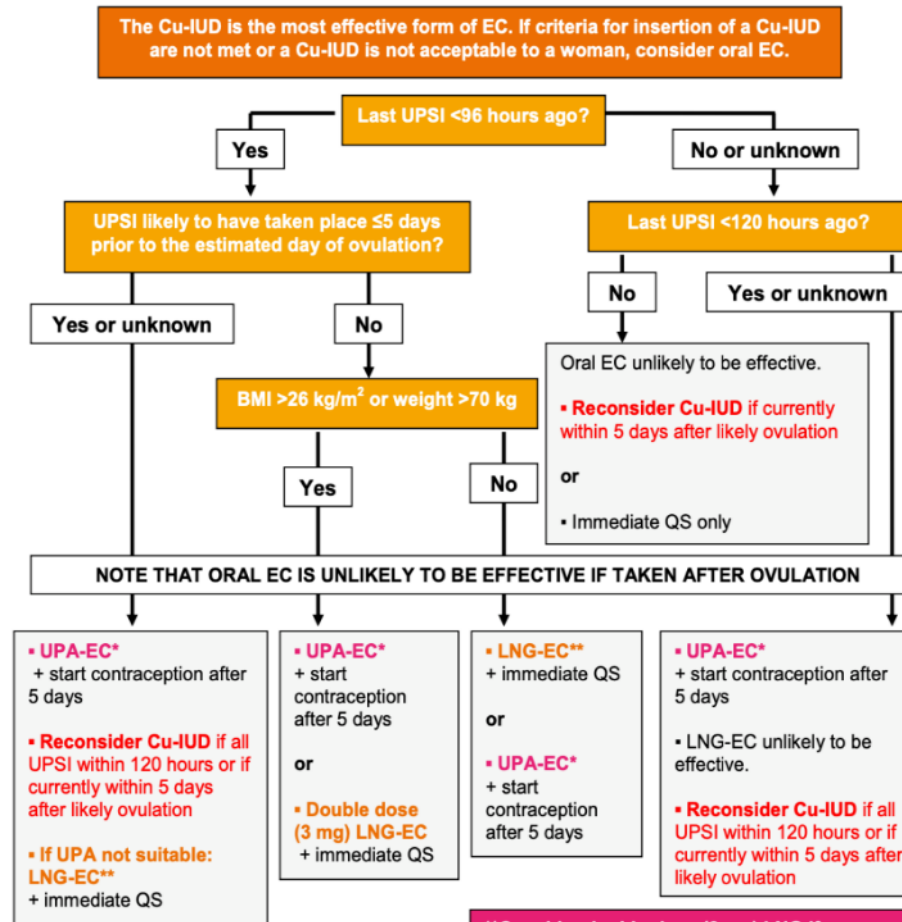
# Emergency Contraception

Copper IUD	Ulliprsistal Acetate (Ella One)	Levonogestrel (Levonelle)
<p><b>**Most effective**</b></p> <p>120 hours OR 5 days after the earliest expected date of ovulation</p> <p>Provides ongoing contraception for up to 10 years</p> <p>Can be removed after next period if patient does not want to use long-term</p>	<p>120 hours</p>	<p>72 hours licence</p> <p>Double dose if BMI &gt;26 or weight &gt;70kg or taking enzyme inducers</p> <p>Can quick start hormonal contraception</p>





**Algorithm 2: Decision-making Algorithm for Oral Emergency Contraception (EC):  
Levonorgestrel EC (LNG-EC) vs Ulipristal Acetate EC (UPA-EC)**



**\*UPA could be less effective if:**

- a woman is taking an enzyme inducer (see Section 10.1)
- a woman has recently taken a progestogen (see Section 10.3)

UPA is not recommended for a woman who has severe asthma managed with oral glucocorticoids (Section 11.2)

**\*\*Consider double-dose (3 mg) LNG if BMI >26 kg/m² or weight >70 kg (Section 9.2) or if taking an enzyme inducer (Section 10.1)**

**Cu-IUD** - copper intrauterine device  
**EC** - emergency contraception  
**LNG-EC** - levonorgestrel 1.5 mg  
**QS** - quick start of suitable hormonal contraception  
**UPA-EC** - ulipristal acetate 30 mg  
**UPSI** - unprotected sexual intercourse

# Case Study

Bethany Chang is 19 years old and requests the 'morning after pill' from you. Your records show she has had two prescriptions for emergency hormonal contraception dispensed in the past three months. She is not on regular contraception as she says she is too forgetful to take the pill and, since she is not with a regular partner, she does not feel she needs to go on a long-term method.

What would you cover in your consultation?

- Emergency contraception- copper IUD is most effective
- STI screening
- Ongoing contraception
- Effectiveness of emergency contraception vs. LARC
- Follow-up pregnancy test in 3 weeks

Which words and phrases might you use?

# What's new in contraception...

# A new progestogen only pill

- Not yet on Cheshire & Mersey formulary
- Slynd
- 4mg drospirenone
- Spironolactone derivative- aldosterone antagonist- mild anti-androgenic activity
- 24 hour missed pill window
- Avoid in renal insufficiency or patients at risk of hyperkalaemia
- 24 active pills taken, 4 inactive pills
- Less unscheduled bleeding than with desogestrel

# Changes to Mirena licence

- Mirena, Levosert and Benilixa (Levonorgestrel-releasing IUD) now all have a licence for 8 years for contraception
- FSRH recommends they are used for five years for endometrial protection as part of HRT

# Tailored combined pill regimens

- Traditional
- Tri-cycle
- Continuous use- then if you bleed for 3 or 4 days in a row, especially if you get period cramps at the same time, stop taking for 4 days

*NHS Oxford patient information leaflet- Patient information leaflet “Different ways to take the combined pill”*



# Contraception for trans men

- Testosterone is NOT a contraceptive and potentially virilising to a female fetus
- (GnRH) analogues also cannot be relied upon as contraception
- Need to ascertain if patient is at risk of pregnancy
- No restriction on the use of any method of contraception for people assigned female at birth on account of their current gender identity
- Combined hormonal contraceptives are not recommended as the estrogen component will counteract the masculinising effects of testosterone
- May want to advise on use of HIV PrEP and vaccination against Hepatitis A&B

*FSRH CEU Statement: Contraceptive Choices and Sexual Health for Transgender and Non-binary People*

# Contraception for women over 40

- COCP is not contraindicated, UKMEC 2 for age. Stop at age 50.
- Stop depo at age 50.
- Copper intrauterine device can be used until menopause when inserted at age 40 or over
- Mirena can be used for contraception until the age of 55 if inserted at age 45 or over
- As the risk of pregnancy is extremely low once a woman reaches age 55, contraception can be stopped at that age even in women still experiencing menstrual bleeding.
- Coils should not be left in situ indefinitely as could become a focus of infection.
- HRT is not contraception.

*FSRH Guideline Contraception for Women Aged Over 40 Years*

# Fraser Guidelines

The Fraser guidelines apply to 13, 14 and 15 year olds regarding advice and treatment relating to contraception and sexual health.

Gillick competency is used in a wider context to help assess whether a child has the maturity to make their own decisions

16 year olds can legally have sex

Children under 13 cannot consent to sexual activity, would automatically be a child protection referral if contraception requested (although might prescribe contraception to manage periods, different scenario)

The young person cannot be persuaded to inform their parents or carers that they are seeking this advice or treatment (or to allow the practitioner to inform their parents or carers).

The young person understands the advice being given.

The young person's physical or mental health or both are likely to suffer unless they receive the advice or treatment.

It is in the young person's best interests to receive the advice, treatment or both without their parents' or carers' consent.

The young person is very likely to continue having sex with or without contraceptive treatment.

# Spotting the signs

For more help and advice visit  
[thesexualhealthhub.co.uk](https://thesexualhealthhub.co.uk)

## What do we need to ask?

- Do you feel like you can say no to sex?
- Do you often drink alcohol or take drugs before having sex?
- Can you discuss use of contraception with the person you are having sex with?
- Has the person you're having sex with ever made you feel scared or uncomfortable?
- Have you ever been made to do something you didn't want to do?
- Has anyone ever offered you gifts, money, drugs, alcohol or protection for sex?
- Do you ever feel down or suffer from feelings of depression?
- Have you ever tried to hurt or harm yourself?
- Is your partner a lot older or younger than you?



Stock photo.

Thank you – Any questions?

Visit our website:  
[thesexualhealthhub.co.uk](https://thesexualhealthhub.co.uk)



# Final points for consideration

# Final points for consideration

- 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](https://cpe.org.uk/PCS)
- FAQs: [cpe.org.uk/PCSfaqs](https://cpe.org.uk/PCSfaqs)
- Additional support: [services.team@cpe.org.uk](mailto:services.team@cpe.org.uk)
- Sign up to Community Pharmacy England News: [cpe.org.uk/enews](https://cpe.org.uk/enews)
- [@CPENews](https://twitter.com/CPENews)

Good luck with the service!





# Q&A