

# The NHS Pharmacy Contraception Service



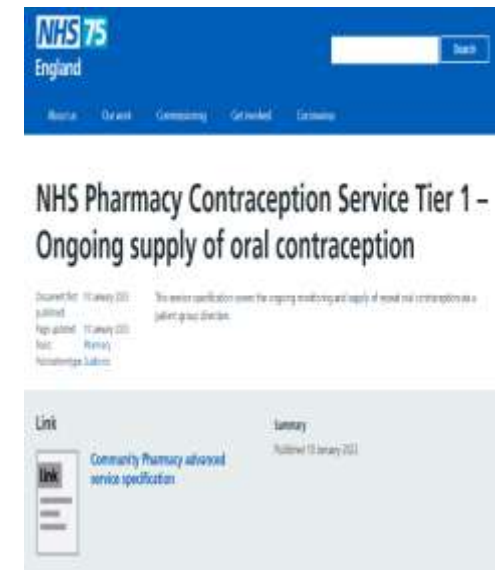
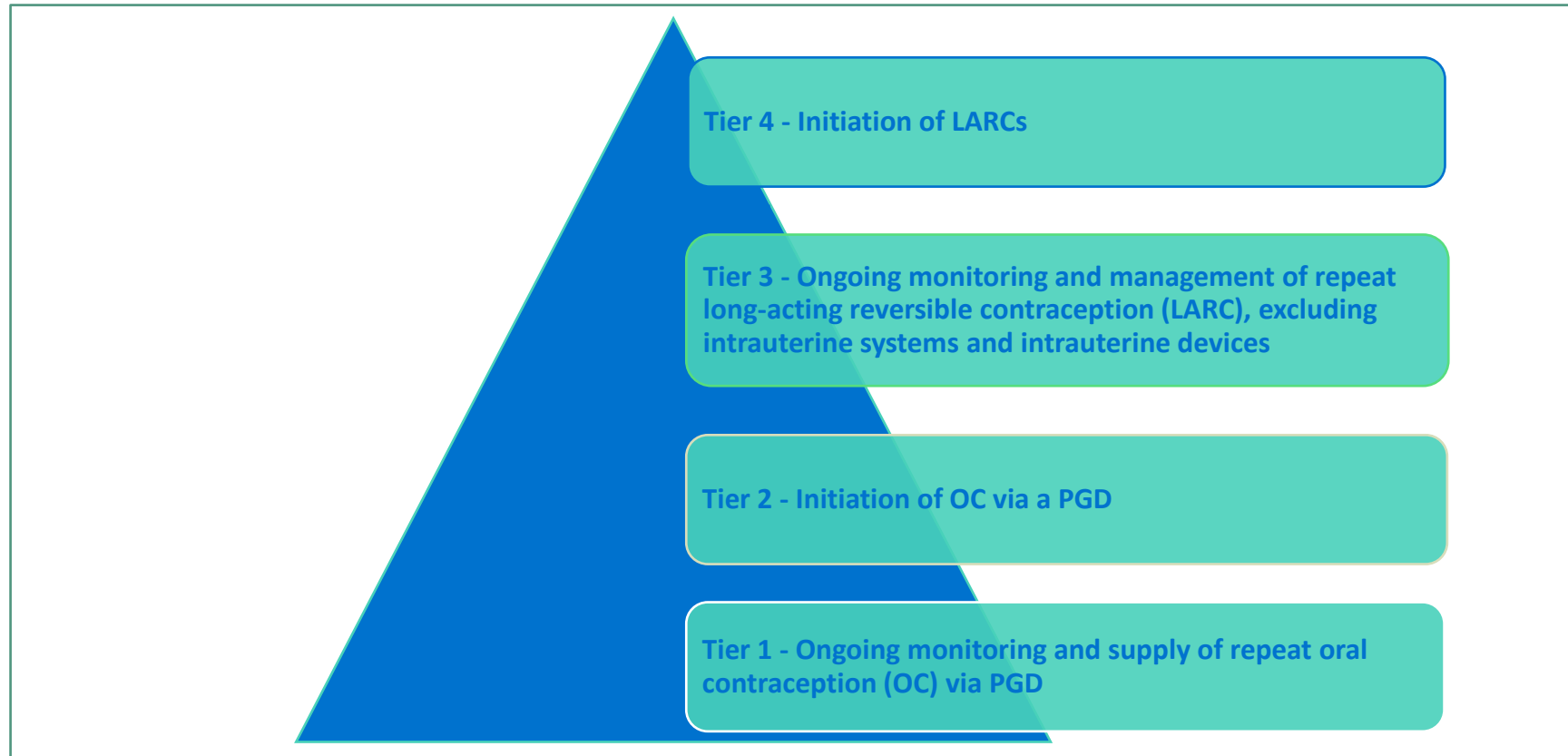
# Welcome & Overview

# 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

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# 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 specification documentation and resources

# 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



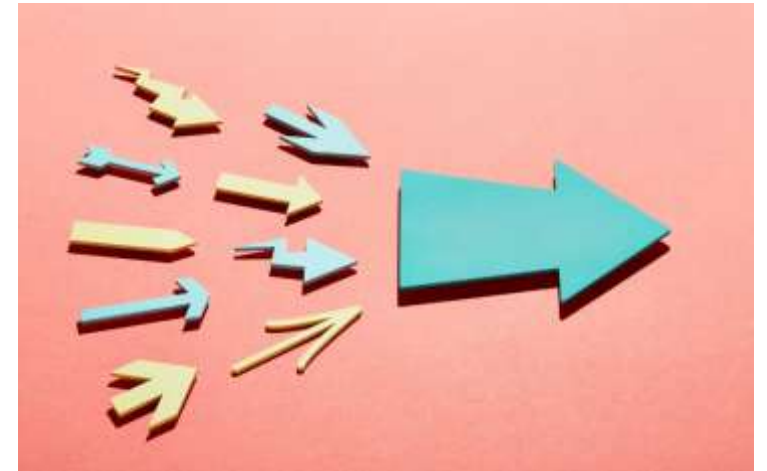


# Providing the service

## 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

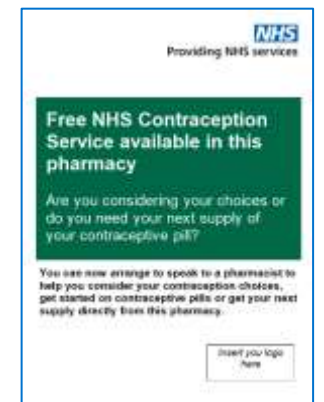
- Use a whole pharmacy team approach to promotion and recruitment
- Community Pharmacy England Briefing 033/23: Briefing for pharmacy teams – the Pharmacy Contraception Advanced Service
- Pharmacy staff providing blood pressure and BMI measurements must be appropriately trained and competent



# 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





## An abstract graphic consisting of several colored squares of varying sizes and colors (orange, blue, green, purple) scattered across a white background.

- ✓ May act as consultation prompts
- ✓ Facilitate the recording of information
- ✓ Annex B sets out the fields which need to be collected

**CONFIDENTIAL**

## NH&M Pharmacy Consultation Service pre-consultation questionnaire

Complete the consultation questionnaire, we want to get you a number of questions. Please complete the form before your consultation with the pharmacist.

After completing the form, please show the information provided to the pharmacy staff.

If you are taking any medicines with other medicines or about to take another medicine, please inform the pharmacist about the medicines.

**Section 1: About you** (please print name of the person's name you are attending for support)

Patient details		
Name	Date of birth	Age
Address	Postcode	
Qualification	Telephone number	
Religion	NHS number	
Other details	Registration date	

**Section 2: Existing conditions**

1. Do you currently take or have taken any oral or injectable medicines used for contraception? If yes, go to question 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever taken a course of oral contraceptive pills or generic progestin/ oestrogen tablets (other than a progestin)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you currently use a diaphragm or cervical cap for contraception?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever used any pills or any other form of birth control (other than your partner's)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you had any problems or side effects from any contraceptive pill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you currently use any other hormonal contraception?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever used the combined oral contraceptive pill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever used the progestin-only pill (the mini-pill)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

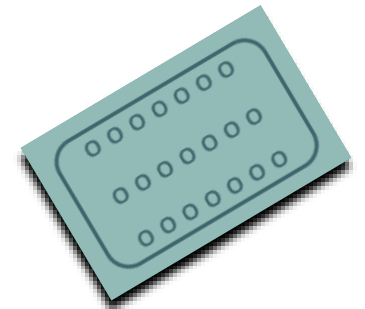
**Section 3: Current and past medical conditions**

Current medical conditions	Yes	No
1. Do you have any current medical conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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48. Do you have any current medical conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Do you have any current medical conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50. Do you have any current medical		

# 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



## 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

# 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®, Zellesta®

### 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  $\leq 30$   $\mu\text{g}$  EE in combination with levonorgestrel or norethisterone is a reasonable first-line choice of CHC to minimise cardiovascular risk.**

NICE CKS states 1<sup>st</sup> 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](http://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)



# 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](http://www.Brook.org.uk)
- [www.Contraceptionchoices.org](http://www.Contraceptionchoices.org)
- 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 andronergic activity

Check local formulary

## Progestogen side effect Combined Pill

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

Try changing to a less andronergic 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)

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

**Highest androgenicity**

More progestogen side-effects

**Lowest androgenicity**

More oestrogen side-effects



# 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?

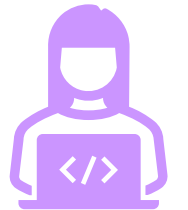
- 20 µg versus >20 µg oestrogen combined oral contraceptives for contraception
- a systematic review was undertaken and found that:
- no differences were found in contraceptive effectiveness for 20 µg versus >20 µg oestrogen combined oral contraceptives.
- compared to the higher-oestrogen pills, several 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 con- traception. Cochrane Database of Systematic Reviews 2013, Issue 8. Art. No.: CD003989. DOI: 10.1002/14651858.C D003989

# 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:

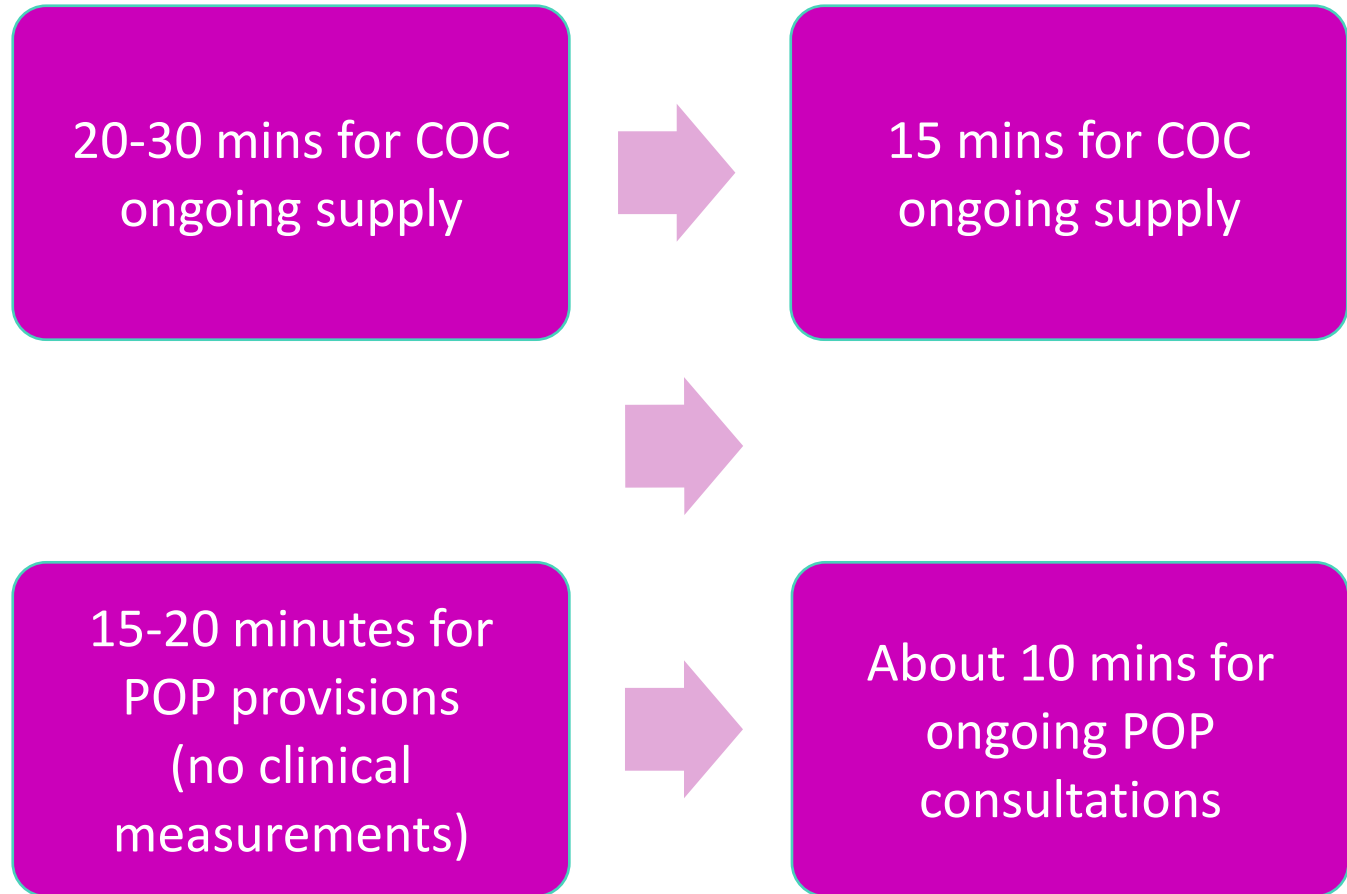
- An appointment system and how to offer both appointments and walk-ins?
- Manage bookings in your diaries to ensure staff aware of availability
- Clear process on what information to capture
- Support staff to measure weight, height and BP when needed.
- The use of remote consultations
- Most consultations 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?



# 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



# Local Sexual Health Service Update



# **Sexual Health Wirral Pharmacy Education Event**

Thursday, 27th Feb 2025

**Sexual Health Wirral Service Development Coordinator  
Millie Williams**

**MORE THAN JUST CLINICS**

**In partnership:**

Wirral Community Health and Care NHS Foundation Trust (WCHC)  
Liverpool University Hospitals NHS Foundation Trust (LUHFT) and axess sexual health

# New partnership

The service is delivered in partnership with:

- Wirral Community Health and Care NHS Foundation Trust (WCHC)
- Liverpool University Hospitals NHS Foundation Trust (LUHFT) and axess sexual health
- Launched on Monday 1 April 2024
  - Gemini Centre
  - ourPlace - Wirral's dedicated young person's sexual health service
  - Victoria Central Health Centre



**MORE THAN JUST CLINICS**

**In partnership:**

Wirral Community Health and Care NHS Foundation Trust (WCHC)  
Liverpool University Hospitals NHS Foundation Trust (LUHFT) and axess sexual health

# Service overview

Services and support:

- Contraception
- Emergency contraception
- Condoms
- STI testing
- Psychosexual support
- LGBTQ+ support
- Additional clinics

**In partnership:**

Wirral Community Health and Care NHS Foundation Trust (WCHC)  
Liverpool University Hospitals NHS Foundation Trust (LUHFT) and axess sexual health




Rated as... **Outstanding**




*By the Care Quality Commission*

# Service overview

- New clinic timetable
- Additional clinics
- Mix of walk-in and bookable appointments
- Contraception at your GP (LARC)
- Contraception at your Pharmacy (EHC)
- Free Postal Test Kits



Book or change  
your  
appointment  
online



Clinics at Victoria  
Central Health  
Centre relaunch  
Monday 29 April

**MORE THAN JUST CLINICS**

**In partnership:**

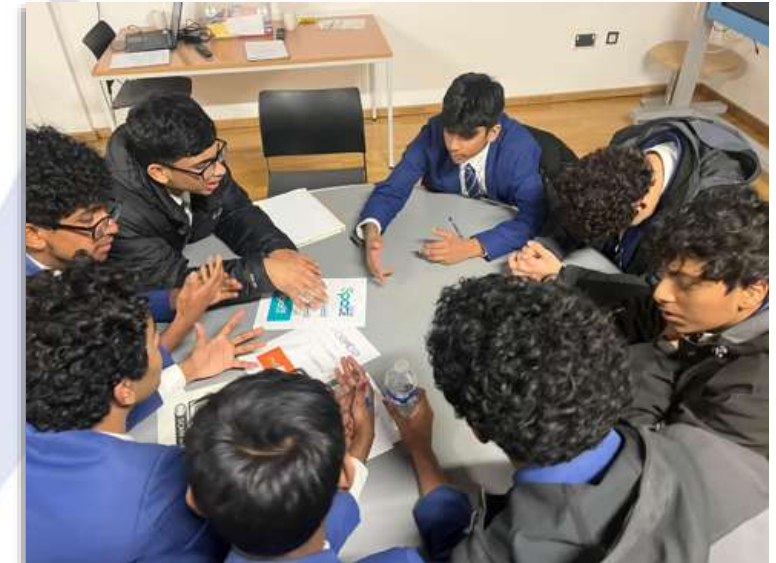
Wirral Community Health and Care NHS Foundation Trust (WCHC)  
Liverpool University Hospitals NHS Foundation Trust (LUHFT) and axess sexual health



# ourPlace

**ourPlace, Wirral's new sexual health service for young people aged 19 and under.**

- Engagement with local young people to help develop a service name and brand identity and to understand how to create a discreet and young person friendly clinic area.
- Young people participated in face-to face-engagement sessions and completed an online survey to share their thoughts and opinions. The insight research has helped create a new clinic area that is welcoming, vibrant and a place where young people feel confident and safe in accessing support.



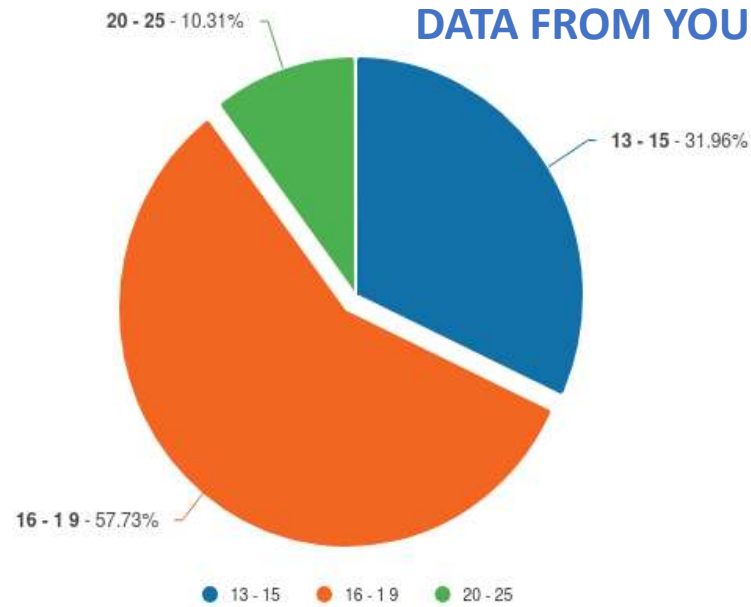
**MORE THAN JUST CLINICS**

**In partnership:**

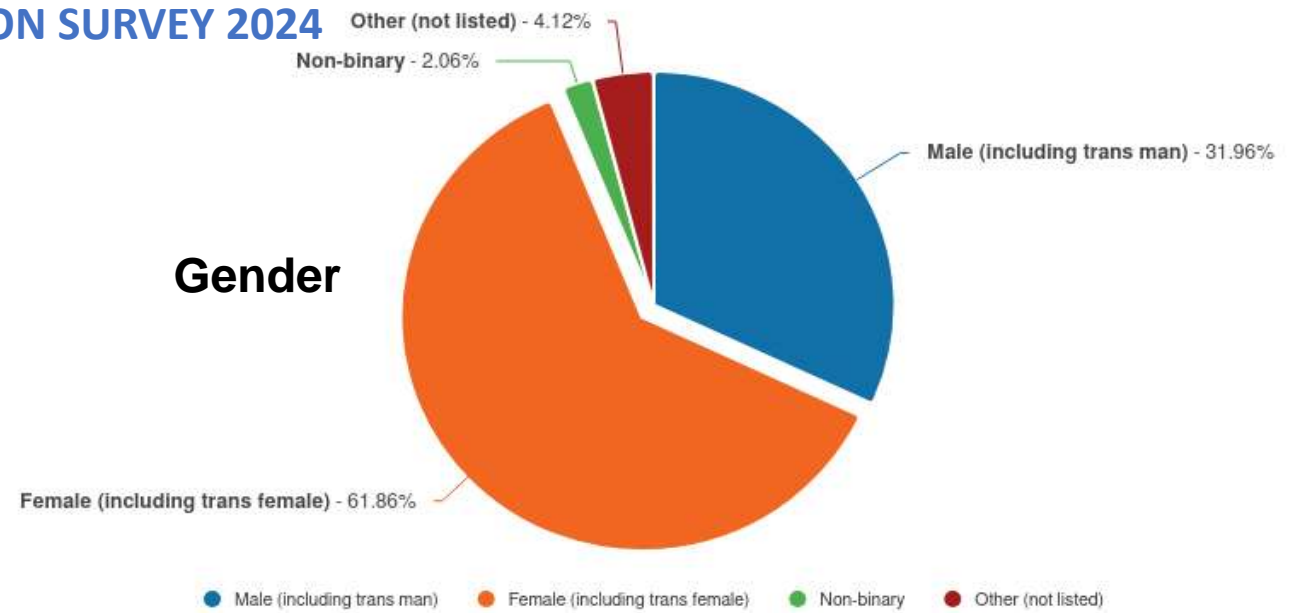
Wirral Community Health and Care NHS Foundation Trust (WCHC)  
Liverpool University Hospitals NHS Foundation Trust (LUHFT) and axess sexual health

## DATA FROM YOUNG PERSON SURVEY 2024

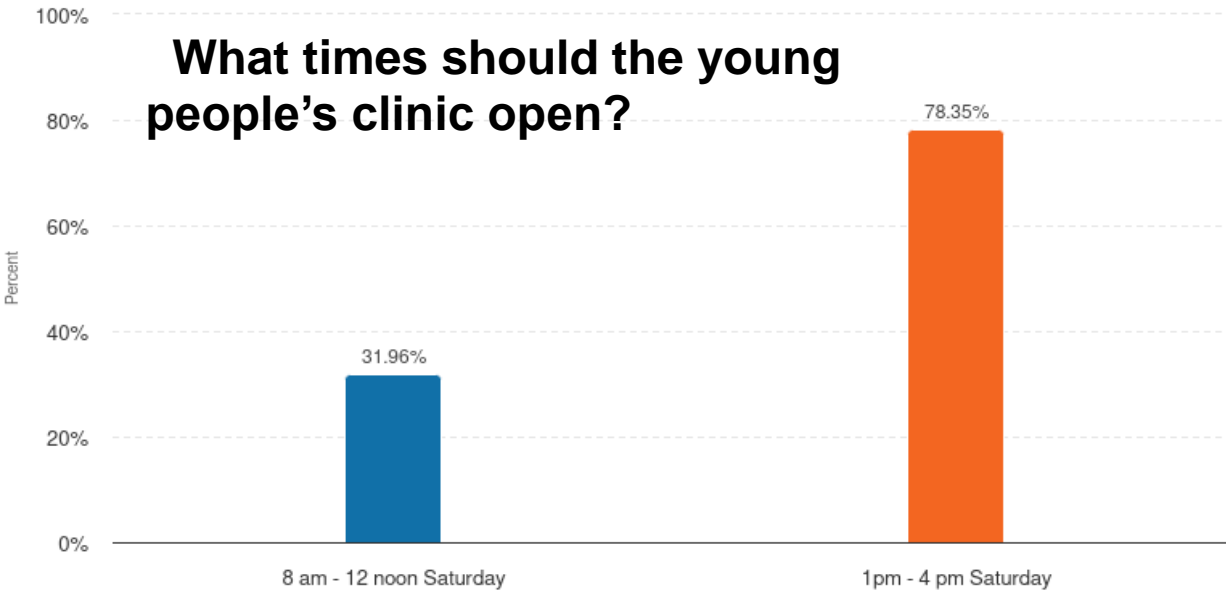
### Age



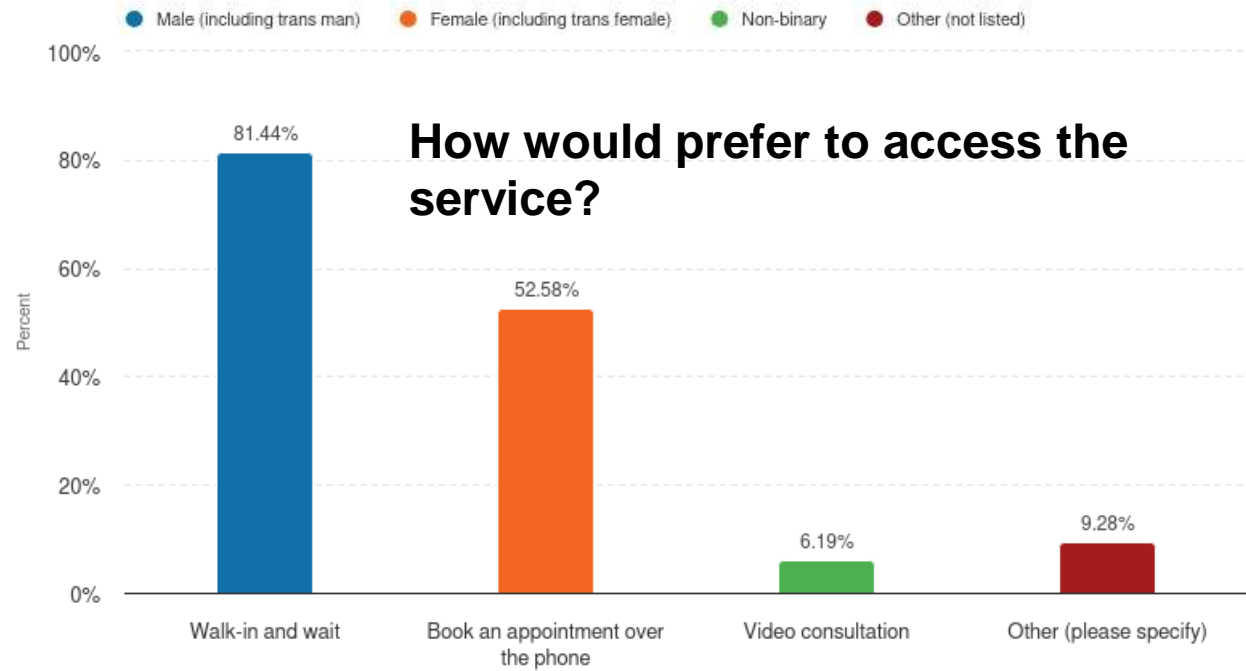
### Gender



### What times should the young people's clinic open?



### How would prefer to access the service?



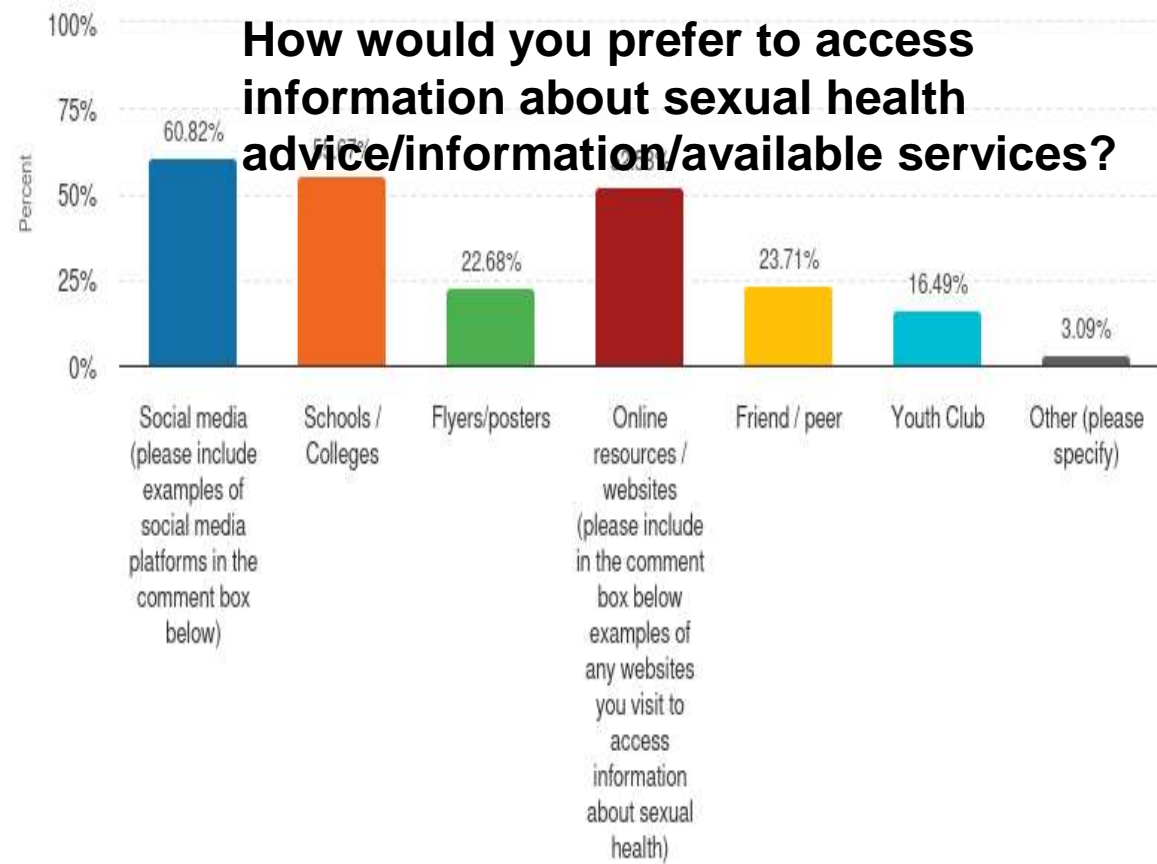
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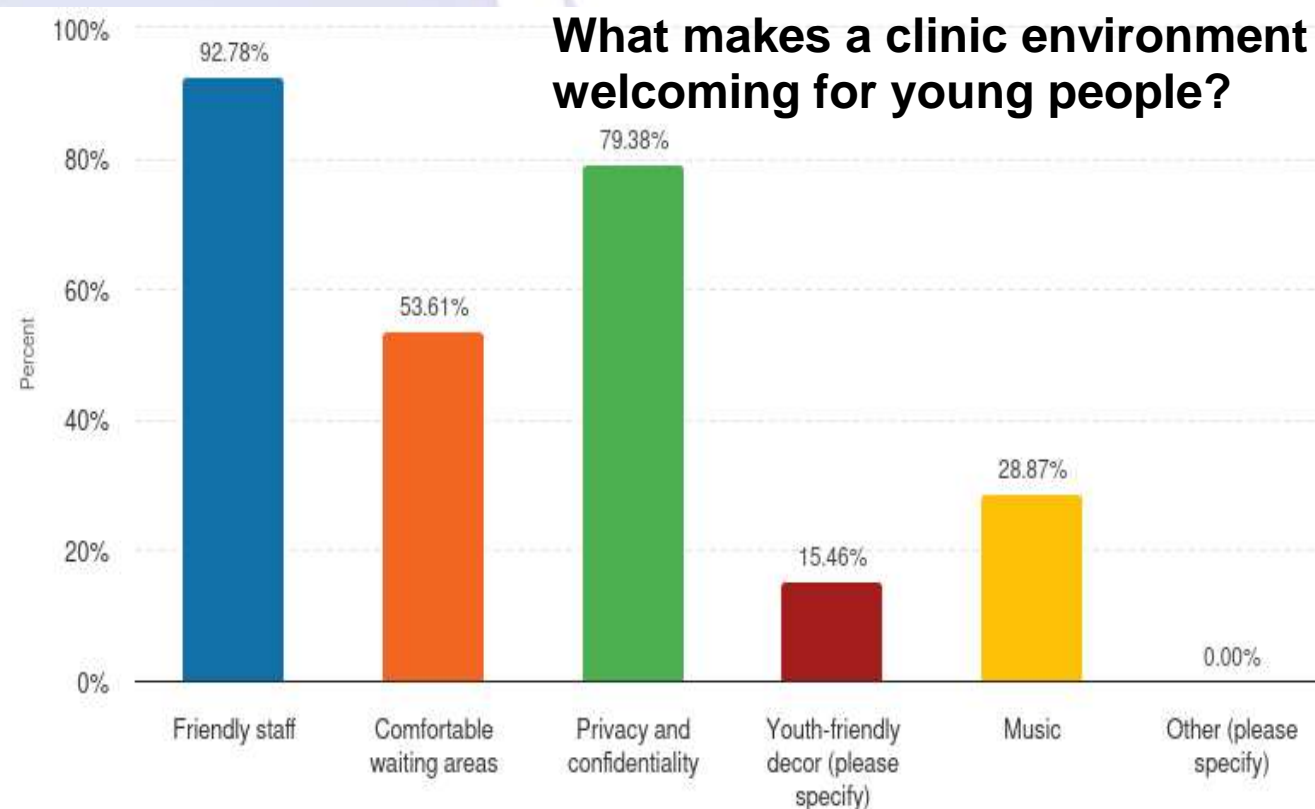


**Sexual Health**  
WIRRAL

## How would you prefer to access information about sexual health advice/information/available services?



## What makes a clinic environment welcoming for young people?



### In partnership:

Wirral Community Health and Care NHS Foundation Trust (WCHC)  
Liverpool University Hospitals NHS Foundation Trust (LUHFT) and access sexual health





Sweets-waiting Soft-lighting Snapchat  
Relaxing QR-code  
Appointments Private-Space  
Friendly's Access-condoms  
STI Website At Tick Social  
1-4pm St Testing  
Space Colourful NHS Walk-in Private  
QR-Codes Confidential Tok  
Chill room  
Saturday Instagram Pregnancy  
media  
Cath's Not-to-Clinical Contraception  
Comfortable



# ourPlace

Wirral's new sexual health service for young people from April.



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# We're on Instagram - follow us



- Keep up to date with all service news and information our Facebook [@SHWiral](#) and Instagram [@SHWirral](#) pages



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# New mobile friendly website

- Videos and e-leaflets - ranging from contraception, STIs and LGBTQ+ support to an online booking system, requesting STI postal test kits and FAQs.
- With the click of a button, people can search for the information they need, as well as booking an appointment online or requesting a postal test kit via their smartphone, tablet or laptop.
- People can also complete our online feedback form.
- Dedicated section for young people.



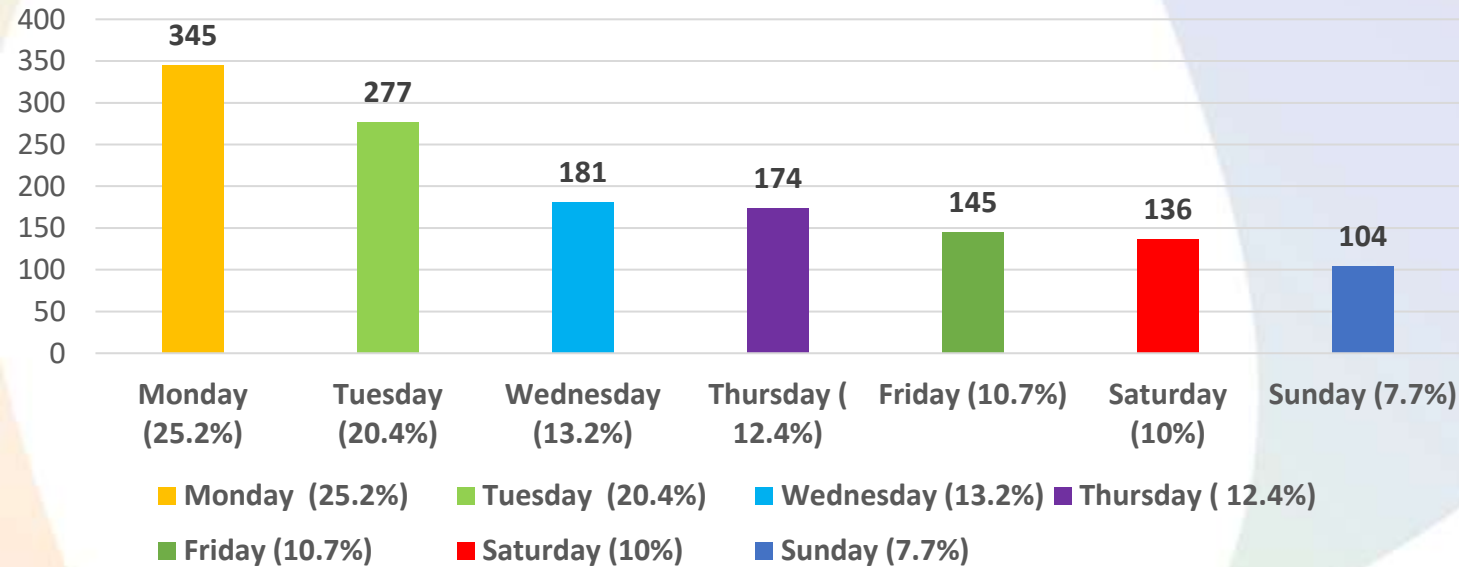
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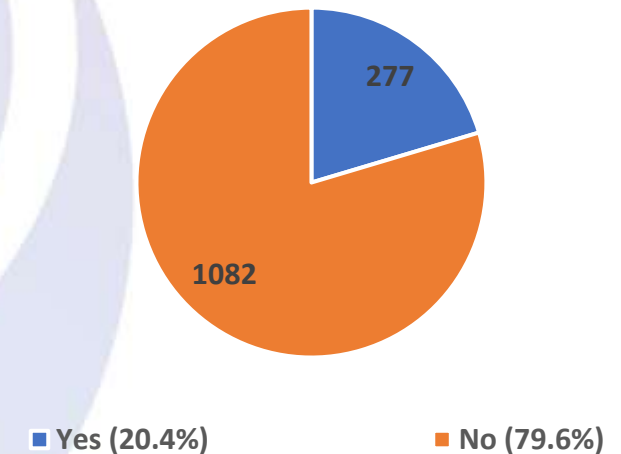
# EHC Provision & Pharmacy Role



Day of Attendance



Signposted to Sexual Health Wirral Website



- **968 (71.2%)** of Service User Reason Request of EHC was **No Contraception**

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# Thank You

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# Confident Contraception Consultations

Dr Jane F. Wilkinson

GP Champion Sexual Health Wirral

Thursday 27<sup>th</sup> February 2025 , Village Hotel

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# Introduction



**Dr Jane F. Wilkinson** MBChB DFFP DRCOG FRT SS Meno (Adv)

GP Champion Sexual Health Wirral

[Jane.wilkinson14@nhs.net](mailto:Jane.wilkinson14@nhs.net)

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# The Plan:



- Introduction: 'confidence'
- Understanding Contraception Options:  
Contraceptive menu  
Tailoring to patient/service user's needs
- Effective Communication Skills: Building rapport/ICE
- Addressing Common Concerns: myths/sensitive topics
- Practical Tips : 'Chunking and checking' , Decision making tools
- Summary

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# ‘Confidence’ Definition:

‘the quality of being certain of your abilities or of having trust in people, plans or the future’

*E.g. ‘I have every/complete confidence in him/her/them. They will be perfect for the job’.*

Cambridge online dictionary

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# The Plan:



- Introduction: 'confidence'
- Understanding Contraception Options:  
Contraceptive menu  
Tailoring to patient/service user's needs
- Effective Communication Skills: Building rapport/ICE
- Addressing Common Concerns: myths/sensitive topics
- Practical Tips : 'Chunking and checking' , Decision making tools
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# Contraceptive Menu:

Implant	LNG-IUD	Cu-IUD	Sterilisation
 <ul style="list-style-type: none"> <li>• Typical effectiveness: 99+%</li> <li>• Releases a hormone</li> <li>• Inserted into upper arm</li> <li>• Lasts 3-5 years</li> </ul>	 <ul style="list-style-type: none"> <li>• Typical effectiveness: 99+%</li> <li>• Releases a hormone</li> <li>• Inserted into uterus (womb)</li> <li>• Also known as hormonal coil</li> <li>• Lasts 3-6 years</li> </ul>	 <ul style="list-style-type: none"> <li>• Typical effectiveness: 99+%</li> <li>• Non-hormonal</li> <li>• Inserted into uterus (womb)</li> <li>• Also known as copper coil</li> <li>• Lasts 5-10 years</li> </ul>	 <ul style="list-style-type: none"> <li>• Typical effectiveness: 99+%</li> <li>• Non-hormonal</li> <li>• Permanent surgical procedure</li> </ul>

Less than 1 in 100 people will get pregnant in the first year of use < 

Injection	Pills	Patch	Ring
 <ul style="list-style-type: none"> <li>• Typical effectiveness: 94%</li> <li>• Contains a hormone</li> <li>• Given into buttock, thigh, abdomen or upper arm</li> <li>• Lasts 2-3 months</li> </ul>	 <ul style="list-style-type: none"> <li>• Typical effectiveness: 91%</li> <li>• Contains one or two hormones</li> <li>• Take daily</li> </ul>	 <ul style="list-style-type: none"> <li>• Typical effectiveness: 91%</li> <li>• Releases two hormones</li> <li>• Placed on upper arm, abdomen or thigh</li> <li>• Each patch lasts 1 week</li> </ul>	 <ul style="list-style-type: none"> <li>• Typical effectiveness: 91%</li> <li>• Releases two hormones</li> <li>• Placed in vagina</li> <li>• Each ring lasts 3 weeks</li> </ul>

6 - 9 in 100 people will get pregnant in first year of use 

Diaphragm	External (male) condom	Internal (female) condom	Fertility awareness
 <ul style="list-style-type: none"> <li>• Typical effectiveness: 88%</li> <li>• Non-hormonal</li> <li>• Placed in vagina before sex</li> <li>• Used with spermicide</li> </ul>	 <ul style="list-style-type: none"> <li>• Typical effectiveness: 83%</li> <li>• Non-hormonal</li> <li>• Placed on penis before sex</li> <li>• <b>Protects against STIs</b></li> </ul>	 <ul style="list-style-type: none"> <li>• Typical effectiveness: 79%</li> <li>• Non-hormonal</li> <li>• Placed in vagina before sex</li> <li>• <b>Protects against STIs</b></li> </ul>	 <ul style="list-style-type: none"> <li>• Typical effectiveness: 78%</li> <li>• Non-hormonal</li> <li>• Daily monitoring of App/fertility indicators</li> </ul>

12 - 25 in 100 people will get pregnant in first year of use 

[rcog-bpp-post-abortion-contraception-infographic-only-web .pdf](https://www.rcog-bpp-post-abortion-contraception-infographic-only-web.pdf)

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# What proportion of women use oral contraception?



Table 3: UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) summary table for hormonal and intrauterine contraception methods<sup>79</sup>

Condition	Cu-IUD	LNG-IUS	IMP	DMPA	POP	CHC
Age (years)	Menarche to <20 = 2 ≥20 = 1	Menarche to <20 = 2 ≥20 = 1	After menarche = 1	Menarche to <18 = 2 18–45 = 1 >45 = 2	After menarche = 1	Menarche to <40 = 1 ≥40 = 2

CHC, combined hormonal contraception; Cu-IUD, copper intrauterine device; DMPA, depot medroxyprogesterone acetate; IMP, progestogen-only implant; LNG-IUS, levonorgestrel intrauterine system; POP, progestogen-only pill.

Table 4: Percentage of women, by age group, using contraception<sup>80</sup>

Contraceptive method	Age (years)			
	20–24	35–39	40–44	45–49
None	22	23	25	28
Pill	54	27	10	13
Male condom	50	24	21	11
Withdrawal	7	5	6	4
LNG-IUS	4	3	3	4
Cu-IUD	6	12	9	11
Injection	6	2	2	4
Implant	5	0	0	1
Patch	0	1	1	–
Natural method	–	2	4	5
Other	3	0	0	1
Female sterilisation	3	10	18	19
Vasectomy	1	22	28	30

Adapted from ONS survey on contraception and sexual health (2009).<sup>80</sup>

Cu-IUD, copper intrauterine device; LNG-IUS, levonorgestrel intrauterine system.

ONS survey data, 2009,  
(Eng/Scot/Wales)

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# IUC: not just Mirena!

- Levosert 52mg LNG-IUD
- Benilexa: a **re-loadable** single-handed 52mg LNG IUD (Gedeon Richter)



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# IUC: not just Mirena!

- IUD: eg T-Safe 380 QL.

- Kyleena

- Jaydess



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# IUC: TRUE or FALSE?

- A Mirena 52mg-LNG-IUD can be used for 6 years for contraception and 4 years for endometrial protection as part of HRT
- A Levosert 52mg-LNG-IUD can be used for 8 years for contraception and 5 years for endometrial protection as part of HRT
- A Kyleena can be used (off-license) as part of HRT for 5 years
- A Mirena 52mg-LNG-IUD can be used for 8 years for contraception but if fitted at age 45 years or older could be left until age 55 years
- Mirena and Levosert 52mg-LNG-IUD can be used for 5 years as part of HRT (off license)

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# Answer:

- A Mirena 52mg-LNG-IUD can be used for 6 years for contraception and 4 years for endometrial protection as part of HRT **FALSE**
- A Levosert 52mg-LNG-IUD can be used for 8 years for contraception and 5 years for endometrial protection as part of HRT **TRUE**
- A Kyleena can be used (off-license) as part of HRT for 5 years **FALSE**
- A Mirena 52mg-LNG-IUD can be used for 8 years for contraception but if fitted at age 45 years or older could be left until age 55 years **TRUE**
- Mirena, Levosert and Benilexa 52mg-LNG-IUD can be used for 5 years as part of HRT (off license) **TRUE**

**MORE THAN JUST CLINICS**



# Pharmacy Options:



**MORE THAN JUST CLINICS**

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# Pharmacy Options:



## Ulipristal Acetate and Breastfeeding

24 January 2025

Following a review of the current recommendation, which states that breast milk should be expressed and discarded for one week after Ulipristal Acetate, members of the Guideline Development Group for the FSRH Guideline Emergency Contraception have agreed a recommendation that there is no need to avoid breastfeeding after taking a single dose of UPA-EC. This is in line with recommendations from the UK Drugs in Lactation Advisory Service, which are published on the Specialist Pharmacy

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# Pharmacy Options:

## 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**

Change History	
Version and Date	Change details
Version 1 1 April 2023	PGD approved
Version 1.1 27 April 2023	Exclusion added relating to Zoely® only
Version <b>2.0</b> <b>1 December 2023</b>	Update to include initiation of oral contraception, and Updated PGD development group members. Statement added in exclusion criteria regarding consideration of lactose/sucrose content in individual products

This Patient Group Direction (PGD) must only be used by pharmacists who have been named and authorised by their organisation to practise under it (See Appendix A). The most recent and in date final signed version of the PGD must be used.

### PGD DEVELOPMENT GROUP

Date PGD template comes into effect:	<b>1<sup>st</sup> December 2023</b>
Review date	September 2025

Version: 2.0

Valid from: **1<sup>st</sup> December 2023**

Review date: September 2025

Expiry date: 31<sup>st</sup> March 2026



**JUST CLINICS**

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# DRSP-only POP (SLYND)

- Drospirinone 4mg (aldosterone antagonist)
- 24 active tablets/4 placebos (cf. for better control of bleeding)
- % with prolonged bleeding (>14 consecutive days) significantly lower for DRSP (3%) vs Desogestrel (11%)
- Significantly fewer discontinued their POP in DRSP group (3.2%) vs DSG (6.6%) tiny study 27 vs 22
- Re acne-not specifically studied. ?no change in acne
- Covered for contraception if start on Day 1. If later 7d extra precautions or wait
- 9 in 100 pregnancies after 12m use
- Stops ovulation, thickens cervical mucus, thins endometrium

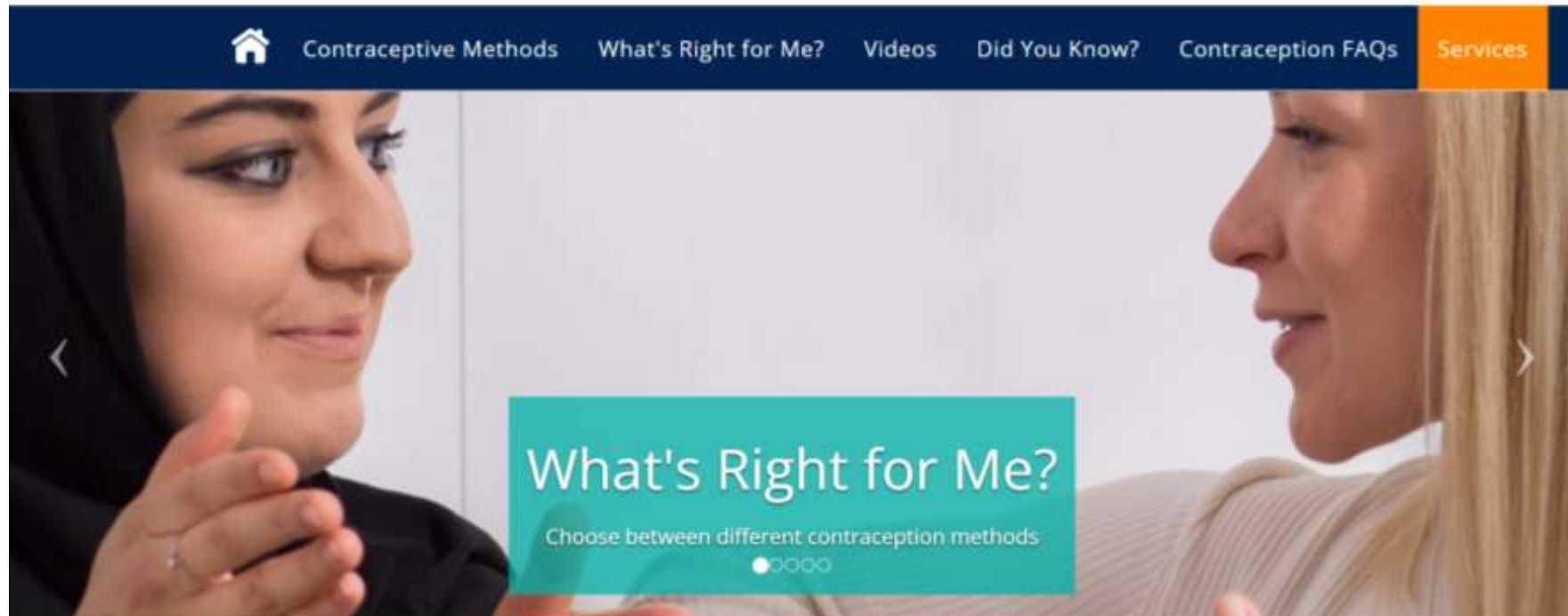
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# Tailoring Contraception:



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# CHC:

## Monophasic COC products/regimen

- Monophasic COC can either be taken as a standard regimen or in a tailored regimen depending on the choice of the individual.
- The regimens which can be advised are detailed below:

Type of regimen	Period of COC use	Hormone (pill) free interval
<b>Standard use</b>		
Standard use	21 days (21 active pills)	7 days
<b>Tailored use</b>		
Shortened hormone-free interval	21 days (21 active pills)	4 days
Extended use (tri-cycling)	9 weeks (3x21 active pills)	4 or 7 days
Flexible extended use	Continuous use ( $\geq 21$ days) of active pills until breakthrough bleeding occurs for 3–4 days	4 days
Continuous use	Continuous use of active pills	None

- For the monophasic regimen detailed above, a single tablet is to be taken at the same time each day, starting on day 1–5 of the menstrual cycle with no need for additional

- Medical Eligibility!
- BMI
- Migraine with aura
- PH or FH TED (1<sup>st</sup> def <45)
- Diabetes and complications
- Hormone dependent cancers/conditions
- HT/CV conditions
- Smoking

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# CHC:



## Response to study by Yonis et al. Stroke and myocardial infarction with contemporary hormonal contraception

# CLINICAL STATEMENT



Table 1 Overview of adjusted incidence rate ratios reported in Yonis et al. 2025 (ref)

Type of exposure	Ischaemic stroke		Myocardial Infarction	
	aIRR (95% CI)*	Additional events per 100,000 person years (95% CI)	aIRR (95% CI)*	Additional events per 100,000 person years (95% CI)
Combined oral contraception	2.0 (1.9, 2.2)	21 (18, 24)	2.0 (1.7, 2.2)	10 (7, 12)
Combined vaginal ring	2.4 (1.5, 3.7)	28 (4, 52)	3.8 (2.0, 7.3)	41 (-14, 96)
Combined patch	3.4 (1.3, 9.1)	-1 (-19, 16)	-	-
Progestin-only pill	1.6 (1.3, 2.0)	15 (6, 24)	1.5 (1.1, 2.1)	4 (-1, 9)
Norethisterone	1.6 (1.2, 2.2)	17 (4, 30)	1.5 (0.9, 2.4)	3 (-3, 9)
Desogestrel	1.6 (1.2, 2.2)	17 (-2, 36)	1.6 (1.0, 2.5)	16 (-5, 37)
LNG-IUD	1.1 (1.0, 1.3)	4 (-2, 10)	1.1 (0.9, 1.3)	2 (-2, 6)
Implant	2.1 (1.2, 3.8)	4 (-2, 10)	-	-
Injection [DMPA]	1.8 (0.8, 4.4)	6 (-16, 27)	-	-

\*Incidence rate ratio (IRR) adjusted for age, calendar-time, education, hypertension, diabetes, hypercholesterolaemia, and atrial fibrillation and flutter.

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# CHC: TRUE or FALSE?

1. Someone with Cardiomyopathy and normal cardiac function can have CHC
2. Someone with Atrial Fibrillation can have CHC.
3. A 35 years old non-smoker, BMI 25 and no other risk factors but with Long QT syndrome can have CHC.
4. Someone who has migraine without aura, at any age can have CHC.
5. A patient with a FH of breast cancer can not have CHC

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# CHC: TRUE or FALSE?

- Someone with Cardiomyopathy and normal cardiac function can have CHC. **TRUE (UK MEC 2)**
- Someone with Atrial Fibrillation can have CHC. **FALSE (UK MEC 4)**
- A 35 years old non-smoker, BMI 25 and no other risk factors but with Long QT syndrome can have CHC. **TRUE (UK-MEC 2)**
- Someone who has migraine without aura, at any age can have CHC. **TRUE (UK-MEC 2 for initiation and 3 for continuation)**
- A patient with a FH of breast cancer can not have CHC. **FALSE. (UK-MEC 1)**

MORE THAN JUST CLINICS

# VTE risks with CHC:



**Table 5: Venous thromboembolism (VTE) risk for all women by type of combined hormonal contraception (CHC) used<sup>165,166</sup>**

Type of CHC used	Risk of VTE per 10 000 healthy women over 1 year
No CHC, not pregnant	2
No CHC, pregnant	29 <sup>167</sup>
Ethinylestradiol with levonorgestrel, norgestimate or norethisterone	5–7
Ethinylestradiol with etonogestrel (ring) or norelgestromin (patch)	6–12
Ethinylestradiol with gestodene, desogestrel, drospirenone or cyproterone acetate	9–12
CHC containing dienogest, nomegestrol or mestranol	Unknown

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# Oral Contraception and GLP-1 agonists:

## FSRH Statement: Glucagon-like peptide-1 (GLP-1) agonists and oral contraception

07 February 2025

 The Faculty of Sexual & Reproductive Healthcare

### GLP-1 agonists and contraception

Patient information leaflet

February 2025

1. What are GLP-1 agonists?

GLP-1 agonists are drugs that mimic the action of glucagon-like peptide-1 (GLP-1), a hormone that helps regulate blood sugar levels. They are used to treat type 2 diabetes and obesity. Some GLP-1 agonists are also used for weight loss.

GLP-1 agonist	Brand name
Semaglutide	Ozempic, Rybelsus
Liraglutide	Saxenda, Victoza
Tirzepatide	Mounisaro, Zepbound

2. Can GLP-1 agonists affect my oral contraceptive pill (OCP)?

There is currently no evidence that semaglutide, liraglutide, or tirzepatide affect the effectiveness of oral contraceptives. However, if you are taking a GLP-1 agonist, you should use an additional method of contraception (e.g., condoms) as a precaution.

3. Can GLP-1 agonists affect my fertility?

There is currently no evidence that GLP-1 agonists affect fertility. However, if you are taking a GLP-1 agonist, you should use an additional method of contraception (e.g., condoms) as a precaution.

4. Can GLP-1 agonists affect my menstrual cycle?

There is currently no evidence that GLP-1 agonists affect the menstrual cycle. However, if you are taking a GLP-1 agonist, you should use an additional method of contraception (e.g., condoms) as a precaution.

5. Can GLP-1 agonists affect my blood sugar levels?

GLP-1 agonists are used to treat type 2 diabetes and obesity. They can lower blood sugar levels. If you are taking a GLP-1 agonist, you should monitor your blood sugar levels regularly.

6. Can GLP-1 agonists affect my weight?

GLP-1 agonists are used to treat obesity. They can help with weight loss. If you are taking a GLP-1 agonist, you should monitor your weight regularly.

7. Can GLP-1 agonists affect my other medications?

GLP-1 agonists can interact with other medications. If you are taking a GLP-1 agonist, you should tell your doctor about all the medications you are taking.

8. Can GLP-1 agonists affect my pregnancy?

There is currently no evidence that GLP-1 agonists affect pregnancy. However, if you are taking a GLP-1 agonist, you should use an additional method of contraception (e.g., condoms) as a precaution.

9. Can GLP-1 agonists affect my breastfeeding?

There is currently no evidence that GLP-1 agonists affect breastfeeding. However, if you are taking a GLP-1 agonist, you should use an additional method of contraception (e.g., condoms) as a precaution.

10. Can GLP-1 agonists affect my driving?

GLP-1 agonists can cause dizziness or lightheadedness. If you are taking a GLP-1 agonist, you should avoid driving or operating machinery until you know how you feel.

11. Can GLP-1 agonists affect my diet?

GLP-1 agonists can cause nausea or vomiting. If you are taking a GLP-1 agonist, you should eat small, frequent meals and avoid fatty or spicy foods.

12. Can GLP-1 agonists affect my exercise?

GLP-1 agonists can cause fatigue or weakness. If you are taking a GLP-1 agonist, you should avoid strenuous exercise until you know how you feel.

13. Can GLP-1 agonists affect my skin?

GLP-1 agonists can cause dry skin or itching. If you are taking a GLP-1 agonist, you should use moisturiser to keep your skin hydrated.

14. Can GLP-1 agonists affect my hair?

GLP-1 agonists can cause hair loss. If you are taking a GLP-1 agonist, you should avoid using hair dyes or styling products.

15. Can GLP-1 agonists affect my teeth?

GLP-1 agonists can cause dry mouth or bad breath. If you are taking a GLP-1 agonist, you should brush your teeth regularly and use mouthwash.

16. Can GLP-1 agonists affect my eyes?

GLP-1 agonists can cause blurred vision. If you are taking a GLP-1 agonist, you should avoid driving or operating machinery until your vision is clear.

17. Can GLP-1 agonists affect my ears?

GLP-1 agonists can cause ringing in the ears or hearing loss. If you are taking a GLP-1 agonist, you should avoid using earplugs or earbuds.

18. Can GLP-1 agonists affect my nose?

GLP-1 agonists can cause a runny nose or sneezing. If you are taking a GLP-1 agonist, you should avoid using nasal sprays or decongestants.

19. Can GLP-1 agonists affect my throat?

GLP-1 agonists can cause a sore throat or difficulty swallowing. If you are taking a GLP-1 agonist, you should avoid eating hard or crunchy foods.

20. Can GLP-1 agonists affect my stomach?

GLP-1 agonists can cause stomach pain or bloating. If you are taking a GLP-1 agonist, you should avoid eating fatty or spicy foods.

21. Can GLP-1 agonists affect my intestines?

GLP-1 agonists can cause constipation or diarrhoea. If you are taking a GLP-1 agonist, you should drink plenty of water and eat a high-fibre diet.

22. Can GLP-1 agonists affect my bladder?

GLP-1 agonists can cause urinary incontinence. If you are taking a GLP-1 agonist, you should avoid drinking too much alcohol or caffeine.

23. Can GLP-1 agonists affect my heart?

GLP-1 agonists can cause a slow heart rate. If you are taking a GLP-1 agonist, you should avoid taking other medications that can slow the heart rate.

24. Can GLP-1 agonists affect my lungs?

GLP-1 agonists can cause shortness of breath. If you are taking a GLP-1 agonist, you should avoid smoking or using tobacco products.

25. Can GLP-1 agonists affect my kidneys?

GLP-1 agonists can cause kidney damage. If you are taking a GLP-1 agonist, you should avoid taking other medications that can damage the kidneys.

26. Can GLP-1 agonists affect my liver?

GLP-1 agonists can cause liver damage. If you are taking a GLP-1 agonist, you should avoid drinking alcohol or taking other medications that can damage the liver.

27. Can GLP-1 agonists affect my immune system?

GLP-1 agonists can suppress the immune system. If you are taking a GLP-1 agonist, you should avoid getting vaccinated or taking other medications that can suppress the immune system.

28. Can GLP-1 agonists affect my nervous system?

GLP-1 agonists can cause dizziness or lightheadedness. If you are taking a GLP-1 agonist, you should avoid driving or operating machinery until you know how you feel.

29. Can GLP-1 agonists affect my reproductive system?

GLP-1 agonists can affect fertility. If you are taking a GLP-1 agonist, you should use an additional method of contraception (e.g., condoms) as a precaution.

30. Can GLP-1 agonists affect my overall health?

GLP-1 agonists can improve overall health. If you are taking a GLP-1 agonist, you should continue to eat a healthy diet and exercise regularly.

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# When should women STOP contraception?

## 6 When is Contraception No Longer Needed?

### 6.1 Diagnosing menopause



Menopause is usually a clinical diagnosis made retrospectively after 1 year of amenorrhoea. Most women do not require measurement of their serum hormone levels to make the diagnosis.



If needed, women over 50 using progestogen-only contraception, including DMPA, can have serum FSH measurements undertaken to check menopausal status.



Women using CHC or HRT have suppressed levels of estradiol and gonadotrophins; measuring these hormones does not give accurate information on which to base advice regarding menopausal status and when to stop contraception.

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# When should women STOP contraception?

**Table 8: Recommendations regarding stopping contraception**

Contraceptive method	Age 40–50 years	Age >50 years
<b>Non-hormonal</b>	Stop contraception after 2 years of amenorrhoea	Stop contraception after 1 year of amenorrhoea.
<b>Combined hormonal contraception</b>	Can be continued	Stop at age 50 and switch to a non-hormonal method or IMP/POP/LNG-IUS, then follow appropriate advice.
<b>Progestogen-only injectable</b>	Can be continued	Women ≥50 should be counselled regarding switching to alternative methods, then follow appropriate advice.
<b>Progestogen-only implant (IMP)</b>	Can be continued to age 50 and beyond	Stop at age 55 when natural loss of fertility can be assumed for most women.
<b>Progestogen-only pill (POP)</b>		<ul style="list-style-type: none"> <li>▶ If a woman over 50 with amenorrhoea wishes to stop before age 55, FSH level can be checked.</li> <li>▶ If FSH level is &gt;30 IU/L the IMP/POP/LNG-IUS can be discontinued after 1 more year.</li> <li>▶ If FSH level is in premenopausal range then method should be continued and FSH level checked again 1 year later.</li> </ul>
<b>Levonorgestrel intrauterine system (LNG-IUS)</b>		A 52mg LNG-IUS inserted ≥45 can remain <i>in situ</i> until age 55 if used for contraception or heavy menstrual bleeding.

FSH, follicle-stimulating hormone; IU, international unit.

**MORE THAN JUST CLINICS**

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# Resources:

[www.sexualhealthwirral.nhs.uk](http://www.sexualhealthwirral.nhs.uk)

[Contraception – NHS](#)

[Home | Contraception Choices](#)

[Bing Videos](#)



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# Resources:



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# Post-Natal Contraception (Lothian)

<https://www.lothiansexualhealth.scot/contraception/contraception-after-giving-birth/>



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# The Plan:

- **Introduction:** 'confidence'
- **Understanding Contraception Options:**  
Contraceptive menu  
Tailoring to patient/service user's needs
- **Effective Communication Skills:** Building rapport/ICE
- **Addressing Common Concerns:** myths/sensitive topics
- **Practical Tips :** 'Chunking and checking' , Decision making tools
- **Summary**

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# Effective Communication Skills



- Building Rapport-how do we put patients at ease?
- Exploring Ideas, Concerns and Expectations in the contraception consultation.

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# Addressing Common Concerns



- Myths
- Misconceptions
- Fears: service user/patient/Pharmacist
- STI risk assessment
- Safeguarding (CSE, DV, Coercive controlling)
- Cultural variations

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# Addressing Common Concerns



Social media  
myths about  
contraception  
are impacting  
young  
women's  
health,  
leading to  
rising  
unplanned  
pregnancies

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# Addressing Common Concerns



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# STI Risk Assessments:



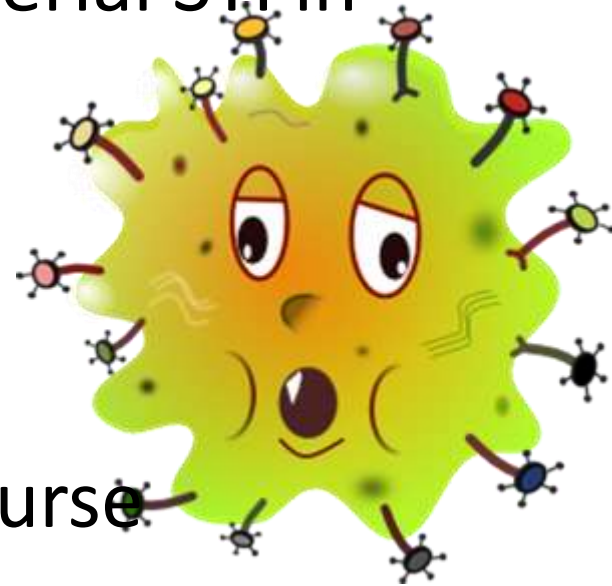
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# Chlamydia

- Chlamydia trachomatis: most common curable bacterial STI in UK.
- Most common 15-24 year-olds (c.10%)
- High frequency of transmission
- Concordance rates of up to 75%
- Primarily acquired via penetrative sexual intercourse
- Extra-genital sites also
- Incubation period 1-2 weeks



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# Chlamydia (2)

- 70% asymptomatic in ♀, c. 50% in ♂
- Symptoms?
- Dysuria
- Abnormal bleeding (post coital/Inter-menstrual)
- Increased vaginal discharge
- Lower abdominal or pelvic pain
- Dyspareunia

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# Chlamydia (3)

- Symptoms (continued):
- Urethral discharge
- Conjunctivitis (unilateral low grade irritation usually)
- Pharyngeal infection (usually asymptomatic)
- Rectal (usually asymptomatic-could have anal discharge or discomfort)

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# Chlamydia (4)

## Complications:

- Pelvic Inflammatory Disease (PID), endometritis, salpingitis
- Tubal Infertility
- Ectopic Pregnancy
- SARA (Sexually acquired reactive arthritis) <1%
- Perihepatitis
- Epididymo-orchitis
- L.G.V

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# National Chlamydia Screening Programme



Protecting and improving the nation's health

## Changes to the National Chlamydia Screening Programme

Information on the changes

NCSP introduced 2003 aim was to prevent onward transmission of CT.

2021: Aim changed to reduce harms from untreated CT infection. Predominantly affect ♀

Outside of SH services, testing predominantly in ♀ recommended.

NB. Wirral\*

MORE THAN JUST CLINICS

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# Practical Tips:

- ‘What do you know about contraception already?’
- Have you read much online or seen any videos about the various methods?
- ‘What day do you start your pill packet?’
- ‘Chunking and checking’
- Pre-consultation questionnaires
- Seek Feedback-in real time and via surveys

**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.

**Save to the pharmacy team:** Advise patients to answer all the questions. Patients only requesting an ongoing supply of a progestogen only pill (POP) should be advised to ignore the shaded Screening questions.

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 6)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you previously had a supply of your contraceptive pill from your general practice, sexual health clinic or a pharmacy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you wanting to change your current contraceptive pill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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# The Plan:



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# Summary:



- 'Confidence' comes from a variety of sources:
- Knowledge Base
- Experience
- Service User and colleague feedback
- Positive encounters
- Making a difference

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# Summary:

- Remember, you are helping women and families to plan their pregnancies if and when they choose to be pregnant.
- [Planning a pregnancy - Tommy's](#)



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# Questions?



- Let's Talk About Sex Education Event 6<sup>th</sup> March 2025 6.15pm-9pm  
Thornton Hall Hotel.
- 'HIV in Wirral: Living with HIV plus HIV detection & prevention'

Book via Eventbrite

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# Thank you!

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Final points for  
consideration

# 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



# 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](#)

Good luck with the service!



Q&A