

Briefing: 017/25: Guidance on the NHS Pharmacy Contraception Service

This Community Pharmacy England Briefing provides guidance for community pharmacy owners and their teams on the Pharmacy Contraception Service (PCS) and it replaces the previous briefing on the service (Briefing 031/23).

If you already provide the service and want to read about the changes to the service which are being implemented in October 2025, see [Briefing 016/25: The NHS Pharmacy Contraception Service – What's changing?](#)

The revisions to the service, including the addition of oral emergency contraception (EC) to the service are planned to take place on **1st October 2025**. However, NHS England will confirm this nearer that date, via their [Primary Care Bulletin](#). The commencement date is dependent on the necessary changes to the clinical services IT systems being made.

Pharmacy owners are advised to read the [draft service specification](#) (at the time of publishing this Briefing, the final specification had not yet been published; once published it will be available [here](#)) in advance of the go-live date to ensure they are familiar with and can meet the requirements of the service before reading this briefing.

Resources to support provision of the service are available at [cpe.org.uk/PCS](#).

Key next steps for pharmacy owners wishing to provide the service

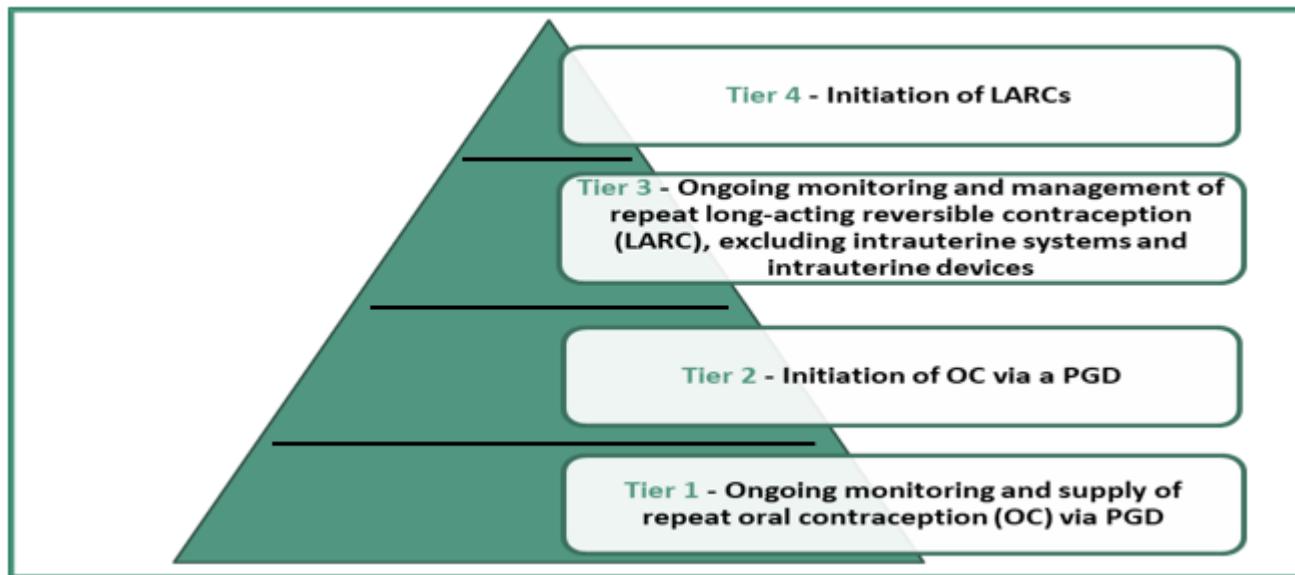
- Familiarise yourself with the [draft service specification](#), the [patient group directions \(PGD\)](#) and the contents of this Community Pharmacy England Briefing;
- Ensure you have a standard operating procedure (SOP) for the service;
- Ensure you have the required equipment, including selecting and contracting for an NHS-assured IT system to provide the service;
- Ensure all staff providing any aspect of the service are appropriately trained and competent to do so; this may involve them undertaking appropriate training;
- Sign up for the service via the NHS Business Services Authority's (NHSBSA) [Manage Your Service \(MYS\) portal declaration](#);
- Engage with local general practices and/or Primary Care Network (PCN) colleagues and your local sexual health clinics (or equivalents) to make them aware the pharmacy will be providing this service; and
- Use the **Community Pharmacy England service implementation checklists** to confirm all required pharmacy actions are complete ahead of service commencement.

a) Introduction

The [NHS Long Term Plan \(LTP\)](#) highlighted the importance of NHS services complementing the action taken by local government to support the commissioning of sexual health services. A [Public](#)

[Health England resource for commissioners \(2019\)](#) also highlighted the role community pharmacy can play in supporting ongoing contraception.

In line with the agreement of the Community Pharmacy Contractual Framework (CPCF) in 2019 to “test a range of prevention services”, a tiered PCS was designed. The initial tiered approach proposed was as follows:



In 2021, NHS England commenced [a pilot involving pharmacies offering repeat supplies of oral contraception](#) to people who had previously had the product prescribed.

In the Year 4 and Year 5 CPCF negotiations of the 5-Year CPCF agreement, the Department of Health and Social Care (DHSC) and NHS England proposed the commissioning of a PCS, as an Advanced service, building on the learning from the pilot service.

In April 2023, the Tier 1 service launched. This initially involved community pharmacists providing ongoing management of routine oral contraception (OC) that was initiated in general practice or a sexual health clinic.

The supplies are authorised via PGDs, with appropriate checks, such as the measurement of the person’s blood pressure and body mass index (BMI), being undertaken, where necessary.

In May 2023, NHS England announced [The Delivery Plan for recovering access in primary care](#). This highlighted the ambition to expand the PCS to increase access to and convenience of contraception services in line with the previous Government’s [Women’s Health Strategy for England](#) which had been announced in August 2022. The strategy flagged community pharmacy had a part to play in increasing choice in the ways people can access contraception.

Following negotiations between Community Pharmacy England, DHSC and NHS England, an expansion of the OC service was agreed and announced in November 2023. The expanded service, which removed reference to the original tiered service proposal, enabled community pharmacists to also initiate oral contraception, via PGDs, and provide ongoing clinical checks and annual reviews.

Following negotiations between Community Pharmacy England, DHSC and NHS England on the

funding arrangements for the CPCF for 2024 to 2025 and 2025 to 2026, a further expansion of the PCS was agreed and announced on 31st March 2025. The further expansion of the service will allow pharmacists and pharmacy technicians to provide initiation of OC, routine monitoring and ongoing supply of OC and provision of oral EC via PGDs.

The service provides another opportunity for pharmacy owners to help address health inequalities by providing wider healthcare access in their communities and signposting service users into local sexual health services in line with [NICE guideline NG 102](#).

The objectives of the service are to:

- Provide a model for community pharmacy teams to initiate provision of OC, **and to** continue the provision of OC supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent;
- Provide a national model for community pharmacy teams to provide free oral EC to individuals of childbearing potential to reduce the risk of pregnancy after unprotected sexual intercourse (UPSI) or where regular contraception has been compromised or used incorrectly;
- Establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering whether to be initiated on an OC, or seeking to continue their current form of OC; and
- Support tackling health inequalities through providing wider access to contraception services. Providing individuals from high-risk communities and vulnerable groups an integrated sexual health service from a pharmacy of their choice with no requirement to be registered with a general practice.

The service aims to provide:

- People greater choice from where people can access contraception services;
- Consistent access from community pharmacies across England to free OC and oral EC for individuals of childbearing potential, removing variation in the service offer found within locally commissioned services; and
- Extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

The [draft service specification](#), the associated [PGDs](#), describe the requirements for provision of the service and they must be read and understood by all pharmacists and pharmacy technicians providing the service.

b) Preparing to provide the service

Before providing the service, various preparatory work needs to be undertaken. A full list of activities to undertake before providing the service can be found in **Community Pharmacy England's service implementation checklists** available at cpe.org.uk/PCS.

Consultation room requirement

Pharmacies (with the exception of Distance selling premises pharmacies (DSPs)) must have a consultation room in order to be able to offer this service, which meets the requirements in the Terms of Service. The consultation room must also have IT equipment accessible within the room to allow contemporaneous records of the consultations provided as part of this service.

Where a pharmacy owner (with the exception of DSPs) does not have a consultation room or the pharmacy owner has had agreement from NHS England, that the pharmacy is too small for a consultation room, then they are not able to provide the service solely on a remote basis.

If the pharmacist or pharmacy technician and the individual agree that the service can be carried out remotely on an individual or ongoing basis, for example, because the individual is housebound while recovering from surgery, this should be carried out via telephone, or another live audio link or a live video link in circumstances where the conversation cannot be overheard, except by someone whom the individual wants to hear the conversation. That may, for example, mean the pharmacist or pharmacy technician uses the consultation room to undertake the remote consultation.

Equipment to be used in the service

In some cases, a blood pressure reading, a BMI, or an individual's weight will need to be recorded, according to the PGD protocol. Pharmacy owners (with the exception of DSPs) will, therefore, need to ensure that they have the necessary equipment required to undertake blood pressure readings, measure an individual's weight and height. Pharmacy owners must ensure all equipment used to carry out these measurements for individuals within the pharmacy are accurate and fit for purpose in line with the GPhC standards.

Equipment that is to be used to undertake clinic blood pressure checks in the service must be validated by the British and Irish Hypertension Society (BIHS). Pharmacy owners (not DSPs) must use a 'normal' blood pressure meter which appears on the BIHS list. To access the BIHS Approved Monitor List, visit:

Validated BP Monitors: Clinical, Policy, and Procurement Guidance

Note: At the time of publication of this Briefing, the BIHS are reviewing how they present information on their approved devices on their website. Pharmacy owners who need to review a copy of the validated equipment list, can contact BIHS to request a copy of the list by emailing: info@bihs.org.uk

To support infection control, the cleaning of equipment must be carried out in line with the instructions of the manufacturer or supplier and in line with current infection control guidance. Detergent and disinfectant wipes can damage plastic surfaces of medical devices if they are not compatible with the surface material. In line with [Medicines and Healthcare products Regulatory Agency's guidance](#), pharmacy owners are advised to only use cleaning products that are compatible with the device.

IT requirements

To support provision of the service and to maintain a clinical record for the service, pharmacy owners must ensure an NHS-assured IT system is used to allow contemporaneous records of the consultations provided to be made. Other than for DSPs, the IT system should be accessible within the consultation room the pharmacy owner is using to provide the service.

Details of the IT solutions available to support the service can be found on our [Pharmacy services IT requirements webpage](#).

Standard Operating Procedure

Pharmacy owners must have an SOP in place for this service, which all staff participating in provision

of the service must be familiar with and follow. The SOP must include the process for escalation of clinical and non-clinical issues identified, including accessing Level 3 safeguarding advice, signposting details, record keeping, equipment cleaning, maintenance, validation and recalibration of the equipment used and staff training.

Where a pharmacy technician is to deliver the service using a PGD, the pharmacy owner's SOP for dispensing/supplying medicines must also include the process of how the responsible pharmacist will supervise associated activities connected to the supply of medicines, such as labelling. The SOP should define the roles and responsibilities of the responsible pharmacist and pharmacy technician to meet legal requirements and to enable a supply of medicine to be made autonomously by the pharmacy technician under the PGD, with appropriate supervision.

Engagement with local general practices, local sexual health clinics and PCNs

There is no specific requirement within the service specification for pharmacy owners to engage with local general practices, local sexual health clinics or PCNs prior to provision of the service. However, as the service can receive signposted referrals from local general practices and sexual health clinics (or equivalent), to maximise service opportunities, it is good practice to make them aware the pharmacy is participating in this service. A letter / email template to support pharmacy owners to notify general practices and local sexual health clinics (or equivalent) that the pharmacy will be providing the service is available at cpe.org.uk/PCS.

When oral EC provision becomes part of the service, pharmacy owners must endeavour to provide this element of the service throughout the hours the pharmacy is open. For provision of OC elements of the service, the pharmacy owner should identify the hours and/or days they will provide these elements of the service and confirm the availability of the various aspects of the service as part of local conversations with stakeholders if they intend to receive referrals.

Where practices and sexual health clinics (or equivalent) wish to use this facility, pharmacy owners should agree any local process by which referrals can be received. On receipt of a referral, a member of the pharmacy team should agree with a referred person, the date and time of their consultation. Pharmacy staff must respond to anybody requesting a supply of oral EC or OC as soon as is reasonably possible, having particular regard to the need for timely provision of EC after UPSI, or where regular contraception has been compromised or used incorrectly. Following discussion, if the pharmacy is unable to offer a consultation within the time needed to meet the person's EC or contraception need, they should be signposted to an alternative pharmacy or other service provider for a consultation.

A briefing to assist pharmacy owners to engage their local colleagues and to provide information for general practice teams and local sexual health clinics (or equivalent) on the service is available at cpe.org.uk/PCS.

Signing up to provide the service

Pharmacy owners must notify NHS England that they intend to provide the service by completion of an electronic registration through the NHSBSA's [MYS portal](#). Signing up to the service requires that pharmacy owners must offer consultations for oral EC in addition to both initiation of OC and for ongoing supply of OC.

The pharmacy's NHS website profile must be updated to indicate that the service is provided.

Guidance on how to edit NHS website pharmacy profiles is available on our [NHS website page](#).

c) Training and competency requirements

Competency requirements

Pharmacy owners must ensure that pharmacy staff providing any aspect of the service are competent to do so in line with the specific skills and knowledge set out in the service specification and the relevant PGDs. This may involve completion of training.

Competency evidence

Pharmacy owners need to keep documentary evidence that all pharmacy staff involved in any aspect of provision of the service are competent with regards to the specific skills and knowledge outlined in the service specification and the relevant PGDs.

Pharmacists and pharmacy technicians providing the service will be personally responsible for remaining up to date with the skills and competencies identified in the service specification and associated PGDs.

Training

To provide the service, the pharmacist and pharmacy technicians should have evidence of competence in the clinical skills and knowledge covered in the following training modules on the [Centre for Pharmacy Postgraduate Education \(CPPE\)](#) and/or the [Health Education England e-learning for healthcare \(elfh\)](#) websites:

*Note – packages that are highly recommended are indicated by an asterisk **

Mandatory training

Pharmacists and pharmacy technicians providing the service must have completed one of the recommended **Safeguarding level 3** training materials OR have direct access to professional advice from someone who can advise on Safeguarding at Level 3.

- Safeguarding Level 3 – [Safeguarding Children and Adults Level 3 for Community Pharmacists](#) – video on elfh;

OR

- [Safeguarding Level 3](#) elfh Safeguarding Children and Young People (SGC) – Safeguarding Children Level 3.

Recommended training modules

Emergency contraception

- *[CPPE Emergency contraception](#) e-learning including emergency contraception e-assessment.

Ongoing supply

- *[CPPE Contraception](#) e-learning including contraception e-assessment;

OR the following four subsections of:

- ***Module 3 – Contraceptive Choices** of the [College of Sexual and Reproductive Healthcare \(CoSRH\) Sexual and Reproductive Health e-learning \(e-SRH\)](#) on elfh:
 - 03_01: Mechanism of action, effectiveness and UKMEC;
 - 03_02: Choosing contraceptive methods;
 - 03_03: Combined hormonal contraception; and
 - 03_04: Progestogen only methods (oral and injectable).
- * [CPPE Sexual health in pharmacies](#) e- learning and e-assessment;

OR the following four subsections of

- ***Module 9 – STIs** of the [CoSRH e-SRH on elfh](#):
 - 09_01: Epidemiology and transmission of STIs;
 - 09_02: Sexually transmitted infection (STI) testing;
 - 09_03: STI management; and
 - 09_04: Partner notification.

AND one subsection in the

- *[External Resources module of the Sexual Health \(PWP\)](#) e-learning on elfh:
 - CoSRH – Contraception counselling eLearning.

Initiation

- The following subsections of **Module 2 – Consent and history taking** of [CoSRH e-SRH](#) on elfh:
 - 02_01 Health history and risk assessment; and
 - 02_02 Confidentiality, chaperones, and consent.
- The following subsection of **Module 3 – Contraceptive choices** of the [CoSRH e-SRH](#) on elfh:
 - * 03_07 Barrier contraceptives.
- The following subsections of **Module 5 – Contraception: managing side-effects and complications** of the [CoSRH e-SRH](#) on elfh:
 - 05_01 Managing bleeding problems in women using contraceptives;
 - 05_02 Managing contraceptive side-effects; and
 - 05_03 Managing side-effects and complications of IUD and IUS.

Other training to support clinical practice

- [CPPE Documenting in patient clinical records](#) e-learning;

- [CPPE Remote consultation skills](#) e-learning;
- [Patient group directions](#) e-learning on elfh;
- [CPPE Pharmacy technicians: using patient group directions in practice](#); and
- [CPPE consultation skills for pharmacy practice](#): taking a person-centred approach and e-assessment.

Pharmacists and pharmacy technicians must also be familiar with at least one online shared decision-making contraception consultation tool. These tools can be used to support the pharmacist or pharmacy technician and are best shared with individuals ahead of a consultation to support their decision making. Examples are:

- [Brook](#); and
- [Contraception Choices](#).

Pharmacy Team training

The whole pharmacy team can proactively promote this service. Teams should be briefed on the service and coached on how to best approach people about the service. A **pharmacy team briefing** and a **briefing guide on how to recruit people** to assist pharmacy owners to engage and coach their team members are available at cpe.org.uk/PCS.

Pharmacy staff who are going to provide blood pressure measurements and BMI calculations must have the necessary training required to undertake blood pressure readings and measure an individual's weight and height. Details of the training requirements can be found at cpe.org.uk/hypertension.

d) Service user access and eligibility to receive the service

Access

Individuals can access the service by any of the following routes:

- Identified as clinically suitable by the pharmacist or pharmacy technician and accepts the offer of the service;
- Self-refer to a community pharmacy;
- Signposted by their general practice;
- Signposted from a sexual health clinic (or equivalent); or
- Signposted from other NHS service providers, e.g. urgent treatment centres or NHS 111.

The pharmacy must respond to anybody requesting the service as soon as is reasonably possible. Following discussion, if the pharmacy is unable to offer a consultation within the time needed to meet the person's EC or contraception need, they should be signposted to an alternative pharmacy or other service for a consultation.

Eligibility

The updated service specification lists the following inclusion and exclusion criteria for the service:

Inclusion criteria

- An individual of childbearing potential seeking a supply of oral EC only following confirmation of UPSI or where regular contraception has been compromised or used incorrectly OR
- An individual seeking to be initiated on an OC, or seeking to obtain a further supply of their ongoing OC for contraceptive purposes:
 - Combined oral contraceptive (COC) – age from menarche up to and including 49 years of age; or
 - Progestogen only pill (POP) –
 - Norethisterone, Levonorgestrel and Desogestrel – from menarche up to and including 54 years.
 - Drosipreronone only – from menarche up to and including 49 years.

Exclusion criteria

- The individual is considered clinically unsuitable, or is excluded for supply of oral EC or OC according to the PGD protocols, including, but not limited to:
 - Individuals under 16 years of age and assessed as not competent using [Fraser Guidelines](#); and
 - Individuals 16 years of age and over and assessed as lacking capacity to consent.
- All advance supplies of oral EC.

Additional inclusion and exclusion criteria are listed in the PGDs and as such, pharmacy owners should refer to both the [draft service specification](#), the associated [PGDs](#) to confirm the full inclusion and exclusion criteria for the service. Where people are not eligible for the service, pharmacy team members can signpost them to other appropriate local services.

e) Providing the service

Service promotion and service user recruitment

To promote the availability of the service to people, **posters, flyers, service leaflets** (for pharmacy owners to print) and **digital marketing** resources are available to pharmacy owners to download in the resources section at cpe.org.uk/PCS.

For the service to be a success, potential individuals who might meet the inclusion criteria should be proactively identified and engaged to highlight the service. This could include:

- Proactively and sensitively initiating discussions with people who may fall into the inclusion criteria and who, according to their patient medication record, have previously had an OC dispensed;
- Targeting those collecting an NHS repeat prescription for OC, for them to consider when they need their next supply. Pharmacy teams must not provide an OC consultation when the individual has a prescription for their OC waiting to be dispensed;

- Proactively and sensitively initiating discussions with people who may fall into the inclusion criteria and who have requested oral EC, to consider using the service not only to obtain oral EC, but also to consider their future contraceptive needs;
- Displaying posters or digital media within the pharmacy;
- Using the pharmacy's website or social media to promote the service; and
- Highlighting the service to individuals already accessing other services at the pharmacy (e.g. New Medicine Service, vaccination services, the Pharmacy First service, self-care and healthy living advice).

A pharmacy team introductory briefing sheet and a guide on how to successfully recruit people using some of the insights from pilot sites are available at cpe.org.uk/PCS.

We have incorporated all the above resources into a **PCS promotion checklist**. Pharmacy owners can work through the checklist to see if there are any additional activities that they or their teams could participate in to promote the service to the public. The checklist is available at cpe.org.uk/PCS.

Consent

As with the provision of any pharmacy service, the individual must consent to receiving the service. Prior to provision of the service, verbal consent must be sought from the individual by the pharmacist or pharmacy technician and recorded in the clinical record for the service. Pharmacy owners also need to ensure that the individual is made aware that the following sharing of information will take place:

- The sharing of information between the pharmacy and the individual's general practice (where the individual agrees to this) to allow the recording of the appropriate information in their general practice record;
- The sharing of information about the service with NHS England as part of service monitoring and evaluation; and
- The sharing of information about the service with the NHSBSA and NHS England as part of post-payment verification.

However, if the person does not consent to sharing information with their general practice or they are not registered with a general practice, the consultation can still proceed, and a notification to the practice will not need to be sent.

Service pathway

Flow charts illustrating the full service pathways can be found in Appendix A of the service specification and as a standalone document in the **resources section** at cpe.org.uk/PCS.

Safeguarding

Either party may request / offer a chaperone to be present during the consultation. More information regarding use of a chaperone can be found in the Clinical Governance section of our [website](#). Where a chaperone is present during the consultation, details of the chaperone should be documented in

the clinical record.

During the consultation, if the pharmacist or pharmacy technician is concerned about a potential safeguarding issue, then appropriate action should be taken, in line with local safeguarding processes. Pharmacy owners are encouraged to ensure their teams are aware of and have the contact details for their local safeguarding team. Any actions taken, should be documented in the clinical notes for the service.

Local Pharmaceutical Committees may have contact details for local safeguarding leads, but if not, the [NHS Safeguarding app](#) provides information on how to report a safeguarding concern and a directory of safeguarding contacts for every local authority in England, searchable by region. The app can be downloaded from the appropriate app store for the device being used by searching for 'NHS Safeguarding'.

If an individual requesting the service is less than 16 years of age, an assessment based on [Fraser guidelines](#) must be made and documented.

If the individual is less than 13 years of age, the pharmacist or pharmacy technician should speak to the local safeguarding lead and follow the local safeguarding policy.

Blood pressure and BMI checks

As combined oral contraceptive supplies will require the person's blood pressure and BMI, and in some cases, certain requests for oral EC supplies may require consideration of weight or BMI, before a supply can be made, a blood pressure reading and a BMI, will need to be recorded, according to the PGD protocol.

Where a DSP pharmacy is providing a remote consultation and requires an individual's blood pressure, height and weight, these measurements cannot be performed in the DSP pharmacy.

Blood pressure, a BMI reading or an individual's height and weight can be provided by the person accessing the service and may be accepted where the pharmacist or pharmacy technician feels this is clinically appropriate. Any self-reported measurements will need to be recorded as such in the clinical record.

Where BMI and blood pressure measurements are performed within the pharmacy (not in DSPs), these can be conducted by the pharmacist or pharmacy technician as part of the consultation, or by suitably trained and competent pharmacy staff in advance of the pharmacist or pharmacy technician consultation.

The provision of a blood pressure check (clinic check) should be carried out in line with NICE guidelines.

A visual guide that can be used to support suitably trained and competent pharmacy staff providing this is included as a standalone reference source at [cpe.org.uk/PCS](#).

To support the calculation of body mass index, the NHS website provides an online BMI calculator which can be accessed via the following link: [BMI calculator \(www.nhs.uk\)](#)

The consultation

All consultations should be verbal (face-to-face or remote) and must be provided from the pharmacy premises. All consultations must be directly with the person accessing the service, and for whom the medication is for.

The clinical appropriateness of a supply of oral EC or OC will be determined by the pharmacist or pharmacy technician, as part of a consultation with the individual, following the guidelines in the PGDs. The following should take place during the consultation and reference to the PGDs should be made:

- An explanation of consent and recording of the response to whether the person consents to the consultation;
- For oral EC consultations, the discussion with the person must include information on more effective forms of EC, e.g. the fitting of a copper intrauterine device (Cu-IUD);
- For OC consultations, the discussion must include information on alternative and more effective forms of contraception, e.g. Long-acting reversible contraception (LARC);
- Blood pressure measurement and BMI calculation and/or recording with an explanation of the results where these measurements are appropriate and are undertaken as a part of the consultation (where this is not done by suitably trained and competent pharmacy staff before the consultation);
- With the individual's consent, their general practice record (e.g. via GP Connect Access Record), national care record, or an alternative clinical record for the individual, should be checked by the pharmacist or pharmacy technician unless there are exceptional circumstances preventing this; and
- The NHS-assured clinical record systems should offer consultation prompts and will facilitate the recording of information that is required to be collected as part of the service.

Additional advice & signposting

To assist individuals in obtaining further information, the pharmacist or pharmacy technician can signpost individuals to other information sources, such as NHS.UK, to obtain additional information and advice to improve their understanding about contraception and sexual health.

Where appropriate, consultations should provide additional support and advice, including advice on the avoidance of pregnancy and sexually transmitted infections (STIs) through safer sex and condom use. This may include highlighting other locally commissioned pharmacy services (such as condom supply services or chlamydia testing) that the pharmacy is able to offer or signposting to other services that provide LARC and diagnosis and management of STIs.

Links to some examples of information and resources which may be appropriate to signpost individuals to can be found in the **consultation section** at cpe.org.uk/PCS. Pharmacists and pharmacy technicians providing the service are advised to make themselves familiar with the content on these sites which can also be used as shared decision-making contraception consultation tools.

Consultation Outcomes

Criteria met:

If the assessment criteria are met, supply of an oral EC or OC can be made, as appropriate.

Supply of oral EC

A single dose of oral EC should be made for all oral EC consultations. This should be one tablet unless the person meets criteria outlined in the PGD that allow for an alternative regimen.

If a person vomits within three hours of the initial dose of oral EC being taken, a further supply of oral EC can be made by the pharmacist or pharmacy technician. This should be recorded as a separate consultation (and will be paid for accordingly), however, the reason for the second supply should be noted in the clinical record.

Supply of OC

The [CoSRH UK Medical Eligibility Criteria for Contraceptive Use \(UKMEC\) calculator](#) may support pharmacists and pharmacy technicians in making a clinical decision on the most appropriate choice of contraceptive. The UKMEC helps clinicians decide what contraceptives they can safely recommend based on the medical conditions of patients in their care. Additional guidance on the UKMEC is available [here](#).

On initiation, the quantity of OC supplied **should not exceed 3 months**.

Where a person is initiated on an OC, pharmacists and pharmacy technicians should use their professional discretion as to the appropriate choice of product, from those included in the PGD. Local formularies/restrictions should be referred to and followed accordingly. Pharmacists and pharmacy technicians should refer to their local integrated care board (ICB) formulary for further information.

Following initiation, ongoing supplies of an OC should be for a **minimum of six month's supply**, unless there are clinical reasons not to. Any such reasons should be documented in the clinical record. Supplies of **up to 12 months** duration can be made, and unless there are reasons not to, such a duration of supply should be considered in line with the [CoSRH guidance](#). Restricting the length of supply could result in unwanted discontinuation of the method and an increased risk of pregnancy for the person.

Ongoing supplies should be made in line with the person's previous supply, e.g. in the instance that a branded product has been supplied for clinical reasons such as an allergy to product constituents, the repeat supply should be made from an equivalent brand/generic equivalent of OC, that follows any medicines formulary requirements of the local ICB.

General advice

Supplies should be in appropriately labelled original packs.

Clinical record systems should prompt the recording of all the required information listed in the PGD.

Where necessary, supplementary written information, links to online resources, or signposting to other support services should be given. Records should also be made of any advice and signposting

provided.

For both NHS supplies of oral EC and OC following a consultation, it is expected that the supply will be made with reasonable promptness. The time period to supply must take into account the clinical need of the individual, for example, a supply of oral EC should be made as soon as possible to allow the individual to take the medication within the defined timeframes of clinical efficacy of the oral EC. DSP pharmacies providing the service should make necessary arrangements for a prompt delivery of the item, at no cost to the individual.

Criteria not met

If a supply of oral EC or OC is not deemed clinically appropriate, the pharmacist or pharmacy technician should explain to the person why this is the case and refer them to their general practice or sexual health clinic (or equivalent).

Clinical record systems should prompt the recording of:

- A record of the reason for not supplying against a PGD; and
- A record of the referral to an alternate service provider.

Information for service users and healthy lifestyle

Service users' measurements

Where a blood pressure reading and/or a BMI are needed, according to the PGD protocol, and these are undertaken in the pharmacy (not DSPs), the outcomes of these should be discussed with the person. The person's results should be provided in a format that best suits them. The person may prefer to have their readings written on a printed leaflet, it may be completed electronically by the pharmacist or pharmacy technician and emailed to the person post consultation or the person may prefer to take a photo of their readings using their phone. A template leaflet that may be used is available in the **resources section** at cpe.org.uk/PCS.

Healthy lifestyle advice

In line with the principle of Making Every Contact Count, the pharmacist or pharmacy technician should encourage the individual to discuss their lifestyle/behaviours and appropriate lifestyle advice should be provided where applicable. Local initiatives and services that may assist the person should be signposted to.

Examples of resources which may be appropriate to support the individual or raise awareness are detailed in the Patient advice – **Providing the service** section at cpe.org.uk/hypertension and at cpe.org.uk/PCS.

Pharmacy owners should record any advice provided and any signposting in the clinical record. Where a person is not registered with a general practice, information should be provided to assist the person to do this.

Communicating with general practices

If the person provides consent to share the outcome of the consultation with their general practice, a

notification of the provision of the service must be sent to the individual's general practice on the day of provision or on the following working day. This will be sent as a structured message in real-time by the approved clinical services IT system. If the structured message system is not available or fails, the pharmacy owner must ensure a copy of the consultation is sent or emailed (via NHSmail) to the individual's registered general practice.

If the person does not consent to sharing information with their general practice, or they are not registered with a general practice, the consultation can still proceed, and a notification to the practice will not need to be sent.

Record keeping and data management

Pharmacy owners should maintain appropriate clinical records to ensure effective ongoing service provision and audit. Actions for pharmacy owners to take regarding record keeping in response to exceptional circumstances are outlined in the [draft service specification](#).

Clinical records of service provisions should be retained for an appropriate period. Records of the reimbursement data reported to the NHSBSA's MYS portal should be retained for three years for post payment verification (PPV) purposes. As pharmacy owners are the data controller, it is for each pharmacy owner to determine what the appropriate length of time is, beyond three years that the clinical records are kept for. This retention period should be in line with both the requirements for the record type and if the record relates to a child. Decisions on this matter should be documented in the SOP and should be in line with [Records Management Code of Practice for Health and Social Care](#).

The data which is submitted to the MYS portal via the application programming interface (API) will be used by the NHSBSA for payment and PPV purposes. Some of this data, which has been anonymised, will be shared with NHS England for service evaluation and research purposes.

The pharmacy is required to report any patient safety incidents related to the service in line with the [approved particulars for patient safety for pharmacies](#).

f) Payments and the process for claiming payments

Payments

The fees associated with provision of the pharmacy contraception service can be found in the [Drug Tariff](#). Pharmacy owners can also refer to the **funding section** at cpe.org.uk/PCS for further details.

Where a pharmacy owner is commissioned to provide any related services, e.g. the Hypertension Case-Finding Service (incorporating BP clinic measurement), the pharmacy owner may not claim twice for the same activity.

Claiming

Data from the NHS-assured IT system will be submitted to the MYS portal via an API and will be used by the NHSBSA to populate a payment claim within the MYS portal. The pharmacy owner needs to review this payment claim and then submit it.

Claims for payment for this service should be made monthly, via the MYS portal and no later than

three months from the claim period for the chargeable activity provided. Claims which relate to work completed more than three months after the claim period in question, will not be paid unless the submission of a claim was delayed by IT issues outside the pharmacy owner's control. Details to assist pharmacy owners with responding to this scenario are outlined in the [service specification](#).

g) Discontinuation of service provision

If the pharmacy owner wishes to stop providing the PCS, they must notify NHS England that they are no longer going to provide the service via the MYS platform, giving 30 days' notice prior to the cessation of the service.

If the pharmacy owner de-registers from the service, they will be unable to re-register for a period of four months from the date of de-registration.

If a pharmacy owner de-registers from the service or ceases trading within 30 days of registration, they will not qualify for the £400 set up fee. In this event, if the £400 fee has already been paid to the pharmacy owner, this money will be claimed back.

If the pharmacy temporarily or permanently ceases to provide the service, they should update their [NHS Profile Manager](#) to reflect that the service is not available from the pharmacy, as soon as possible.

h) Promoting the service to people

Materials and additional resources to help promote the service to people are available from and via our website at cpe.org.uk/PCS.

If having read this Community Pharmacy England Briefing and the information and resources on the Community Pharmacy England website you have further queries about the service, or you require more information, please contact services.team@cpe.org.uk.