

# Pharmacy Contraception Service

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# Best practice in setting up and offering the service

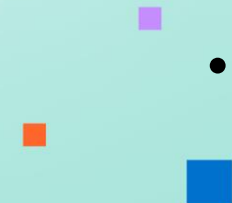
- Register on the MYS for the service
- Ensure you have access to your IT system e.g. PharmOutcomes so the data entry can be inputted
- Understand the process of the entry as it can be tricky
- Read the PGDs and the service specifications

# What does initiation mean?

- NEW to OC
- Restarting OC
- Switching between OC

# Promotion is key




- Social media, demographic we are aiming for will use social media
  - Speak to your local GP Surgeries especially those on reception and the clinical Pharmacists
  - Flag all scripts that come in for the pill and ask them to call back when on the last strip to book an appt
  - Start off with the flexibility of a walk in service, once people get used to coming in early then have a clinic time during the week.
  - Get the team and staff on board to promote the service
  - Poster in the window
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# Promotion is key ...

- Print out and keep the clinical forms read for patients to fill in prior to them coming in the room to allow you room and space to check what is most appropriate
- Website
  - Use of decision aids
  - Brooks <https://www.brook.org.uk/best-contraception-for-me/>
  - Contraception choices <https://www.contraceptionchoices.org/>  
<https://www.contraceptionchoices.org/contraceptive-methods>
- Local Websites
  - Hertfordshire: <https://www.sexualhealthhertfordshire.clch.nhs.uk/> (contraception and sexual health testing, treatment and advice)
  - Hertfordshire: <https://www.hertfordshire.gov.uk/services/Health-in-Herts/Sexual-health/Sexual-health.aspx> (Lists a range of local services)

# Promotion is key ...



- Reach out to each other or Clinical pharmacists if you need help and support
  - Have a quick easy to reach guide to understand the differences
  - Start off with resupply then when comfortable do some initiations
  - Update NHS profile managers
  - Put in the hard work from now and you will see the numbers 3-6 months time.
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# Helpful information from CPE

- CPE website has a great webinar and the presentation has some great tips
  - <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-contraception-service/>
  - <https://cpe.org.uk/wp-content/uploads/2023/12/PCS-slides-Tier-1-to-Extended-Service-webinar.pdf>
  - <https://cpe.org.uk/wp-content/uploads/2023/11/Contraception-pre-consultation-questionnaire.pdf>

# Helpful slides from the CPE website

## Progestogen only pill versus combined contraceptive pill

### **Progestogen only pill**

- An option for some people who cannot take the combined pill.
- Irregular bleeding, may bother some people.
- Needs to be taken at roughly the same time every day. There is either a 12 hour or a 3 hour 'window' in which to take it.
- the average user can expect it to be around 91% effective.

### **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 a risk of blood clots
- blood clots in the legs or lungs is a very rare side-effect (5-12 in 10,000 users)



Helpful slides from the CPE website....

## Choice of combined oral contraceptive

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

[NICE CKS states](#) 1<sup>st</sup> line options are monophasic preparations containing 30 micrograms of oestrogen, plus either norethisterone or levonorgestrel. These have a lower risk of DVT.

Helpful slides from the CPE website....

## Side-effects from a 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 androgenic activity.**
- **Rigevidon® or Levest** are low cost options on [Nottinghamshire formulary](#)
- Check your local formulary.

### **progestogen side-effects**

- 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.
- **Try changing to a less androgenic progestogen or higher oestrogen pill** (2<sup>nd</sup> line) for example Ethinylestradiol 30mcg / desogestrel 150mcg. **Gedarel 30/150** is a low cost option on [Nottinghamshire formulary](#)
- If this is still not tolerated Ethinylestradiol 30 mcg / drospirenone 3 mg (3<sup>rd</sup>/4<sup>th</sup> line) brands include **Lucette® or Yacella® brand.**

Helpful slides from the CPE website....

## 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