

# Pharmacy Contraception Service (PCS) Resource Pack (October 2025)



# Introduction

**Community Pharmacy Integration is an essential part of the future plans of the NHS**, further supporting the management of people's health in the community and closer to home. It aims to **promote collaboration and integration between general practice and community pharmacies**, with a focus on improving communication, community pharmacy service uptake and continuous review of referral processes.

This pack concentrates on the **Pharmacy Contraception Service (PCS)** delivered in community pharmacy settings as part of the advanced services (alongside the Pharmacy First Service and Hypertension Case Finding Service) and has been designed to support you to:

- Get to know the PCS, how it's delivered and how it can support care navigation
- Gain a clearer understanding of who is eligible
- Increase awareness amongst staff and patients of the PCS
- Feel confident in being able to signpost patients into the PCS and in explaining to them what will happen next
- Find answers to those frequently asked questions
- Know where to look if you require more in-depth information about the service specification and the Patient Group Directions that provide governance around supply of oral contraception
- Contact the NHS Frimley Medicines Optimisation Team if you have any further questions on the PCS

Please use this pack alongside the Pharmacy First resource pack which contains more information on the benefits of integrated working to your practice, patients and the wider healthcare system alongside how community pharmacy services are supporting care navigation.

These packs have been designed to be interactive allowing you to jump to the section relevant to your enquiry. Where relevant we have also provided links to external resources for the more in-depth information if you require it.

The next page will allow you to directly access the information you are interested in.

# Contents

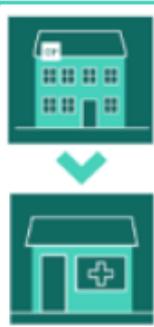
This is an interactive pack. Please follow the links to jump to the relevant slide/section.

## Main contents:

1. [Pharmacy Contraception Service \(PCS\), What GPs need to know](#) - Poster designed by Community Pharmacy England which lays out key information
2. [What is the PCS?](#) - General description of the Pharmacy Contraception Service
3. [Patient access and eligibility for the PCS](#)
4. [Patient pathway on access](#)
5. [What guidelines do pharmacists follow in delivering the PCS](#)
6. [Highlighting the service to patients](#)
7. [Top tips and take away actions](#)
8. [Additional resources and references](#)
  - a) [High level service view – Initiation](#)
  - b) [High level service overview – Ongoing supply](#)

## Pharmacy Contraception Service: What GPs and Sexual health clinics need to know

The Pharmacy Contraception Service can help reduce pressure on GP practices and sexual health clinics



The service offers **greater choice from where people can access contraception services** and can **create additional capacity** in primary care and sexual health clinics.  
**Helping to support meeting the demand** for more complex assessments.



Pharmacists can independently **initiate and can continue provision of oral contraceptives** initiated in primary care (including general practice and pharmacies) or sexual health clinics.

**Expanding on work** they have already been doing as part of locally commissioned sexual health services.



As **pharmacies are highly accessible**, pharmacists providing the service can **help address health inequalities** by providing wider healthcare access in their communities.

They can also **signpost service users** to local sexual health services.

People can access the service by:

- Being identified as **clinically suitable** by the community pharmacist and accepting the offer of the service
- **Self-refer** to a community pharmacy
- **Referred** by their general practice
- **Referred** from a sexual health clinic (or equivalent)
- **Referred** from other NHS service providers, e.g. urgent treatment centres or NHS 111

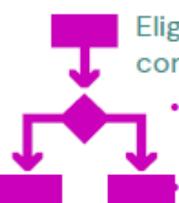


Where the person consents, any oral contraception supplied is **recorded in the patient's GP record** via GP Connect Update Record.

This provides **visibility** of the consultation and supply of contraceptive to other healthcare professionals.



Supplies are authorised via **Patient Group Directions** with appropriate checks, such as the measurement of the person's blood pressure and body mass index, being undertaken, where necessary.



Eligible individuals seeking supplies of oral contraceptives can be considered for:

- **Combined Oral Contraceptive** – from menarche up to and including 49 years of age; or
- **Progestogen Only Pill** – from menarche up to and including 54 years of age.



Supplies on initiation will not exceed 3 months

Ongoing supplies will be for up to 12 months

If a supply is **not clinically appropriate**, the individual will be referred to their GP practice or sexual health clinic.

Please refer suitable individuals to the Pharmacy Contraception Service at their chosen community pharmacy

For more information, visit [cpe.org.uk/PCS](http://cpe.org.uk/PCS)

# What is the Pharmacy Contraception Service?

*The Pharmacy Contraception Service (PCS) is an advanced community pharmacy service. The PCS allows community pharmacies to initiate and continue supply of oral contraception and supply Emergency Hormonal Contraception (EHC), reducing the need for a GP or sexual health clinic appointments.*

The delivery plan for recovering access in primary care (May 2023) highlighted the expansion of the PCS to increase access to, and convenience of, contraception services in line with the Government's [Women's Health Strategy for England](#) (August 2022)

The PCS aims to:

- Offer greater choice from where people can access contraception services
- Create additional capacity in primary care and sexual health clinics to support meeting the demand for more complex assessments
- Support addressing health inequalities by providing wider healthcare access
- Signpost service users to local sexual health services

**Pharmacy teams are:**

- Trained specifically to deliver the Pharmacy Contraception Service
- Follow a service specification and PGDs\* for supply of oral contraception (inclusion and exclusion criteria apply).

PCS is an advanced service alongside the Hypertension Case Finding service and Pharmacy First Service. At time of publication 95% of Pharmacies throughout the NHS Frimley footprint provide the Pharmacy Contraception Service.

## **The Pharmacy Contraception Service consists of:**

**Initiation:** First supply following clinical assessment.

**Ongoing Supply:** Continued provision after confirmation of suitability.

**Review:** Regular clinical and safety checks.

**EHC:** Accessible at any stage for emergency contraception needs.

The service consists of:

- A private consultation with a specially trained pharmacist to assess contraceptive needs.
- Consultations include blood pressure and Body Mass Index measurements where clinically applicable.
- Supply of contraception via [patient group directions \(PGD\)](#) if suitable.

PCS is funded by the NHS and community pharmacists receive a fee for each consultation completed that meets the criteria.

# Pharmacy Contraception Service: Patient access and eligibility

If a person needs an oral contraceptive, they can access the service through:

- Self referral - Walking into or contacting a community pharmacy
- Signposting by general practice, a sexual health clinic or from other NHS service providers, e.g. urgent treatment centers or NHS 111
- Community pharmacy identification, for example, when collecting a prescription for contraceptive pill or requesting emergency hormonal contraception.

Supply of oral contraception under PCS is available to individuals from menarche (the first occurrence of menstruation) to up to and including:

- 49 years for combined oral contraceptives
- 54 years for the progestogen only pill

(Subject to exclusion criteria)

From October 2025 the service was expanded to include supply of Emergency Hormonal Contraception (EHC) for women of childbearing age. If they are under 16 years old, they will be assessed using [Fraser Guidelines](#). All patients seeking EHC should be encouraged to enquire about the service in a participating pharmacy and will be assessed in line with the [PGDs](#).



# Patient pathway on accessing the service

Consultations are free and confidential. They are either conducted in person in a private consultation room to allow for confidentiality or online/via the telephone if clinically appropriate. Consultations can be delivered by Pharmacists or Pharmacy Technicians. Either party may request / offer a chaperone to be present during the consultation.

Verbal consent to receive the service is sought from the patient and recorded in the pharmacy's clinical record for the service. With the patient's consent, the pharmacist will review and discuss suitability for contraception.

If initiating, clinical appropriateness of a supply of oral contraception will be determined by the pharmacist. This includes a conversation with the patient regarding alternative and more effective forms of contraception, e.g. Long-acting reversible contraception (LARC). If appropriate following consultation, supply of an oral contraceptive (OC) can be made and is provided with no cost to the patient and the quantity supplied can be up to 3 months. A follow up appointment at 3 months will assess for side effects or adverse reactions and ongoing suitability. [Please refer to annex a for further detail.](#)

If providing an on-going supply , the pharmacist will check for any changes in medical history or any problems experienced with the current contraception. Ongoing supplies can be made of up to 12 months duration and is supplied at no cost to the patient. [Please refer to annex b for further detail.](#)

Combined oral contraception supply will require BMI and a blood pressure measurement to be taken in line with NICE guideline. Where BMI and blood pressure measurements are performed within the pharmacy, these can be conducted by the pharmacist as part of the consultation or by a suitably trained staff member in advance of the pharmacist consultation. A person accessing the service may also offer their own weight, height and blood pressure measurements.

From October 2025 the service was expanded to include supply of Emergency Hormonal Contraception (EHC) for women of childbearing age. If they are under 16 years old, they will be assessed using [Fraser Guidelines](#). All patients seeking EHC should be encouraged to enquire about the service in a participating pharmacy and will be assessed in line with the [PGDs](#).

For all elements of PCS, if supply is not clinically appropriate the pharmacist will explain why.

If the pharmacist is concerned about a potential safeguarding issue, then appropriate action would be taken, where necessary, in line with local safeguarding processes and if a person requires urgent escalation to another healthcare setting the pharmacist will arrange this.

If the person provides consent to share the outcome of the consultation with their general practice, a notification will be sent via NHSmail or other secure digital mechanism, clearly requesting general practice staff to add details of the consultation to the person's clinical record upon receipt.

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.

[Back to contents page](#)

# What guidelines do pharmacists work within when providing the Pharmacy Contraception Service?

Pharmacists work within a service specification and supply oral contraception using Patient Group Directions\* (PGDs). These have been developed by experts following latest national guidelines. You can access these governance documents using the links below:

1. [NHS England - all documents relating to the Pharmacy Contraception Service](#) including PDGs
2. [CPE information on Pharmacy Contraception Service](#)

Images detailing patient pathways can be found within the service specification document available from the NHE England website.

Where a person is initiated, pharmacists use their professional discretion as to the appropriate choice of product, from those included in the PGD. Wherever practicable, supply will be the best value product to meet the clinical need of the patient and local ICB formularies/restrictions will be referred to and followed accordingly.

Ongoing supplies will 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 ongoing supply should be made from an equivalent brand/generic equivalent.

If a supply is not deemed clinically appropriate, the pharmacist will explain why this is the case to the person and refer them to their general practice or sexual health clinic (or equivalent).

\*PGD – Patient Group Direction - a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients.

[Back to contents page](#)

# Highlighting the service to patients

Selecting appropriate patients increases the chances of a positive patient experience and successful outcome. This reduces bounceback rates which is when patients return to general practice services due to incorrect signposting or onward referral.

The NHS Frimley 2025/2026 Pharmacy and Medicines Optimisation Scheme supports practices in raising awarenesses and increasing use of community pharmacy advanced services including the Pharmacy Contraception Service.

You may want to identifying eligible patients by:

- Running clinical searches E.g. for patients on oral contraception and no other meds – Ardens searches are available in EMIS
- Sending accuRx text messages to suitable patient groups.
- Adding a note on Rx to patient or pharmacist.
- Using [resources readily available](#) like leaflets and posters in waiting areas.
- Working with local community pharmacists to build relationships, understand processes and identify capacity.
- Tracking signposted patients by coding them using the following – Signposting to Community Pharmacy Contraception Service, Concept ID 2140271000000102, Description ID 3758311000000116



## Key Messages

"If you require an ongoing supply of oral contraception, you can now visit a participating community pharmacist and speak with a trained pharmacist directly. No need to make a practice appointment. Find your nearest participating pharmacy at [NHS.UK Find a pharmacy that offers the contraception service](#)"

"The Pharmacy Contraception Service is quick and convenient – you can often be seen the same day at your nearest participating pharmacy. Find your nearest with [NHS.UK Find a pharmacy that offers the contraception service](#)"

"Did you know you can telephone or visit a pharmacy to discuss your contraceptive needs. The pharmacy team are specially training and can offer a confidential consultation room to you. Use [NHS.UK Find a pharmacy that offers the contraception service](#), to find your nearest participating pharmacy. If the pharmacist supplies oral contraception and you give your consent to share this information, the pharmacist will email us so we can update your medical records."

# Practice top tips – take aways and actions

- **Signposting to the Pharmacy Contraception Service.** Get to know the service who is and is not eligible and the pharmacies local to your practice who provide the service. Use your knowledge to help your colleagues and patients feel confident in the service too.
- **Make use of patient searches.** Start to identify patients who could use the service and highlight it to them – use a Making Every Contact Count and Care Navigation approaches.
- **Be consistent.** Continuing to signpost even when the practice may have the capacity, helps to change patient behaviour and helps them understand which service is most appropriate for their need in the future.
- **Get focused.** For example, could you discuss with your practice team signposting all prescription requests for uncomplicated resupply of contraception to the local pharmacy? How can you best use the resources available like patient leaflets to support your conversations. For resources to support these conversations visit the [Frimley Health and Care website](#).
- **Evaluate your activity.** Utilise the information available to run reports and monitor your progress in increasing awareness and use of the Pharmacy Contraception Service.
- **Build relationships.** Understanding who to contact and having regular communication with your local pharmacies can help you to understand capacity especially at times of pressures, to resolve any challenges and avoid confusion. Why not invite them to join practice meetings so they can provide updates on services and capacity.
- **Become a Pharmacy First Champion.** Make it your business to help others in your team understand the benefits of referring into and using the advanced community pharmacy services. Join monthly meetings with other pharmacy first champions to share best practice and receive local and national service updates. For more information about the role contact [frimleyicb.prescribing@nhs.net](mailto:frimleyicb.prescribing@nhs.net)
- **Create a collaborative working space for ideas and feedback.** Often assumptions and lack of communication can cause issues. Where are the spaces in your working practice to ensure people can have conversations about their ideas and ask questions and gather feedback? For example, could you plan focused signposting around national awareness dates and help both staff and patients understand the Pharmacy Contraception Service more? Collaborative working can help to better understand IT differences and smooth the processes for both sides of the referral.