

COMMUNITY PHARMACY TOOLKIT

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ENHANCED PHARMACIES

In NHS Ayrshire & Arran, Community Pharmacy led enhanced sexual health services offer a range of sexual health services, including

- Oral contraception (the pill),
- Contraceptive injection (Sayana Press and Depo)
- General sexual health advice

SERVICES AVAILABLE IN NHS AYRSHIRE & ARRAN PHARMACIES

Community Pharmacies in Ayrshire provide core Sexual Health services, as follows:

- Emergency hormonal contraception (EHC) (National contract)
- Progestogen – mini (pill) (National contract)
- STI testing (chlamydia and gonorrhoea) (Local contract) with referral to SH services for people who test positive for gonorrhoea. Treatment available for chlamydia in pharmacy.
- Condoms, C Card sign-up (local contract)
- General sexual health advice – signposting for [HIV PrEP](#) and [vaccines information for GBMSM](#)
- Pilot pregnancy test with a plan to expand over 2026

CONTRACEPTION PROTOCOL

This protocol has been developed to guide Health Care Professionals in a Community Pharmacy setting in the provision of a user-centred contraception consultation.

There will be many opportunities to discuss contraception with a patient – healthcare professionals should maximise these planned and unplanned opportunities.

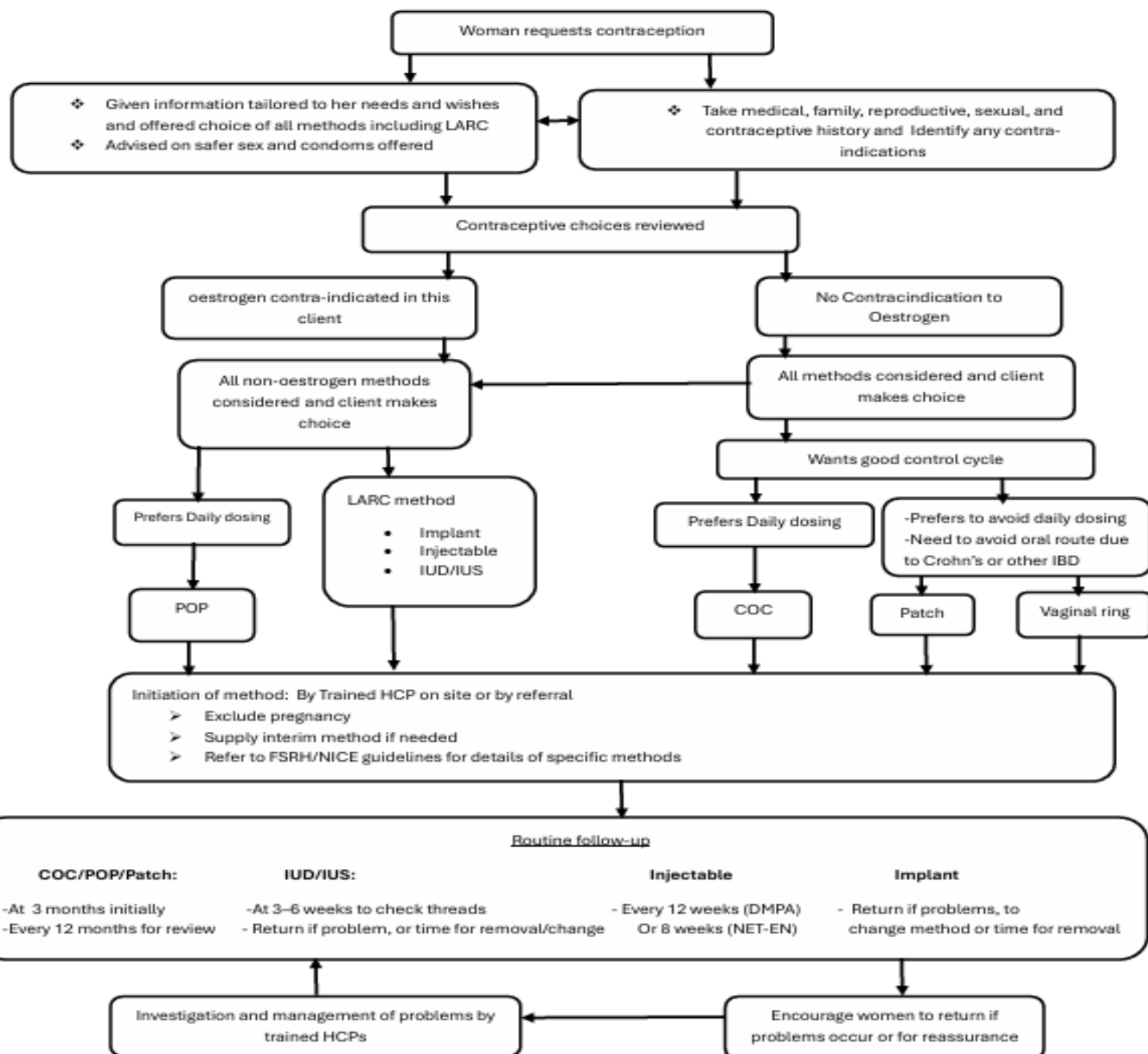
OPPORTUNITIES FOR TALKING ABOUT CONTRACEPTION:

- While taking histories from newly registered patients
- During general health & wellbeing checks
- During health screening or collecting STI testing for men and women
- As part of sex education and sexual health improvement
- When providing travel vaccinations and travel health advice
- When doing pregnancy tests and pregnancy counselling
- When working with new patients

- When prescribing and dispensing teratogenic medications such as Topiramate
- When working with young people
- When making a supply of EHC
- Ccard sign up or supply
- When attending contraceptive clinic

Although healthcare professionals may already be familiar with the patient's history from previous consultations, it is always useful to review the patient's status, including changes to medication, and it should never be assumed that there have been no changes with regard to sexual health or contraception.

CONTRACEPTION FLOW CHART



Contraindication to use Oestrogen containing contraception:

- History of VTE such as DVT or PE
- History of CVA such as Stroke or IHD such as MI
- Uncontrolled Hypertension
- Migraine with Aura
- BMI > 35
- Oestrogen sensitive cancer such as current or previous breast cancer
- Liver disease
- Thrombophilia or SLE with antiphospholipid antibodies
- Epilepsy and taking certain medications
- Smoker aged 35 years and older

POINTS TO CONSIDER IN A CONTRACEPTIVE CONSULTATION

General medical history	Risk factors for CVS disease
Presence/history of Migraines Presence/history of acne Concurrent medications Use of weight loss injections Any purchased supplements e.g. St John's Wort Any known allergies	Patient risk factors for CVS disease • Number of cigarettes per day and date started smoking • History of thrombosis • History of migraine: type and Rx • History of diabetes (including gestational) • History of hypertension/BP (including gestational and controlled) • Weight/height/BMI • Age
Relevant family history	Gynaecological history
Family history of Venous Thrombo-embolism (VTE) in a first degree relative	• Menstrual cycle – length of cycle (min and max), duration of bleeding (min and max) • Presence/history of painful periods, and heavy periods • Presence/history of menorrhagia • Change to recent IMB/PCB • bleeding/intermenstrual bleeding

Obstetric history and pregnancy complications	Sexual History
History of: • Live births/ Abortion • Currently breastfeeding	• History of GBV – sexual abuse, sexual assault, rape, physical abuse, mental abuse, coercive control • Last sexual intercourse in relation to last period • Current contraceptive method • Last STI screening
Safer sex awareness	Screening
Safer sex awareness: • STI/hepatitis/HIV • Alcohol/recreational drugs • IV drugs • Sex with anyone born out with the UK (High risk area)	• Is cervical screening up to date? • History of sickle cell disorder and thalassemia in patient's family
Contraceptive requirements	Reproductive intentions
• Unprotected sex since LMP or in the past 3 weeks • Patient preference for a specific form/brand contraceptive • Specific side effects with previous/current contraceptive	• Importance of patients not being pregnant • Patient spacing their family and no immediate plans for a baby – current recommendation is 12 months between pregnancies • Patient requires long-term contraception • Patient has completed their family

METHODS OF CONTRACEPTION

	Effectiveness	How it Works	Advantages	Disadvantages	Comments
Contraceptive Injection	Perfect use:> 99% effective, Typical use: 96% effective, 4 in 100 injection users get pregnant in a year. Percentage of women experiencing an unintended pregnancy within the first year of use with typical use (4) and perfect use (0.2)	Releases progestogen which stops ovulation, thickens cervical mucus to prevent sperm reaching an egg, and thins uterine lining to prevent fertilised egg implanting.	Lasts 13 weeks (Depo Provera and Sayana Press) or 8 weeks (Noristerat). Non-user dependent (except for Sayana press) Licensed for self-injection May reduce heavy painful periods for some people. Suitable to be used with Weight loss Injections such as Mounjaro	Bleeding may stop, be irregular or last longer, periods and fertility may take time to return after stopping the injection. Some people gain weight. Hormonal side effects such as Headache, Acne, Breast tenderness and mood changes	Can't be removed so any side effects may continue for as long as it works and for some time afterwards. Not affected by other medicines, diarrhoea or vomiting.
Contraceptive Implant	> 99% effective, Percentage of women experiencing an unintended pregnancy within the first year of use with typical use (0.1) and perfect use (0.1)	Small flexible rod put under the skin of the upper arm. Releases progestogen which stops ovulation, thickens cervical mucus to prevent sperm reaching an egg, and thins uterine lining to prevent fertilised egg implanting.	Works for 3 years -can be taken out sooner. When removed fertility return to normal quickly, and periods can take few weeks to few months to return to normal. Suitable to be used with weight loss injections such as Mounjaro	Bleeding may stop, be irregular or last longer. Hormonal side effects. Small procedure to fit and remove it- bruising is common.	Put in using a local anaesthetic- no stiches are needed. Implant can be felt with fingers, but it can't be seen. Some medicines may stop the implant from working.

Intrauterine System (IUS)	>99% effective, Percentage of women experiencing an unintended pregnancy within the first year of use with typical use (0.1-0.4) and perfect use (0.3)	A small T-shaped plastic device put in the uterus. Releases progestogen which stops ovulation, thickens cervical mucus to prevent sperm reaching an egg, and thins uterine lining to prevent fertilised egg implanting.	Works for 3 – 8 years depending on type, can be taken out sooner. Non-user dependent. Periods usually become lighter, shorter and sometimes less painful. When removed fertility will return to normal. Suitable to be used with weight loss injections such as Mounjaro	Irregular bleeding or spotting is common for the 1st 6 months. Periods may stop altogether. Very small chance of infection during the first 20 days after insertion. Some people get ovarian cysts. Insertion procedure can be uncomfortable.	Users taught to check IUS is in place. Check for any existing infections may be advised before an IUS is put in. Not affected by other medicines. If fitted after age 45 the IUS can stay in place until the menopause.
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	Effectiveness	How it Works	Advantages	Disadvantages	Comments
Intrauterine device (IUD)	> 99% effective once fitted, Percentage of women experiencing an unintended pregnancy within the first year of use with typical use (0.8) and perfect use (0.6)	A small plastic and copper device is put into the uterus. Copper is toxic to sperm so egg is not fertilized: may also stop a fertilised egg implanting in the uterus.	Works as soon as it's put in. Works for 5 – 10 years depending on type -can be taken out sooner. Non-user dependent. No hormones. When removed fertility will return to normal. Can be fitted up to 5 days after unprotected sexual intercourse as a form of emergency contraception Suitable to be used with weight loss injections such as Mounjaro	Periods sometimes heavier / longer /more painful. Very small chance of getting an infection during the first 20 days after insertion. Insertion can be uncomfortable.	Users taught to check IUCD is in place. A check for any existing infection may be advised before an IUD is put in. Not affected by other medicines. If fitted after age 40 it can stay in place until the menopause.

Pill/Patch/Ring Combined hormonal contraception (COC)	Perfect use:> 99% effective, Typical use: 93% effective 7 in 100 COC users get pregnant in a year. Percentage of women experiencing an unintended pregnancy within the first year of use with typical use (7) and perfect use (0.3)	Contains estrogen and progestogen: Stops ovulation, thickens cervical mucus to prevent sperm reaching an egg and thins uterine lining to prevent a fertilized egg implanting.	It usually makes periods regular, lighter and less painful. Reduced risk of cancer of the ovary, uterus and colon. Suitable for healthy non-smokers up to the age of 50. When stop fertility returns to normal. May help with premenstrual symptoms and painful periods	Not suitable if VTE risk e.g. BMI>35, smokers aged over 35 including Focal migraine (with aura) Some serious side effects e.g. VTE, breast and cervical cancer. S/E headaches, nausea, mood changes and breast tenderness- usually temporary. Not suitable to be used with weight loss injections such as Mounjaro	Missing pills, vomiting or severe diarrhoea can make it less effective. Some medicines can make it less effective. Breakthrough bleeding and spotting common in first few months.
Progestogen Only Pill (POP)	Perfect use:> 99% effective, Typical use: 93% effective, 7 in 100 POP users get pregnant in a year. Percentage of women experiencing an unintended pregnancy within the first year of use with typical use (7) and perfect use (0.3)	Contains progestogen thickens cervical mucus to prevent sperm reaching an egg, in most cycles it stops ovulation (releasing an egg).	Can be used if oestrogen contraindicated e.g. smoker, BMI>35, aged over 35.	Periods may stop or be irregular, light or more frequent. May be temporary side effects such as acne, breast tenderness, weight change and headaches. May get ovarian cysts. Not suitable to be used with weight loss injections such as Mounjaro	Must be taken at the same time each day. Not effective if taken over 3 hours late (12 hours for pills with Desogestrel) or after vomiting or severe, long-lasting diarrhoea. Some medicines may make it less effective.

	Effectiveness	How it Works	Advantages	Disadvantages	Comments
Male Condom	Perfect use:> 98% effective, 2 in 100 women get pregnant in a year. Typical use: 87% effective:13 in 100 women get pregnant in a year. Percentage of women experiencing an unintended pregnancy within the first year of use with typical use (13) and perfect use (2)	Made of very thin latex (rubber) polyurethane (plastic), or polyisoprene (synthetic latex). Put over the erect penis and stops sperm from entering the vagina.	Free from pharmacies, sexual health clinics, GUM clinics, young people's services, some GP's, and sold widely. Can help protect from sexually transmitted infections. No serious side effects. Additional spermicide is not needed or recommended.	May slip off or split if not used correctly or is the wrong size or shape. The penis needs to be withdrawn from the vagina straight after ejaculation before the penis goes soft, being careful not to spill any semen.	Must be put on before the penis touches a partner's genital area. Oil based products damage latex condoms but can be used with polyurethane condoms. Available in different shapes and sizes. Use extra lubricant when using a condom for anal sex.

Diaphragm/Cap Spermicide	Perfect use: 86% effective if used with spermicide: 16 in 100 women get pregnant in a year. Typical use: 83% effective- 17 out of 100 users will get pregnant in a year. Percentage of women experiencing an unintended pregnancy within the first year of use with typical use (17) and perfect use (16)	A flexible latex or silicone device, used with spermicide, is put into the vagina to cover the cervix. This stops sperm from entering the uterus and meeting an egg.	Only used when you have sex. Can be put in up to 3 hours before sex or earlier if more spermicide before having sex. No serious side effects. Under woman's control.	Extra spermicide is needed if you have sex again. Some people can be sensitive to spermicide. Can take time to learn how to use correctly.	You need to use the correct size. You may need a different size after you've had a baby, miscarriage or abortion or if you have gained or lost more than 7lbs (3KG) in weight. Needs to be left in for 6 hours after sex.
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YOUR GUIDE TO CONTRACEPTION

Clinical guidance document

- **Pharmacy Prescribing Framework** – [Click Here](#)
- **The College of Sexual & Reproductive Healthcare** (CoSRH guidelines) UKMEC eligibility criteria - [Click Here](#)
- **CoSRH** guidelines- [ClickHere](#)
- **West of Scotland Sexual Health** Managed Clinical Network Resources and Guidelines [Click Here](#)

WEIGHT LOSS INJECTIONS AND CONTRACEPTION

There has been a rising trend in using GLP-1 receptor agonists injections to lose weight. These injections work mainly by delaying gastric emptying thus there is a high risk of affecting the absorption of oral contraception and reducing its effectiveness

FSRH stated that:

- The patient should use barrier method such as condom in addition to the pill for 4 weeks from starting Tirzepatide injection (Mounjaro) and for 4 weeks after each dose escalation
- There is still no evidence that other weight loss injections such as Semaglutide reduce effectiveness of oral contraception
- If vomiting occurs within 3 hours or diarrhoea occurs for more than 24 hours, the patient should follow the missed- pill guidance
- Alternative non- oral contraception should be considered such as Implant and IUD
- There are currently no data available regarding the effect of GLP-1 agonists on Emergency contraception. Using Copper Coil is the most effective method.

Please counsel the patient about GLP-1 possible interaction and gastrointestinal side effects [FSRH- Patient information leaflet](#)

For a copy of Your Guide to Contraception poster, please email aa-uhb.shbbv@aapct.scot.nhs.

YOUR GUIDE TO CONTRACEPTION & IT'S EFFECTIVENESS

For more information on contraceptive choices, visit NHS inform by scanning the QR code



IUD
(intrauterine device, coil)



IUS
(Intrauterine system)



Works Really Well
(99.2-99.99% effective)



Contraceptive Implant



Female sterilisation



Vasectomy



Contraceptive Injection



Progestogen-only pill (POP, mini pill)



Works Pretty Well
(91-94% effective)



Combined Pill



Vaginal Ring



Contraceptive Patch



Diaphragm



(82-88% effective at preventing pregnancy)

Condom



Works OK

Condoms are the best protection against STI's



Natural family planning (fertility awareness) (76-78% effective at preventing pregnancy)



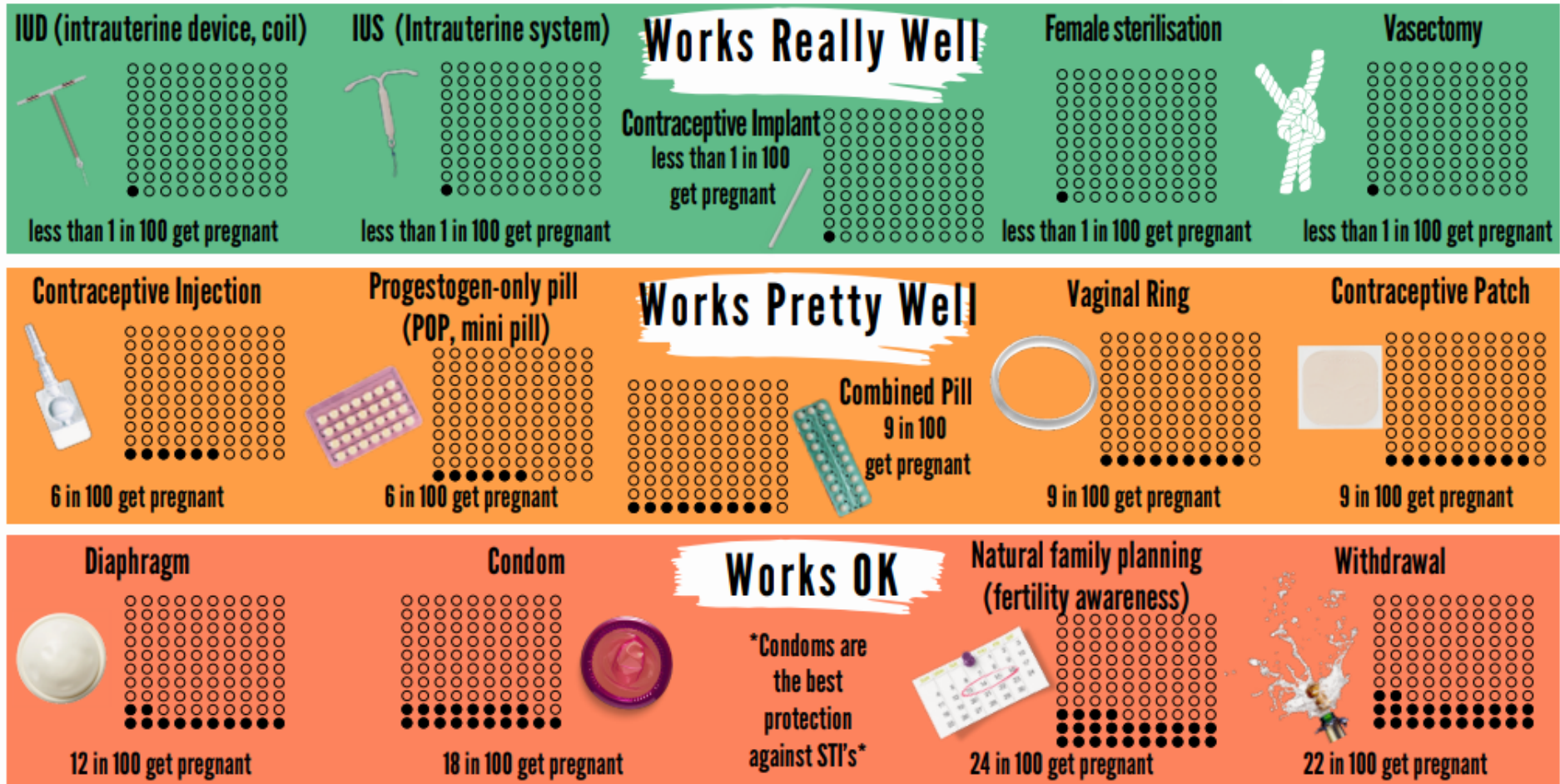
Withdrawal



HOW EFFECTIVE IS YOUR CONTRACEPTION?

Out of 100, how many women would get pregnant within one year if using the contraceptive method typically:

For more information on contraceptive choices, visit NHS inform by scanning the QR code



NHS A&A formulary choices for COC

IT IS THE RESPONSIBILITY OF THE INDIVIDUAL TO ENSURE THEY ARE USING THE MOST UP TO DATE INFORMATION [Click Here](#)

1st line: brands containing

Ethinyl estradiol 30mcg and Levonorgestrel 150mcg (Rigevidon, Levest)

Joint Formulary updated June 2025

- **Monophasic low strength (21-day preparations)**

(NB: low strength monophasic COCs are considered second line agents as breakthrough bleeding is more common than with standard strength monophasic COCs) 1 Gedarel 20/150® (ethinylestradiol 20mcg with desogestrel 150mcg) tablet

- **Monophasic standard strength (21-day preparations)**

(NB: Monophasic standard strength COCs are considered first line agents)

1 Levest® (ethinylestradiol 30mcg with levonorgestrel 150mcg) tablet

1 Rigevidon® (ethinylestradiol 30mcg with levonorgestrel 150mcg) tablet

2 Brevinor® (ethinylestradiol 35mcg with norethisterone 500mcg) tablet

- **Monophasic standard strength (28-day 'Every day' preparations)**

1 Microgynon 30 ED® (ethinylestradiol 30mcg with levonorgestrel 150mcg) tablet

2nd Line: There is little evidence to differentiate between brands, therefore it is a matter of clinical judgement and personal choice which oral contraceptive is prescribed (Yasmin is non formulary due to price). There is no evidence to support the use of biphasic or triphasic preparations.

Pills with Norethisterone and Levonorgestel have a lower risk of venous thromboembolism than those containing Desogestrel and Gestodene.

Pills with 20 micrograms of ethinylestradiol may give less margin for error if they are not taken correctly. Unscheduled bleeding is more common with low strength oral preparations. They also have reduced oestrogen related side-effects, such as acne, nausea and breast tenderness

NHS A&A formulary choices for POP

Oral progestogen-only contraceptives

1 Noriday® (norethisterone 350 mcg) tablet

1 Norgeston® (levonorgestrel 30 mcg) tablet

2 Cerelle® (desogestrel 75mcg) tablet

INITIAL APPOINTMENT – PATIENT HISTORY

COMMUNITY PHARMACY – SEXUAL HEALTH PROGRAMME

Personal Information			
Name:	Date of Birth/CHI: Age:		
Address:	Contact Number: Consent to be phoned: Yes ☐ No ☐		
GP:	GP Address:		
Medical and Family History			
Allergies	None ☐	Details:	
Non Smoker ☐	Smoker/ Vaping ☐	Smoking cessation offered Yes/No	Alcohol units:
Medical Conditions	None ☐	Migraine with aura ☐	Hypertension CVD ☐ VTE ☐
	Liver diseases ☐	Diabetes ☐	Epilepsy ☐ Breast Cancer ☐
	GB conditions ☐	Thrombophilias ☐	SLE with antiphospholipid antibodies ☐
	Other:		
Significant Family History	None ☐	Cardiovascular ☐	Stroke ☐ Breast Cancer ☐
	DVT ☐	Diabetes ☐	MI ☐
	Other:		
Medication	None ☐	Details	
BP: mmHG	Height: m	Weight: Kg	BMI:

Reproductive Health				
Menstrual Period Cycle/Length:		Date of Last Monthly Period:		
Date of Last Smear Test:		Details		
Risk of Pregnancy	Pregnancy Test Offered ☐	Result: +ve ☐ -ve ☐		
Pregnancy History Details	Live Births n =	Ectopic ☐		
Date of last delivery:		Breastfeeding ☐		
STI History				
CHL/GC Screening ☐	Date:	Result: +ve ☐ -ve ☐		
Other STI Testing:				
Treatment Details:				
Contraceptive History				
Type of Contraception:	Current:	Previous:		
Any Problems?				
Counselling				
Contraceptive cover ☐	Risks of VTE/Side effects ☐	Compliance issues ☐	Missed pill ☐	Sickness/diarrhoea ☐
LARC offered ☐	Details:			
Details of Prescription Given:				
Patients Signature:		Pharmacist Signature:		
Date:		Date:		

REPEAT PRESCRIPTION FORMS

REPEAT PILL PRESCRIPTION

Personal Details			
Patients Name:		Contact No:	
Address:	DOB/CHI:	Age:	
	BP:	Wt:	
		Ht:	
		BMI:	
GP Name & Address:			
Prescription Details			
Any Change to Medical History?			
Any New Medication?			
Periods length:	Cycle:	Date of LMP:	
Any Problems?			
Happy to continue? ☐	Smear up-to-date? ☐	CHL/GC screening ☐	
Medication prescribed:			
Quantity:	Batch Number:	Expiry Date:	
Counselling ☐	Details:		
GP Emailed: ☐		Claimed: ☐	
Patients Signature: Date:		Pharmacist Signature: Date:	

REPEAT CONTRACEPTION INJECTION PRESCRIPTION

Personal Details					
Patients Name:			Contact No:		
Address:			DOB/CHI:		Age:
			BP:		Wt:
					Ht:
					BMI:
GP Name & Address:					
Prescription Details					
Any Change to Medical History?					
Any New Medication?					
Bleeding Pattern:		Amenorrhoea ☐ Light Bleeding ☐ Troublesome bleeding ☐			
Any Problems?					
Weeks since last injection:					
Happy to continue? ☐		Smear up-to-date? ☐		CHL/GC screening ☐	
Medication prescribed:	Batch Number:	Expiry Date:	Date of next Injection:		
Injection site:					
Buttock R ☐ L ☐		Thigh R ☐ L ☐		Deltoid R ☐ L ☐	
Abdomen R ☐ L ☐					
Counselling ☐		Details:			
GP Emailed: ☐			Claimed: ☐		
Patients Signature:			Pharmacist Signature:		
Date:			Date:		

REPEAT SAYANA PRESS PRESCRIPTION

Personal Details			
Patients Name:		Contact No:	
Address:		DOB/CHI:	Age:
		BP:	Wt: Ht:
		BMI:	
GP Name & Address:			
Prescription Details			
Any Change to Medical History?			
Any New Medication?			
Bleeding Pattern:	Amenorrhoea ☐ Light Bleeding ☐ Troublesome Bleeding ☐		
Any Problems?			
Date of last injection:		Weeks since last injection:	
☐ Happy to continue?	☐ Smear up-to-date?		☐ CHL/GC screening
Medication prescribed:			
Batch Number:		Expiry Date:	
Site of injection: Thigh R ☐ L ☐ Abdomen R ☐ L ☐			
Patient is happy to self-inject: ☐ First self-injection was observed, and patient was found to be competent: ☐ Date of next injection:		Patient Leaflet provided: ☐ Sharp Box provided : ☐ Quantity provided:	
Date of Annual review:		GP Emailed: ☐	
GP Emailed: ☐		Claimed ☐	
Patients Signature: Date:		Pharmacist Signature: Date:	

SEXUALLY TRANSMITTED INFECTIONS (STI'S)

Sexually Transmitted Infections (STIs) are infections that are primarily spread through sexual contact. They can affect anyone who is sexually active and, if left untreated, may lead to serious health consequences. Regular screening and testing and antibiotic treatment are key to prevention and cure.

Community pharmacies play an important role in increasing awareness, supporting prevention, and providing access to testing and treatment.

Chlamydia and Gonorrhoea testing kits are available from the SHBBV Public Health team. The SLA must be signed before these are ordered. Pharmacies can order a stock of 3 kits to hold in their pharmacy by emailing aa-uhb.shbbv@aapct.scot.nhs.uk.

For more detailed information, please visit the [SHAYR](#) website

CHILD PROTECTION CONCERNS – WHERE TO GO FOR HELP

If you have an immediate concern about a child's safety, please contact the police without a delay. Otherwise, if you have any child protection questions or if you are worried that a child is experiencing, or is at risk from any harm, then you can get advice from Child Protection Teams. Each area has its own child protection team, and they can be contacted using the details below: -

- **South Ayrshire**

Social Work Child Protection Services on call [01292 288645](tel:01292288645)
or email InitialResponseTeam@south-ayrshire.gov.uk

- **North Ayrshire**

Child Protection Services [01294 310 300](tel:01294310300)

- **East Ayrshire**

Social Work Service on 01563 554 200 (Kilmarnock)

01290 427 720 (Cumnock).

Out of normal office working hours you can call 0800 328 7758.

- Or Contact the Child protection Advisors on [01563 826 001](tel:01563826001) or via email: aa.Clinical_ChildProtection_HealthTeam@aapct.scot.nhs.uk

The Ayrshire Out of Hours Social Work Service is a team of social work professionals who provide a social work service out with normal office hours and during public holidays to the whole of Ayrshire & Arran.

Ayrshire Urgent Care Service: 0800 328 7758

Note: The Emergency Out Of Hours Social Work Service is available after 5pm until 9am, Monday to Thursday and after 4pm on Friday until 9am on Monday (throughout the weekend). It is also available during public holidays. You will be put through to the Ayrshire Social Work out of Hours Response Service. A qualified Social Worker will assess the circumstances referred.

TRAINING COMPETENCIES

Mandatory Training	Aim/Objective	Signed off by
TURAS Modules Sexual Health Module 1:- Introduction to sexual health: Healthy Relationships Module 2:- Introduction to sexual health: Contraception Module 3:- Introduction to sexual health: Sexually transmitted infections (STIs)	Complete Module	Once module is completed you will be issued with an electronic certificate.
TURAS Modules Child Protection, via: Once for Scotland : child protection and adult support and protection Turas Learn	Complete all modules Complete MCQ assessment on Child Protection	Once module is completed you will be issued with an electronic certificate.
Sayana Press Training in practice	Watch Sayana Press teaching video on SHAYR. Via: Contraception - Sexual Health Ayrshire Shadowing a Sayana Press clinic is also available. Further information on where to access shadowing can be found by emailing: aa-uhb.shbbv@aapct.scot.nhs.uk or aa.cpteam@aapct.scot.nhs.uk	Self-certify competence.

Suggested Training	Completion	Signed Off By
Anaphylaxis Training – Available on Turas NES At present community pharmacists do not have access to learnpro. Until a more formal training pack exists pharmacists can use the resus.co.uk website for information. There are also training videos available on the Emeralds, Epipen or Jext websites.		
Ccard Training The Ccard training video is available to view and complete, the training video includes a sex in the law and STI quiz. The training will last around 1 hour. This training will allow you to become a sign-up facilitator for the Ccard scheme, as well as being a distribution point. To gain access for the video please contact the community pharmacy team via this email: aa.cpteam@aapct.scot.nhs.uk	Once you have completed the Ccard training please email the public health SH team on aa-uhb.shbbv@aapct.scot.nhs.uk to confirm you have completed the training. They will provide information on how to order a stock of condoms for the service. Once you have ordered, your pharmacy will be included on the www.shayr.com website indicating that you are now a sign up and distribution point for the Ccard scheme.	Public Health SHBBV team
Chlamydia & Gonorrhoea Testing All pharmacists can offer Chlamydia and Gonorrhoea testing. Training for the use of these kits can be arranged via the community pharmacy team by emailing aa.cpteam@aapct.scot.nhs.uk. Although instructions for pharmacists as well as patients are included within the kits.	Once received training from Community Pharmacy team. Please contact the public health sexual health team by emailing aa-uhb.shbbv@aapct.scot.nhs.uk to order a supply of testing kits.	Community Pharmacy Team

SELF-CERTIFICATION OF COMPETENCE: ENHANCED SEXUAL HEALTH TRAINING COMPLETION (FOR NEW PHARMACISTS)

Pharmacist Name: _____

Pharmacy Name: _____

This form serves as confirmation that the clinical pharmacist named above has completed the required training modules related to sexual and reproductive health and Sayana Press administration and counselling and related safety protocols.

Training Requirement	Completed (✓)	Date Completed	Verified by Supervisor (Initials) if applicable
Sexual and Reproductive Health module on TURAS (Unit 1, 2 and 3)	☐		
Watched Sayana Press administration video on SHAYR	☐		
Completed Child Protection online training	☐		
Completed Anaphylaxis Training	☐		
Ccard Training	☐		
STI Testing Training	☐		

Signature: _____

Date: _____

SELF-CERTIFICATION OF COMPETENCE FOR NEW & EXISTING PHARMACISTS (TO BE COMPLETED EVERY 2 YEARS)

Community pharmacy – Enhanced sexual health provision competency declaration

This form must be completed by all Independent Prescribers/Pharmacists who are working within a confirmed enhanced sexual health pharmacy.

This should be completed prior to commencing the delivery of the enhanced services, and every 2 years from then.

By completing this declaration, I certify that:

1. I have reviewed and familiarised myself with the Community Pharmacy Enhanced Sexual Health Service Toolkit and associated guidance. ☐

2. (i) New Enhanced services to complete

I confirm that I have attended shadowing for administration of Sayana Press and feel competent to deliver this. ☐

Date of attending for shadowing: _____

Location of shadowing: _____

OR

I confirm that I was offered the opportunity to shadow administration of Sayana Press but did not feel I required this. I feel competent to deliver this. ☐

- (ii) Existing Enhanced services to complete

I confirm that I have been delivering the service and administration of Sayana Press and feel competent to deliver this. ☐

3. I confirm that I have the claim form and know how to submit monthly claims for delivering the service. ☐

4. I have the knowledge and skills to deliver the service safely and effectively. ☐

5. I am operating within my professional sphere of competence. ☐

6. My Basic Life support and Child Protection/Safeguarding training are up to date. ☐

7. I self-certify that I am competent to deliver the enhanced sexual health service within community pharmacy. ☐

Pharmacist Name: _____ Signature: _____

Job Title: _____ Date: _____

Pharmacy Name & Contractor Code: _____

CASE STUDIES

Case Study 1

Hannah, 30-year-old, had her second baby, Jamie, three weeks ago. Prior to her pregnancy she was taking a COC. She is currently breastfeeding Jamie and hopes to continue until he is six months old. She does not wish to become pregnant again in the near future and so is anxious to restart her oral contraception. Hannah has been prescribed Cerazette/Desogestrel by her GP.

Question 1a - Hannah is concerned that the new pill may affect her milk or be harmful to Jamie. She is also unsure of when to start taking it. What advice can you provide?

Question 1b – Hannah is concerned that she may forget to take her pill. What advice should you give about missed Cerazette/Desogestrel pills? How does this differ from other traditional POPs?

Case Study 2

Tasmin was prescribed the COC Femodette/Millinette a few months ago. Tamsin would like you to clarify a few concerns. Her friends have been telling her horror stories of women becoming pregnant due to being sick or missing pills in their cycle. This has made her very worried and when she looked at the leaflet in the pack of tablets she was overwhelmed by all the information.

Question 2a - What resources can you use to help Tasmin with her concerns about the COC?

Question 2b - Using the BNF or CoSRH clinical guidance, what advice can you give Tamsin on missed COC pills?

Question 2c – Using the BNF and the CoSRH clinical guidance, what advice would you provide in relation to experiencing diarrhoea and/or vomiting while taking the COC?

Case Study 3

Melanie has just been prescribed Qlaira for the first time. She currently takes the progestogen only contraceptive pill, Noriday and is enquiring about how to take her new medication.

Question 3a – Using the BNF and the SPC for Qlaira what advice should be given to Melanie with respect to her new therapy?

Question 3b – Using the BNF and the SPC for Qlaira what advice should be given to Melanie about missed tablets?

Case Study 1

- 1a. The POP will not cause a reduction in lactation and although the hormone enters breast milk in small amounts, it is not known to be harmful to the baby.
- Cerazette/Desogestrel is a POP and can be started up to and including day 21 postpartum with no additional contraception being required. If started after this time, condoms or abstinence are advised for 48 hours.
 - For non-breastfeeding women, POPs can be started up to and including day five of the normal menstrual cycle, providing immediate contraceptive protection. After this time condoms or abstinence are advised for 48 hours.
- 1b. If Hannah missed one of her Cerazette/Desogestrel pills, she should take one as soon as she remembered and then continue to take the next pill at the correct time. If the omitted pill was more than 12 hours late, she will not be protected and another method of contraception such as condoms should be used for the next 2 days

Case Study 2

- 2a. Tamsin may need reassurance to help her confidence in managing her pill correctly.
- You should check what additional supporting guidance or literature she received at her initial consultation with her GP. If required, you may choose to direct Tamsin to the NHS Inform website for method specific information
 - Offer to go through the PIL for Femodette/Millinette with her at a mutually convenient time.
 - Check if Tamsin is due to be reviewed by her GP after three months of therapy. She may also be able to have further discussions with her GP at the review appointment or if she attends your pharmacy run clinic you have the further discussion then.
 - It might be a good opportunity to counsel the patient about LARC if she was concerned about remembering to take her pill every day.
- 2b. The crucial time is when the pill is omitted at the beginning or end of the cycle, thus increasing the pill free interval.
- If taken 24 or more hours late, it is a “missed pill”. If the woman has missed only one COC pill, she should take an active pill as soon as she remembers and then continue to take the pills as normal. No additional precautions are necessary.
 - If a woman misses two or more pills, particularly if these are in the first seven in the packet, she may not be protected. She should take an active pill as soon as she remembers and then resume normal pill taking. The woman should use an additional method of contraception, such as a condom, or abstain from sexual intercourse for the next seven days. If these seven days extend beyond the end of the tablets in the packet, the next packet should be started at once, omitting the pill free interval.

- 2c. If the woman vomits within 2 hours of taking a pill, it will not have been completely absorbed, and another tablet should be taken as soon as possible. If the woman does not vomit again, the efficacy of the contraceptive pill should not be affected.
- In the case of persistent vomiting or severe diarrhoea lasting more than 24 hours, additional precautions such as a barrier method of contraception should be used both during, and for seven days after recovery.
 - If the vomiting and diarrhoea occur during the last seven tablets of the pack, the next pill-free interval should be omitted, and a new pack of tablets should be started.

Case Study 3

3a. When changing from a progestogen-only pill to Qlaira, Melanie may switch on any day but must use a barrier method of contraception for the first 9 days of tablet taking.

- If Melanie had used no hormonal contraception in the last month, she would have been advised to start Qlaira on the first day of her menstrual bleeding, with no need for additional contraceptive cover.
- If Melanie had been using another COC, e.g. Microgynon, she would have been advised to start Qlaira on the day after the last active Microgynon tablet. In this situation, no additional contraceptive cover is required.

3b. Discard any missed placebo (white) tablets to avoid confusion.

- If <12 hours late in taking any active tablet, contraceptive protection is not reduced. Take the tablet as soon as you remember and take the further tablets at the usual time.
- If >12 hours late in taking any active tablet, contraceptive protection may be reduced. You should take the last missed tablet as soon as you remember, even if this means taking 2 tablets at the same time. Take further tablets at the usual time.
- Depending on the day of the cycle on which the tablet has been missed, back-up contraceptive measures (e.g. barrier method such as a condom) should be used (see scenario 2 answers).

Scenario 1

Miss T comes into the pharmacy to attend a pharmacy led clinic. She has recently started taking a POP and has been suffering from irregular bleeding. She is going on holiday within the next fortnight and has heard from a friend that you can take medication that prevents you from bleeding during a holiday. She wants to know if this is correct and if you can prescribe her the tablets?

A side effect of POP tablets can be irregular bleeding, especially within a few months of starting them so you would reassure Miss T that this will probably settle with time. A common way to prevent unwanted bleeding for a holiday or major event is to give a COC and advise them to take them back-to-back without having a pill-free interval, or if using Microgynon ED then by not taking the placebo tablets. However, Miss T is unable to take a COC and has been prescribed a POP for this reason. Another way to prevent unwanted bleeding is to prescribe norethisterone 5mg tablets, one tablet three times daily starting three to four days before leaving for holiday and continuing until the holiday ends. However, norethisterone is partly metabolised to Ethinyloestradiol and should be avoided in women with risk factors for thromboembolism.

If someone is unable to take an oestrogen, due to an increased risk of thromboembolism, then it is possible to take Medroxyprogesterone acetate as an alternative to norethisterone. However, this is an unlicensed indication and there is no clear guidance on the recommended dose, but it can be given as 10mg, two to three times daily.

It has to be remembered that norethisterone 5mg and Medroxyprogesterone acetate 10mg do not provide contraceptive cover, so contraception must be taken along with either of these medicines.

Scenario 2

Ms R attends your contraceptive led clinic for her depot injection. You discover during the consultation that her last depot injection was over 14 weeks ago. Can you give her the injection?

The manufacturers of Depo-Provera and Sayana Press recommend that they should be injected every 12 weeks and 13 weeks respectively, to maintain contraceptive efficacy. However, according to the CoSRH guidelines, it is recommended that women should be advised to return every 13 weeks for depot injections, but they can be given up to 14 weeks without the need for additional contraceptive precautions. If anyone presents at the clinic that is over 14 weeks, then pregnancy would need to be excluded. If they had unprotected sexual intercourse any time after the 14 weeks until seeing you then there is a risk of pregnancy. If UPSI occurred less than 5 days ago EC could be given and a bridging method following EHC guidance regarding 120 hour delay of commencing hormonal contraception if UPA is used. If

a bridging method is unacceptable then the injection can still be given. If UPSI occurred more than five days ago but less than three weeks ago then EC would not be appropriate, but the injection could be given if a bridging method is unacceptable. If UPSI occurred more than 3 weeks ago then a pregnancy test can be carried out and if negative an injection given.

Ms R had not had unprotected sexual intercourse so the injection could be administered but they would need to be counselled on the need for them to use additional contraception for seven days after the injection.

Scenario 3

Miss B attends your pharmacy led contraceptive clinic for the first time and says that she wants to start on the COC that she used to take years ago. Would you prescribe this for her?

You would need to carry out an assessment, like you would for any new patient, to make sure that whatever you prescribe is suitable for them. Just because the patient has had the medication in the past does not always make it suitable for them now. A contraceptive consultation must include taking a thorough medical history and should include details about the patient such as:

- Age
- Weight - for BMI calculation
- Height -for BMI calculation
- Current/Past contraception
- Current Medication including OTC
- Medical conditions e.g. hypertension, diabetes, migraine, acne, breast cancer, history of thrombosis
- Gynaecological history e.g. patient's cycle and any irregular bleeding
- Relevant family history e.g. CVD, hypertension, Stroke, DVT or PE, breast cancer
- Allergies
- STI status
- Smoking status
- Alcohol status

Upon carrying out this consultation you discover that Miss B has a BMI of 35. Would you prescribe a COC?

The CoSRH guidelines for prescribing of a COC categorise a BMI of 35 and above as a UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) category 3, which means that the risks usually outweigh the benefits of using the method. Therefore, a COC should not be prescribed in a pharmacy led clinic for this woman and an alternative form of contraception such as progestogen-only pill or depot injection should be offered. If the patient is unhappy with this decision they could be referred to a specialist contraceptive provider.

Scenario 4

Ms K, who is 26 years old attends your pharmacy to receive another supply of her COC. She has been on the same pill for a number of years with no problem, but during the consultation she mentions that she has been having irregular bleeding and also an unusual discharge. Would you make your normal supply?

Upon questioning Ms K, you discover that she has recently started seeing a new partner and they have had unprotected sexual intercourse. You question her about the type of discharge and discover that it has a strange smell and that it is sometimes uncomfortable during intercourse. You recommend that the patient gets tested for an STI as a precaution and you tell them that you provide a chlamydia/ gonorrhoea testing from your pharmacy, and you explain how this is carried out. You also recommend that the partner gets tested. You should also advise the patient that they need to avoid sexual intercourse including oral sex with anyone until they have had the results back and been treated, if positive.

You would also make a supply of her normal contraceptive as long as it is still suitable i.e. no changes to health that would contradict its use since the last supply. You would also recommend the use of condoms to reduce the chances of contracting any sexually transmitted infections in the future. You could ask if the patient has signed up for the C-Card scheme (if available within your health board) which lets them obtain free supplies of various types of condom.

Scenario 5

Miss P, a 19-year-old woman, attends the sexual health clinic to get her second depot injection. During the consultation you discover that she has been experiencing some irregular bleeding. What would you advise?

You explain that irregular bleeding is common with the first injections but that it will hopefully settle down over time and normally bleeding will stop altogether. You advise her to continue with the depot injection and see if it improves after this injection.

Upon further questioning about any changes to medication or health you discover that she has been feeling a bit down and so she has been taking tablets that her mum got from the health shop. Upon asking what the tablets are you discover that she has been taking St John's Wort. What should you advise?

St John's Wort is an inducer of some cytochrome P450 enzymes and this results in certain drugs, including oral contraceptives and the contraceptive implant, being metabolised more quickly resulting in a lower therapeutic effect. Depot injections are not affected by this and are therefore safe to give to someone taking St John's Wort. Therefore, you would advise Miss P to continue with the St. John's Wort if they are helping and reassure her that they do not interact with her depot.

Scenario 6

Miss S comes into your pharmacy and asks for a private word. You take her into your consultation room and she tells you that she has been diagnosed in the past with Type 1 genital herpes and was given tablets for it by the sexual health clinic. She tells you that she has the infection again and wants to know if you can prescribe the same tablets.

Genital herpes is caused by one of two viruses – HSV-1 and HSV-2. Most of Genital herpes infections are caused by HSV type 2 but could be caused by type 1 as well. The main symptoms of genital herpes are itching, tingling and discomfort in the area affected. Flu-like symptoms may also be present during the first attack. Blisters, spots or red bumps are also present on affected skin and these are normally painful and will eventually burst and form sores or ulcers. The first outbreak normally lasts 2 to 3 weeks. Subsequent outbreaks are normally shorter, not as severe and less frequent because the body has developed antibodies against the virus.

The first episode of genital herpes (Type 1 or 2) is normally treated using antiviral tablets. However, subsequent outbreaks are not normally treated with antiviral tablets as they clear up quickly without treatment. Repeated courses or prophylactic treatment could be offered for patients with significant recurrences. Self-help advice should be given to the patient on how to relieve the symptoms, such as

- Take a painkiller if required e.g. paracetamol or ibuprofen
- Apply a local anaesthetic ointment e.g. lidocaine 5% which can be bought from the pharmacy or prescribed.
- Apply Vaseline to the sores to keep them moist.
- Keep the area clean by washing once a day and bathing with a salt solution (1 teaspoon to 1 pint of water) can help soothe the area.

Miss S has been diagnosed with HSV-1 and this is not her first episode so your best course of action would be to give her some self-help guidance and if these suggestions don't help or the infection doesn't clear up within the next week, advise her to go and see her GP.

REFERRAL PATHWAYS

- Sexual Health Clinics:
 - The Gatehouse, Ayrshire Central Hospital, Irvine KA12 8SS
 - The Gatehouse, North Ayr Health Centre, Glenmuir Place, Ayr, KA8 9RS
 - Sexual Health, Central Clinic, Old Irvine Road, Kilmarnock, KA1 2BD
 - East Ayrshire Community Hospital, Ayr Road, Cumnock KA18 1EF.
 - [For more information visit shayr.com](http://shayr.com)
- For professional advice, pharmacists could email the clinical mailbox for the sexual health clinic: aa.clinical_SexualHealth_ACH@aapct.scot.nhs.uk
- Condoms can be ordered directly via Pasante by emailing sales@pasantehealthcare.com. If pharmacists require information on how/what to order, they can contact aa-uhb.shbbv@aapct.scot.nhs.uk
- Supplies of Chlamydia/Gonorrhoea test kits can also be obtained by emailing aa-uhb.shbbv@aapct.scot.nhs.uk

PAYMENT CLAIM FORM FOR ENHANCED SERVICES

Pharmacies can claim for services delivered through the enhanced pharmacy service.

A claim form should be completed and returned each month. This claim form is shared with all new enhanced services at time of sign up, but additional copies are available by emailing the public health SH team on aa-uhb.shbbv@aapct.scot.nhs.uk or the aa.cpteam@aapct.scot.nhs.uk

Any queries relating to claiming should be directed to aa-uhb.shbbv@aapct.scot.nhs.uk in the first instance.