**Bridging contraception in community pharmacies**

**Guidance for GP practices**

Executive summary

* From 9th November 2021, community pharmacies can supply a temporary 3 month supply of desogestrel as “bridging contraception”.
* This service is not intended to replace existing services providing contraception, but to widen access and bridge the gap between EHC and longer term contraception, reducing the risk of unplanned pregnancy.
* Available to individuals between 13 and 55 years of age, where clinically appropriate.
* Patient will be advised to contact their own GP practice / local Sexual Health Service for ongoing contraception following this supply.

Background

The Women’s Health Plan, published by the Scottish Government in August 2021 included a commitment to improve access to contraception services. Research shows that across the UK 37% of women cannot access contraception services locally.[[1]](#footnote-1) In 2020, 13,815 terminations of pregnancy were recorded in Scotland (13.4 per 1000 women aged 15-44).[[2]](#footnote-2)

Bridging contraception in community pharmacies

From 9th November, community pharmacies will be able to offer individuals a temporary 3-month supply of desogestrel (progestogen-only pill) during an EHC consultation, if clinically appropriate to do so. They will also be able to offer a temporary supply out with EHC consultations, if an individual requests advice and a supply of contraception.

This approach is not intended to replace existing services currently providing contraception, but is to widen access and bridge the gap between EHC and use of longer term contraception, therefore minimising the risk of unplanned pregnancy

Patient eligibility

This service is available to individuals aged over 13 years and under 55 years at risk of pregnancy, if clinically appropriate. The person must also be registered with a GP practice in Scotland.

Product supplied

A national Patient Group Direction (PGD) has been developed for the supply of desogestrel POM pack by community pharmacists. In accordance with the PGD, the pharmacist can supply:

* a 3 month supply of desogestrel 75 microgram Film-coated Tablets, 84 tablets (3 x 28)

Using the PGD and a proforma questionnaire, the pharmacist takes a patient history to ensure that they have sufficient information to assess the appropriateness of the supply.

Pharmacists must ensure, where appropriate, that the patient is signposted to information on other sexual and reproductive health matters and related topics, including the promotion of long-acting contraception and the prevention and screening of sexually transmitted infections.

Service procedure

Pharmacists follow the procedure detailed below:

a) Supply following an EHC consultation

* Following on directly from an EHC consultation, the pharmacist informs the patient of the availability of bridging contraception and, using the PGD and desogestrel proforma questionnaire, establishes whether a 3 month supply of desogestrel would be appropriate. This consultation should use the patient history taken during the EHC consultation and consider any contra-indications, previous use and current medication to ensure the supply is safe and appropriate.
* The patient is counselled on the use of desogestrel and advised at what point following EHC the desogestrel should be taken. This will vary depending whether the EHC supply is levonorgestrel or ulipristal acetate.

b) Standalone supply – where no EHC consultation is required

Where a patient requests a supply of contraception, the pharmacist informs the patient of the availability of bridging contraception and undertakes a desogestrel consultation, using the PGD and desogestrel proforma questionnaire, to establish whether a 3 month supply of desogestrel would be appropriate. This consultation should take the patient’s details and consider any contra-indications, previous use and current medication to ensure the supply is safe and appropriate.

In both circumstances, the patient will be reminded that it is their own responsibility to contact their GP practice as soon as possible should they wish to continue this medication or seek an alternative contraceptive

Actions for GP Practices

GP practices will wish to update medical records on receipt of notification from a community pharmacy that a 3-month supply has been made. Individuals who have received a 3-month supply may contact their GP practice to request subsequent prescriptions or an appointment to discuss alternative longer term contraception options.

The table below provides a summary of actions that may be required of GP practices in respect of bridging contraception:

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| --- | --- |
| *Event* | *Action by GP practice* |
| Community pharmacy sends notification form to GP practice that 3-month supply of POP has been made to named patient, and/or a copy of the prescription form.  This notification will normally either be via email to the practice’s mailbox or a physical copy sent to the practice. | Update patient records through normal processes. |
| Following a supply of POP from their pharmacy, patient may contact GP practice to request ongoing contraception. | GP practice normal process when a patient requests ongoing contraception. |
| Following a supply of POP from their pharmacy, patient may contact GP practice to discuss contraception options or request another type of contraception. | GP practice normal process. |

It is recommended that you discuss the contents of this letter with your local cluster of practices and community pharmacies to help develop a deeper understanding of how this service works. Agreeing a process which works for everyone will help ensure a consistent and efficient patient journey.

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1. The Royal College of Obstetricians & Gynaecologists (RCOG) (2019) Better for Women, p.38 [↑](#footnote-ref-1)
2. Public Health Scotland (2021) Termination of pregnancy statistics 25 May 2021 - Data & intelligence from PHS (isdscotland.org), A National Statistics publication for Scotland [↑](#footnote-ref-2)