

## PHARMACY ENHANCED SERVICE: CONTRACEPTION

**Please can you complete and return to [Contact] via email at [Contact's Email] at your earliest convenience**

Personal data will not be shared with Organon or any other 3<sup>rd</sup> parties

**Pharmacy:** .....

**Date:** .....

**Name, position and email address of person who has completed the form**

.....

1. Does your pharmacy currently provide emergency contraception?  Yes |  No
  
2. Does your pharmacy currently provide over the counter contraception?  Yes |  No
  
3. Has your pharmacy been commissioned in the past or is currently commissioned to provide a contraceptive service?  Yes |  No
  
- 3a. If so, what of the following has been/is provided?
  - Condoms  Yes |  No
  - POP (progestogen-only-pill)  Yes |  No
  - COC (combined oral contraceptive pill)  Yes |  No
  - Contraceptive injection  Yes |  No
  - Other (please specify) .....

- 3b. Was/is this part of the NHS Pharmacy Contraception Service?  Yes |  No
4. Would your pharmacy be interested in providing contraception as an enhanced service?  Yes |  No
5. Which Tier/s of provision would your pharmacy be interested in providing (see description below)
- Tier 1 - Access to Ongoing Management of Oral Contraception  Yes |  No
  - Tier 2 – Initiation of oral contraception via a community pharmacist  Yes |  No
  - Tier 3 – Ongoing management of Long-Acting Reversible Contraceptives (LARCs, such as implants, vaginal rings, injections, patches)  Yes |  No
  - Tier 4 – Initiation of LARCs via a community pharmacist  Yes |  No
6. Which tier/s do you feel that you have the capacity (pharmacist and consulting room space) to deliver this service?
- Tier 1 - Access to Ongoing Management of Oral Contraception  Yes |  No
  - Tier 2 – Initiation of oral contraception via a community pharmacist  Yes |  No
  - Tier 3 – Ongoing management of Long-Acting Reversible Contraceptives (LARCs, such as implants, vaginal rings, injections, patches)  Yes |  No
  - Tier 4 – Initiation of LARCs via a community pharmacist  Yes |  No

7. How many of your pharmacists would like to be trained in delivering contraception? (Please ensure that you have read and fully understand the commitment to deliver this service. This can be found in the service specification which can be provided by your local commissioner).

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Please give the names and email addresses (if you have permission to share) of those pharmacists who would like to be trained;

Name..... Email Address.....  
Tier that they would like to train to.....

Name..... Email Address.....  
Tier that they would like to train to.....

Name..... Email Address.....  
Tier that they would like to train to.....

Name..... Email Address.....  
Tier that they would like to train to.....

Name..... Email Address.....  
Tier that they would like to train to.....

8. When would the contraception service be available?

- Always when the pharmacy is open  Yes |  No
- Patients will need to make a specific appointment for the service  Yes |  No

9. Do you have any clinicians that would like to train to fit implants?  Yes |  No  
(Part of Tier 4 – please ensure that you have read and fully understand the commitment to deliver this service. This can be found in the service specification which can be provided by your local commissioner).
10. Do you have a consultation room equipped with all the fitting requirements?  Yes |  No  
(Please ensure that you have read and fully understand all the requirements of implant fitting. This can be provided by your local commissioner or your local organon contact).