## **Supporting Screenshots: Initiating a Combined Oral Contraceptive**

NB1: Service Support lists helpful references, just a click away.

*NB2:* First the *Patient Name* needs to be identified & registered into system. Then come out of system and return, and the Patient Name will come up when you start typing.

Enrolment Requirements
The commissioner requires that the individual delivering this service
meets certain criteria. Enter either your name or registration number in
the box below and select from the list that appears.
Practitioner Name Edit Details
Registration number: 2005010
Enrolment requirements met and service provision allowed
Consultation date 08-Dec-2023
Consultation date
Patient name
If Patient name is not registered, click here to enter Pharmacy Contraception Service - Referral and
Registration
Patient ageyears
Service entry —
Method of entry to service
O Recruited by Pharmacy Team
○ Self-referred
O Subsequent visit after first repeat supply
Referred by other healthcare provider
Service type
Service type Service type
Service type
Service type  O Initiation
Service type
Service type  O Initiation
Service type Onlinitiation Ongoing monitoring / supply  Consent & GP Practice
Service type Onjoing monitoring / supply  Consent & GP Practice Consent to service
Service type Onlinitiation Ongoing monitoring / supply  Consent & GP Practice
Service type Ongoing monitoring / supply  Consent & GP Practice  Consent to service The patient consents to the following: The pharmacist to provide them with a supply of oral contraception.
Service type  O Initiation Ongoing monitoring / supply  Consent & GP Practice  The patient consents to the following: The pharmacist to provide them with a supply of oral contraception.  The patient's information will be legally shared with:
Service type  O Initiation Ongoing monitoring / supply  Consent & GP Practice  The patient consents to the following: The pharmacist to provide them with a supply of oral contraception.  The patient's information will be legally shared with:  NHS England as part of the service monitoring and evaluation; and
Service type  O Initiation Ongoing monitoring / supply  Consent & GP Practice  The patient consents to the following: The pharmacist to provide them with a supply of oral contraception.  The patient's information will be legally shared with: NHS England as part of the service monitoring and evaluation; and The NHSBSA and NHS England for the purpose of contract
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Service type  O Initiation Ongoing monitoring / supply  Consent & GP Practice  The patient consents to the following: The pharmacist to provide them with a supply of oral contraception.  The patient's information will be legally shared with: NHS England as part of the service monitoring and evaluation; and The NHSBSA and NHS England for the purpose of contract management and post-payment verification (PPV).  Consent: O Yes Consent given No Consent not given If you give consent for data sharing, the information you provide will be passed to: your GP. To inform your GP of the supply of oral contraception via the NHS Community Pharmacy Oral Contraception Management Service.
Service type  O Initiation Ongoing monitoring / supply  Consent & GP Practice  The patient consents to the following: The pharmacist to provide them with a supply of oral contraception.  The patient's information will be legally shared with: NHS England as part of the service monitoring and evaluation; and The NHSBSA and NHS England for the purpose of contract management and post-payment verification (PPV).  Consent: Yes Consent given No Consent not given  To inform your GP. To inform your GP of the supply of oral contraception via the NHS Community Pharmacy Oral Contraception Management Service.  If you don't give consent your GP will not be notified.
Service type  O Initiation Ongoing monitoring / supply  Consent & GP Practice  The patient consents to the following: The pharmacist to provide them with a supply of oral contraception.  The patient's information will be legally shared with: NHS England as part of the service monitoring and evaluation; and The NHSBSA and NHS England for the purpose of contract management and post-payment verification (PPV).  Consent: O Yes Consent given No Consent not given If you give consent for data sharing, the information you provide will be passed to: your GP. To inform your GP of the supply of oral contraception via the NHS Community Pharmacy Oral Contraception Management Service.

### Fraser competency and safeguarding

Patient is under 16 years, an assessment based on Fraser guidelines
must be made and documented.

(Tick each box to indicate discussion)

Fraser Competency Status

Assessed patient understanding

Encouraged parental involvement

Assessed physical mental effects of withholding treatment

Acting in best interest of young person

Likely to continue with sexual activity

Patient competent Yes No

Patient is under 13 years of age record action taken below:

Record action taken

(Do not include patient identifiable information)

#### CSE Risk Evaluation -

For all young people under the age of 18 years a short evaluation of CSE risk should be completed.

Please ask the following 4 questions. If any apply the pharmacist should speak to the local safeguarding lead and follow the local safeguarding policy. Further advice can be found in the <a href="MHS Safeguarding.App">MHS Safeguarding.App</a>.

ger
have sex with
sex with stop you
or to have sex. Do
. Speak to your loo feguarding policy. erate when you se

(Do not include patient identifiable information)

۲ О	ral contraception to be supplied ————————————————————————————————————	
oral co		
	ntraception supply —	
0	☐ None of the above	
(	Patient has a family history of medical conditions	
	(Includes changes to medical, surgical or mental health since last supply of oral contraception)	
0	Patient's health has changed since last supply	
(	Patient is currently taking medication that could interact	
	Patient has known allergies	
r Ti	ck ALL that apply —	No los
	Care Record link on the right-hand side of the page when Smartcard is connected.	3CK 1-Click Video Guid
he patient	's electronic health records can be accessed via the	SCR 1-Click Video Guid
/ledica	I history —	
	O les O No	
OI a LAN	Yes O No	
	he patient like the opportunity to discuss the administration RC with a specialist e.g. GP / Sexual Health Clinic?	
	○ Yes ○ No	
	u discussed alternative and more effective forms of eption (e.g. LARC) with the patient?	
Have	State And State	
	Other If 'other' please state	
	☐ Emergency contraception	
	☐ Condom (Female)	
	☐ Condom (Male)	
	☐ Natural Family Planning	
	☐ Spermicides	
	☐ Cap/Diaphragm	
	☐ Progestogen Only Pill	
	□ Combined Pill	
	□ Contraception Patch	
	☐ Vaginal Ring	
	☐ Intrauterine System (IUS)	
	☐ Intrauterine Device (IUD)	
	☐ Implant	
	Processor of the second	
	☐ Injectable Contraception	

# When COC is selected the PGD list of Exclusions are helpfully prompted....

	Combined Pill
	O Progestogen Only Pill
xcl	usion list —
Ī	Exclusions - COC
	<ul> <li>Individuals under 16 years of age and assessed as not competent using Fraser Guidelines.</li> </ul>
	O Individuals 16 years of age and over and assessed as lacking capacity to consent.
	Established pregnancy.     Note - risk of pregnancy with a negative pregnancy test is not an exclusion.
	<ul> <li>Known hypersensitivity to the active ingredient or to any constituent of the product.</li> <li>Summary of Product Characteristics</li> </ul>
	Some COC products contain lactose/sucrose. Individuals with rare hereditary problems of galactose intolerance, total lactase deficiency, fructose intolerance or glucose-galactose malabsorption or sucrase-isomaltase deficiency should not take these medicines. Where applicable, check product excipients before supplying.
	<ul> <li>Less than 21 days after childbirth (for deliveries over 24 weeks gestation).</li> </ul>
	O Breastfeeding and less than six weeks post-partum.
	<ul> <li>Not breastfeeding and less than 6 weeks post-partum with other risk factors for venous thromboembolism (VTE).</li> </ul>
	O Individuals aged 50 years and over.
	Individuals aged 50 years and over.     Significant or prolonged immobility.  Cardiovascular Disease
O li	Significant or prolonged immobility.
O II	Significant or prolonged immobility.  Cardiovascular Disease Individuals aged 35 years and over that smoke or stopped king less than one year ago.
O In	Significant or prolonged immobility.  Cardiovascular Disease Individuals aged 35 years and over that smoke or stopped king less than one year ago.  This includes vaping and the use of e-cigarettes.)
	Significant or prolonged immobility.  Cardiovascular Disease Individuals aged 35 years and over that smoke or stopped king less than one year ago.  This includes vaping and the use of e-cigarettes.)  Body Mass Index (BMI) equal to or greater than 35kg/m2.  Blood pressure greater than 140/90mmHg or controlled
	Significant or prolonged immobility.  Cardiovascular Disease Individuals aged 35 years and over that smoke or stopped king less than one year ago. This includes vaping and the use of e-cigarettes.) Body Mass Index (BMI) equal to or greater than 35kg/m2. Blood pressure greater than 140/90mmHg or controlled ertension.  Multiple risk factors for cardiovascular disease (CVD). Such as smoking (including vaping/use of e-cigarettes), diabetes,
O II smo	Significant or prolonged immobility.  Cardiovascular Disease Individuals aged 35 years and over that smoke or stopped king less than one year ago. This includes vaping and the use of e-cigarettes.)  Body Mass Index (BMI) equal to or greater than 35kg/m2.  Blood pressure greater than 140/90mmHg or controlled ertension.  Multiple risk factors for cardiovascular disease (CVD).  Such as smoking (including vaping/use of e-cigarettes), diabetes, ypertension, obesity and dyslipidaemias.)
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O III SMOO	Cardiovascular Disease Individuals aged 35 years and over that smoke or stopped king less than one year ago. This includes vaping and the use of e-cigarettes.) Body Mass Index (BMI) equal to or greater than 35kg/m2. Blood pressure greater than 140/90mmHg or controlled extension. Multiple risk factors for cardiovascular disease (CVD). Such as smoking (including vaping/use of e-cigarettes), diabetes, ypertension, obesity and dyslipidaemias.) Current or past history of ischaemic heart disease, vascular ase, stroke or transient ischaemic attack. Current or past history of venous thromboembolism. Complicated valvular or congenital heart disease. E.g. pulmonary hypertension, history of subacute bacterial endocarditis. First degree relative (a person's parent, sibling, or child) with ous thromboembolism.
O III SMOO (C E E C F Venor Ve	Cardiovascular Disease Individuals aged 35 years and over that smoke or stopped king less than one year ago. This includes vaping and the use of e-cigarettes.) Body Mass Index (BMI) equal to or greater than 35kg/m2. Blood pressure greater than 140/90mmHg or controlled ertension. Multiple risk factors for cardiovascular disease (CVD). Such as smoking (including vaping/use of e-cigarettes), diabetes, ypertension, obesity and dyslipidaemias.) Current or past history of ischaemic heart disease, vascular ase, stroke or transient ischaemic attack. Current or past history of venous thromboembolism. Complicated valvular or congenital heart disease. E.g. pulmonary hypertension, history of subacute bacterial endocarditis. First degree relative (a person's parent, sibling, or child) with ous thromboembolism. Which first occurred when they were under 45 years of age. Conown thrombogenic mutations. E.g. factor V Leiden, prothrombin mutation, protein S, protein C and

	Current or past history of migraine with neurological symptoms uding aura at any age.	
	Migraine without aura, first attack when on method of straception containing an estrogen.	
	Zoely only - individuals with a meningioma or a history of ningioma.	
	Cancers	
) (	Past or current history of breast cancer.	
	Undiagnosed breast symptoms. (For initiation only)	
an	Carrier of known gene mutations associated with breast neer.	
	E.g. BRCA1or 2. Malignant liver tumour.	
	(Hepatocellular carcinoma)	
	Gastro-intestinal conditions	
	Viral hepatitis, acute or flare. (For initiation only)	
)	Severe (decompensated) cirrhosis.	
	Gall bladder disease, currently symptomatic or medically naged.	
)	Any bariatric or other surgery resulting in malabsorption.	
) (	Cholestasis.	1
	(Related to past combined hormonal contraceptive use.)	
0		
	(Related to past combined hormonal contraceptive use.) Benign liver tumour.	
	(Related to past combined hormonal contraceptive use.)  Benign liver tumour. (Hepatocellular adenoma.)	or
	(Related to past combined hormonal contraceptive use.)  Benign liver turnour. (Hepatocellular adenoma.)  Other conditions  Imminent planned major surgery. (COC should be stopped at least 4 weeks prior to planned major surgery	or
	(Related to past combined hormonal contraceptive use.)  Benign liver tumour. (Hepatocellular adenoma.)  Other conditions  Imminent planned major surgery. (COC should be stopped at least 4 weeks prior to planned major surgery expected period of limited mobility.)	or
	(Related to past combined hormonal contraceptive use.)  Benign liver turnour. (Hepatocellular adenoma.)  Other conditions  Imminent planned major surgery. (COC should be stopped at least 4 weeks prior to planned major surgery expected period of limited mobility.)  Diabetes with end organ disease.  Positive anti-phospholipid antibodies.	or
	(Related to past combined hormonal contraceptive use.)  Benign liver tumour. (Hepatocellular adenoma.)  Other conditions  Imminent planned major surgery. (COC should be stopped at least 4 weeks prior to planned major surgery expected period of limited mobility.)  Diabetes with end organ disease.  Positive anti-phospholipid antibodies. (With or without systemic lupus erythematosus.)  Organ transplant, with complications.	or
	(Related to past combined hormonal contraceptive use.)  Benign liver tumour. (Hepatocellular adenoma.)  Other conditions  Imminent planned major surgery. (COC should be stopped at least 4 weeks prior to planned major surgery expected period of limited mobility.)  Diabetes with end organ disease.  Positive anti-phospholipid antibodies. (With or without systemic lupus erythematosus.)	or
	(Related to past combined hormonal contraceptive use.)  Benign liver turnour. (Hepatocellular adenoma.)  Other conditions  Imminent planned major surgery. (COC should be stopped at least 4 weeks prior to planned major surgery expected period of limited mobility.)  Diabetes with end organ disease.  Positive anti-phospholipid antibodies. (With or without systemic lupus erythematosus.)  Organ transplant, with complications.  Known severe renal impairment or acute renal failure.	or
	(Related to past combined hormonal contraceptive use.)  Benign liver tumour. (Hepatocellular adenoma.)  Other conditions  Imminent planned major surgery. (COC should be stopped at least 4 weeks prior to planned major surgery expected period of limited mobility.)  Diabetes with end organ disease.  Positive anti-phospholipid antibodies. (With or without systemic lupus erythematosus.)  Organ transplant, with complications.  Known severe renal impairment or acute renal failure.  Acute porphyria.	or
	(Related to past combined hormonal contraceptive use.)  Benign liver tumour. (Hepatocellular adenoma.)  Other conditions  Imminent planned major surgery. (COC should be stopped at least 4 weeks prior to planned major surgery expected period of limited mobility.)  Diabetes with end organ disease.  Positive anti-phospholipid antibodies. (With or without systemic lupus erythematosus.)  Organ transplant, with complications.  Known severe renal impairment or acute renal failure.  Acute porphyria.  Medicines  Individuals using enzyme-inducing drugs/herbal products.	or

#### **Outcome Summary**

Consultation outcome —	
Consultation outcome—	
O Supply made	
O Supply made & referred/signposted	
O No supply - clinically inappropriate & referred/signposted	
O No supply - clinically appropriate & referred/signposted	
O No supply - declined by patient	
O No supply - other reason (please state)	
O No Supply - escalated	
Patient safety incident —  Any patient safety incidents must be reported in line with the Clinical Governance Approved Particulars for Pharmacies.	
Incident to report O Yes O No	
Professional role —	
Professional role	
○ Pharmacist	
O Independent Prescriber	
	Save