

Direct (or equivalent in the devolved nations) there is a danger in relying on a single source for provision of information. Clinical guidance is constantly changing and it cannot be assumed that all information providers will update their advice instantaneously. Before recommending an external source a clinician or service would need to verify the accuracy of the information provided. The Clinical Effectiveness Unit (CEU) regularly receives correspondence about information in the public domain that is not consistent with Faculty of Sexual & Reproductive Healthcare (FSRH) guidance.

It is my personal view that clinical services have a responsibility to provide support and information for clients within their own service whenever feasible. This provides the advantage of tailoring advice to local protocols and available services. Also, one size does not fit all, and different clients will have different preferences for ways of seeking advice.

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## REFERENCE

- 1 **Draper IB**. Revision of the 'missed pill' rules [Letter]. *J Fam Plann Reprod Health Care* 2012;**38**:64.

## Revision of the 'missed pill' rules: response from the CEU

Thank you for the opportunity to comment on Dr Draper's letter.<sup>1</sup> While it would be appropriate to advise patients to seek advice on missed pills from NHS