

## **Inquiry into teenage pregnancy**

### **Community Pharmacy Scotland**

#### **Who are we?**

Community Pharmacy Scotland is the organisation which represents community pharmacy contractor owners in almost every aspect of their working lives, and is the voice of these vital healthcare professionals as they deliver pharmaceutical care to the people of Scotland.

It is empowered to represent the owners of Scotland's 1247 community pharmacies and negotiates on their behalf with the Scottish Government. This covers all matters of terms of service and contractors' NHS service activity including remuneration and reimbursement for the provision of NHS pharmaceutical services.

#### **What do we do?**

Community Pharmacy Scotland works with the Scottish Government on the development of new pharmaceutical care services and works to ensure that the framework exists to allow the owners of Scotland's community pharmacies to deliver these services.

The Scottish community pharmacy contract puts the care of the individual right at its centre and with its focus on pharmaceutical care and improving clinical outcomes, community pharmacy contractors and their employee pharmacists are playing an increasingly important role in maximising therapeutic outcomes and improving medicine safety. Community pharmacy is at the heart of every community and plays an important part in the drive to ensure that the health professions provide the services and care the people of Scotland require and deserve.

Community Pharmacy Scotland is happy to provide further information to the Health and Sport committee as required in support of this submission.

#### **Introduction**

Community Pharmacy contractors have been providing patient services through the Public Health Service (PHS) since 2009. The emergency hormonal contraception service now supports 80% of all interventions in primary care for this service need.

The patient services were reviewed by the Scottish Government in 2011<sup>i</sup>. The following findings were published:

*The findings from this review suggest that both the PHS Smoking Cessation and Emergency Hormonal Contraception (EHC) Services are considered valuable by both community pharmacy and NHS Board staff and in the case of the smoking cessation service, by the users as well.*

Similarly improvements suggested with respect to the EHC service included;

*“enhancement of the service e.g. community pharmacists providing other contraception and support, the use of pharmacy technicians, better links and referrals to other sexual health services, improving governance and quality assurance and improving data collection.”*

Community Pharmacy Scotland is keen to enhance the current service provision and move the emergency contraception service from being a reactive service to a more comprehensive offering for women.

Community Pharmacy Scotland is keen to support current policy direction to help reduce rates of teenage pregnancy. We appreciate that a multi-faceted approach that encompasses more than health service provision is required; however our evidence will detail opportunities for increased utilisation of and access to service to be provided through the nationwide network of community pharmacies.

A recent Audit Scotland report on the subject of Health Inequalities<sup>ii</sup> highlighted that community pharmacies are closely aligned with areas which can be described as having greater inequalities. Community Pharmacy Scotland feels this indicates that access to the enhanced sexual health services outlined within this submission at these healthcare facilities would be desirable; particularly when working closely in partnership with local sexual health teams.

### **Suggested Areas of Improvement to the Service**

Community Pharmacy Scotland proposes the committee consider three areas of possible service development:

- Adoption of Ulipristal as first line emergency contraceptive of choice
- Introduction of a short term supply of oral contraception from your community pharmacy to facilitate formal sign posting of patients into contraceptive services

- Introduction of the availability of long term contraception from community pharmacy

### **Adoption of Ulipristal as first line emergency contraceptive of choice**

Community Pharmacy Scotland is aware that Ulipristal (approved by the Scottish Medicines Consortium) has been recommended for use by the Faculty of Sexual and Reproductive Healthcare (Royal College of Obstetricians and Gynaecologists) in its Emergency Contraception Guidance following publication of several studies including a meta-analysis which showed <sup>iii</sup>

*“The efficacy of ulipristal acetate has been demonstrated up to 120 hours and can be offered to all eligible women requesting emergency contraception during this time period. It is the only oral emergency contraceptive licensed for use between 72 and 120 hours.”*

Perhaps more importantly, and why ulipristal should be adopted as first line choice in the community pharmacy PGD choice, is that the Faculty Guidance clearly demonstrates published evidence showing that ulipristal is significantly more effective than levonorgestrel within 0-24 hours, 0-72 hours and 0-120 hours post unprotected intercourse. (section 6.3, Table 3)<sup>iii</sup>.

Community Pharmacy Scotland believes the current NHS Scotland National Patient Group Direction should be altered to allow the supply of ulipristal rather than levonorgestrel as the product has these benefits over the current offering. Improved effectiveness, especially in the first 24 hours when most women present at pharmacy, is the principal reason but there is also the benefit in extended time administration, which may be particularly helpful for women who are anxious to attend for emergency contraception and don't present until day 3 after unprotected sex or present to pharmacy on day 4 or 5 in the unscheduled care period looking for treatment.

### **Introduction of Long Term Contraception prior to referral to Sexual Health Services**

Community Pharmacy Scotland is keen that patients who present for emergency contraception are offered suitable support beyond signposting. Signposting at point of supply of emergency contraception is a key part of any intervention; however, signposting does not mean patients will attend services for follow up and enter into long term contraception.

The Isle of Wight Primary Care Trust within the last few years introduced a “First Contraception Service”. This service recognised that women who presented for emergency contraception should be referred to contraceptive services to discuss long term contraception methods if desired.

Rather than just signposting women desiring long term contraceptive methods, the primary care trust trained pharmacists to supply one month’s contraceptive treatment using a progesterone only pill via a patient group directive (PGD). A review occurred with the pharmacist after seven days to ensure the patient was tolerating the treatment suitability. After 21 days treatment the patient is formally contacted by a sexual health nurse to discuss ongoing contraception needs.

This service if adopted across Scotland supports moving the current service provision into a more proactive service and will reduce the need for patients to return to community pharmacy to receive further supplies of emergency contraception.

### **Introduction of the availability of long term contraception from community pharmacy**

Community Pharmacy Scotland notes that Southwark and Lambeth Primary Care Trust have the highest teenage conception rates in London. In 2009, many teenage pregnancies in Southwark led to terminations. It was decided by Southwark and Lambeth that a contraception service should be established where qualified pharmacists supply oral contraception (OC) using a patient group direction (PGD).

A service pilot <sup>iv</sup> underpinned by the Department of Health ran from October 2009 until June 2011.

A total of 741 consultations were undertaken by seven pharmacists at five community pharmacies with 45.5% occurring following emergency contraception supply.

The pilot demonstrated that combined oral contraceptives were the most commonly supplied with nearly half (46.1%) of initial supplies to first-time pill users. Most consultations (92.2%) were with women aged under 30 years, with 22.5% aged under 20. Of the 99 women who completed the satisfaction questionnaires, most clients were very satisfied or satisfied with the service and felt comfortable talking to the pharmacist about contraception.

This service pilot clearly demonstrated that Community Pharmacy was able to reach women seeking long term contraception in the under 20 age group and

many of those supplied (46.1%) with the oral contraceptive were first time pill users. Community Pharmacy Scotland believes that if a similar scheme was developed in Scotland access to long term contraception would be increased especially for patients who would not have previously been prescribed long term contraception.

## **Conclusion**

Community Pharmacy Scotland believes the access offered through our network of pharmacies throughout Scotland offer opportunities to improve sexual health beyond the current offering of emergency hormonal contraception. This would allow greater integration of community pharmacy in the wider sexual health primary care team and support current policy direction.

**Elsbeth Weir**  
**Head of Policy and Development**  
**Community Pharmacy Scotland**

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<sup>i</sup> Scottish Government Review of the Community Pharmacy Public Health Service for Smoking Cessation and Emergency Hormonal Contraception November 2011 available at <http://www.scotland.gov.uk/Resource/Doc/363654/0123440.pdf>

<sup>ii</sup> Audit Scotland report: Health Inequalities in Scotland; December 2012

<sup>iii</sup> Glasier AF, Cameron ST, Logan SJS, Casale W, Van Horn J, Sogar L, et al. Ulipristal acetate versus levonorgestrel for emergency contraception: a randomised non-inferiority trial and meta-analysis. *Lancet* 2010; 375: 555–562

<sup>iv</sup> Parsons J, Adams C, Aziz N, Holmes J et al Evaluation of a community pharmacy delivered oral contraception service *J Fam Plann Reprod Health Care* doi:10.1136/jfprhc-2012-100304