

Inquiry into teenage pregnancy

Response from the National Pharmacy Association Ltd

The NPA welcomes this opportunity to respond to the Health and Sport Committee of the Scottish Parliament inquiry into teenage pregnancy.

The National Pharmacy Association (NPA) is the largest UK trade body of independent community pharmacy owners. The vast majority of Scottish independent pharmacies are voluntary members of the NPA. The Association provides its members with professional and commercial support as well as representing the interests of community pharmacy in dialogue with the public, NHS, Government and other pharmacy stakeholders. Pharmacists have studied pharmacology and pharmacokinetics to Masters Degree level, completed a supervised pre-registration year and exam, and are committed to continuing professional education. The practice of pharmacy is regulated by The General Pharmaceutical Council which monitors outcome focused standards to protect patient safety and enable innovation.

Community pharmacy owners, as independent contractors to NHSScotland successfully provide Sexual Health Services via the NHSScotland Pharmacy Public Health Service.¹

Current community pharmacy sexual health services

The Sexual Health Services provided by pharmacy owners consist of a national service and some local NHS Board services.

The National Service provided since 2008 enables the provision where appropriate of a free supply of emergency hormonal contraception to any female from the age of 13 years within an NHSScotland Patient Group Direction.² Emergency hormonal contraception has been available to buy from pharmacies with the required counselling from a pharmacist since 2001.

Local NHS pharmacy sexual health services may include Chlamydia testing, the provision of free condoms and the promotion of Long Acting Reversible Contraception.

Within the national service the pharmacist responsible for the supply of emergency hormonal contraception must ensure the service is user-friendly, non-judgemental, client-centred and confidential. The pharmacist must keep records of supply and have completed specific NHS training. Where required

¹ The Scottish Government. (2011). *Review of the Community Pharmacy Public Health Service for Smoking Cessation and Emergency Hormonal Contraception*.
<http://www.scotland.gov.uk/Publications/2011/11/25084749/0>

² *PHS Sexual Health Specifications*. (2008.). Retrieved January 21, 2013, from Community Pharmacy Scotland:
http://www.communitypharmacyscotland.org.uk/nhs_care_services/public_health_service/phs_sexual_health_specifications.asp

the pharmacist will counsel a client on other sexual health matters, such as sexually transmitted disease prevention. They must be competent to act on any child protection issue and may be required to share information in line with confidentiality protocols.

The supply of emergency hormonal contraception (EHC) as levonorgestrel from community pharmacies accounts for approximately 90% of all primary care supplies. The amount of EHC dispensed by the NHS Scotland Community Pharmacy Public Health Service (PHS) EHC service remains relative constant at around 7,000 items per month.³ The Service Review published in 2011 concluded “the PHS service can therefore be seen as improving access to EHC and complementing the service provided by sexual health services in Scotland”. In the year of the review 93% of all pharmacies had made a claim for provision of EHC. The service was deemed worthwhile by 90% of all pharmacy staff completing the review survey.

Response to consultation questions

Do you have any views on the current policy direction being taken at the national level in Scotland to reduce the rate of teenage pregnancy?

The NPA believe that Agreed National Outcomes for Sexual Health Standards to reduce rates of teenage pregnancy in Scotland are useful for service development and evaluation and we agree that local targeting of specialised services may greatly impact on teenage pregnancy rates.

The NPA agrees with the Scottish Government strategy of promoting *sexual health and blood borne Virus health* as an integrated holistic, multi-agency approach.⁴ NPA members are community pharmacy owners who provide professional and efficient NHS sexual health services. Community pharmacy services have contributed to the consistent decline in teenage pregnancies and may have had an impact on the reducing abortion figures in Scotland.

Community pharmacies in Scotland are well placed to provide targeted sexual health interventions.

The latest figures suggest teenagers under sixteen years in deprived areas are five times more likely to become pregnant than those in affluent areas.⁵ Audit Scotland in its recent report on Health Inequalities recognised that of all

³ NHSScotland, Information. Services. (2012, June 26). *Prescription Cost Analysis Report 2011/2012*. Retrieved January 23, 2013: <http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Publications/2012-06-26/2012-06-26-Prescribing-PrescriptionCostAnalysis-Report.pdf?41347903014>

⁴ The Scottish Government. (2011, August 25). *The Sexual Health and Blood Borne Virus Framework 2011-2015*. Retrieved January 21, 2013: <http://www.scotland.gov.uk/Publications/2011/08/24085708/0>

⁵ National. Services Scotland (2012, June 26). *Teenage Pregnancy year ending 31st December 2010*. Retrieved January 21, 2013, ISD: <http://www.isdscotland.org/Health-Topics/Sexual-Health/Publications/2012-06-26/2012-06-26-TeenPreg-Report.pdf?16602724791>

primary care health professional sites, pharmacies most closely matched the distribution of deprivation with over twice as many pharmacies being in the most deprived areas. Pharmacists are identified in the Audit Scotland report as key to facilitating access to NHS care in order to reduce the health inequality gap in Scotland.⁶

The NPA would welcome the development of indicators that could demonstrate the community pharmacy contribution in promoting sexual health and to a potential reduction in the rate of unwanted teenage pregnancy, in particular with those clients less than sixteen years.

Do you have any views on the action being taken at local level by health boards, local authorities and other relevant organisations to reduce teenage pregnancy, particularly in the under 16 age group?

The NPA supports the development of local NHS Scotland community pharmacy sexual health services. The National Pharmacy Public Health Service specification developed in 2008 was based on local services that had been subject to regular review and evaluation. Several NHS Boards positively mention community pharmacy activities in their preparation for the Peer Review of performance against the national standards for sexual health in 2011⁷ and the NPA would encourage all Boards to engage with their community pharmacy teams to develop further local services.

NHS Boards utilise the accessibility of community pharmacies in several ways for local services. These include:

- Long acting reversible contraception information is provided to clients as a recommendation when a supply of EHC is being issued in the majority of pharmacy consultations.
- Raising awareness of the availability of other local sexual health services using posters and leaflets displayed within pharmacies as in NHS Lanarkshire.
- Community pharmacists facilitating targeted local sexually transmitted disease testing with the support of other NHS agencies for testing, counselling and partner notification as in the Three C programme in NHS Lanarkshire.

⁶ Audit Scotland. (2012, December). *Health Inequalities in Scotland*. Retrieved January 21, 2013: http://www.audit-scotland.gov.uk/docs/health/2012/nr_121213_health_inequalities.pdf

⁷ Healthcare Improvement Scotland (2011, September 19). *Sexual Health NHS Board Reports*. Retrieved January 21, 2013, from Healthcare Improvement Scotland: http://www.healthcareimprovementscotland.org/programmes/reproductive,_maternal__child/sexual_health/sexual_health_reviews.aspx

- Local NHS provision of free condoms as in NHS Greater Glasgow and other Boards.

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Other novel services that could be developed could include:

- The provision of emergency hormonal contraception other than the licensed use of Levonelle, for example using ellaOne.
- The initiation of client treatment, where appropriate, with oral contraceptives under Patient Group Directions as in NHS South East London and in the Isle of Wight.⁸
- The use of Non-medical independent pharmacist prescribers to provide specialised contraception clinics within a community pharmacy, thus providing the most accessible site for GP/clinic non-attendees.
- The provision of specialised enhanced sexual health services available from specific pharmacies targeted where most needed, using specially trained pharmacists as for example by Newcastle PCT in North Tyne LPC with fitting, monitoring, and checking of contraceptive implants licensed for use in the UK.⁹
- The administration by a suitably trained pharmacist of Depo-Provera injection in the community pharmacy where appropriate as in Whitworth Pharmacy in Newcastle-upon-Tyne.¹⁰
- The provision of free emergency hormonal contraception and condoms “just in case” where appropriate, as was available from bpsa during the London Olympics.¹¹ A similar service could be targeted in an area where teenage pregnancy rates are highest. Increased availability of

⁸ Nicholson, B. (2012;289). Keep contraception service pilots going. *PJOnline*, 256.

⁹ PSNC. (2011, August 01). *Specialised, Enhanced Sexual Health Service ID 753*. Retrieved January 21, 2013: http://www.psn.org.uk/services_db_detail.php/786/specialised_enhanced_sexual_health_service

¹⁰ Pharmacy Magazine. (2011, September 02). *New specialist contraception service commissioned in Newcastle*. Retrieved January 21, 2013, from pmisystem: <http://www.pmisystem.co.uk/article.aspx?aid=44603>

¹¹ bpsa.org. (2012, June). *about bpsa*. Retrieved January 21, 2013, from bpsa.org: <https://www.bpsa.org/bpasform.php?f=6>

EHC has not been shown to increase risk taking or non-compliance with primary contraception.¹²

These innovative services could be developed as bolt on to the existing services, or developed independently where need is most. Services could be developed as interim until the client is referred further with the NHS team or as standalone services, for example Depo-Provera could be administered whilst a client considers attending a LARC clinic appointment.

Community pharmacists have the medicine expertise, professionalism, patient focus, experience of the pharmacy PHS service and sexual health training including child protection to make them to be entirely suitable health professionals to provide additional sexual health services.

Community pharmacies are instantly recognisable to clients, very accessible, open longer hours than other NHS sites, typically require no appointments and have confidential, suitably equipped consultation rooms. Community pharmacists and pharmacy premises are regulated by the General Pharmaceutical Council, and community pharmacy owners are bound by the NHS terms and conditions of being an independent NHS contractor. Community pharmacy staff are part of the NHSScotland team of Primary Care health professionals and have excellent relationships with patients, carers, other local health professionals and the local communities in general.

Current sexual health services available from community pharmacy could also be improved by:

- Fully electronic service administration would increase accuracy in pharmacy claiming and provide detailed robust data on the quality of pharmacy sexual health services. Electronic versions of the community pharmacy prescription form would negate the need for duplicate claims to be made to National Services Scotland and the local NHS Board. Electronic processes could increase the scope of data available, for example to non-supply of EHC patient consultation figures and reasons for patient referral. Electronic pharmacist access to the National Sexual Health System (NaSH) would facilitate more comprehensive NHS Scotland sexual health data being available.
- Permission for a community pharmacist to access and annotate suitable sections of a patient record from a secure N3 connection would reduce referrals from pharmacy to other providers. The

¹² *ServiceDeliveryAndSexualHealthInterventions*. HealthScotland (2012). Retrieved January 23, 2013: <http://www.healthscotland.com/uploads/documents/13777-ServiceDeliveryAndSexualHealthInterventions.pdf>

pharmacist's clinical decisions would therefore be well informed and not rely on what a patient gives as information, for example confirming there are no contra-indications to EHC or concurrent medicines being taken that require a dose adjustment of EHC.

- If all boards included a formal electronic referral system from pharmacy to other health professionals whether clinic or GP, many patients may not be "lost" to access to suitable contraception.
- If an increased awareness of the services was promoted with other health and social care professionals, then there would be greater referral of clients to community pharmacy for sexual health matters.
- If community pharmacy expertise was included in all NHS Sexual Health Strategy groups, pharmacy services could be developed with greater integration to other services.
- A public awareness campaign of pharmacy services, with resources targeted at specific vulnerable groups, would highlight the benefits of a pharmacy service relevant to the population group concerned, for example EHC service information should be provided to all school children at a suitable age, and not just provided on request.

What are your views on the relationship between higher levels of teenage pregnancy and socio-economic inequality?

Pharmacies are at the interface between self-care and NHS care. They are the healthcare site that has the nearest match to the distribution of deprivation with more than double the numbers of pharmacies in the most deprived areas. Pharmacists are the most accessible healthcare professionals with the clinical skills and existing service experience to facilitate targeting the relationship between teenage pregnancy and socio-economic inequality.

What are the barriers and challenges to making progress in achieving positive change in communities that might lead to reductions in the levels of teenage pregnancy?

Some of the barriers to reducing teenage pregnancy levels are due to lack of patient access to contraceptive services. They include:

- Teenagers being unaware of all of the services available to them. This has to be addressed comprehensively within the school curriculum and with youth groups, as well as widespread public awareness campaigns involving posters, local press, radio and digital marketing.

- If clients are aware of services including pharmacy sexual health services they may have concerns with confidentiality issues. This can be allayed with appropriate printed and verbal service information being available from as many sources as possible.
- Although many pupils and young adults may be aware of the services available to them they may not be able to leave their school or workplace to attend a provider. Many school children are taken to and from school by parent or school transport and are restricted to school premises through breaks, with no possibility of accessing a pharmacy or clinic. Pupil support should be able to facilitate pupil access to a pharmacy within school hours.
- Access to EHC services is difficult in areas where there is no pharmacy. In NHS Highland 6% of the population would experience difficulty in accessing pharmaceutical care services through a community pharmacy.¹³ This was highlighted when the PHS sexual health service was evaluated in 2011 as the PHS service did not work so well when “from the point of view of NHS board staff included difficulties in areas with dispensing GP practices and no easy access to pharmacies.”

What are your views on the current support services available to young parents / young mothers e.g. range of services, focus of services and whether services are being delivered in the most appropriate settings?

Community pharmacy offers NHS support to young parents at present mainly via the NHS Minor Ailment Service,¹⁴ smoking cessation support and the provision of children’s vitamins and milk through the Healthy Start programme.¹⁵ The NPA would encourage the development of other support services utilising the medicine expertise and accessibility of community pharmacy owners and their employee pharmacists within NHSScotland. In addition community pharmacists and their staff support all patients and customers with self care including young mothers who lack family support and confidence in caring for their baby especially if they don’t have easy access to their

¹³ NHS Highland. (2012, April). *Executive Summary Pharmaceutical Care Services Plan*.

Retrieved January 24, 2013:

<http://www.nhshighland.scot.nhs.uk/Meetings/PharmacyPracticesCommittee/Pharmacy%20Practices/Pharmaceutical%20Care%20Services%20Plan/Executive%20Summary%20PCS%20Plan%202012-13.pdf>

¹⁴ NHSScotland. (2012, October 23). *NHS Community Pharmacy Core Services*. Retrieved

January 24, 2013, from [Communitypharmacy.scot.nhs.uk](http://www.communitypharmacy.scot.nhs.uk):

http://www.communitypharmacy.scot.nhs.uk/core_services/mas.html

¹⁵ Scottish Government. (2013, January). *healthy-start-vouchers*. Retrieved January 24, 2013, from [healthystart.nhs.uk](http://www.healthystart.nhs.uk): <http://www.healthystart.nhs.uk/healthy-start-vouchers/where-to-use-the-vouchers/>

GP or health visitor. Pharmacist read/ write access to patient care records would enable a pharmacist to carry out this role more effectively as would a direct referral system whereby the pharmacist could contact the GP or health visitor and the young mother could;

- Talk directly to the GP or health visitor
- The young mother or pharmacist could make an appointment with the other healthcare professional

Are there specific approaches to reducing teenage pregnancy that are not currently getting sufficient attention in order to affect positive change for children and young people?

The NPA believes a strategy to reduce teenage pregnancy rates would require to be fully integrated across all NHS and social care disciplines that come across young people with a focus on improving access to contraceptive information and services. All those working with young people need to be fully aware of all services and providers to enable young people to choose the most appropriate and accessible provider.

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