Contraception in Community Pharmacy
Sharing the learning from current practice
Report from the event held on 30 June 2010

1. Background
Three Primary Care Trusts in the UK have set up innovative new services providing oral contraception in community pharmacy over the last two years. In 2008, Manchester PCT started providing the oral contraception in pharmacy, followed by Lewisham PCT and Southwark and Lambeth PCTs in 2009. This event was arranged in order to share learning from the three PCTs with other PCTs and relevant stakeholders interested in setting up a similar service.

2. Aims
- To share learning from current pharmacy contraception services (Southwark/Lambeth, Lewisham and Manchester)
- To share learning on the process of establishing the provision of contraception in pharmacy
- To devise recommendations for future service provision of contraception in pharmacies across London / nationally based on analysis of service models
- To increase and support the number of PCTs actively developing contraception in community pharmacies.
- To promote interest in and knowledge of the provision of contraception in pharmacy amongst other PCTs

3. Attendance
Representatives from 18 London PCTs/local authorities and four other UK areas participated in the event. The event was also attended by the Department of Health, FPA, King’s College London, the Pharmaceutical Services Negotiating Committee, Company Chemists’ Association, the Royal Pharmaceutical Society of Great Britain and Bayer Schering. Overall there were 55 participants.

4. Overview of the event
The event was chaired by Kathy French, Clinical Director of Brook and nurse member of the Department of Health’s Independent Advisory Group on Sexual Health.

The first half of the event consisted of presentations from the three PCTs that have been providing oral contraception in community pharmacy. The presentations were given by:
- Kate Kinsey – Senior Commissioning Manager, Manchester PCT
- Sally-Anne Keyes – Pharmacy and Optometry Commissioning Manager, and Mike Salter – Head of Medicine Management and Pharmacy, Lewisham PCT
- Jo Holmes – Head of Primary Care, and Judith Parsons – Programme Manager for Contraception, Southwark PCT

The second half of the event consisted of three workshop groups which focused on the following topics:
- Training (facilitated by Tony Carson – London Community Pharmacy Services Specialist)
- Pharmacy service provision (facilitated by Kathy French – Clinical Director of Brook and nurse member of the Department of Health’s Independent Advisory Group on Sexual Health)
- Funding (facilitated by Vikki Pearce – Sexual Health Programme Manager, NHS Tower Hamlets)
5. Summary of information on the oral contraception services provided at each PCT
Below is a table summarising some of the information from the oral contraceptive services provided at each of the PCTs.

<table>
<thead>
<tr>
<th>Background, service aims and objectives</th>
<th>Manchester PCT</th>
<th>Lewisham PCT</th>
<th>Lambeth/Southwark PCT</th>
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</thead>
<tbody>
<tr>
<td>Manchester PCT established the oral contraceptive service as part of a wider sexual health service in community pharmacy in order to reduce health inequalities, increase access to services and contribute to reducing teenage pregnancy.</td>
<td>Manchester PCT established the service with funding from the Department of Health through NHS London. It was decided to pilot the service by providing one POP, in order to establish the success of the service before providing a broader range of contraceptives.</td>
<td>Lambeth/Southwark PCTs established the service with funding from the Department of Health through NHS London in response to high teenage pregnancy rates, high levels of EHC uptake in pharmacy and requests from service users to access contraception from a range of sites.</td>
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<td>The service objectives are:</td>
<td>The service objectives are:</td>
<td>The aims of the service are:</td>
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<td>- To enable clients to have greater access to EHC, Chlamydia testing/treat/trace and oral contraception</td>
<td>- To extend the provision of oral contraceptives being provided by community pharmacists as an extension of the emergency contraception service, also capturing those women who regularly attend pharmacies for EHC who are unwilling or unable to attend GP practices or sexual health clinics</td>
<td>- To increase access to and uptake of oral contraception including LARC</td>
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<tr>
<td>- To be able to supply clients and their partners with appropriate, timely medication by an accredited pharmacist</td>
<td>- To provide additional enhanced services in community pharmacy in accordance with the pharmacy white paper</td>
<td>- To decrease EHC use</td>
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<td>- To reduce health inequalities by providing the service in wards with high teenage conception and abortion rates</td>
<td>- To ensure that all providers have received appropriate training to be able to provide the training</td>
<td>- To contribute to a decrease in unintended pregnancies</td>
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<tr>
<td>Service outline</td>
<td>Oral contraception (COC and POP) provided to women of all ages (where oral contraception (one type of POP) is provided to women aged 16-40 (where oral contraception (COC and POP) provided to women aged 16-40 (where</td>
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<tr>
<th>Manchester PCT</th>
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<tr>
<td>appropriate) in six pharmacies (four active).</td>
<td>appropriate) in 12 pharmacies.</td>
<td>appropriate) in three pharmacies.</td>
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**Date started**
- March 2008
- September 2009
- October 2009

**Training of pharmacists**
- EHC trained pharmacists undertook training with a GP with a special interest in sexual health and RU Clear.
- CPPE packs in Contraception, EHC and Safeguarding.
- PGD training.
- Update training session and CPPE courses in Dealing with Difficult Discussions and Sexual Health, Testing and Treating.
- Training day for pharmacists.
- MCQ course.
- CPPE courses in Emergency Contraception, Contraception and Safeguarding Children.
- MSc module (15 credits) at King’s College London.
- 5 days of lectures.
- 20 hours of clinical placement.
- Portfolio submission.
- Web based learning tool.
- Update training to take place later in the year.

**Consultation numbers**
- In 2008-09 1010 oral contraception consultations were carried out and 979 supplies of oral contraception were made. 62% first COC, 10% first POP, 25% repeat COC and 3% repeat POP.
- In 2009-10 1799 oral contraception consultations were carried out and 1759 supplies of oral contraception were made. 46% first COC, 6% first POP, 42% repeat COC and 5% repeat POP.
- Between September 09 and March 10 there were 143 supplies of POP given; 127 initial supplies and 16 subsequent supplies.
- Between October 09 and April 10 there were 214 consultations conducted; 181 initial supply of POP/COC, 13 repeat supply of PP/COC, 11 general referrals, 8 LARC referrals and 1 under 16 referral.
- 28% of supplies were to first-time pill users.

**Service user demographics**
- In 2008-09 the age of clients was as follows: 16-19 27%, 20-29 88%, 30-39 6% and 40-49 1%.
- In 2009-10 the age of clients was as follows: 16-19 23%, 20-29 69%, 30-39 7% and 40-49 1%.
- In terms of ethnicity, 84% were white British, 8% Asian/Asian British, 4% Black/Black British, 2% mixed race, 1% Chinese/middle Eastern, 1% not recorded.
- 96% of service users were Southwark and Lambeth residents.
- In terms of age, 95% were 30 and under, 70% were 24 and under and 25% were 19 and under.
- In terms of ethnicity, 59% were Black African /British /Caribbean /other, 20% were white British /Irish /other, 4% were mixed white and black African or Caribbean /mixed other, 3% were Asian British /Indian /Bangladeshi /other, 3% were from another ethnic.
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<tr>
<td></td>
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<td>group and for 10% there is no data.</td>
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<td>Evaluation</td>
<td>Service user evaluation forms</td>
<td>Future evaluation</td>
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<td>Other future evaluation</td>
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<td>Payments</td>
<td>Consultation with supply = £25</td>
<td>Combined EHC &amp; POP consultation = £15 plus drug cost</td>
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<td></td>
<td>Consultation with no supply = £10</td>
<td>Initial supply of POP = £8</td>
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<td>Pregnancy tests = £5</td>
<td>Repeat supply of POP = £6</td>
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<td>Chlamydia postal kits = £2</td>
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<td>Kits returned = £3</td>
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<td></td>
<td>Consultation with treatment = £10</td>
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<tr>
<td></td>
<td>Consultation with no treatment = £5</td>
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<tr>
<td>Challenges</td>
<td>Consultations at a higher level</td>
<td>Difficulty assessing which women have obtained further POP supplies from another provider</td>
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<td>Competing priorities in the new contract</td>
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<td>Customer perception</td>
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<td>Next steps</td>
<td>More pharmacists trained</td>
<td>Evaluation</td>
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<tr>
<td></td>
<td>National service for EHC and contraception</td>
<td>Rolling out POP service</td>
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<td>Agreed training and accreditation</td>
<td>Considering possibility of widening scope of the service</td>
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<td>Extension for LARCs</td>
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<td>Advance supply of EHC (NICE)?</td>
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6 Discussion group summaries

6.1 Training
There were several reasons for the variance in training of pharmacists to provide oral contraception across Manchester, Lewisham and Southwark/Lambeth. These included: financial capacity, buy-in from clinical leads, differing local priorities, difference in way services are funded, and differing defined core competencies.

Strengths and challenges of providing a university-based course versus a locally provided course were discussed. Overall, the benefits of providing the university-based course included accreditation, the demonstration of knowledge and skills, as well as the fact that competencies are measured. However, it is time intensive, requires pharmacists to fit in around the university timetable and there is a finite number of places on the course. The benefits of running a locally-provided course were that the training can be run as an add-on to other sexual health training, that it can be arranged at times to suit pharmacists and can accommodate larger numbers of pharmacists. However, it is not accredited and competencies are not tested. Overall, the individual situation of the PCT determines which type of training is most appropriate.

It was thought that harmonisation of accreditation standards for pharmacy services (HASPS) would have many benefits and would be a key strategic enabler. National training standards for oral contraception were seen to increase the confidence of clinical leads in the service, increase the speed at which a PGD could be agreed and provide a clear pathway and role for all those involved.

Lastly, it was thought that more attention should be paid to the training of counter staff.

6.2 Establishing service provision
There is huge potential in providing a contraceptive service in pharmacies. One of the biggest challenges in establishing the service, however, is getting the PDG signed off. In addition, agreements between pharmacy and PCTs require a sustained commitment of both sides, which is also not always easy to achieve.

Several PCTs have been scoping the possibility of providing LARC within community pharmacy, including outreach services provided by trained nurses, or training up pharmacists to provide contraceptive injections. Currently, outreach LARC provision seems more feasible than training pharmacists to provide LARC.

6.3 Funding enablers
Several ideas were put forward for overcoming financial barriers. These included: adopting a network approach – releasing money from one service to provide another; ensuring a clear strategic view as a lever for change; involving a range of stakeholders; providing non-financial ‘carrots’; and paying for outcomes.

In terms of measuring cost benefits, it is important to take a view of the whole system and ensure that the data being collected can demonstrate a shift of activity and the cost-effectiveness of the pharmacy setting. Cost analysis should also focus on long-term outcomes, matrix level data on prescribing across the system should be provided and evaluation should include a cost analysis of different models of service provision.
In summary, the top enablers of funding a contraception service in community pharmacy were: adopting a whole systems approach, understanding priority needs, and ensuring robust evaluation and data collection.

7 Recommendations and next steps
The three PCTs have developed different service models based on factors specific to each area, and information from the three services can help inform future oral contraception services. Recommendations from the discussion groups are as follows.

7.1 Training pharmacists
- Work within the harmonisation framework and explore national training standards on the back of the Southwark/Lambeth pilot
- Explore training counter staff to provide high quality sexual health information in a young-people friendly manner within community pharmacy

7.2 Models of service provision
- Ensure clear commitments from both PCTs and pharmacies to help provide sustainable services
- Share learning across PCTs from LARC in pharmacy development

7.3 Funding the service
- Ensure a whole systems approach to funding contraception in pharmacy
- Conduct cost-benefit analyses of various models of service provision
- Assess priority need and target resources accordingly
- Ensure data is collected and service evaluation conducted to provide evidence

7.4 Next steps
Southwark/Lambeth PCTs are able to provide support to London PCTs that are interested in establishing contraception services in community pharmacy. Southwark PCT facilitates a Pan-London Contraception in Community Pharmacy Group for such PCTs, which currently meets once a month. If any London PCTs are interested in attending these meetings, please contact Judith Parsons, Programme Manager for Contraception, Southwark PCT on 020 7525 0336 or email judith.parsons@southwarkpct.nhs.uk