Improving Access to Contraception

Extended community pharmacy services would improve quality and outcomes

Key message and recommendations summary

LSE's new health policy report ***Improving Access to Contraception*** (published on September 4th 2017) reviews the development of contraception services for women in the UK, and offers an analysis of how further improvements in NHS (and where viable privately purchased) care and support should be pursued. This summary provides an overview of *Improving Access to Contraception*'s main findings and recommendations relating to the continuing need to improve NHS sexual and reproductive (SRH) health services and the role that extended community pharmacy based services could play in cost-effectively improving quality and outcomes.

Against a national background in which the conception rate amongst women aged 35 and over has doubled since 1990, while that for women aged 20 and under has halved during the last decade alone, the report's key messages include:

- Ensuring that every child is wanted and born into an environment that has the material and emotional resources needed to care for her or him well is a vital public health goal for all societies. Failing to invest adequately in high quality, universally and conveniently accessible, public services capable of providing women with contraception tailored to meet their needs as well as possible would be a false economy. The available evidence indicates that in Britain every £1 spent appropriately on contraception generates benefits worth over £10.

- Preventing and effectively treating sexually transmitted infections (STIs) such as HIV, gonorrhoea, genital warts and chlamydia (which alone accounted for just under half of all new STIs reported in England in 2015) is a separate, but also important, public health objective. STIs occur most frequently in the under 25 age group. But older individuals are not immune to them. In the case of syphilis, for instance, infection rates are currently highest amongst older sexually active people, particularly men who have sex with men.

- The UK nations have a relatively good record in the provision of sexual and reproductive health (SRH) services. However, despite recent advances the rates of unwanted conceptions amongst younger women in their teens and early twenties are still higher in Britain than in many other western European nations. There are also concerns that a proportion of older women are not receiving good quality contraception support, and that GP provision of long acting reversible contraceptives (LARCs) such as Intra-Uterine Devices (IUDs) is inadequately funded. Older women may also be disadvantaged when seeking treatment for STIs.

- Previously unpublished evidence presented in *Improving Access to Contraception* shows that in England one woman in every seven strongly believes that accessing contraception could be made more convenient for them. Other sources (including the National Survey of Sexual Attitudes and Lifestyles – NATSAL) indicate that at any one time about one woman in every ten is dissatisfied with her current method of contraception. Dissatisfaction with services and contraceptive methods is linked to a raised risk of unwanted conceptions.

- The new data presented in *Improving Access to Contraception* also shows that over half the female population aged between 18 and 50 agrees with the statement '*women should be able to obtain items like The Pill directly from their pharmacist, rather than after seeing a doctor or a nurse, if that is what they prefer.'*

- Areas where better access to contraception via extended community pharmacy based provision could enhance outcomes range from enhancing the availability of supportive, non-judgemental, access to contraception of all types for 'adolescent'/younger women to further encouraging the effective use of emergency contraception (including that of IUDs, as well as hormonal methods/EHC) and increasing the uptake of LARCs amongst women of all ages.

- There is evidence from the Kings Fund that in England spending on sexual and reproductive health services (including the provision of LARCs by GPs and practice nurses) funded via Local Authority public health budgets will fall by about 5 per cent in 2017/18 as compared to the previous year. This may impede efforts to further improve services for young women at high risk of unwanted conceptions (in total about a half of all conceptions are still unplanned in the UK) and older women who are not satisfied with their current contraception.
- The 2012 NHS reforms fragmented SRH service commissioning in England. Assuring a coherent strategic approach, aimed at maintaining public confidence in the NHS and optimising the contributions of all the health professionals in primary care (who presently meet 80 per cent of all women's contraception needs) and other health service and voluntary sector facilities should be recognised as an important priority.

What does the available evidence show about community pharmacy based access to contraception?

Community pharmacists have long been involved in supplying contraceptives such as condoms, as well as products such as pregnancy testing kits and folic acid pills. Over and above their established role in the emergency hormonal contraception (EHC) context, *Improving Access to Contraception* describes multiple pilot schemes that have involved NHS community pharmacists in recommending and providing oral contraception pills (OCPs) and other implantable or injectable contraceptives.

Together with US evidence and wider global experience (in most of the world OCPs are not restricted to prescription only supply) these initiatives show that NHS community pharmacists can safely provide contraception services. If necessary they can also make referrals to GPs or hospital doctors in order for women to obtain IUDs or specialist STI care.

The ongoing development of computer based patient record systems and clinical decision aids will progressively increase the ability of pharmacy based health professionals to provide high quality health care to people who prefer to use them, in ways that are consistent with requirements for comprehensive record keeping. So too will the continuing evolution of near patient diagnostic testing and health status monitoring technologies.

What advantages do community pharmacy based services offer to users and the wider public?

Extended pharmacy based contraception services can for those women who choose them in preference to other options offer increased access and greater convenience, along with the maintenance of high standards of clinical care. Appropriately designed, pharmacy based services will enable GPs and practice nurses to focus more on those services they are best able to provide, such as IUD and IUS (intra-uterine system) insertions. Extended community pharmacy care could also offer the NHS greater overall economic efficiency.

Across all areas of health care, reducing pressures on hospital facilities demands increased primary care capacity and activity levels. This requires using existing resources like community pharmacies to provide as much good quality health care as possible, in order to allow GPs and their practice colleagues more time for tasks they are uniquely qualified to undertake.

What barriers to change will need to be overcome?

Barriers to overcome include a lack of strategic insight into the long term economic and social value of new models of health care that fully recognise the abilities of community pharmacy based and other non-medical health professionals to provide high quality health care. Even within community pharmacy itself some pharmacists do not wish to move away from their traditional dispensing role. However, *Improving Access to Contraception* concludes that significant change will be inevitable as new dispensing and related medicines supply technologies are introduced and shortages of doctors and nurses persist, or are increased, as a result of events such as Brexit and wider global trends.

Some doctors and service managers also oppose extending pharmacy's part in providing contraception. Fears that declining public health resources may be diverted from specialist SRH centres and GP practices are a current cause of concern for some observers. Policy makers should seek to ensure that false economies, 'silo budgets' and unnecessarily monopolistic practices do not create counter-productive rigidities within the NHS. Failure to do so could ultimately undermine the affordability and quality of publicly supported health care in not only the SRH context but more generally.

What policy and practice questions still need to be resolved?

In addition to questions about how extended pharmacy based contraceptive care should be funded, key issues yet to be resolved include whether it would be in the public's interest to make progestogen only pills (POPs or 'mini-pills') and combined oral hormonal contraceptives (COPs) Pharmacy as opposed to Prescription Only medicines and how a more fully informed population-wide understanding of sexual and reproductive health issues might best be fostered.

Improving Access to Contraception argues that one way forward could, with the involvement of the Royal Pharmaceutical Society and/or other bodies, be to organise a consultation aimed at forming a strengthened consensus on how community pharmacists should develop their roles beyond that of providing EHC and advice about medicines taking and using products such as pregnancy tests. Over and above determining ways forward that combine respect for service user choice and privacy with a recognition of the value of well integrated SRH and wider health records, the questions such a consultation could address include:

- ought all NHS pharmacies offer a full extended contraceptive service, or would it be better for a limited number to provide higher level support in any particular locality?
- will future progress towards developing better integrated contraception and other SRH services best be achieved locally through health professionals like GPs, practice and community nurses and community pharmacists working together in 'primary care homes' or similar organisations, or is a new nation-wide initiative required?

Conclusions

The analysis provided in *Improving Access to Contraception* indicates that both local initiatives and consolidated national strategies are needed. There is a powerful case for building on pilot projects that have demonstrated the potential of NHS community pharmacies to provide enhanced access to contraception and other SRH services in all four UK nations.

Community pharmacists can also play a wider role on primary health care more generally. However, in the final analysis no single group can assure system-wide excellence. Achieving the best affordable health outcomes will require complementary efforts aimed at meeting service users' needs on the parts of all those involved. Key groups involved in contraception include not hospital based medical consultants and their specialist nursing and pharmacist colleagues together with GPs and practice nurses, but also other NHS, LA and voluntary organisation personnel. The latter include midwives, health visitors and social workers.

To strengthen their role as health care professionals community pharmacists must demonstrate their ability to work constructively with service users and other service providers. Pharmacy as a profession should also seek to communicate to decision makers why improving access to contraception and other forms of sexual and reproductive health care remains central to protecting the health of the nation.

For references and further discussion of the issues described here see ***Improving Access to Contraception***, which was commissioned from the authors by LSE Enterprise and funded by *Pfizer Ltd.* Improving Access to Contraception was researched and written by Dr Jennifer Gill and Professor David Taylor (who is responsible for the content of this summary) and has been endorsed by the Royal Pharmaceutical Society.

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