COMPANY CHEMISTS' ASSOCIATION

Response

All-Party Parliamentary Group on Sexual and Reproductive Health in the UK: Inquiry into access to contraception

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About the Company Chemists' Association (CCA)

Established in 1898, the CCA is the trade association for large pharmacy operators in England, Scotland and Wales. The CCA membership includes ASDA, Boots, LloydsPharmacy, Morrisons, Rowlands Pharmacy, Superdrug, Tesco, and Well, who between them own and operate around 6,000 pharmacies, which represents nearly half the market. CCA members deliver a broad range of healthcare and wellbeing services, from a variety of locations and settings, as well as dispensing almost 500 million NHS prescription items every year. The CCA represents the interests of its members and brings together their unique skills, knowledge and scale for the benefit of community pharmacy, the NHS, patients and the public.

Executive summary

- Pharmacies are located at the heart of every community and are well-placed to provide excellent sexual health services, including contraception, to the communities they serve.
- There are many examples of community pharmacies delivering excellent sexual health services, but there are geographical variations in commissioning and service specifications leading to inconsistencies in the care that members of the public receive.
- We call for NHS England, along with Public Health England and the Local Government Association to work to establish a single national commissioning specification (and an associated training specification) for Emergency Hormonal Contraception services to be used by all commissioners in England.

Response

The CCA welcomes the opportunity to respond to this inquiry into access to contraception in England. Community pharmacies are the first port of call for many people accessing healthcare. They are located in a variety of settings including high streets, supermarkets and in health centres and many are open in the evenings and at weekends. Over 99% of people living in areas of highest deprivation are within a 20-minute walk of a community pharmacy[i]. This demonstrates the role that community pharmacies can play in tackling health inequalities as the distribution of the pharmacy network goes against the inverse care law[ii] (the principle that those with the highest need for medical care are least likely to receive it).

As well as their accessibility, the familiar and informal environment of community pharmacies can be reassuring to members of the public, especially if they feel anxious or concerned about having conversations with a healthcare professional about contraception and sexual health. Many people may prefer to discuss contraception with a pharmacist compared to the more formal environment of a GP practice. The most vulnerable people in our communities may have difficulty in accessing mainstream healthcare, and community pharmacies can provide the advice and healthcare services they need.

In 2017, over eight and a half million items of contraception were dispensed in community pharmacies in England[iii]. This demonstrates the importance of the pharmacy sector in providing contraception to women across the country. However, community pharmacies are not just central to the regular dispensing process they can also offer counselling and services, as well as the provision of emergency contraception.

Emergency contraception services are not commissioned in community pharmacies everywhere, and where they are, there are often inconsistencies in the service specifications. We believe that there is a need for more consistency and clarity around commissioning of contraception services. Although we recognise that different localities have different populations with varying health needs, contraception is fundamental to the whole population and there should be a consistent level of accessible, excellent care.

We believe that there is an urgent need for a national standard of Emergency Hormonal Contraception (EHC) service specification to be commissioned locally to address these variabilities and improve accessibility. Currently, the variety in commissioning of services and service specifications can lead to uncertainty for patients and may prevent some people from accessing contraception in their pharmacy, creating a burden on other healthcare settings, as well as increasing unplanned pregnancies and abortion rates.

The London School of Economics' 2017 report into improving access to contraception through extended community pharmacy services states that over half of the female population agree that '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'. We agree that allowing women access to ongoing contraception directly from their community pharmacy would greatly benefit many patients as well as improving NHS efficiencies. This should be enabled through enhanced commissioning and increased use of pharmacist independent prescribers. In Wales, a pilot service is due to be launched later this year which allows oral contraceptive supply from independent prescribers or via a patient group direction (PGD).

Examples of good practice, in all settings, which are improving or facilitating access to contraception.

There are examples of great care being offered in community pharmacies, although fragmented commissioning and significant funding cuts in the sector mean that too often services vary widely across locations.

The Pharmaceutical Services Negotiating Committee (PSNC) produces a services database which includes all the contraception services offered in community pharmacies in England. Although this highlights the great breadth of service provision, it also illustrates the variation in service specification.

Umbrella is part of University Hospitals Birmingham NHS Foundation Trust and provides free sexual health services in Birmingham and Solihull. Services provided by participating local community pharmacies (including CCA member pharmacies) include free condoms, EHC and free sexually transmitted infection (STI) self-sampling kits. Some participating pharmacies also offer chlamydia treatment, the contraceptive pill and contraceptive injections as part of the scheme. Umbrella aims to meet the needs of the young, diverse local population by providing non-judgmental, free and confidential sexual health services. This scheme not only improves convenience for patients due to the accessibility of community pharmacies and opportunity to access care without an appointment, it also reduces the burden on GP practices, health clinics and hospitals.

A 2009 pilot study in community pharmacies in South London involved the provision of combined oral contraceptives and progesterone only pills via a PGD. Supply of emergency contraception reduced from the pharmacies providing most oral contraception as part of the pilot, and 96.9% of users said they were either very satisfied or satisfied with the service.[iv] These results demonstrate the potential of community pharmacies to enhance access to contraception and reduce the burden on existing providers.

In Inverclyde, an extension of the electronic Minor Ailment Service (eMAS) offered in Scottish community pharmacies was piloted. An element of this extended service was the provision of bridging contraception. This involves the pharmacy supply of the progestogen only pill (POP), alongside EHC as temporary contraception until the woman can get a prescription from their GP or clinic. A small study found that women who received the POP were more likely to be using contraception six weeks later compared to those who only received emergency contraception. A larger study into the effectiveness of offering bridging contraception is ongoing in community pharmacies in Edinburgh, London and Dundee with results expected in 2020. The hypothesis set out in this study is that provision of a bridging supply of the POP when women access EHC from their community pharmacy will be associated with higher uptake of effective contraception and fewer unintended pregnancies (and reduced abortion rates). We welcome the research into this service in community pharmacy and, if positive results are seen, we would expect NHS England and Local Authorities to consider developing a similar service to be commissioned across England.

Scotland and Wales each have their own nationally commissioned service for EHC leading to consistent provision of care throughout the country. This provides assurance for women about the service they expect to receive from their local pharmacy and reduces the worry which can be attributed to the lack of consistency with EHC commissioning in England. In Scotland we understand around 85% of all EHC is provided by pharmacy, demonstrating that as well as the benefits to the patient of consistent commissioning and service specifications, there are benefits for the NHS due to pharmacies reducing the burden on other healthcare services including general practice and A&E.

The extent to which the funding and commissioning of contraceptive services meets population needs.

In many cases the funding for contraceptive services has remained largely unaltered since the services were commissioned, and in some cases, this is over a decade ago. Clearly costs have increased in the interim and there should be a mechanism to increase funding. For example, in Wales, service payments are linked to an NHS banding so if the healthcare professionals delivering the services on a certain band get a 2% increase in salary the service fees also increase by 2%.

Commissioning for all contraception services in England is hugely complicated, time consuming and fragmented and could be greatly simplified by having a single national service specification and fees schedule as well as a national agreement on training requirement (e.g. through the use of the Declaration of Competence system hosted by The Centre for Pharmacy Postgraduate Education, CPPE). Currently, contraceptive services may have different specifications, requirements and payments from one local authority (LA) boundary to another which may result in peripatetic pharmacists having to register multiple times.

The significant variability in EHC services manifests in several ways, including age and postcode restrictions. Pharmacies sitting on LA boundaries may hold various contracts for what is effectively the same service. Pharmacies at opposite ends of the same street may be delivering different services just because they are in different LA areas.

EHC service specifications in some areas have an imposed upper age limit above which women are expected to purchase EHC rather than use the publicly-funded service. There are also variations in the lower-age limit. Considering that younger women may experience increased worry or stress when accessing emergency contraception, this variation is particularly concerning. Some local authorities limit provision to women who reside in certain postcode areas. This can cause problems at pharmacies located in university towns, railway stations and locations of large public events, for example.

As well as variations in the eligibility criteria of women accessing EHC services in pharmacies, there are differences in the treatments offered. The normal EHC product levonorgestrel (e.g. Levonelle) can be used up to 72 hours after unprotected intercourse, whereas ulipristal acetate (EllaOne) can be used up to 120 hours afterwards. Some commissioned services provide treatment up to 120 hours, but others do not, leading to women having to visit other healthcare settings including A&E, thus increasing costs to the NHS and potentially creating more worry and stress for the woman involved.

This micro variation can cause confusion for women who urgently require contraceptive services. This also creates problems when pharmacists move between pharmacies if they have crossed an LA boundary. This is enormously inefficient and wasteful for all concerned.

The extent to which people can access contraception, in a variety of settings and circumstances including; in specialist services; in general practice; in non-clinic-based settings such as pharmacies, educational settings, the workplace or online; for post-pregnancy contraception in, for example, postnatal services and in abortion services.

Despite the problems in commissioning highlighted above, contraception is available in a wide variety of locations via the community pharmacy network. We believe that this accessibility makes community pharmacies an ideal location for patients accessing contraception, especially in an emergency or at times deemed to be 'out of hours' for other health services. The fact that pharmacies are an exception to the inverse care law makes them even more crucial in delivering excellent health and wellbeing services in deprived areas. Research has repeatedly shown a link between abortion rates and levels of deprivation, therefore offering consistent, high quality contraception services in community pharmacies is crucial.

Recommendations for work which could be taken by bodies including, DHSC, NHS England, Public Health England, Health Education England, CCGs, local authorities and others to improve access and standards of care and reduce variations.

We believe that there should be a single national pharmacy specification, service level agreement/contracting arrangement, training requirement and fees schedule for all locations in England where services are to be commissioned. Furthermore, making the commissioning process part of the pharmacy enhanced services element of community pharmacy's NHS contractual framework would resolve many of the issues around fragmented commissioning.

We call for NHS England, along with Public Health England and the Local Government Association to work to establish a single national commissioning specification (and an associated training specification) for EHC services to be used by all commissioners in England.

Inequalities in accessing contraception by, for example, region, ethnicity, disability, age, sexuality, gender, mental ill health, drug or alcohol dependence, and amongst migrant or asylum-seeking women.

For women accessing contraception services from community pharmacy, the biggest inequality relates to the uneven commissioning of services, including the variation in age eligibility and postcode restrictions. This can mean certain women on lower incomes are ineligible for a commissioned service due to their location but are unable to purchase the medicine. As previously mentioned, creating a national service specification would significantly reduce these inequalities.

Emergency contraception is available as a Pharmacy (P) medicine, without the need for a prescription. However, the process of obtaining EHC from a pharmacy is often out of line when comparing other medicines similarly classified as a P medicine, but which are inherently higher risk, such as the painkiller, co-codamol. We fully support the need for a member of the public to receive

comprehensive advice from a healthcare professional when accessing EHC, but we feel considerations could be made to ensure access to that medicine is not restricted in any way through excessive consultation procedures. These necessary and private consultations should be proportionate to the (low) risk associated with these medicines. The consultation also provides a vital opportunity for pharmacy professionals to identify any potential safeguarding concerns.

There has been indication from patient groups that often women feel judged and uncomfortable when accessing EHC. This could prevent more vulnerable members of the public accessing contraception, for example, those with mental health problems or people for whom English is not their first language. We believe that there is work to be done to improve public confidence in the process of contraception provision, to ensure that all women feel confident and comfortable accessing emergency contraception in the community.

Evidence relating to the specialist and non-specialist workforce delivering sexual and reproductive healthcare in all settings, including skill set, quality and numbers to reflect current and future population need.

In relation to EHC supply, as referred to previously, there is no commonly recognised training standard for provision of the service in community pharmacies. Therefore, locum pharmacists who work in different locations may be restricted as to where they can provide the service, or they may need to undertake several different training courses.

We welcome enhanced use of pharmacy independent prescribers or PGDs to remove the need for patients to visit a GP or clinic to obtain ongoing contraception. This would be much more convenient for patients who may reach the end of a prescription and find that they have to wait for a GP appointment, causing a period of time without their normal form of contraception. This would also reduce the need for many routine GP appointments.

Conclusion

Community pharmacies are highly accessible health and wellbeing hubs and are well-placed to play a central role in the provision of contraception, including emergency contraception. Currently, members of the public can experience varying levels of access to contraception from community pharmacies depending on factors such as where they live and their age. We would like to see the establishment of a single national commissioning specification for EHC services to ensure patients experience consistently excellent care across the country.

We would be happy to contribute further to the work of the APPG and to provide more information on the points raised in our response.

[i] https://psnc.org.uk/psncs-work/about-community-pharmacy/
[ii] https://bmjopen.bmj.com/content/4/8/e005764.full
[iii] NHS BSA Prescription Cost Analysis 2017
[iv] http://ocsotc.org/wp-content/uploads/2012/04/NHS-2012_Evaluation-of-pharmacy-provision-of-OCs-in-London-1-2012.pdf