

Sexual Health



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Sexual Health Briefing

Background

The Strategic Framework for Promoting Sexual Health in Wales (NAW 2000) highlighted the need to improve the sexual health of the population by ensuring that people have access to sexual health information, advice and services. It highlights the need to:

- reduce the incidence of sexually transmitted infections (STIs)
- create an environment supportive to improving sexual health
- ensure that all young people receive effective education about sex and relationships education (SRE)
- reduce rates of unintended teenage pregnancy

In December 2004, the Welsh Assembly Government announced its intention to introduce a Modernisation Programme for HIV and the Sexual Health Service.

The overarching aim of this Modernisation Programme was the integration of the existing genitourinary medicine and family planning services into a single health service based in the community as far as possible. This single service should develop ways to maximise the opportunity for preventative health checks and provide prompt diagnosis of infections.

Whilst service improvements and integrated working practices have emerged, it is recognised that access to screening services for sexually transmitted infections, free EHC and free condoms remains constrained and variable across Wales.

Community pharmacists already have a key role in the supply of Emergency Hormonal Contraception (EHC), pregnancy testing, condom supply and Chlamydia testing. Further developments of community pharmacy services would help fulfil the recommendations made in the strategy that service developments should be:

- integrated in one place
- available in a variety of settings
- accessible on weekends and evenings
- appeal to young people who dislike a clinic setting
- confidential
- opportunistic

Sexual Health Promotion

Community pharmacists have an obligation under their contract to provide opportunistic advice on lifestyle and to participate in public health campaigns organised by the LHB. Additionally they can signpost people to further advice and treatment that they cannot obtain through the pharmacy. This service can be opportunistic in nature and due to the accessibility of local community pharmacies, can often access a clientele that is not seen by other health professionals.

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Contraception Care

Figures from the Office of National Statistics highlight that although the number of teenage pregnancies in Wales has reduced since 2000, the prevalence still stands at 43.3 per 1000 women and the number of abortions is increasing.

Generally, access to contraceptive services are through community family planning services, sexual health clinics and GP practices, although the latter do not always offer the full range of services. The major limitations of these facilities are¹:

- accessibility is difficult especially in rural areas and the Welsh valleys;
- opening hours are limited and although many offer a drop-in service waiting times can be long;
- supplies of free condoms are limited and do not encourage consistent use;
- services tend to appeal to families rather than young people;
- services are accessed by females rather than males.

Whilst the traditional access routes for contraceptive services suit a proportion of the population, the picture across Wales for teenager conception rates highlights the desperate need for innovation in delivery of contraceptive services to attract the teenage population. Many young people visit their local community pharmacy regularly and feel comfortable seeking advice and support from community pharmacists. Service development through the use of over 700 community pharmacies across Wales could be utilised to provide greater accessibility and widen choice of service delivery.

In December 2007, the Department of Health announced a scheme to pilot the availability of oral contraception through Patient Group Directions (written instructions for the supply or administration of medicines to groups of patients without an individualised doctor's prescription). Pharmacists, with their expertise in medicines and track record of supplying medicines such as emergency hormonal oral contraception via Patient Group Directions and also over-the-counter, are ideally placed to supply oral contraception via PGDs. This supply method would then widen and improve patient choice, access and convenience.

Additionally the announcement that the MHRA is considering the reclassification of the contraceptive pill to a P classification recognises the confidence in the professions ability to supply contraception products safely and effectively and widen patient choice of supply route and service.

Emergency Hormonal Contraception

Although EHC is available to purchase (i.e. not an NHS supply) from most community pharmacies, the timely access to free EHC is limited to clinics, GPs and community pharmacists commissioned to provide EHC through an enhanced service. The cost of private supply and the lack of access to free EHC supply could deter its use in the teenage population.

Within the community setting, the pharmacist is now the most popular provider of EHC. However data collected by the Society in April 2007 indicated that only 10 LHBs were currently commissioning the EHC enhanced service from community pharmacy. This lack of equity of access highlights the need for a national directed service for EHC supply.

The licence restrictions on the over-the-counter sales of EHC limit its use to persons over the age of 16. When commissioning an enhanced service, LHBs are able to set differing age restrictions for the NHS supply via their service level agreements with the Pharmacy, currently these range from 16 to 14 and 12.

Access to Free Condoms

Free condoms are available through family planning and sexual health services although access through GP services tends to be more restricted.

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Increasing the access to free condoms through community pharmacies would help reduce the transmission of sexually transmitted infection and unintended pregnancies.

A pilot project in Caerphilly has successfully introduced access to free condoms through the C-card scheme. Feedback from the project, which included 2 community pharmacists' participants, indicates that the community pharmacy is an appropriate venue to improve access to young people. It is of note however that the community pharmacists that took part in the survey were not reimbursed for their time and professional input.

Sexually Transmitted Infections

Chlamydia Screening

The rates of Chlamydia infection in Wales has increased, with a 14% increase in females and a 17% increase in malesⁱⁱ. Chlamydia is the most common curable sexually transmitted infection in Wales and the highest rates of infection are seen in the under 25 years. A large proportion of those infected are asymptomatic but left untreated means that the cycle of transmission continues and more serious complications such as pelvic inflammatory disease and infertility may develop.

The effectiveness of national screening in the US and Sweden has led to the National Chlamydia Screening program in the UKⁱⁱⁱ and several successful interventions schemes in England. These schemes have highlighted innovative models of service delivery using the community pharmacy networks with pharmacists providing urine testing kits to both males and females and providing antibiotic treatment via a Patient group Direction^{iv v vi vii viii ix} but as yet screening services through community pharmacy have not been commissioned in Wales.

A report on the Pharmacy Chlamydia Screening Pathfinder Pilot undertaken by the department of Health in England has now been published. It concludes that in-pharmacy services provide an opportunistic and anonymous, easily accessible service^x.

A number of pharmacies in Wales are offering a non NHS service and the service delivery model that is included with the sale of the kits vary. For example one company charges £25 but this includes post result counselling and provision of free condoms for those with positive results.

Standards and Quality Requirements for Pharmacy Services

Child Protection Training

Pharmacists have an obligation to undertake Child Protection Training level 1 under their contractual requirement. In Wales, this training is available to all pharmacists via a distance learning pack from the Welsh Centre of Pharmacy Postgraduate Education.

Prior to undertaking NHS EHC provision pharmacists must be accredited in Level 2 training. In Wales this training is usually arranged through the LHB via the Welsh Centre of Pharmacy Postgraduate Education.

Confidentiality

Pharmacists have operated patient medication records for a number of years and have robust systems in place for handling patient confidential information. They have an ethical, professional and legal duty to deal in respect to patient information.

Professionally pharmacists have a duty of confidentiality extending to all those who seek their professional services as stated by the RPSGB Code of Ethics.

Legally pharmacists are required to processing patient information in the pharmacy in respect to:

- The Human Right act 1998 which establishes a right to respect for private and family life.
- The Data Protection Act 1998 which requires data to be kept secure and requires access to be restricted and makes it a criminal offence to obtain and disclose personal data.

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Common law which has set a precedent and established that information provided for purpose of receiving care and treatment should not be processed for other purposes unless required by law.

Additionally the NHS community pharmacy contract requires that pharmacy contractors and their employees must conform with the NHS code of Practice on Confidentiality, and the Clinical Governance Framework of the contract ensures that all staff are appropriately trained and that all staff contracts include clauses on patient confidentiality.

ⁱ Pharmaceutical Journal (2007) MHRA begins to consider OTC availability of contraceptive pill 10th Feb 2007

ⁱⁱ National Public Health Service (Wales) 2006 http://hpa.or.uk/news/articles/press_releases/2006/060704_sti_figures.htm

ⁱⁱⁱ Pharmaceutical Journal (2007) The effectiveness of Chlamydia screening in US and Sweden. Volume 278 14th April 2007

^{iv} Pharmaceutical journal (2005) Manchester pharmacies in Chlamydia/EHC study. Volume 275 p 679 3rd December 2005

^v Pharmaceutical Journal (2007) Free chlamydia scheme pilot launched to young people in Trafford. Vol 278 p273 10th march 2007

^{vi} Pharmaceutical Journal (2005) Urine kits urge men to take Chlamydia test. Vol 274 p 384 2nd April 2005

^{vii} Pharmaceutical Journal (2005) Chlamydia screening rolled out. Vol 275 19th November 2005

^{viii} Pharmaceutical Journal (2006) Over 6000 chlamydia test kits issued in Boots pilot volume 276 p 5

^{ix} Pharmaceutical Journal (2006) Chlamydia rates increase by 5% in UK volume 277 p 36 8th July 2006

http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Sexualhealth/Sexualhealthgeneralinformation/DH_4084098 Accessed March 2008

^x Pharmacy Chlamydia Screening Pathfinder Evaluation (PCSPf) Final: Wave Three

http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Sexualhealth/Sexualhealthgeneralinformation/DH_4084098 Accessed March 2008