Commission pharmacy sexual health clinics to reduce teenage pregnancies

Pharmacy sexual health services can help the NHS deliver on its public health targets of reducing teenage pregnancies and sexually transmitted infections. Ailsa Colquhoun spoke to NHS Manchester’s associate director of primary care commissioning about services there.

Two years on from its Pharmaceutical Care Awards win in 2008, NHS Manchester is planning to extend its pharmacy sexual health service to 14 pharmacies and to offer repeat, as well as initial supplies of oral contraceptives. The first two years of the project have shown that community pharmacies offering sexual health services offer patients access and choice, and they can help the NHS deliver on challenging public health targets, including lowering teenage pregnancy rates and sexually transmitted infections.

Karen O’Brien, the primary care trust’s associate director of primary care commissioning, who is also a pharmacist, thinks that there is demand in Manchester to extend the service from the current offering, which is designed to supply emergency hormonal contraception, and deliver chlamydia screening and a first supply of oral contraception. Evaluation of the service shows that customers are increasingly requesting repeat supplies of oral contraception; in 2008–09, 25 per cent of requests were for repeat combined oral contraceptives, but by 2009–10, demand for this service had risen to 42 per cent. Mrs O’Brien says: “I am a believer in the extended role of the pharmacy. Pharmacies deal with health inequalities on a daily basis, and they give service users access and choice. It is now recognised by formal service providers in this area that pharmacies can play a role.”

Extending the offer

During the past two years, extended training in counselling skills and revised protocols have been put in place to help pharmacies better manage users’ requests for the service, and facilitate the planned service extension. The PCT recognises that pharmacies have a key role to play in helping it meet challenging local and national sexual health service providing. The PCT recognises that pharmacies have a key role to play in helping it meet challenging local and national sexual health service providing. Mrs O’Brien there are early indications that the combined efforts of the area’s sexual health service team have succeeded in slowing the growth in teenage conception rates. In particular, the PCT is pleased that the service has provided access to people who want sexual health services, and specifically screening for sexually transmitted infections.

In Greater Manchester one in 80 people aged 16–24 years has chlamydia. Mrs O’Brien says: “STIs are a key driver for young people today — much more so than pregnancy. The reality is that in socially deprived areas, young people either get pregnant through ignorance or choice.”

As a fan of pharmacy service development, Mrs O’Brien has worked hard to ensure strong, three-way working relationships between the PCT and the local medical and pharmaceutical committees, and a robust and up-to-date pharmaceutical needs assessment is in place to avoid wasteful service duplication. But, she warns that pharmacies, like other potential service providers, will need to demonstrate their value-for-money credentials if they are to be successful in a service commissioning bid. They also need to ensure that potential deal-breakers — such as a lack of pharmacists’ commitment, capacity and stability to deliver the service — do not hamper negotiations. She says: “Gaps in service provision can appear because the pharmacist has moved on, the pharmacy has closed or the owner doesn’t want to participate in the service. This can be hard for the PCT to monitor, it denies patients access and choice, and it can be a deterrent to commissioning.”

Early returns

Targeting 10 Manchester wards with high conception rates among under-18-year-olds, the pharmacy sexual health scheme has so far slotted in well with the area’s overall sexual health service offering, and according to Mrs O’Brien there are early indications that the combined efforts of the area’s sexual health service team have succeeded in slowing the growth in teenage conception rates. In particular, the PCT is pleased that the service has provided access to people who want sexual health services, and specifically screening for sexually transmitted infections.

An eight-month evaluation of the service in 2008, which helped to net the project its Pharmaceutical Care Award, showed that of the 539 supplies of oral contraception made, 8 per cent were made at weekends, when traditional services would have been limited or closed. According to pharmacists’ own anecdotal reports, supplies were also made in the evenings. In total, during this period, participating pharmacies received 5,217 requests for EHC, and delivered 221 chlamydia screens to men and women with a mean age of 22 years. Of the oral contraceptive supplies made, 69 per cent was a “first supply” and 17 per cent a repeat supply.

Mrs O’Brien says the results are testament to the willingness of the entire sexual health service provider team to accept pharmacies for the access and choice that their services bring: “The figures show that access to sexual health services has improved. This shows that our services are working well together.”