

THINKPHARMACY

EMERGENCY HORMONAL CONTRACEPTION



Your health challenge

- In 2017 in England, 16,740 females under the age of 18 years became pregnant; 51.7% of these conceptions led to an abortion¹
- The highest abortion rate in 2017 was in women aged 20-24 years – 28 per 1,000 women²
- 13% of under-20s having an abortion have had one or more previous abortions¹



How can community pharmacies help?

Community pharmacy teams have a vital role in meeting the needs of diverse communities, particularly the needs of young people who may be anxious about approaching contraceptive services.³

Accessibility is a key requirement for an emergency hormonal contraception (EHC) service due to EHC being more effective the earlier it is taken and the need for it to be taken within 3-5 days of unprotected intercourse.

A PwC analysis shows that EHC services in community pharmacies in England in 2015 had 375,090 users and saved the NHS **£24.9m**.⁴

A community pharmacy is also often the first place people think of when they need to access EHC. The Family Planning Association surveyed more than 2,000 women aged 16-54 across the UK about emergency contraception for Sexual Health Week in 2014. Of those surveyed, the women who had used emergency contraception were most likely to go to a pharmacy - 55%. Only 14% would go to a GP and 11% to a contraception clinic.⁵

A study showed that the average time to access EHC was 16 hours through community pharmacies compared to 41 hours through family planning clinics.⁶

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What the patients say

"I feel that the pharmacy service is an excellent idea. It is far less time consuming than going to a Brook clinic or doctor's. Also, it is nearer to me. My doctor has a two week waiting list so if the pharmacy service was not in operation, I would have had to have missed work in order to travel to the Brook clinic."⁷

21 year old patient

"I think this is an extremely useful service. On this occasion the family planning clinic was closed and I was not prepared to wait in casualty to see a doctor. After phoning NHS Direct I quickly and easily obtained emergency contraception from my pharmacist. If this service had not been available, I may not have taken any action."⁷

22 year old patient

1. Office for National Statistics, *Conceptions in England and Wales (2017)*
2. Public Health England, *Abortion statistics for England and Wales (2017)*
3. NICE, *Contraceptive services for under 25s (2014)*
4. Pricewaterhouse Coopers, *The value of community pharmacy – summary report PSNC (2016)*

5. Family Planning Association, *Emergency contraception survey (2014)*
6. Lewington G, Marshall K. *Access to emergency hormonal contraception from community pharmacies and family planning clinics (2006)*
7. Lambeth, Southwark & Lewisham Health Action Zone, *An evaluation of service users' views on accessing EHC through accredited community pharmacies using a PGD (2001)*

For contact details of your LPC please visit lpc-online.org.uk

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Potential benefits of a community pharmacy emergency hormonal contraception (EHC) service

1. Accessible and convenient

Community pharmacies are located close to people's homes, work and educational institutions, making them convenient locations for people to get to. Overall 89.2% of the population are estimated to have access to a community pharmacy within a 20-minute walk.⁸ Many pharmacies are also open late in the evening and at weekends making them an accessible location for people to reach, which is critical for those that need EHC.

2. Patient choice

By commissioning a community pharmacy EHC service, people are given more choice as to where they can go for treatment. The pharmacy setting also provides a more informal environment, which some people may find less intimidating than a GP practice or a sexual health clinic.

3. Sexually active people are already using other pharmacy services

Sexually active people are already using pharmacies to purchase condoms and collect their contraceptive medicines. A relationship may already have been built up with the pharmacist and the person may feel more comfortable approaching them for EHC rather than someone they do not know.

4. Anonymous environment

Since there is no need to be registered or book an appointment at a pharmacy (unlike a GP practice) females can visit any pharmacy they choose to request EHC providing them with a more discreet and anonymous option if they would prefer this.

How might your local service work?

An EHC service could be offered as a standalone service or as part of a sexual health service which may include condom distribution, pregnancy testing and a chlamydia screening and treatment service.

The EHC service could be available to any female who presents at the pharmacy or it could be limited to females of specific ages, for example, between the ages of 13 and 24.

Fraser Guidelines and child protection guidelines would be followed for those presenting who are under 16.

Females excluded from the service would be referred to another local service that would be able to assist them, for example, their GP or would be invited to purchase EHC if suitable.

All consultations would be carried out in the consultation room to maintain confidentiality.

Assessment of the need and suitability to receive EHC would be undertaken by a pharmacist. The pharmacist would complete a consultation pro-forma in discussion with the female requesting EHC to ensure suitability.

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If there was the possibility that a patient could be pregnant from a previous instance of unprotected intercourse then a pregnancy test could be offered if included as an additional part of the service.

When appropriate, EHC would be supplied. This may be levonorgestrel (suitable for females who had unprotected intercourse within 72 hours) or ulipristal (suitable for females who had unprotected intercourse within 120 hours) depending on what Patient Group Directions are available through the service.

The pharmacist would provide verbal and written advice on the avoidance of sexually transmitted infections and the use of regular contraceptive methods, safer sex and the use of condoms. A supply of free condoms could also be available for those accessing the service.

When it is not appropriate to supply EHC, the pharmacist would provide the patient with appropriate information and refer them to another source of assistance.

8. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England, *BMJ Open* (2014)