



Public Health  
England

Protecting and improving the nation's health

# **The Pharmacy Offer for Sexual Health, Reproductive Health and HIV**

A resource for commissioners and  
providers

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# 1. Purpose of this document

The purpose of this resource is to raise awareness with commissioners and other health professionals of the community pharmacy offer for delivering sexual health (SH), reproductive health (RH) and HIV services across England.

Community pharmacies are a health, social and a community asset; with strong links to the diverse and vibrant communities they serve. Community pharmacy teams have the trust and support of the public. They see people in every state of health and are well placed to play an important role in supporting people with sexual health, reproductive health and HIV. They are accessible to all especially deprived communities who may not access other conventional NHS services, helping to reduce health inequalities and the burden on existing providers.

Many pharmacy teams are already engaging in the provision of SH, RH and HIV services eg supply of emergency hormonal contraception, Chlamydia screening and treatment, pregnancy testing, condom distribution, sexual health promotion and providing information on HIV. However, these services are not consistently provided across the country. There are variations in service delivery and quality. It is critical that there is a more consistent approach, integrated with other service providers.

This resource discusses the capacity and capability of pharmacy teams, in both the primary and community sector, to deliver consistent and high quality sexual and reproductive health services. It aims to help commissioners and providers further embed pharmacy into key SH, RH and HIV work streams to:

- improve delivery of SH, RH and HIV services through pharmacies
- increase public access to SH, RH and HIV services
- help reduce inequalities
- improve sexual health
- reduce the burden on other health services

It is recognised that not all pharmacies will deliver all the public health interventions discussed in this resource. Commissioners will commission services that are appropriate for local need and will specify the quality of services, as well as the skill set required, to deliver specified services in line with the [British Association for Sexual Health and HIV \(BASHH\)](#) and the [Faculty of Sexual and Reproductive Healthcare \(FSRH\)](#) service quality standards. Pharmacy teams are encouraged to use every opportunity to engage in conversations promoting better sexual and reproductive health, in their everyday practice eg when selling condoms or when supplying emergency contraception.

## 2. Sexual Health Need

The major public health impacts of adverse sexual health outcomes are often concentrated in minority groups exacerbating health inequalities. This is discussed further in Appendix A.

**Sexual Health:** The impact of sexually transmitted infections (STIs) remains greatest in young heterosexuals aged 15 to 24 years, black ethnic minorities and men who have sex with men (MSM).<sup>1</sup> Health promoting activities targeting vulnerable groups should aim to prevent the transmission of STIs by encouraging condom use, promoting safer sex and regular testing and screening, as well as supporting measures to control outbreaks of STIs.

**Reproductive Health:** Women living in areas with restricted access to contraceptive services are at an increased risk of an unplanned pregnancy (including amongst those aged under 18), STIs and pregnancies resulting in abortion.<sup>2</sup> All women of reproductive age should have universal access to services offering the full range of contraceptive options and reproductive health advice.

**HIV:** HIV disproportionately affects minority groups such as gay and bisexual men, black African communities and other ethnic minority groups.<sup>3</sup> Despite testing and treatment services being universally accessible and free, combating late diagnosis remains a challenge. The priority should be to promote combination HIV prevention approaches including condom use, increase HIV testing coverage, pre-exposure prophylaxis (PrEP) awareness and the role of treatment as prevention (TasP).

## 3. Community Pharmacy

### 3.1 Commissioning of sexual health, reproductive health and HIV services from community pharmacies

The commissioning landscape for SH, RH and HIV is complex. Appendix B outlines the commissioning responsibilities for different commissioning bodies involved in the delivery of SH, RH and HIV services.

Local authorities are mandated to commission confidential, open access sexual health services for STIs and contraception. Specialist sexual health services are part of a network of provision in any given area. However, the current contribution of pharmacy to SH, RH and HIV is variable across the country and may not always be linked with what other health professionals may be providing. In 2014/15, 47% of pharmacies were reported as being commissioned to provide emergency hormonal contraception (EHC), 28% commissioned to provide chlamydia screening/treatment, and a much smaller proportion commissioned to provide free condoms (9%).<sup>4</sup>

A more collaborative, whole systems approach between different commissioners and service providers is needed to ensure quality standards are consistent and that people have access to high quality, comprehensive sexual health care when they need them. Local authority commissioners have an opportunity to consider commissioning sexual health services from pharmacies alongside other providers, especially for those that target local populations most at-risk from poor sexual health eg young people.

To utilise the benefits of community pharmacy to a greater extent, appropriate pharmacy representation on key boards and discussions leading on shared commissioning objectives is recommended.

Safeguarding is included in the [NHS England Pharmacy Quality Payment Criteria](#), and it is expected that appropriate safeguarding procedures would be incorporated in the Local Authority service specifications for a commissioned service.

### 3.2 What pharmacy can offer

#### 3.2.1 Improve access – convenient location, flexible hours

Community pharmacies are conveniently located in the heart of communities, with long opening hours and trained staff on site who reflect the diversity of the communities they serve. They provide a safe haven for individuals seeking anonymous and informal advice from a trusted professional without having to make an appointment, especially for populations living in the most deprived areas.

Community pharmacies offer a local solution to some of the challenges facing the areas of SH, RH and HIV services across the country (such as wait times and high levels of demand for asymptomatic and uncomplicated SH problems eg testing in people that are asymptomatic, emergency contraception and provision of contraceptive pills). They can also help reduce the burden on existing providers, provide a gateway for targeted groups who are not in mainstream services (eg injecting drug users participating in the Needle Syringe Programme) to get tested for HIV, and deliver one-to-one advice to prevent STIs and teenage pregnancies.

### 3.2.2. Making Every Contact Count (MECC)

Community pharmacies are one of the most frequented health care settings in England, with 1.2 million health-related visits every day.<sup>5</sup> Pharmacy teams regularly have contact with women asking for emergency contraception and pregnancy testing services, women who are sexually active but not using a barrier method of contraception, men and women in the target age range (16-24), and drug users. These encounters offer opportunities to provide an integrated package of SH and RH services that goes beyond a single treatment approach, making every contact count. For example, a young female that walks into the pharmacy seeking emergency contraception could be offered a contraceptive choices consultation, safe sex advice, chlamydia screening/treatment and accelerated partner treatment, condoms, preconception health advice and signposting, where appropriate.

### 3.2.3 Confidential, face-to-face contact with a trusted professional

For some people seeking sexual health advice, having contact with a health professional is more crucial or preferred, especially for vulnerable groups (including those less than 16 years of age or who have a mental/physical disability). Pharmacy teams are well placed to provide face-to-face contact for vulnerable groups and for people who prefer direct contact.

Over 90% of community pharmacies have a private consultation area<sup>5</sup>, which provides a good environment for people to raise concerns and ask questions about issues that are sometimes embarrassing or private, in a confidential and non-judgemental setting.

### 3.2.4 Engagement with digital service platforms

With the progression towards more online/digital models of delivery for SH, RH and HIV services, pharmacy teams are in a position to integrate with digital health service platforms and widen provision (in line with BASHH/FSRH *Standards for Online and Remote Providers of Sexual and Reproductive Health Services*). They have an opportunity to engage with digital programmes in the delivery of partner notification services. People engaging in online sexual health services can also seek additional

face-to-face support from pharmacy teams, if necessary, to minimise gaps in service provision.

### 3.2.5 Existing links with primary care and local providers

Pharmacists often have contact with local service providers through their medicines optimisation role and signposting for healthy living. With appropriate training, pharmacy teams could deliver sensitive sexual and reproductive health advice, supply ongoing/emergency contraception (following consultation), offer pregnancy testing and annual STI screening services, partner notification, as well as encourage onward referral of positive test results to GPs and sexual health clinics, where appropriate. This will increase capacity within other service providers, allowing them to attend to more complex cases. Furthermore, a feedback loop could be established, whereby the service provider refers the person back to the pharmacy for repeat testing, treatment and ongoing support.

## 3.3 Benefits of engaging pharmacy teams

### 3.3.1 Address variations in quality and service delivery

With variations in both workforce capacity and training among current service providers, community pharmacies offer an easy and alternative setting to help close the gap on local access and relieve the pressure on existing providers. They are conveniently positioned within the heart of communities, offer an anonymous, informal and flexible environment to speak to a trusted health professional without an appointment, and are often the public's first and sometimes only contact with a healthcare professional (especially in areas of most deprivation). Healthy Living Pharmacies (HLPs), in particular, have to satisfy **quality criteria**, which ensures that they provide consistent, high quality health improvement interventions to their local community.

### 3.4 Increase opportunities for innovative service delivery

The community pharmacy setting provides opportunities for pharmacy teams to work in partnership with commissioners and other providers to deliver an integrated package of sexual health services that focus on the whole care pathway. This may include provision of relationship support and advice, signposting to local SH and RH clinics, contraception advice, STI screening and treatment, and pregnancy testing. Collaboration with key stakeholders is important to enable seamless delivery of these services, which will reduce inequalities in access, improve patient experience and improve sexual health.



### 3.4.1 Promote sexual health campaigns

With 11,619 community pharmacies across England<sup>12</sup> (over 9,400 of which are HLPs<sup>12</sup>), they provide an exemplary platform to further promote sexual health campaigns to raise awareness, address risky behaviours, and offer onward referral and signposting to populations at risk, especially for those who do not access conventional health services.

## 4. What more can be done

### 4.1 Chlamydia screening and treatment

Chlamydia infection often has no symptoms and if left untreated, can have serious health consequences such as infertility and for women, pelvic inflammatory disease. The National Chlamydia Screening Programme (NCSP) is an important public health initiative for improving sexual health of young people across the country through early detection and treatment of infection. It recommends at least 70% of chlamydia screening to take place in core services, including community pharmacies.<sup>6</sup> Despite this, only about a third of pharmacies across the country are commissioned to provide the service.<sup>4</sup> Appendix C details the contribution of pharmacy to the number of chlamydia tests and treatments undertaken in England in 2017.

Chlamydia screens delivered in the pharmacy could be less costly than a full STI screen in Genito Urinary Medicine (GUM) services.<sup>7</sup> Commissioning chlamydia screening ensures that low-risk, uncomplicated cases are dealt with appropriately, freeing up capacity for health professionals to manage more complex and high-risk patients.<sup>7</sup>

#### **Opportunities for action:**

Commissioners could consider commissioning chlamydia screening and treatment from pharmacies, as a service that is delivered and embedded within a package of sexual healthcare alongside other related services, such as the Condom Card (C-Card) scheme and EHC.

If not already trained, pharmacy teams involved in the delivery of chlamydia screening and testing services are encouraged to undertake training on “**chlamydia testing and treatment**”, available through the Centre for Pharmacy Postgraduate Education (CPPE), funded by Health Education England (HEE).

Commissioners could consider including relevant training in the service level agreement.

### 4.2 Condom distribution

Condoms prevent unplanned pregnancies and offer protection against most STIs including chlamydia, gonorrhoea and HIV. Condom distribution schemes (CDS), such as the C-Card scheme, are a key method of promoting condom use, particularly among young people aged 13-24 years. The C-Card scheme in primary care settings, such as

community pharmacies, allow teams working in them to deliver a more comprehensive sexual health service through provision of relationship support and advice, information on alcohol and drug use, signposting to local SH and RH clinics, STI screening and pregnancy testing, where appropriate. However, while pharmacies are reported as the most common C-Card outlet, many people who may benefit from such a scheme have limited information regarding access through pharmacies (see Appendix D).

### **Opportunities for action:**

Commissioners have an opportunity to increase awareness and encourage uptake of local C-Card schemes delivered through community pharmacies by using social media and distributing posters and leaflets advertising availability of CDS.

Pharmacy teams are encouraged to engage in the local C-Card scheme and be encouraged to establish links with local SH, RH and HIV services for signposting during condom consultations, where appropriate.

Pharmacy teams are encouraged to proactively engage in discussions on safe sex and use of condoms, especially among young people, during appropriate consultations.

## **4.3 Contraception**

### **4.3.1 Ongoing contraception**

Unplanned pregnancies or having children at a young age (under 18 years) can have significant implications on a woman's health and mental wellbeing, and severely limit their education and career prospects. Extending the role of community pharmacists to enable supply of oral contraceptive pills and to establish explicit links to the timely provision of long-acting reversible contraceptives (LARCs) could reduce rates of unwanted pregnancies and relieve the burden on GPs to allow them to focus on more specialist services. This is further discussed under Appendix E.

### **Opportunities for action:**

In areas that do not already offer commissioned contraceptive services, commissioners could consider developing such a service, which will require the development of a Patient Group Direction (PGD) that will allow pharmacists to supply contraception to women on an ongoing basis, if appropriately trained and skilled to provide this service.

Women seeking emergency contraception or contraceptive advice should be advised that LARCs are the most effective method of contraception and be signposted to local SH, RH services, where appropriate.

If not already trained, pharmacy teams engaging in the provision of ongoing contraception are encouraged to undertake the FSRH's online course on conducting a **contraceptive choices consultation**, as well as CPPE's training on **contraception**. Commissioners could consider including relevant training in the service level agreement.

#### 4.3.2. Emergency Hormonal Contraception

Since 2001, EHC has been made available for purchase over-the-counter in community pharmacies across England; however, the cost of purchasing it remains an important barrier to uptake.<sup>8</sup> Community pharmacy is a main route of access for EHC<sup>9</sup>, which may be attributable to some women finding it difficult to obtain a doctor's appointment within the crucial 72-hour window and/or feeling judged by existing service providers.<sup>10</sup> Despite this, less than half of the pharmacies across the country are commissioned to provide the service.<sup>4</sup>

#### **Opportunities for action:**

If not already available, commissioners could consider commissioning EHC services through community pharmacies.

Pharmacy teams are encouraged to proactively engage in discussions on safe sex and provide advice on contraception during appropriate consultations.

Pharmacy teams involved in EHC delivery should provide EHC services in line with the FSRH guidance on **EHC**. If not already trained, they are encouraged to undertake the FSRH's online course on conducting a **contraceptive choices consultation**, as well as CPPE's training on **emergency contraception**.

Commissioners could consider including relevant training in the service level agreement.

#### 4.4 Preconception care

Provision of preconception care to women before they are pregnant will help to encourage healthy behaviours to start pregnancy well and reduce risk factors associated with poor pregnancy outcomes. Young women and women from ethnic minority groups may be at higher risk of poor pregnancy outcomes because of limited awareness and poor preconception planning.<sup>11</sup> Pharmacy teams are well positioned to provide preconception advice. This is further outlined in Appendix F.

### **Opportunities for action:**

Commissioners could provide pharmacies with links to appropriate pregnancy and midwifery services to establish referral pathways.

Pharmacy teams are encouraged to refer to the National Institute for Health and Care Excellence (NICE) guidelines for **folic acid supplementation** and **stopping smoking in pregnancy** during relevant consultations.

### **4.5 HIV testing**

Pharmacies are conveniently placed within the community to help reduce inequalities by reaching targeted populations and providing ongoing support to those infected, who may not access other conventional health services. Improving coverage and uptake of HIV testing will help reduce the mortality rate, improve timely diagnoses of infected people, and reduce HIV transmission through decreasing the number of people living with undiagnosed HIV and increasing the number of people effectively treated so they are no longer infectious. See Appendix G for further discussion.

### **Opportunities for action:**

Commissioners could consider commissioning HIV testing in pharmacies, especially in areas with a high prevalence of HIV, as identified by **NICE**.

If not already trained, pharmacy teams are encouraged to undertake training opportunities provided by the **HIV Pharmacy Association** in partnership with the Royal Pharmaceutical Society, as well as **CPPE**, to better support people living with HIV.

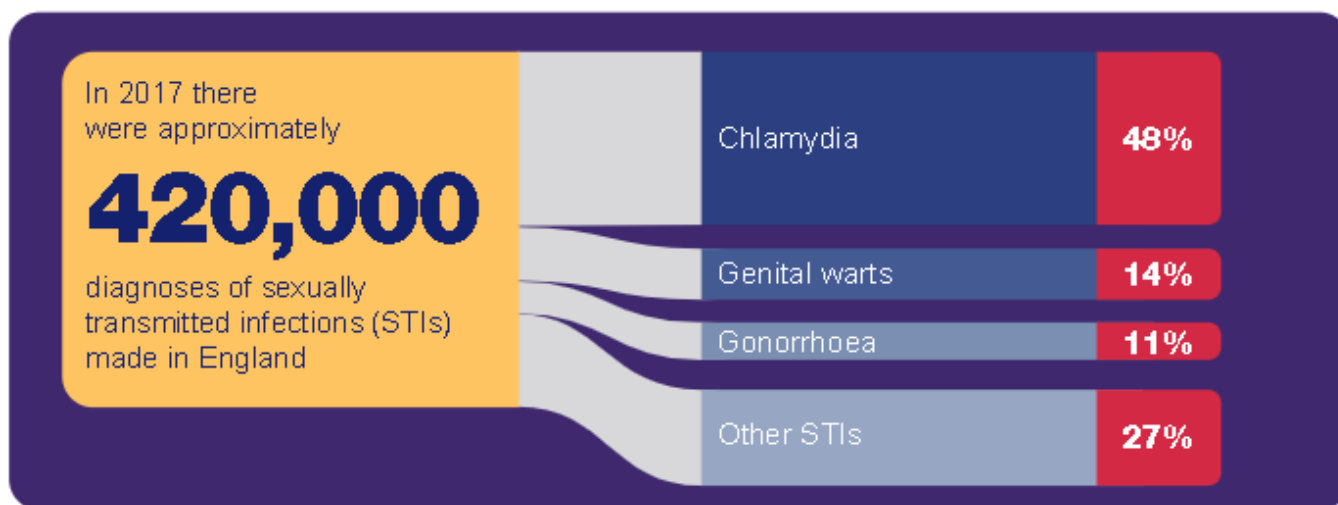
Commissioners could consider including relevant training within the service level agreements.

## 5. Conclusion

Community pharmacies, especially HLPs, are a community, social and health asset situated in the heart of the communities they serve. There is a great opportunity to utilise them to further the provision of SH, RH and HIV services. 95% of the population is within a 20-minute walk of a local community pharmacy and access is greatest in areas of highest deprivation. Their convenient location and informal environment offer opportunities to improve local access and help reduce health inequalities. Despite this, SH, RH and HIV services are not consistently commissioned across the country, with geographic variations in the commissioning of service delivery.

A more consistent and integrated approach, working alongside commissioners and other professionals, is needed to ensure consistent quality standards and seamless delivery of a comprehensive SH, RH and HIV service within pharmacies across the country. For this to happen, commissioners need to recognise the value of pharmacy teams as a key asset for the provision of SH, RH and HIV services working alongside other providers, especially given their convenient position and value within the community. Without integration, people will continue to experience fragmented service delivery, resulting in poor sexual and reproductive health, unplanned pregnancies, and subsequent personal and societal costs.

## Appendix A – Sexual Health Epidemiology



In 2017, there were approximately 420,000 diagnoses of STIs.<sup>1</sup> Chlamydia was the most common STI, with more than 1.3 million chlamydia test carried out and over 126,000 diagnoses made among young people aged 15-24 years.<sup>1</sup> With local authorities due to spend £343m on STI services in 2018-19 (approximately 10% of their overall public health grant), this is a significant public health issue in England.<sup>13</sup>

Furthermore, there were approximately 184,000 pregnancies resulting in abortion in 2017.<sup>14</sup> In 2016, the under-18 conception rate was reported to be 18.9 per 1,000 15-17 year-old females.<sup>15</sup> It is estimated that teenage pregnancies cost the NHS around £63 million<sup>16</sup> per year. In contrast, investing in contraceptive care is highly cost effective, with every £1 invested in contraception saving £9 in averted costs.<sup>17</sup>

Despite testing and treatment services being universally accessible and free, late diagnoses of HIV remains a key public health challenge. In 2017, there were an estimated 101,600 people living with HIV, of whom 7,800 were suspected to be unaware of their infection.<sup>3</sup> For those diagnosed late, there is a 10-fold risk of mortality within the first year of diagnosis compared to those diagnosed promptly.<sup>18</sup>

## Appendix B – Commissioning responsibilities

<b>Commissioning body</b>	<b>Services commissioned</b>
Local authorities	Comprehensive sexual health services, including: <ul style="list-style-type: none"> <li>• Contraception and advice on preventing unintended pregnancy</li> <li>• STI testing and treatment</li> <li>• Sexual health aspects of Psychosexual counselling</li> <li>• Sexual health services commissioned from primary care (GP and community pharmacy) under local public health contracts</li> </ul>
	Social care services <ul style="list-style-type: none"> <li>• HIV social care</li> <li>• Wider support for teenage parents</li> </ul>
Clinical commissioning groups	Abortion services
	Female sterilisation
	Vasectomy (male sterilisation)
	Non-sexual health elements of psychosexual health services
	Contraception primarily for gynaecological purposes
	HIV testing when clinically indicated in CCG-commissioned services
NHS England	Contraceptive services provided as an “additional service” under the GP contract
	HIV treatment and care services, and cost of all antiretroviral treatment
	Testing and treatment for STIs (including HIV testing) in general practice
	HIV testing in other NHS England-commissioned services
	All sexual health elements of healthcare in secure and detained settings
	Sexual assault referral centres
	Cervical screening
	HPV immunisation
	Specialist foetal medicine services
	NHS Infectious Diseases in Pregnancy Screening Programme



## Appendix C – Chlamydia screening and treatment in community pharmacies

In 2017, over 13,000 Chlamydia tests and 1,200 diagnoses were made in pharmacies amongst 15-24 year-olds (see Table 1).<sup>1</sup> These figures made up 1% of the total number of tests and diagnoses undertaken in England that year, and highlight the scope to do more.<sup>1</sup>

**Table 1. Chlamydia tests, diagnoses, and test positivity\* among 15 to 24 year olds by test setting, 2017, England**

Test setting	Tests		Diagnoses		Test positivity (%)
	Number	%of total	Number	%of total	
Specialist SHSs	579,083	44.50%	68,335	53.90%	11.8
GP	257,919	19.80%	17,444	13.80%	6.8
SRH	97,098	7.40%	10,931	8.60%	11.3
Internet	132,006	10.10%	11,888	9.40%	9.0
ToP	21,890	1.70%	1,403	1.10%	6.4
Pharmacy	13,030	1.00%	1,277	1.00%	9.8
Other	182,602	14.00%	14,003	11.00%	7.7
Unknown	19,021	1.50%	1,547	1.20%	8.1
<b>Total</b>	<b>1,302,649</b>	<b>100%</b>	<b>126,828</b>	<b>100%</b>	<b>9.7</b>

\* Data from specialist and non-specialist sexual health (including community based) services (SHSs) GP: General practice; SRH: Sexual and reproductive health service; ToP: Termination of pregnancy service.

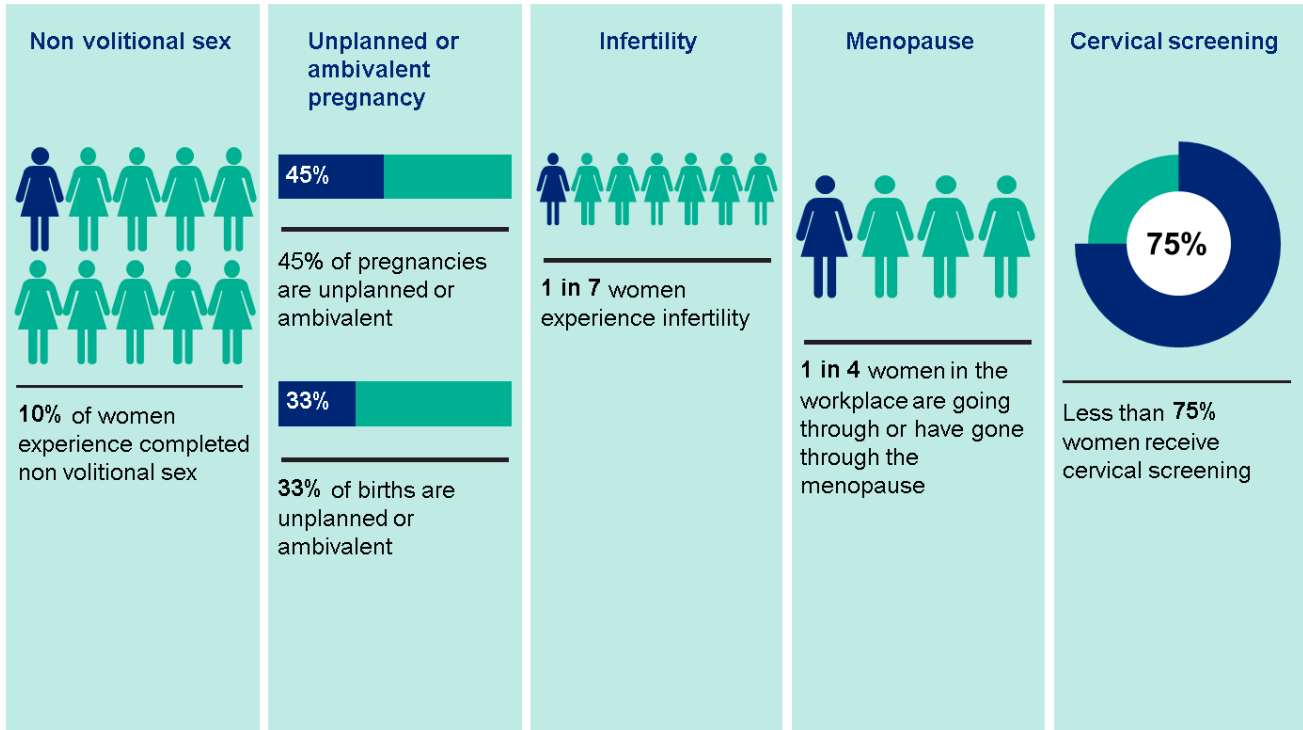
Open access services where people can be tested and treated for STIs rapidly and confidentially, and notify their partners, encourages people and their partners to get tested, subsequently preventing onward infection.<sup>20</sup> By embedding chlamydia screening within community pharmacies, as recommended by the [National Chlamydia Screening Programme Standards 7th edition](#), this will support timely detection and treatment of infection, and prevent onward transmission and subsequent healthcare costs for sequelae such as pelvic inflammatory disease, subfertility and ectopic pregnancy.<sup>7</sup>

## Appendix D – Condom distribution schemes

The abundance and variety of C-Card outlets gives flexibility to users who can choose a time and venue most convenient for them to access the scheme. In 2015/16, condom distribution schemes (CDS), including the C-Card, were available in nearly all areas of the country. The C-Card, scheme, in particular, provided access for approximately 66,000 new users and 46,000 repeat users across all provider outlets.<sup>21</sup>

Based on a survey disseminated to sexual health commissioners of 152 upper tier local authorities (UTLAs) in England – of which, 68% responded – community pharmacies were the most common C-Card outlet, making up 30% of the total reported C-Card venue types; followed by youth voluntary organisations and educational settings (24%), and GPs (22%).<sup>21</sup> However, an evaluation of the C-Card scheme conducted in northeast England showed that while it appeared to be highly valued by those who participated in it, few had prior knowledge about the scheme before signing up.<sup>22</sup> Therefore, effective advertising and promotion of such sexual health services through an easy and local setting, such as pharmacies, is important to maximise uptake in high-risk populations. Local C-Card schemes should also be signposted to local schools to ensure sexually active young people are aware of the different options for accessing SH services.

## Appendix E – Unplanned pregnancies



Even with a reduction in rates of under-18 conceptions, rates of unplanned pregnancy across all age groups remain high with 45% of pregnancies and one-third of births unplanned or ambivalent.<sup>23</sup> Factors strongly associated with unplanned pregnancy include first sexual intercourse before 16 years of age, current smoking or non-cannabis drug use and lower educational attainment.<sup>24</sup> Children born to teenage mothers are up to 3 times more likely to be teenage parents themselves.<sup>25</sup>

Improving education and access to all methods of contraception, including long-term contraception, through primary care settings such as community pharmacies can help break this cycle by enabling all women of reproductive age to make informed decisions regarding their fertility, thereby reducing inequalities and the number of unplanned pregnancies.

A pilot study undertaken in 2009, in Lambeth and Southwark, South London, that assessed the impact of qualified pharmacists supplying the oral contraceptive pill using a PGD revealed the clinical competency of pharmacists in this role and substantial client satisfaction with the service.<sup>26</sup> This highlights the potential of community pharmacists to further enhance women's access to contraception and minimise unplanned pregnancies in those at high-risk.

## Appendix F – Preconception health



Improving women’s health before, during and after pregnancy will support good pregnancy and birth outcomes, and positively impact on the child’s health long after infancy. Preconception care involves a set of interventions that aim to promote healthy behaviours and reduce risk factors before conception. This will enable women to start pregnancy well and support transition to parenthood, subsequently reducing the negative consequences and financial costs associated with a poor pregnancy, thus, making it an ideal area for preventative spending.

Each year, approximately 1 in 1000 pregnancies are affected by neural tube defects in the UK.<sup>27</sup> This risk can be reduced by an estimated 72% with daily supplementation of folic acid before conception, a vitamin that supports the healthy development of a baby’s brain and spinal cord.<sup>27</sup> For women who are planning to get pregnant, it is recommended to start folic acid supplementation at least 3 months prior to conception. A recent study in the UK found that less than a third of women were taking folic acid supplements at the correct time, with young women and ethnic minority groups most disadvantaged.<sup>28</sup> This may be partly due to the pregnancy being unplanned and a lack of knowledge regarding the benefits of folic acid supplementation.

Furthermore, there is a clear association between obesity and subfertility, with obese women of reproductive age more likely to experience complications with conception and menstrual dysfunction, as well as complications during pregnancy such as

gestational diabetes, preeclampsia, miscarriage and caesarean delivery.<sup>29</sup> Even a modest decrease in BMI in these women can increase likelihood of pregnancy and decrease adverse outcomes.<sup>29</sup>

Pharmacy teams, especially Health Champions, are thus well placed to improve preconception health for women of child bearing age who are planning a pregnancy by providing opportunistic health advice to encourage healthy choices. This may include recommendations for a suitable folic acid supplement, raising awareness of the dangers of exposure to second hand smoke and referral to stop smoking services, advice on increasing physical activity, encouraging pertussis and influenza immunisation, promoting good mental health and signposting to appropriate pregnancy services; thereby reducing poor pregnancy and birth outcomes, and health inequalities.

## Appendix G – HIV testing in community pharmacies

According to NICE guidelines, *HIV testing: increasing uptake among people who may have undiagnosed HIV*, providers of community testing services (including outreach and detached services) should set up testing services in areas with a high prevalence or extremely high prevalence of HIV, using venues such as pharmacies or voluntary sector premises.<sup>30</sup> Given that HIV disproportionately affects minority groups such as gay or bisexual men and black Africans, improving uptake of HIV testing could not only save £18 million in treatment costs per year<sup>31</sup> but also reduce health inequalities and improve the lives of people who have been infected with HIV.

Last November, a community project funded by the National HIV Prevention Innovation Fund was launched in Cumbria. It enabled people to request a free, rapid HIV test from selected pharmacies and receive their results in 5 minutes. This initiative is expected to increase opportunities for people to get tested and help combat late diagnoses and treatment of the condition. Early evaluation of the project has demonstrated pharmacies as a viable setting for increasing coverage of HIV testing, with almost half of the people tested having never been tested before. The anonymity that pharmacies offer was a key strength, particularly for vulnerable groups such as gay and bisexual men, ethnic minority groups and for those living in rural areas.<sup>32</sup>

## References

1. Public Health England (PHE). Sexually Transmitted Infections and Chlamydia Screening in England, 2017. Health Protection Report Volume 12 Number 20. PHE; 2018. Retrieved from: [www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables](http://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables)
2. World Health Organisation (WHO). Family planning/Contraception. [Online]. WHO; 2018 [Accessed 20 December 2018]. Retrieved from: [www.who.int/news-room/fact-sheets/detail/family-planning-contraception](http://www.who.int/news-room/fact-sheets/detail/family-planning-contraception)
3. Public Health England (PHE). Progress towards ending the HIV epidemic in the United Kingdom: 2018 report. PHE; 2018. Retrieved from: [www.gov.uk/government/publications/hiv-in-the-united-kingdom](http://www.gov.uk/government/publications/hiv-in-the-united-kingdom)
4. Mackridge A.J., Gray N.J., Krska J. A cross-sectional study using freedom of information requests to evaluate variation in local authority commissioning of community pharmacy public health services in England. *BMJ Open*. 2017;7(7):e015511. doi: 10.1136/bmjopen-2016-015511.
5. Public Health England (PHE). Pharmacy: A Way Forward for Public Health. Opportunities for action through pharmacy for public health. PHE; 2017. Retrieved from: [www.gov.uk/government/publications/community-pharmacy-public-health-interventions](http://www.gov.uk/government/publications/community-pharmacy-public-health-interventions)
6. Public Health England (PHE). National chlamydia screening programme standards (seventh edition). PHE; 2014. Retrieved from: [www.gov.uk/government/publications/ncsp-standards](http://www.gov.uk/government/publications/ncsp-standards)
7. Public Health England (PHE). Towards achieving the chlamydia detection rate. Considerations for commissioning. PHE; 2014. Retrieved from: [www.gov.uk/government/publications/chlamydia-detection-rate-considerations-for-commissioning](http://www.gov.uk/government/publications/chlamydia-detection-rate-considerations-for-commissioning)
8. Schenk, K.D. Emergency contraception: lessons learned from the UK. *J Fam Plann Reprod Health Care*. 2003;29(2):35-40.
9. NHS Confederation. Health on the high street. Rethinking the role of community pharmacy. NHS Confederation; 2013. Retrieved from: [www.nhsconfed.org/resources/2013/10/health-on-the-high-street-rethinking-the-role-of-community-pharmacy](http://www.nhsconfed.org/resources/2013/10/health-on-the-high-street-rethinking-the-role-of-community-pharmacy)
10. Anderson, C, Blenkinsopp, A, South, J, Horne, N, Boynton, P.M. Community pharmacy supply of emergency hormonal contraception: a structured literature review of international evidence. *Hum Reprod*. 2005;21(1): 272-84.
11. Tuomainen, H, Cross-Bardell, L, Mandeep, B, Qureshi, N, Kai, J. Opportunities and challenges for enhancing preconception health in primary care: qualitative study with women from ethnically diverse communities. *BMJ Open*. 2013; 3(7): e002977. doi: 10.1136/bmjopen-2013-002977.
12. NHS England. Pharmacy Quality Payments Scheme. [Online]. NHS England; 2019 [Accessed 07 February 2019]. Retrieved from: [www.england.nhs.uk/pharmacy/pharmacy-quality-payments-scheme/](http://www.england.nhs.uk/pharmacy/pharmacy-quality-payments-scheme/)

13. Ministry of Housing, Communities & Local Government. Revenue account (RA) budget 2018 to 2019. [Microsoft Excel spreadsheet]. UK: Ministry of Housing, Communities & Local Government; 2018. Available from: [www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2018-to-2019-budget-individual-local-authority-data](http://www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2018-to-2019-budget-individual-local-authority-data)
14. Department of Health and Social Care (DHSC). Abortion statistics: data tables. [Microsoft Excel spreadsheet]. UK: DHSC; 2018. Retrieved from: [www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2017](http://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2017)
15. Office for National Statistics (ONS). Conceptions in England and Wales: 2016. [Online]. ONS; 2018 [Accessed 20 December 2018]. Retrieved from: [www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2016](http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2016)
16. National Institute for Health and Care Excellence (NICE). Costing report: Contraceptive services with a focus on young people up to the age of 25. NICE; 2014. Retrieved from: [www.nice.org.uk/guidance/ph51/resources/costing-report-pdf-69198589](http://www.nice.org.uk/guidance/ph51/resources/costing-report-pdf-69198589)
17. Public Health England (PHE). Contraception: Economic Analysis Estimation of the Return on Investment (ROI) for publicly funded contraception in England. PHE; 2018. Retrieved from: [www.gov.uk/government/publications/contraceptive-services-estimating-the-return-on-investment](http://www.gov.uk/government/publications/contraceptive-services-estimating-the-return-on-investment)
18. Public Health England (PHE). HIV in the UK: 2016 report. PHE; 2016. Retrieved from: [www.gov.uk/government/publications/hiv-in-the-united-kingdom](http://www.gov.uk/government/publications/hiv-in-the-united-kingdom)
19. Public Health England (PHE). Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV. PHE; 2014. Retrieved from: [www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services](http://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services)
20. Department of Health and Social Care (DHSC). A Framework for Sexual Health Improvement in England. DHSC; 2013. Retrieved from: [www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england](http://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england)
21. Public Health England (PHE). Condom Distribution Schemes in England 2015/16. A survey of English Sexual Health Commissioners. PHE; 2017. Retrieved from: [www.gov.uk/government/publications/condom-distribution-schemes-in-england](http://www.gov.uk/government/publications/condom-distribution-schemes-in-england)
22. Kinsella, K, Cross, R, South, J, Horne, N, Boynton, P.M. An evaluation of the condom distribution scheme (C-Card) with young people in Northeast England. *Perspect Public Health*. 2014;134(1): 25-30. doi: 10.1177/1757913913483245.
23. Public Health England (PHE). Guidance: Health matters: reproductive health and pregnancy planning. [Online]. PHE; 2018 [Accessed 28 August 2018]. Retrieved from: [www.gov.uk/government/publications/health-matters-reproductive-health-and-pregnancy-planning/health-matters-reproductive-health-and-pregnancy-planning](http://www.gov.uk/government/publications/health-matters-reproductive-health-and-pregnancy-planning/health-matters-reproductive-health-and-pregnancy-planning)
24. Wellings, K, Jones, K.G, Mercer, C.H, Tanton, C, Clifton, S, et al. The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). *Lancet*. 2013; 382(9907): 1807–1816. doi: 10.1016/S0140-6736(13)62071-1.



25. Department of Health and Social Care (DHSC). Teenage Pregnancy National Support Team: Effective Public Health Practice. DHSC; 2011. Retrieved from: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216332/dh\\_127470.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216332/dh_127470.pdf)
26. NHS South East London. Evaluation of Oral Contraception in Community Pharmacy Pilot in Southwark and Lambeth: Final Evaluation Report. NHS South East London; 2012. Retrieved from: [http://ocsotc.org/wp-content/uploads/2012/04/NHS-2012\\_Evaluation-of-pharmacy-provision-of-OCs-in-London-1-2012.pdf](http://ocsotc.org/wp-content/uploads/2012/04/NHS-2012_Evaluation-of-pharmacy-provision-of-OCs-in-London-1-2012.pdf)
27. Morris, J.K, Rankin, J, Draper, E.S, Kurinczuk, J.J, Springett, A, Tucker, D, et al. Prevention of neural tube defects in the UK: a missed opportunity. Archives of Disease in Childhood. Published Online First: 17 December 2015. doi: 10.1136/archdischild-2015-309226.
28. Bestwick, J.P, Huttly, W.J, Morris, J.K, Wald, N.J (2014) Prevention of Neural Tube Defects: A Cross-Sectional Study of the Uptake of Folic Acid Supplementation in Nearly Half a Million Women. PLoS ONE, 2014; 9(2): e89354. <https://doi.org/10.1371/journal.pone.0089354>.
29. Moussa, H.N, Alrais, M.A, Leon, M.G, Abbas, E.L, Sibai, B.M. Obesity epidemic: impact from preconception to postpartum. Future Sci OA. 2016;2(3):FSO137. doi: 10.4155/fsoa-2016-0035.
30. National Institute for Health and Care Excellence (NICE). HIV testing: increasing uptake among people who may have undiagnosed HIV. NICE; 2016. Retrieved from: [www.nice.org.uk/guidance/ng60/resources/hiv-testing-increasing-uptake-among-people-who-may-have-undiagnosed-hiv-1837567043269](http://www.nice.org.uk/guidance/ng60/resources/hiv-testing-increasing-uptake-among-people-who-may-have-undiagnosed-hiv-1837567043269)
31. National AIDS Trust (NAT). Commissioning HIV Testing Services In England. NAT; 2014. Retrieved from: [www.nat.org.uk/sites/default/files/publications/Nov\\_2013\\_Toolkit.pdf](http://www.nat.org.uk/sites/default/files/publications/Nov_2013_Toolkit.pdf)
32. Ipsos MORI's Social Research Institute. Public Health England HIV Prevention Innovation Fund: Cohort 2 Evaluation Report. Ipsos MORI's Social Research Institute; 2018. Retrieved from: [www.ipsos.com/ipsos-mori/en-uk/public-health-england-hiv-prevention-innovation-fund-cohort-2-evaluation-report](http://www.ipsos.com/ipsos-mori/en-uk/public-health-england-hiv-prevention-innovation-fund-cohort-2-evaluation-report)