



The Community Pharmacy Wales response

to the

NHS Wales Consultation Document

**Draft Quality Requirements for Sexual Health
Services in Wales**

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Part 1: Introduction

This response is submitted by Community Pharmacy Wales to the consultation on the *Draft Quality Requirements for Sexual Health Services in Wales*.

Community Pharmacy Wales (CPW) is the body whose function is to represent and negotiate NHS contractual matters on behalf of all pharmacy contractors in Wales.

Community pharmacies across Wales provide a valuable service to the majority of communities in Wales, including rural communities and communities in urban deprived areas. Together they constitute a network of 708 potential Health & Well-Being Centres, providing a convenient and easily accessible source of health advice and support to patients. This combination of location and accessibility makes the network an ideal vehicle to support the delivery of sexual health services to patients.

Community pharmacies have traditionally provided a range of sexual health services and these have developed over time to include:

- The supply of contraceptives, devices and drugs for impotence and the treatment of infection via NHS and private prescriptions.
- The sale of condoms and pregnancy test kits.
- The supply of Emergency Hormonal Contraception as a private service and as an LHB commissioned service.
- The provision of pregnancy testing.
- The provision of chlamydia testing and treatment.

Our response to this consultation is based on the provision of sexual health services as NHS services.

Part 2: The draft quality requirements

Sexual Health Networks

CPW would seek to ensure that the desire '*to build new partnerships*' and '*deliver a multi-agency solution*' is reflected in the membership of both the national and local sexual health networks. The significant contribution that community pharmacy can make to the sexual health agenda is often not fully appreciated at a local level and we would suggest that providing a 'seat at the table' for a local community pharmacist will address this issue and result in improved integration of the community pharmacy network.

Sexual Health Promotion

The location and accessibility of community pharmacy combined with a customer flow second only to the post office makes community pharmacy the ideal location for the delivery of sexual health promotion advice. Research shows that for every visit to a GP practice a patient will make 12 visits to a community pharmacy and it needs to be further recognised that while patients requiring healthcare visit GP practices community pharmacies are visited each day by people purchasing everyday items. Community pharmacies are also able to access young people and in particular young males which is the main target group for STI health promotion.

This health promotion potential has been recognised in the design of the New Community Pharmacy Contractual Framework. **Essential Service 4: Promotion of Healthy Lifestyles (Public Health)** includes and element of campaign based services as follows:

'Pharmacists and their staff will pro-actively take part in and contribute to national/local campaigns for patients and general pharmacy visitors during the campaign period, including giving advice to people on campaign issues. This advice may be supplemented by the provision of advice and in-store displays'

Despite an agreement in the Community Pharmacy Contractual Framework that community pharmacy will participate in up to six campaigns each year there are many LHB areas where this area of the contract is not being used optimally and **there is a significant opportunity for the over 700 pharmacies across Wales to become involved in supporting a national sexual health promotion initiative.**

Objective 2 of the draft quality requirements: states that *'all staff are given education/training support to ensure that they have the skills and knowledge to impart information and advice'* and we would ask that community pharmacy is fully recognised as a service provider when it comes to service provider training.

Whereas community pharmacists, as trained healthcare professionals, will have significant underpinning knowledge an investment in specific sexual health training has the potential to create **a network of sexual health specialists in the heart of local communities.**

We would wish to see this section extended to include reference to the involvement of the community pharmacy network in sexual health promotion.

Sexually Transmitted Infections

Objective 1 of the Peoples Experience section states that one of the standards should be: *'access to sexually transmitted infection (STI) services within 2 working days'*.

Community pharmacies across Wales have the potential to deliver a chlamydia testing and treatment service and some pharmacies are currently offering this as a private service. Evidence from the DH trial in London has demonstrated that community pharmacy is able to successfully reach the target group and the interim review also identified that 21% of service users were male compared to 12.5% through the National Chlamydia Testing Programme.

We would expect, as a result of the publishing of these quality requirements that sexual health networks across Wales both at national and local level no longer fail to recognise the potential contribution that community pharmacies can make to the key quality requirement namely:

'Each person with a sexually transmitted infection has timely and convenient access to sexual health services'.

Young people under the age of 25 feel extremely comfortable when visiting community pharmacies and this should be appropriately acknowledged especially

when it is widely recognised that young people feel less comfortable with visiting many of the existing sexual health clinics.

We would again wish to see the draft quality requirements adjusted to incorporate a requirement to make optimal use of all potential service providers for the benefit of patients.

Contraceptive Care

It is in the area of Emergency Hormonal Contraception that the location and accessibility of community pharmacy comes to the fore.

Research carried out in 2003 at West Kent Primary Care Trust and published in the *British Journal of Clinical Pharmacology* (2006;61-5:605) found that **the median time taken by young women aged 13 to 20 years to obtain EHC from a pharmacy was 16 hours**. This was much less than the median time taken to obtain EHC from family planning clinics (41 hours).

Researchers Kay Marshall, from the University of Bradford, and Gaye Lewington, from West Kent PCT, say: "This reduction in access time is statistically and, therefore, clinically significant, **representing a potential 10 per cent increase in the prevention of unintended pregnancies.**"

While it remains well recognised that access to EHC through community pharmacies is faster and more convenient for patients; less than one third of LHBs across Wales have commissioned a NHS provision of EHC through community pharmacy.

CPW would wish to see the quality standards adjusted so that the quality standard **'Access to emergency contraception available within 24 hours'** is enlarged to include recognition of the speed of access through community pharmacies.

Psychosexual Services

The majority of medicines provided to patients suffering from sexual dysfunction are supplied through community pharmacy and this presents a significant opportunity to provide patients with on-going support, the provision of literature and signposting to relevant support services.

As community pharmacists have been granted independent prescribing rights there are opportunities for the NHS to utilise the skills of both Independent and Supplementary Prescribing Pharmacists to fill some of the recognised gaps in psychosexual services.

Part 3: Conclusion

CPW are aware that the overarching aim of the *Modernisation Programme* is the integration of existing services into a 'single health service based in the community as far as possible'. With this in mind we are concerned that this strategic aim will not be achieved without the full and active participation of all sexual health providers in the area and that this must in future incorporate the community pharmacy network.

One of our key concerns is that national and local engagement with community pharmacy in relation to the sexual health agenda is currently suboptimal and we would expect the draft quality requirements to be adjusted so that appropriate engagement with the community pharmacy network is built into the standards.

One example of this lack of meaningful engagement at a national level is the omission of community pharmacy from membership of the Sexual Health Project Group despite the statement in Quality Requirement 1 that *'all service providers, statutory and non-statutory, who provide sexual health care are represented on the network'*.

Community pharmacy is for many people the most accessible part of the health service and is ready and able to make a significant contribution to the sexual health agenda and in delivering a 'World Class' sexual health service for Wales. This will only be achieved if there is proper recognition of the potential of community pharmacy and a genuine desire to seek full engagement.