

BPAS response to Lambeth Council's consultation on Lambeth's Sexual Health Pharmacy Service Redesign

<https://www.lambeth.gov.uk/consultations/have-your-say-on-lambeths-sexual-health-pharmacy-service-redesign>

BPAS is extremely supportive of this redesign, and welcomes the introduction of 'SRH Pharmacies' to provide a more comprehensive, consistent service and increase community pharmacists' role in providing contraception, information and referrals. In particular, we are hopeful this will allow women better access to the more reliable forms of contraception including oral contraception and LARCs, and thus yield improved reproductive health outcomes in the local area.

Access to reliable contraception

We hope this initiative will improve women's access to the most reliable forms of contraception such as COCs, POPs and LARCs, to help them control their own fertility and avoid unwanted pregnancy. We know from a recent Advisory Group on Contraception report, "Cuts, Closures and Contraception" that difficulties scheduling an appointment present a significant barrier to women accessing oral contraception and LARCs, especially since nearly 1/5 of the women surveyed said they had had to wait over two weeks for a contraceptive appointment.¹ We have long believed that increasing the role of community pharmacists to dispense contraception on a walk-in basis, as well as providing information and referrals to local SRH services, could relieve waiting times and improve access to reliable methods.

Emergency contraception

We have recently conducted research into women's experiences of accessing emergency hormonal contraception (EHC) in pharmacies, which flagged up some prevalent problems across the service nationwide. This research was not specific to Lambeth, but it did highlight some barriers that require addressing across the service. They were as follows:

- Content of the mandatory consultation with the pharmacist: The content of this consultation was very mixed, often erroneous and always incomplete. Of the 30 pharmacies tested, not one offered information about ongoing methods of contraception or STI testing, and where such help could be obtained. No pharmacy informed women that the IUD was the most effective method of emergency contraception and no pharmacy provided information on where that could be found. EllaOne was often either not offered when it would have been appropriate, or presented as the only option when levonorgestrel (which is much cheaper) would have been perfectly appropriate. There were also cases of pharmacists being very judgemental. Pharmacist training is key to ensuring advice given is complete, accurate and non-judgemental.
- Privacy and discretion: In most cases, the client needed to ask at least two staff members before speaking to somebody who could offer help. And in many cases the consultation did not take place in a private or sound-proofed room, but on the shop floor, compromising women's privacy.

¹ http://theagc.org.uk/wp-content/uploads/2018/03/AGC_Report-Final-2017.pdf

- Visibility and transparency: Only 5 of the 30 pharmacies tested had any indication that EHC was provided in the store, even though information was often provided about the other services available. No information was provided in the women's health section of the stores. Clearer signposting would help make women aware of the services being offered. Some large pharmacies offer customers cards on the shelf, informing them that a specific product is held behind the counter and instructing them to take the card to a member of staff for service. This is a simple initiative, which simultaneously improves visibility and allows women a greater level of privacy in store.
- IUD guidance: As previously stated, no women were offered information on IUDs as a method of emergency contraception. This information should be offered to ensure a full picture, and women should be assisted in booking a fast-track appointment locally. However, it should also be understood by pharmacists that having an IUD fitted is a qualitatively very different undertaking from taking a pill, so this will not be suitable for all women and we would expect uptake to be low.
- PGDs and the presence of pharmacists on site: Our experience has shown that even where a PGD is in place, there will not necessarily be a qualified/registered pharmacist on site to dispense, which is a significant barrier to access, especially for women who will otherwise struggle to meet the cost of EHC.

We believe that the failure to remove obstacles in women's access to EHC can deny individual women the opportunity to avoid a pregnancy she has not planned, which can place her health and wellbeing at risk.

And finally...

Pharmacists should provide information on abortion services, since no method of contraception is 100% effective and therefore women cannot control their fertility through contraception alone. Women can self-refer to BPAS over the phone. We are happy to provide patient information materials if required.