Provision of emergency hormonal contraception through community pharmacies in a rural area

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Abstract

Objectives The provision of emergency hormonal contraception (EHC) through community pharmacies was introduced in Hambleton and Richmondshire, North Yorkshire, UK in December 2001 to contribute to the Teenage Pregnancy Strategy. The study aimed to establish how well the service is used, whether it is reaching the original target group, why people use the service and where it is accessed.

Methods This was a descriptive study conducted in a rural primary care trust.

Results From 1 January 2001 to 31 December 2003, there were 1412 pharmacy consultations for EHC and 1260 courses of EHC provided. General practitioner (GP) prescribing of EHC decreased but there was an overall increase in provision of EHC from pharmacies, GPs, family planning clinics, and accident and emergency departments. By December 2003, community pharmacies had become the largest provider of EHC.

Conclusions The supply of EHC through community pharmacies provided clients with wider choice and improved access to services, which resulted in increased overall provision of EC in this rural area.

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Key message points

- **Improvements in access to emergency hormonal contraception (EHC) may lead to increased use of EHC and reduced numbers of unwanted pregnancies.**
- **Provision of EHC free of charge from rural community pharmacies resulted in increased provision of EHC throughout the region.**
- **Community pharmacies became the main point of access but did not replace other points of access.**

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Introduction

Pharmacy-based emergency hormonal contraceptive (EHC) provision is promoted in the National Strategy for Sexual Health and HIV[1] in order to achieve much-needed improvements in access to EHC.[2] The Department of Health Social Exclusion Unit's Teenage Pregnancy Strategy aims to reduce the number of teenage conceptions by 50% by the year 2010.[3] All primary care trusts (PCTs) are expected to contribute to this target, whatever the conception rates within each area. In Hambleton and Richmondshire PCT it was decided that one contributory measure would be to broaden access to EHC.

Hambleton and Richmondshire is a rural PCT in North Yorkshire, UK covering an area of nearly 1000 square miles. The population of 116 000 is widely dispersed; there are only two centres with more than 10 000 people. Just under half the population live in the seven market towns and the large military garrison. The remainder are scattered in many small villages and more isolated farmsteads and houses. Population density over much of the area is sparse.

There are 15 pharmacies in total, rationally located across the PCT area in areas of relative population density. Both multiple and independent pharmacies took part in the scheme.

When EHC was first developed, a combined oestrogen and progestogen method (the Yuzpe regimen) was the only licensed preparation in the UK.[4] It was later shown that progestogen-only emergency contraception (POEC) methods are safer and also more effective than the combined method.[5] The progestogen-only preparation, levonorgestrel 750 µg (Levonelle-2®), was initially introduced as a prescription-only medicine (POM). It was supplied mainly through general practice (GP) surgeries, family planning or genitourinary medicine clinics, and hospital accident and emergency or gynaecology departments. In December 2000, the Medicines Control Agency (MCA) approved a proposal that Levonelle® should be available as a pharmacy-only item that could be purchased over the counter (OTC) if a pharmacist was present to give appropriate advice and counselling. Levonelle-2 remains a POM but it is now available without a doctor's prescription and free of charge from community pharmacies working under a Patient Group Direction (PGD). Levonelle is still available as an OTC medicine for supply by community pharmacists who are not accredited to supply using a PGD.

When the PGD was first introduced, Levonelle-2 was administered as two tablets that had to be taken 12 hours apart. The product licence was altered in December 2003 to allow both tablets to be taken together since there was evidence that there would be little change in the efficacy of the drug.[6] It is now possible for the medication to be taken in the pharmacy and this has probably improved compliance.

Pilot sites for the supply of EHC using a PGD had been introduced in Manchester and in the London boroughs of Lambeth, Southwark and Lewisham, where training was implemented and protocols developed over a 3-month period from April 2000.[7,8] The pilots proved successful in that they did reach the target age group. However, even though clinical criteria were met and there was no evidence

of inappropriate supply, the pilots did attract some adverse publicity from the national press.[9]

The pilot sites did establish that wider access to the provision of EHC needed to be nationally recognised as a priority, and in North Yorkshire assessments were made countywide. Two of the six Primary Care Groups secured funding that facilitated extending the provision to community pharmacies. One PCT decided to limit provision to those aged 19 years or under, and used a press release to publicise the service. This attracted a strong adverse reaction from local media, as the supply was seen to be promoting sexual activity in young people.

In Hambleton and Richmondshire PCT, a different approach was used. A decision was made to supply against any request provided all the inclusive criteria in the PGD were met. Clients aged 14 and 15 years were required to satisfy the Fraser guidelines for competence. No press release was issued to launch the scheme. The PGD for use by community pharmacists and family planning nurses was approved in late 2001. All community pharmacists (including locums) and family planning nurses were invited to attend a local workshop to discuss issues surrounding the PGD and the practicalities of implementation. A prerequisite for pharmacists was completion of training modules on EHC from the Centre for Pharmacy Postgraduate Education.[10] These were launched to coincide with the introduction of Levonelle and took the form of distance-learning packs or workshops. By the end of December 2001, when the project was implemented, pharmacists working in 11/15 pharmacies in the Primary Care Group were accredited to provide EHC using the PGD. By March 2002, when the PCT was formed this had increased to 13 pharmacies; by April 2003, all the pharmacies in Hambleton and Richmondshire had accredited pharmacists. Support for pharmacists is available formally through the pharmaceutical adviser and informally from colleagues already accredited.

All the community pharmacists participating in the scheme have had their premises approved to ensure there is a suitable area for consultation. This may be a quiet area rather than a separate room. Only accredited pharmacists can supply patients using the PGD. With locum cover the service is unfortunately not always available. When a non-accredited pharmacist is on duty the client will be directed to the nearest alternative service provider, which may be another pharmacy, family planning clinic or the client's own GP. The service was promoted through youth workers, school nurses and youth clubs. A5 posters were displayed in pharmacy windows.

After 12 months it became evident that there were gaps in the original PGD, particularly in relation to perimenopausal women and unprotected intercourse soon after childbirth. The PGD was reviewed so that requests under these circumstances could be dealt with appropriately, and all participating health professionals were invited to attend an update session. There was also considerable discussion about whether or not those aged under 16 years accessing the service should be followed up; the PGD incorporates assessment under the Fraser guidelines of competence. Discussion with the Senior Child Protection Nurse ensued and it was agreed that so long as there was nothing to indicate child protection issues the greater benefit would be achieved by maintaining confidentiality. Under the PGD, all users of EHC should be given information leaflets and advised to attend a family planning clinic or see their GP for further contraceptive and sexual health advice. Advice about STIs should also be given.

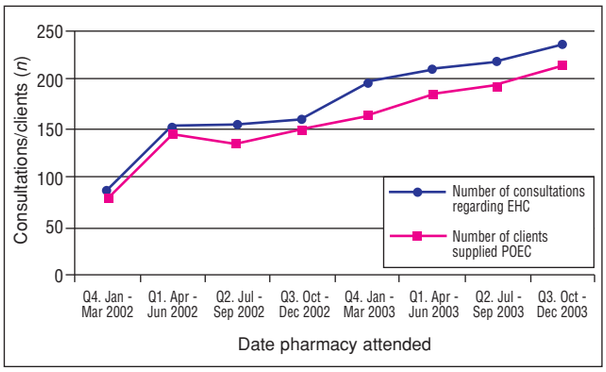

Figure 1 *Number of consultations regarding emergency hormonal contraception (EHC) and number of clients supplied with progestogen-only emergency contraception (POEC)*

Methods

From the outset of the community pharmacy project in December 2001, the PCT has monitored the supply of POEC from all providers in Hambleton and Richmondshire (i.e. community pharmacies, GP surgeries, family planning clinics and accident and emergency departments). Data collection is based on monthly returns from pharmacy contractors of the number of consultations and the number of items supplied, and from prescribing information.

The data collected included:

- the number of consultations and number of those supplied with EHC
- the age of clients
- reasons for using the service
- how users had found out about the service and
- where clients accessed EHC.

Analysis of the data by the prescribing adviser is ongoing and helps to identify problems. Already the PGD has been modified twice to meet needs that are highlighted by the process; this leads to continual evaluation and improvement.

Results

Monthly invoicing by pharmacy contractors identified the number of consultations and the number of clients supplied with POEC during the study period (Figure 1). Clients who were not given EHC did not satisfy the criteria of the PGD. For example, the client attended more than 72 hours since unprotected intercourse, the Fraser guidelines of competence were not satisfied, there was a possibility of existing pregnancy, or a pill had been missed but may not have compromised contraceptive cover.

Access via community pharmacy is still rising, but the rate of increase is slowing down. At the end of November

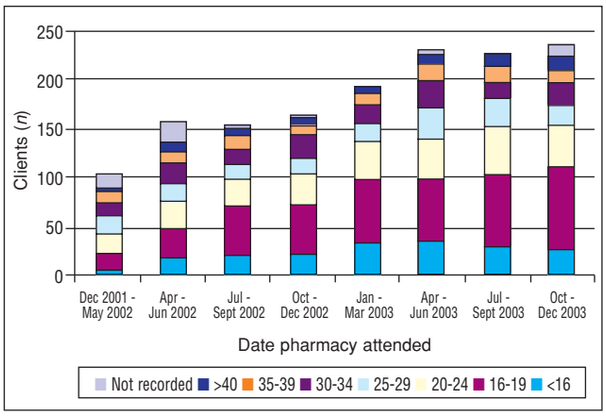

Figure 2 *Age of clients requesting emergency hormonal contraception*

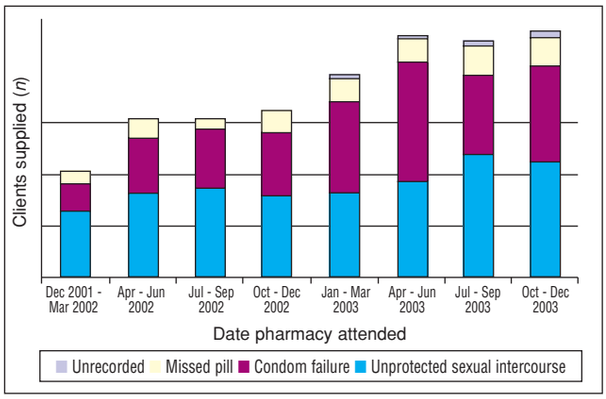

Figure 3 *Reason for supply of emergency hormonal contraception*

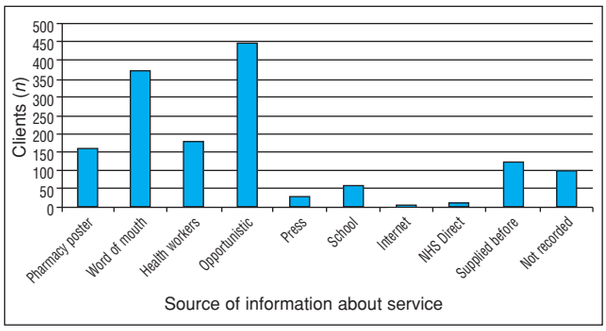

Figure 4 *Client awareness of service*

2003, access for consultations for the previous 12 months was 63% greater than in the 12 months up to the end of November 2002. Supply by doctors on prescription in the 12 months before Levonelle became available over the counter was 1420 items. It had been anticipated that supply might double; but in fact in the 12 months up to November 2003 provision on prescription or using a PGD went up to 1650, an increase of 16%.

The service was originally intended to target those aged under 19 years old and the number under the age of 16 years has risen since the service was introduced (Figure 2). Other age groups are also benefiting from the service. When the scheme was first introduced, just over 21% of the clients were under 20 years of age. This rose over the first two quarters of implementation to 46%, and since then clients under 20 years of age have consistently accounted for between 42% and 45% of consultations.

When asked why they required EHC, clients' replies fell into three categories: unprotected sexual intercourse in the previous 72 hours, condom failure or missed pill. Alcohol was often mentioned as a contributory factor. The proportion reporting condom failure may be an overestimate as women are sometimes reluctant to admit that intercourse was unprotected.

Clients heard about the service from various sources and some clients had attended for EHC before. Most users hear about the service by word of mouth, others are referred by health professionals. 'Opportunistic' refers to those who attend the pharmacy to buy EHC and are offered the service under the PGD.

Figure 5 shows the number of Levonelle-2 packs supplied by the various local providers of EHC. The apparent reduction in provision for the months following January 2001 is the period when Levonelle became available as an OTC medicine, before the PGD was introduced in December 2001. Only medication given against a prescription or using the PGD is included in the figures.

Discussion

Whilst pharmacies are now the largest provider of EHC in Hambleton and Richmondshire, there has in addition been an overall growth – pharmacy has not simply replaced other providers. Provision of EHC through pharmacies provides a valuable service, offering clients a choice of point of delivery. In the previous 12 months, GP supply has

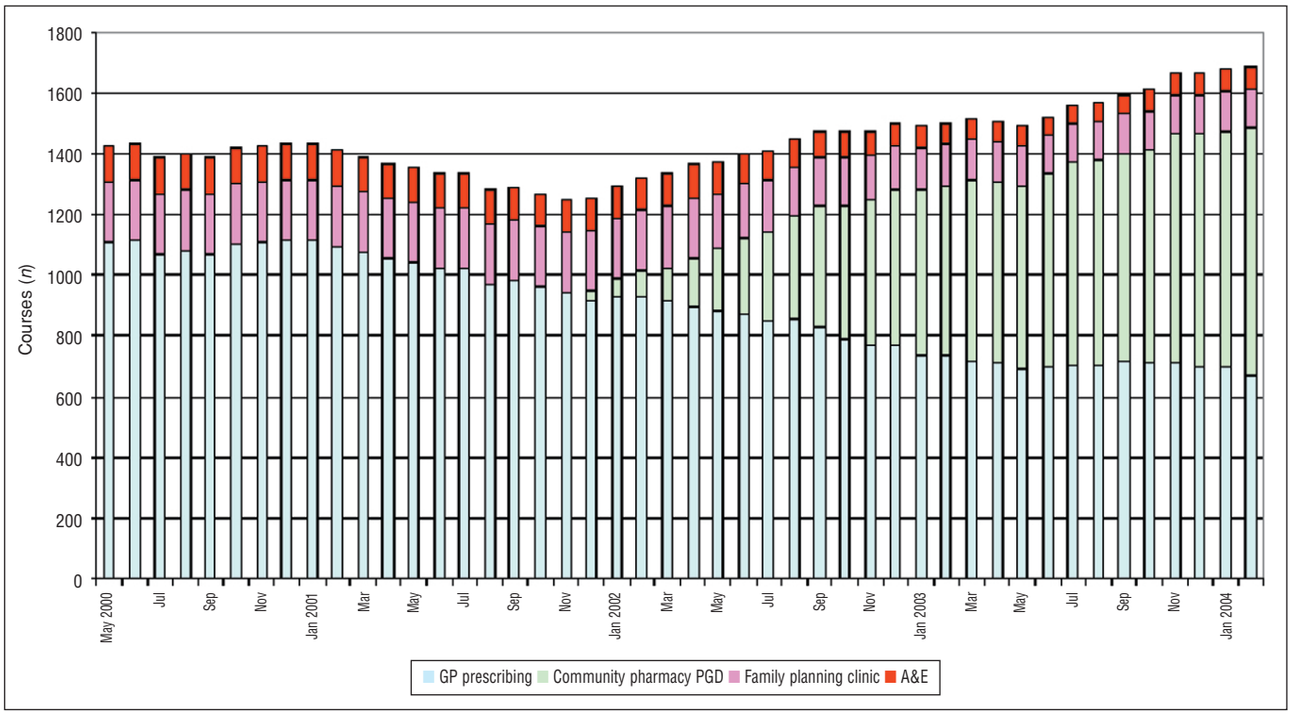

Figure 5 *Uptake of provision from different sources for Hambleton and Richmondshire PCT and local hospitals' rolling 12 months' supply of oral (prescription-only medicine) emergency hormonal contraception*

dropped while family planning and accident and emergency have remained steady but supply through pharmacy has increased: over 900 pharmacy consultations were carried out under the PGD, a huge saving in consultation and prescribing costs.

Of slight concern is the number of clients who have accessed the service on more than one occasion. The PGD does include encouraging clients to seek family planning advice and long-term contraception, and advice is given about STIs. A prospective study performed in the USA compared three groups of women who had access to EHC from either pharmacies, family planning clinics or by advance provision.[9] The findings were reassuring and showed that sexual behaviour, pregnancy rates and STI were similar in all three groups.

Conclusions

The study demonstrated that provision of EHC through community pharmacies improved access and increased the use of EHC. This is particularly important in Hambleton and Richmondshire PCT because of the challenges to access to services presented by the rural nature of the area.

Statements on funding and competing interests
Funding. None identified.
Competing interests. None identified.

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