

ALL-PARTY PHARMACY GROUP

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THE SUPPLY OF EMERGENCY CONTRACEPTION THROUGH COMMUNITY PHARMACIES

A report to Health Ministers

Background

The UK has the highest rate of unplanned pregnancies in the European Union. Around 200,000 abortions are carried out each year, representing about one-fifth of all pregnancies in the UK. Abortion rates are highest amongst women under 16 and over 40. One in every 10 sexually active women uses no form of contraception, yet is not planning to get pregnant.

The Social Exclusion Unit report, *Teenage Pregnancy*, committed the government to a target of reducing by half the rate of pregnancies in under-18s in England by 2010. Similar goals have been set for other parts of the UK. Amongst other measures, improved access to contraception is recognised as important in achieving these targets.

The use and status of emergency contraception

Emergency hormonal contraception (EHC) containing a combination of progestogen and oestrogen has been available, on prescription only, in the UK since 1984. In 1996-97, EHC was used by around 800,000 women. A new, progestogen-only EHC product has recently been launched in the UK which appears to be more reliable, simpler to use and less likely to cause side effects. It too is currently available only as a POM (prescription-only medicine), but its manufacturer has applied for P (i.e. pharmacy-only) classification.

Our deliberations

On 2nd February 2000 the All-Party Pharmacy Group met to discuss the subject of emergency contraception. A wide range of experts and interested parties were invited to observe the meeting and participate in discussion. A consensus quickly emerged on the following points:

- Reducing unwanted pregnancies, especially among young women and girls, is a vital social policy objective.
- EHC is one important means of preventing unwanted pregnancy, but it needs to be more readily available to those women who require it.
- Whilst easier access to EHC is necessary, it would be inappropriate to allow its supply from premises where the expert advice of a health professional was not available.
- Many women seeking EHC, especially younger women, feel uncomfortable at having to visit their GP and undergo questioning or possibly a physical examination before being able to obtain the product.
- The Manchester, Salford & Trafford Health Action Zone trial, in which EHC is provided to women by community pharmacists under a group protocol arrangement without the need for a prescription or a prior visit to the GP, is proving successful.
- Access to EHC would be significantly improved if it were to be made available from community pharmacies without the need for a prescription.
- Community pharmacies are highly accessible and are located in villages, towns and cities throughout the country.
- Many people, including women seeking EHC, find a visit to their local pharmacy less daunting and less formal than a visit to their GP or to a clinic.
- Community pharmacists are able to offer expert advice on the use and appropriateness of EHC without the need for an appointment.
- Patient privacy and confidentiality would need to be assured in the pharmacy setting. Many pharmacies now have quiet consultation areas.
- Improved reliability, ease of use and fewer side effects of new EHC products reinforce the case for availability without prescription through community pharmacies.
- The supply of EHC from community pharmacies could represent the first step towards a wider ‘pharmacy supply’ initiative in which certain medicines currently available only on prescription could be obtained from community pharmacies.

Recommendations

We make the following recommendations to Health Ministers:

1. Emergency hormonal contraception should be available to women from community pharmacies without the need for a prescription. A group protocol arrangement, such as is being used in the Manchester HAZ trial, is one method of achieving this end, but we are aware of others (P classification or a new 'pharmacy supply' status).
2. Community pharmacists supplying EHC should have access to professional support and guidelines so as to ensure that consistent expert advice from the pharmacist is available to those women who want it, and that referral to the woman's GP is recommended if appropriate.
3. Community pharmacies supplying EHC without a prescription should ensure that a quiet area of the pharmacy is available for consultation purposes, and that patient confidentiality is fully respected.
4. EHC should only be supplied by or under the supervision of a community pharmacist.
5. Supply of EHC should be a first step towards a wider 'pharmacy supply' initiative, such as is currently being considered by the Department of Health.

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