

Sexual Health Toolkit



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Section 1

The current context for sexual and reproductive health care in Great Britain

Sexual and reproductive health represents one of the biggest challenges to the NHS in all three countries. This is clearly supported by public health reports and other data sources, examples of which are illustrated below:

Sexual Health Challenges:

- The UK has the highest teenage birth and abortion rates in Western Europe¹. Rates of teenage births are seven times those in the Netherlands; double those in France and more than twice the rate in Germany². In 2006, the cost to the NHS in England of induced abortions for women younger than 25 was £48m³.
- Teenage pregnancies have a high cost implication for public funds. They place significant pressures on local authority social care, housing and education services, and there is a strong link with deprivation.
- In 2007, nearly 400,000 STIs were newly diagnosed at GUM clinics across the UK, an increase of 63% on 1998. Between 1998 and 2007 the largest increases were seen in the diagnoses of genital Chlamydia which rose by 150%, genital herpes by 51% and syphilis by 1,828%⁴.
- Young people (aged 16-24) are the age group most at risk of being diagnosed with a sexually transmitted infection, accounting for 65% of all chlamydia, 50% of genital warts and 50% of gonorrhoea infections diagnosed in genitourinary medicine clinics across the UK in 2007⁵.
- In 2007, an estimated 77,400 people in the UK were living with HIV⁶. More than a quarter (28 per cent) were unaware of their infection.
- There were 7,734 new diagnoses of HIV in 2007 – similar to previous years (7,334 in 2006). The estimated number of people infected through heterosexual contact within the UK has increased from 540 new diagnoses in 2003 to 960 in 2007, and has doubled, from 11% (540/4,800) in 2003 to 23% (960/4,260) in 2007, as a proportion of all heterosexual diagnoses during this period. Diagnoses among gay men continue to increase with 3,160 men (41 per cent of all new diagnoses) testing positive in 2007⁶.
- For every £1 invested in contraceptive services, it has been estimated that £11 is saved through prevention of unintended pregnancy^f. Evidence also shows that the NHS could save a further £30 million a year by improving contraceptive services, in particular ensuring access to the full range of methods⁸.

In response, the Health Departments in all three home countries have developed and are implementing specific policies and strategies for sexual health and HIV.

Health Departments want to see greater use made of pharmacists' clinical skills; their accessibility and location, to help improve sexual health and relevant services. Recent pharmacy specific policies include developments such as EHC provision; Chlamydia screening and treatment, as core public health roles for pharmacists.

Public health activity and sexual and reproductive health services are well established pharmacy roles especially in community pharmacy where there is convenient access without the need for an appointment; and in HIV and GUM clinics as specialised clinical pharmacists.

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Section 2

Pharmacy contribution to sexual and reproductive health

2.1 How Pharmacy Contributes to Sexual and Reproductive Health

Pharmacy has always contributed a core role in public health services for sexual and reproductive health throughout Great Britain by providing:

- Accessible community pharmacy locations with convenient opening hours in local communities
- Comprehensive pharmaceutical services in hospital wards or outpatient clinics

Over the past 10 years, pharmacists have significantly broadened this contribution and now provide a wide range of extended and specialist services, partially due to factors such as:

- A greater use of pharmacists' clinical skills in hospitals and the community to prescribe or supply medicines e.g. medicines management, independent pharmacist prescribers; use of patient group directions (PGDs)
- An increased availability of private consultation areas in community pharmacies
- A greater public willingness to consult pharmacists on sensitive issues such as sexual health
- An ever-increasing range of medicines and products available over the counter (OTC) from pharmacies
- A general government drive in England to widen access and choice for patients

As the profession becomes increasingly more clinically focussed and specialises in different areas, this includes sexual and reproductive health and pharmacists now undertake a range of activities in this field e.g.

Pharmacist-led activities

- **Community pharmacists** providing a range of comprehensive sexual health services (see table 1) including NHS care in line with local and national funding. They also provide advice and supply medicines and other sexual health products directly to the public
- **Clinical pharmacists** (some at Consultant level) are employed by HIV services providing specialist advice to clinicians and patients on all aspects of drug therapy, and monitor drug treatment for patients. Clinical pharmacists may also be independent or supplementary prescribers, with direct responsibility for case loads and patient management
- **Medicines management** support and advice within primary and secondary care; preparing PGDs, formularies and medicines policies e.g. community contraceptive services and local GUM services



2.2 Desired Patient Outcomes of Integrated Pharmacy Services in Sexual Health

When planning delivery of sexual health services using pharmacies, the desired patient outcomes may include:

Desired Patient Outcomes

- Prompt access to sexual health services without an appointment in a location close to home or work
- Convenient opening hours including evenings and weekends
- Access to a broad range of pharmacy-led services which are of comparable quality and follow the same national clinical standards as those offered through other providers
- A private and confidential service, in line with national and professional guidance
- Signposting and formal referral where appropriate to other sexual health services through integrated care pathways

The current roles of pharmacists in sexual and reproductive health is summarised in table 1.



A variety of tools are increasingly utilised by pharmacists to deliver the different types of clinical care outlined, including:

- Prescribing and/or the supply of prescription only medicines (POM)
- The off-label use of OTC medicines
- Defined patient group directions (PGDs)
- Independent or supplementary prescribing by pharmacists where appropriate

Table 1 - Pharmacy Contribution to Sexual and Reproductive Health

Clinical Area	Pharmacy Services	Description
General professional activity	<p>Dispensing NHS prescriptions</p> <p>Advising on medicines use</p> <p>Medicines use review (where funded by NHS)</p> <p>Minor ailments service (where funded by NHS)</p> <p>Emergency supply at the discretion of the pharmacist where appropriate (e.g. oral contraception)</p> <p>Sale and supply of OTC products e.g. EHC, condoms, and other family planning products and support for self care</p> <p>Signposting and formal referral</p>	<p>These services and others are included within the community pharmacy contractual frameworks in England, Scotland and Wales</p> <p>This activity includes for instance advising patients on long-term medication and how this can affect their sexual health</p> <p>e.g. fast track referral to GUM or family planning service</p>
Sexual Health Promotion	<p>Health Promotion</p> <p>Health advice</p> <p>Sign posting</p> <p>Hosting outreach groups</p>	<p>Local campaigns e.g. 'Ask about Sexual Health'</p> <p>Targeted services e.g. substance misusers</p> <p>Self care / self management</p> <p>Supply and sale of NHS and OTC products for wide range of sexual health needs</p> <p>Pharmacy-based hosting or activity</p>
Detecting and managing sexually transmitted infections (STIs)	<p>Screening and diagnostics for STIs</p> <p>Provision of STI treatment and dispensing prescriptions</p> <p>Partner notification</p> <p>Hep B vaccination</p>	<p>NHS Chlamydia / gonorrhoea screening</p> <p>Non NHS (private) chlamydia screening</p> <p>OTC screening for gonorrhoea and other STIs</p> <p>Appropriate referral to specialist services or primary care</p> <p>NHS Chlamydia treatment</p> <p>OTC private Chlamydia treatment via Clamelle</p> <p>Others e.g. genital candida infection, warts, cystitis</p> <p>Different levels of service:</p> <ul style="list-style-type: none"> · Provision of PN slips · Partner notification · Contact tracing <p>Pharmacy-based vaccination clinics</p>
Pregnancy testing and support	<p>Pregnancy testing</p> <p>Healthy Lifestyle advice and support</p> <p>Over the counter products / minor ailments</p> <p>Fertility testing</p>	<p>Provision of free NHS and OTC pregnancy tests</p> <p>Includes services: Stop smoking; Substance Misuse; Weight Management</p> <p>Folic Acid and healthy eating</p> <p>Encourage participation in 'Healthy Start Programme'</p> <p>Free NHS and OTC treatments for minor ailments during pregnancy and advice on use outside licensed indications</p> <p>OTC sale of fertility testing products</p>

Table 1 - Pharmacy Contribution to Sexual and Reproductive Health

Clinical Area	Pharmacy Services	Description
Contraceptive advice and Information provision	<p>Emergency hormonal contraception Condom provision</p> <p>Oral Contraception</p> <p>Support for community contraceptive services from community health services and primary care pharmacists</p> <p>Abortion LARC (long acting reversible contraception)</p> <p>Management of suspected sexual abuse- child and vulnerable adult</p>	<p>Provision of EHC through NHS ,PGD or OTC C-Card, participation in low-price schemes Free NHS supply of condoms may be linked to EHC / Substance Misuse / other SH services Repeat prescribing Repeat dispensing Emergency supply Unscheduled care prescribing (in Scotland) PGD development, staff training, medicines management and pharmaceutical care policies, formulary advice</p> <p>Signposting Signposting to provider See also section 2.2 for innovative practice Within protocols for EHC service, signposting to specialist SH services or social services</p>
Services for people with HIV and AIDS	<p>Clinical pharmacy service within HIV and AIDs clinical teams</p> <p>Rapid HIV testing Pharmaceutical advice on therapy for clinicians and patients</p> <p>Expertise in HIV drug purchasing</p>	<p>In secondary care, full service provided by specialist clinical pharmacists. Includes pharmacist-run clinics, advice to clinical team on drug therapy and interactions, advice to patients and shared care/links to home delivery services. See also Case Study 7 – consultant pharmacist role Linked to post test counselling guidance HIV clinical services in secondary care Medicines management in primary care Patient advice and support in community settings Cost-effective purchasing of HIV drugs e.g. London HIV consortium</p>

 It is also useful to read the ‘country-specific’ sections to see how NHS services are funded in each of the home countries

2.3 Emerging Models of Pharmacy-Based Sexual Health Services

A range of innovative, good practice models are emerging, demonstrating improved patient access, choice and the increasingly clinical role of pharmacists.

Emerging Clinical Practice In...	Description
Sexually Transmitted Diseases	
Wide range of STI screening and treatments	Available via easily accessible locations with accredited rapid testing technologies e.g. Clamelle service offers nationwide IT links through a single laboratory. This model could potentially be applied to other services for screening and treatment of a range of STIs on Section 9.5.3-Clamelle .
Vaccinations	
HPV vaccination	Many Boots stores are currently offering this service.
Contraception	
'Bundle' of services with Emergency Hormonal Contraception (EHC)	Provision of EHC alongside additional services such as chlamydia testing and free condoms <ul style="list-style-type: none"> • Isle of Wight NHS PCT (case study 1) • Ayrshire and Arran (case study 2) • Manchester (case studies 10) • Lambeth and Southwark, (case studies 11) • Lewisham (case studies 12)
Initiation and repeat prescriptions for: <ul style="list-style-type: none"> • combined oral contraceptives (COC) • progesterone only pill (POP) 	Using defined protocols, patients who request EHC are also provided with contraceptive advice, COC / POP, STI screening and signposting to LARC. <ul style="list-style-type: none"> • Manchester (case study 10) • Lambeth and Southwark, (case study 11) • Lewisham (case study 12)
Long acting reversible contraception (LARC) in primary care	Pharmacist reviews current contraception and via individualised clinical management plans, suitable patients are prescribed LARC and referred to nurse for administration. (case study 15)
Targeted Services	
Targeted services for hard-to-reach groups or defined populations	Cross linking pharmacy-based sexual health services with services for: <ul style="list-style-type: none"> • Substance misusers (EHC, chlamydia screening and treatment) • Women who may present late for antenatal care (folates) • Stop smoking services Direct referral to abortion services.
Erectile Dysfunction	
Treatment of erectile dysfunction	Boots has developed a pharmacist led erectile dysfunction service currently offered in 30 stores. The service screens for, and will confirm the diagnosis of erectile dysfunction. Patients suitable for the service will receive an effective tablet treatment and regular reviews for repeat medication with a Boots pharmacist.
HIV	
Post exposure HIV prophylaxis provision in community pharmacy	Pharmacies could provide easy convenient access to this treatment, within a local care pathway.

2.4 Why Provide Sexual Health Services from Pharmacy?

Pharmacists already have a strong track record as a service provider that helps people self-manage their sexual and reproductive health.

The last ten years, have seen pharmacists increasingly extend their clinical role in sexual and public health; responding to NHS needs, patient demand for choice, ongoing reclassification of medicines from POM to P status and the culture of NHS service redesign.

Where many areas previously funded sexual health services as locally negotiated services, the success of these has created a range of national service specifications and templates.

The key advantages of pharmacy services are the:

- Accessibility and informality of community pharmacy access, including rural areas
- Extended hours in the evening and at weekends
- Presence of a skilled health professional able to provide treatment and advice, and signposting when necessary to more specialist services

All these can support local NHS organisations in meeting the needs of their local population.

There is now a substantial body of evidence ([Section 9.8 – Key references](#)) to show that the public value the clinical expertise, easy access and convenience of pharmacy-based sexual health services. They want assurance that standards for confidentiality and privacy are met by good service design and implementation.

The challenge now is to develop and implement best practice models and service specifications for new services, based on experience to date and in line with current and future requirements.



Section 3

Sexual health networks

Recent developments in the sexual health field have seen the creation of robust networks that support service improvement. Scotland and Wales both host a single, country-wide network, whereas in England, coverage is still evolving; some networks are SHA based and others more local.

Key Networks

- Scotland  **Sexual Health and Wellbeing Network**
- Wales  **All Wales Sexual Health Network**
- England  **Sexual Health Networks**

Although some networks initially focussed on HIV and GUM services (see case study 13), they now aim to include services in all sectors. More generic networks are listed in the [Key Resources](#) section, including patient and professional organisations related to sexual health.

These networks are a key multidisciplinary forum, that influence service redesign. Pharmacists are encouraged to engage and actively participate in such networks, drawing on the expertise of others and sharing good practice.

It is always worth contacting your local NHS organisation for more local steering groups and networks to participate in.



Section 4

Legal and ethical guidance related to sexual health service provision

The 'Code of Ethics' underpins pharmacy practice for pharmacists across Great Britain. In addition to this, there are useful guidance documents that pharmacists are recommended to review and consider, when delivering sexual health services. N.b. some of these guidelines are very generic and will also apply to other therapeutic areas of practice.

GB Wide

RPSGB Guidance -

- Safeguarding Children (child protection)
- Protection of Vulnerable Adults
- Maintaining Clear Sexual Boundaries: expanding on the principles in the Code of Ethics
- NHS Code of practice on confidentiality: includes many key references relating to confidentiality, patient consent and record keeping
- [Clinical Governance](#)

England

NHS Clinical Governance Support Team

Guidance on the Role and Effective Use of Chaperones in Primary and Community Care settings - see local PCT websites for the recent versions of this resource used in your PCT.

DH - England

[NHS Trusts and Primary Care Trusts \(Sexually Transmitted Diseases\) Directions 2000](#)

England specific guidance on the issues to consider around the confidentiality of information, in relation to STIs.

Criminal Records Bureau (CRB)

For [CRB checks](#) in England and Wales only.

Pharmaceutical Services Negotiating Committee

Service Specification: The clinical governance requirements in the community pharmacy contractual framework for essential service.

The PSNC [guidance on chaperones](#) is also a useful resource.

Scotland

NHS Education for Scotland

[NHS Code of Practice on Protecting Patient Confidentiality 2003](#)



Note:

Only pharmacists, who work in NHS Scotland, are able to fully access this site. This includes community pharmacists and locums. You will need to login with an Athens Password. If you do not have an Athens password, this can be obtained by registering with the [Scottish eLibrary](#).

The RPSGB Library is able to assist, if required, and can be contacted on 020 7572 2300 library@rpsgb.org.

The Scottish Government

[Records Management: NHS Code of Practice \(Scotland\) Version 1.0](#)

Best practice guidance in relation to the creation, use, storage, management and disposal of NHS records. The most relevant part is section 3 - which gives guidance on record keeping, quality assurance etc.

[The Age of Legal Capacity \(Scotland Act 1991\)](#)

This Act enables children in Scotland, under the age of 16 years, to have “legal capacity to consent on their own behalf to any surgical, medical or dental procedure or treatment where in the opinion of a qualified medical practitioner attending them, they are capable of understanding the nature and possible consequences of the procedure or treatment”.

Pharmacists should take this Act into consideration when delivering / developing services for people under 16 years of age.

Healthy Respect

A useful website which explains the law around sex and young people, and what health care professionals in Scotland need to consider in daily practice.

Disclosure Scotland

For criminal record bureau checks in Scotland only.



Social Services Improvement Agency

All Wales Child Protection Procedures

Community Pharmacy Wales

Service Specification: The clinical governance requirements in the community pharmacy contractual framework for essential service.

Criminal Records Bureau

For CRB checks in England and Wales only.



Section 5

England

5.1 Key Policies – Department of Health (DH)

This section outlines some of the key health and pharmacy policies which influence how sexual and reproductive health services are delivered in England.

1. Better Prevention, Better Services, Better Sexual Health: The National Strategy for Sexual Health and HIV (2001)

This first national strategy for sexual health and HIV, aimed to address the growing prevalence of sexually transmitted infections (STIs) and HIV, and modernise sexual health services. It clearly made a commitment to community pharmacy, stating that the strategy “will enable pharmacists to enhance and increase the range of basic elements of sexual health care they offer.”

The strategy introduced tiered levels of service provision; community pharmacy may provide level 1 and level 2 services. Hospital pharmacists may be involved in level 3 services.

Tiers of Services	
Level 1	Sexual history and risk assessment Contraceptive information and services STI testing for women Assessment and referral of men with STI symptoms HIV testing and counselling Pregnancy testing and referral Hepatitis B immunisation Cervical cytology screening and referral
Level 2	IUD and contraceptive implant insertion Testing and treating sexually transmitted infections Partner notification Vasectomy Invasive sexually transmitted infection testing for men (until non-invasive tests are available)
Level 3 <i>Specialist Services</i>	Responsible for sexual health services needs assessment, supporting provider quality, clinical governance requirements at all levels and proving specialist services which could include: <ul style="list-style-type: none"> ● Outreach for sexually transmitted infection prevention ● Outreach contraception services ● Specialised infections management, including co-ordination of partner notification ● Highly specialised contraception ● Specialised HIV treatment and care

The strategy was also supported by the ‘National Strategy Implementation Action Plan’ which defined how to implement the national strategy.

2. Progress and Priorities – working together for high quality sexual health: Review of National Strategy for sexual health and HIV

The national strategy was reviewed in July 2008 by MedFASH, to assess progress and any further actions.

3. Choosing Health (2004)

The *Choosing Health* White Paper sets out the key principles for supporting the public to make healthier and more informed choices in regards to their health. Sexual Health was one of the 9 priority areas. The document highlighted the need for improved information for the public and work in schools; sexual health clinic funding and waiting times; Chlamydia screening; free contraception; ‘one-stop shops’ and confidentiality.

4. Choosing Health Through Pharmacy (2007)

This publication compliments *Choosing Health* to highlight the public health role of community pharmacists, supporting the provision of sexual and reproductive health care through pharmacy. Various case studies of successful pharmacy-based sexual health services are also included.

5. Pharmacy in England – Building on Strengths, Delivering the Future (2008)

A key publication that supports the public health role of community pharmacies and the provision sexual and reproductive health care through pharmacy. The DH is encouraging SHAs to ensure that pharmacy is integrated into local schemes on improving access to contraceptive services. £26.8 million of new funding was allocated in 2008/09 for this purpose. Various case studies of pharmacy-based sexual health services and how these fit in with healthy living centres, are published in the document.

6. Every Child Matters – Teenage Pregnancy Strategy

The Government's Teenage Pregnancy Strategy represents the first coordinated attempt to tackle both the causes and the consequences of teenage pregnancy.

Teenage Pregnancy - Key Targets

- Halve the under-18 conception rate by 2010, and establish a firm downward trend in the under-16 rate
- Increase the proportion of teenage parents in education, training or employment to 60% by 2010, to reduce their risk of long-term social exclusion

All local areas in England currently have a 10-year strategy in place, with local under-18 conception rate reduction targets of between 40 and 60%. These local targets underpin the national 50% reduction target. £20.5 million has recently been allocated to help young people get better access to contraception, support teenagers, and raise the awareness of the risks of unprotected sex.

Local delivery of the strategy is supported by two national media campaigns:

- 'RU Thinking' – aimed at younger teenagers, promoting messages on delaying first sex and avoiding peer pressure
- 'Want Respect? Use a Condom' – aimed at sexually active young people, promoting condom use by associating the use of condoms with behaviour that will earn young people respect from their peers

The website contains a range of useful resources to help identify local needs and service improvements.

7. NHS Next Stage Review – 2008

A commitment that every primary care trust will commission comprehensive wellbeing and prevention services in partnership with local authorities. Services offered should be personalised to meet the specific needs of their local populations and focus on six key goals which includes improving sexual health. Particular recognition of the future role of pharmacists in the provision of oral contraception was mentioned by [Lord Darzi of Denham in the House of Lords in December 2007](#).

8. Operating Frameworks for the NHS in England

These identified 48-hour access to Genito-Urinary Medicine (GUM) Clinics as a priority with all PCTs meeting this target by 2008. A 'Vital Signs Indicator' (VSI) was introduced in 2008/9, which measures the proportion of the 15-24 year old population tested for Chlamydia outside of GUM clinics. The target for the period 2009 – 2010 is 25% of the defined population, and 35% for 2010-11. More information including PCT-level VSI progress data is available on the [National Chlamydia Screening Programme \(NCSP\) website](#).

5.2 Clinical Standards and Guidance

Clinical Standards

Clinical standards underpin the delivery of NHS sexual health services by all clinicians and provider organisations. Patients and the public expect to receive sexual health care that meets national standards wherever they choose to access services, and this is especially relevant where a wide range of options is available to them.

This section summarises the current clinical standards which apply specifically to NHS sexual health services in England, that pharmacy providers should consider. In addition, there are many UK-wide standards that also apply and these can be reviewed in [Section 9: Key resources section \(9.4\)](#).

Department of Health – England

On behalf of the DH, the Medical Foundation for AIDS and Sexual Health (MedFash) has developed the following standards:

- **Recommended Standards for NHS HIV Services (2002)**
The standards aim to enable all people with HIV in England, to access the same quality of patient-centred care wherever they live. The care pathway provides a framework to deliver the standards.
- **Recommended Standards for Sexual Health (2005)**
The standards support healthcare organisations to implement the national strategy for sexual health and HIV and to deliver on targets for sexual health, which includes specific commitments arising from the government's White Paper Choosing Health. The standards are not setting-specific and can be applied wherever sexual health services are provided or sexual health need may be identified.

National Institute for Clinical Excellence (NICE)

Clinical guidelines relating to sexual health:

- **LARC:** the effective and appropriate use of long-acting reversible contraception
This guideline highlighted that if 7% of women switched from the contraceptive pill to LARC methods (defined as the intrauterine device (IUD), hormonal injection, intrauterine system (IUS) and contraceptive implant) the NHS could save around £100 million through reducing unintended pregnancies by 73,000 per annum.
- **Prevention of sexually transmitted infections and under 18 conceptions:**
One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups.
- **Contraceptive services for socially disadvantaged young people** – available soon

National Chlamydia Screening Programme (NCSP)

The NCSP Core Standards apply to all providers participating in the NSCP. They include the requirement that all specimens will be tested by commercially available nucleic acid amplification (NAAT) tests. The 'Core Requirements' document contains clinical standards, and legal framework required for screening.

Clinical Guidance

National clinical guidance that should be considered by providers of sexual and reproductive health services includes:

Department of Health

The [sexual health and HIV section](#) of the website lists a series of useful documents and resources that are also relevant to pharmacy provision including:

- **Emergency contraception** – background information on mode of action
- **Venous thrombosis and third generation oral contraceptives**
- **Best practice guidance on under 16s**
- **Guidance on HIV pre-testing discussions**

National Chlamydia Screening Programme

The following clinical guidance and other resources are available within the NCSP site:

- **Sample PGD for azithromycin**
- **Training resources**
- **Activity data tables and SHA presentations showing PCT-level data**
- **A guide and leaflet on initiating conversations with young people** – available soon

5.3 Education and Training

A wide range of education and training material is available to help pharmacists up-skill and develop new skills within sexual and reproductive health. In addition, there are many useful UK-wide resources that can be reviewed in [Section 9 – Key Resources](#).

Formal Learning Programmes

Centre for Pharmacy Postgraduate Education (CPPE)

Offers a range of learning programmes that are directly relevant for pharmacists and pharmacy technicians working within this field.

Useful Topics

- Emergency Contraception (including web-based assessment which is the preferred method)
- Contraception
- Sexual health: test and treat
- Dealing with difficult discussion
- Patient group directions
- Adolescent health
- Safeguarding and child protection

There are linked assessments that provide a robust evidence of knowledge, and test the ability to apply knowledge for these programmes. Sexual Health materials are reviewed six-monthly to ensure currency, accuracy and relevance.

British Association for Sexual Health and HIV (BASHH)

CPPE is working in partnership with BASHH to develop a full day learning programme for pharmacists within the field of sexual health. This is similar to the current programme BASHH offers to other health care practitioners e.g. Sexually Transmitted Infection Foundation (STIF) courses. Contact CPPE for further information and course details.

King's College London – Oral Hormonal Contraception Services Course

This new course launched in April 2009, has been developed by the pharmacy department in collaboration with the School of Nursing & Midwifery. It aims to provide the knowledge and skills required for pharmacists to demonstrate competency in delivering a patient-orientated oral hormonal contraception service to women within the multi-disciplinary setting of primary care.

Pharmacists applying for the course will be required to complete a course specific application form providing details of the clinical placement and the contact details and qualifications of their mentor. The mentor is required to sign this application form to indicate they have the requirement qualifications / experience and are able to undertake this role.

For further information contact: Dr Cate Whittlesea, Senior lecturer in pharmacy practice
cate.whittlesea@kcl.ac.uk

General Educational Resources

PharmacyHealthLink (PHL)

Pharmacists and their staff can access a series of resources that provide background information on brief advice and more in-depth discussions on single health topics to help them deliver healthy lifestyle interventions. New resources on sexual health advice are expected later in 2009 and will be sent to pharmacies in England, as well as available online.



5.4 Competency Frameworks for Delivery of Sexual Health Services in England

Increasingly, training for service delivery is underpinned by competency frameworks. While some are designed primarily for use by pharmacists, others may be used by a range of professionals and can support the development of consistent clinical practice.

Generic UK wide competencies have been developed by Skills for Health, which can be incorporated into local resources within each country – see [Key Resources](#) section. Further examples of competency frameworks can be viewed in the other country specific sections. This section summarises the key frameworks relevant to pharmacists in England.

NHS North West: Harmonisation of Accreditation Group (HAG)

The accreditation group develops a range of core competencies for a pharmacist to be able to provide a specific enhanced service. The competencies are supported by endorsed suitable frameworks of training for PCTs to deliver, and/or sustain. The aim is to achieve the standardised requirements for accreditation of enhanced services within a PCT, which are then reciprocated across all the PCTs in the North West.

Work is underway to support the rollout of this approach across other SHAs in England and is supported by the English Pharmacy Board (RPSGB) and DH.

HAG competencies relevant to sexual and reproductive health are:

- **Provision of emergency hormonal contraception (EHC)**
- **Provision of a Chlamydia screening and treatment service**

Pharmacists with a Special Interest (PhwSIs) – Sexual Health

Since April 2009, all practitioners with a special interest are expected to meet the relevant competencies, and undergo accreditation in line with the DH speciality specific frameworks which includes sexual health. General information and frameworks are listed on the [Primary Care Commissioning](#) website.

Department of Health

Competencies for providing more specialised sexually transmitted infection services within primary care – Assessment Toolkit (2006)

Widely used by nurses and other healthcare professionals who provide sexual health services in primary care, this toolkit is equally relevant for pharmacists.

Sexually Transmitted Infections Foundation (STIF) – Competency Framework Pilot Study

A STIF Competency framework pilot study is currently under evaluation, carried out by the British Association for Sexual Health and HIV (BASHH) in collaboration with Tower Hamlets PCT. It aims to develop a training and assessment package for primary care practitioners wishing to deliver more specialised sexual health services within community care. This is based on the nine essential sexual health competencies as defined in the DH assessment toolkit. STIF *Competencies* will be available as a training package through the BASHH website later in 2009, in England, Scotland and Wales.



5.5 Public Health and Surveillance Data

Detailed data on sexual and public health in England is updated annually and can be used to help determine the local need for services, target commissioning by health authorities, and help support business cases and service proposals.

Public Health Observatories (PHO)

Collate surveillance data from many different sources, including for sexual health. The data underpins commissioning by health and local authorities. There are 12 PHOs in the UK and each can be accessed via the [Association of Public Health Observatories](#).

Health Protection Agency (HPA)

The HPA in England leads and co-ordinates work to protect the community against infectious diseases and other dangers to health.

- [Sexual Health Programme](#)
- [HIV and STIs: surveillance data and statistics](#)

The NHS Information Centre for Health and Social Care

A central source of health and social care information in England, the centre provides high quality, national, comparative data, which is used by local decision makers to improve the quality and efficiency of frontline care e.g. [information on NHS contraceptive services for 2007-8](#).

National Chlamydia Screening Programme

Information on activity and other data is available for individual [PCTs](#).

Department of Health: Sexual Health and HIV data

Links to English data including Chlamydia, contraception, abortion, conception rates, HIV and STIs.

UK Public Health Association (UKPHA)

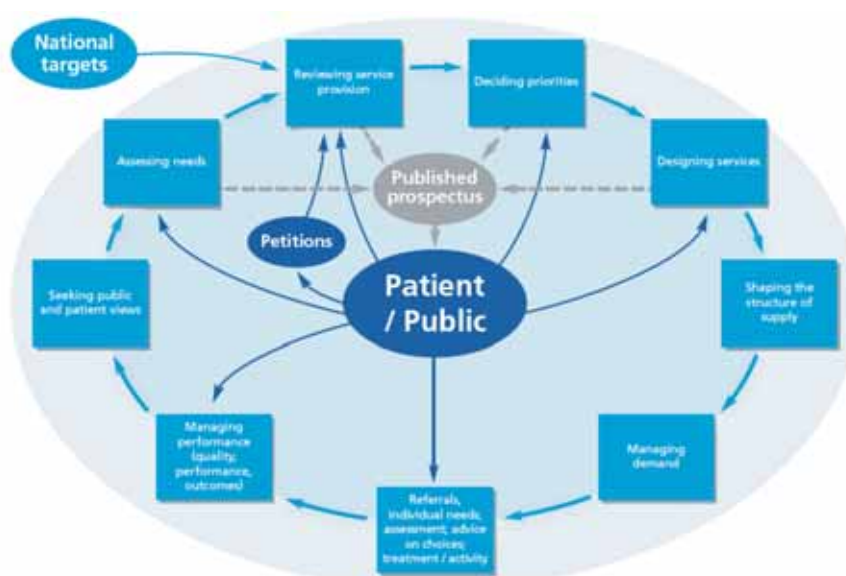
UKPHA is an independent, multidisciplinary and voluntary organisation which aims to be a unifying voice for public health and wellbeing. The website provides useful resources and networking for pharmacists interested in public health.

5.6 Integration of Pharmacy into Care Pathways for Sexual and Reproductive Health in England

5.6.1 Provision of NHS Sexual and Reproductive Health Services within the Pharmaceutical Care Services Contract – England

The different NHS services provided through community pharmacy are defined within the NHS Contract for Pharmaceutical Care Services. The commissioning cycle (see diagram 1 below) forms the basis for the commissioning of all NHS services through PCTs, which includes sexual and reproductive health. Table E1 describes how the various elements of these services are commissioned within this framework in England.

Diagram 1 – Commissioning Cycle in England



From: Health reform in England: update and commissioning framework annex DH 2006

Moving towards an integrated and comprehensive commissioning model for pharmacy-based sexual health care.

The different NHS services provided through community pharmacy are defined by the [Community Pharmacy Contract](#). Since the introduction of pharmacy-led EHC services in 1999, developments in pharmacy have progressed in many areas. There is now a well-established and clear direction of travel towards a sexual health care service model that has an integrated package of pharmacy-based services; 'tiered' to match the different levels of sexual health services as described in the National Strategy and are located within established local sexual health care pathways.

This model has many advantages over those which require a separate contract for each element of the sexual health service such as:

- A more comprehensive and integrated model of care
- More coherent and effective marketing
- Simplified and streamlined claim procedures
- Avoids duplication of resources around training and development

The current NHS environment in England, which places a strong emphasis on robust commissioning processes and outcomes, may provide an ideal opportunity for PCTs to move towards more integrated service models (see case studies in [section 8](#) for a range of integrated models).

World Class Commissioning (WCC)

WCC forms the current context for all activity around service provision and service redesign in England. Through a more strategic and long-term approach to commissioning services and a clear focus on delivering improved health outcomes, the programme aims to transform the way health and care services are commissioned.

- Vision for world class commissioning
- Set of world class commissioning competencies
- Assurance system
- Support and development framework

In addition to generic resources, two key publications are available which support the commissioning of pharmaceutical services:

Key WCC publications

- *World Class Commissioning of Primary Care: Commissioning of Pharmaceutical Services; A How to Guide* – Department of Health
- *Pharmaceutical Needs Assessment (PNA)* – NHS Employers

See [Section 5.7](#) for further resources to support the commissioning of pharmacy-based sexual health services in England.

Table E1 – How NHS Sexual and Reproductive Health Services are Commissioned within the Community Pharmacy Contract in England

Essential services	<p>Dispensing – including repeat dispensing Compliance and concordance Sign posting Health Promotion Sexual health advice Information on abortion Emergency supply of prescribed medicines Management of child and vulnerable adult policy</p>
Advanced services	Medicines use review (MURs) and prescription interventions
Enhanced Services Where national services specifications exist	<p>EN8 Minor Ailment Service EN10 Supplementary Prescribing by Pharmacists EN11 Emergency Hormonal Contraception EN13 Patient Group Directions EN14 Chlamydia Screening & Treatment</p>
Additional Enhanced Services	<p>Examples of additional services which may be commissioned through the enhanced services route:</p> <ul style="list-style-type: none"> ● Pregnancy testing ● Hormonal or other regular contraception ● Condom provision e.g. C-card, participation in low-price schemes, ree NHS supply of condoms linked to other services ● Formal referral ● Fertility testing ● Hepatitis B vaccination ● Additional screening and diagnostics, i.e. STIs, HIV e.g. rapid HIV testing ● STI treatment including partner notification / partner management (in addition to Chlamydia) ● Auditing of activity ● Hosting outreach groups

5.6.2 Challenges and Solutions for Pharmacy-based Sexual Health Services

Table E2 looks at some of the key commissioning challenges for pharmacy based sexual health services and how these may be overcome.

Table E2 – Solutions to commissioning challenges for pharmacy-based sexual health services	
Key Challenges in the Commissioning Cycle	Useful Resources / Case Studies (includes Scotland and Wales)
Identifying National Targets	
<p>For example:</p> <ul style="list-style-type: none"> ● Maintaining 48 hour GUM access to treatment for STIs ● Teenage pregnancy ● Pharmacy in England: Chlamydia screening and oral contraception pilots 	<p>Use national policies (section 5.1); NHS operating framework and vital signs indicators (section 5.5)</p>
Assessing Needs	
<ul style="list-style-type: none"> ● Consider where pharmacy service provision and priorities fit into joint strategic needs assessments (JSNAs) ● Utilise updated pharmacy needs assessment (PNA) guidance ● From the start, include pharmacy alongside other sexual health service providers when reviewing existing services 	<p>London sexual health needs assessment and service mapping</p> <p>PNA guidance</p> <p>Section 9.8 – References: for evidence on patient needs e.g. EHC</p>
Designing Services	
<ul style="list-style-type: none"> ● Chlamydia - Screening and / or Treatment services Local variation and logistics for providing this service may pose challenges for commissioners. <p>Pharmacy providers offer <i>easy</i> and <i>quick</i> access to treatment which is a key advantage. Other advantages include:</p> <ul style="list-style-type: none"> ● Convenient access to screening e.g. in rural communities where access to family planning clinics is more limited ● Pharmacies offering treatment for STIs may develop as '<i>centres of excellence</i>' if they are able to see larger numbers of patients ● Many benefits to patients using services that are similarly structured across neighbouring organisations 	<p>Section 8: Case studies: 4 Case studies: 5 Case studies: 6</p> <p>Section 9.8 – References: 2, 26, 27, 29 and 30</p> <p>NHS Primary Care Contracting briefing paper</p> <p>Ten top tips for pharmacy-based chlamydia screening</p>
<ul style="list-style-type: none"> ● Hub and Spoke' Service Models GP led primary care centers or community clinics act as the 'hub', networked with a number of community pharmacies as the spokes. This may be put in place to improve access in specific areas e.g. following GP relocation. 	<p>Section 9.8 – Reference 16</p> <p>This model can support robust clinical support or on-call arrangements</p>

Table E2 – Solutions to commissioning challenges for pharmacy-based sexual health services

Key Challenges in the Commissioning Cycle	Useful Resources / Case Studies (includes Scotland and Wales)
<ul style="list-style-type: none"> General and Advanced Levels of Practice for Sexual Health Some areas are developing a ‘tiered’ service model which matches all local providers, including pharmacy, against the service levels described in the National Strategy. All pharmacies might be expected to work towards provision of specified level 1 services, while some may be developed to offer a wider range at level 2 and 3 services e.g. wider STI tests and treatment. Pharmacist prescribers would make a valuable contribution to sexual health services, facilitating easier access to sexual health care in convenient locations. 	<p>Pharmacist independent prescribing</p> <p>RPSGB PhwSIs</p>
<ul style="list-style-type: none"> Pharmacists with a Special Interest (PhwSI) Where pharmacists require skills and competencies that are beyond their core role to deliver such services, then commissioners should consider PhwSIs, within the service model, with the potential to incorporate support from consultant pharmacists in the locality. PhwSIs are able to provide direct clinical care, with clinical and educational leadership, at an advanced level within their specialty. 	<p>PhwSIs</p> <p>Section 8: Case Studies: 2 and 11</p>
<p>Shaping the Structure of Supply</p>	
<ul style="list-style-type: none"> Demystifying the Pharmacy Contract for Commissioners Existing services within the community pharmacy contractual framework are defined in section 5.6.1 table E1. 	<p>Section 9: Generic resources on pharmacy are available for commissioners at RPSGB / PSNC / NPA</p>
<ul style="list-style-type: none"> Integration of Specialist Clinician Support into Service Models The integration of specialist clinician support at the outset is fundamentally important to a service; contributing to clinical governance, training, mentoring, CPD and clinical supervision. Where local sexual health care pathways embrace pharmacy providers, this builds a solid foundation for ongoing service development. 	<p>Section 8: Case study 2 Case study 10 Case study 12 Case study 14</p>
<ul style="list-style-type: none"> Simplifying Administrative Processes The popularity of sexual health services commissioned as enhanced services enables a large number of patients to be seen. This can impose an administrative burden on pharmacists, contractors and PCTs, which should be addressed early on. Web-based administrative tools and similar resources that simplify claims and records related to the pharmacy contract may prove beneficial. 	<p>Section 8: Case study 1 Case study 5 Case study 10</p>
<ul style="list-style-type: none"> Managing Cross-Boundary Issues, Activity Data and Cross-Charging Evidence from existing pharmacy-based sexual health services indicates that users of sexual health services often access services in convenient locations which may be some distance from their home. They use pharmacies near their place of work, or seek anonymity by using a pharmacy in another area. Suggested data collection should include: <ul style="list-style-type: none"> Postcodes of residence Service(s) accessed via the pharmacy; can be used to consider cross charging The administrative costs of cross-charging are significant and it may be preferable to agree reciprocal or similar funding arrangements within an SHA. 	<p>Section 9.8 – References: 4,10,15,30</p> <p>Provide evidence of patient preferences and views</p>

Table E2 – Solutions to commissioning challenges for pharmacy-based sexual health services

Key Challenges in the Commissioning Cycle	Useful Resources / Case Studies (includes Scotland and Wales)
<ul style="list-style-type: none"> Premises Standards Core standards are set by the RPSGB PCTs may include additional premises requirements (e.g. for consultation areas) where appropriate. 	Premises standards Standards for consultation areas (e.g. DH Directions for MURs)
<ul style="list-style-type: none"> Co-ordination of Service, Training and Practitioner Standards for Similar Services Across PCTs There is widespread support from PCTs, LPCs and pharmacists for moves towards the <i>harmonisation of accreditation</i> standards across borders. This enables accredited pharmacists to provide a defined service in any PCT participating in the scheme, and greatly assists the provision of locum or sickness cover. The English Pharmacy Board (EPB) have committed to support this objective, and further roll-out of this initiative is underway, based on the model in NHS North West. 	Section 5.4: Harmonisation of Accreditation Group
<ul style="list-style-type: none"> Privacy and Confidentiality Key considerations for commissioners and the public, as indicated in user feedback and evaluations. The National Service Specifications for EHC and Chlamydia screening and treatment, provide examples of requirements which may be adopted for wider sexual health service provision. 	Section 4 – Legal & Ethical Guidance
<ul style="list-style-type: none"> Age Restrictions These vary according to local needs assessments, and must be specified in local service level agreements. Any age restrictions included within a PGD should be on clinical grounds only; age restrictions for other reasons should be included in the service specification. All pharmacists are able to access distance learning on safeguarding children through CPPE, and locally provided training can supplement this. 	Section 8: Case study 3 Case study 11 CPPE
<ul style="list-style-type: none"> Competencies for Sexual Health Services which can be used to Support Pharmacy-led Provision When establishing new services, it is helpful to draw on existing competency frameworks, or those already in use for other professions. 	Section 5.4 – Competency frameworks Section 9.5.2 – Key resources
<ul style="list-style-type: none"> Practical Issues around Medicines Use e.g. prescription charges, developing patient group directions (PGDs) The Medicines in Commissioning resource includes detailed information and checklists to assist commissioners. 	Medicines in Commissioning resource

Table E2 – Solutions to commissioning challenges for pharmacy-based sexual health services

Key Challenges in the Commissioning Cycle	Useful Resources / Case Studies (includes Scotland and Wales)
<ul style="list-style-type: none"> ● Emergency Supply of Contraception The NHS choices website has useful advice for patients on how to access prescription medicines, including hormonal or other regular contraception: <ul style="list-style-type: none"> ● Out of hours ● Emergency supply This may be useful to include in local publications for patients on accessing sexual health services. 	
Managing Demand	
<ul style="list-style-type: none"> ● Raising Public and Professional Awareness To meet the challenges of effective advertising, a range of strategies have been used including: <ul style="list-style-type: none"> ● Adoption of a PCT or SHA-wide logo for SH services ● Use of NHS Direct, NHS Choices and PCT websites ● Use of other websites linked to local SH services ● Inclusion of pharmacy within integrated marketing strategies across a health economy 	Section 8: Case study 1 Case study 2 Case study 3 Case study 10 Case study 11 Lambeth and Southwark Modernisation Initiative
<ul style="list-style-type: none"> ● Benchmarking Enhanced Service Tariffs for Pharmacy Service Providers Commissioners may seek to benchmark tariffs where no national agreement exists, with attention to any significant variations within an SHA (and Wales) for similar services. All stakeholders may consider how they may move towards more locally consistent tariffs. 	
<ul style="list-style-type: none"> ● Comparative Costings for Clinical Services Available from Different Providers Where services such as Chlamydia screening or EHC are available from GPs and specialist services, as well as pharmacies, cost comparisons should be made. Advice is available on how this can be accurately carried out. Access and convenience for patients, and inclusive (rather than marginal) costings may need to be taken into account, as well as cost per episode of care. 	PSNC NPA NCSP for Chlamydia screening and treatment
<ul style="list-style-type: none"> ● Training for Pharmacy Counter Staff This is a key success factor and is often referred to by service users. Training materials designed for pharmacy staff are included in case studies. 	Section 8: Case study 4 Case study 13 Training Materials

Referrals / Individual Needs Assessments / Advice on Choices, Treatment and Activity	
<ul style="list-style-type: none"> Published data shows that where users have a choice of provider, the majority prefer to access EHC from a pharmacy 	Section 9.8 – References: 3-15
Managing Performance (Quality, Performance, Outcomes)	
<ul style="list-style-type: none"> Evaluation of Services Evaluation data from service users or focus groups is of particular value in this field, and has included use of ‘mystery shoppers’. The resources section includes key references from local service evaluation which may inform wider commissioning decisions. Quality Management and Contract Monitoring in Pharmacies These should align with WCC competencies. Integrating Pharmacy into Local Sexual Health Networks Pharmacy participation in local sexual health networks will help maintain standards and facilitate ongoing clinical audit. 	<p>Section 9.8 – References: 2, 8</p> <p>WCC Guide</p> <p>Section 3 – Key Networks</p> <p>Section 8: Case study 12 Case study 13</p>
Seeking Public and Patient Views	
<ul style="list-style-type: none"> Evidence of public and patient support for convenient, accessible services and choice of provider. This can be challenging as there may not be vocal local advocates (e.g. compared to long term conditions) Attractive option for young people 	<p>Section 9.3 – Patient Organisations</p> <p>Making Health Services Young People Friendly – You’re welcome quality criteria</p>

These are just some of the challenges highlighted. More challenges and potential solutions are also listed in the Scotland and Wales chapters; which may be helpful to review.

5.7 Other Resources to Support the Planning and Delivery of Sexual Health Services – England

This section lists some of the additional resources which are available in England. More resources will be added as they become available. GB-wide resources relating to sexual health care are available in [Section 4](#) and [Section 9](#).

Department of Health

Generic Resources A list of useful DH resources for sexual health and HIV.

World Class Commissioning

- **World Class Commissioning of Primary Care: Commissioning of Pharmaceutical Services – A How to Guide**
Part of a series of practical guides to help PCTs become world class commissioners, and considers the commissioning of pharmaceutical services. It highlights current health challenges including those related to sexual health.
- **Pharmaceutical Needs Assessment**
New guidance for PCTs, aimed at directors of commissioning and pharmacy leads to help them develop prepare their own PNAs that will deliver improved services for patients in their local area. It will also be of interest to pharmacists as providers of pharmaceutical services.

The PNA guidance covers information on:

- Why and how PNAs should be integrated into existing business and commissioning cycles for PCTs
- How PNAs fit into the WCC framework
- Key pointers on how to write a PNA
- How robust PNAs can be used to inform and sustain decisions on applications to provide services, and for workforce development
- How PNAs can be used to support the provision of existing pharmaceutical services and extending the services that are provided by pharmacies
- Specific criteria and indicators of performance levels for the WCC competencies particularly relevant for PNAs

Effective Commissioning of Sexual Health and HIV Services

This toolkit supports the publication of the national strategy and aims to help PCTs explore their options for improving local services and the sexual health of the population.

Effective Sexual Health Promotion

A toolkit for PCTs and others, to assist in promoting good sexual health and HIV prevention.

You're Welcome Quality Criteria: Making Health Services Young People Friendly

General principles to help health services (including non-NHS provision) become young people friendly. It covers areas for consideration by commissioners and providers of health services.

HIV key documents

This section contains key documents on HIV services.

NHS Primary Care Commissioning (NHS PCC)

These primary care service frameworks are generic, comprehensive and enhanced service specifications for PCT and practice-based commissioners. They aim to help commissioners and providers consider an integrated approach to enhanced service provision within primary care. Key frameworks are:

- Management of sexual health in primary care
- Adolescent Health

Primary Care Trusts

Local Joint Strategic Needs Assessments

PCTs agree these annually in conjunction with local partner organisations, and they are a key influence on local public health and sexual health priorities. See individual PCT websites for further information.

RPSGB

- PBC for Community Pharmacy
- PBC for Primary Care Pharmacy
- Diagnostic Testing and Screening Services

Pharmaceutical Services Negotiating Committee (PSNC)

[Generic resources](#) on practice based commissioning

[Resources for LPCs](#) on commissioning and PBC

A database of [local enhanced services](#) including those for sexual health

East & South East England Specialist Pharmacy Services

- [Ten top tips for commissioning pharmacy-led Chlamydia screening and treatment services](#). This is a practical guide for commissioners who wish to develop pharmacy-based services for Chlamydia screening and treatment
- [Medicines in Commissioning: A toolkit to help ensure safe and accessible services for patients](#). Provides a number of detailed checklists, intended to be both accessible to commissioners and to signpost them to their PCT/PBC pharmacist for help in identifying any action points. The tool could also be useful to pharmacists to help them identify and address the necessary medicines issues in service specifications

NPA

Website contains support for Commissioning Pharmacy Services

- [New community pharmacy contract in England – PCO implementation toolkit](#)
- [Enhanced services toolkit: A practical guide for community pharmacists on the commissioning of enhanced pharmacy services in England](#)
- [Practice Based Commissioning guide](#)
- [PBC business case template for a Community Pharmacy Sexual Health service and guide to accompany business case template Sept 2007](#)
- [Commissioning resource pack – a resource for PCTs to support understanding of the key commissioning routes for Primary Care Services in England and how to utilise these to commission services from community pharmacy. August 2005.](#)

MedFASH

- **Sexual health needs assessment**

MedFASH has developed the first 'sexual health needs assessment' and service mapping for London, in partnership with the LHO and HPA. The aim is to assist the NHS in London, in developing and delivering high quality, world class sexual health services. It will also provide national learning for the Department of Health about the process of undertaking a regional needs assessment and service mapping.

Patient Group Directions (PGD)

This website supports all healthcare professionals in England who work with PGDs or who are involved in their development and review.



Note

You will need to register with the [National Electronic Library for Medicines \(NeLM\)](#) to access this website.

The [RPSGB Library](#) may be able to assist, if required, and can be contacted on 020 7572 2300.



Note. if you would like to recommend any useful resources please contact the Professional Services Directorate on 0207 572 2612.

Section 6

Scotland

6.1 Key Policies – health and community care: Scottish Government

This section outlines some of the key health, community care and pharmacy policies which influence how sexual and reproductive health services are delivered in Scotland.

For those developing local sexual health services, the national strategy and action plan is still the key sexual health policy, but *Delivering Improvements in Sexual Health Outcomes* and local sexual health strategies may provide updated guidance to support implementation.

Much of the vision in *'The Right Medicine (2002)'* a strategy for pharmaceutical care in Scotland has now been delivered, with the implementation of national services for EHC and Chlamydia testing and treating, as part of the public health community pharmacy contract. Further innovations in sexual health services such as walk-in access pilots and pharmacist prescribing have been highlighted as described below.

1. Sexual Health Strategies by NHS Boards

Each Health Board in Scotland is currently developing (or has developed) a [sexual health strategy](#). Local consultants and specialists in pharmaceutical public health will often have roles to maximise pharmacy's contribution to achieving targets.

2. 'Respect and Responsibility' – Strategy and Action Plan for Improving Sexual Health (2005)

The 'national strategy' for sexual health sets out a framework for improving sexual health in Scotland.

Key Actions include:

- Improving the quality, range, consistency, accessibility and cohesion of sexual health services
- Ensuring access is as local as possible and as specialised as necessary
- Supporting everyone in Scotland, regardless of faith, ethnicity, gender, age or disability, to acquire and maintain the knowledge, skills and values necessary for good sexual wellbeing, and avoid sexually transmitted infections and unintended pregnancy (e.g. reducing the under-16 conception rate by 20 per cent by 2010)
- Positively influencing cultural and social factors that impact on sexual health

The strategy acknowledges the achievements so far in widening access to sexual health services and includes the success of the EHC and Chlamydia services as a core element of the community pharmacy contract. The strategy was launched with £15 million of funding over 3 years. This funding was extended within the Better Health, Better Care: Action Plan (2007) and will continue until 2011.

3. Delivering Improvements in Sexual Health Outcomes (2008-2011)

This progress report provides an update on the 'Respect and Responsibility Strategy', setting the outcomes identified as priorities from 2008 to 2011. The emphasis on this review is on the importance of sexual health services as part of a cross-cutting approach within the overarching policy for improving Scotland's health (see 'Better Health, Better Care' below). In order to achieve an improvement in outcomes sexual health services must be delivered as an integral part of other local and national policies such as education, housing, employment and welfare.

4. Better Health, Better Care: Action Plan (2007)

Sets out a programme to deliver a healthier Scotland by helping people to sustain and improve their health, especially within disadvantaged communities. The aim is to ensure better, local and faster access to health care, and includes the following commitment:

Community pharmacies offer convenient access to primary care in busy high streets and other community settings. The new Community Pharmacy contract provides opportunities to build further on the role of the community pharmacist and work has begun on pilot projects in five NHS Boards (NHS Grampian, NHS Greater Glasgow & Clyde, NHS Lanarkshire, NHS Lothian and NHS Tayside) that will test and evaluate walk-in access to a wider range of services through selected community pharmacies. The pilots will offer a different mix of services in suitable locations, such as major shopping areas and main commuter points, or where there is an identified local need. They will also open at more convenient times, such as early evening and at weekends. Over time, the services provided will include, for example, nurse-led minor injury treatments, sexual health screening, simple diagnostic tests, and some adult immunisations.

These pilots, branded as 'Pharmore' new walk in services, provide an opportunity to test new models for delivering specified sexual health services. The pilot sites will run until 2010 and their work will be fully evaluated with a view to the wider development and spread of walk-in services.

6.2 Clinical standards and guidance

Clinical Standards

Clinical standards underpin the delivery of NHS sexual health services by all clinicians and provider organisations. Patients and the public expect to receive sexual health care that meets national standards wherever they choose to access services, and this is especially relevant where a wide range of options is available to them.

This section summarises the current clinical standards which apply specifically to NHS sexual health services in Scotland, that pharmacy providers should consider. In addition, there are many UK-wide standards that also apply and these can be reviewed [Section 9 – Key Resources](#).

NHS Quality Improvement Scotland (NHS QIS)

Clinical Standard: Sexual Health Services Standards (March 2008)

These standards apply to all sexual health services provided by, or secured by, NHSScotland.

Clinical Guidance

National clinical guidance that should be considered by all providers of sexual and reproductive health services includes:

Scottish Intercollegiate Guideline Network (SIGN)

Clinical guidelines relating to sexual health:

- SIGN 109 – Management of Genital *Chlamydia trachomatis* Infection

6.3 Education and training

A wide range of education and training material is available to help pharmacists up-skill and develop new skills within sexual and reproductive health. In addition, there are many useful UK-wide resources that can be reviewed in the [Section 9 - Key Resources](#).

Formal Learning Programmes

NHS Education for Scotland NES (Pharmacy)

NES (Pharmacy) is the National UK Centre for Continuing Pharmaceutical Education in Scotland. It provides education and training programmes, by a variety of different methods with specially commissioned courses for pharmacists working within the NHS in Scotland.

The key courses in this field include:

- Flavours of pharmaceutical public health: Sexual Health and EHC
- The Pharmaceutical Care of Sexual Health (update due later in 2009)
- Child Protection
- Male Health
- Clinical Assessment Skills



Note:

Only pharmacists, who work in NHS Scotland, are able to fully access this site. This includes community pharmacists and locums. You will need to login with an Athens Password. If you do not have an Athens password, this can be obtained by registering with the [Scottish eLibrary](#).

The RPSGB Library is able to assist, if required, and can be contacted on 020 7572 2300 library@rpsgb.org.

6.4 Competency Frameworks for Delivery of Sexual Health Services in Scotland

Increasingly, training for service delivery is underpinned by competency frameworks. While some are designed primarily for use by pharmacists, others may be used by a range of professionals and can support the development of consistent clinical practice.

Generic UK wide competencies have been developed by Skills for Health that can be incorporated into local resources within each country – see [section 9 - Key resources](#). Further examples of competency frameworks can be viewed in the England and Wales sections.

There are currently no competency frameworks specific to Scotland at present. These will be added to this section when available.



Note. if you would like to recommend any useful resources please contact the Professional Services Directorate on 0207 572 2612.



6.5 Public Health and Surveillance Data

Detailed data on sexual and public health in Scotland is updated annually and can be used to help determine the local need for services, target commissioning by health authorities, and help support business cases and service proposals.

Scottish Public Health Observatory (SPHO)

Gives an overview of public health in Scotland; bringing together key national organisations that are involved in public health intelligence. It is led by Information Services Division (ISD) Scotland, and NHS Health Scotland.

Health Protection Scotland (HPS)

HPS's remit includes surveillance, monitoring and prevention of spread of blood-borne viruses and sexually transmitted diseases. The Pharmaceutical Adviser to HPS is also responsible for strengthening and co-coordinating the pharmacy contribution to health protection within Scotland. The website provides useful information such as:

- [Scotland's Sexual Health Information \(SSHI\) Report](#) – a key resource that details the wider sexual health picture on an annual basis and is useful for building service proposals and business cases.
- Information on [Blood Borne Viruses and STIs](#) – provides headline data and all the NHS board specific data.

Information Services Division (ISD) of NHSScotland

ISD is a business operating unit of NHS National Services Scotland – formerly known as the Common Services Agency. Its purpose is to deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland. The website includes useful data on STI, abortions rates and general sexual health data.

6.6 Integration of pharmacy into care pathways for sexual and reproductive health in Scotland

6.6.1 Provision of NHS Sexual and Reproductive Health Services within the Pharmaceutical Care Services Contract – Scotland

The different NHS services provided through community pharmacy are defined within the NHS Contract for Pharmaceutical Care Services. Table S1 summarises NHS sexual and reproductive health services included within this contract.

Table S1 NHS sexual and reproductive health services in Scotland, Provided by Community Pharmacy

NHS Pharmaceutical Care Services	Dispensing (Acute Medication Service) Compliance and concordance – Hormonal or other regular contraception Supplementary and Independent Prescribing by Pharmacists
Minor Ailment Service	e-MAS (part of ePharmacy programme) Formal referral to GP Advice
Public Health Service	Sign posting Health Promotion Sexual health advice Emergency Hormonal Contraception Chlamydia Testing & Treatment N.B. Service specifications available at Community Pharmacy Scotland
Unscheduled Care	Out of hours, supply of repeat medicines using a national Patient Group Direction (PGD)
Local Services	<i>Note: This list includes examples of services available in some LHBs, and services which could potentially be delivered through this section of the contract in future:</i> <ul style="list-style-type: none"> ● Pregnancy testing ● Condom provision eg C-card, participation in low-price schemes, free NHS supply of condoms linked to other services ● STI treatment including partner notification / partner management (in addition to Chlamydia) ● Formal referral ● Hepatitis B vaccination ● Additional screening and diagnostics ● Auditing of activity ● Hosting outreach groups ● Provision of information on termination of pregnancy (TOP) ● Patient Group Directions (PGDs) for specific services
Chronic Medication Service	Opportunity to develop linked HIV services between hospitals and community pharmacy

More specific information on the rollout of the pharmacy contract in Scotland, including the national service specification is available via [Community Pharmacy Scotland](#).

6.6.2 Challenges and Solutions for Pharmacy-based Sexual Health Services

Table S2 looks at some of the key challenges for pharmacy based sexual health services and how these may be overcome.

Table S2	
Key Challenges	Useful Resources / Case Studies (including England and Wales)
Planning for Services	
<ul style="list-style-type: none"> Funding Streams Funding for local services may come from a variety of sources in addition to the funding streams normally linked to community pharmacy. 	Examples might include sexual health service budgets, blood borne virus budgets, health promotion, or joint funding linked to local government or tackling health inequalities.
<ul style="list-style-type: none"> Benchmarking Local Service Tariffs for Pharmacy Service Providers Budget holders may seek to benchmark tariffs where no national agreement exists, with attention to any significant variations across the country for similar services. All stakeholders should consider how they may move towards more locally consistent tariffs. 	
<ul style="list-style-type: none"> Comparative Costings for Clinical Services Available from Different Providers Where services such as Chlamydia screening or EHC are available from GPs and specialist services, as well as pharmacies, cost comparisons should be made. Advice is available on how this can be accurately carried out. Access and convenience for patients, and inclusive (rather than marginal) costings may need to be taken into account, as well as cost per episode of care. 	CPS NPA
<ul style="list-style-type: none"> Chlamydia – Screening and / or Treatment Services Local variation and logistics for providing this service may pose challenges for health boards. Pharmacy providers offer easy and quick access to treatment which is a key advantage. Other advantages include: <ul style="list-style-type: none"> Convenient access to screening e.g. in rural communities where access to family planning clinics is more limited Pharmacies offering treatment for STIs may develop as '<i>centres of excellence</i>' if they are able to see larger numbers of patients Many benefits to patients using services that are similarly structured across neighbouring organisations 	Section 9.8 – References 29, 31 & 32 Grampian: Evaluation data and resources Section 9.8 – Reference 30 Boots Pathfinder Pilot Section 8: Case studies 4 Case studies 5 Case studies 6 Ten top tips for pharmacy – based chlamydia screening

Table S2

Key Challenges	Useful Resources / Case Studies (including England and Wales)
<ul style="list-style-type: none"> ● 'Hub and Spoke' Service Models GP led primary care centers or community clinics act as the 'hub', networked with a number of community pharmacies as the spokes. This may be put in place to improve access in specific areas e.g. following GP relocation. 	Section 9.8 – Reference 17: Supports robust clinical support or on-call arrangements.
<ul style="list-style-type: none"> ● Integration of Services Pharmacy sexual health services should be integrated into all other local health initiatives including education, housing, and inequality projects. Pharmacy needs to be represented at strategic, tactical and operational levels within the local health board plans and on all Community Health Partnerships. Pharmacy services need to sit within the wider NHS strategy with effective referral pathways to specialist services. 	
Clinical Governance	
<ul style="list-style-type: none"> ● Integration of Specialist Clinician Support into Service Models The integration of specialist clinician support at the outset is fundamentally important to a service; contributing to clinical governance, training, mentoring, CPD and clinical supervision. Where local sexual health care pathways embrace pharmacy providers, this builds a solid foundation for ongoing service development. 	Section 8: Case studies 2 Case studies 10 Case studies 12 Case studies 14
<ul style="list-style-type: none"> ● Privacy and confidentiality Key considerations for service providers and the public. The National Service Specifications for EHC and chlamydia screening and treatment, provide examples of the service requirements, which could be adopted for wider sexual health service provision. 75% community pharmacies in Scotland now have at least one consulting room, with some having two or three. 	Section 4 – Legal & Ethical Guidance
<ul style="list-style-type: none"> ● Age Restrictions These vary according to local needs assessments, and must be specified in local service level agreements. Any age restrictions included within a PGD should be on clinical grounds only. Age restrictions for other reasons should be included in the service specification. All pharmacists are able to access distance learning on safeguarding children and relevant legislation through NES, and locally provided training can supplement this. 	Section 8: Case studies 3 Case studies 11 NES
<ul style="list-style-type: none"> ● General and Advanced Levels of Practice for Sexual Health Some areas are developing a 'tiered' service model which matches all local providers, including pharmacy, against the service levels described in the National Strategy. All pharmacies might be expected to work towards provision of specified level 1 services, while some may be developed to offer a wider range at level 2 services e.g. wider STI tests and treatment. Pharmacist prescribers would make a valuable contribution to sexual health services, facilitating easier access to sexual health care in convenient locations. 	PGDs Pharmacist prescribing RPSGB

Table S2

Key Challenges	Useful Resources / Case Studies (including England and Wales)
Training / Education / Audit	
<ul style="list-style-type: none"> Competencies for Sexual Health Services which can be used to Support Pharmacy-led Provision Where health boards are establishing new services, it may be helpful to draw on existing competency frameworks, or those already in use for other professions. 	Section 5.4 – England Section 7.4 - Wales
<ul style="list-style-type: none"> Evaluation of Services Evaluation data from service users or focus groups is of particular value in this field, and has included using ‘mystery shoppers’. The resources section includes key references from local service evaluations which are useful for enhanced services and local pilots. 	Section 9.8 – References 1-4, 9, 28, 29, 31, 32
<ul style="list-style-type: none"> Training for Pharmacy Counter Staff This is a key success factor and is often referred to by service users. Training materials designed for pharmacy staff are included in case studies. 	Section 8: Case studies 4 Case studies 13
<ul style="list-style-type: none"> Integrating Pharmacy into Local Sexual Health Networks Pharmacy participation in local sexual health networks will help maintain standards and facilitate ongoing clinical audit. 	Section 3 -Key networks Section 8: Case studies 12 Case studies 13
Practicalities	
Funding for Use of Local Laboratory Services Payment is agreed nationally for public health services; however, local agreement with laboratories is needed to implement the Chlamydia testing service.	
Raising Public and Professional Awareness To meet the challenges of effective advertising, a range of strategies have been used including: <ul style="list-style-type: none"> Adoption of a NHS Board or national logo for SH services Use of NHS 24 and Health Board websites Use of other websites linked to local sexual health services Inclusion of pharmacy within integrated marketing strategies across a health economy 	Section 8: Case studies 1 Case studies 2 Case studies 3 Case studies 10 Case studies 11

These are just some of the challenges highlighted. More challenges and potential solutions are also listed in the England and Wales chapters; which may be helpful to review.

6.7 Other resources to support the planning and delivery of sexual health services in Scotland

This section lists some of the additional resources which are available in Scotland. More resources specific to Scotland will be added as they become available. GB-wide resources relating to sexual health care are available in [Section 4](#) and [Section 9](#).

Pharmacy Practice Research on Sexual Health Care in Scotland

[Section 9.8](#) – References 15, 16, 17, 18, 19, 20, 23, 31 and 32.

Scottish Government

Has an extensive list of links relevant to sexual health services.

Health Board Sexual Health Strategies

Each Health Board is developing its own sexual health strategy and includes Information on lead clinicians and key contacts.

NHS Quality Improvement Scotland (NHS QIS)

Provides advice and guidance on effective clinical practice, including setting standards in Scotland.

Community Pharmacy Scotland (CPS)

Represents pharmacy contractors and has a range of resources to support the delivery of services within the contract, including:

- The national service specification
- Information on payments
- Electronic claim form
- [Aide-memoire for EHC services](#): template standing operating procedures for EHC and chlamydia required as part of the national specification
- A checklist which can be used for newly-established services

NHS Scotland

- [Walk the Talk](#)
'Walk the Talk' is a national initiative to help health professionals make health services more youth-friendly. Practitioners can log on and take a seven step audit of their service with guidance on how to make their service more youth friendly.
- [Sexual Health and Wellbeing Network – Scotland](#)
Aim is to share learning, develop evidence and practice around sexual health and wellbeing.

HIV Scotland

A voluntary HIV policy and support organisation, providing information and advice. It represented voluntary organisations and the needs of those living with, or vulnerable to HIV.

SHIVAG – Scottish HIV and AIDS Group

A discussion forum for all HIV/AIDS healthcare professionals in Scotland.

The Sandyford Initiative

An innovative sexual health services in Glasgow serves Greater Glasgow and Clyde through its main centre in Sandyford Place, Sauchiehall Street, and a number of hubs throughout the NHS GGC region. They also support [The Place](#) which is aimed at the under 20s age group.



Note. if you would like to recommend any useful resources please contact the Professional Services Directorate on 0207 572 2612.



Section 7



Wales

7.1 Key Policies for Health and Social Care – Welsh Assembly Government

This section outlines some of the major health and pharmacy policies which influence how sexual and reproductive health services are delivered in Wales.

1. Sexual Health Briefing (2008) - Welsh Pharmacy Board, RPSGB

This document provides an overview of how pharmacy aligns with some of the policies in this section.

2. A Strategic Framework for Promoting Sexual Health in Wales (2000)

The strategy aimed to improve the sexual health of the population of Wales; narrow sexual health inequalities; and enhance the general health and emotional well-being of the population by enabling and supporting fulfilling sexual relationships. To deliver these aims, a strategy and action plan identified six objectives.

Six key objectives:

- Ensure that all young people in Wales receive effective sex and relationship education as part of their personal and social development
- Ensure that all sexually active people in Wales have access to good quality sexual health advice and services
- Reduce rates of unintended teenage pregnancy in Wales
- Reduce frequency of sexually transmitted infections in Wales
- Promote a supportive environment which encourages openness, knowledge and understanding about sexual issues
- Improve monitoring, surveillance and research to support future planning of sexual health services

The strategy placed a greater emphasis on sexual health promotion, than similar strategies in Scotland and England, providing an enhanced opportunity for pharmacy. Progress on the strategy was reported in [December 2003](#).

A further review is expected in late 2009. However, many of these aims and objectives have been carried on in other policies.

3. Designed for Life – A World Class Health Service for Wales (2005)

This policy describes the vision for health and social care services that will be delivered by 2015 in Wales and how they can be developed. The primary focus is on health services and health improvement. Progress on this vision was reviewed in 2008, with a report expected in 2011. Each review will inform the development of a new strategic framework to guide activity for the following three years.

4. One Wales: A Progressive Agenda for the Government of Wales (2007)

The agenda aims to improve the quality of life for all Welsh communities. Specific commitments were made for sexual health. These included:

- As part of improved sexual health services, we plan to introduce a cervical cancer vaccine scheme from 2008 onwards
- Ensure improved access to services including well-being centres and pharmacy based NHS drop-in centres

5. A National Public Health Strategy – (in development)

The Welsh Assembly Government is working to develop Our Health Future, a strategic framework for Public Health in Wales. The aim is to improve the health and wellbeing of the population, not just by adding to the quality and length of life, but also by making the system fairer and reducing inequalities between different parts of the country and different groups of people. One of the key themes of the strategy will be ‘health-related behaviours and risk’.

Refer to the [National Public Health Service](#) for further information and updates.



7.2 Clinical standards and guidance

Clinical Standards

Clinical standards underpin the delivery of NHS sexual health services by all clinicians and provider organisations. Patients and the public expect to receive sexual health care that meets national standards wherever they choose to access services, and this is especially relevant where a wide range of options is available to them.

This section summarises the current clinical standards which apply specifically to NHS sexual health services in Wales, that pharmacy providers should consider. In addition, there are many UK-wide standards that also apply and these can be reviewed in [Section 9 – Key Resources](#).

Welsh Assembly Government

[Quality Requirements for Sexual Health Services in Wales](#).

Formal national standards and quality requirements for health services are currently under development, to provide a robust benchmark and tool supporting the improvements in the quality of care. The draft 'Quality Requirements' have been consulted on, but publication of the final framework has been delayed, in order to review the 'requirements' alongside the Sexual Health Strategy update.

Clinical Guidance

National clinical guidance that should be considered by providers of sexual and reproductive health services includes:

National Institute for Clinical Excellence (NICE)

Clinical guidelines relating to sexual health:

- **LARC:** the effective and appropriate use of long-acting reversible contraception
- **Prevention of sexually transmitted infections and under 18 conceptions**
One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups
- **Contraceptive services for socially disadvantaged young people**

Good Practice Guidance – Non Medical / Dental Referral for Diagnostic Investigation

Changes in Health and Social Care services have led to a need for clinical professionals, including pharmacists, to be able to request diagnostic investigations. The Statutory Welsh Therapies Advisory Committee, in conjunction with others, has developed this good practice guidance for non medical or dental practitioners to refer patients for diagnostic investigation. The general principles in this guidance may be applied to sexual health care.

7.3 Education and Training

A wide range of education and training material is available to help pharmacists up-skill and develop new skills within sexual and reproductive health. In addition, there are many useful UK-wide resources that can be reviewed in the [section 9 Key resources](#).

Formal Learning Programmes

Welsh Centre for Professional Pharmacy Education (WCPPE)

Offers a range of learning programmes that are directly relevant for pharmacists and pharmacy technicians working within this field.

Useful topics:

- Sexual health: testing and treating
- Emergency Hormonal contraception
- Contraception
- Protecting children
- 'Safeguarding Children level 2'

There are linked assessments that provide a robust evidence of knowledge, and test the ability to apply knowledge for these programmes.

7.4 Competency Frameworks for Delivering Sexual Health Services in Wales

Increasingly, training for service delivery is underpinned by competency frameworks. While some are designed primarily for use by pharmacists, others may be used by a range of professionals and can support the development of consistent clinical practice.

Generic UK wide competencies have been developed by Skills for Health, which can be incorporated into local resources within each country – see [section 9 – Key resources](#). Further examples of competency frameworks can be viewed in the other country specific sections. This section summarises the key frameworks relevant to pharmacists in Wales.

Welsh Centre for Professional Pharmacy Education (WCPPE)

Community pharmacists who wish to provide National Enhanced Services in Wales must demonstrate their competencies prior to commencement of the service. Pharmacists also need to be listed on an enhanced service provider list kept by the Business Services Centre (BSC) on behalf of the Local Health Boards (LHB).

The competency frameworks relating to sexual health are:

- [Emergency Hormonal Contraception](#)
- Sexual Health – currently under development



7.5 Public Health and Surveillance data

Detailed data on sexual and public health in Wales is updated annually and can be used to help determine the local need for services, target commissioning by health authorities, and help support business cases and service proposals.



Public Health Wales (PHW) NHS Trust

It is intended that a unified public health system will be created alongside the other reforms in the NHS in Wales. This will include the establishment of a unified public health organisation known as **Public Health Wales (PHW) NHS Trust**. PHW will incorporate the functions and services provided by the National Public Health Service; Wales Centre for Health; Wales Cancer Intelligence and Surveillance Unit; Congenital Anomaly Register and Information Service, and Screening Services Wales.

An **Officer Member** with responsibility for public health will be located in each of the seven Local Health Boards (LHB). They will be employed by the LHB and form an integral part of the public health system in Wales.

These changes came into force on 1st October 2009

The National Public Health Service for Wales (NPHS)

NPHS provides resources, information and advice to enable the Welsh Assembly Government, Health Commission Wales, Local Health Boards (LHBs), Local Authorities and NHS Trusts to discharge their statutory public health functions. The website provides useful information such as:

- Template support for Pharmaceutical Needs Assessment (PNA) - support LHBs to undertake PNAs that will inform the planning and business case processes required for developing enhanced pharmacy services. PNAs are currently available for:
 - [Emergency Hormonal Contraception](#)
 - [Chlamydia testing and treatment services: enhanced pharmacy service assessment - due to be published](#)
- Useful literature reviews that can be used to support business cases and provide evidence of pharmacy-based sexual health services in Wales
 - [Literature review of Interventions to reduce unplanned / unwanted pregnancies](#)
 - [Community pharmacy based chlamydia services: a rapid review of the evidence](#)
- Core clinical information on STIs such as *genital Chlamydia*, *gonorrhoea*, as sources of surveillance data for Wales, and trends over set periods. These are useful for general information and to support business cases

Wales Centre for Health (WCH)

The Health Observatory for Wales and is linked to the Association of Health Observatories (APHO). WCH collates surveillance data from many different sources including sexual health data. The role of the Centre is currently under review – see note above.

Public Health Association Cymru (PHA Cymru)

PHA Cymru is the Welsh branch of the UK Public Health Association (UKPHA) which aims to be a unifying voice for public health and wellbeing.



7.6 Integration of Pharmacy into Care Pathways for Sexual and Reproductive Health in Wales

A new national *Sexual Health Service Specification* that supports an integrated approach to service delivery in Wales, is due to be launched in 2009. It is expected to contain linked elements, 'tiered' to match the different levels of sexual health services that will be located within established local sexual health care pathways, as described in the national strategy.

This model will have many advantages over models that require a separate contract for each element of the overall sexual health service including:

- A more comprehensive and integrated model of care
- More coherent and effective marketing
- Simplified and streamlined claim procedures
- Avoids duplication of resources re training and development

Many of the [case studies](#) illustrate how innovative areas have developed their services with this integrated approach over time.



7.6.1 Provision of NHS Sexual and Reproductive Health Services within the Community Pharmacy Contract – Wales

The different NHS services provided through community pharmacy are defined within the community pharmacy contract. Table W1 describes how the various elements of sexual and reproductive health care fit within this framework.

Table W1 – NHS Sexual and Reproductive Health Services in Wales, provided by Community Pharmacy

Essential services	Dispensing including repeat dispensing Compliance and concordance Sign posting Health Promotion Sexual health advice TOP information Emergency supply of prescribed medicines Management of child and vulnerable adult policy
Advanced services	Medicines use review
National Enhanced Services	Minor Ailment Service Emergency Hormonal Contraception Sexual health – pending launch 2009
Additional Enhanced Services	<p><i>Examples of additional services which may be commissioned through the enhanced services route:</i></p> <ul style="list-style-type: none"> ● Pregnancy testing ● Hormonal or other regular contraception ● Condom provision e.g. C-card, participation in low-price schemes, free NHS supply of condoms linked to other services ● Formal referral ● Fertility testing ● Hepatitis B vaccination ● Additional screening and diagnostics, i.e. STIs, HIV- e.g. rapid HIV testing ● STI treatment including partner notification / partner management (in addition to Chlamydia) ● Auditing of activity ● Hosting outreach groups

More specific information on community pharmacy contract in Wales, including other service specifications is available from [Community Pharmacy Wales](#).

7.6.2 Challenges and Solutions for Pharmacy-based Sexual Health Services

Table W2 looks at some of the key challenges for pharmacy based sexual health services

Table W2	
Key Challenges	Useful Resources/Case Studies (including England and Wales)
Planning for Service Delivery	
<ul style="list-style-type: none"> Funding Streams Funding for enhanced services could come from a variety of sources which may be outwith the funding streams normally linked to community pharmacy. 	Examples of funding might include: <ul style="list-style-type: none"> <i>Sexual health service commissioners, health promotion</i> <i>Joint funding linked to local government</i> <i>Tackling health inequalities</i>
<ul style="list-style-type: none"> Benchmarking Enhanced Service Tariffs for Pharmacy Service Providers Commissioners may seek to benchmark tariffs where no national agreement exists, with attention to any significant variations within Wales (and England) for similar services. All stakeholders may consider how they may move towards more locally consistent tariffs. 	
<ul style="list-style-type: none"> Comparative Costings for Clinical Services Available from Different Providers Where services such as chlamydia screening or EHC are available from GPs and specialist services, as well as pharmacies, cost comparisons should be made. Advice is available on how this can be accurately carried out. Access and convenience for patients, and inclusive (rather than marginal) costings should be taken into account as well as cost per episode of care. 	PSNC NPA CPW
<ul style="list-style-type: none"> Chlamydia - Screening and / or Treatment Services Despite the availability of a national service specification, there is still some debate and local variation over the optimum service model e.g. balances between pharmacy based screening and treatment services. Pharmacy providers offer easy and quick access to treatment which is a key advantage. Other advantages include: <ul style="list-style-type: none"> Convenient access to screening e.g. in rural communities where access to family planning clinics is more limited Pharmacies offering treatment for STIs may develop as 'centres of excellence' if they are able to see larger numbers of patients Many benefits to patients using services that are similarly structured across neighbouring organisations 	Section 8 – Case Studies: 1-6, 10,11 Section 9.8 – References: 2, 26-31 Review of evidence by the national public health service for Wales. Section 9.8 – Reference: 30 Boots Pathfinder Pilot Ten top tips for pharmacy-based chlamydia screening

Table W2

Key Challenges	Useful Resources/Case Studies (including England and Wales)
<ul style="list-style-type: none"> ● 'Hub and spoke' service models <p>GP led primary care centres or community clinics act as the 'hub', networked with a number of community pharmacies as the spokes. This may be put in place to improve access in specific areas e.g. following GP relocation.</p>	<p>Section 9.8 – Reference: 16</p> <p>This model can support robust clinical support or on-call arrangements.</p>
Clinical Governance	
<ul style="list-style-type: none"> ● Integration of Specialist Clinician Support into Service Models <p>The integration of specialist clinicians at the outset is fundamentally important to a service; contributing to clinical governance, training, mentoring, CPD, and clinical supervision. Where local sexual health care pathways embrace pharmacy providers, this builds a solid foundation for ongoing service development.</p>	<p>Section 8 – Case Studies: 2, 10, 12, 14</p>
<ul style="list-style-type: none"> ● Privacy and Confidentiality <p>Key considerations for commissioners and the public, as indicated in user feedback and evaluations.</p> <p>The guidance on privacy and confidentiality within the national sexual health service specification may be adopted for any wider sexual health service provision.</p>	<p>Section 4 – Legal & Ethical Guidance</p>
<ul style="list-style-type: none"> ● Age Restrictions <p>These may vary according to local needs assessments, and must be specified in local service level agreements.</p> <p>Any age restrictions included within a PGD should be on clinical grounds only; age restrictions for other reasons should be included in the service specification.</p> <p>All pharmacists are able to access distance learning on safeguarding children through WCPPE, and locally provided training can supplement this.</p>	<p>Section 8 – Case Studies: 3, 11</p> <p>WCPPE</p>
<ul style="list-style-type: none"> ● General and Advanced Levels of Practice for Sexual Health <p>Some areas are developing a 'tiered' service model which matches all local providers, including pharmacy, against the service levels described in the National Strategy.</p> <p>All pharmacies might be expected to work towards provision of specified level 1 services, while some may be developed to offer a wider range at level 2 services e.g. wider STI tests and treatment.</p> <p>Pharmacist prescribers would make a valuable contribution to sexual health services, facilitating easier access to sexual health care in convenient locations.</p>	<p>PGDs</p> <p>Wales – Pharmacist prescribing</p> <p>RPSGB</p>
Training / Education / Audit	
<ul style="list-style-type: none"> ● Co-ordination of Service, Training and Practitioner Standards for Similar Services Across LHBs <p>There is widespread support from LHBs, LPCs and pharmacists for moves towards the harmonisation of accreditation standards across borders. This enables accredited pharmacists to provide a defined service in any LHB participating in the scheme, and greatly assists the provision of locum or sickness cover.</p> <p>CPW and the Welsh Assembly Government have committed to support this objective, and further roll-out of this initiative is underway, based on the model in NHS North West (England).</p>	<p>CPW</p> <p>Welsh Harmonisation Competency Group (WHCG) framework for EHC</p>

Table W2

Key Challenges	Useful Resources/Case Studies (including England and Wales)
<p>Competencies for Sexual Health Services which can be used to Support Pharmacy-led Provision.</p> <p>When establishing new services, it is helpful to draw on existing competency frameworks, or those already in use for other professions.</p>	<p>Section 7.5 – Country Specific Guidance</p> <p>Section 9.5.2 in Key Resources</p>
<ul style="list-style-type: none"> ● Evaluation of Services <p>Evaluation data from service users or focus groups is of particular value in this field, and has included the use of ‘mystery shoppers’.</p> <p>The resources section includes references from local service evaluations.</p>	<p>Section 9.8 – References 1-4, 8, 26, 27, 29, 30.</p> <p>Section 8 – Case Study: 11</p>
<ul style="list-style-type: none"> ● Training for Pharmacy Counter Staff <p>This is a key success factor and is often referred to by service users.</p> <p>Types of training materials designed for pharmacy staff are included in the case studies.</p>	<p>Section 8 – Case Studies: 1, 14.</p> <p>Training Materials</p>
<ul style="list-style-type: none"> ● Integrating Pharmacy into Local Sexual Health Networks <p>Pharmacy participation in local sexual health networks will help maintain standards and facilitate ongoing clinical audit.</p>	<p>Section 3 – Key Networks</p> <p>Section 8 – Case Studies: 12, 13</p>
Practicalities	
<ul style="list-style-type: none"> ● Simplifying Administrative Processes <p>The popularity of sexual health services as enhanced services enables a large number of patients to be seen.</p> <p>This can impose an administrative burden on pharmacists, contractors and Local Health Boards which should be addressed early on.</p> <p>Web-based administrative tools and similar resources which simplify claims and records related to the pharmacy contract may prove beneficial.</p>	<p>Section 8 – Case studies: 1, 5,10</p>
<ul style="list-style-type: none"> ● Raising Public and Professional Awareness <p>To meet the challenges of effective advertising a range of strategies have been used including:</p> <ul style="list-style-type: none"> Adoption of a Local Health Board or NHS Wales logo Use of Welsh Government and LHB websites Use of other websites linked to local SH services Inclusion of pharmacy within integrated marketing strategies across a health economy 	<p>Section 8 – Case studies: 1, 2, 4, 9,10, 11</p> <p>Lambeth and Southwark Modernisation Initiative</p>

These are just some of the challenges highlighted. More issues and potential solutions are listed in the *England* and *Wales* chapters, which may be helpful to review.

7.7 Other Resources to Support the Planning and Delivery of Sexual Health Services in Wales

This section lists some of the additional resources which are available in Wales. More resources will be added as they become available. GB-wide resources relating to sexual health care are available in Section 4 and 7.

RPSGB Wales

Welsh Pharmacy Board



Note. if you would like to recommend any useful resources please contact the Professional Services Directorate on 0207 572 2612.



Section 8

Pharmacy-led sexual health services

Case studies

The following case studies illustrate a broad spectrum of current and emerging pharmacy service models for delivering sexual health. These case studies can either be used to demonstrate the expanding role of pharmacists in sexual health, or as potential models on which to base new services or develop existing ones.

Theme	Case Study (Number)
Developing an integrated pharmacy-based sexual health service, including EHC and STI screening and treatment	(1) Isle of Wight NHS PCT (2) Hull Teaching PCT (3) Ayrshire and Arran
Chlamydia Screening and Treatment	(4) Rowlands Pharmacy, Knowlsey (5) NPA (6) MRC research study
HIV and AIDs	(7) Leonie Swaden, Consultant pharmacist (8) Wm Morrisons Pharmacy, Aylesbury
Condom Scheme	(9) Caerphilly Teaching Local Health Board
Extending existing sexual health services to include provision of oral contraception	(10) NHS Manchester (11) Lambeth and Southwark (12) Lewisham PCT
Participating in a sexual health clinical network	(13) South West London (14) Devon LPC
Long-acting reversible contraception (LARC)	(15) East Edinburgh

Case Study 1

Title: An Integrated Sexual Health Service

Locality: Isle of Wight (IoW) (England)

Description of Service:

Since 1999, 70% of the provision of EHC supply is now via community pharmacies in the IoW. The introduction of private consultation rooms has enabled a more comprehensive range of sexual health services to be developed.

16 of the 30 community pharmacies on the Island currently participate in an integrated service that offers in addition to EHC:

Chlamydia Screening and Treatment

Pharmacies distribute chlamydia test kits to patients that fall into a defined target group in conjunction with EHC, and opportunistically. Patients testing positive are informed of their result by the screening office and offered the option to collect treatment via the pharmacy route. The index and contact patients then present at their pharmacy with a unique reference number. Pharmacists can then supply a stat dose of azithromycin 1g under a PGD and collect contact information from the index patients. Immediately following the consultation, information is faxed back to the local screening office that carries out partner notification. All patients excluded from the PGD are referred directly to sexual health services so that all contact data is captured.

Condom Distribution

Along with treatment, all index and contact patients are:

- supplied with condoms
- given information and advice on STIs
- advised to attend the sexual health clinic for a full STI screen

This comprehensive service has been commissioned to reward reliable service delivery; pharmacies that engage must offer the complete portfolio on a minimum of five days out of six, every week.

Further information:

The development and integration of IoW pharmacy sexual health services was presented at the [National Chlamydia Screening Programme conference](#) in 2009.

Several local websites have been developed that detail information on general sexual health services and their availability through Pharmacy:

[Chlamydia RUthe1](#)
[Wish-net](#)

Key Contacts:

Kevin Noble: Kevin.Noble@iow.nhs.uk Community Pharmacy Lead, Isle of Wight NHS PCT

Case Study 2

Title: Developing Pharmacy-Based Sexual Health Services

Locality: Hull Teaching PCT (England)

Description of Service:

Hull tPCT's current priorities for sexual and reproductive health services include increased awareness of services available; promotion of LARC; chlamydia screening and safer sex; greater use of support materials e.g. FAQ about LARC, to enable discussions around these topics. In line with several strategies to improve services all pharmacies in Hull tPCT are expected to provide basic health promotion and signposting information relating to sexual health as part of their essential services.

Additional services include:

Level 1 Enhanced Services

Offered from as many sites as possible; currently 54 out of 67 pharmacies participate in:

- EHC provision via a PGD
- Chlamydia screening: kits are provided free of charge to patients under 25 years as part of the EHC service

Funding for the chlamydia kits is based on the number of screens completed and returned to the chlamydia screening office, encouraging pharmacies to promote the service.

Developing 'One Stop' Pharmacies

27 accredited pharmacists, working across 17 pharmacies provide level 1 enhanced service in addition to:

- 'Off-label' EHC provision
- Chlamydia treatment under a PGD (including Azithromycin 'off-label' to pregnant women)
- Repeat contraceptive pills and patches (following the first supply from their family planning clinic)
- Free condoms
- Free pregnancy tests with consultations if required

Pharmacists with a Special Interest (PhwSI)

As services develop and become established, developing PhwSIs is an initiative under consideration.

Other

- Promotional material is produced for all services, which are promoted to the public, other healthcare professionals and voluntary groups
- The PCT is also working with the LPC to move towards a 'web based' claims system to enable ease of payments across the region

Some of this work was lead by a seconded pharmacist member of the 'sexual health modernisation forum'. Their multidisciplinary role involved working with the local chlamydia screening office to support the distribution of postal kits, and identify clients wishing to attend pharmacy for treatment (they provide contact tracing). They worked with the clinical director for sexual and reproductive health to develop protocols and new PGDs for repeat supply of contraceptive pills, and patches, within UK Medical Eligibility Criteria 1 and 2 for use of combined hormonal methods.

Key Contacts:

Joanna Peacham: Joanna.peacham@hullpct.nhs.uk Pharmacy Lead - Sexual Health Modernisation Forum

Case Study 3

Title: Developing Pharmacy-Based Sexual Health Services

Locality: Ayrshire and Arran (Scotland)

Description of Service:

The community pharmacy-based EHC service involves 79 pharmacies in all urban and most rural areas, aiming to widen access, particularly in the evenings and at weekends. In 2006-2007 there were 4,943 consultations, with EHC supplied in 98 per cent of cases, along with written and verbal advice on contraception and avoiding STIs. One key strategy involved lowering the current age limit for the service from 16 to 14 in light of high teenage pregnancy rates in 13-15-year-olds.

Developing Extended Sexual Health Services

Community pharmacists in Ayrshire & Arran were trained in child protection issues to enable extend sexual health services. Pharmacists were trained in key issues that need consideration when dealing with requests for sexual health services from young people. The move allowed the area's pharmacy-based EHC services to be extended to include girls aged 14 and 15 where clinically and professionally appropriate. Other sexual health messages, such as options for long-term reversible methods of contraception and ways of avoiding STIs, could also be given.

Chlamydia testing and treatment service

15 pharmacies in the North Ayrshire Community Health Partnership area targeted women who requested emergency contraception. Following interim evaluation in September 2006, the service was extended to all males and females who considered themselves to be at risk from chlamydia infection. In the first phase, 76 testing kits were given out; 30% were returned to microbiology for testing, resulting in four positive outcomes. Between September and March 2007, a further 51 kits were given out; 55% were sent back for testing, resulting in two positive outcomes. Pharmacists could then treat patients who tested positive, with a recommendation to attend a GUM clinic for full screening and contact tracing.

Building on the above pilots and similar developments in other Scottish Health Board areas e.g. Grampian, both the supply of EHC and chlamydia testing/treatment, are now core components of the Public Health Service for the new Scottish NHS community pharmacy contract.

Key Contacts:

Allan Thomas: allan.thomas@aapct.scot.nhs.uk Senior Community Pharmacy Adviser

Case Study 4

Title: Pilot Project to Improve Uptake of Chlamydia Screening Service

Locality: Rowlands Pharmacy and Knowsley PCT (England)

Description of Service

Limitations of existing chlamydia screening service

Community pharmacies in the Knowsley area have offered a Chlamydia screening service to service users aged from 16-24 year, as part of the NCSP, since 2005. Uptake of the service has been limited and evaluation highlighted several factors responsible for this:

- Limited promotion of the service and lack of targeted staff training of how to approach possible relevant customers
- Service users felt embarrassed when verbally requesting a Chlamydia test in a pharmacy
- Inconvenience to users; having to return samples for screening for the pharmacy to then send off to the screening laboratory

The Redesigned service

Since July 2008, four Rowland's Pharmacies in Kirkby have been trialling a redesigned Chlamydia screening service, alongside the other sexual health services offered by pharmacies within Knowsley PCT. The service fully utilises the pharmacy skill-mix, using trained medicines counter assistants to provide information to clients and if appropriate discretely signposting them into the Chlamydia screening service run by the Pharmacists and NVQ level 3 dispensing technicians.

Following counselling by the pharmacist or technician, if a test is appropriate, clients are assisted in completing the forms. This is an important part of the process as incomplete/incorrect forms cannot be processed which has raised issues in the past. A postal kit is then given to the client, to take home, use and post at their own convenience. All results are dealt with by the NCSP centre, and the client notified in the manner chosen on their form. Treatment is usually offered in sexual health clinics, but clients can be referred to their GP if they prefer.

Alongside this service, each pharmacy offers a free condom supply scheme; sexual health promotion leaflets; signposting into Knowsley sexual health services and the supply of EHC by an accredited pharmacist under PGD.

Staff training was provided by a sexual health outreach nurse on all issues relating to Chlamydia, including attitudes and beliefs around STIs and how to engage with young people on such sensitive subjects in order to encourage uptake. Multi-disciplinary working with the Public Health team and the community sexual health nurse, proved to be an integral part of the project.

New promotional materials were introduced ('easy peasy' Chlamydia campaign) in colleges, libraries and gyms which have a more 'trendy' appeal to young people. These materials include a 'credit card' also displayed in pharmacies providing the service, which could be handed in at the pharmacy counter, meaning that the client doesn't need to verbally request a test. These cards are displayed in the pharmacy alongside the condoms and feminine hygiene products for clients to pick up. Promotional days have been held in the pharmacies with a sexual health outreach nurse working alongside pharmacy staff to raise awareness and target harder to reach groups such as encouraging screening in the male population. These sessions gave pharmacy staff an insight into how best to introduce the subject of Chlamydia testing to target groups and take a more pro-active approach.

Learning to Date

- Skill mix is essential for the service to work effectively. Identify a key member of staff who is comfortable approaching young people and can promote the service appropriately
- This is a relatively new service for pharmacy and deals with a sensitive subject. It is important to maximise promotional materials and to be pro-active in advertising the service
- Early data suggests that the number of kits given out has increased. Data from the Chlamydia Screening Office with regards to return rates is still pending

The pilot was fully evaluated in July 2009 to compare uptake in the pilot pharmacies, to uptake from other pharmacies within the PCT.

Key Contacts:

Bertha Brown: Bertha.Brown@knowsley.nhs.uk Community Pharmacy Development Manager, Knowsley PCT

Lesley Grimes: lgrimes@rowlandspharmacy.co.uk Primary Care Development Pharmacist, Rowlands Pharmacy

Case Study 5

Title: Pharmacy Chlamydia Screening and Treatment Service – NPA Model

Locality: Kensington and Chelsea PCT, Westminster PCT, and Hammersmith and Fulham PCT, London (England)

Description of Service:

The NPA with support from the London LPC forum and Boots UK Ltd, have developed a community pharmacy chlamydia screening and treatment service model. This service has been commissioned by Kensington and Chelsea PCT, Westminster PCT and Hammersmith and Fulham PCTs in London, commencing in May 2009. The service model consists of:

- Chlamydia screening
- Chlamydia treatment via an agreed PGD with the PCTs
- Referral to other service providers as part of an integrated, local sexual healthcare pathway

Following a questionnaire protocol, participating pharmacies may provide screening kits to all 16-24 year olds, with the offer to follow-up with treatment where appropriate; or refer and/or sign-post patients in accordance with local referral pathways to other healthcare providers. The service model includes a number of enhancements to aid PCT commissioning.

The NPA acts as a single contracting body to aid service commissioning by PCOs enabling them to deal with one body that can sub-contract with a large number of pharmacy contractors, via a service level agreement thereby reducing administrative burden. The NPA also provides training to meet the current Harmonisation Accreditation Guidelines (HAG) requirements in England for Chlamydia Screening & Treatment, allowing pharmacists to provide this service across PCO boundaries without the need for retraining.

Gordon Laboratories Group, a private pathology laboratory, is integrated into the model, providing a web-based IT solution that is available for data entry by all community pharmacies via a secure URL. An agreed dataset is supplied electronically to the PCO, and electronic secure data transfer to the CSO also facilitates partner tracing and chasing of positive clients for treatment.

Key Contacts:

Raj Nutan: r.nutan@npa.co.uk Head of Business Development, National Pharmacy Association Ltd.

Case Study 6

Title: Community Pharmacy Participation in Accelerated Partner Therapy: MRC Research Study

Locality: Islington PCT and NHS Bristol (England) Centre for Infectious Disease: Sexual Health & HIV, Queen Mary University of London

Description of Service:

Six Community Pharmacists from Islington PCT and NHS Bristol have been involved in an MRC funded, pioneering exploratory research trial¹. The study is a partnership between sexual health medical and nursing specialists, primary care researchers, pharmacists and sexual health advisors. It aims to improve the effectiveness of partner notification, by reducing delays in the assessment and treatment of sexual partners of people with bacterial STIs.

Participating pharmacists contributed to the development of two novel rapid partner treatment strategies called “Accelerated Partner Therapy” (APT) for the sexual partners of index patients diagnosed with Chlamydia and/or Gonorrhoea who had attended Barts (London) or the Milne Sexual health (Bristol) GUM clinic. APT involved either an assessment face-to-face with a community pharmacist, or a telephone consultation with a sexual health care professional. Pharmacists received training in the clinical aspects of Chlamydia and Gonorrhoea, taking a sexual history, gaining informed consent, issues around partner notification and PGDs, to enable them to advise and give epidemiological treatment to sexual partners of the index patients.

The results of the trial are now being analysed. If pharmacy-based partner notification proves to be clinically and cost effective, this will provide exciting opportunities for pharmacists to undertake important sexual health work and integrate into the community network of sexual health professionals.

Reference:

¹APT study: Can Accelerated Partner Therapy (APT) improve outcomes of partners? UKCRN ID 2564. National Institute for Health Research.

Key Contacts:

Claudia Estcourt and Lorna Sutcliffe: l.j.sutcliffe@qmul.ac.uk

Centre for Infectious Disease: Sexual Health & HIV, Barts Sexual Health Centre, Kenton & Lucas Wing, St Bartholomew's Hospital, West Smithfield, London EC1A 7BE
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Case Study 7

Title: A Consultant Pharmacist's view

Locality: St Mary's NHS Trust, London W2 (England)

Description of Service:

As a pharmacist prescriber in HIV medicine I am responsible for the total pharmaceutical care of my patients - creating a tailor made treatment plan, prescribing the medicines and monitoring the patient's progress.

Becoming an independent pharmacist prescriber has greatly enhanced my career. The bulk of my prescribing is carried out at ward level when patients are beginning or changing anti-retroviral treatment or require treatment for an opportunistic infection. This significantly contributes to reducing the clinical risk for patients.

Treatment initiation or changes are discussed on the ward round in collaboration with the consultant in charge and the multidisciplinary team, to ensure the most suitable treatment options for each patient. Following the round, I am responsible for discussing the options with each patient; explaining the benefits of treatment, discussing any side effects they may experience and the importance of adherence to their medicines. When we have come to an agreement on the best therapeutic regimen I will prescribe their chosen medicines.

I assist patients in managing any side effects by prescribing medication for nausea and diarrhoea, common with some regimens, and ensuring that they are aware of how and when to use the medication. Regularly monitoring ensures that I can change their symptomatic control when required, and make adjustments to other medicines taking into account of drug interactions. In addition, I will make adjustments if HIV regimens need to be modified due to adverse effects that cannot be managed symptomatically.

When a patient is diagnosed with an intercurrent infection such as tuberculosis, I will prescribe the appropriate medication, ensuring that interactions are monitored and managed. This may involve changing anti retroviral drug dosage, or altering a drug in their TB drug regimen. I will also appropriately monitor and manage drug toxicities which may be worsened by combining drugs with a similar side effect profile.

In the complex area of HIV medicine, my therapeutic expertise and prescribing role, has significantly enhanced patient safety, as well as greatly improving my career.

Key Contacts:

Leonie Swaden: Leonie.Swaden@royalfree.nhs.uk Consultant Pharmacist HIV Medicine - Independent prescriber Royal Free NHS Trust, London

Case Study 8

Title: Provision of Community Pharmacy Services to HIV Clinic

Locality: Wm Morrisons Pharmacy, Aylesbury (England)

Description of Service:

Wm Morrisons Pharmacy has formed a community partnership with the HIV teams at the GUM and Aylesbury clinics. An outpatients HIV clinic has been running for four years, and includes patients who are late presenters. The service is provided from PCT premises once a week, close to the town centre with easy access for patients.

As part of the team, the pharmacist provides pharmaceutical support through a consultation of approx 10 minutes by:

- Check and dispense prescriptions; providing a continuous supply of medicines to out-patients at the clinic
- Provide information to medical, nursing staff, and patients on drug interactions and adverse effects and their management
- Support patients to adhere to their regimens
- Conduct Medicines Use Review (MUR)

This service has developed as it recognises that healthcare can be effectively managed in the community setting for HIV patients, similar to any other chronic disease. The HIV service has been commissioned through Bucks PCT, but as yet dedicated funding for the pharmacy element (beyond MURs) is not available.

The pharmacist has developed links with other professionals in the sexual health team ranging from a Specialist Consultant to Community Social worker, and has shown to provide a personal and effective service to their patients. The pharmacist is currently the only community pharmacy member of HIVPA, and has also developed links with a secondary care consultant in an Oxfordshire hospital. This wide professional network has contributed to improved patient care.

Key Contact:

Peju Obembe: peju.obembe@buckspct.nhs.uk Wm Morrisons Pharmacy, Aylesbury

Case Study 9

Title: Something for the Weekend: Expanding the Access to Free Condoms and Sexual Health Advice through Community Pharmacists

Locality: Caerphilly (Wales)

Description of Service:

This project evaluated the suitability of expanding the access to sexual health advice and free condoms via the Condom Card (C-card) scheme through community pharmacies. The scheme targets young people between the ages of 14 - 25 in the Caerphilly Borough and was launched in 2003. A small 'credit card' style system is used to provide quick, easy and confidential access to condoms, supported by advice from the pharmacist. Once a C-card is issued a choice of up to ten condoms is offered. Ten further free supplies can be obtained by presenting their C-card at any nominated C-card outlet (sexual health clinics, GP surgeries or pharmacies operating the scheme).

Results demonstrated that community pharmacies in larger towns are suitable premises in which to support the local access of sexual health services to young people, both male and female. In a six month period, the stores located in two towns registered 20 clients (13 male and 7 female) and issued 316 condoms. Thirteen clients returned to the town pharmacies for continuing supplies of condoms. Service user interviews considered the community pharmacy a suitable outlet because of its accessibility, long opening hours, confidentiality and sensitivity.

This scheme was presented at BPC 2008

Key Contacts:

Jean Matthews: jean.matthews@caerphillyhb.wales.nhs.uk Pharmacist, Caerphilly Teaching Local Health Board

Kate Smith, Sexual Health Service, Gwent Healthcare NHS Trust

Case Study 10

Title: Extending Pharmacy-Based Sexual Services to Provide Oral Contraception

Locality: Manchester PCT (England)

Description of Service:

Since 1999, pharmacy-based sexual health services in Manchester have evolved from EHC provision, to services that include Chlamydia testing, treatment and trace services using PGDs.

In 2007, the Manchester Teenage Pregnancy Partnership (MTPP), set two strategic goals, to:

- Establish a downward trend in the under-18 conception rate and to accelerate progress towards achieving the target of a 55% reduction by 2010
- Improve the health and social outcomes for teenage parents and their children, increasing the proportion of teenage mothers in education, employment, and training by 60% by 2010

Support from community pharmacists was a key element in achieving these targets, and subsequently pharmacies were identified in areas within the ten wards which had the highest under-18 conception rates.

Description of new oral contraception service

All women who access a community pharmacy to request EHC are also offered oral contraception, where appropriate, working to an approved protocol. Women aged 24 years and below are also offered a Chlamydia screen and treatment. The service is delivered by accredited community pharmacists who fulfil all of the following criteria:

- Accredited to provide EHC and Chlamydia, test, treat and trace
- Have undergone further training and accreditation for the oral contraception scheme
- Have undergone an enhanced Criminal Record Bureau check (CRB)
- Are working in community pharmacy premises in wards identified by the MTPP as an area with high teenage conception rates
- Prepared to commit to providing the service at the pharmacy for a period of time
- The pharmacy has a consultation room of the standard required for accreditation under the advanced service of the 2005 community pharmacy contract

The aim of the scheme is to extend the role of community pharmacists to address health inequalities and under 18 conception rates within NHS Manchester as part of the wider sexual health services. The main objectives are to:

- Increase the number of providers of sexual health and contraception services
- Provide wider access to contraception services with extended opening hours, and in some sites 365 days per year
- Reduce health inequalities by providing oral contraception, emergency hormonal contraception, screening and treatment for Chlamydia in wards with high rates of teenage conceptions

The scheme was launched in mid - March 2008. A full report published in 2009 is available from the PCT.

Key Contacts:

Kate Kinsey: kate.kinsey@manchester.nhs.uk NHS Manchester

Case Study 11

Title:	Extending Pharmacy-Based Sexual Services to Provide Oral Contraception
Locality:	Lambeth and Southwark PCTs (England)
Description of Service:	<p>A three-year sexual health service modernisation initiative in Lambeth and Southwark has supported the planned development of integrated pharmacy-based services including EHC, chlamydia screening and treatment, and a C-card scheme. These services are targeted to local needs and build on foundations from early work on EHC in 1999-2002.</p>
Description of new oral contraceptive service:	<p>Work is now underway to pilot the provision of oral contraception in selected pharmacies, alongside scoping out LARC. The pilot will run in 4 pharmacies for one year, as part of the sexual health model in Lambeth and Southwark to deliver basic sexual health services in primary care, including community pharmacy. The service is delivered using a PGD, based on the formulary used by local reproductive and sexual health clinics. Evaluation of the pilot will inform next steps for developing services.</p> <p>Practitioners are trained via an accredited course provided by Kings College London, utilising CPPE online to access pre-reading. It is accredited at Masters level (15 points) and is competency based. Practitioners will also spend time in local reproductive and sexual health clinics for competency assessments.</p> <p>The pharmacies have been recruited from those already providing a range of sexual health services, including EHC, chlamydia screening and treatment and a C-Card scheme for young people, and aims to go live October 2009. As part of the bid the pilot will actively share its learning across London and support other PCTs to develop similar services.</p>
Further information	<ul style="list-style-type: none">• Case study on existing sexual health services• Resources on the Modernisation Initiative• An evaluation of the chlamydia screening and treatment pilot is listed in Key resources: Useful References no 26• Course at Kings College London
Key Contacts:	<p>Jo Holmes: jo.holmes@southwarkpct.nhs.uk Head of Primary Care (North) Delivery and Development, Southwark PCT</p>

Case Study 12

Title: Extending the Provision of Progesterone Only Oral Contraception

Locality: Lewisham PCT (England)

Description of service:

In collaboration with other local PCTs, Lewisham PCT has previously developed a number of community pharmacy based sexual health services. The most successful of this is EHC: 14 participating pharmacies in the PCT provide nearly 7000 consultations per year to clients - the scheme has no upper age limit.

In April 2009 a pilot was launched to offer appropriately screened clients requesting EHC, a 3 month supply of a progesterone only oral contraceptive. The pharmacy will also be able to provide subsequent supplies. The pilot will run in all Lewisham pharmacies offering EHC as part of the sexual health model, to deliver basic sexual health services in primary care.

Training has been developed and delivered with the support of the local sexual and reproductive health consultant and the service is delivered using a PGD. Evaluation of the pilot will inform next steps for rolling out the service, and as part of the bid, the pilot will actively share its learning across London.

Key Contact:

Mike Salter: mike.salter@lewishampct.nhs.uk Head of Medicine Management and Pharmacy, Lewisham PCT

Case Study 13

Title: Working within a Clinical Network

Locality: South West London (England)

Description of Service:

The South-West London HIV and GUM Clinical Services Network (SWAGNET) has five HIV clinics looking after more than 2000 adult outpatients. The cohorts vary in size from <100 to more than 1200 patients with varied demands for specialist pharmacist input.

At least two of the centres have busy wards with around 10 HIV-positive inpatients in total. The Pharmacy Team Leader at St. George's Healthcare NHS Trust, established good working relationships with the HIV Specialised Commissioner and was able to make business cases for Senior Pharmacists and technical support, for the ever-increasing numbers of newly diagnosed HIV-positive patients. With a network view, it was possible to create substantive pharmacist posts, working from a base and providing outreach to smaller patient cohorts. The added advantage of outreach work is that experience from another centre can be shared with the multidisciplinary team, and changes in practice are communicated more effectively. The role also has education and training responsibilities, particularly important in this highly complex specialty.

In SWAGNET, the pharmacy services use a shared guideline on adherence support, setting standards on the timing, content and scope of pharmacist consultations around the initiation of antiretroviral therapy and follow-up. This guideline enables clinical audit of this important service.

The network pharmacists meet up at least four times a year to discuss developments in their areas and to act as a forum for case discussion and peer-review. Senior pharmacists also support the network-wide 'virtual clinic' that approves high-cost antiretroviral drug use in multi-drug resistant cases in accordance with the guideline from the pan-London HIV Consortium on these new drugs.

Key Contacts:

David Ogden: David.Ogden@stgeorges.nhs.uk Pharmacy Team Leader, St. George's Healthcare

Case Study 14

Title: Working Strategically to Integrate and Develop Sexual Health Services in Community Pharmacy

Locality: Devon Local Pharmaceutical Committee (LPC) (England)

Description of Service:

The LPC has been offered a seat on the Devon Sexual Health Steering Group, enabling them to influence the integration of community pharmacy within local care pathways and clinical networks. Subsequently, community pharmacy has been identified as a potential provider of level zero and level one sexual health services, including sexual health promotion, signposting, provision of Chlamydia testing and treatment, and emergency contraception. The local sexual health strategy and action plan will be used to inform future commissioning decisions.

The LPC is also an active member of the local Chlamydia screening steering group, promoting the contribution that community pharmacy can make to increasing access to STI testing. The provision of Chlamydia tests have now been built into the pathway for emergency contraception. As part of their supporting role, the LPC has produced a training guide for pharmacists and their staff to increase awareness amongst the pharmacy team, of the Chlamydia testing service.

Further information

- Strategy and Action Plan
- Training Guide

Key Contacts:

Sue Taylor: sue@devonlpc.org Chief Officer - Devon LPC

Case Study 15

Title: A Supplementary Prescribing Clinic based in a GP Practice

Locality: East Edinburgh (Scotland)

Description of Service:

In East Edinburgh a local pharmacist is working with a local GP practice to ensure that all oral contraceptive patients are reviewed and properly informed about their options for long term reversible contraception (LARC).

In line with Health Board recommendations, the practice decided to review all patients on the Progesterone only Pill (POP) or Combined Oral Contraceptive (COC) preparations with a view to their suitability for LARC.

This service is organised as a supplementary prescribing clinic with a nominated GP as the independent prescriber. Information is gathered and added to the patient's clinical management plan which is signed by both prescribers (pharmacist and GP) prior to the appointment. During appointments the pharmacist takes a blood pressure measurement and further information is gathered regarding the patient's contraceptive and wider medical history. The pharmacist discusses with the patient about the different forms of contraception available to them including LARC, and any contraindications which may apply, also providing supporting written information.

Should the patient and prescriber feel that one particular form of LARC is more appropriate for their needs and lifestyle, than their current method, the pharmacist writes a prescription for that item, which is then dispensed in the patient's usual pharmacy. The patient can then make an appointment to return to the GP or practice nurse for insertion/injection as appropriate. All relevant information is recorded in the patient's records.

Key Contacts:

James Higgins: jameshiggins@nhs.net Danderhall Pharmacy

Section 9

Summary of key resources and references

9.1 Pharmacy Organisations

Royal Pharmaceutical Society of Great Britain

The professional and regulatory body for pharmacists in England, Scotland and Wales. It also regulates pharmacy technicians on a voluntary basis. Key resources for pharmacists relevant to sexual health:

Practice Guidance:

- Azithromycin
- Child Protection - safeguarding children
- Diagnostic Testing and Screening services
- Emergency Hormonal Contraception (EHC) as a Pharmacy Medicine (includes update on Advance Supply of EHC)
- Maintaining Clear Sexual Boundaries: expanding on the Principles in the Code of Ethics
- NHS Code of Practice on Confidentiality
- Pregnancy Testing in the Pharmacy
- Protection of Vulnerable Adults
- Raising Concerns - for Pharmacists and Technicians

Other Useful Resources:

- Code of Ethics
- Pharmacist Prescribing
- Update on 1997 Report of the working party on the prevention of HIV/AIDS, hepatitis B and C and sexually transmitted diseases (February 2008)
- Pharmacy in Action - Case Study: Tackling sexual health on the high street, Lambeth and Southwark

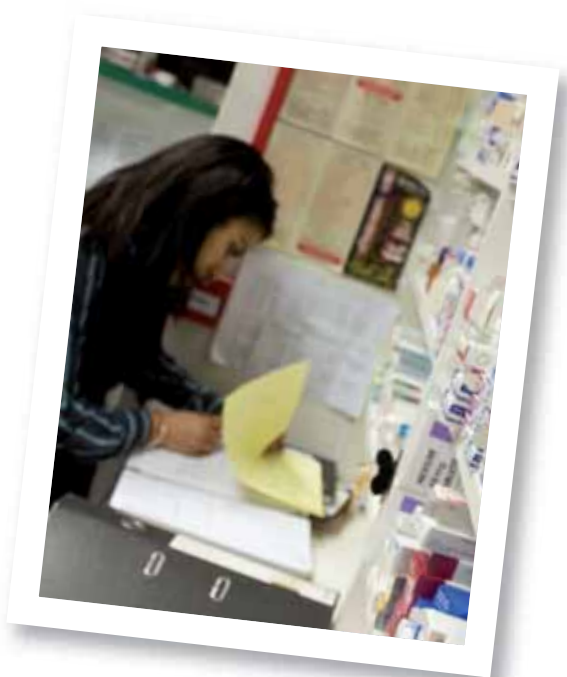
National Pharmacy Association

The trade association for the UK's community pharmacy owners. Has range of useful member resources including:

- Chlamydia Resource Pack 2008: A resource to support introduction of Clamelle OTC screening and treatment service
- A brief guide to Pharmacy Sexual Health Services (currently being updated)
- Pharmacy Flyers: a quarterly bulletin which includes reference to community pharmacy developments including for sexual health
- Workbook: Improving communication between community pharmacy and general practice – produced jointly with BMA

HIV Pharmacists Association (HIVPA)

A membership organisation open to all pharmacists and pharmacy technicians working in infectious diseases and HIV specialties. Provides education and networking opportunities; four national meetings in London and an annual conference; improving professional development and patient care.



9.2 Other Professional Organisations

Local PCTs / Health Boards

Contact colleagues in the local primary care organisation, sexual health services and public health. They are a key source of information, support, and can advise on locally available resources and networks.

The Medical Foundation for AIDS and Sexual Health (MedFASH)

A GB wide charity supported by the BMA, which works with policy-makers and health professionals to promote excellence in the prevention and management of HIV and other STIs.

British Association of Sexual Health and HIV

A professional representative body for sexual health practitioners in the UK. They develop and provide education and training to health care professionals, trainers and trainees, as well as monitor and maintain standards of governance in the provision of sexual health and HIV (see [clinical standards](#) section).

Royal College of Obstetricians and Gynaecologists (RCOG): Faculty of Sexual and Reproductive Healthcare

Recognises specialist knowledge and skills in sexual and reproductive health care; provides a clinical advisory service and a range of clinical standards (see [clinical standards](#) section), useful for practitioners.

National Association for Nurses in Contraception and Sexual health

A membership organisation for registered nurses and other health professionals whose work encompasses contraception and sexual health. Useful for new contacts and training resources in sexual health.

Society for Sexual Health Advisers

A professional organisation for Health Advisers working in departments of Genito-Urinary Medicine and Sexual Health. The website gives access to 'The Manual for Sexual Health Advisers, a useful resource for working in sexual health and issues to consider.

9.3 Patient Organisations

Family Planning Association (fpa)

fpa is the UK's leading sexual health charity, whose purpose is to enable people in the UK to make informed choices about sex and to enjoy sexual health. Their [website](#) includes information for the public, and useful [UK-wide factsheets](#) and data for each country.

Brook Advisory Centres

The only national voluntary sector provider of free and confidential sexual health advice and services specifically for young people under 25. Brook is a registered charity, and provides professional advice through a network of 17 centres.

Terrence Higgins Trust

The leading and largest HIV and sexual health charity in the UK. Their website provides a wide range of information and training resources for patients and healthcare professionals.

Marie Stopes International

Provides online sexual health information and advice on issues such as [abortion](#), pregnancy and sexually transmitted infections. Also hosts information on [abortion](#).

British Pregnancy Advisory Service

Provides information on abortions in the UK; abortion methods and options for dealing with unplanned pregnancy.

Sexual Health Promotion - Aimed at Young People

These are useful UK resources to help target younger people. Used by several case studies (see [section 8](#))

[RU Thinking](#)

[Condom Essential Wear](#)

9.4 Clinical Standards and Guidelines

(see also country-specific clinical standards)

British Association of Sexual Health and HIV (BASHH)

Useful standards and guidelines include:

- Management of Chlamydia trachomatis genital tract infection
- UK National STI screening and testing guideline
- UK National guidelines on undertaking consultations requiring sexual history taking
- Management of gonorrhoea in adults

Royal College of Obstetricians and Gynaecologists (RCOG): Faculty of Sexual and Reproductive Healthcare

Have a wide range of clinical standards, guidelines and publications, useful for pharmacists covering:

- Emergency contraception
- Method specific guidance
- Contraception for special groups
- Drug interactions
- Sexually transmitted and genital infections
- Legal and drug licensing issues
- New product reviews

9.5 Training and Education

9.5.1 Formal Learning Programmes

BASHH (British Association for Sexual Health and HIV)

A major provider of general and specialist postgraduate education for STI management and care in the UK. This includes the [Sexually Transmitted Infection Foundation \(STIF\) course](#) which provides multidisciplinary training in the attitudes, skills, and knowledge required for the prevention and management of STIs, using a variety of [educational techniques](#).

King's College London - Oral Hormonal Contraception Services Course

This new course, that provides the knowledge and skills required for pharmacists to competently deliver a patient-orientated oral hormonal contraception service to women within the multi-disciplinary setting of primary care.

Contact: Dr Cate Whittlesea: cate.whittlesea@kcl.ac.uk Senior lecturer in pharmacy practice.

Royal College of General Practitioners (RCGP)

RCGP developed an introductory certificate to sexual health that will be available for pharmacists as a distance learning course. Please contact RCGP for further course information.

9.5.2 UK Competency Frameworks for Sexual Health Services

(see also competency frameworks listed under England/Scotland/Wales)

Skills for Health (SfH) competences

SfH list a range of completed competences, some of which may be relevant for sexual health services. They are currently developing a workstream to comprehensively scope the functionality for delivering sexual health services, reviewing relevant National Occupational Standards (NOS) and identifying any potential gaps. Once this initial work is completed, there is possibility to develop new qualifications for delivering sexual health services where there are any gaps in provision.

This section will be updated with new developments from SfH.

BASHH (British Association for Sexual Health and HIV)

STIF Competencies will be available as a training package through the BASHH website later in 2009 and it will be available in England, Scotland and Wales.

This section will be updated with any new developments.

9.5.3 Other Training Resources

Devon LPC an in-house training guide for pharmacists and their staff to increase awareness amongst the teams of the Chlamydia testing service.

Boots Chlamydia Screening Service – Training Materials for:

- Pharmacists
- Healthcare Assistants

Schering Healthcare: Patient checklist for Levonelle One Step.

Activis Ltd: Training materials for Clamelle Chlamydia Service.



9.6 Public Health Surveillance and Statistics

These may be useful to access national and local statistics to support business cases.

Association of Public Health Observatories (APHO)

There are 12 PHOs in the UK, which collate surveillance data from many different sources and include sexual health services. This data underpins commissioning by health and local authorities.

UK Statistics Authority

This website is a hub for UK-wide statistics and publications.

Office of National Statistics (ONS):

Government statistical office which also provides information on contraception and sexual behaviour.



9.7 HIV and AIDS

Guidance from the UK Chief Medical Officers' Expert Advisory Group on AIDS

HIV post exposure prophylaxis (UK)

HIV Pharmacists Association

Consultant Pharmacists Specialising in HIV and AIDS

Where established, these consultant roles include education and development support for the specialty across a locality or clinical network. These pharmacists are an important resource and may be in a position to facilitate the local pharmacy contribution to sexual health care:

Established consultant pharmacist posts:

- Brighton and Hove PCT
- Brighton and Sussex University Hospitals
- The Royal Free Hospital, Hampstead, London (see case study 7)
- Chelsea and Westminster Hospital, Fulham, London
- St Mary's Hospital, Paddington, London (in development)

For further information contact the relevant pharmacy department.

British HIV Association

Produce a range of clinical guidance specific to the care of patients with HIV.

Department of Health

Major documents for HIV are available including:

- UK National Guidelines for HIV testing 2008
- HIV post-exposure prophylaxis: guidance from the UK Chief Medical Officer's expert advisory group on AIDS
- HIV and AIDS in African communities: A framework for better prevention and care
- Childrens HIV National Network

Terence Higgins Trust HIV and Sexual Health Charity

AIDSmap

UK based information on HIV and sexual health, for clinicians and HIV positive individuals.

Johns Hopkins AIDS service

Conference feedback, case rounds, TB management guidelines including recommendations for drug interactions.

MedFASH

HIV in Primary Care

HIV for non-HIV specialists



9.8 Useful References

This sub-section lists a range of useful references that provide published evidence to support the integration of pharmacy into sexual health services. The most recent references are listed first.

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