

Preventative Agenda - Sexual Health, Blood Borne Viruses and HIV

The Royal Pharmaceutical Society (RPS) is the professional body representing individual members of the pharmacy profession from across all settings and sectors. As such, we welcome the opportunity to respond to this call for evidence and would like to answer the questions from the perspective of how the pharmacy profession can contribute to healthcare in Scotland.

The framework outlines general approaches but does not specify how these might be taken forward. We believe that there is huge potential to utilise community pharmacies as local healthcare facilities and the expertise of the pharmacist as the most accessible of healthcare practitioners. Many pharmacists are now independent prescribers and that number will increase in future.

Background

Currently, there are many public health pilots taking place locally, testing new services. This is in addition to the locally enhanced services already being delivered, such as: [Direct Acting Antivirals in Hepatitis C](#), [Injection Equipment Provision](#) and [Opiate Replacement Therapy](#)

We need to be more nimble in our approach to translating these local initiatives and pilots into national strategies in order to achieve the transformation of primary care which the Scottish Government is aiming for.

In responding to this preventative inquiry we have drawn on the expertise of the specialist pharmacists in public health, some of whom have been at the forefront of new initiatives which have dramatically improved patient access to care and who have many ideas to further improve public health.

There is good evidence that using community pharmacies as the most accessible healthcare facility for patient access is a positive way forward. This has already been proved with community pharmacy's core services, such as the national public health [emergency hormonal contraception](#) service where most consultations now take place in the community pharmacy, particularly at weekends, and more recently with Hepatitis C as referenced above.

Given the enormous potential to extend the model using community pharmacies to support a wide prevention agenda we recommend that resources are made available to implement long term national strategy to improve sexual health, reduce unwanted pregnancy further, prevent the spread of blood borne viruses and improve access to vaccination programmes.

Prevention of spread of Hepatitis C

Hepatitis C is a blood borne infection, which can cause life threatening liver disease with substantial impact on quality of life and NHS resources. It can ultimately progress to cirrhosis and cancer.

A recent Public Health England report highlighted that less than 3% of those known to be infected with the Hepatitis C virus (HCV) are being treated and less than half of those infected are known¹. Injecting drug use is the most common method of infection and the largest group affected is people on opioid replacement therapy. New treatments for Hepatitis C have a success rate for elimination of around 90% and the World Health Organization (WHO) has set a target for HCV elimination by 2030.

Several studies have now shown that the community pharmacy is a feasible place to test and treat for this communicable disease. Dried blood spot testing is easy to carry out; research has shown substantial uptake in testing when this is available from community pharmacies.²

The results have shown that people are four times more likely to be tested in community pharmacy than in other care settings.³ Pilots in one health board area have now led to a possibility of eradication of this disease within three years.

Sexual health.

We understand that there are plans to change the provision of contraceptive services from pharmacies. We hope that this will build on successful community pharmacy clinics using pharmacist prescribers working with local sexual health clinics. These have expanded over time as it has become apparent that the accessibility accommodates an increasing number of people, especially working women.

The clinics provide a range of contraceptive services, including follow up oral contraception as well as emergency “morning after” pills. This is a model to be commended and should be rolled out nationally to take advantage of the accessibility at weekends and out of hours that community pharmacies will provide.

Vaccination programmes

Several pharmacies now provide private or occupation health flu vaccination services and travel vaccination clinics. With the crisis in GP provision and the new GMS contract, there is an opportunity to use the resources already in our communities to improve access to all vaccination programmes. A national approach with the required resourcing would be necessary to deliver and to gain substantial public health advances.

¹ Public Health England, (July 2014): [“Hepatitis C annual report: progress made, but much more to do”](#).

² Radley A, Melville K, Tait J, *et al* (2017): [“A quasi-experimental evaluation of dried blood spot testing through community pharmacies in the Tayside region of Scotland”](#), accessed 10 January 2018.

³ C Cook & R Buchanan, *Pharmaceutical Journal* (2017): [“Hepatitis C and the potential for care delivery in community pharmacy”](#), accessed 10 January 2018.