

# The role of community pharmacies in sexual health services

## Summary

At a time when sexual health services across the country are struggling to cope, [Umbrella Sexual Health](#) is managing increasing demand whilst overseeing year-on-year improvements in public health outcomes, for a significantly lower cost than before Umbrella Sexual Health was introduced.

A central component of the service in Birmingham is the work being undertaken by pharmacy partners. A formally contracted network of 174 community pharmacies provides easy access to a wide range of sexual health and contraception services and is proving increasingly popular with service users.

## Background

In 2014, Birmingham City Council tendered for a prime provider model to deliver sexual health services. At the time, it was a fragmented system that was largely hospital-based, with a focus on treatment rather than prevention. It failed to meet the needs of priority groups, and public health outcomes benchmarked poorly against the rest of the country.

University Hospitals Birmingham NHS Trust (UHBFT) provided a plan to move services away from hospitals and into the community:

- reducing stigma
- expanding prevention and self-care
- creating access for groups that were previously excluded

The work with pharmacists was a core element of the Umbrella model, providing community-based services to increase access, whilst reducing pressure on the clinics.

Over the last 4 years, the number of pharmacies in the Umbrella network has increased and the service provision now stands at around 5,000 Umbrella activities, which are delivered by pharmacists every month.

## What was involved

Setting up the service was a logistical challenge. Pharmacies were selected on a Ward basis, with the number of required pharmacies identified using demographic and infection risk indicators, including levels of deprivation, ethnic make-up and current prevalence of sexually transmitted infections (STIs).

Pharmacies could bid to provide either Tier 1 (T1) or Tier 2 (T2) services.

T1 is a relatively basic level of service, whilst T2 is more innovative, implementing a more comprehensive level of service provision.

**Tier 1 includes:**

- emergency hormonal contraception (EHC)
- chlamydia screening (with EHC)
- STI kit “click and collect” service
- condoms

**Tier 2 includes:**

- emergency hormonal contraception (EHC)
- chlamydia screening (with EHC)
- STI kit “click and collect” service
- condoms
- oral contraception – start up
- oral contraception – continuation
- injectable contraception (Sayana Press)
- STI kit initiation
- chlamydia treatment
- hepatitis B vaccination (2nd/3rd dose)

In the initial tender round, a total of 98 pharmacies were awarded contracts, with 13 of them commissioned to provide T2 services. This has now grown to 174 pharmacies in total with 61 T2 providers.

At the outset of the service, the level of engagement was low, with almost all of the activity being generated by the distribution of emergency hormonal contraception and condoms. However, with a concerted effort to build relationships between Umbrella and the pharmacy providers, along with significant support from the Local Pharmacy Committee (LPC), the profile of activity has changed, with T1 activity starting to level off and T2 service provision increasing significantly.

The success of the Umbrella pharmacy service is due in part to investment in the brand and associated promotional work to raise awareness amongst the public. The service also has a dedicated training programme, to ensure consistency and quality in service provision.

The service has seen consistent and increasingly rapid growth.

## **Working well**

The growth in the pharmacy service provision is a clear illustration of how popular it is with service users, especially young people, who like the anonymity and convenience of attending a pharmacy, rather than a clinic.

There is an increasingly strong and collaborative relationship between the Trust, the LPC and pharmacists. Regular communication helps to identify what can be done to keep growing and improving the service and the success of Umbrella is now being examined, both by other sexual health services and by

health providers on a wider basis, exploring how primary, secondary and tertiary care can support one another.

## **Next steps**

Public acceptance of the service has now reached a level which allows us to take the next key strategic step. Umbrella will be 'upgrading' all T1 pharmacies to T2 to ensure that there is a consistent service in all pharmacies.

Once this has been implemented, Umbrella will reserve clinic attendance for service users who have more complex needs. Anyone who can be seen in a community setting will be directed to a pharmacy or GP provider. This should reduce pressure on clinic-based services whilst enabling Umbrella to maintain an accessible and high-quality service.

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