

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 8
13 SEPTEMBER 2010	Public Report

Report of the Executive Director of Public Health

Contact Officer(s) – Sue Mitchell, AD Commissioning for Children, Maternity and Public Health Services

Contact Details – email: sue.mitchell@peterboroughpct.nhs.uk

Provision of Contraceptive and Sexual Health Services for Young People

1. PURPOSE

- 1.1 The purpose of the report is to update the Commission on the provision of contraceptive and sexual health services for young people in Peterborough, after concerns over the withdrawal of some pharmacy based sexual health services (free Emergency Hormonal Contraception and Chlamydia Screening tests).

2. RECOMMENDATIONS

- 2.1 The Commission is asked to support the decision to withdraw funding for pharmacy based sexual health programme on the basis that:
- there are sufficient existing sources for both Chlamydia Screening and Emergency Hormonal Contraception (EHC) available to young people under 25 within the Peterborough area
 - the low uptake of EHC and Chlamydia Screening did not make the service cost-effective

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY AND LOCAL AREA AGREEMENT

- 3.1 The pharmacy based sexual health programme was linked to NI 112: reducing the < 18 conception rate. This is a national and Local Area Agreement Indicator (within the LAA priority area of 'creating opportunities and tackling inequalities').

4. BACKGROUND

- 4.1 The pharmacy based sexual health service was funded initially by the Strategic Health Authority (SHA) in 2008/9 as part of a wider successful bid to test innovative new schemes to increase access to contraceptive service for young people. The main drive behind the funding was to contribute to the Teenage Pregnancy Strategy to reduce < 18 conceptions. The pharmacy-based scheme offered free EHC, Chlamydia Screening and condoms to the < 25 population at a cost of approximately £30k. Funding was provided by the SHA in 2009/10 to continue to support the pilot programme. Over the period of just under 2 years 19 pharmacies signed up to the programme and were trained to deliver the services.

5. KEY ISSUES

- 5.1 The key issue to be considered is that to enable the scheme to continue this year, funding would have to be identified from the PCT's baseline budget. Whilst 19 pharmacies signed up to deliver the programme only 5 provided more than 20 prescriptions in the year 2009/10. Chlamydia Screening up-take was also poor. The condom scheme only registered 43 young people in 2009/10. NHS Peterborough is of the opinion that this scheme did not offer value for money.

- 5.2 Whilst young people access pharmacies regularly, they also regularly use their GP, the Walk in Centre and also the Contraceptive and Sexual Health Service (CaSH) at Rivergate. All of these services offer free EHC, Chlamydia Screening and condoms. It is also important to note that the National Chlamydia Screening programme continues to be an active priority and Chlamydia Screening (and free condoms) can be acquired through numerous routes including, by text, website and local services including the CaSH service, Walk in Centre, GP surgeries, schools (including drop-in clinics known as HYPAS), hospital and youth services.
- 5.3 The drive towards reducing unintended pregnancies is focusing much more on *prevention* and the use of long acting reversible contraception (LARC) as the contraceptive method young people are more likely to choose and continue with. This should reduce the need for EHC and terminations as well as promoting safe and responsible sexual behaviour.
- 5.4 The PCT is in financial turnaround and funding decisions have to be carefully considered. Given the performance of this service and the existing provision available to young people, the decision on whether to continue this service as a pilot, or to mainstream the service was made. It was decided not to develop the pilot scheme into a mainstream service at this time (although other local pilot projects that received SHA funding have been mainstreamed - these include for example the targeted contraceptive work with young mothers and those young women who have had a termination).

6. IMPLICATIONS

- 6.1 In terms of implications for young people, participating pharmacies have received up to date information on where to signpost young people seeking the service. We have also encouraged participating pharmacists to continue to promote Chlamydia Screening and the C-Card scheme wherever possible. Implications for our other service providers are minimal due to the low uptake of the pharmacy scheme.

7. CONSULTATION

- 7.1 As this was a pilot scheme with limited funding, the scheme ended. This was discussed with pharmacists involved in the scheme and other service providers. The decision not to allocate mainstream funding to the scheme was an executive decision made following due consideration of the application submitted to them.

8. BACKGROUND DOCUMENTS

- 8.1 Letter from LPC and reply from the Chief Executive.

9. APPENDICES

- 9.1 There are no appendices.