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PSNC Briefing 012/14: NICE public health guidance – Contraceptive services with a focus on young people up to the age of 25

This evidence based [NICE guidance \(PH51\)](#) is wide ranging and aims to improve access to high quality contraceptive services, especially for young people.

The guidance focuses on anyone under 25 who is competent to consent to contraceptive treatment, (following the Fraser Guidelines) and advocates the provision of information and advice on all types of contraception to enable the individual to choose the method that best suits their needs and lifestyle, thus making it more likely to be used effectively.

Background

England has the highest rate of teenage pregnancies in western Europe, even though there has been a significant decline in under-18 conceptions. There is considerable variation in local area performance and access to contraceptive services is most problematic for people in disadvantaged communities, with a 6-fold difference in teenage conception and birth rate between the poorest and most affluent areas in England. There is a clear link between sexual ill-health, deprivation and social exclusion; unintended pregnancies can have a long-term impact on people's lives, and teenage pregnancies have a high cost implication for public funds.

The percentage of conceptions among women under 25 that end in abortion demonstrates that many of these pregnancies are unwanted. It suggests that contraceptive services are failing to meet the needs of young people, who are not getting access to effective methods of contraception and advice about using contraception effectively.

From April 2013, local authorities have the mandatory responsibility for commissioning and delivering all community and pharmacy contraceptive services, and it is expected that they will look to this guidance to assist them in meeting the requirements of the [NHS outcomes framework 2014/15](#), the [Public health outcomes framework 2013/16](#), and the [Health and Social Care Act 2012](#). NICE recognises that there are discrepancies in local service provision and hopes that the guidance will help to redress the balance, reduce inequalities and reduce unwanted conceptions. This Briefing is to update LPCs so they are aware of the issues in the guidance and assist their discussions on contraceptive services for young people with local authorities.

NICE has produced tools to assist in the implementation of the guidance, including a [baseline assessment tool](#) to evaluate whether practice is in line with NICE recommendations and to assist in planning activity to meet the recommendations; a [costing report](#) to estimate the financial impact to the NHS associated with implementation the guidance in England; a [costing template](#) to estimate local costs and savings involved, based on the local population; and a [local government briefing](#). The [supporting evidence](#) used is also available.

This guidance builds on the [The Framework for Sexual Health Improvement in England](#) which aims to reduce unwanted pregnancies by ensuring people have access to the full range of contraception; can obtain their chosen method quickly and easily; and can plan the number of children they have and when.

Recommendations

The guidance makes 12 recommendations which aim to benefit the health of all young men and women aged up to 25 years and several recommendations include actions required by service providers such as community pharmacies and pharmacy teams, and commissioners. The recommendations are summarised below:

Recommendation 1 – Assessing local need and capacity to target services

This involves the collection and analysis of anonymised data and information on local contraception and sexual health inequalities, to inform strategic needed assessments, so that services and resources can be allocated to those in greatest need. The range, activity levels and capacity of current local services, including those provided by community pharmacies, will be mapped, and an action plan developed to ensure service provision is available at all times and in locations to meet young people's needs.

Recommendation 2 – Commissioning co-ordinated and comprehensive services

Pharmacies are among the organisations required to take action to support this recommendation, which includes:

- identification of priorities and targets based on local need;
- improving the uptake of effective methods of contraception;
- ensuring through evidence based commissioning that open access services are sited in convenient locations and ensure that no young person is denied contraception services because of where they live;
- ensuring all contraceptive services meet as a minimum requirement, the You're Welcome quality criteria, and other specified standards and clinical guidance;
- developing joint commissioning of needs-led contraceptive services for young people, including comprehensive referral pathways (to include pharmacy); and
- ensuring pharmacies and all organisations commissioned to provide contraceptive services maintain a consistent service. If this is not possible, staff should inform young people, without having to be asked, about appropriate alternative, timely and convenient services providing oral emergency contraception.

Recommendation 3 – Providing contraceptive services for young people

Pharmacies and pharmacy teams should ensure young people have access without delay to confidential and dedicated young people's contraceptive services which meet the standards set out in Recommendation 2 as a minimum.

The recommendation states that doctors, nurses and pharmacists should:

- offer culturally appropriate, confidential, non-judgmental, empathic advice and guidance according to the needs of each young person;
- set aside adequate consultation time to encourage young people to make an informed decision, according to their needs and circumstances;
- provide information about the full range of contraceptives available, including emergency contraception (both oral and intrauterine) and long-acting reversible contraception (LARC), and the benefits and side effects;
- offer advice on the most effective methods and how to use them effectively and consistently;
- if possible, provide the full range of contraceptive methods, including LARC, condoms to prevent transmission of sexually transmitted infections (STIs) and emergency contraception (both oral and intrauterine). If this is not possible, provide contraception to meet immediate needs and provide access to services that can offer advice and timely provision of the full range of methods;
- provide free and confidential pregnancy testing with same-day results and, if appropriate, offer counselling or information about where to obtain free counselling; and
- assess the risk of an STI, advise testing if appropriate, and provide information about local STI services.

Service providers need to ensure that services are:

- flexible, for example, offering out-of-hours services at weekends and in the late afternoon and evening;
- available both without prior appointment (drop-in) and by appointment in any given area;
- provide appointments within 2 working days;
- strive to ensure that scheduled appointments run on time and that the waiting time for drop-in consultations is less than 60 minutes;
- inform young people about the amount of time they can expect to wait;
- provide accurate information about opening times and make it clear whether they operate on a drop-in or appointment basis, or a mix of both; and
- are open to young people aged under 16 who present for any service without a parent or carer.

Service providers and staff involved in the provision of the service also need to promote the services, encouraging young people to use them by:

- providing clear information on all local services in a range of formats that will appeal to all young people including, for example, those with learning difficulties;
- advertising the services through local media, networks and education settings; and
- working with school and college teachers, governors and principals.

Recommendation 4 – Tailoring services for socially disadvantaged young people

Action which should be taken by staff working in contraceptive service, including pharmacists includes:

- providing additional support for socially disadvantaged young people to use and gain immediate access to services;
- encourage and help young mothers to use the services;
- offer support and referral to specialist services to those who may need it;
- provide outreach contraceptive services that offer the full range of services, e.g. for rural areas; and
- offer advice and support tailored to the individual.

Recommendation 5 – Seeking consent and ensuring confidentiality

Providers of contraception and contraceptive advice should:

- ensure staff are trained to understand the duty of confidentiality and adhere to the recommendations and standards laid out in their organisation's confidentiality policy;
- ensure the organisation's confidentiality and complaints policy is prominently displayed in waiting and reception areas, and is in a format that is appropriate for all young people;
- ensure staff are familiar with best practice guidance on how to give young people aged under 16 years contraceptive advice and support. Ensure they are also familiar with local and national guidance on working with vulnerable young people;
- ensure those providing contraceptive services can assess the competence of young people aged under 16 to consent to receiving contraceptive advice and any treatment that may involve. They should also be able to assess the competence of other young people who may be vulnerable, for example, those with learning disabilities. Staff need to be able to gauge the young person's ability to understand the information provided, to weigh up the risks and benefits, and to voluntarily express their own wishes;
- ensure young people understand that their personal information and the reason why they are using the service will be confidential, and ask in private if they wish anyone else to be present during their consultation;
- reassure young people that they will not be discussed with others without their explicit consent and explain that sharing information with another professional may be necessary if there are concerns, who will be informed and why.

Recommendation 6 – Providing contraceptive services after a pregnancy

Whilst the majority of actions under this recommendation should be undertaken by midwives and those working in maternity and postnatal services, healthcare professionals, including pharmacists, working in contraceptive services should also check that new mothers have been given advice on contraception and provided with appropriate contraception.

Recommendation 7 – Providing contraceptive services after an abortion

Young women who have had an abortion, and their partners should discuss contraception and the most effective method for them, ideally before the abortion or as soon as possible afterwards. If possible, contraception should be provided to prevent another unintended pregnancy, or if not, they should be referred to contraceptive services for advice and contraception.

Recommendation 8 – Providing school and education-based contraceptive services

Unless the pharmacy provides an outreach service to education settings, this is not a pharmacy action, but the actions include engagement and involvement of young people in the service, raising awareness of the service and ensuring that advice information and support is readily available and pregnancy testing and the full range of contraceptive methods including LARC and EHC is easily available. Continuity of service needs to be ensured by making it clear to young people when and where local services, including those provided by pharmacies, are available during school or college holidays.

Recommendation 9 – Providing emergency contraception

Actions involving pharmacy and the pharmacy team include:

- establishing PGDs and local arrangements to ensure all women can easily obtain free EHC and know where to obtain it from;
- inform young women that an IUD is a more effective form of emergency contraception than EHC and can also be used on an ongoing basis, and ensure they have timely access to IUDs;
- Ensure young women who are given oral emergency contraception are:
 - advised that this needs to be used as soon as possible after sex and that it is only effective if taken within a limited time;
 - advised that other methods are more effective and reliable as a primary method of contraception;
 - encouraged to consider and choose a suitable form of contraception for their future needs;
 - referred to, or given clear information about, local contraceptive services;
 - offered immediate referral for an intrauterine device, if they choose this method;
 - advised where they can obtain a free, confidential pregnancy test with same-day results;
- ensure all health professionals providing oral emergency contraception are aware that they can provide this to young women aged under 16 without parental knowledge or consent, in accordance with best practice guidance. Also ensure they are aware that they have a duty of care and confidentiality to young people under the age of 16;
- health professionals, including pharmacists, who are unwilling (or unable) to provide emergency contraception should give young women details of other local services where they can be seen urgently;
- ensure arrangements are in place to provide a course of oral emergency contraception in advance, in specific circumstances where the regular contraceptive method being used, for example condoms or the pill, is subject to 'user failure'.

Recommendation 10 – Providing condoms in addition to other methods of contraception

Managers and staff working in contraceptive services, including pharmacies, should:

- advise all young people to use condoms consistently and correctly in addition to other methods to prevent STI transmission;
- advise them about water based lubricants if needed;
- ensure free condoms are readily accessible, for example at schools and youth clubs;

- ensure information and advice on using condoms is available where condoms are distributed, and where possible shown young people how to use them correctly; and
- when providing condoms, also offer information about emergency contraception and other contraceptive services and where and how to access them.

Recommendation 11 – Communicating with young people

Providers of contraceptive services, including pharmacies should:

- use a range of methods to communicate with young people, especially those who are socially disadvantaged, to provide advice on sexual health and contraception; and
- ensure information is in a range of formats and languages.

Recommendation 12 – Training and continuing professional development

- all registered healthcare professionals including pharmacists and pharmacy technicians working in contraceptive services should be appropriately trained and be able to evidence their skills and competencies;
- all support staff who work in contraceptive services with young people should receive both formal and on-the-job training in how to offer basic information and advice about contraception. They should be aware of the range of methods available, the advantages and disadvantages of each method, and the measures that can be taken to manage any side effects. Training should be regularly updated and tailored to individual needs to ensure staff have the skills and knowledge relevant for their role;
- all staff working for contraceptive services for young people, including administrative staff, should know about the duty of confidentiality and child protection processes and legislation; and
- all staff should be aware of local contraceptive service referral pathways so that they know how to direct young people to the services they need – whether it is for advice on, or the provision of, contraceptives (including condoms and emergency contraception) or abortion services.

The NICE guidance also lists considerations, and raised concerns about consistency of services in pharmacies. Whilst NICE acknowledged that the local pharmacy has a vital role in meeting the needs of diverse communities and are easily accessible, and that all service providers have the right to refuse to provide contraception due to personal or religious beliefs, it did not consider it acceptable that provision of contraception, including emergency contraception, should depend on who is on duty. However in its flow diagram of commissioning and planning contraceptive services: [joint commissioning of integrated services](#), it states that commissioners should ensure pharmacies, walk-in centres and all organisations commissioned to provide contraceptive services (including those providing oral emergency contraception) maintain a consistent service. If this is not possible, staff should inform young people, without having to be asked, about appropriate alternative, timely and convenient services providing oral emergency contraception.

The consultation on this guidance was held in 2010, so the guidance has taken considerable time to produce. PSNC responded to the consultation and made the following points which LPCs may wish to use in their discussions:

- Clarity is required around the need for ‘You’re welcome’ quality criteria as this is not a requirement for the majority of current services. If implemented, it will substantially change the training necessary for these services to be delivered through community pharmacies. Has an interim period been considered to allow existing services to continue while the changes take place?
 - NICE responded that details will need to be negotiated locally given the large variation across the country;
- The advance provision of EHC is not usually included in the SLA, - this will require amendment;
- Free condom provision is dependent on commissioning and will need to be included in the service costing;

- NICE had been specifically asked to provide guidance on contraceptive services for the socially disadvantaged u25s but many of the recommendations are much wider and apply to all young men and women.
 - NICE responded that there was a dearth of evidence relating to socially disadvantaged young people and could therefore not make any evidence based recommendations. They therefore opted for a progressive universalism approach. Gaps in the evidence and recommendations for research are included in the guidance;
- Whilst we agree that service level provision should be consistent, pharmacists are allowed to refuse EHC on religious grounds and signpost to the nearest provider. PSNC also raised the inconsistencies of accreditation and the large mobile locum workforce, which sometimes contributed to inconsistencies of provision.
 - NICE responded that they agreed but this is a task for the professional body, not NICE. However in responding to a similar point made by both the NPA and RPS, the response was that consistency is important and the pharmacy as a whole should either provide, or not provide EHC. This point was also raised in their considerations in the published guidance.
- As NICE guidance gives a national approach, a recommendation that a national service to provide the consistency required should be made.
 - NICE responded that their remit is only to provide evidence based recommendations on contraceptive service provision.

The responses to the consultation are due to be published on the NICE website soon. The guidance is due to be reviewed 12 months after publication to determine whether or not it should be updated. NICE has also been asked to produce a quality standard for contraceptive services.

Public Health England has also just produced conception data and [teenage pregnancy resources](#) which provide estimated numbers of conceptions, conception rates and the percentage of conceptions leading to abortion by age of woman at conception and also includes teenage conception statistics for women aged under 18 and under 16 by local authority area.

If you have queries on this PSNC Briefing or you require more information please contact [Barbara Parsons, Head of Pharmacy Practice](#).