Access to Emergency Hormonal Contraception for young people in Gloucestershire: A scoping report

February 2025

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[SUMMARY REPORT]

Full report is available through Public Health and Wellbeing team, Gloucestershire County Council

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Summary report

Gloucestershire County Council's Public Health team commissions local community pharmacies to deliver Public Health Enhanced Services which includes the supply of free Emergency Hormonal Contraception (EHC) in accordance with a Patient Group Direction (PGD) to young people aged 13-24, who are either resident in Gloucestershire or registered to a Gloucestershire GP. This is intended as a mechanism for reducing unintended pregnancies through expanded provision and access to EHC. Individuals aged 25 and over may also be issued with EHC for free at the discretion of the dispensing pharmacist; if there are concerns that this would otherwise be unaffordable, or that a delay in provision could lead to an unintended pregnancy. The service specification sets out that this provision must be available via a walk in service during business hours, that it should be promoted by pharmacies, and that there is a suitable confidential space for this. Dispensing pharmacists are also required to give sexual health promotion advice during an EHC consultation.

Trends from monitoring data have shown that there has been a consistent decline in EHC activity in community pharmacies in the county over a number of years. This scoping report has been conducted to investigate what might be driving this trend, as well as to identify any barriers to access. To gain insight local data, intelligence and engagement approaches have been utilised and the findings will inform future service development and improvement recommendations to ensure need for EHC is met.

Methods

- Monitoring data on EHC dispensing activity from Community Pharmacies was reviewed, as well as data on EHC dispensed or prescribed from other services, such as School Nurses, the Specialist Sexual Health Service and Primary Care.

- Long-Acting Reversible Contraception (LARC) activity from Primary Care and the Specialist Sexual Health service was reviewed, as well as trends in oral hormonal contraception and the use of the copper intra-uterine device as an alternative from of emergency contraception.

- Local and national intelligence on attitudes and behaviours in relation to sex, relationships and contraception were reviewed – using findings from Gloucestershire's Pupil Wellbeing Survey, as well as a recently published national report by Brook.

- Stakeholders throughout the system were consulted via one-on-one discussions, including via survey to dispensing pharmacists.

- Young people were consulted directly using an online survey, informal conversations in a youth club and via a bespoke focus group organised by Young Gloucestershire.

Key findings

- According to the latest Pharmaceutical Needs Assessment, 101 community pharmacies in Gloucestershire are signed up to deliver the enhanced Sexual Health Service offer, including provision of EHC (amounting to 94% coverage across the county).

- Free EHC issue from community pharmacies has been consistently trending downwards since 2017, with the rate of decline appearing to increase following the COVID-19 pandemic.
- 2024 saw the lowest recorded year of EHC activity, with only 914 PGDs utilised, compared to 2366 in 2017.

- Most individuals accessing free EHC from pharmacies in the county are aged 16-24 (598 issues in 2024; 65% of total activity), followed by those aged 25 and over (288 in 2024; 32% of total activity), with only very small numbers of individuals aged 16 and under accessing this service (28 individuals in 2024; 3% of activity).

- When trends are reviewed by age group, EHC activity has been in consistent decline amongst <16s (noting that overall numbers for this age group are very small and this trend might feasibly be due to chance) and in 16–24 year olds over time.

- Conversely, there are rising numbers of individuals aged 25 and over who are being provided with free EHC from community pharmacies, suggesting there may be increasing numbers in these age groups who cannot access or afford to buy EHC over the counter.

- The downward trend in EHC issue does not appear to be explained by a reciprocal increase in activity in other settings or the use of copper IUD as a form of emergency contraception.

- Data on EHC sales (either over the counter or online), as well as any EHC prescribed in Emergency and Urgent Care services cannot be characterised, as this data is not available.

- Reduced numbers of young people accessing EHC does not seem to have led to an increased number of teenage pregnancies or terminations of pregnancy in the county – although it should be noted that we do not have data on the number of conceptions outside of adolescence, or how many of these are intended versus unintended.

- It is unknown whether increasing condom use may be contributing to declining EHC activity. Community pharmacy monitoring data suggests that there is an increase in C-Card registrations in the county, but stakeholders report that access to condoms via the C-Card scheme is in decline, and there is no clear intelligence to suggest there has been a significant change in sexual behaviours amongst young people locally to fully explain this.

- Similarly, increasing abstinence amongst young people could explain a downwards trend in EHC activity, but this has not been suggested as a major theme by stakeholders or young people themselves.

- It should be noted that there have been some demographic changes over the last 10 years, with a smaller proportion of the population currently aged 15-24 than in 2011, which may influence trends in EHC activity, but is unlikely to explain the full picture.
- Issues with data capture in relation to EHC activity are unlikely to explain the trends seen, as free EHC is dispensed by a PGD, a legal document, which must be recorded on PharmOutcomes when used – and monitoring data is drawn from this system.

- Importantly, discussions with young people and stakeholders do not suggest that EHC is no longer needed amongst young people in the county, but that declining uptake from community pharmacies is more likely due to barriers to accessing this service. It is likely that many young people who are eligible for free EHC are choosing to, or being required to, purchase EHC either over the counter or online, rather than be in receipt of the free offer. This will impact on inequalities due to not being affordable for all individuals.

Themes of the barriers to access of EHC

- Young people and stakeholders report a **lack of awareness in** relation to **free** provision of EHC in community pharmacies. Whilst there is some awareness that EHC is offered in pharmacies, there appears to be a major knowledge gap that this is free. This also informs the possibility of individuals potentially buying EHC online or over the counter, rather than seeking out free options.

- Both young people and stakeholders indicate that they **do not see the free EHC offer promoted** or having learnt about its availability through any formalised mechanism (e.g., sex education). A small number of pharmacists responding to a survey also reported that they do not actively promote the offer in their pharmacy – which is a requirement set out by the service specification.

- There appears to be uneven and **inconsistent** implementation of the **EHC offer** across community pharmacies in Gloucestershire, with reports of young people being turned away or charged for EHC when they are eligible for free provision.
  - As coverage of the EHC offer is high (94% of pharmacies in the county), reports of young people charged or turned away when requesting this does suggest potential issues with the service delivery, rather than the need for expanded coverage.
  - Notably, discussions with lead pharmacists in the county revealed that whilst a large number of pharmacies are signed up to provide the service, this does not mean that all of these settings will have registered and trained pharmacists that can provide this service at all times, and it is difficult to map actual provision across the county due to high turnover of staff and use of locums.
  - A small number of surveyed pharmacists reported that they cannot provide EHC within all business hours in their pharmacy. Inconsistent service delivery could be creating barriers around access with the potential to exasperate inequalities.

- Concerns have been raised that community pharmacies do not feel like **confidential spaces** where young people are comfortable making a request for EHC. Through the insights work multiple young people reported that they would be concerned about others in the pharmacy overhearing their request and a lack of confidentiality in a pharmacy. These concerns appear particularly acute for younger teenagers, or where the pharmacy is within a small/close-knit community.
- Some people also raised that they had felt judged or were concerned about the risk of judgement when requesting EHC in a community pharmacy, with examples of **both felt and enacted stigma** reported.

- The insights revealed some **specific barriers** for certain groups in accessing EHC; for example individuals who are not female presenting, diverse gender identity and/or living with increased weight or obesity.

- Finally, the questioning required during an EHC consultation felt intrusive and **uncomfortable** to some young people.

Wider areas of consideration identified in the process of this work

- Looked After Children and Care Leavers are anecdotally thought to be overrepresented amongst pregnant teenagers (notably this cohort is small overall) – and concerns raised by stakeholders that this group may miss out on a robust sexual health promotion offer. Individuals who become pregnant under the age of 18 are also anecdotally reported to have increasingly 'complex' social circumstances by stakeholders.

- There is a desire for a system forum to bring stakeholders in sexual health together which allows for discussion around sexual health priorities, issues or intelligence to provide a more holistic system response.

- There are potential gaps in education and awareness around sexual health promotion and the services available in the county (amongst young people and professionals)

- There is a suggestion that Pharmacists are no longer part of multi-agency sexual health training offered by the Specialist Sexual Health Service.

- There may be wider issues preventing young people from accessing sexual health services across the county, such as concerns that young people prefer not to communicate via the telephone (as required by the Specialist Sexual Health Service to triage patients) and long waits for GP appointments which can lead to delays in access, as well as less visibility of the School Nursing Service extended drop-ins and reduced C-Card uptake reported.

- The rising need for free EHC in >25 age group and feedback from the Specialist Sexual Health Service that their service users report that EHC is very expensive when bought over the counter.

Solutions offered through engagement work with young people and stakeholders

- Developing an awareness raising campaign around EHC – with the key message that this is free from community pharmacies- using posters in a variety of settings, as well as a social media campaign and include a QR code with link to further information

- Mapping which pharmacies provide EHC and at what times to facilitate promotion. Although notably this was not felt to be feasible currently on discussion with lead pharmacists.
    - Application of mechanisms to reduce actual or felt stigma or breaches in confidentiality, for example use of a code word (such as 'ask for Ella') showing a card or showing information on a phone.

- Include discussions around emergency contraception in the sex education offer to young people in educational settings and strengthen the focus on prevention.

- Ensuring Pharmacists and counter staff are trained in 'Language That Cares' and principles of confidentiality.

- Develop a system wide sexual health group to bring stakeholders together to discuss issues where they arise, including early identification of unmet or changing need, barriers to access and multiagency development of solutions.

- Review the EHC PGD and PharmOutcomes reporting framework to ensure these are up to date and appropriate.

- Consider the possibility of training pharmacy technicians to dispense EHC via a PGD – who represent a more stable workforce.

- Assess the EHC offer using a 'mystery shopper' model and providing feedback.

- Leveraging networks to ensure that any young person who seeks out EHC at a community pharmacy and is turned away is directed to the nearest possible alternative provider.

Recommendations

1. **Improve actual and perceived confidentiality within community pharmacies**
    a. Provide feedback to pharmacy representatives around the confidentiality concerns raised – discuss why this might be the case and actions that could be taken
    b. Ensure counter staff are given training in principles of confidentiality and are expected to adhere to this.
    c. As part of an awareness raising campaign, include an explanation that young people can request to have a pharmacist consultation without being required to specifically disclose that this is for EHC when interacting with counter staff OR that they can show information on their phone that indicates they need to see a pharmacist regarding EHC (to be developed as part of the webpage providing information around EHC which will be utilised as part of the campaign – see recommendation two). As part of implementing this change, commissioners must be mindful of the possibility of digital exclusion and should also promote the fact that you do not have to specifically give the reason for a pharmacist consultation at the counter.

2. **Improve service implementation and consistency of the availability of the EHC offer**
    a. Feedback to pharmacists regarding the consistency of EHC availability. Ensure that all pharmacy, counter staff and technicians working in a relevant site are aware of the EHC offer and who is eligible.
    b. Review the number of staff trained to provide EHC across Gloucestershire and promote uptake in training where needed.
    c. Consider using a 'mystery shopper' model to review service delivery in specific areas and provide feedback to pharmacies where they are assessed.
    d. Scope training pharmacy technicians to provide EHC via a PGD to increase the available workforce and improve consistency.
    e. Consider mechanisms for ensuring that locum community pharmacists who are regularly employed in Gloucestershire are trained to provide EHC locally – noting that there is a potential for this to become a national offer.
    f. Ensure that messaging is consistent and includes signposting to other services when a young person cannot access EHC at a community pharmacy for whatever reason. Ensure that relevant staff are aware of other services where EHC is available e.g. an alternative local pharmacy (explore PCN pharmacy networks?), School Nursing, Hope House etc.
    g. Consider options in relation to service availability – e.g., the feasibility and appropriateness of reducing the number of sites where EHC is offered (for example, focusing in CORE20 areas), or developing a PCN pharmacy network with strong links and operational understanding in relation to EHC (to facilitate signposting).

3. **Develop a campaign to promote awareness of EHC availability in community pharmacy**
    a. Posters in a variety of settings (GP surgeries, community pharmacies themselves, Schools, Colleges and Universities, as well as wider public settings) – aiming to have young people design or 'approve' where possible. These should be bright, but not childish – using the word 'free' as a hook to draw people in.
    b. Raise awareness via social media – Instagram, TikTok, Facebook
    c. Include within this campaign a QR code that can be scanned for further information and links through to a webpage which includes a section that can be showed to the Pharmacists or counter staff that indicates the need for EHC.
    d. Consider reviewing any promotional material developed with young people themselves to ensure this is appropriate and serves the intended purpose.

4. **Reduce stigma associated with EHC:**
    a. Feedback the issues around stigma and judgement raised by young people as a concern in relation to accessing EHC in community pharmacies.
    b. Review the current training offer for all pharmacy staff in relation to a 'Language That Cares' approach, and confidentiality. Consider how training can promote cultural competency, for example through mention of weight stigma and gender diversity.
    c. 'Normalise' conversations around contraception and the potential need for EHC through the awareness raising campaign and education and training offers.

5. **Review training offer to community pharmacy staff – EHC and related training**
    a, Map the current training offer in relation to EHC (including whether community pharmacy staff are able to access the multiagency sexual health training offer).
    b. Ensure that staff are aware of training availability and how to book.

6. **Review EHC education opportunities within other services**
    a. Discuss with the School Nursing Service and Gloucestershire Health Living and Learning around opportunities to enhance the school based sexual health education offer to include information on emergency contraception and where it is available.

7. **Consider how information on EHC is shared with young people in care and care leavers**

8. **Continue to monitor the EHC data and evaluate the impact of awareness raising and other measures.**
    a. Ensure that data is regularly monitored by commissioners to identify trends. Consider using district/pharmacy site data to ensure a proactive approach and recognising provision/delivery issues.

9. **Review the EHC PGD and PharmOutcomes templates**
    a. Ensure these are up-to-date and fit for purpose, in accordance with the service specification.

10. **Consideration of a whole system approach to sexual health (associated recommendation)**
    a. Consider a system-wide governance model for sexual health (including community pharmacy representation) to obtain a wider view of emerging trends and intelligence.

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