



## Community Pharmacy Roadmap Program Development Template

<b>Program/Service Quadrant</b>	<b>Sexual Health Services</b> <b>C – In-pharmacy Health Services and Programs</b>
<b>1. Program/Service Description</b>	
a) Background	<p>Community pharmacies have long provided services related to sexual health through the provision of information and advice, in addition to products. They are a primary source of emergency hormonal contraception, as well as providing advice on the safe and effective use of contraceptive methods and safe sexual practices.</p> <p>The 2008 UK Pharmacy White Paper<sup>1</sup> highlighted an increasing role for pharmacies in the provision of sexual health advice, the delivery of specific services such as chlamydia screening, the funding of improved access to a full range of contraceptive methods to help reduce unintended pregnancies, particularly teenage pregnancy, and the inclusion of pharmacies in local and national programs. This expanded role has been reiterated in a subsequent document prepared by the Royal Pharmaceutical Society of Great Britain.<sup>2</sup> (RPSGB)</p> <p>Sexually transmissible infections remain common in Australia and are responsible for a significant amount of long-term morbidity. Chlamydia, for example, is now the most common notifiable bacterial infection in Australia and is a significant cause of infertility.<sup>3</sup></p> <p>A recent project funded under the Fourth Community Pharmacy Research and Development program (4CPA R&amp;D), using existing pharmacy infrastructure, found that the emergency contraception target group is at higher risk of contracting chlamydia, and that provision of pharmacy-based chlamydia screening is feasible in Australia.<sup>4</sup></p>
b) Brief Description	<p>Sexual health services provided through community pharmacy would comprise:</p> <ul style="list-style-type: none"><li>• Sexual health promotion through the provision of information and advice</li><li>• Limited screening and detection of sexually transmitted infections (STIs) e.g chlamydia</li><li>• STIs awareness and safe sex promotion</li><li>• Pregnancy prevention, testing and support, (fertility testing, contraceptive support, emergency hormonal contraception)</li></ul>
c) Alignment with Government Policy	<p>Services would be consistent with government community sexual health strategies, including:</p> <ul style="list-style-type: none"><li>• The National Sexually Transmissible Infections strategy 2005-2008</li><li>• The National HIV/AIDS strategy</li><li>• The National Hepatitis C strategy</li></ul>
d) Expected Outcomes for Government and Community Pharmacy	<p>Through its focus on prevention, the provision of sexual health services via community pharmacies would result in direct savings to health budgets as well as a range of indirect economic, social and public health benefits. The use of e-health mechanisms in the delivery of services would provide for an additional source of data to inform policy development in this area.</p>

<sup>1</sup> United Kingdom Department of Health; April 2008. Pharmacy in England: building on strengths - delivering the future  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_083815](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083815)

<sup>2</sup> RPSGB; March 2010. Sexual Health Toolkit.

<sup>3</sup> ACT Government Department of Health- Chlamydia fact sheet  
<http://www.health.act.gov.au/c/health?a=da&did=10009573&pid=1055374861>

<sup>4</sup> Clifford, Rhonda- UWA: 2010. To Develop and Pilot a Best Practice Community Pharmacy Chlamydia Screening Model. 4CPA R&D program HG-003  
[http://www.guild.org.au/research/4cpa\\_project\\_display.asp?id=1855](http://www.guild.org.au/research/4cpa_project_display.asp?id=1855)

	<p>From a community pharmacy perspective, expanded services in the area of sexual health confers greater legitimacy upon community pharmacists as members of the primary health care team. Such services would also build on the value and trust already established in community pharmacy in the public consciousness, leading to more professionally rewarding careers for staff. They would also add to the viability of the modern community pharmacy business model, with increased service provision vital to its future development.</p>
e) Consumer Benefits	<p>As it stands, the accessibility through community pharmacy of emergency hormonal contraception (EHC), contraceptive support and advice, safer sex messages and information on testing to help reduce HIV/other STIs is of significant benefit to the community. This is because the accessibility of community pharmacy as a qualified, trusted primary health provider is unparalleled, with extended hours, immediate consultations and over 5000 locations throughout metropolitan and rural areas. Consolidating and expanding community pharmacy sexual health services would increase this utility to consumers even further.</p>
f) Who Performs the Service?	<p>The Pharmacist would perform the service, with trained pharmacy assistants involved in providing basic/routine elements.</p>
g) Collaboration with Other Health Care Professionals	<p><i>Will service delivery require any formal collaboration with other health care professionals?</i>  Yes  Where formal referral to another health professional is warranted the protocol would require the pharmacist to refer the patient to another health profession or support service.</p>
<b>2. Implementation and Enablers</b>	
a) Stakeholder Consultation	<p><i>Representative bodies from the following areas will need to be consulted in order to fully develop and implement a program:</i></p> <ul style="list-style-type: none"> <li>• Consumer Organisations</li> <li>• Pharmacy Organisations</li> <li>• GP Organisations</li> <li>• Sexual Health Nurses and Nurse Practitioners</li> <li>• Trainers</li> <li>• Advocacy groups</li> <li>• Government Bodies</li> <li>• National Pharmacy Board</li> <li>• Pharmacy Software Vendors</li> <li>• Professional Insurers</li> <li>• Other allied health professional bodies</li> </ul>
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i>  IT solutions may assist in the delivery of sexual health services and include an ability to document referral episodes. Program software should ideally be integrated with pharmacy software, streamlined for ease of use and consistent with pharmacy workflow.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i>  Yes.</p> <p><i>Is the Program within the pharmacist's/pharmacy assistant's normal scope of practice?</i>  Yes. Specific training would be required for chlamydia screening (refer to 2d).</p> <p><i>Is an additional pharmacist likely to be needed?</i>  In developing professional services that require extended pharmacist consultations, consideration needs to be given to staffing resources. An additional pharmacist could be required to ensure other professional services remain appropriately resourced.</p>
d) Training	<p><i>What additional formal training is likely?</i>  Pharmacy graduates should be trained to a level where they can confidently provide support services upon registration. For more specialised services, training should include on-line</p>

	<p>training where possible to maximise pharmacist participation. Refresher training should also be available for registered pharmacists to ensure services remain aligned with current clinical guidelines. Specific training would be required to deliver a chlamydia screening program.</p> <p><i>Does any suitable training exist?</i> Yes. A training package for chlamydia screening was developed as part of the 4CPA R&amp;D project.</p> <p>Pharmaceutical Society of Australia (PSA) resources include:</p> <ul style="list-style-type: none"> <li>• Supply of levonorgestrel as a Pharmacist-Only Medicine for Emergency Contraception. PSA - October 2008 (plus Checklist and Information Leaflet - March 2010)</li> <li>• Targeted Intervention – Provide advice following missed doses of oral contraceptives (April 2010).</li> </ul>
e) Supporting Standards, Procedures and Templates/ Checklists	<p><i>Will a QCPP standard be required?</i> To be determined.</p> <p><i>Will professional guidelines and/or standards for pharmacists be required?</i> Yes.</p> <p><i>Are there any national guidelines which need to be taken into account in developing the program to ensure consistency with best practice?</i> Yes – for example <i>Sexual Health and Family Planning Australia</i> has a range of resources and guidelines which should be taken into account in developing services.</p>
f) Legislation/ Regulation Implications	It will be necessary to ensure all elements are aligned with relevant legislation.
<b>3. Funding</b>	
Funding options	<p>Possible funding options include:</p> <ul style="list-style-type: none"> <li>• Community Pharmacy Agreement</li> <li>• Alternative Commonwealth Program (As per NDSS, for example)</li> <li>• State/Territory Government</li> <li>• User-pays (Would require review of GST implications)</li> </ul> <p><i>Has any funding for this Program been secured?</i> No.</p>
<b>4. Timelines</b>	
Timelines	<p><input checked="" type="checkbox"/> Established community pharmacy practice</p> <p><input checked="" type="checkbox"/> Immediate to short-term implementation (&lt; 30 June 2015)</p> <p><input type="checkbox"/> Medium-term implementation(1 July 2015 to 30 June 2020)</p> <p><input type="checkbox"/> Longer-term implementation (&gt; 1 July 2020 )</p>