

Evaluating the Delivery and Impact of Pharmacy-Based Contraception Provision: A Systematic Review

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Background

In the UK, NHS pharmacies offer 'essential services' (e.g. dispensing prescriptions, offering advice, providing emergency contraception¹). They are more commonly open in the evenings and at weekends², are visited more often than general practices (GPs) or genitourinary medicine (GUM) clinics^{3,4}, and increasingly offer routine oral contraception, emergency contraception, and contraceptive injections. Prior to this review, pharmacy-specific contraception provision has not been fully evaluated; I have therefore examined the impact and delivery of contraceptive services in pharmacies, taking into account the experiences of pharmacy users and staff.

Aim

To evaluate the impact and delivery of pharmacy-based contraception services from pharmacy staff and user perspectives using a systematic review.

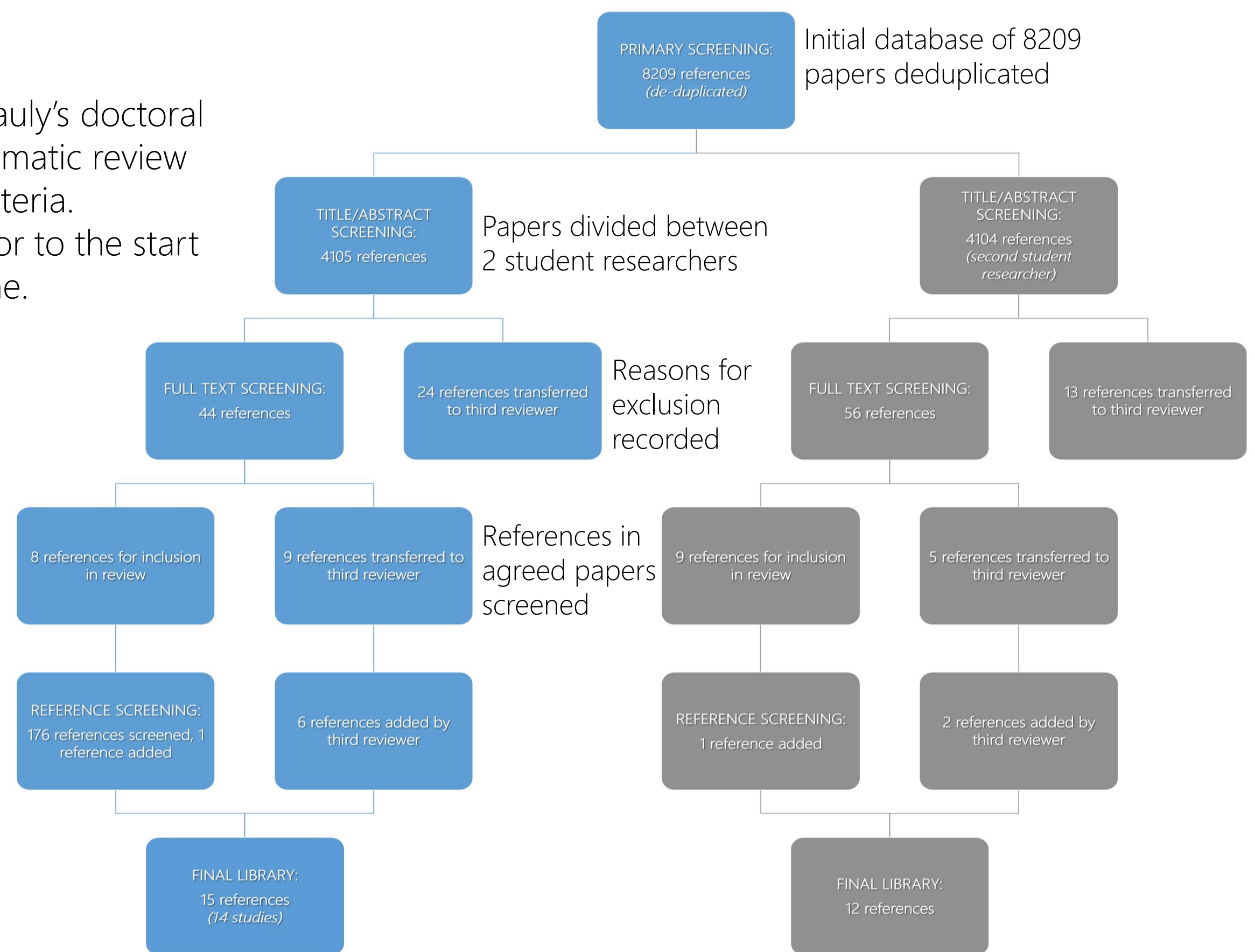
Methods

For the SSC2 module, I joined a project which forms part of Julia Gauly's doctoral research. The project offered the opportunity to take part in a systematic review and to independently develop a research question and inclusion criteria. Literature searches were conducted by the wider research team prior to the start of SSC2, using 7 electronic databases including Embase and Medline.

Inclusion criteria:

- Qualitative/quantitative/mixed methods papers published after 2007
- Participants: pharmacy users, pharmacy staff
- Interventions/exposures: emergency hormonal contraception, emergency contraception, oral contraceptive pill, contraceptive injection
- Comparators: SHS provider other than pharmacy
- Outcomes: service users'/providers' attitudes, satisfaction, views on service, any barriers to use

After screening, the quality of the final 15 studies was assessed using the Mixed Methods Assessment Tool (MMAT)⁶. Data (setting, intervention, outcomes of interest, etc) was then extracted to a spreadsheet before narrative synthesis was conducted to identify reoccurring themes, phrases or quotes from the data.



Results

	Emergency hormonal contraception	EHC prior to accessing another service	Copper coil	Hormonal contraception	Contraceptive injection
Qualitative	Cooper (2008)	Michie (2016)			
Quantitative	Black (2008), Hussainy (2011), Mackin (2011), Nguyen (2010), Ragland (2015), Whelan (2013)	Gudka (2014)	Wong (2017)	Rodriguez (2018)	
Mixed methods	Chaumont (2017), Downing (2011)				Heller (2017)

Quality Assessment

Only 6 studies fulfilled all MMAT criteria. Most papers had a high risk of non-response bias due to a low response rate. Mixed methods studies poorly explained how data was combined^{7,8}; data analysis methods were clearer in qualitative studies⁹.

Data Synthesis

Pharmacy staff	Felt comfortable providing EHC; 'unmet need' for service; discussed copper coil less often as emergency contraception, discomfort about intimate insertion procedure; discomfort about 'breaking the skin' for injection; low EHC demand commonest reason for shortage refusal, followed by ethical objection
Pharmacy users	Felt comfortable requesting EHC at pharmacy; noted faster service, easier access to pharmacy; privacy level appropriate to sensitive discussion; counselling helpful for future contraceptive choices; one patient deemed a pharmacist's poor injection technique 'off-putting'; high satisfaction with pharmacy services

Discussion

Multiple women felt comfortable in pharmacies and considered consultation privacy satisfactory. Staff members' quotes suggest many support good sexual health, though some lack confidence in intimate procedures. A recommendation of this review could be trialling services usually offered by GPs/GUM clinics, e.g. offering the contraceptive injection¹⁰, or conducting STI screening.

This review was limited by only 2 of the 15 final papers examining non-emergent contraception, as the ethics of post-coital contraception likely differ when compared to prophylaxis. This suggests a need for feasibility studies into these contraceptives and their acceptability to service users.

Conclusion

This systematic review, while focusing on user and pharmacy staff satisfaction with services, insight into the consultation experience and barriers to service use, arguably confirms that pharmacies are suitable locations for the provision of different forms of contraception and associated counselling by pharmacy staff.

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