

## **FSRH consultation response: new safeguards to protect people who want to obtain medicines online by the General Pharmaceutical Council (GPhC)**

The Faculty of Sexual and Reproductive Healthcare (FSRH) welcomes the opportunity to respond to this consultation on the proposals by the General Pharmaceutical Council (GPhC) to put in place new safeguards to protect people who want to obtain medicines online, including prescription-only medicines (POMs).

FSRH is the largest UK professional membership organisation that supports a diverse range of healthcare professionals in the delivery of high quality sexual and reproductive health (SRH) care. We offer our 15,000 doctor and nurse members NICE-accredited evidence-based clinical guidance, including the UKMEC, the gold standard in contraceptive prescribing, as well as service and quality standards.

FSRH is responding to this consultation in its capacity as the UK organisation representing the voices of thousands of SRH professionals, and we believe it is a fundamental right for men and women living in the UK to have access to the full range of contraceptive methods and SRH services. Our goal is to ensure that standards in SRH service delivery, including full, confidential access to contraception at the point of need, are commissioned appropriately across different settings, including pharmacies. Thus, the scope of our response is limited to issues surrounding the provision of prescription-only contraceptive methods online - oral contraceptives, inclusive of emergency contraceptives, and the patch.

### **Questions**

#### **3. a) Do you think it is appropriate for pharmacy websites to be arranged in such a way that a patient can choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber?**

FSRH's Vision<sup>1</sup> affirms the fundamental right of men and women living in the UK to have confidential access to the full range of contraceptive methods from services based in different settings. FSRH believes men and women living in the UK should always have the right to choose in which setting they would prefer to access contraception. FSRH also believes emergency contraception is an essential part of sexual and reproductive healthcare (SRH), and that women must have full access to emergency contraception at time and place of need.

#### **Access to contraception in England**

FSRH is concerned that tighter restrictions on online sales of prescription-only contraceptives risk compounding an already dire scenario of cuts to SRH services that are impacting on access to contraception. Findings from [an analysis carried out last year by the King's Fund](#) on councils' forecast expenditure in 2017/18 shows that cuts to the public health

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<sup>1</sup> FSRH, 2015. *Better care, a better future: a new vision for sexual and reproductive health care in the UK*. [pdf] London: FSRH. Available at: <https://www.fsrh.org/about-us/our-vision/>

budget have forced councils to reduce spending on key public health services. Sexual health services suffered the biggest loss with a 5% cut that amounts to £30 million<sup>2</sup>.

Further evidence indicates that cuts coupled with fragmented commissioning have had a severe impact in access to contraception. The Advisory Group on Contraception (AGC) released [a new report in late 2017](#)<sup>3</sup> which found that contraceptive care services have closed or are under threat in more than one third of English local councils since 2015. Around 32 councils closed services in the financial year 2016/17, compared with 12 councils in 2015/16. In addition, of the 51 councils who provided year on year data, half have cut their allocated budget for contraception for the financial year 2017/18<sup>4</sup>.

A study using Freedom of Information requests to evaluate variation in local authority commissioning of community pharmacy public health services in England has found that there is significant variation in commissioning and delivery of public health services in community pharmacies across England, which does not match potential benefit to local populations. The study found that almost all local authorities (LAs) reported commissioning emergency contraception (97% of 144), but the service was provided by only 47% of the 11 819 pharmacies registered in England in 2014<sup>5</sup>.

Access to SRH services is also directly related to their availability in the individual's area of residence and levels of deprivation. [NHS Digital reports](#) that the likelihood of young women aged 13 to 15 accessing SRH services for emergency contraception varies according to the level of deprivation in their area of residence. This ranged from 3 per 1000 in the least deprived areas to 8 per 1000 in the most deprived areas<sup>6</sup>.

### ***Online provision of contraception and GPhC's proposals***

In the UK, emergency contraception is available free of charge in GP practices and community SRH clinics. Although the prices of online contraceptives can be prohibitive for low-income patients, many women will still choose to obtain it through online pharmacies. Online pharmacies play a vital role in this regard, and FSRH is concerned that the new safeguarding measures proposed by GPhC could inadvertently create additional barriers for women to access their preferred method of ongoing and/or emergency contraception.

When a patient chooses to buy contraception online, they must undergo an online consultation with a healthcare practitioner who will sign off the order according to the clinical information provided by the patient. With regards to contraceptive care, FSRH acknowledges but does not share GPhC's concern that patients might learn "what answers to give so they can get the medicine in question" and that this "may result in medication being selected or later prescribed which may be inappropriate and lead to harm". This can be the case in online purchases but also during phone and face-to-face consultations and, therefore, does

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<sup>2</sup> Buck, D., 2017. Chickens coming home to roost: local government public health budgets for 2017/18. *The King's Fund*. [online] Available at: <https://www.kingsfund.org.uk/blog/2017/07/local-government-public-health-budgets-2017-18>

<sup>3</sup> AGC, 2017. *Cuts, Closures and Contraception. An audit of local contraceptive services in England*. [pdf] London: AGC. Available at: <http://theagc.org.uk/our-work/>

<sup>4</sup> *Ibid.*

<sup>5</sup> Mackridge, A. J., Gray, N. J. & Krska, J., 2014. *A cross-sectional study using freedom of information requests to evaluate variation in local authority commissioning of community pharmacy public health services in England*. *BMJ Open* 2017(7). Available at: <https://bmjopen.bmj.com/content/7/7/e015511>

<sup>6</sup> NHS Digital, 2017. *Sexual and Reproductive Health Services, England - 2016-17*. Available at: <https://digital.nhs.uk/catalogue/PUB30094>

not warrant tighter regulatory measures regarding online sales of oral contraception. The relationship between a patient and a healthcare provider is one of trust above all, and health professionals should trust women to make the decisions that are best to meet their needs.

Furthermore, patients are not actually free to choose the quantity of oral contraceptives or oral emergency contraceptives they wish to buy because restrictions are already in place to limit the quantity in each purchase. When considering the oral contraceptives and emergency contraceptives legally available in the UK online pharmacy market, these quantity restrictions are well within what is considered clinically safe for patients. These restrictions could even be lifted to allow for women to purchase, for instance, an advance supply of oral emergency contraceptives, a type of medicine whose effectiveness heavily relies on the timing of administration.

FSRH supports the provision of easily-accessible contraception, and online provision should include evidence-based information about the most effective methods of contraception. FSRH's evidence-based guideline on emergency contraception recommends that providers who cannot offer all emergency contraception methods, as is the case with online pharmacies, should give women information regarding the other methods and signpost them to services that can provide them<sup>7</sup>.

FSRH guidelines also recommend providers to advise women that oral emergency contraception methods do not provide contraceptive cover for subsequent unprotected sexual intercourse and that women will need to use contraception or abstain from sex to avoid further risk of pregnancy. Women requesting emergency contraception should be given information regarding all methods of ongoing contraception and how to access these<sup>8</sup>.

Finally, FSRH will publish quality standards for the provision of online SRH services jointly with the British Association for Sexual Health and HIV (BASHH), which will open for public consultation by mid-September 2018. FSRH would welcome GPhC's views on the proposed standards and would be pleased to share the document once launched later this year.

## **2. Do you have any comments about our proposals on transparency and patient choice?**

FSRH welcomes GPhC's proposals to enhance transparency for patients regardless of how the service is designed. FSRH agrees that patients would benefit if they were informed about who the pharmacist/responsible pharmacist and/or prescriber are. We believe that this measure would strengthen accountability and allow patients to raise concerns about their course of treatment and the quality of the service.

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<sup>7</sup> FSRH, 2017. *FSRH Guideline Emergency Contraception. March 2017 (updated December 2017)*. London: FSRH. Available at: <https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>

<sup>8</sup> Ibid.