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Gwasanaeth Iechyd Cyhoeddus
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Community pharmacy based chlamydia services: enhanced pharmacy service assessment (EPSA)

Report for Local Health Board use

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Intended Audience:

- Heads of Pharmacy & Medicines Management, Local Health Boards (LHBs).

Purpose and Summary of Document:

This document has been developed to assist LHBs in undertaking an enhanced pharmacy service assessment (EPSA) for community pharmacy based chlamydia services.

It should be read in conjunction with other relevant documents such as *Emergency hormonal contraception needs assessment* report and the *LHB key indicator and chlamydia services* maps on the [Pharmaceutical Public Health document database](#).

Publication/Distribution:

Distribution to:

- Heads of Pharmacy and Medicines Management, Local Health Boards.
- Director of Public Health, Local Health Boards.
- Chief Pharmaceutical Adviser, Welsh Assembly Government.
- Head of Pharmacy and Prescribing, Community Primary Care and Health Services. Directorate, Welsh Assembly Government.
- Programme lead, Sexual Health Services in Wales, Welsh Assembly Government.

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|--|---------------|--------------------------------|
| Author: Sian Evans, Principal pharmacist | 24/06/09 | Status: Final |
| Version: 1.0 | Page: 1 of 15 | Intended Audience: HoPMM (LHB) |

Table of contents

| | | |
|-----|--|----|
| 1. | Introduction | 3 |
| 2. | Aim | 3 |
| 3. | Epidemiology..... | 3 |
| 3.1 | National incidence..... | 4 |
| 3.2 | Local incidence | 5 |
| 4. | Demography..... | 5 |
| 5. | Policy background..... | 6 |
| 6. | Literature review..... | 6 |
| 7. | Current service provision..... | 9 |
| 7.1 | NHS services | 9 |
| 7.2 | Private services through community pharmacies..... | 10 |
| 8. | Stakeholders views | 10 |
| 9. | Financial implications | 11 |
| 10. | Commissioning options | 12 |
| 11. | Recommendations | 13 |
| 12. | References..... | 14 |

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| | | |
|--|---------------|--------------------------------|
| Author: Sian Evans, Principal pharmacist | 24/06/09 | Status: Final |
| Version: 1.0 | Page: 2 of 15 | Intended Audience: HoPMM (LHB) |

1. Introduction

This document has been developed to assist Local Health Boards (LHBs) in undertaking an enhanced pharmacy service assessment (EPSA) for community pharmacy based chlamydia services.

This document focuses on the role of community pharmacy in targeting those at greatest risk i.e. young persons aged 16-24 years with undiagnosed chlamydia infection.

It provides limited information on the provision of services for detection and treatment of other sexually transmitted diseases such as gonorrhoea, other sexual health services and cost effectiveness.

Key stages of the EPSA include; determining need for chlamydia services, reviewing the evidence for community pharmacy's role, assessing current service provision, identifying gaps in service provision and making recommendations for the future.

Where information is common to all LHBs text has been inserted under the appropriate heading, elsewhere completion of the EPSA requires local intelligence which should be undertaken by the LHB. Guidance on completing those sections is provided in the grey shaded boxes.

The decision whether to undertake an EPSA for chlamydia services or not should be taken locally in line with local priorities.

2. Aim

The aim in preparing an enhanced pharmacy service assessment for a community pharmacy based chlamydia service will be identified by the LHB.

3. Epidemiology

Genital chlamydial infection (commonly referred to as chlamydia) is a sexually transmitted infection (STI) caused by the bacterium, *Chlamydia trachomatis*. It is the most commonly reported bacterial STI at genitourinary medicine (GUM) clinics in Wales and the UK.¹

Approximately 70% of women and 50% of men infected with chlamydia have no symptoms causing a large proportion of cases to be undiagnosed and untreated. Chlamydial infection, if left untreated, can lead to pelvic inflammatory disease (PID) in women and an increased risk of ectopic pregnancy and possible infertility. Complications in men are less common but can very occasionally lead to infertility.¹

The UK annual cost to the NHS of chlamydia infection and its consequences is estimated to be approximately £100 million.²

| | | |
|--|---------------|--------------------------------|
| Author: Sian Evans, Principal pharmacist | 24/06/09 | Status: Final |
| Version: 1.0 | Page: 3 of 15 | Intended Audience: HoPMM (LHB) |

Chlamydia can be detected by a urine sample which is sent to a microbiology laboratory for analysis by nucleic acid amplification technique (NAAT).³

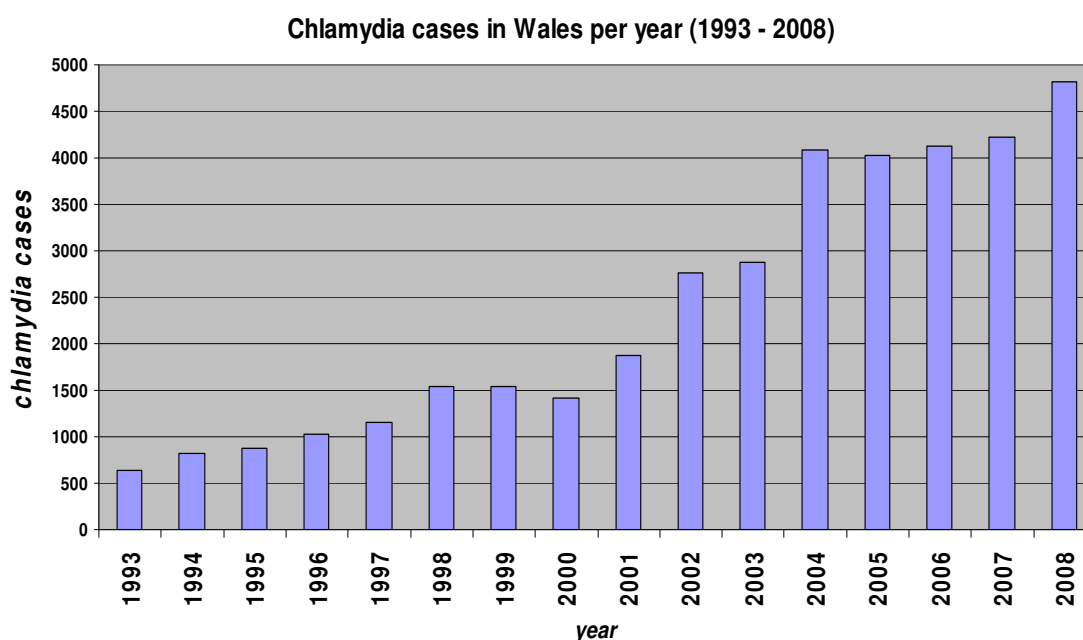
The standard treatment for uncomplicated chlamydia infection is with the antibiotic azithromycin 1 g orally in a single dose. Alternative antibiotic regimes are recommended where patients are unable to take azithromycin.^{3,4}

3.1 National Incidence

The incidence of diagnosed chlamydia cases in Wales has risen steadily over the last 10 years with 4826 cases reported through GUM clinics in Wales in 2008.⁵ The highest rates of infection are seen in young people, particularly men and women under the age of 24 years.¹ Further details on rates and trends of chlamydia infection in Wales can be found in the [HIV and STI trends in Wales reports](#).⁶

Figure 1: Chlamydia cases – all ages & sex

Source : [NPHS Interactive Surveillance Data](#): Time trend



The numbers of positive cases are increasing possibly due to better detection techniques, targeted interventions, individuals coming forward for testing and improved tracing of sexual partners (contacts).

| | | |
|--|---------------|--------------------------------|
| Author: Sian Evans, Principal pharmacist | 24/06/09 | Status: Final |
| Version: 1.0 | Page: 4 of 15 | Intended Audience: HoPMM (LHB) |

3.2 Local incidence

Guidance for LHBs

This section is provided for LHBs to describe local trends of chlamydia.

Data on local incidence of chlamydia can be located from the NPHS [interactive trend data](#) webpage.

Information is reported as raw data and users should be aware that these data are provided with certain caveats. Please make note of the limitations identified on the website.

Points to consider:

- The local incidence of chlamydia and therefore need for additional support services.
- Where primary care services are commissioned, GUM and family planning / contraceptive care services are not integrated and private services are running, there may be variances in data reporting. This may need to be considered when analysing local rates and trends of chlamydia infection.

4. Demography

Chlamydia infection rates are associated with age and deprivation. Higher rates are found in the 16-24 year olds and amongst those living in more deprived areas.¹

Guidance for LHBs

This section has been provided for LHBs to describe the local population.

Local data on age and deprivation can be located in the [Health needs assessment report](#)⁷ 2006 for the LHB. Particular attention should be paid to sections 2.1.1, 3.1.1 and 4.1.1.

This will enable LHBs to

- identify within the LHB boundaries, areas where populations of under 24 year olds is highest, section 2.1.1 (*Proportion of population aged 0-24 by middle super output area 2003*)
- compare their 15-19 year olds and 20-24 year old populations with that for all Wales using a population pyramid, section 3.1.1 (*Proportion (%) population by age and sex 2005*),
- identify areas of increased deprivation as determined by the Townsend index and Welsh index of Multiple Deprivation, section 4.1.1 (*Townsend deprivation score 2001*).

| | | |
|--|---------------|--------------------------------|
| Author: Sian Evans, Principal pharmacist | 24/06/09 | Status: Final |
| Version: 1.0 | Page: 5 of 15 | Intended Audience: HoPMM (LHB) |

Points to consider:

- population profile of 16 – 24 year olds and socio-economic status of LHB
- if there is a large community relevant to sexual health service demands such as a student population.

5. Policy Background

A renewed Assembly focus for improving sexual health services in Wales is currently out for consultation. It is anticipated that this [working paper](#) will build on the existing 2001 *Strategic framework for promoting sexual health in Wales*⁸ and the 2004 review of *Sexual health service provision in Wales*.⁹ It is expected to address the modernisation of sexual health services with key areas for action identified including the role for community pharmacy based sexual health services. The need for timely access to testing and treatment for individuals at risk had previously been highlighted in both the 2001 and 2004 policy documents.

Guidance for LHBs

The Local Health board to identify if chlamydia services are detailed in the local Sexual health strategy.

6. Literature Review

An abridged version of the literature review is provided here, the full document is available on the [NPHS Pharmaceutical webpage](#)

- **Community pharmacy access to testing and treatment**

There is limited published evidence regarding the provision of chlamydia testing and treatment through community pharmacies. Studies tend to be targeted at certain patient groups^{10,11} for example, patients accessing emergency hormonal contraception (EHC). Studies report successful interventions with females but highlight failure to reach men.¹² Clients were happy to use the community pharmacies for sexual health services^{11,12} therefore supporting the potential role for community pharmacy in providing access to chlamydia services.

There were two key studies that provided evidence for community pharmacy based chlamydia interventions. Baraitser et al¹² reported to have effectively reached young women particularly those accessing EHC during a small pilot (n=90) offering a chlamydia test and treat service in three community pharmacies in inner London. The incidence of infection of 9.5% (n=8) was lower than that recorded in local family planning clinics and general practices. Five patients were treated in the pharmacy, two treated elsewhere and one lost to follow up. Data were collected from the service users by means of two types of questionnaires. The study found that community pharmacies are a suitable location for chlamydia testing and enabled young women to access treatment but failed to reach men. A small proportion of

| | | |
|--|---------------|--------------------------------|
| Author: Sian Evans, Principal pharmacist | 24/06/09 | Status: Final |
| Version: 1.0 | Page: 6 of 15 | Intended Audience: HoPMM (LHB) |

women in the study would otherwise have remained untreated. The study reported the service to be feasible, acceptable and effective when using a targeted approach.

A two year pilot (November 05 – June 07) scheme known as the Pharmacy chlamydia screening pathfinder investigated a non-targeted in-pharmacy approach¹⁰. The pilot offered opportunistic chlamydia testing and treatment, free to users (16-24 year olds) via Boots the Chemists within the M25 catchment area. It claims to have reached individuals who would otherwise remain untested and to have attracted a slightly higher rate of male users compared to other comparable sexual health services. The overall incidence of infection in the 16-24 year old group was 8%, slightly lower than that reported by other healthcare services. The evaluation looked at service uptake and patient's perceptions of the service. Over the two year pilot, 37,461 tests were supplied via community pharmacies with 19,195 (51%) being returned of which 17,558 returned by patients in the age range 16-24 years. Over half of the patients aged between 16 and 24 years and testing positive were treated at the community pharmacy. Key findings of the evaluation from a service user perspective were convenience, anonymity and no need for appointments. The key barriers to use were embarrassment and confidentiality.

The National chlamydia screening programme (NCSP)¹³, a programme offering opportunistic screening from different service settings across England, reports that several programme areas are starting to use community pharmacies to provide testing, treatment and partner management of chlamydia infection. Anecdotally, the number of patients accessing community pharmacy based chlamydia services was low. A full evaluation of the programme is expected in 2009.

- ***Sexual health service factors that improve access***

Although there was a lack of published studies supporting community pharmacy chlamydia interventions, there were a larger number of studies that described the factors that influenced whether patients use services for sexual health interventions.

The majority of published studies were qualitative and focused on feedback and views from service users about their perceptions of the service and their experiences.^{10,12,14,15} A few studies also explored perceptions of service providers.

The criteria found to influence patient choice was as follows:

- Anonymity^{10,12}
- Accessibility,^{10,11,15}
- Additional information^{10,14}
- Communication^{10,14}
- Confidentiality^{10,11,12}
- Embarrassment¹⁰
- Environment^{11,12,14,15}
- Location^{10,11,12,14}
- Opportunistic targeted interventions^{10,11,12}
- Staff attitudes^{14,15}
- Waiting times^{10,11,12,14,15}

| | | |
|--|---------------|--------------------------------|
| Author: Sian Evans, Principal pharmacist | 24/06/09 | Status: Final |
| Version: 1.0 | Page: 7 of 15 | Intended Audience: HoPMM (LHB) |

Community pharmacy has been identified as a potential location for chlamydia services by the National Institute for Health and Clinical Excellence (NICE) in support of a number of the aforementioned factors influencing patient choice of service.¹⁶ For this reason Scotland has already commissioned some sexual health service provision via all community pharmacies.¹⁷ The factors identified above are also consistent with national recommendations^{8,9} for Wales cited in the *Strategic framework for promoting sexual health in Wales* and identified in the *Sexual health services in Wales* review.

- **Detection of other sexual transmitted infections**

The searches of the electronic databases identified no relevant papers demonstrating the role of community pharmacy in detecting and treating STIs other than chlamydia.

It is unclear whether the provision of chlamydia testing through community pharmacy reduces the opportunity to detect other sexually transmitted infections which would routinely be screened for in GUM clinics.

The opportunity to test patients for other STIs when presenting themselves at community pharmacies for chlamydia testing needs to be explored. The testing of gonorrhoea infection can be carried out from the same urine sample. Urine testing for gonorrhoea however tend to be less accurate than for chlamydia and the testing of gonorrhoea and management of false positive results by community pharmacists needs careful consideration.

- **Summary of literature review**

There is a lack of consistent good quality evidence on the provision of chlamydia services through community pharmacies resulting in the need for new and existing interventions delivered by community pharmacies to be properly evaluated.

The results from a small number of observational studies provide some support for the role of community pharmacy in providing a chlamydia service. Studies tend to be small and patient numbers low making it difficult to draw robust conclusions from the evaluations undertaken. Patients find chlamydia services via community pharmacy broadly acceptable.^{10,11,12}

Where chlamydia services in community pharmacies are targeted (e.g. females seeking EHC), an increase in service uptake amongst the target group is observed and a higher number of positive cases are reported.^{11,12} Encouraging men to access community pharmacy based chlamydia services remains a challenge.

The configuration of sexual health services will be dependent on local circumstances and capacity. Local sexual health networks should agree a suitable model of service delivery which defines the respective roles of various service providers.¹⁶

| | | |
|--|---------------|--------------------------------|
| Author: Sian Evans, Principal pharmacist | 24/06/09 | Status: Final |
| Version: 1.0 | Page: 8 of 15 | Intended Audience: HoPMM (LHB) |

7. Current Service Provision

7.1 NHS Services

Services commissioned as a NHS service will be provided free of charge to the patient (this includes testing and supply of medication for treatment).

Guidance for LHBs

This section has been provided to assist LHBs in identifying existing chlamydia services.

LHBs can identify NHS chlamydia services provided in their locality from [NHS Wales Direct](#). The database holding service information is updated annually in October and when changes are requested. Chlamydia services could be provided locally by any of the following providers:

- GUM clinics
- family planning clinics / well woman clinics / contraception clinics (integrated with GUM or operating as separate services)
- youth services
- GP enhanced services
- community pharmacy based NHS enhanced service

Points to consider:

- whether service provision is adequate to meet need e.g. waiting times for existing services.
- access to existing services i.e. identifying opening times, weekend and evening access. How far patients have to travel to access existing services & how easy is it to make that journey using public transport?
- patient choice - if the service is anonymous or if patients have to provide identifiable information (GUM)
- number and location of community pharmacies - NPHS has provided a [map](#) for each LHB that identifies the location (by postcode area) of the GUM clinic/s, local family planning / well woman / contraceptive care clinic/s, youth services, General Practices (not branch surgeries) and community pharmacies. (Information used to prepare the maps was provided by NHS Direct and Business Service Centres.)
- opening (contractual and extended) hours of local community pharmacies. Explore issues if community pharmacies have been unable to fulfil contractual opening hours due to lack of locum cover.

| | | |
|--|---------------|--------------------------------|
| Author: Sian Evans, Principal pharmacist | 24/06/09 | Status: Final |
| Version: 1.0 | Page: 9 of 15 | Intended Audience: HoPMM (LHB) |

- range of enhanced services currently being offered by local community pharmacies. Some services will complement chlamydia services e.g. EHC and NHS condom supply, others may raise issues of capacity.

7.2 Private services through community pharmacies

A non-NHS (private) chlamydia service has been available to patients from community pharmacies via a Patient Group Direction (PGD) for some time but is only available in selected community pharmacies choosing to offer this service. It involves the detection by home urine testing and treatment by the pharmacist (if positive) of chlamydia infection.

In 2008 Clamelle® (azithromycin) was launched as the first over the counter (OTC) antibiotic available for purchase from community pharmacies in the UK, subject to confirmation of a positive test for chlamydia. This has provided an alternative source of treatment for patients who do not wish to utilise NHS services.

Providers of non-NHS services (via PGD or OTC sale) typically charge the patient £25 for testing and £20 for treatment.³ Cost may prove a barrier to some individuals accessing these services. Treatment costs to the NHS are based on drug tariff cost of 1g azithromycin tablets (2 x 500mg) of £6.10 plus dispensing fee (90p)¹⁸ or a locally agreed professional fee for supplying an appropriate antibiotic via a PGD.

8. Stakeholders Views

Guidance for LHBs

This section has been provided to aid LHBs in gathering stakeholder's views.

Which stakeholders and how their views are gathered will be a matter for local consideration. Some suggestions are offered below:

- **Patients and public**
 - LHB leads for patient and public participation and patient representatives on LHB statutory / non-statutory groups
 - Community Health Councils and Wales Council for Voluntary Action (represent voluntary organisations, volunteers and communities)
- **Professionals**
 - healthcare professionals within existing primary and secondary care services
 - local community pharmacists. The willingness to provide the service. If a community pharmacy EHC service is in operation, any feedback views on this service.

| | | |
|--|----------------|--------------------------------|
| Author: Sian Evans, Principal pharmacist | 24/06/09 | Status: Final |
| Version: 1.0 | Page: 10 of 15 | Intended Audience: HoPMM (LHB) |

- the professional body (the Royal Pharmaceutical Society of Great Britain), promotes community pharmacy as being available in a variety of settings, accessible on weekends and after 5pm, appealing to young people who dislike clinical settings, confidential and work opportunistically.^{19,20}
- A draft *Community pharmacy national service specification template*²¹ for locally commissioned enhanced NHS community pharmacy based sexual health services in Wales has been developed by Community Pharmacy Wales. It describes how community pharmacies will deliver testing and treatment for chlamydia infection in a timely manner for those individuals at risk.
- Professional views identified in the aforementioned literature review.
- **Other providers**
- youth services, schools, universities and any private services

Points to consider:

- Complaints – number and nature of complaints about sexual health services may indicate whether local services are adequate.
- Any views gathered previously for community pharmacy services

9. Financial Implications

It is anticipated that fees for community pharmacy based chlamydia services will be negotiated by Community Pharmacy Wales in line with the *Community pharmacy national service specification template*.²¹ There is no current information available to identify the costs needed to commission the service in Wales.

Guidance for LHBs

This section has been provided to aid LHBs in financial forecasting for the commissioning of a community pharmacy based chlamydia service

- The community pharmacy enhanced service framework²² provides a mechanism to commission community pharmacy based chlamydia services.
- A list of Primary Care Trusts (PCTs) already commissioning a community pharmacy sexual health service and for some chlamydia service is provided by the [Pharmaceutical Services Negotiating Committee](#) (PSNC).
- In April 2009, three Primary Care Trusts (PCTs) (NHS Hammersmith and Fulham, NHS Kensington and Chelsea and NHS Westminster), jointly commissioned a NHS community pharmacy based chlamydia service with the National Pharmacy Association, acting as the lead provider. Cost per patient in terms of professional fees and drug treatment costs was set at £48.10.^{23,24} This consists of the following professional fees:

| | | |
|--|----------------|--------------------------------|
| Author: Sian Evans, Principal pharmacist | 24/06/09 | Status: Final |
| Version: 1.0 | Page: 11 of 15 | Intended Audience: HoPMM (LHB) |

- £8 initial consultation fee where a test kit is supplied and contact details collected (pharmacists must buy the kits themselves at a cost of £2 each)
- £14 professional fee if test kit arrives at laboratory
- £20 professional fee for the treatment of patient with a positive test result (by PGD)
- £6.10 reimbursement of azithromycin (drug tariff)¹⁸
- Additional costs to the LHB include:
 - initial set up costs such as possible IT developments, marketing and design costs, developmental costs, legal fees, pharmacists and staff training,
 - ongoing resources (CPD training resources and distance learning packs), consumables (kits), paperwork (client contact forms, slips, partner tracing forms), laboratory testing, audit material
 - ongoing support (LHB staff time, financial payments, audit)

10. Commissioning options

Guidance for LHBs

This section has been provided to support LHBs in deciding the outcome of the enhanced pharmacy services assessment.

Points to consider:

- The options below are possible options based on the findings of the enhanced pharmacy services assessment. There may be other options you want to consider which are not listed here. LHBs should discuss the strengths and weaknesses of the various options.

Option 1

No change to existing service provision.

Option 2

No change to existing service provision but support to community pharmacists in strengthening their role in fulfilling elements of the essential services requirement of community pharmacy contract. Elements include provision of health promotional advice, management of self care and signposting to sexual health services.

Option 3

Commission a community pharmacy based chlamydia service from a limited number of pharmacies within the LHB.

This option could be with or without restrictions on who may access the

| | | |
|--|----------------|--------------------------------|
| Author: Sian Evans, Principal pharmacist | 24/06/09 | Status: Final |
| Version: 1.0 | Page: 12 of 15 | Intended Audience: HoPMM (LHB) |

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|-----------------|---|
| | service dependent on local need. |
| Option 4 | Commission a community pharmacy based chlamydia service from all community pharmacies within the LHB. This option could be with or without restrictions on who may access the service dependent on local need. |
| Option 5 | Extend and expand on existing service provision and providers e.g. increase opening hours of GUM service |
| Option 6 | Support an enhanced role for healthcare professionals other than community pharmacists in providing sexual health services e.g. GPs |

11. Recommendations

Guidance for LHBs

This section has been provided for LHBs to make its recommendations

Points to consider:

- Is there evidence of local need for chlamydia services?
- Is there a lack of service provision either across the LHB or in parts of the LHB?
- Which option(s) best supports the enhanced service needs assessment? Reasons to support this option.
- Do stakeholders views support the recommendation?
- Financial considerations
- How important is the issue for the LHB. Do the recommendations fit with the LHB's sexual health strategy and LHB priorities?
- Overall, is the recommendation being proposed the most effective solution?

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| | | |
|--|----------------|--------------------------------|
| Author: Sian Evans, Principal pharmacist | 24/06/09 | Status: Final |
| Version: 1.0 | Page: 14 of 15 | Intended Audience: HoPMM (LHB) |

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| | | |
|--|----------------|--------------------------------|
| Author: Sian Evans, Principal pharmacist | 24/06/09 | Status: Final |
| Version: 1.0 | Page: 15 of 15 | Intended Audience: HoPMM (LHB) |