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*Charities # CC11104*

1. Thank you for the opportunity to comment on the proposed move to pharmacist supply of selected oral contraceptives.
2. Family Planning is a registered charity which provides high-quality sexual and reproductive health services for all New Zealanders. We run clinics and health promotion activities across New Zealand, and provide training for clinicians, teachers, parents, and public health and community workers. Family Planning is the country's largest provider of sexual and reproductive health services.

### Recommendations

1. Allow more primary care nurses to prescribe contraception by reviewing the protocols for nurse prescribing through the Nursing Council.
2. Assess the proposed move to pharmacist supply of oral contraception for its potential effects on health equity and reducing disparities.
3. Ensure high-quality training of non-medical providers of oral contraception, especially in the assessment of risks to women's health, teaching how to take pills correctly, and training in sensitive treatment of women seeking contraception.
4. If the proposed change occurs, we recommend:
  - the use of Collaborative Practice Agreements (where a pharmacist works with a doctor who audits their practice)
  - the training programme is at least 2 days duration, and
  - pharmacists should first supply continuing combined pills only, and progress to the supply of initial combined pills once assessed as competent.

### General Comments

1. ***Compared with pharmacists, Family Planning nurses are already trained and well-placed to prescribe contraceptive pills.*** We are disheartened by the unacceptable delays in extending nurse prescribing rights. The Government's recent response to the Health Select Committee report<sup>1</sup> indicates support for nurse prescribing but gives an overly long timeframe of two years.

A rapid way to improve access to contraception would be to immediately review the protocols for nurse prescribing through the Nursing Council to allow more primary care nurses to prescribe contraception.

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<sup>1</sup> Government Response to Report of the Health Committee on Inquiry into improving child health outcomes and preventing child abuse with a focus on preconception until three years of age, released 6 March 2014.

2. ***The proposed move to pharmacist supply of oral contraception is unlikely to reduce costs for contraceptive users.*** There is a need for research into the population groups that currently access the ECP directly from pharmacies. We expect that many motivated women who can afford to pay for their contraceptive pills will use the proposed pharmacist-supplied contraceptive service. In contrast, the priority groups for greater contraceptive access include: young people and marginalised groups including Māori, Pacific, people with multiple problems and those at high risk of STIs.

Having said this, the proposal may improve access for some women living in rural and isolated communities, e.g. those who lack access to Family Planning clinics and are reliant on other primary health care services. Pharmacies also have potential to help increase youth access to health care by becoming more 'youth-friendly', e.g. consulting with young people and displaying youth health information.<sup>2</sup>

3. ***The proposed move should be assessed for its potential effects on health equity.*** More information is needed on how the proposal could affect disparities, e.g. ethnic and socioeconomic inequalities in health status. A formal assessment tool, such as the HEAT tool (developed by University of Otago researchers for the Ministry of Health<sup>3</sup>) could be used to assess the likely effects on health equity and disparities.
4. ***The proposed move does not encourage uptake of long-acting reversible contraception.*** Internationally and in New Zealand, long-acting reversible contraception (LARC) is increasingly encouraged (within a full informed consent discussion with women). This is because it is much more effective in practice than contraceptive pill use.<sup>4</sup>

The literature suggests that women who have gone to a pharmacy and are referred for a LARC often fail to access the referred provider and therefore miss the opportunity to receive effective longer-term contraception (e.g. Southwark and Lambeth study referred to on page 36 of the submission). It is preferable that women initially access a provider who can provide a full range of services including LARCs.

### **Importance of training**

5. Family Planning believes that well-trained non-medical staff can safely provide oral contraceptives. However, safe provision requires high-quality training in three vital areas:
  - a) ***Accurate assessment of high-risk women*** to ensure they do not receive oral contraception when they are at high risk of complications
  - b) ***Accurate teaching of pill-taking*** so that women use the packets correctly and know what to do if they forget pills
  - c) ***Training in the need for sensitive, non-judgemental treatment of women seeking contraception.***

### **Assessment of risk**

Combined oral contraceptives (COC) have a small risk of serious – and potentially fatal – complications. Pharmacists would need to be adequately trained to assess and recognise the key risk factors. Clear instruction in how to use the combined pill effectively is also important.

In contrast, the progestogen-only pills (POP) have simple pill-taking rules and no risk of serious complications (a similar risk to the ECP which is already available in pharmacies).

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<sup>2</sup>Horsfield, E., Kelly, F., Clark, T., & Sheridan, J. (2014). How youth-friendly are pharmacies in New Zealand? Surveying aspects of accessibility and the pharmacy environment using a youth participatory approach. Retrieved March 26, 2014, from [http://www.unboundmedicine.com/medline/citation/23981912/How\\_youth\\_friendly\\_are\\_pharmacies\\_in\\_New\\_Zealand\\_Surveying\\_aspects\\_of\\_accessibility\\_and\\_the\\_pharmacy\\_environment\\_using\\_a\\_youth\\_participatory\\_approach\\_](http://www.unboundmedicine.com/medline/citation/23981912/How_youth_friendly_are_pharmacies_in_New_Zealand_Surveying_aspects_of_accessibility_and_the_pharmacy_environment_using_a_youth_participatory_approach_)

<sup>3</sup> <http://www.health.govt.nz/publication/health-equity-assessment-tool-users-guide>

<sup>4</sup> Winner B., Peipert, JF., Zhao Q., Buckel, C., Madden, T., Allsworth JE and Secura G. (2012). Effectiveness of Long-acting Reversible Contraception. *The New England Journal of Medicine* 2012;366:1998-2007.

Family Planning's experience is that it is common for even well-trained health professionals to find it difficult to ascertain if migraines, for example, are the type that contraindicate a COC. This is contrary to the view expressed in the submission that women recognise their contraindications more often than their health professional.

It is important to assess a range of risk factors in assessing suitability for COC because individual factors can combine to pose an unacceptable risk. For example, simple migraine and smoking are two risk factors which on their own do not contraindicate COC, but together they are contraindications for COC.

#### **Need for sensitive and non-judgemental approach**

It is essential that the contraceptive provider is sensitive to the needs of a woman seeking contraception, and is non-judgemental in their approach. This topic must be part of the training programme. It is important for contraceptive providers to promote two-way communication and to understand the needs of women, especially those with poor health literacy skills.

Family violence screening is now routinely practised in Family Planning and most primary health care practices in New Zealand. As this has not been an issue that pharmacists have been involved in, women who see a pharmacist for oral contraception are likely to miss out on this screening and intervention. It is also vital to have good referral mechanisms and procedures for disclosures of sexual coercion and violence.

More broadly, a limitation of pharmacist-supply of oral contraceptives is the missed opportunity for opportunistic screening for a range of other health issues such as STIs, cervical smears, smoking cessation advice, alcohol advice, and discussion about general well-being.

#### **Importance of Collaborative Practice Agreements**

6. ***Family Planning supports the use of Collaborative Practice Agreements.*** The submission for the proposal mentions that many international pharmacist-supply programmes for oral contraception involve collaborative practice agreements where the pharmacist works with a doctor. It is not clear in the submission document that this is envisaged for New Zealand. We would see a timely initial audit by a doctor, as discussed on page 30, as an essential part of any training programme.

#### **Staged provision**

7. If the proposed pharmacist supply of selected oral contraceptives is to go ahead, Family Planning recommends a ***training programme lasting at least 2 days*** followed by ***staged provision*** as suggested below. Family Planning has trained our nurses in a similar programme which works well.

Recommended staged approach:

- the pharmacist would provide oral contraception only for those women continuing to take combined contraceptive pills (i.e. not initial supply of pills)
- a doctor would audit each provision within 5 days for at least the first 20 occasions
- the pharmacist should then be assessed to ensure they are ready to progress to initial supply of the combined pill.

Thank you for the opportunity to contribute to this decision.

Kind regards



**Jackie Edmond**  
Chief Executive