

The impact of the deregulation of emergency hormonal contraception on a patient group direction scheme in the north-west of England

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Introduction Emergency hormonal contraception (EHC) has been acknowledged as one of the key elements of government plans to decrease unwanted pregnancies in the United Kingdom (UK).¹ In the past two years, sources of supply for EHC have expanded to include community pharmacies.

In January 2001, the drug Levonelle was deregulated from a prescription-only medicine to pharmacy medicine (P), which allowed for over-the-counter sales in pharmacies.² Before this, in some areas of the UK, EHC was available in pharmacies free-of-charge through patient group direction (PGD) schemes. Manchester, Salford and Trafford health action zone (HAZ) established the first of these schemes in December 1999.³

This study uses data from two years of this scheme to explore the impact of deregulation on numbers accessing this service.

Method The study used audit data from pharmacies participating in this scheme to supply EHC free-of-charge. Data were analysed using SPSS for Windows (version 10.00) and the chi-square statistic was used where sample sizes permitted. Data were analysed before and after deregulation, by primary care group and whether the service user came from within or outside the HAZ boundaries.

Results Over the period for which data were available (December 1999 to October 2001), 24,513 women used the service. More than half of service users were in the 20–29 year age group and 28 per cent were 19 and under (4 per cent aged less than 16). Consultation rates did not appear to be affected negatively by the deregulation of Levonelle in January 2001 (Figure 1).

Over the entire data collection period, 16 per cent of women who used the PGD scheme came from outside the HAZ area. This figure was unaffected by deregulation ($\chi^2=0.999$; $P=0.318$) and interim data from November 2001 to February 2002 suggests this figure may in fact be increasing.

Discussion The use of a PGD to sup-

FOCAL POINTS

* In the past two years, sources of supply for EHC have expanded to include community pharmacies; the drug Levonelle was deregulated a pharmacy medicine in January 2001

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* This study uses audit data from two years of this scheme to explore the impact of deregulation on numbers accessing this service

* Consultation rates were not affected by the deregulation of Levonelle in January 2001

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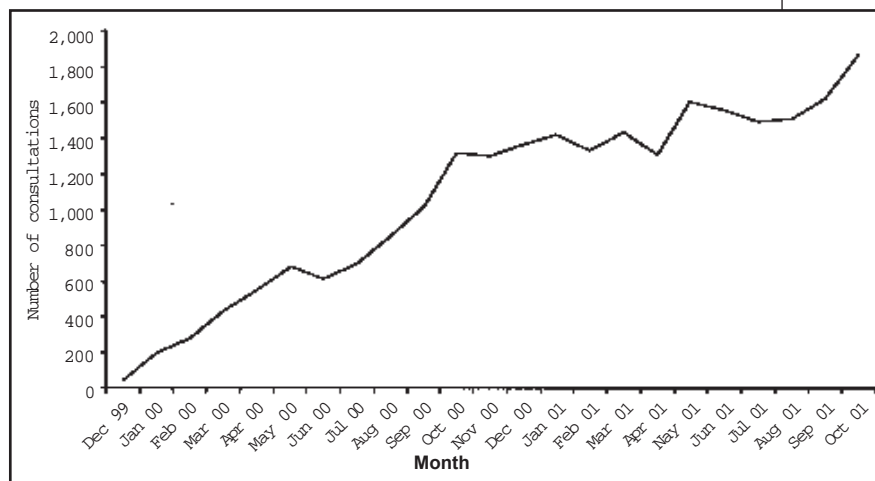


Figure 1: Consultations for EHC through PGD scheme – December 1999 to November 2001

ply EHC through community pharmacies has made the product freely available to a large number of women. The deregulation of Levonelle to P status in January 2001 appears to have had little impact on the number of women accessing EHC through the scheme. Deregulation had no impact on the number of service users coming from outside the HAZ scheme boundaries. This places a financial pressure on the HAZ, which is in effect subsidising other areas.

Reference

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