

Improving the pharmacy provision of sexual health services

Sexual health is an important component of health promotion, and pharmacies have a well-established role in providing sexual healthcare. The role of pharmacies as 'healthy living centres promoting health and helping more people to take care of themselves' was strongly supported in the 2008 White Paper.¹

While recognising that sexual health is of importance for all age groups, the rise in sexually transmitted infections in young people and the increasing rate of teenage pregnancies prompted NHS Kirklees to commission a sexual health training needs analysis for those who work with young people.

The key questions that informed the approach to the study were:

- How do people who work (professionally, informally or voluntarily) with young people perceive their role and competencies in providing sexual health information?
- What are their training needs?
- What are the barriers to attending training courses?
- What training is already available/has been undertaken?
- Where and how does training need to be developed?

In the first phase, a questionnaire was distributed across Kirklees to individuals from a wide range of professional and voluntary organisations, including community pharmacists. The initial survey yielded some interesting (yet statistically insignificant) results.² However, respondents were also given the opportunity to participate in focus groups and telephone interviews and the qualitative data from these provided more detailed information that is of specific relevance to pharmacists.

In general, pharmacists acknowledged their role in sexual health provision and had confidence in their knowledge base pertaining to contraceptive methods and chlamydia screening. However, this was not the case for all aspects of sexual health provision. One participant stated:

"I believe that there is a huge knowledge gap within community pharmacy over this type of service, most likely due to embarrassment on the part of the pharmacist involved. The profession needs to be much more open and approachable, especially as access to pharmacy services is improving all the time."

The areas in which the majority of respondents desired more training related to: child protection, the interpersonal nature of promoting sexual health, and confidentiality. Continuing professional development achieved by studying modules via the internet was regarded as inappropriate for learning how to engage with young people, and face-to-face sessions using role-play to practice newly learned skills was suggested to be a more appropriate method.

Other areas identified as a training need were: risky behaviours, social norms and peer pressure; and cultural and religious attitudes to sex. Multidisciplinary participation in training was thought to be an important and beneficial future development that would increase the awareness of differing roles and responsibilities.

Indeed, all respondents agreed that establishing networks in local areas to determine who is who, who does what and where they do it was of prime importance. The fears, embarrassment and anxieties felt by young people accessing sexual health services were identified by the majority of participants. It was reported that in some cases, this has resulted in those who need the services most not accessing them. Respondents recognised a need for a supportive network between and across agencies/services enabling a greater understanding of how systems worked. Arguably, community pharmacists are of central importance in establishing these networks and demonstrating a leading role in developing innovative practices across the country.

Whilst acknowledging that this is a small scale study, a review of the literature has revealed a paucity of research in this area — indeed that which has been conducted tends to focus on doctors and nurses³ who represent part, but certainly not all, of the sexual health services available.

The strong voice of pharmacists in this study indicates a desire for a different type of training to equip them for their expanding role in sexual health. It would be interesting to hear the opinions of others and extend this debate, perhaps with a view towards developing multidisciplinary preparation for promoting and providing sexual health services.

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References

1. Department of Health. Pharmacy in England: Building on strengths — delivering the future. London: The Stationery Office; 2008.
2. Williams J, Nyawata I, McCluskey S, Topping A. A sexual health training needs analysis in Kirklees: A mixed-methods design. Huddersfield: The University of Huddersfield; 2010.
3. Hicks C, Thomas G. Assessing the educational needs of community sexual healthcare practitioners. *Health & Social Care in the Community* 2005; 13: 323–9.