Contraception Services: A Digital Approach
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Introduction
Contraceptive services are at a turning point. Despite the Five Year Forward View highlighting the need for a radical upgrade in prevention and public health, fragmentation and cuts in sexual and reproductive health funding, closure of specialist services, a subsequent increase in demand on an already stretched General Practice, has resulted in variations in access and quality of care.

Over recent years, there has been a significant increase in demand for online contraceptive prescribing. Online consultations allow women to consult openly with a clinician about their sexual health without the barriers of speaking to someone face-to-face, making an appointment or sitting in a waiting room. They provide rapid acquisition of highly effective methods. A survey showed 63% of women were interested in using online contraceptive services.

The combined pill is the most commonly used method of contraception in the UK. Most online services rely on a woman’s self-administered risk factor questionnaire to determine their eligibility. Previous studies have validated the reliability of using self-completed questionnaires in identifying contraindications to oral contraception, than other than high blood pressure (BP).

The General Medical Council advise clinicians to consider the limitations of remote consulting and need for physical examination. New ways of improving contraceptive access should be as safe as the current gold standard of care.

Aims and Objectives
Evaluate the online assessment for combined hormonal contraception to ensure safe service delivery.

Method
Women complete an online medical history questionnaire and then attend a pharmacy where their BP, height and weight are checked. Questionnaire responses were compared to measurements recorded from in-pharmacy checks to evaluate whether there is a difference which results in a change in prescribing decision.

Results
Between 18/9/17-11/03/18, 8825 patients had their biometrics checked for the combined contraceptive. 0.8% under-reported their body mass index (BMI) where it resulted in a change in prescribing decision. 7.6% had an unrecognised high BP of whom, 72% had self-reported a normal BP and 28% reported not knowing their BP. Women were more likely to have an unrecognised high BP (self-reporting a normal BP) if aged ≥35 years, had a BMI ≥30 or had reported previous use of that contraceptive.

Most patients collected their contraceptive on the same day or day after an online assessment. Almost half of all consultations were automated using validated clinical algorithms.

Of respondents to service evaluation, the service was rated as good or excellent by 98% for providing convenience, 95% for quick access to contraception and for providing useful information, advice and support and 97% for engendering confidence and trust. 99% were happy to use the service again. Convenience was the most common reason for going online.

Furthermore, if readings are outside of the suitable range, an alert is sent back electronically to a clinician who will discuss next steps with the user in a timely manner.

Additionally, the system enables a clinician to generate personalised advice in seconds sending users consistent, high quality information and advice about their contraceptive and sexual health. Automation has enabled 50 consultations to be completed per clinician per hour resulting in time and financial savings, aligning with NHS England’s GP Five Year Forward View on sustainable scalable models of care.

Conclusion
Self-screening for high blood pressure and BMI among women using online contraceptive services was less accurate than assessment by trained healthcare professionals. Self-screening was particularly unreliable for identifying high blood pressure. This supports previous studies and suggests a self-taken history is safe and speeds up consultations if independent BP screening is carried out.

BP checks in pharmacy are readily available and cheap. Community pharmacies are easily accessible with many open 7 days a week and late into the evening. 99% of the population are within 20 minutes of a pharmacy by car and 96% by walking or using public transport. Over 90% of pharmacies have private consultation rooms and checks are requested electronically, thereby maintaining discretion. Use of an electronic portal which allows for the requesting and recording of results to and from pharmacy improved return rates of results from 70% (paper based) to 100% (electronic).

The online assessment is driven by clinical algorithms. These algorithms provide clinical decision support and real-time self-regulation, reducing variations in care by increasing adherence to evidence based practice and reducing prescribing errors. The algorithm combines all the relevant information the clinician needs with best practice guidance to make a safe and effective prescribing decision in seconds.

Algorithms check when biometrics are due, send requests to pharmacy and validate results to ensure they are within the safe range before pharmacy dispensing.

Scope of Service
The service currently provided independently manages over 80,000 contraceptive prescriptions a year with the potential to scale further due to the automation potential of the technology and the service’s extensive network of over 1500 pharmacies nationally.

With ever increasing cuts to public health budgets and demand on services, women face more restricted access to contraception. The collaborative approach of online doctor with pharmacy delivers efficient, acceptable and safe access to contraceptive methods and facilitates appropriate movement of users between online and clinic services according to their sexual health need.

Beyond sexual health, this hybrid approach increases the opportunity for remote consulting by combining the online consultation with the ability to carry out physical examination in pharmacy.

A significant reduction in missed pills is seen in repeat users of the service. Of those responding to follow up, 96% report continued use of their contraceptive at 1 month. No significant adverse events have been reported.