SERVICE SPECIFICATION(S)

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| Service(s):- | **PROVISION OF LONG ACTING REVERSIBLE CONTRACEPTION (LARC) IN PRIMARY CARE:-****Lot 4: Insertion and removal of contraceptive hormonal implants.****Lot 5: Insertion and removal of intra-uterine contraceptive devices/ systems**  |
| Implementation date:- | **1st October 2018** |

**Overview**

Sexual health is an important and wide ranging are of public health. Most of the adult population of England are sexually active, and having the correct sexual health interventions and services in place can have a positive effect on both individuals’ and population health and wellbeing.

Since April 2013, Local Authorities have been mandated to provide open access sexual health services.

Long acting reversible contraception (LARC) are methods of birth control that provide effective contraception for an extended period of time without requiring user action. They are the most effective reversible methods of contraception and the provision of services fitting LARC is seen as essential health care in preventing unplanned pregnancies. For the purposes of this specification LARC refers to the following methods:

* Subcutaneous implants can prevent pregnancies for three years
* Intrauterine devices (IUD) can prevent pregnancies for between three and ten years
* Intrauterine systems (IUS) can prevent pregnancies for five years

**Context**

During 2015-16 there were 2 million attendances at dedicated Sexual and Reproductive Health services made by 1.26 million individuals.

Oral contraception is still the primary choice of method for 45% of women, however the number of women opting for LARC has risen in recent years. Use of LARC now accounts for around 38% of primary methods of contraception, compared to around 28% in 2010-1011.

In 2016, for women resident in England and wales, the total number of abortions was 185,596, slightly lower than 2015 (185,824).

Although teenage pregnancy rates in England have fallen, they remain higher than elsewhere in Europe.

Cumbria routinely provides a greater proportion of LARC in primary care than anywhere else in England. In 2017-18 GP practices in Cumbria fitted 1,490 hormonal implants and 1,306 IUD/S.

Rates of teenage pregnancy in Cumbria (20.8 per 1,000) remain high than the national average (18.8 per 1,000). Teenage pregnancy can compound social inequalities faced by both mothers and their children.

**Service Description**

The aims of this service are to:-

* Help ensure that a full range of contraceptive methods are available to all women.
* Promote the advantages of long acting reversible contraceptive (LARC) methods.
* Increase the availability of hormonal implants (lot 4) and/ or intrauterine devices/systems (lot 5) as main methods of contraception.
* Enable provision of post coital IUD as a means of emergency contraception (lot 5 only)
* Maintain the availability of IUS in the management of menorrhagia (lot 5 only)
* Providing sexual health information and advice in order to develop increased knowledge

Requirements of this service are:

1. **Fitting, monitoring, checking and removal of intrauterine contraceptive systems/devices and/or hormonal implants** licensed for use in the UK, as appropriate.
2. **Production of up to date registers** of patients fitted with A) intrauterine systems/devices and/or b) hormonal implants
3. **Practitioners to undertake regular continual professional development (CPD).**
4. **Provision of adequate equipment.**
5. **Public health information on safer sex practices.**
6. **Sexual history taking.** To ensure that the LARC is the most appropriate method of contraception based on medical evidence, clinical guidelines, sexual history and practice, and risk assessment.
7. **Risk assessment.** To assess the need for STI or HIV testing prior to recommending the LARC.
8. **Assessment and follow up.** A check of an IUS/D after fitting is suggested after six weeks. In addition, any problems such as abnormal bleeding or pain should be assessed urgently. Arrangements should be in place to ensure timely access for patients requesting removal of the IUS/D for any reason including problems or at expiry of device. Routine annual checks of hormonal implants are not required; however arrangements should be in place to review clients experiencing problems in a timely fashion. Arrangements should be in place to ensure timely access for patients requesting removal of the implant for any reason including problems or at expiry of device.
9. **Provision of information.** Appropriate verbal and written information about all contraception options should be provided at the time of counselling to ensure informed choice. Understanding regarding LARC should be reinforced at fitting with information on effectiveness, duration of use, side effects and those symptoms that require urgent assessment.
10. **Production of an appropriate clinical record.** Adequate recording should be made regarding the patient’s clinical, reproductive and sexual history (where appropriate), the counselling process, the results of any STI screening (where appropriate), problems with insertion, the type, batch number and expiry of the device, and follow up arrangements. If the patient is not registered with the Contractor, the Contractor must ensure that the patient’s registered practice is given all appropriate clinical details for inclusion into the patient’s notes after obtaining explicit consent from the patient.
11. **Chlamydia screening.** Patients should be offered chlamydia screening. If screening is declined this should be documented in the patients’ notes.
12. **Service Provision for those under 16.** All staff providing these services should be familiar with Fraser guidelines.
13. **Use of LNG-IUS to manage menorrhagia**. The Contractor is asked to follow the use of LNG-IUS for the management of menorrhagia in primary care as part of a care pathway agreed and developed with local gynaecology departments, to ensure these devices are used for the correct service users and the approved indications.

**Population covered**

Practices providing this service may insert and remove contraceptive implants for patients registered with their own service and patients registered with other practices within the locality.

**Interdependencies with other services**

Providers should be familiar with and refer patients, as required, to:-

* **Specialist Level 3 Integrated Sexual Health Service** (incorporates GUM and Contraceptive Services)
* **Safeguarding Teams**:

**Children’s**

Web:  <http://www.cumbrialscb.com/professionals/default.asp>

Tel:  **0333 240 1727**Email: countytriage.fax@cumbria.gov.uk

**Adults:**

Web: <http://www.cumbria.gov.uk/healthandsocialcare/adultsocialcare/safe/default.asp>

* Child Protection Leads (Designated/Named Nurse Child Protection), Cumbria Partnership NHS Foundation Trust
* County triage service for Children’s Services, (to raise concerns about a child in Cumbria who could be in danger of being harmed) Tel: 0333 240 1727, Fax 01228 221572,

Email: countytriage.fax@cumbria.gov.uk

**Competency Requirements**

As indicated by the Faculty of Sexual and Reproductive Health[[1]](#footnote-1), all doctors, nurses and other health professionals working in contraceptive services should be trained to the competencies and training programmes jointly agreed by all the education bodies including the RCGP, RCOG, FSRH, RCN, RPSBG, and supported by user representatives such as the FPA.

* Doctors should hold a current Diploma in Sexual and Reproductive Healthcare (DFSRH) or be trained to equivalent competencies and show evidence of recertification.
* Nurses delivering SRH should have completed a recognised post-registration course/Nurse Diplomate Assessment of the FSRH in contraception and sexual health.
* Doctors and nurses offering IUD/IUS insertions and contraceptive implant insertions and removals should hold a current Letter of Competence or Royal College of Nursing (RCN) accreditation (or equivalent) in these, and have evidence of recertification/reaccreditation.

The Faculty of Sexual and Reproductive Healthcare (FSRH) recommends that each practitioner who is fitting LARC should:-

* Insert 12 IUD/S per year
* Undertake 6 procedures (insertion or removal) for hormonal implants per year.

**Quality Standards**

Effective prevention and control of Health Care Associated Infection (HCAI) should be embedded into everyday practice and applied consistently by everyone. The General Practitioner must ensure that patients, staff and other persons are protected against the risk of acquiring a HCAI, through the provision of appropriate care, in suitable facilities, consistent with good practice.

Staff undertaking care of under-18s should follow local and national guidance on safeguarding. Under-16 year olds should be assessed according to Fraser Guidelines.

The Mental Capacity Act should be followed for Adults (and young people age 16-17 years) with learning difficulties or where there is impairment of decision making.

The commissioner will undertake periodic reviews at least annually, which could include an audit of:

* + the register of patients fitted with a hormonal implant
	+ reasons for removal
	+ complications or significant events

**Payment**

Lot 4: Hormonal Implants:-

For each Nexplanon inserted the practice will receive £50.20

For each Nexplanon removed the practice will receive £35.14

For each Implanon removed the practice will receive £35.14

Lot 5: IUD/S

For each intra uterine device/system inserted the practice will receive £80.25

Twelve standard monthly payments will be made during the year (based on 90% of agreed historic activity) with a balancing adjustment made at year end to reflect actual activity.

Payment for both IUD/S and hormonal implants will be dependent upon use of the correct READ/ SNOMED coding on the patient record. The Council cannot guarantee to make retrospective payments claimed due to miscoding.

Note:- Local authorities are mandated to pay for IUD/S fitted for long acting contraceptive purposes only. The NHS is expected to pay for IUD/S fitted for relief of menorrhagia or for emergency contraception purposes. Cumbria County Council currently pay for all IUD/S fitted, but to enable a possible recharge to the NHS to be made in future, providers should ensure that appropriate coding is applied to the patient record.

If practices are providing IUCD Fitting service to patients registered with another practice, the claiming and payment processes are the same as for registered patients. Practices should register the patient on their clinical system using an appropriate non-GMS registration status (eg. Contraceptive Services) and then record appropriate claimable IUCD fitting on the patient’s record.

**Documentation**

PRIMIS will supply practices with updated lists of appropriate READ/SNOMED codes for all Public Health services, including LARC, before 1st October 2018.

1. *Faculty of Sexual and Reproductive Health (2014) A Quality Standard for Contraceptive Services*

[*www.fsrh.org/pdfs/FSRHQualityStandardContraceptiveServices.pdf*](http://www.fsrh.org/pdfs/FSRHQualityStandardContraceptiveServices.pdf) [↑](#footnote-ref-1)