PUBLIC HEALTH COMMUNINTY BASED SERVICES
SERVICE SPECIFICATIONS

Service Specification No:	**CBS18-19(03)**
Service:	**Provision of intrauterine device (IUD), intrauterine system (IUS) and sub-dermal implants (SDI) Fitting and Removal Service for contraceptive purposes and** gynaecological (non-contraceptive) purposes including management of menorrhagia and hormone replacement therapy (HRT).
Authority Lead:	**Janet Hutchins**
Period:	**1st April 2018 to 31st March 2019**
Commissioner:	**The commissioner detailed as "The County Councils" in this service specification and refers to Leicestershire County Council and Rutland County Council** **Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8RA** **Rutland County Council, Catmose, Oakham, Rutland, LE15 6HP**

1. Purpose

This document represents the agreement between the provider and Leicestershire County Council and Rutland County Council for the before mentioned community based service and is an appendix to the Contract for the Provision of Public Health Services.

2. Contract Price and Payment Methods

2.1 The provider will be funded for this service, based on the evidence of competency completion, service aims and criteria, on a cost per case basis.

2.2 Payment will be at the rate of:

SDI	
Fitting	£40
Removal	£35
Device Claim	£80

IUD	
Fitting	£81.31
Post-fitting review	£21.69

IUS	
Fitting	£81.31
Post-fitting review	£21.69

2.3 Payment for the service will be based on the submission of activity at the end of each quarter and will be paid at the end of the following month after quarter end. Claims submitted for IUS services must categorise the reason for fitting. i.e. contraceptive purposes OR gynaecological purposes, such as menorrhagia OR both contraceptive

and gynaecological purposes.

2.4 If the provider wishes to purchase the implant device in bulk, claims can be made for the cost of individual devices as they are fitted via the current quarterly Community Based Services claim form. Alternatively Providers can obtain devices for patients via the prescribing route, in which case a claim for the device will not be necessary. All IUD and IUS devices will be obtained via the prescribing route. The cost of prescribed devices will be reimbursed by the Local Authority under arrangements with the relevant Clinical Commissioning Group.

2.5 If a practice is unable to provide the service according to the criteria set out below, patients at the practice should have the opportunity to receive his service from an alternative provider locally, e.g. Interpractice referrals across Federations. Providers wishing to provide the service for other practice populations in this way should, together with the referring practice, seek written permission from the Local Authority. This would entitle the approved Provider to the payment associated with this Community Based Service. See 3.2 below.

3. Service Delivery

3.1 This document represents the agreement between the Local Authority and the Provider for:

a) the provision, monitoring, fitting and removal of intrauterine devices (IUDs), intrauterine systems (IUSs) and/or sub-dermal implants (SDIs) to a practice population as part of a wider range of contraceptive options provided,

and

b) the provision, review and subsequent removal, of Levonorgestrel Intrauterine System (LNG-IUS) for gynaecological (non-contraceptive) purposes including management of menorrhagia and hormone replacement therapy (HRT) commissioned on behalf of the Clinical Commissioning Group (CCG). Ongoing management of gynaecological issues which will not be included in this agreement. (The element of care covered by this specification in relation to use of LNG-IUS for management of gynaecological conditions such as menorrhagia is detailed in Appendix D.)

3.2 This service will be provided by the Provider for all registered patients only, unless otherwise agreed by the Local Authorities. See section 2.5. If approval is given, the provider would then be entitled to payment associated with services delivered to patient's resident within the County Councils boundaries.

3.3 The aims of this Community Based Service are:

- To increase the availability of intrauterine device (IUD), intrauterine system (IUS) and sub-dermal implants (SDI) for contraceptive purposes to a practice population as part of a range of contraceptive options.
- To raise awareness of the benefits of long-acting reversible contraception by providing high quality advice, support and information on the full range of contraception methods to all women on or seeking contraception.
- To ensure that the availability of post-coital IUD fitting for emergency contraception should be more adequately provided as another means of reducing unwanted pregnancies
- To provide the fitting and removal element of LNG-IUS for women requiring Levonorgestrel intrauterine system LNG-IUS fitting as management of menorrhagia or other gynaecological purpose such as HRT, endometriosis etc, where clinically relevant, thus reducing the requirement for hysterectomy. (As per Section 75 agreement between Leicestershire County Council, Rutland County Council, WLCCG and EL&R CCG)

4. Service Criteria

4.1 To ensure that patients are provided with information as to the full range of contraceptive options available. Written & verbal information should be provided by Providers to patients to enable informed choice of all options available prior to the acceptance of fitting an IUD/IUS or SDI for contraceptive purposes. Where appropriate patients are signposted to alternative service provision.

4.2 Provide fitting, monitoring, checking and removal of IUD/IUS or SDI licensed for use in the UK, as appropriate and in accordance with the most current clinical guidance. (e.g. NICE guidance on Long Acting Reversible Contraception, NICE Contraception Quality Standard QS129 and Faculty of Sexual & Reproductive Healthcare clinical guidance and standards and relevant guidance and standards relating to use of IUS for gynaecological purposes,(see Appendix D).

4.3 Maintain an up-to-date register of patients fitted with an IUD/IUS or SDI detailing for contraceptive purposes, gynaecological purpose or for both contraception and gynaecological purposes. This should include the details of all patients fitted with an IUD/IUS or SDI, type of device fitted, the batch number and expiry date and the name and designation of the person completing the procedure. This is to be used for audit purposes, call and recall, and to enable the Provider to target patients for health care checks.

4.4 Ensure all Practitioners performing this service are appropriately qualified and undertake regular continual professional development (CPD). Evidence of which must be provided to the commissioner to deliver the service.

4.5 Ensure the provision of adequate equipment. Certain special equipment is required. For IUD/IUS or SDI fitting and removal this includes an appropriate room fitted with a couch and with adequate space and equipment including decontamination equipment and basic resuscitation (For example: oxygen, suction and defibrillation) equipment as appropriate to minimise risks and ensure health and safety for patients. For SDI service provision, a variety of removal forceps and the facility for local anaesthesia provision needs to be available. For IUD/IUS service provision vaginal specula, cervical dilators, and equipment for cervical anaesthesia needs to be available. This specification includes the provision of sterile surgical instruments and other consumables. An appropriately trained assistant needs to be present in the building to support the patient and assist the clinician during the procedure if required.

4.6 Provide advice on the use of condoms to prevent infection, public health information on safer sex practices. (Clinical Guidance Intrauterine device, Faculty of Sexual & Reproductive Healthcare (FSRH) clinical guidance, April 2015 (Updated October 2015) p27)

4.7 Undertake a clinical history, including sexual history of all to ensure that the contraceptive choice is the most appropriate method of contraception based on medical evidence, clinical guidelines, sexual history and provider, and risk assessment.

4.8 Undertake a risk assessment. This is to assess the need for pregnancy, STI or HIV testing prior to recommending the IUD/IUS/SDI. The criteria for excluding pregnancy detailed in the FSRH Clinical Guidance for intrauterine contraception, with pregnancy testing undertaken as appropriate. As a minimum all women aged 15 -24 years are to be offered Chlamydia screening. Where diagnosis for Chlamydia is positive the Provider will treat and refer for screening for other STIs. This should be in

accordance with national policy or local policy if there is no relevant national policy.

4.9 Undertake assessment and follow up in accordance with FSRH guidance.

- SDI: Routine annual checks are not required; however arrangements should be in place to review patients 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. The implant should be removed or replaced within three years.

- IUD/IUS: A routine follow-up visit can be advised after the first menses following insertion of IUC or 3-6 weeks later. However, it is not essential and it may be more important to advise women as to signs and symptoms of infection, perforation and expulsion, returning if they have any problems relating to their intrauterine method. Follow up that does not relate specifically to the insertion of the LNG-IUS i.e. related to the overall gynaecological condition is not included in this agreement. This remains part of the general GMS/PMS contract.

4.10 Provide information. Appropriate verbal and written information should be provided at the time of counselling and reinforced at fitting with information on effectiveness, duration of use, possible side effects, follow-up and those symptoms that require urgent assessment. Patient information is available from www.patient.co.uk

4.11 Produce an appropriate clinical record. Adequate recording should be made regarding the patient's clinical, reproductive and sexual history, the counselling process, the results of any STI screening, the pelvic examination if applicable, problems with insertion, the type and batch number of the device, expiry date of the device and follow up arrangements.

4.12 If the patient is not registered with the Provider providing this community based service, the Provider, with the consent of the patient, must ensure that the patient's registered Practice is given all appropriate clinical details for inclusion into the patient's notes.

4.13 Submit annual audit for each individual practitioner, including locums, delivering the service during the contract period (Appendices A & B) Contractors are advised to design their data collection to reflect the requirements of the audit for this particular community based service. Audits for the period 1 April 2017 -31 March 2018 should be submitted electronically via the Public Health Community Based Services On-line Claim System (www.PH-CBS.org) with a return date of 1 May 2018. Audits for the period 1 April 2018 – 31 March 2019 should be submitted electronically via the Public Health Community Based Services On-line Claim System (www.PH-CBS.org) with a return date of 1 May 2019. Audits for the period 1 April 2019 -31 March 2020 should be submitted electronically via the Public Health Community Based Services On-line Claim System (www.PH-CBS.org) with a return date of 1 May 2020. The annual audit is a key component of demonstrating competency to deliver the service. Payment will be withheld to providers that do not submit their annual audits within the timescales above. If audits are continually not returned, the commissioner has the right to terminate contracts.

4.14 In addition to terms set out in Section 1 contractors must at all times meet the most recent relevant standards set out in FSRH Guidance for intrauterine contraception and sub dermal implants; NICE Clinical Guidance on Long Acting Reversible Contraceptives Ref CG30 October 2005,NICE guidance for one to one interventions to reduce the transmission of STIs including HIV and reduce the rate of under 18 conceptions especially amongst the most vulnerable and at risk groups PH 10003 Feb 2007, NICE guidance on Contraceptive Services with a focus on young people

up to the age of 25 Ref PH51, NICE Contraception Quality Standard QS129 and guidance specific to IUS provision for gynaecological purposes(see Appendix D).

4.15 The Provider will not ordinarily refer a patient to specialist contraceptive/sexual health services for an IUS/IUD or SDI insertion, removal or review procedure. Exceptions to this would include patient choice for a female practitioner if unavailable at the provider, following a failed IUD/S insertion, inability to palpate an implant, inability to remove an implant or concerns about patients long term medical conditions or other disorders, in which case patients should be referred to the Leicester, Leicestershire & Rutland Integrated Sexual Health Service or other appropriate service.

4.16 A robust system for referral of adverse pathology must be in place and demonstrated if required by the Local Authority.

5. Accreditation

5.1 The Provider must satisfy The Local Authority that all health care professionals are appropriately accredited and trained to provide the services detailed in this Service Specification and can meet the Service Criteria as detailed in section 4. (See Appendix B)

Providers must ensure that:

5.3 Health care professionals providing the service hold membership of an approved professional body and are approved and eligible to practice in a setting that is appropriate to deliver the service detailed in the specification.

5.4 Health care professionals have a regular appraisal and maintain professional development generally

5.5 The Provider will procure appropriate training for all relevant staff to ensure safe and competent delivery of this Service Specification

5.6 Up-to-date certifications of practitioner competency must be maintained and will be requested by the Local Authority. If this evidence cannot be demonstrated to the Local Authority when requested, the practitioner cannot deliver the service under this contract. Providers must notify the Local Authority of any changes in practitioners delivering the service and provide up-to-date certifications.

5.7 Provider Protocols: - The Provider will ensure all health care professionals are compliant with the Provider protocols for the clinical management of all patients in receipt of services commissioned. These protocols must be in line with best practice clinical guidelines and be reviewed on a regular basis. The Provider must ensure that all protocols reflect up-to-date national and local guidance and are amended in the light of any changes.

5.8 Provider Recording Systems: - As relevant to the Service Specification, a register of all patients will be maintained at all times and include the patient's name, identification number and other relevant information to the service. This information must also be included within the patient's lifelong record.

5.9 All health care professionals inserting, monitoring and removing IUD/IUS or SDIs must notify themselves to The Local Authority and provide the necessary evidence to confirm eligibility before delivering the service from 1st April 2017. Practitioner contact details will be shared with the Leicester, Leicestershire & Rutland Integrated Sexual Health Service to enable the service to offer support to fitters and to cascade details of relevant training and clinical update information.

5.10 It is essential that all practitioners undertaking these procedures hold either:

- An up to date Faculty of Sexual & Reproductive Healthcare letter of competency in sub-dermal contraceptive implant insertion and removal (LoC SDI) and/or Faculty of Sexual & Reproductive Healthcare letter of competency in intrauterine techniques (LoC IUT) in accordance with services provided by that practitioner. This requirement applies to all practitioners newly delivering this service in LLR.

  OR

- Hold an up to date local LoC recertification IUT/SDI following training as detailed in Appendix B. **(Existing LLR Practitioners only)**

In addition:

Each practitioner providing IUD/S should fit at least 12 IUD/S devices in a twelve month period within twenty-four months prior to recertification (minimum of two types of device) and keep an audit of their practice.

Each practitioner providing SDIs should complete a minimum of 6 procedures in a twelve month period within twenty four months prior to recertification (at least 1 insertion and 1 removal) and keep an audit of their practice.

It is considered desirable that practitioners deliver a minimum of 12 IUD/S devices and/or 6 SDI procedures in each audit 12 month period. Lower fitting rates will be considered on an individual basis in conjunction with the annual audit information for the practitioner **Appendix A).**

Important Note: **From 1 April 2020, all practitioners will be required to hold and evidence the FSRH IUT Loc and/or LoC SDI to deliver these services in future contracts with Leicestershire and Rutland County Councils.**

5.11 **Re-certification**

All health professionals providing IUD/IUS or SDI services must apply for re-certification every 5 years or earlier if required and should provide evidence of:-

- Re-certification for LoC SDI /IUT from FSRHC or RCN as appropriate
  Or
  - Local recertification as detailed in **Appendix C**

All practitioners must be able to evidence the FSRH IUT LoC and/or LoC SDI and completion of FSRH or local recertification to the commissioner to deliver the service.

6. Excluded Services

6.1 Some services may be specifically excluded from this agreement. These are listed below.

Gynaecological care outside of IUS fitting pathway as described in this agreement.

7. Appendices

APPENDIX A – IUD / IUS AUDIT

The annual audit form has been digitalised for online submission alongside the claim process and is accessible at www.PH-CBS.org for annual completion.

All of the information provided in this audit will be recorded and analysed on the Leicestershire County Council Community Based Services system held by the Division of Public Health at Leicestershire County Council in compliance with the Data Protection Act 1998.

The audits will be reviewed by the Public Health lead for Sexual Health Commissioning and the Lead Contraceptive Consultant for Contraception, Sexual Health and Reproductive Services.

A general report on the results of the audits will be sent to you. If there are any concerns regarding your audit these will be raised with you via your Practice Manager.

Names and E-mail addresses of all Practitioners completing the audit will be shared with the Integrated Sexual Health Service to enable the service to offer support to fitters and to cascade details of relevant training and clinical update information.

AUDIT OF THE LOCAL ENHANCED SERVICE FOR INTRAUTERINE DEVICES (IUDS), INTRAUTETERINE SYSTEMS (IUS), 2013-2014	
Name of Practitioner	
Practitioner Email	

PRACTITIONER QUALIFICATIONS HELD				
FSRH Loc IUT (if applicable)	achieved (mm/yy):		re-certification due (mm/yy):	
Local accreditation for existing fitters - pre 2009 (if applicable)	achieved (mm/yy):		re-certification due (mm/yy):	
Most recent update training (please specify)				

FITTINGS / REMOVALS	IUD	IUS
Number of IUDs/IUSs fitted within the audit period		
Number of post fitting reviews carried out (see clause 4.7)		
Number of removals		
Number of Chlamydia tests for under 25s undertaken prior to fitting of IUD/IUS		

REASONS FOR REMOVAL (Please complete those that apply)	IUD	IUS
Expired & Refit		
Expelled		
Pain		
Planning Pregnancy		
No Longer Required		
Bleeding Problem		
Others (Please specify including action taken)		

COMPLICATIONS (Please complete those that apply)	IUD	IUS
Injury to cervix		
Injury to cervix - action taken		
Uterine perforation		
Uterine perforation - action taken		
Fainting / cervical or anaphylactic shock		
Fainting / cervical or anaphylactic shock - action taken		
Other Complications (Please state the reason and the action taken)		

FAILED INSERTIONS (Please complete those that apply)	IUD	IUS
Lack of access due to obesity		
Lack of access due to obesity - action taken		
Cervical stenosis due to previous surgery to the cervix		
Cervical stenosis due to previous surgery to the cervix - action taken		
Acutely retroverted or anteverted uterus		
Acutely retroverted or anteverted uterus - action taken		
Fibroid uterus		
Fibroid uterus - action taken		
Bicornuate uterus or other cervical of uterine abnormalities		
Bicornuate uterus or other cervical of uterine abnormalities - action taken		
Patient not able to cope with procedure due to pain or anxiety		
Patient not able to cope with procedure due to pain or anxiety - action taken		
Other reasons for failed insertions (Please state the reason and the action taken)		

MENORRHAGIA & LOW RATES	IUD	IUS
Number of IUSs fitted for menorrhagia		
If less than 12 IUDs/IUSs fitted please state reason		

APPENDIX A – IMPLANT AUDIT

All of the information provided in this audit will be recorded and analysed on the Leicestershire County Council Community Based Services system held by the Division of Public Health at Leicestershire County Council in compliance with the Data Protection Act 1998.

The audits will be reviewed by the Public Health lead for Sexual Health Commissioning and the Lead Contraceptive Consultant for Contraception, Sexual Health and Reproductive Services.

A general report on the results of the audits will be sent to you. If there are any concerns regarding your audit these will be raised with you via your Practice Manager.

Names and E-mail addresses of all Practitioners completing the audit will be shared with the Integrated Sexual Health Service to enable the service to offer support to fitters and to cascade details of relevant training and clinical update information.

AUDIT OF THE LOCAL ENHANCED SERVICE FOR SUDBERMAL IMPLANT FITTING AND REMOVAL (2013-2014)	
Name of Practitioner	
Practitioner Email	

PRACTITIONER QUALIFICATIONS HELD				
FSRH Loc SDI (if applicable)	achieved (mm/yy):		re-certification due (mm/yy):	
Local accreditation (if applicable)	achieved (mm/yy):		re-certification due (mm/yy):	
Most recent update training (please specify)				

FITTINGS	UNDER 19 YEARS	19 - 25 YEARS	OVER 25 YEARS
Number of Implants fitted within the audit period			

REMOVALS	UNDER 19 YEARS	19 - 25 YEARS	OVER 25 YEARS
Number of removals			

REASONS FOR REMOVAL (Please complete those that apply)	UNDER 19 YEARS	19 - 25 YEARS	OVER 25 YEARS
Bleeding not acceptable			
Decision to try for pregnancy			
Gained weight			
Mood chnages			
Other (Please specify)			

FOLLOW UP AFTER REMOVAL (Please complete those that apply)	UNDER 19 YEARS	19 - 25 YEARS	OVER 25 YEARS
Decided to choose another contraceptive method			
Replacement with new implant			

OTHER	UNDER 19 YEARS	19 - 25 YEARS	OVER 25 YEARS
Number of Chlamydia tests undertaken prior to fitting of Implant on women under 25 years			
Number of Implants fitted to women who describe themselves as having a disability			
Number of referrals to alternative service for Implant removal			
Please specify reasons for each referral			

APPENDIX B: SUMMARY OF COMPETENCY/TRAINING REQUIREMENT OPTIONS FOR PRACTITIONERS PROVIDING IUD/S AND SDI SERVICES.

SDI:

FSRH LoC SDI with FSRH recertification every 5 yearsEvidence: FSRH certificates

Applies to all new practitioners in LLR

Or

FSRH LoC SDI with option of LLR recertification (Appendix C). N.B. This is only valid until 31 March 2020

Evidence: FSRH LoC certificate and LLR recertification approval certificate

Or

LLR LoC SDI via East Midlands Scheme undertaken in the period 2010-2013 with LLR recertification (Appendix C) evidenced and achieved, valid until 31 March 2020.

Evidence: training attendance certificate and LLR recertification approval certificate

Minimum fit/removal activity:

Desirable: Minimum of 6 procedures in 12 month audit period. (At least 1 insertion and 1 removal)

Essential for recertification: At least 6 procedures in a twelve month period within twenty four months prior to recertification. (At least 1 insertion and 1 removal)

Annual audit submitted

See Appendix A

Evidence of each practitioner's competency must be provided to commissioners on request. .

IUD/S:

FSRH LoC IUT with FSRH recertification every 5 years

Evidence: FSRH certificates

Applies to all new practitioners in LLR

Or

FSRH LoC IUT with option of LLR recertification (Appendix C). N.B. This is only valid until 31 March 2020

Evidence: FSRH LoC certificate and LLR recertification approval certificate

Or

For experienced fitters prior to 2009 who completed LLR Local theory training undertaken in the period 2010-2011 with LLR recertification (Appendix C) evidenced and achieved by 1st October 2016 valid until 31 March 2020

Evidence: training attendance certificate and LLR recertification approval certificate

Or

LLR LoC IUT via East Midlands Scheme undertaken in the period 2010-2013 with LLR recertification (Appendix C) evidenced and achieved valid until 31 March 2020

Evidence: LLR Local certificate and LLR recertification approval certificate

Minimum fit/removal activity:

Desirable: Minimum of 12 IUD/S device fits in 12 month audit period. (Minimum of 2 types of device)

Essential for recertification: At least 12 IUD/S device fits in a twelve month period within twenty four months prior to recertification. (Minimum of 2 types of device)

Annual audit submitted

See Appendix A

Evidence of each practitioner's competency must be provided to commissioners on request.

Appendix C: Pathway to recertify LOCAL Letters of Competence (LoC) for Intrauterine Techniques (IUT) and Sub Dermal Implant (SDI).

For existing fitters only (Criteria: those who submitted an audit in 2014/15)

Must demonstrate holding previous FRSH or local LoC, with evidence of completion of theory & practical training.

IUT **SDI**

Minimum of 2 CPD credits per LoC

Relevant to IUT	Relevant to SDI
Evidence required as detailed in http://www.fsrh.org/pdfs/RecertApplicationIUT.pdf	Evidence required as detailed in http://www.fsrh.org/pdfs/RecertApplicationSDI.pdf

- Attendance course/meeting (e.g. Fitter forum held locally)
- Reading. Peer reviewed publications with reflective evidence.
- Reading FSRH CEU guidance & completion of self-assessment questions.
- Peer observation.
- IUT/SDI audit (personal or local)

Recent eSRH module 18
Evidence: certificate

Recent eSRH module 17
Evidence: certificate

Basic life support and Anaphylaxis training completed in last 18 months
Evidence: certificates

Audit of procedures covering 12 months within 24 months of recertification:

Showing minimum of:

12 insertions of at least 2 types of IUT 6 procedures SDI (at least 1 removal)

Evidence: submission of practitioner audit as required by the CBS Contract, reviewed as satisfactory by consultant in SRH

Recertification until 31 March 2020

Evidence of each practitioner's competency must be provided to commissioners on request.

APPENDIX D: OVERVIEW OF LNG-IUS SERVICE FOR GYNAECOLOGICAL PURPOSES

(a) Provision, review and subsequent removal, of Levonorgestrel Intrauterine System (LNG-IUS) for gynaecological (non-contraceptive) purposes including management of menorrhagia and hormone replacement therapy (HRT)

(b) Local authority commissioned provision of LNG-IUS fitting, review and removal on behalf of the Clinical Commissioning Group (CCG).

AIMS AND OUTCOMES

To provide the fitting and removal element of LNG-IUS for women requiring Levonorgestrel intrauterine system LNG-IUS fitting as management of menorrhagia or other gynaecological purpose such as HRT, endometriosis etc, where clinically relevant, thus reducing the requirement for hysterectomy.

BACKGROUND

The (LNG-IUS) is an intrauterine, long-term progestogen-only method of contraception licensed for 5 years of use. The effects of the LNG-IUS are local and hormonal, including prevention of endometrial proliferation and thickening of cervical mucus and suppression of ovulation in a small minority of women. The system has to be fitted and removed by a qualified practitioner. As well as being licensed as a contraceptive device, the LNG-IUS is also licensed for the management of idiopathic menorrhagia.

Menorrhagia / Heavy menstrual bleeding is defined as excessive menstrual blood loss which interferes with the woman's physical, emotional, social and material quality of life, and which can occur alone or in combination with other symptoms. Any intervention should aim to improve quality of life measures. The Levonorgestrel-releasing intrauterine system (LNG-IUS) is recommended as first line treatment for women with heavy menstrual bleeding and no underlying pathology (dysfunctional uterine bleeding) and in some women with heavy menstrual bleeding and identified benign pathology such as small fibroids (less than 3 cm in diameter which are causing no distortion of the uterine cavity) provided that long-term use is anticipated (at least 12 months). The LNG-IUS may also be recommended, following gynaecological investigation, for the management of conditions such as endometriosis. [1]

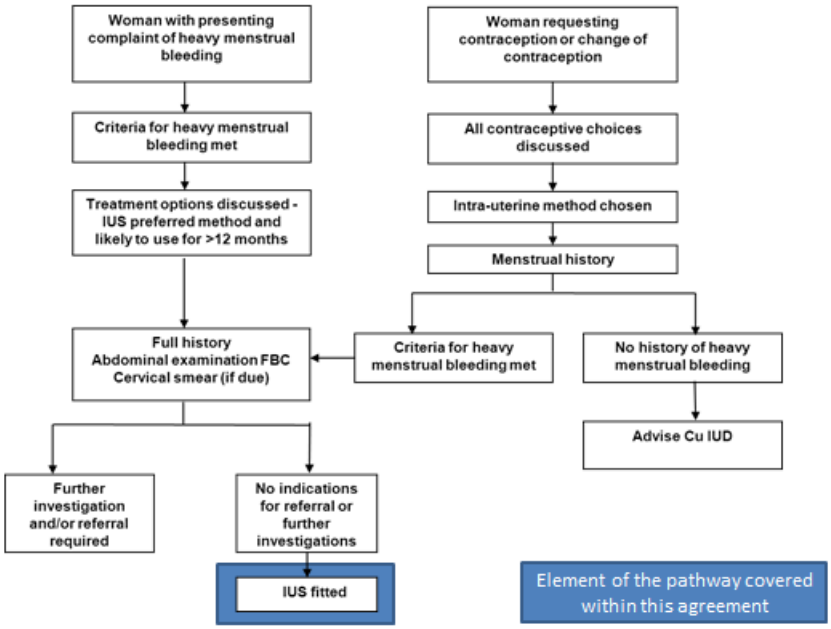
Evidence from two systematic reviews and one subsequent publication shows that LNG-IUS produces a clinically relevant reduction in menstrual blood loss in women complaining of heavy menstrual bleeding. https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-womenover40-jul-2010/

Local defined outcomes

- Reduction in secondary care referrals to gynaecology (in particular for menorrhagia)
- Reduction in number of hysterectomies
- Improved uptake of long-acting reversible contraception (LARC)
- Reduction in unplanned pregnancies
- Improved quality of life for women receiving the LNG-IUS
- Locally convenient service with improved access to care and reduced waiting times for LNG-IUS fitting
- Improved quality of care

[1] Heavy menstrual bleeding: assessment and management. Clinical guideline. National Institute for Health and Care Excellence. 2007. Last updated August 2016.

Algorithm for use of LNG-IUS for management of gynaecological conditions such as menorrhagia.



Applicable national standards

- NICE clinical guideline 44 (January 2007. Last updated August 2016) *Heavy Menstrual Bleeding: assessment and management.*
- Referral guidelines for suspected cancer – gynaecological cancers (Implemented Oct 2000 DOH)
- NICE (2005a) *Referral guidelines for suspected cancer: quick reference guide.* Clinical guideline 27. National Institute for Health and Clinical Excellence.
- NICE (2005b) *Long-acting reversible contraception (NICE guideline).* National Institute for Health and Clinical Excellence.
- NICE (2007a) *Heavy menstrual bleeding: understanding NICE guidance.* National Institute for Health and Clinical Excellence.
- NICE (2007b) *Audit criteria: heavy menstrual bleeding.* National Institute for Health and Clinical Excellence.
- RCOG (1998) *The initial management of menorrhagia.* Evidence-based clinical guidelines no.1. Royal College of Obstetricians and Gynaecologists.
- FSRH (2009) *UK medical eligibility criteria for contraceptive use [Superseded].* Faculty of Family Planning and Reproductive Health Care.
- NICE *support for commissioning for heavy menstrual bleeding*. (September 2013)
- FSRH CEU Clinical Guidance *Intrauterine Contraception*. (2015)

NB: These standards may be updated during the contract period.