**Long Acting Reversible Contraception (LARC) in General Practice Service Specification**

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| **Document control (for internal use only)** |
| FINAL 13th November 2015  |
| This document has been agreed with expert advice from Dr Liz Vincent, Oxford Regional Advisor, Faculty of Sexual and Reproductive Healthcare (FSRH) and Associate Specialist for Contraceptive Services at Buckinghamshire Healthcare NHS Trust with responsibility for level three clinical governance across the sexual health system |

1. **Agreement to provide**

By offering this service the Contractor agrees to comply with all requirements under the Bucks County Council Public Health Contract.

1. **Background**

Buckinghamshire County Council is committed to improving the sexual health and wellbeing of its population and targeting services to those areas of greatest need. It recognises the direct links between sexual ill health, poverty, poor housing, unemployment, discrimination and other forms of social exclusion. The main elements of a modern, comprehensive sexual health service are defined as providing:

* Contraception care and abortion
* Diagnosis and treatment of sexually transmitted infections (STIs) and HIV
* Prevention of STIs and HIV
* Services that address psychological and sexual problems

The organisation of current sexual health care provision is complex and delivered across a range of primary care providers at level one including general practice, community pharmacy and specialist providers at levels two and three. Young people under 25 years are a key target group for sexual health prevention, reducing teenage conceptions and increasing the uptake of chlamydia screening. Chlamydia diagnosis and reducing teenage conceptions are national public health outcome indicators for sexual health.

For full details on the Buckinghamshire Joint Strategic Needs Assessment visit [www.buckscc.gov.uk](http://www.buckscc.gov.uk) and to see a copy of the latest Buckinghamshire Sexual Health Strategy and the relevant sexual health needs assessment please visit [www.sexualhealthbucks.nhs.uk](http://www.sexualhealthbucks.nhs.uk)

***2.1 Evidence***

NICE Clinical Guideline 30 identifies the following priorities:

***2.1.1 Contraceptive provision***

* Women requiring contraception should be given information about and offered a choice of all methods, including long acting reversible contraception (LARC) methods.
* All currently available LARC methods (intrauterine devices, the intrauterine system, injectable contraceptives and implants) are more cost effective than the combined oral contraceptive pill even at 1 year of use.
* Intrauterine devices, the intrauterine system and implants are more cost effective than the injectable contraceptives.
* Increasing the uptake of LARC methods will reduce the numbers of unintended pregnancies.

***2.1.2 Counselling and provision of information***

Healthcare professionals advising women about contraceptive choices should be competent to help women to consider and compare the risks and benefits of all methods relevant to their individual needs. Women considering LARC methods who are at higher risk of sexually transmitted infections (STIs) should be given a chlamydia screening test in preparation for the insertion. Women at *higher risk* of STIs (i.e. aged <25 years, or >25 years with a new sexual partner or more than one partner in the last year, or if their regular partner has other partners) should be tested for *Chlamydia* *trachomatis* (as a minimum) in advance of insertion. If results are unavailable before insertion then prophylactic antibiotics (at least to cover *C. trachomatis*) may be considered.

Detailed information should be provided, both written and verbal, that will enable them to choose a contraceptive method and use it effectively. This information should take into consideration their individual needs and should include:

* + - Contraceptive efficacy
		- Duration of use
		- Risks and possible side effects, especially after first insertion
		- Non-contraceptive benefits
		- The procedure for initiation and removal/ discontinuation
		- When to seek help while using the method
1. **Service**

**Definitions**

Provision of sub dermal implants, IUS or IUD to all females of reproductive age in line with national standards and guidance, including safeguarding practice.

***3.1Exclusions***

**Any patient requiring the availability of an IUD only for the management of menorrhagia.**

Injectable methods of long acting reversible contraception are not covered by this service specification.

**This service will:**

1. Ensure all staff fitting and removing intrauterine or sub dermal contraception are trained, competent and receive continuing professional development to develop and maintain the relevant skills and competencies to provide these methods.
2. Fit, monitor, check and remove of IUD/IUS and sub dermal implants as appropriate. Insertion & Removal of a device should NOT also be claimed for under any service such as minor surgery under the GMS contract.[[1]](#footnote-1)
3. Ensure there is an appropriately trained assistant working in accordance with practice protocols on contraception and IUD/IUS fits present to support the patient and assist the clinician during the procedure.
4. Screen all women at higher risk of sexually transmitted infections (STIs) before any fitting or removal, and if positive, referral to screening for other STIs which should be to an appropriate sexual health service.[[2]](#footnote-2) (see section 2.1.2 on counselling and provision of information).
5. Provide prophylactic cover for emergency IUD (e.g. for emergency contraception) where there is not time to wait for a Chlamydia test result.
6. Offer all clients a 6 week check after an IUD/IUS fit and document in line with the FSRH guidelines. In addition any problems such as abnormal bleeding or pain should be assessed urgently.
7. Provide quality written information[[3]](#footnote-3) at the time of counselling and reinforced after fitting with information on follow-up and those symptoms that require urgent assessment.
8. Record on GP records, including the clinical history, the counselling process, chlamydia screening results, pelvic examination, problems with insertion, type and batch number of the IUD, IUS or sub dermal implant, and follow-up arrangements. If the patient is not registered with the practice providing the service, the providing practice must ensure that the patient's registered practice is given all appropriate clinical details for inclusion into the patient's medical record.
9. Produce an up-to-date annual register of patients fitted with an IUD/IUS and sub dermal implants including the age, ethnicity, clinician name, type of device, confirmation it is for contraceptive purposes and **not** **menorrhagia**. - **see Appendix A.**
10. Ensure that the availability of post-coital IUD fitting for emergency contraception is more adequately provided as another means of reducing unwanted pregnancies.
11. Ensure access to faxable proforma for post coital coil fit at the specialist level three contraceptive service, if patient requesting IUCD and GP practice is unable to fit.
12. Ensure if the GP practice withdraws from this provision but continues to provide contraceptive services under the General Medical Services (GMS Contract), there is an agreed mechanism in place for referring women for LARC.
13. Refer to the specialist level three contraceptive in line with the pathway and only for difficult coil insertions and removals, including lost threads.
14. **Accreditation and competencies**

***4.1 Accreditation and Training***

The current standards are set down by the Faculty of Sexual and Reproductive Health Care (FSRHC) for doctors and nurses on IUCDs. Please see **Appendix B** for details of the accreditation processes.

***4.2 Competence***

Please note that healthcare professionals fitting IUD/IUS should fit or remove a minimum of 12 IUD/IUS per annum (which must include at least 2 different devices). Implant fitters should fit or remove 6 implant fittings per annum (which must include at least one insertion and one removal).

All GPs and Nurses need to ensure they attend an annual Basic Life Support (BLS) and anaphylaxis update via their own general practice.

Copies of all training certificates for doctors and nurses should be sent to Public Health at Bucks County Council, County Hall, Walton Street, Aylesbury HP20 1UA during the sign up process to deliver this service.

For any training enquiries, please contact the level three commissioned service.[[4]](#footnote-4)

1. **Equipment/Facilities**

All GP practices should provide an appropriate room fitted with a couch and with adequate space and provision of any special equipment required for IUD/IUS or implant fitting or removal. This may include vaginal specula, cervical dilators, equipment for cervical anaesthesia and equipment for resuscitation.

1. **Quality and Audit**

Practices must complete the annual audit template in **Appendix A** and return it to Public Health at phcontracts@buckscc.gov.uk no later than 10 working days after the 31st March each year. This should include as a minimum age, device, removal or fitting and who fitted/removed the device. It must exclude those IUDS fitted *solely for heavy menstrual bleeding* purposes.

1. **Termination notice**

The notice period for termination on this enhanced service is three months by either party.

1. **Payment**

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| **Fee (this fee excludes only the cost of the IUCD device)** | **Payment (£s)** |
| Per **insertion** of sub dermal implant | £35.00 |
| Per **removal** of sub dermal implant | £48.00 |
| Per **insertion, removal and six week** check ie total episode of care for IUD or IUS | £89.10[[5]](#footnote-5) |

1. **Contacts**

For queries related to the commissioning of this service and/or the Public Health Contract please contact:

Public Health Team

Bucks County Council

County Hall

Walton Street

Aylesbury

Bucks

HP20 1UA

Email: phcontracts@buckscc.gov.uk

For any general payment or submission of data queries for this LARC service please contact the Public Health Contract Support Officer:

phcontracts@buckscc.gov.uk

01296-387139 or 01296 383382 (Direct Dial)

For any training issues, please contact Dr Liz Vincent**,** Oxford Regional Advisor, Faculty of Sexual and Reproductive Healthcare (FSRH), ContraceptionService, Buckinghamshire Healthcare NHS Trust, Brookside Clinic, Station Way East Aylesbury HP20 2SR on elizabeth.vincent@nhs.net or by telephoning 01296-566475.

For general queries related to the GMS Contract or primary care, please contact the NHS England Area Team in Oxfordshire on 01865-336800.

**Appendices**

 **Appendix A:** Annual Audit Template

**Appendix B:** GP and Nurse Accreditation requirements

**Appendix A:** Annual Audit Template

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**Appendix B:** GP and Nurse Accreditation requirements



1. The General Medical Services (GMS) contract is commissioned by the Area Team at NHS England. [↑](#footnote-ref-1)
2. This should be in the first instance to a level 2 sexual health service and only to GUM where clinically appropriate. Level 2 services are currently located in Aylesbury, Amersham, Burnham, Buckingham, Chesham, Chalfont & Gerrards Cross and High Wycombe for up to date information visit [www.sexualhealthbucks.nhs.uk](http://www.sexualhealthbucks.nhs.uk) [↑](#footnote-ref-2)
3. Family Planning Association (FPA) leaflets [↑](#footnote-ref-3)
4. For details of the level 3 training provider please contact phcontracts@buckscc.gov.uk [↑](#footnote-ref-4)
5. The payment for IUD and IUS is a 7.3% increase from the 2014 - 2016 Contract to reflect the additional clinician needed for this procedure. Both IUCD prices include a corporate overhead and consumable cost for the general practice. [↑](#footnote-ref-5)