# 2. SERVICE SPECIFICATION

Service Specification will be as per the document embedded below:

# Specification of Requirements for: Provision of intrauterine devices and systems (IUD/S) & provision of sub-dermal Implants (SdI) for contraception and the provision of IUS for non-contraceptive purposes

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| 1. Brief Summary of Service |
| Intrauterine Devices and Systems (IUD/S) are devices that are provided for to prevent conception. IUS are also used for the treatment of menorrhagia and other non-contraceptive purposes.  Subdermal implants(SdI) are another form of contraceptive devices used to prevent pregnancy.  Both these types of devices can be fitted by appropriately trained clinicians (both doctors and nurses) in community settings e.g. Health centres and GP practices subject to the training pathway described in Appendix 1 of this specification for the provision of the provision Intrauterine Devices or Intrauterine systems (IUS/D) and the provision of Subdermal Implants (SdI).  This service specification shall be reviewed annually taking into consideration financial review of the services delivered, any service developments and/or changes in legislation. |

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| 2. Background and Context |
| The Sexual Health improvement framework (Department of Health March 2013) includes an ambition to reduce unintended pregnancies, to increase knowledge and awareness of all methods of contraception among all groups in the local population and to increase access to all methods of contraception, including long-acting reversible contraception (LARC) methods and emergency hormonal contraception, for women of all ages and their partners.  For every £1 spent on contraception services, £11 is saved. The NHS could save money through improving contraception services by ensuring access to the full range of methods which reflect women’s preferences, including more cost-effective longer-acting reversible methods.  The provision of contraception saved the NHS £5.7 billion in healthcare costs that would have had to be paid if no contraception at all was provided.  NICE Guidance PH30 updated 2014 [[1]](#footnote-1)recommends the provision of long acting reversible contraception to prevent unintended pregnancies.  Leicester has a very low rate of LARC provided in General practice settings this is much lower that other similar areas. It is proposed to recommission this service in the four Health Need Neighbourhood areas of Leicester. Each area will have an optimal number of IUS/D and SdI to provide per year. This aspirational target will bring Leicester to the average rate of LARC provision in Community settings. |

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| 3. Strategic Aims and PrioritiesNote: The service provider will not be responsible for reporting progress against the priorities and indicators below. The performance measures described in Section 8 below will be used as indicators of overall ‘direction of travel’, and as specific measures of service effectiveness and will therefore be requested to be reported on regularly by the service provider. |
| |  |  | | --- | --- | | Strategic Commissioning Strategy | 1. Early intervention and prevention 2. Commission services which enhance or increase service user’ independence and focus on the most vulnerable 3. Support the development of a vibrant market providing a diverse range of quality services that meet local needs | | Closing the Gap. Leicester’s Joint Health and Wellbeing Strategy 2017-2022  (Latest to date) | 1. The people of Leicester are enabled to take control of their own health and wellbeing 2. The gap between health outcomes for different people and places has reduced 3. People plan to stay healthy and age well and older people feel they have a good quality of life 4. People give equal priority to their mental health and wellbeing and can access the right support throughout their life course; | | **National / Local Adult Social Care /NHS priorities** | | | NHS Outcomes framework 2016-2017 (latest to date) | 1. Preventing people from dying prematurely 2. Enhancing the quality of Life for people with long term conditions 3. Helping people to recover from episodes of ill health or following injury 4. Ensuring that people have a positive experience of care 5. Treating and caring for people in a safe environment and protecting them from avoidable harm. | | Public Health Outcomes Framework 2016 – 2019 (latest to date) | 1. Improving the wider determinants of health 2. Health Improvement: 3. Health protection 4. Healthcare, public health and preventing premature mortality | |

| 4. Specific Aims and Objectives of the Service |
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| * 1. The aims of the service are       1. Improve access to Long Acting Reversible contraception      2. Improve women’s sexual health knowledge      3. Improve choice of community based sexual health services      4. Provide Intrauterine Systems for non-contraceptive purposes,      5. Increase the uptake of IUS/D and SdI in the community   2. The objectives of these Services are to:      1. Provide user friendly, non-judgemental, client-centred services that offer accessible, appropriate and confidential contraception      2. The provider will demonstrate a clear knowledge and understanding of the local patient population that the services will be delivered to.      3. Provide Intrauterine devices or Intrauterine systems dependent on best clinical practice, patient need and preference      4. Provide subdermal implants dependent on best clinical practice patient need and preference      5. Provide advice on the use of condoms to prevent infection and of public health information on safer sex practices to increase the knowledge of risks associated with STIs      6. Provide advice on all forms of contraception and ensure that women have the knowledge to inform their decisions about what the method is the most appropriate for them.      7. Provide clear signposting and advice in relation to sexual health services and of pathways      8. Strengthen local network of contraceptive and sexual health services to help ensure easy and swift access to advice and services      9. Provide contraceptive choice for women in Leicester |

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| The Service / Activities to be delivered |
| This service should:   * 1. Provide a user-friendly, non-judgmental, client-centered and confidential service for all who present requesting contraception.   2. Provide expert advice and information about the range of contraception available and discuss the best options with the woman for her needs.   3. This service is for the fitting, checking and removal of Intrauterine devices (IUD), Intrauterine systems (IUS) and subdermal implants for contraception   4. The fitting and removal of Intrauterine systems (IUS) for non -contraceptive purposes   5. To be available to all eligible people irrespective of race, disability, religion or sexual orientation.   6. A routine follow-up visit can be advised after the first menses following insertion of IUC or 3-6weeks 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.   7. Refer service users that are not eligible as soon as possible to another local service that can assist them.   8. Deliver for 52 weeks of the year   9. All support staff must be fully informed and suitably trained in relation to their involvement in the Service/s provided.   10. The Contractor will participate in any local authority organized audit of service provision and may be subject to Mystery Shopping.   11. The Local Authority and the Contractor will work collaboratively to monitor and evaluate the service/s as set out in this specification. For purpose of monitoring performance and service delivery, the Contractor will ensure the completed activity monitoring and claim for payment form is submitted quarterly to allow the service to be analysed and monitored by the Local Authority. The Contractor acknowledges and understands that the Local Authority will be reporting on performance by provider (not anonymised). In addition, this monitoring information will also inform the commissioning decisions of the Local Authority and will be a component of the Annual Review process with the Contract.   12. If the Service is temporarily unavailable, then the Contractor must:       + alert the Local Authority and inform them of the nature and duration of the suspension of the Service       + ensure that staff on duty actively signpost all eligible service users to an alternate provider. This would include phoning the alternate provider to check that the accredited practitioner is available to provide such services– these checks must be made before the service user leaves the premises.   13. This service can only be delivered by an accredited practitioner in person, as detailed in section 12 of this specification.   14. The accredited practitioner must take a client history to ensure that they have sufficient information to assess the appropriateness of the Contraception to be provided.   15. The accredited practitioner will supply LARC as appropriate to eligible service users in line with the requirements of the national standards cited in. The supply will be free of charge to all.   16. The Contractor shall ensure a minimum delivery per clinician per annum of:  |  |  | | --- | --- | |  | Minimum number per practitioner per annum | | Intrauterine Devices or Systems | 12 | | Sub dermal Implants | 6 |  * 1. Where the service level has not occurred in year, the Contractor must provide an explanation and demonstrate sufficient likely demand for the Service for the following year. This will be assessed by Public Health Leicester and the lead Sexual and Reproductive Health Consultant (Leicester Integrated Sexual Health Service) and determination made as to whether the service provision from that Contractor should continue.   2. All eligible service users should be informed about the side effects and other contraceptive options available to them.   3. Non-identifiable client information must be provided for each client contact and submitted in addition to the claim for payment. Information required is as detailed in the contract.   4. The Contractor is required to observe the LARC pathway in Appendix 2 of this specification   5. Referral   6. Women who are pregnant should be seen by their GP and referred to the appropriate obstetric pathway.   7. If there is a failed IUS/D fitting the women should be referred to the Integrated Sexual Health Service (this can be done via PRISM).   8. Failed removal of the Subdermal Implant should be referred to the Integrated Sexual Health Service (this can be done via PRISM). |

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| 6. Target Groups and / or Areas |
| This service is for any person, as an option for contraception and as a method of treatment for some women according to the pathway (Appendix 2 of this specification). This includes individuals who have transitioned (Female to Male) and are living in the gender that matches their gender.The table below shows the four Neighbourhood Needs areas and the numbers of women of reproductive age. It also shows the aspirational target for the provision of IUS/Ds and Subdermal Implants in each Health Need Neighbourhood area.Appendix 3 Practices with performance 2017/18 and aspirational targets has this broken down by practice. More detailed practice information will be available on request to interested providers. Table 1   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | Health Need Neigh boroughhood | City Central | North and East | North and West | South | Total | |  |  | Female population | 26204 | 12910 | 23087 | 7407 | 69608 | | Numbers | Current Provision | IUS | 42 | 23 | 93 | 36 | 194 | | IUD | 99 | 18 | 20 | 21 | 158 | | SDI | 80 | 42 | 89 | 5 | 216 | | **TOTAL** | **221** | **83** | **202** | **62** | **568** | | Needed to reach England rate | IUS | 236 | 48 | 85 | 27 | 396 | | IUD | 171 | 84 | 150 | 48 | 453 | | SDI | 488 | 240 | 430 | 138 | 1295 | | **TOTAL** | **895** | **372** | **665** | **213** | **2144** | |

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| 7. Environmental Sustainability, Equalities, and Other Impacts |
| Social, economic and environmental regeneration is important to the Council and the Council expects its Service Providers to comply with the following:  **Environmental Impacts**  7.1 The Council expects its Service Providers to comply with, or exceed, all statutory environmental requirements, including those applying to the management of waste, the prevention of water pollution and the control of noise and odour.  The Service Provider will be expected to understand the applicable statutory requirements, and to apply procedures to ensure that they are complied with.  7.2 In addition, the Council expects its Service Providers to work towards the reduction of carbon emissions generated directly or indirectly by their activities, as well as other relevant environmental improvement.  In the case of this service, appropriate measures could include:   * Reduction of energy used and/or the generation and use of renewable energy e.g. solar panels * Reduction of waste, and the reuse, recycling, composting or other treatment of waste that can’t be prevented – to recover materials or energy and to minimise what needs to be disposed of * Minimisation of the use of mains water e.g. through water efficiency measures, or the storage and use of rainwater where feasible and appropriate * Careful control of any chemicals used, to prevent pollution, and avoidance or minimisation of the use of hazardous chemicals – particularly those which are hazardous to the environment * The use of recycled materials where applicable e.g. paper and sourcing of any paper or wood products from sustainably managed sources.   **Economic Sustainability**  7.3 The Council expects its Service Providers to demonstrate measures to develop and promote social inclusion. Therefore, the Service Provider will be expected to assist the Council to fulfil these objectives through training and volunteering:   * Develop and support opportunities for people to acquire new skills and abilities through experiential learning and support via volunteering.   **Equalities** 7.4 The Council expects that the service will be delivered to all those who require it and who meet the criteria i.e. a resident within the local authority area. The service must be provided regardless of the protected characteristic of the resident who has been hospitalised, as defined by the Equality Act 2010. |

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| 8. Performance Measures | | | |
| 8.1 Outcomes  |  | | --- | | Quality Outcome Indicators  Outcomes are the expected changes or benefits that happen as a result of the service or activity being delivered. | | Intrauterine Devices and systems are available for women | | *Outcome: Reduction in unintended pregnancies* | | | | |
| Output | Target*2018-19* | Target*2019-20* | Supporting Evidence(How this is measured) |
| Service delivery available 52 weeks a year | 100% compliance | 100% compliance | Mystery Shop |

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| 8.2 Outputs*Outputs are easy to measure, countable units, they tell us how much, how many or how often.* | | | | |
| 8.2.1 Outcomes  Outcomes are the expected changes or benefits that happen as a result of the service or activity being delivered. | | | | |
| 8.2.1a | | | | |
| *Outcome: Rate of LARC provision in Community is similar to national average (50 per 1000 women aged 15-44 years of age)* | | | | |
| Output | | \*Target Number | Supporting Evidence | Consequence of breech |
| At least 12 IUS/D provided per practitioner per annum  At least 6 Subdermal Implants fitted per practitioner per annum | 12 IUS/D per practitioner  6 subdermal implants | | Breach reports to commissioners’ exception reporting | Discussion with commissioners with action plan and review.  Subject to the Public Health Contract- General Terms and Conditions section B29-B33 -Contract Management processes as appropriate |

| 9. Location / Availability / Accessibility of Service |
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| * 1. This service should be provided in community settings including general practice surgeries. There should be provision in all Health Need Neighbourhoods.   2. The service should be provided in clinical rooms that are provided to NHS Clinical standards as described in section 2.6 of the Authorisation Scheme Application Form.   3. There will be emergency care provision as described in section 3.6 of the Authorisation Scheme Application Form   4. Practitioners and services able to provide these services will be available by appointment or by referral. Referral to services will be via Prism or another referral pathway that the provider can demonstrate is appropriate.   5. It is expected that all providers will be available through the PRISM system |

| 10. Partnership Arrangements |
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| 10.1 It is expected that the provider will work closely with the Integrated sexual health service. It is expected that this service will be provided by GPs, groups of GPs and other sexual health providers to maximise the provision for women in Leicester. This will include practitioners working in partnership to ensure that services are available for women at different times of day and days of the week. To ensure that there are good referral processes to the service. They will provide sexual health advice and information. |

| 11. Monitoring and Recording Arrangements |
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| 11.1 The Contract will be managed via the Council’s Contract Management Framework (CMF) **Also known as Audit**  11.2 Quality assurance is a central part of the councils monitoring of provider performance and to facilitate this monitoring the council will utilise the Contract Monitoring Framework.  11.3 This is a process completed periodically, which may be annual or as necessary to the monitoring priorities determined by the Council.  11.4 The Contract Monitoring Framework (CMF) is a set of standards expected by the Council for those providers of contracted services; it also provides a method for providers to evidence achievements and is a practical tool for continuous improvement towards driving up quality.  11.5 The provider will complete the templates required by the Contract Management Framework. This will include, but is not restricted to, providing quantitative and qualitative information as detailed in Section 8 of this specification and detailed in the contract.  11.6 The provider will be expected to attend monitoring meetings as required.  11.7 The provider is responsible for performance and compliance. The provider must maintain a record of internal monitoring of performance and compliance and of any corrective action and the results of it which will be considered during the Contract Monitoring Framework procedure.  **Reporting Obligations**  11.8 The provider is required to report as follows:   1. The provider must submit a quarterly claim and report to the Council electronically by the 2nd Friday following the end of each quarter. A template of the monthly/quarterly report is attached to the contract in **Appendix H** of the Contract. 2. The quarterly reports will be used to process payments and to monitor against the contract requirements. You will need to collect the specified data from the service start date.   11.9 The Council is investigating a method of electronic payment and data collection that is suitable for general practice and if this is implemented providers will be required to use this system. Any amendments will be notified to you by your designated Contract Manager.  11.11 If you fail to submit a claim in the specified format using valid data, or submit a report that is of poor quality, we will notify you in writing, specifying the ways in which it was unacceptable. We will give you one month from notification to correct and re-submit the report. No payment will be made until data is submitted correctly.  11.12 An annual contract review discussion either by phone or in person will be held to review performance against the contract.   * 1. The provider will develop a feedback form to gather feedback from service users using the service to understand their views and experience of the service. The provider will be expected to support the service user using the service to complete the feedback form at the beginning and the conclusion of their support. This will demonstrate the impact of the service. The information gathered shall form part of the annual contract monitoring. The provider will publish this information in an annual report to show that the core outcomes are being delivered.   11.14 This meeting will be separate to any meetings undertaken as part of the Contract Monitoring Framework and/or quality concerns raised during the contract term. |

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| 12 Quality Standards and Training requirements |
| * 1. It is a condition that the Contractor delivers this service using professionally accredited and registered practitioners who:       + Is either registered on the GMC or NMC      + has been locally accredited and is on the ISHS Register of LARC fitters      + eligible to practice in a setting that is appropriate to deliver this service.   2. The provider will adhere to the Faculty of Sexual and Reproductive Health CEU Guidance on Intrauterine contraception (Oct 2015)[[2]](#footnote-2)   3. And or FRSH CEU Guidance on Progesterone only implants [[3]](#footnote-3)   4. To remain accredited, each professional providing the service must submit evidence to demonstrate how they have kept up to date during the past 12 months (e.g. certificate of attendance at relevant course, evidence of completion of updated modules, an appropriate CPD entry, protocol development or staff training undertaken) or record on the Integrated Sexual Health services Register of LARC clinicians.   5. Each practitioner should provide evidence once a year by submitting the audit   6. The Contractor shall inform the local authority immediately should an accredited practitioner cease working with the Contractor.   7. Any new or locum practitioner must be accredited by Leicester City Council before they can provide the service and register on the Integrated Sexual Health Services Register of LARC clinicians   8. All professionals involved in providing this Service must adhere to their professional code of conduct and at no point does this Service abrogate their professional responsibility and professional judgment must be used at all times. It is the professional’s responsibility to practice only within the bounds of their own competence. |

| 13 . Commissioning Officer Details |
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| Lead commissioner: Liz Rodrigo  Public Health Lead Commissioner |

Appendix 1 Training Pathway



Appendix 2 Menorrhagia Pathway



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| Appendix 3 Practices with performance 2017/18 and aspirational targets (Practice names and codes supressed) | |  | **Current Numbers** | | | | Numbers needed | | | |
| **C-code** | **Health Need Neighbourhood** | **Female\_pop** | **Implant** | **IUD** | **IUS** | **TOTAL** | Implant | IUD | IUS | TOTAL |
|  | City Central | 4330 | 0 | 26 | 9 | 35 | 0 | 92 | 32 | 124 |
|  | 2709 | 26 | 15 | 4 | 45 | 92 | 53 | 14 | 159 |
|  | 2586 | 3 | 13 | 4 | 20 | 11 | 46 | 14 | 71 |
|  | 2027 | 0 | 1 | 2 | 3 | 0 | 4 | 7 | 11 |
|  | 1961 | 13 | 4 | 5 | 22 | 46 | 14 | 18 | 78 |
|  | 1597 | 3 | 1 | 3 | 7 | 11 | 4 | 11 | 25 |
|  | 1460 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 1264 | 17 | 6 | 6 | 29 | 60 | 21 | 21 | 102 |
|  | 1228 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 1051 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 956 | 0 | 13 | 3 | 16 | 0 | 46 | 11 | 56 |
|  | 800 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 782 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 778 | 9 | 2 | 2 | 13 | 32 | 7 | 7 | 46 |
|  | 720 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | North and East | 674 | 8 | 11 | 1 | 20 | 28 | 39 | 4 | 71 |
|  | 663 | 1 | 0 | 0 | 1 | 4 | 0 | 0 | 4 |
|  | 618 | 0 | 7 | 3 | 10 | 0 | 25 | 11 | 35 |
|  | 2550 | 0 | 0 | 1 | 1 | 0 | 0 | 4 | 4 |
|  | 2107 | 17 | 0 | 5 | 22 | 60 | 0 | 18 | 78 |
|  | 1958 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 1190 | 0 | 15 | 8 | 23 | 0 | 53 | 28 | 81 |
|  | 983 | 20 | 0 | 0 | 20 | 71 | 0 | 0 | 71 |
|  | 948 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 884 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 804 | 0 | 3 | 9 | 12 | 0 | 11 | 32 | 42 |
|  | 629 | 1 | 0 | 0 | 1 | 4 | 0 | 0 | 4 |
|  | 485 | 3 | 0 | 0 | 3 | 11 | 0 | 0 | 11 |
|  |  | 372 | 1 | 0 | 0 | 1 | 4 | 0 | 0 | 4 |
|  | North and West | 3344 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 3223 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 2138 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 1973 | 0 | 3 | 40 | 43 | 244 | 3252 | 3496 | 0 |
|  | 1804 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 1758 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 1599 | 21 | 0 | 2 | 23 | 0 | 163 | 163 | 74 |
|  | 1457 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 1394 | 31 | 5 | 17 | 53 | 407 | 1382 | 1789 | 109 |
|  | 1211 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 1107 | 0 | 1 | 25 | 26 | 81 | 2033 | 2114 | 0 |
|  | 724 | 17 | 7 | 9 | 33 | 569 | 732 | 1301 | 60 |
|  | 449 | 20 | 4 | 0 | 24 | 325 | 0 | 325 | 71 |
|  | 377 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 280 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 249 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 1198 | 0 | 13 | 20 | 33 | 1057 | 1626 | 2683 | 0 |
|  | South | 1160 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 1019 | 5 | 7 | 12 | 24 | 569 | 976 | 1545 | 18 |
|  | 979 | 0 | 0 | 1 | 1 | 0 | 81 | 81 | 0 |
|  | 837 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 811 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 594 | 0 | 0 | 1 | 1 | 0 | 81 | 81 | 0 |
|  | 412 | 0 | 1 | 2 | 3 | 81 | 163 | 244 | 0 |
|  | 259 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 138 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

1. https://www.nice.org.uk/Guidance/CG30 [↑](#footnote-ref-1)
2. <https://www.bing.com/search?q=FRSHS+CEU+GUIDANCE+ON+INTRUTERINE+CONTRACEPTION&src=IE-SearchBox&FORM=IESR3S> [↑](#footnote-ref-2)
3. <https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-implants-feb-2014/> [↑](#footnote-ref-3)