



# TRAFFORD COUNCIL

## Service Specification

For the Locally Commissioned Service:

# Long-Acting Reversible Contraception (LARCs)

Service	Long-Acting Reversible Contraception (LARCs)
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Period	1/4/2023 – 31/03/2028 – annual optional extension
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## Introduction

This service specification covers the provision of Long-Acting Reversible Contraception (LARC) in primary care settings that local authorities are responsible for commissioning.

The Provider will be responsive to changing population needs and innovations in patient care or service delivery. This may include emerging infections, new technologies, changes to the local population profile and changes in people's sexual behaviour.

The service specification is not intended to be prescriptive but instead it recognises the need for the Provider(s) to work with partners across the local system to shape LARC services based on residents' needs and a shared commitment to improving sexual health and wellbeing.

The service is required to be provided across the locality in a range of settings by a multi-disciplinary team of GPs, nurses and non-clinical professionals.

Providers are expected to operate in line with most recent guidance and established clinical practice. Whilst this document includes guidance current at the time of publication, the Provider(s) must ensure that services reflect updates in guidance, best practice and recommendations as and when they are produced, and Trafford Council will support them to do so.

This specification will be reviewed annually and updated as appropriate.

## 1. National and Local Context/Population Needs

### 1.1 National Context

#### 1.1.1 Overview of Commissioning Responsibilities

- a) Local authorities have the lead for improving health and for coordinating efforts to protect public health. Public health teams within local authorities are responsible for commissioning and funding several mandated services and other services to improve the health and wellbeing of local populations.
- b) The Health and Social Care Act 2012 divided responsibilities for the commissioning and funding of sexual and reproductive health services between local authorities, Integrated Care Systems and NHS England.
- c) Local authorities are responsible for commissioning and funding the provision of most but not all sexual and reproductive healthcare provision. Local authorities are mandated to commission and fund comprehensive open-access sexual and reproductive health services for the benefit of all persons present in their area. Local authorities can commission and fund other services including HIV/STI prevention and support programmes. Local authorities have the lead for improving health and for coordinating efforts to protect public health.
- d) NHS England is responsible for commissioning and funding GP practices to offer routine methods of contraception for their registered patients. GPs are also required to test for HIV/STIs, as and when required, and to offer or arrange for treatment of infection. NHS England is responsible for commissioning and funding HIV treatment and care. These commissioning responsibilities are due to transfer over to the NHS Greater Manchester Integrated Care Board as part of the Integrated Care System.
- e) The NHS Greater Manchester Integrated Care Board is responsible for commissioning and funding abortion services. They are also responsible for arranging for patients to obtain permanent methods of contraception/sterilisation procedures including vasectomies and for the promotion of opportunistic STI testing and treatment within General Practice.

#### 1.1.2 Public Health Outcomes Framework

- a) The [Public Health Outcomes Framework](#) sets out a vision for public health, desired outcomes and the indicators that will be used to monitor how well public health is being improved and protected. The Framework includes three indicators relating to sexual health:
  - Indicator C01: Total prescribed LARC excluding injections rate / 1,000
  - Indicator C02a: 2.04 Under 18s conception rate
  - Indicator C02b: 2.04 Under 16s conception rate / 1,000
  - Indicator 3.02: Chlamydia diagnosis rates among young adults aged 15-24s
  - Indicator 3.04: % of persons presenting with HIV at a late stage of infection
- b) Local areas are tasked to continue to work to reduce the number of under-18 conceptions, to prevent and control the transmission of chlamydia, and to promote and

increase uptake of HIV testing in order to reduce the number of patients entering HIV treatment services at a late stage of infection. Trafford Council has an agreement in place with primary care to establish opt out blood testing for HIV in standard blood tests.

## 1.2 Local Context

### 1.2.1 Key Findings

The table below shows the local figures for Trafford and relate to 2021 unless otherwise specified. There is RAG system used to indicate if Trafford is better, similar or worse compared to the baseline. All ratios are per 1000, unless otherwise stated.

Indicator	England	Trafford
Total Prescribed LARC excluding injection rates	41.8	38.4
GP prescribed LARC excluding injection rate	25.7	23.8
SRH services prescribed LARC excluding injection rates	16.1	14.7
Under 25s choose LARC excluding injection at SRH services	37.3 %	42.1 %
Over 25s choose LARC excluding injections at SRH services.	53.4 %	62.0 %
Women choose injections at SRH services (2020)	8.1 %	7.1 %
Ectopic pregnancy admission rate (100,000) (2020/21)	89.5	81.2
Under 18 birth rate (2020)	3.8	0.5
Total abortion rate	19.2	18.1
Under 25 Repeat abortion rate	29.7 %	32.8 %

### 1.2.2 Evidence Base

It was estimated in 2018 that about 45% of pregnancies are unplanned in England. The correct and consistent use of a reliable and suitable method of contraception is the best method for sexually active women and their male partners to avoid an unintended conception.

The effectiveness of barrier methods of contraception and oral contraceptive pills depends on their correct and consistent use. By contrast, the effectiveness of long-acting reversible methods of contraception do not depend on daily concordance.

The percentage of women experiencing unintended pregnancy with normal use of male condom is 18%, CHC or POP 9%. Whereas LNG-IUS is 0.2% and Progesterone implant 0.05% (From FSRH UK-MEC handbook <https://www.fsrh.org/ukmec/> ).

All methods of long-acting reversible contraception are more cost effective than the combined oral contraceptive pill. Implants, IUDs and IUSs are more cost effective than the contraceptive injection.

There is a correlation between the high uptake of long-acting reliable methods of contraception and low rates of unintended conceptions among women of all ages and low rates of under-18 conceptions.

## 2. Key Service Outcomes

This service aims to improve health outcomes and quality of life amongst Trafford residents by reducing the number of unintended pregnancies amongst women of all ages. Unintended pregnancies can further lead to cycles of high fertility, as well as lower educational and employment potential and poverty – challenges which can span generations.<sup>1</sup> The key outcome for this service is to contribute to the Trafford aim of increasing LARC provision within the borough by 16%, to ensure that Trafford is in line with the England average.

### 2.1 Direct Influence on Outcomes

- 2.1.1** Provision of long-acting reversible methods of contraception as described in this specification is expected to contribute to:
- 2.1.2** Increased uptake and continued use of long-acting methods of contraception, particularly in women aged under 25
- 2.1.3** Improving knowledge and understanding of regular methods of contraception through the provision of information, advice and guidance.
- 2.1.4** Improving knowledge and understanding of the risks associated with unprotected sex through the provision of information, advice and guidance.
- 2.1.5** Increasing the uptake of regular methods of contraception including long-acting reversible methods through referral / signposting to contraception and sexual health services.
- 2.1.6** Increasing the uptake of sexual health screening through referral / signposting to STI testing and treatment services.

### 2.2 Indirect influence on outcomes

- 2.2.1** Reducing the number of unintended conceptions amongst women of all ages
- 2.2.2** Reducing the number of terminations of unplanned pregnancies amongst women of all ages

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<sup>1</sup> [High rates of unintended pregnancies linked to gaps in family planning services: New WHO study](#)

### 2.2.3 Reducing the number of under-18 conceptions

## 3. Scope

### 3.1 Aims

The overall aim of this service is to extend the range of contraceptive methods in line with Greater Manchester's Medicines Management Group's formulary available from General Practices located in Trafford to include long-acting reversible methods. This will ensure that patients can obtain the most effective method of contraception for them as an individual, ensure choice for patients and contribute to reducing the number of unintended conceptions among women of all ages.

### 3.2 Objectives

#### 3.2.1 Subdermal Contraceptive Implants

Providers delivering this component of the specification are required to:

- a. Raise awareness of the benefits of long-acting reversible methods of contraception.
- b. Ensure that patients receive information and advice about the full range of contraceptive methods and are supported to determine the most appropriate method to meet their individual needs.
- c. Fit and remove contraceptive implants for patients opting for this method of contraception.
- d. Undertake follow-up, as appropriate, in line with clinical guidelines.

#### 3.2.2 Intrauterine Devices

Providers delivering this component of the specification are required to:

- a. Raise awareness of the benefits of long-acting reversible methods of contraception.
- b. Ensure that patients receive information and advice about the full range of contraceptive methods and are supported to determine the most appropriate method to meet their individual needs.
- c. Fit and remove intrauterine devices for patients opting for this method of contraception.
- d. Undertake follow-up, as appropriate, in line with clinical guidelines.

### 3.3 Service Description

Trafford Council is commissioning and funding the Provider to offer long-acting reversible methods of contraception as described in this specification. This section details:

- a. Specific requirements relating to the provision of subdermal contraceptive implants  
**(Component A)**

- b. Specific requirements relating to the provision of intrauterine devices **(Component B)**
- c. General requirements relating to the provision of all services detailed in this specification

### 3.2.1 Subdermal contraceptive implants (Component A)

Trafford Metropolitan Borough Council is commissioning and funding the Provider to fit, monitor, check and remove subdermal contraceptive implants as detailed in this specification, in line with current clinical guidelines and according to their instructions for use. The Provider must use contraceptive implants licensed for use in the UK.

The Provider is required to ensure that patients receive information and advice about the full range of contraceptive methods and are supported to determine the most appropriate method to meet their individual needs in line with [NICE Clinical Guideline CG30<sup>2</sup>](#) and the [NICE Implementation Resource Summary<sup>3</sup>](#), as well as the Faculty of Sexual and Reproductive Healthcare (FSRH)<sup>4</sup> (see Appendix B).

The Provider is required to ensure that, for patients opting for the contraceptive implant, that:

- a. A clinician has undertaken a sexual history in order to assess the appropriateness of fitting an implant.
- b. A clinician has provided information, advice and guidance about sexually transmitted infections and assesses the need for screening for sexually transmitted infections. All young people under the age of 25 should be given information on Trafford's free online Chlamydia and Gonorrhoea screening programme (or be given a kit where the Provider is a distribution site) and ideally all patients should be screened for BBV or at least HIV (free tests available for all Trafford patients via <https://freetesting.hiv>).
- c. The clinician provides information, advice and guidance about the use of condoms and offers the patient up to eight condoms.
- d. A clinician has provided written information for the patient at the time of counselling and the clinician reinforces after fitting with information about symptoms that require urgent assessment, non-contraceptive benefits, procedures for initiation and discontinuation.
- e. The Provider is required to ensure that all clinicians are competent and trained to offer the services described in this specification and have the skills to consult with patients in an appropriate manner. Clinicians should undertake continuing professional development in order to achieve or maintain accreditation.
- f. The Provider is required to produce an appropriate clinical record. If the Provider is fitting or removing an implant for a patient registered with another General

<sup>2</sup> <http://guidance.nice.org.uk/CG30>

<sup>3</sup> <https://www.nice.org.uk/guidance/cg30/resources/longacting-reversible-contraception-implementation-resource-summary-pdf-8863986958549>

<sup>4</sup> <https://www.fsrh.org/standards-and-guidance/fsrh-guidelines-and-statements/method-specific/>



Practice, the Provider must forward clinical information for inclusion in the patient's notes unless the patient opts to withhold consent. Full records of all procedures should be maintained in such a manner to allow aggregated data to be produced if requested.

- g. The Provider is required to produce and maintain an up-to-date register of patients fitted with a contraceptive implant. The register will include all patients fitted with a contraceptive implant and record the device fitted. The register will be used for audit purposes and to allow the practice to recall patients for checks as appropriate. Routine annual checks are not required. However, the Provider is required to ensure that patients experiencing problems or requiring the removal of the implant can be seen in a prompt manner. Implants should be removed or replaced within three years.
- h. The Provider is required to provide and maintain all of the necessary equipment for fitting / removing contraceptive implants and ensure that procedures are performed in a suitable treatment room.
  - i. The treatment room should have a couch and sufficient space to perform procedures. The room should have, for instance, hand washing facilities and equipment for resuscitation.
  - ii. Specialist equipment for local anaesthesia, forceps, and for the sterilisation of surgical equipment line with relevant guidelines.

### 3.1.2 Intrauterine Devices (Component B)

- a. Trafford Metropolitan Borough Council is commissioning and funding the Provider to fit, monitor and remove intrauterine contraceptive devices as detailed in this specification and in line with current clinical guidelines and according to their instructions for use. The Provider must use contraceptive devices licensed for use in the UK.
- b. The Provider is required to ensure that patients receive information and advice about the full range of contraceptive methods and are supported to determine the most appropriate method to meet their individual needs in line with [NICE Clinical Guideline CG30](#) and the [NICE Implementation Resource Summary](#), as well as guidance from the FSRH (see Appendix B).
- c. The Provider is required to ensure that, for patients opting for the intrauterine device as their regular method of contraception, that:
  - i. A clinician has undertaken a sexual history in order to assess the appropriateness of fitting the device.
  - ii. A clinician has provided information, advice and guidance about sexually transmitted infections and assesses the need for screening for sexually transmitted infections. All young people under the age of 25 should be given information on Trafford's free online Chlamydia and Gonorrhoea screening programme (or be given a kit where the Provider is a distribution site).

- iii. The clinician provides information, advice and guidance about the use of condoms and offers the patient up to eight condoms.
  - iv. A clinician has provided written information for the patient at the time of counselling and the clinician reinforces this after fitting with information about symptoms that require urgent assessment, non-contraceptive benefits, procedures for initiation and discontinuation.
  - v. The Provider is required to ensure that a trained nurse or a healthcare assistant is present to support the patient and to assist the clinician performing the procedure.
  - vi. The clinician advises patients on how to check the IUC and signs and symptoms to look out for post insertion which would require follow up. The Provider is required to ensure that patients experiencing problems or requiring the removal of the implant can be seen in a prompt manner. Intrauterine contraceptive devices should be removed or replaced within three to ten years, dependent on the device and in line with licensed durations.
- d. The Provider is required to ensure that all clinicians are competent and trained to offer the services described in this specification and have the skills to consult with patients in an appropriate manner. Clinicians should undertake continuing professional development in order to achieve or maintain accreditation.
- e. The Provider is required to produce an appropriate clinical record. If the Provider is fitting or removing an intrauterine device for a patient registered with another General Practice, the Provider must forward clinical information for inclusion in the patient's notes unless the patient opts to withhold consent. Full records of all procedures should be maintained in such a manner to allow aggregated data to be produced if requested.
- f. The Provider is required to produce and maintain an up-to-date register of patients fitted with an intrauterine device. The register will include all patients fitted with an intrauterine device and record the device fitted. The register should be used for audit purposes and to allow the practice to recall patients for checks as appropriate.
- g. The Provider is required to provide and maintain all of the necessary equipment for fitting / removing contraceptive devices and ensure that procedures are performed in a suitable treatment room.
- i. The treatment room should have a couch and sufficient space to perform procedures. The room should have hand washing facilities and equipment for resuscitation.
  - i. The use of specialist equipment for cervical anaesthesia, vaginal specula and cervical dilators, and for the sterilisation of surgical instruments is not covered within this specification/contract.
- h. The Provider can also fit intrauterine devices for gynaecological reasons if there is also a contraception benefit. If the IUD is being fitted solely for gynaecological reasons, then it would be outside of the scope of this specification and a referral would need to be made to community gynaecology.

- i. The Provider shall ensure that devices are used in an appropriate manner, for correct patients and approved indications, and in line with [NICE clinical guidance](#)<sup>5</sup>.

## 3.2 General Requirements

- 3.2.1** The Provider is required to adhere to national and local guidelines for offering contraception and sexual health advice and treatment to young people aged 16 and under, including the requirement to complete Fraser competence.
- 3.2.2** The Provider is required to adhere to the recommendations for follow-up and managing problems as described in the [NICE clinical guidelines, the NICE Implementation Resource Summary](#), and FSRH guidance for long-acting reversible contraception (see Appendix B).
- 3.2.3** The Provider will ensure compliance with national and local policies and procedures for safeguarding children and vulnerable adults.
- 3.2.4** The Provider will ensure compliance with national and local guidance for obtaining informed patient consent.
- 3.2.5** The Provider is required to have infection control policies and procedures and to ensure compliance with national standards and guidelines. Trafford Metropolitan Borough Council reserves the right to request that the Provider cooperates with the Infection Control Team for assurance of compliance with infection control standards.
- 3.2.6** Trafford Metropolitan Borough Council will provide the Provider with free supplies of condoms and lubricants. The Provider will need to order supplies from the Freedoms Shop via the website<sup>6</sup>. Trafford Council's Public Health team can be contacted to arrange access to this website.
- 3.2.7** Trafford Metropolitan Borough Council will promote contraception and sexual health services and access points via the sexual health website for Manchester and other channels.
- 3.2.8** Trafford Metropolitan Borough Council will ensure that the Provider has information about local contraception and sexual health services to aid the Providers to make accurate and appropriate referrals. Trafford's Specialist Sexual Health Service is provided through The Northern Sexual Health Service, who are able to deal with complex and difficult fittings and removals and general advice, if required. The pathway is available in Appendix C.

## 3.3 Devices

- 3.3.1** Payment for this service does not include provision of implants or devices/systems. It is recommended the Provider use the FP34PD 'personally administered item' (IUDs online) or the community pharmacy route as per NHSBSA guidance. The Provider must ensure patients have free choice between the routes to avoid 'prescription direction'. Implants currently do not feature on the personally administered items list and thus can only be claimed back via the FP10 process,

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<sup>5</sup> <https://www.nice.org.uk/guidance/ng88>

<sup>6</sup> <https://www.freedoms-shop.com/>

wherein they receive a prescription from their GP which they then take to a pharmacy to collect the device before returning to the GP for their implant fitting<sup>7</sup>.

- a. Manufacturers will supply service providers with a replacement in the event of a faulty device. This is generally by reporting the issue and sending a batch number and a photo of the failed device if possible.
- b. Trafford Council's Public Health team can provide advice on the most cost-effective service providers to purchase IUD devices from to ensure the full amount is reimbursed.

### 3.4 Clinical Governance

- a. The Provider is responsible for ensuring that sufficient arrangements for clinical governance are in place to allow for the provision of safe, effective services delivered to a high standard. The Provider is required to adhere to Department of Health guidance including:
  - i. To establish and maintain links with reproductive and sexual health services.
  - ii. The Provider is required to have processes and procedures in place for reporting serious incidents and patient safety incidents. It is expected that all serious incidents and patient safety incidents are dealt with in line with organisational and NHS Greater Manchester Integrated Care Board procedures.
- a. The Provider is responsible for ensuring that their CQC registration includes family planning where IUDs are being fitted. Implants are covered under minor surgery.

### 3.5 Clinical Skills and Competencies

The Provider is responsible for ensuring that clinicians are competent and trained to offer the services described in this specification.

#### 3.5.1 Subdermal Contraceptive Implants

- a. The Provider is required to ensure that all clinicians involved in the fitting and removal of contraceptive implants are qualified, trained and competent to undertake these procedures.
  - i. Doctors should meet the training requirements (please see Section 7d) and be awarded the letter of competence in intrauterine techniques from the FSRH. In order to meet locally set standards in Trafford for this contract, it is necessary for Doctors to undertake a minimum of 12 fittings per annum to maintain competence. Any variation is to be agreed with the Commissioner.
  - ii. Nurses should meet and receive Royal College of Nursing (RCN) accreditation. Nurses should undertake continuing professional

<sup>7</sup> <https://www.bma.org.uk/advice-and-support/gp-practices/prescribing/prescription-direction-to-certain-pharmacies>.

development and to meet the recommended minimum thresholds (12 fittings per year – financial or calendar) in order to maintain competence.

- iii. Trafford Metropolitan Borough Council reserves the right to liaise with NHS England to check that the Provider has a contract for the provision of GMS / PMS services.
- b. The Provider is required to maintain an up-to-date register of all clinicians involved in fitting or removing subdermal contraceptive implants. The register should contain a) name of clinician; b) role of clinician; c) record of relevant training and accreditation; d) record of fittings and removals; and e) record of relevant continuing professional development.

### 3.5.2 Intrauterine Devices

- a. The Provider is required to ensure that all clinicians involved in the fitting and removal of intrauterine devices are qualified, trained and competent to undertake these procedures.
  - i. Doctors should meet the training requirements (see section 7d) and be awarded the letter of competence in intrauterine techniques from the FSRH. In order to meet locally set standards in Trafford for this contract, it is necessary for Doctors to undertake a minimum of 12 fittings per annum to maintain competence. Any variation is to be agreed with the Commissioner.
  - ii. Nurses should meet and receive Royal College of Nursing (RCN) accreditation. Nurses should undertake continuing professional development and to meet activity requirements (minimum of 12 fittings per year – financial or calendar) in order to maintain competence.
  - iii. Trafford Metropolitan Borough Council reserves the right to liaise with NHS England to check that the Provider has a contract for the provision of GMS / PMS services.
- b. The Provider is required to maintain an up-to-date register of all clinicians involved in fitting or removing intrauterine devices. The register should contain a) name of clinician; b) role of clinician; c) record of relevant training and accreditation; d) record of fittings and removals; and e) record of relevant continuing professional development.

### 3.6 Clinical Audit

The Provider is required to ensure that provision of long-acting reversible contraception (and specifically rates of failed fits) is considered as part of the clinical audit process within the General Practice. Clinical audit should be used to review practice and to determine opportunities to improve patient experience and outcomes.

### 3.7 Population

**3.3.1** Trafford Council is responsible for commissioning and funding contraception and sexual health services for residents of Trafford.

**3.3.2** The Provider is required to provide the services described in this specification for residents of Trafford as described in the inclusion and exclusion criteria detailed below.

### **3.4 Inclusion and Exclusion Criteria**

#### **3.4.1 Inclusion criteria**

The Provider is required to deliver the services detailed in this specification for women attending the practice requesting a subdermal contraceptive implant/ intrauterine device, if it is clinically appropriate to do so.

#### **3.4.2 Exclusion Criteria**

The Provider should refer to clinical guidelines relating to the provision of subdermal contraceptive implants / intrauterine devices and exclude patients, if it is clinically appropriate to do so.

### **3.5 Referrals**

The Provider is required to accept:

- a. Self-referrals from registered patients.
- b. Self-referrals from patients registered with another Trafford practice or living in the Trafford area.
- c. Referrals from other General Practices located in Trafford.
- d. The Provider is required to refer or signpost clients to other services as appropriate.

## **4. Relationships with other Services**

The Provider is required to establish and maintain relationships with other relevant organisations including, for example:

- a. General Practice
- b. Pharmacies
- c. Integrated contraception and sexual health services (provided through The Northern)
- d. The NHS Greater Manchester Integrated Care Board
- e. NHS England
- f. Public Health England
- g. Greater Manchester Sexual Health Network

- h. Greater Manchester Safeguarding Children / Adults Boards
- i. Safeguarding teams within the NHS and local authorities
- j. Care Quality Commission

#### 4.1 Interdependencies with other Services

The following interdependencies have been identified:

- a. Suppliers of intrauterine devices
- b. Supplies of contraceptive implants
- c. Training providers – to support the development and verification of clinical skills and competencies
- d. Freedoms (NHS Camden Provider Services) – for the supply of condoms

## 5. Applicable Service Standards

### 5.1 Applicable national standards

[Department of Health \(2013\) 'A Framework for Sexual Health Improvement in England'](#)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW\\_ACCESSIBLE.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf)

[Department of Health \(2013\) 'Sexual Health Clinical Governance: Key principles to assist commissioners and providers to operate clinical governance systems in sexual health services'](#)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/252975/Sexual\\_Health\\_Clinical\\_Governance\\_final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/252975/Sexual_Health_Clinical_Governance_final.pdf)

## 6. Training Requirements

Training must be updated regularly in line with changes via the Faculty of Sexual and Reproductive Healthcare. Links for the Letters of Competence for each service can be found below with links to the learning outcomes and Trafford's training pathway.



Trafford LARC  
Service Pathway.pdf

- a. **Letter of Competence- Subdermal Implants (LoC SDI)** - <https://www.fsrh.org/careers-and-training/letter-of-competence-subdermal-implants-loc-sdi/>
- b. Training requirements - <https://www.fsrh.org/documents/general-training-loc-sdi-training-requirements>

- c. Learning outcomes - <https://www.fsrh.org/documents/general-training-loc-sdi-learning-outcomes>
- d. **Letter of Competence Intrauterine Techniques (LoC IUT)** - <https://www.fsrh.org/careers-and-training/letter-of-competence-intrauterine-techniques-loc-iut/>
- e. Training requirements - <https://www.fsrh.org/education-and-training/letter-of-competence-intrauterine-techniques-loc-iut/>
- f. Learning outcomes - <https://www.fsrh.org/documents/general-training-loc-iut-learning-outcomes/>

For April 2023 to March 2025, the Commissioner has agreed to pay the service provider for the LOC cost, one attempt on the Online Theory Assessment and the first year of FSRH membership for newly trained LARC fitters. To receive this payment, service providers should contact the Commissioner and provide the name, job role, and email address of the staff member undertaking the training, as well as information about whether this is for IUD, implant or both.

## 7. Performance and Outcomes

### 7.1 Outcomes Monitoring

Trafford Council anticipates that provision of the LARC service will contribute to achieving the following outcomes:

	Outcome	Indicators	Source
1	Reduction in the number of unintended conceptions	Rate and number of abortions  Rate and number of second or subsequent abortions	DH Abortion Statistics
2	Reduction in the number of under-18 conceptions	Number and rate of under-18 conceptions	ONS Conception Statistics

### 7.2 Service Monitoring

Trafford Council requires the Provider to record all consultations using EMIS. Providers are to submit a quarterly claim via Outcomes4health in order to receive payment. Certain data must be shared with Trafford Council. No patient identifiable data will be required and all submissions must be in line with the Data Protection Act 2014.



Please see below data which will need to be submitted into Outcomes4Health.

	Indicator	Source	Frequency
1	Number of IUD inserts, removals, replacements and failed fits	EMIS	Quarterly basis
2	Number of Implant inserts, removals, replacements and failed fits	EMIS	Quarterly basis

Trafford Council will use the data for the purposes of monitoring provision, audit and post payment verification. Six monthly data audits will take place to understand and improvements that are needed to benefit commissioners and Providers.

### 7.3 Contract Monitoring & Compliance

Trafford Council will undertake a PPV quality audit each year to verify activity, monitor performance and provide assurances that services are delivered in line with the terms and conditions set out in this contract. This will take place with a random sample of 10% of Providers. Monitoring is an integral part of any commissioned service agreement and compliance with the terms of service is essential for continuity by the Provider.

The Provider will be required to identify at least one named LARC lead that will be the contact point between Trafford Council and the Provider throughout the delivery of this project. It is recommended that there is a clerical and clinical lead for each Provider.

### 7.4 Complaints

Providers must maintain and operate a complaints procedure in compliance with the Fundamental Standards of Care.

The Provider must:

- a. Provide clear information to Service Users, their Carers and representatives, and to the public, displayed prominently in the Services Environment as appropriate, on how to make a complaint or to provide other feedback and on how to contact Local Healthwatch; and
- b. Ensure that this information informs Service Users, their Carers and representatives, of their legal rights under the NHS Constitution, how they can access independent support to help make a complaint, and how they can take their complaint to the Health Service Ombudsman should they remain unsatisfied with the handling of their complaint by the Provider.

## 8. Renumeration

### 8.1 Fees

Providers will be paid at quarterly intervals, subject to the data provided for validation and quality purposes outlined in section 7.2. A detailed breakdown in how to run reports for claims is available in Appendix A.

Trafford Council reserve the right to revise fees.

<b>Long Acting Reversible Contraception (LARC)</b>	
<b>Element of service –</b>	<b>Fee</b>
Intrauterine (IUD) fitting	£80.00
Intrauterine (IUD) removal	£25.00
Intrauterine (IUD) remove & replace	£105.00
Subdermal (Implant) fitting	£51.00
Subdermal (Implant) removal	£44.00
Subdermal (Implant) remove & replace	£95.00
Failed Fit (IUD)	£80.00
Failed Fit (Implant)	£51.00

Payment is based upon activity recorded on EMIS. Trafford Council will collate activity data and EMIS report from Outcomes4health on a quarterly basis and reimburse the Provider accordingly.

### 8.2 Volume

Trafford Council is not setting a minimum or maximum number of LARCs delivered. However, the Commissioner reserves the right to limit or suspend the service on a temporary basis, if demand for provision exceeds the available budget.

### 8.3 Claiming deadlines

The Provider will upload returns data on a quarterly basis via Outcomes4health. This must be in line with the Data Protection Act 2014<sup>8</sup>.

The quarterly claiming deadlines are:

<sup>8</sup> [NHS Health Check - National guidance](#)

Quarter	Quarter Close	Cut-off date to submit activity	Payment date
Q1	30th June	20th July	15th August
Q2	30th September	20th October	15th November
Q3	31st December	20th January	15th February
Q4	31st March	20th April	15th May

Providers are also required to provide relevant data for validation and quality assurance purposes, where requested. Trafford Council are piloting this information being provided through the NHS Greater Manchester Integrated Care Board with six monthly audits and feedback to practices to resolve data coding issues and maximise practice claims. Any practice where there are continual coding issues, may need to revert back to providing their own validation data and being paid following local audit of these figures.

Providers will be paid two working weeks after the claiming deadline.

## 9. Links & Resources

### 9.1 National resources

#### a. National Sexual Health Information Line

- Members of the public can call the National Sexual Health Helpline on 0300 123 7123 between 9am and 8pm, Monday to Friday.

#### b. Sexwise website (fpa)

- Members of the public can visit [www.sexwise.fpa.org.uk](http://www.sexwise.fpa.org.uk) for information and advice about contraception and sexual health.
- Providers of sexual and reproductive health services can register for a free account. Account holders can download patient information leaflets and other resources at <https://www.sexwise.org.uk/resources>.

### 9.2 Local resources

#### a. Northern Sexual Health Service

- Sexual Health provider in Trafford for contraception and STI/HIV provision - [www.thenorthernsexualhealth.co.uk](http://www.thenorthernsexualhealth.co.uk)
- Email - [urmstonclinic.enquiries@mft.nhs.uk](mailto:urmstonclinic.enquiries@mft.nhs.uk)

#### b. Brook - Chlamydia and Gonorrhoea screening for 16-24 year olds with no symptoms:

- <https://www.brook.org.uk/your-life/chlamydia/>

#### c. PaSH – HIV prevention, care and support in Greater Manchester:

- [www.gmpash.org.uk/hiv](http://www.gmpash.org.uk/hiv)

#### d. Freedoms

- Trafford Council holds a contract with Central and North West London NHS Foundation Trust to allow our partners to order stocks of condoms via <https://www.freedoms.nhs.uk>.
- General Practices participating in the LARC's service can order small quantities of condoms for onward distribution (up to 8) for a client attending for a LARC.
- Practice Managers will receive their own provider user log in to order free condoms. If the Provider has any difficulties logging onto the website to place orders, please contact the Commissioning team.

**e. MyCityHealth**

- Members of the public can visit <https://mycityhealth.co.uk/sexual-wellbeing> for information and advice on contraception and sexual health in Greater Manchester.
- f.** Trafford Council will provide free FPA contraception leaflets for patients to be advised what contraception options are available to them. For supply of these leaflets, please contact the Local Authority below using the email or telephone number provided in Section 9.3.
- g.** Trafford Council has produced a guide to maximising LARC in Trafford which provides a variety of models to ensure the service is financially viable.

### 9.3 Contact

The operational contact for the agreement at Trafford Council is:

Locally Commissioned Services  
Public Health  
Trafford Council  
Trafford Town Hall,  
Stretford,  
Manchester,  
M32 0TH  
Email: [LCS@trafford.gov.uk](mailto:LCS@trafford.gov.uk)  
Tel. Number: 0161 912 4334 / 3431

## 10. Agreement Termination

The Commissioner and the Provider may agree, in writing, to terminate the contract, and, if agreement is reached, the date on which the termination should take effect, with a minimum notice period of 30 days.

The Commissioner will have the right to suspend or terminate delivery of the service if the Provider fails to meet the terms of this agreement, including accredited pharmacist status.

## 11. Agreement Variation

The Commissioner reserves the right to vary on any part of this agreement at any time as a result of any Act of Parliament or direction of Central Government, NHSE, OHID or outcome of review or audit, providing that no less than 30 days' notice to this effect is given.

## 12. Appendixes

### Appendix A - EMIS guide for templates and searches



Claims Submissions  
Guide.docx

### Appendix B - FSRH – Clinical Guidance

<https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/method-specific/>

- a. Faculty of Sexual and Reproductive Healthcare Clinical Guideline (Updated September 2019): Intrauterine Contraception.  
<http://www.fsrh.org/pdfs/CEUGuidanceIntrauterineContraception.pdf>
- b. Faculty of Sexual and Reproductive Healthcare Clinical Guidance (March 2017, amended December 2017) Emergency Contraception.  
<http://www.fsrh.org/pdfs/CEUGuidanceEmergencyContraception11.pdf>
- c. National Institute for Health and Clinical Excellence (Oct, 2005, updated July 2019): Long acting reversible contraception.  
<https://www.nice.org.uk/guidance/cg30/chapter/1-Recommendations#contraceptive-prescribing>
- d. National Institute for Health and Clinical Excellence: Heavy menstrual bleeding: assessment and management (March 2018, Updated May 2021).  
<https://www.nice.org.uk/guidance/ng88>
- e. Faculty of Sexual and Reproductive Healthcare COVID-19 resources and information <https://www.fsrh.org/fsrh-and-covid-19-resources-and-information-for-srh/>

### Appendix C – Urgent referral form



Urgent Referral Form GP.pdf