Hastings & Rother Local Public Health Service Specification -
Long Acting Reversible Contraception

Introduction
All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, some of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

1. Background
The government has highlighted unplanned pregnancies as key for change in the National Strategy on Sexual Health and HIV and cites unplanned pregnancies and resulting abortions as being indicators of poor sexual health. England has the highest number of teenage conceptions in Europe; three times that of France and six times that of the Netherlands. Not all unintended pregnancies end in abortion. It has been suggested that as many as 30% of pregnancies which end in childbirth are unplanned when they are conceived.

Review of evidence on interventions shows that increasing the uptake of Long Acting Reversible Contraceptive (LARC) methods will reduce the number of unintended pregnancies. LARC methods are:
- Progestogen-only injectables,
- Copper intrauterine devices (IUD),
- Intrauterine System (IUS)
- Subdermal Implant (SDI).

The 2005 NICE guideline concluded that LARC methods are both more effective and cost effective than both the oral contraceptive pill and condoms. SDI, IUD and IUS are more cost effective than the injectable contraceptives which require a visit to a healthcare professional every 12 weeks. Once established on the other methods users do not require regular visits to see a healthcare professional except for complications or removals. SDI are licensed for 3 years, IUS for 5 years and IUDs for 5-10 years.

The National Institute for Health and Clinical Excellence (NICE) developed LARC Guideline which aims to increase access to LARC through better information for women, choice, increased provision and training and have a significant impact on resource prioritization.

2. Aims
This service will:
- Ensure that the full range of contraceptive options is provided by practices to patients
- Ensure that the availability of post-coital IUD fitting for emergency contraception is more adequately provided as another means of reducing unwanted pregnancies
- Increase the availability of LARCs in the management of menorrhagia within primary care
- Increase access to long-acting reversible methods of contraception which have

been shown to be more clinically effective and cost effective at one year of use.

3. Service outline

NICE Clinical Guideline 30 identifies the following priorities:

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 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.

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 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 patients to choose a 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.

Training of healthcare professionals in contraceptive care

- Contraceptive service providers who do not provide LARC within their own practice or service should have an agreed mechanism in place for referring women for LARC.
- Healthcare professionals providing intrauterine or subdermal contraceptive should receive training to develop and maintain the relevant skills to provide these methods.

This local enhanced service will fund:

1. Fitting and removal of subdermal implants. Fitting and monitoring (6 week post insertion only) of IUCDs. Claims should not be made under the Minor Surgery DES.

2. Production of an up-to-date register of patients fitted with an IUD and implants including the type of device. This is to be used for audit purposes, and to enable the primary care team to target these patients for health care checks.

3. Practices to undertake regular continual professional development (CPD). As a minimum, this should be the minimum recommended by the FSRHC. Healthcare
professionals fitting IUDs or implants should fit or remove a minimum of one per quarter to maintain competency, with a minimum of 12 IUDs per annum and/or 6 implant fittings or removals per annum.

4. Provision of an appropriate room fitted with a couch and with adequate space and provision of any special equipment required for IUD or implant fitting or removal. This may include vaginal specula, cervical dilators, equipment for cervical anaesthesia and equipment for resuscitation. An appropriately trained nurse working in accordance with practice protocols on family planning and IUD fits also needs to be present to support the patient and assist the doctor during the procedure.

5. Chlamydia screening before insertion of the IUD for women at higher risk of STIs (as outlined above), and if positive, referral to screening for other STIs.

6. Prophylactic cover for emergency IUD (e.g. for emergency contraception) where there is not time to wait for a Chlamydia test result vii) Regular assessment including a check of the IUD three to six weeks after fitting or after the first menses. In addition any problems such as abnormal bleeding or pain should be assessed urgently.

7. Provision of information: written information should be provided at the time of counselling and reinforced after fitting with information on follow-up and those symptoms that require urgent assessment.

8. Production of an appropriate GP record to include the patient's clinical history, the counselling process, Chlamydia screening results, pelvic examination, problems with insertion, type and batch number of the IUD, and follow-up arrangements. If the patient is not registered with the practice providing the LES, the providing-practice must ensure that the patient's registered practice is given, all appropriate clinical details for inclusion into the patient's lifelong medical record.

9. The use of Levonorgestrel-releasing Intrauterine Systems for the management of menorrhagia in primary care as part of a care pathway agreed and developed with local gynaecology departments.

10. An annual review as per the audit template in Appendix C which will include a register of patients fitted with an IUD or implant, continuous usage rates, length of time IUD or implant in-situ before removal, reasons for removal, any complications.

4. Accreditation

Practitioners (nurses and doctors) undertaking this procedure should have undertaken appropriate training. This should be based on NICE guidance and modern, authoritative medical opinion.

Doctors:
The current standards set down by the Faculty of Sexual and Reproductive Health Care (FSRHC) and the National Institute for Health and Clinical Excellence (NICE) currently require doctors to have an active Diploma from the Faculty (DFSRH) and Letters of Competence in Intrauterine Techniques (LoC IUT) and Subdermal Implants (LoC SDI). Once awarded competence in these must be maintained, and recertified every 5 years. Details of the accreditation and recertification process can be seen in Appendix B.

Maintaining competence:

Note that the DFSRH replaces the DFFP, but those who have maintained their DFFP accreditation are still deemed as qualified to provide this service.
This is outlined in Appendix B, but must include:

- CPD in sexual and reproductive health (which equates to 10 hours over 5 years for the DFSRH and 2 hours over 5 years for each of the LoCs)
- Fitting a minimum of 12 IUDs annually (which must include at least 2 different devices), and 6 SDI procedures (which must include at least one insertion and one removal)

**Nurses:**
Currently nurses are required to have an IUD fitting doctor employed at their practice to enable them to become IUD fitters. Nurses undertaking this procedure should have successfully completed an RCN accredited IUD training course. This is in line with the current doctors training. Details of accreditation and recertification requirements for nurses can be found in Appendix C.

**Maintaining competence:**
Nurses must maintain their competence in line with GPs, and additionally show that they have attended a CPT and anaphylaxis update annually.

### 5. Payment

Per insertion of intrauterine device £131.24
Per insertion of subdermal implant £50.87
Per removal fee £76.31

Payments will be made quarterly based on claims submitted by practices.

### 6. Monitoring and evaluation

Practices should complete and return the annual audit template in Appendix D no later than 10 working days after 31st March. Activity may be drawn from PACT data to confirm figures.

The contractor is required to agree with this service specification at the start of the year. **Failure to fully meet the criteria may affect payment.**

Quarterly returns of activity are required for purposes of payment. Evaluation of service provision will form part of the annual review of the GMS/PMS contract for your contractor. Additional monitoring measures may be put in place or additional information requested about performance of this service.

The right is reserved to request evidence or information that the contractor is providing the service in a way that is safe, convenient and in accord with the requirements of this specification. The contractor is required to comply with all reasonable requests for evidence or information.
Appendix A: LARC Care Pathway

1. Awareness/Need for contraception
2. Woman requests contraception
3. Woman given information tailored to their need and offered a choice of all methods including LARC methods

- Information (verbal and written)
  - Failure rate
  - Mode/duration of action
  - Side effects/risks
  - Benefits
  - Use of method
  - When to seek specific advice
  - Safer sex

- Assessment
  - Medical, family, reproductive, sexual and contraceptive history
  - To identify contraindications

4. Choice
   (Supply interim method at first appointment if required)

- Initiation of method
  - By trained healthcare professionals on site or by local referral
  - Exclude pregnancy by menstrual and sexual history

5. Routine follow-up
   - **Intrauterine devices/systems**
     3–6 weeks (to check threads and exclude perforation)
     Return if time for removal, otherwise no further follow-up necessary
   - **Progestogen-only injectable contraceptive**
     Every 12 weeks for repeat injection of DMPA and every 8 weeks for NET-EN
   - **Progestogen-only subdermal implants**
     Return if time for removal, otherwise no further follow-up necessary

6. Investigation and management of problems
   - By trained professionals

7. Additional follow-up
   - Women should be encouraged to return if problems occur, or for reassurance

Source: NICE Clinical Guidelines 30: LARC. October 2005
Appendix B: Accreditation requirements for doctors:

Diploma for the Faculty of Sexual and Reproductive Healthcare (DFSRH):
- E-learning theory modules – 20 hours
- Short course – 5 sessions with standardized content, delivered as a 1 day course or as a series of seminars
- Practical 1 to 1 clinical training and assessment – minimum of 4 sessions and 2 trainers
- Recertifiable after 5 years via a self assessment application (demonstrating evidence of ongoing CPD in this area and annual membership of the Faculty for Reproductive and Sexual Health)

Recertification of the Diploma (DFSRH):
- Each yearly subscription paid when due.
- A minimum of 10 hours of activity concerned with sexual and reproductive health
  - Not less than 5 hours of:
    - Attendance at Faculty approved updating courses;
    - Approved courses in subjects directly related to SRH;
    - Courses relating to consultation skills.
  - A maximum of 5 hours may be credited for:
    - Small group teaching and discussion courses held informally;
    - Peer review of personal clinical practice in the area of SRH;
    - Carrying out research or audit projects in the area of SRH;
    - Submitting a video of a few consultations for an appropriately qualified individual to review;
    - Activities in respect of commissioning and implementing SRH services;
    - Completion of Faculty approved distance learning reviews (the Faculty’s CEU Guidance or similar where these are relevant to SRH). You will need to send a photocopy of the completed paper(s) or a list detailing those completed. As a rule, the Faculty recognises each of its own CEU Guidance to equal 1 hour; or reading of recent related articles and texts.
  - Or a combination of these
- At least 2½ hours of the above are to be undertaken during the 24 month period prior to the date required for recertification.

Letters of Competence (IUT and SDI):
- Letters of Competence available in Intrauterine Techniques (LoC IUT) and in Sub-Dermal Implants (LoC SDI)
- Doctor must already hold a valid certificate (Fellow, Member or Diplomat) of the Faculty with yearly membership subscriptions up-to-date and recertification as appropriate
- Candidate will undergo theoretical training from a trainer who holds a current LoC
- Candidate must perform a minimum of 7 observed fittings of IUDs
- Application for LoC must be within 3 years of the first insertion

For the recertification of the LoC IUT:
- Each yearly subscription paid when due.
- Recertification of primary qualification up-to-date.
- At least two hours continuing education relevant to intrauterine techniques in the form of:
  - Lectures approved by the Faculty; (quote approval number).
  - Courses/lectures provided by other organisations; (evidence: certificate of attendance and programme).
  - Small group work with the prior approval of a Regional Assessor; (evidence: certificate of attendance and programme).
  - Reading of appropriate current publication(s) i.e. within the last five years; (quote exact reference, author, journal, volume and page numbers);
  - Completion of the Faculty IUD CD ROM; (evidence: certificate).
  - Or a combination of these.
A log covering a consecutive twelve-month period will need to be kept within twenty four months of the date of recertification. This log will need to show a minimum of twelve insertions over twelve months of at least two different types of device in conscious patients.

For the recertification of the LoC SDI:
- Each yearly subscription paid when due.
- Recertification of primary qualification up-to-date.
- At least two hours continuing education relevant to subdermal implants in the form of:
  - lectures approved by the Faculty; (quote approval number).
  - courses/lectures provided by other organisations; (evidence: certificate of attendance and programme).
  - small group work with the prior approval of a Regional Assessor; (evidence: certificate of attendance and programme).
  - reading of appropriate current publication(s) i.e. within the last five years; (quote exact reference, author, journal, volume and page numbers);
  - completion of the Faculty SDI CD ROM; (evidence: certificate).

A log covering a consecutive twelve-month period will need to be kept within twenty four months of the date of recertification. This log will need to show a minimum of six procedures to include at least one insertion and one removal.

Termination & Suspension:
This Service may be terminated by either Public Health or the Contractor through the service of 3 months written notice.

The Council may require the Contractor to suspend the provision of the service immediately if it has reasonable grounds for believing that patient health or safety is at risk as a result of continuing performance of this Service.
Appendix C : Accreditation requirements for nurses:

The RCN provides guidelines and accreditation for nurses fitting and removing LARC methods. The RCN accredits nurses in the insertion and removal of subdermal contraceptive implants (SDI) and intrauterine techniques (IUT). The accreditation is for nurses working at a higher or specialist level within the area of contraception/sexual health and who hold a recognised qualification in the specialty.

The training requirements needed to undertake this advanced role closely follow the training recommended for doctors by the Faculty of Sexual and Reproductive Healthcare (FSRH) of the Royal College of Obstetricians and Gynaecologists.

In order to be eligible for training, nurses will need: to have completed a recognised qualification in contraception and sexual health (for example, ENB 900, 901, R71, S8103, A08 or equivalent); (nurses undertaking equivalent courses will need to submit the programme and learning outcomes for accreditation purposes)

Theoretical training for the LoCs
- Completion of the online CDROM in line with GP fitters for the DFSRH

Practical training
- Practical training must be undertaken and overseen by a recognised and accredited trainer (or trainers) in contraception and sexual health, all of whom must also have undertaken accredited training in IUTs.
- **Insertions** – there should be a demonstration on at least five conscious and consenting women by a recognised trainer(s). This is followed by supervised practice on a minimum of 10 conscious and consenting women. The training must include at least two different types of devices, one of which should be the IUS.
- **Removals** – there should be a demonstration on at least one conscious and consenting woman by a recognised trainer(s), followed by supervised practice on a minimum of two conscious and consenting women Nurses must undergo re-accreditation every 5 years in line with GPs.
## Appendix D: Annual audit requirements

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data required</th>
<th>Frequency</th>
<th>Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased uptake and continued use of contraception implants</td>
<td><strong>Contraception type</strong>&lt;br&gt;IUD</td>
<td><strong>Annuality</strong>&lt;br&gt;Annually</td>
<td>Audit&lt;br&gt;Audit</td>
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<tr>
<td></td>
<td><strong>IUS</strong>&lt;br&gt;IUS</td>
<td></td>
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<td></td>
<td><strong>SDI</strong>&lt;br&gt;SDI</td>
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<td></td>
<td><strong>Age at time of fitting</strong>&lt;br&gt;&lt;18&lt;br&gt;18-24&lt;br&gt;25 and over</td>
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<td></td>
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<td></td>
<td><strong>Practice where patient is registered</strong>&lt;br&gt;Primary reason&lt;br&gt;Contraception Yes&lt;br&gt;Other No&lt;br&gt;Other Yes (type)&lt;br&gt;Other No</td>
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<td></td>
<td><strong>New contraception user</strong>&lt;br&gt;Yes&lt;br&gt;No</td>
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<td><strong>Refit</strong>&lt;br&gt;Yes&lt;br&gt;No</td>
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<td></td>
<td><strong>Converted from other contraception</strong>&lt;br&gt;Yes (type)&lt;br&gt;No</td>
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<td></td>
<td><strong>Number of women with LARC removed by practice by</strong>&lt;br&gt;Contraception type&lt;br&gt;IUD</td>
<td><strong>Annuality</strong>&lt;br&gt;Annually</td>
<td>Audit&lt;br&gt;Audit</td>
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<td></td>
<td><strong>IUS</strong>&lt;br&gt;IUS</td>
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<td></td>
<td><strong>SDI</strong>&lt;br&gt;SDI</td>
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<td></td>
<td><strong>Age at time of fitting</strong>&lt;br&gt;&lt;18&lt;br&gt;18-24&lt;br&gt;25 and over</td>
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<tr>
<td></td>
<td><strong>Practice where patient is registered</strong>&lt;br&gt;Duration of use&lt;br&gt;&gt;7 months&lt;br&gt;Y + M</td>
<td></td>
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<td></td>
<td><strong>Reason for removal</strong>&lt;br&gt;Removal date reached&lt;br&gt;Other&lt;br&gt;(explanation)</td>
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<tr>
<td></td>
<td><strong>Other contraception prescribed</strong>&lt;br&gt;Yes (type)&lt;br&gt;No</td>
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<tr>
<td>Complications are in line with published data</td>
<td><strong>Number and proportion of complications by type.</strong></td>
<td><strong>Annuality</strong>&lt;br&gt;Annually</td>
<td>Audit&lt;br&gt;Audit</td>
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</tbody>
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