GP Practice
Intra-uterine contraceptive device/system (IUCD/S) fittings

Contract expiry date: 31 March 2018

Specific Training/Accreditation: Evidence is required that all individuals undertaking this service have full current FSRH letter of competence accreditation. Please state if details have already been provided and we will check our records. N.B. An accreditation transition year was organised in 2015-16 to allow practitioners to update their accreditation, in date accreditation is now required.

| GP Practice: |
| GP Practice ODS Code: |
| I declare that I am competent to provide this service and have provided an in date FSRH letter of competence to evidence this. |
| Name and designation: |
| Signature: |

To be signed only by the contractor or authorised person

For and on behalf of EAST SUSSEX COUNTY COUNCIL
County Hall, St Anne’s Crescent, Lewes, East Sussex BN7 1UE

Signed ..........................................................  
  Authorised Signatory
Payment:

Each practice contracted to provide this service will receive:

£81.31 per insertion
£38.00 per removal
£21.69 follow up this payment is for IUCD problem only

How to claim: Claims for this service will be requested by Public Health shortly before the end of each quarter. Claims are verified and processed and payment should be received six to eight weeks after the end of the quarter.

\[^1\] National guidance changed in 2012 and removed the need for standard coil check at 6 weeks and annual coil checks.
GP Practice
Intra-uterine contraceptive device/system (IUCD/S) fittings

1. Introduction
This service covers fitting and advising, and removal of IUCD/S in primary care.

Adherence to this specification is mandatory for all practitioners providing this service to ensure a satisfactory standard of service. Payment will only be made if the Practitioner has provided evidence of accreditation and adhered to the specification.

This service specification does not include payment for the use of Intrauterine System (IUS) for the management of menorrhagia, hormone replacement therapy or other none contraceptive use in primary care. Complex IUD/S removal and contraceptive requirements should be referred to the appropriately trained staff within the specialist sexual health services.

This service specification requires adherence to the FSRH guidance on intrauterine contraception (2015) [http://www.fsrh.org/pdfs/CEUGuidanceIntrauterineContraception.pdf](http://www.fsrh.org/pdfs/CEUGuidanceIntrauterineContraception.pdf)

2. Background and Evidence Base
NICE Clinical Guideline 30 identifies the following priorities relating to the provision of contraception:
- women requiring contraception should be given information about and offered a choice of all methods, including Long-Acting Reversible Contraception (LARC);
- all currently available LARC methods are more cost effective than the combined oral contraceptive pill, even at one year of use;
- intrauterine devices, the intrauterine system and implants are more cost effective than the injectable contraceptives; and
- increasing the uptake of LARC methods will reduce the numbers of unintended pregnancies.

3. Aims and intended service outcomes
The aims and outcomes of this service are to:
- ensure that a full range of contraceptive options are provided by practices to patients;
- ensure that the availability of post-coital copper IUCD fitting for emergency contraception should be provided as a means of reducing unwanted pregnancies;
- increase in uptake of long acting reversible contraception;
- create a reduction in unintended pregnancy;
- create a reduction in under 19 pregnancies; and
- create a reduction in the number of pregnancy terminations.
4. Service outline

This service specification includes:

- fitting, and removal of IUCD’S as appropriate;
- production of an up-to-date register of patients fitted with an IUCD/S. This will include all patients fitted with an IUCD. This is to be used for audit purposes;
- practices to undertake regular continuing professional development (CPD). Attendance at annual contraception update run by the local specialist sexual health services is recommended;
- provision of adequate equipment. Certain special equipment is required for IUCD/S fitting. This includes an appropriate room fitted with a couch and with adequate space and equipment for resuscitation including Atropine for bradycardia. A variety of vaginal specula, cervical dilators, and equipment for cervical anaesthesia must also be available. An appropriately trained assistant needs to be present to support the patient and assist the doctor or nurse during the procedure;
- condom use for prevention of future infection (free condoms are provided to the practice if signed up to C Card scheme)
- provision of information. Written information should be provided at the time of counselling with information on follow-up and those symptoms that require urgent assessment; and
- production of an appropriate GP record. Adequate recording should be made regarding the patient's clinical history, the counselling process, the results of any chlamydia screening, the pelvic examination, problems with insertion, the type and batch number of the IUCD, 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 notes with the patients consent.

EXCLUSIONS (elements that cannot be claimed for under this contract):

- Standard thread and annual checking of IUCD/IUCS is not recommended practice as per current FSRH guidance.
- Post 4-6 week fitting checks are not recommended practice as per the current FSRH IUCD guidelines (April 2015).
- This service specification does not include fitting IUCD for menorrhagia in non-sexually active women
- This service specification does NOT include fitting of IUCD post age fifty
- This services specification does not include fitting IUCD for hormonal replacement therapy (HRT)
- Routine precoil Chlamydia NAATs screening in women aged 25 and over who have not been at risk of STI's (see FSRH guidance 2015) is no longer recommended but subject to sexual risk assessment

The contraceptive services commissioned by NHS England are an ‘additional service’ defined in the standard GP contract (clause 9.3.1) as follows:

- The giving of advice about the full range of contraceptive methods Including advice regarding IUD and SDI as they are part of the whole range
- Where appropriate, the medical examination of patients seeking such advice
- For the purpose of this service specification medical examination would include pre-coil swab taking if required, under the additional contract.
5. **Specific service standards and responsibilities of the provider regarding young people**

- All advice and information given to young people should be in line with East Sussex County Council’s policies for the provision of contraception and sexual health advice services for young people.
- All staff providing this service to young people will assess and demonstrate in records that the young people are Fraser Competent.
- All staff working with young people will ensure young people are aware of the limits of confidentiality in line with Sussex Child Protection and Safeguarding Procedures.
- All staff working with young people are expected to be responsive to the needs of individual young people regarding age, learning ability, culture, religion, ethnicity, sexuality and gender.
- All staff should have a current working knowledge of community service provision offering sexual health and contraceptive services (including young person specific and outreach services).
- Chlamydia NAATs screening is suggested by FSRH for all women 24 and under before insertion of the IUCD/S (Chlamydia screening programme self test or practice taken non-chlamydia programme test) and women aged 25 and over who are identified as at risk of STIs (by non-chlamydia programme test).
- It is expected that any pre insertion screening will be undertaken as part of a contraception consultation and medical examination, and not as part of this service specification. For young people (24 and under) because it is not possible to differentiate between chlamydia screening programme self-testing undertaken as part of the general chlamydia screening programme and chlamydia screening programme self-tests undertaken as part of a contraceptive consultation, practices will be funded under the chlamydia screening PHLSA for any completed chlamydia screening programme self-test kits received regardless of whether the test is associated with IUCD fitting or not.

**Clinical Governance**

As part of Clinical Governance Practices will be required to develop, implement, monitor and review the clinical quality of the service that they undertake.

All service providers will:

- undertake a risk assessment to ensure adequate facilities and equipment are in place to deliver the service and identify the resources available to support the service. ESCC will require the following details:
  - where the service will be delivered;
  - administration / IT systems – monitor demand / activity;
  - who will be delivering the services;
  - proposed roles and responsibilities;
  - robust communication systems; and
  - arrangements for transfer of care to other services.
- maintain appropriate systems for record keeping including patient assessment, follow-up/recall and an appropriate clinical record;
- an approved complaints system should be in place; and
- regularly monitor access times.
6. **Referrals and Eligibility**

Any woman, whether a registered or non-registered patient of the practice, who is a resident of East Sussex, following clinical assessment and a presentation of the full choice of contraceptive method, taking into account clinical appropriateness of method and contraindications and exclusions. All complex contraception issues should be referred through to the East Sussex specialist sexual health team. (Please also see specific service standards regarding young people).

7. **Equipment and Premises**

Certain special equipment is required for IUCD/S fitting and removal. This includes an appropriate room fitted with a couch and with adequate space and equipment for resuscitation. A variety of removal forceps and facility for local anaesthesia provision also need to be available. This specification also includes the provision of sterile surgical instruments which can be of the disposable type or obtained from CSSD and other consumables These costs are included in the service price.

8. **Accreditation and Training**

Practitioners (both doctors and nurses) undertaking this procedure must have appropriate accreditation and have completed all relevant training as directed by FSRH. Accreditation involves a demonstration of skills involved in counselling, knowledge of issues relevant to IUCD/S use, problem management and observation of insertion and removal followed by supervised insertion and removal of a minimum number of insertions and removals as specified by the Faculty of Sexual and Reproductive Health Care (FSRH), and assessment of competence by a FSRH Faculty registered trainer.

An appropriately basic life support trained healthcare assistant also needs to be available to monitor the patient and assist the clinician during the procedure. Evidence of appropriate training and accreditation should be supplied to the commissioner prior to commencing service provision as follows.


- Evidence of current full accreditation - FSRH LoC IUD (see above link)
- To ensure clinicians are able to maintain competence they should be inserting at least one intrauterine method per month.

For recertification. See details on following link [http://www.fsrh.org/pages/Recertification.asp](http://www.fsrh.org/pages/Recertification.asp)

- It is the responsibility of the practitioner to assess their own competence if accredited following career breaks. Specialist sexual health services can offer attendance and fitting a number of devices in busy IUCD/S clinics for a refresher and update in these circumstances.
- the FSRH requires a log of at least 12 insertions in 12 months or six in 6 months using at least two different types of device in un-anaesthetised patients.

Practitioners should undertake regular Continuing Professional Development (CPD). The FSRH require practitioners to attend regular updates. The East Sussex specialist sexual health service provides a free annual update day.

9. **DBS Requirements**

A DBS check must be in place for all staff delivering this service. Providers should assure themselves that the appropriate DBS check, for the type of service being undertaken is in place for each member of staff providing the service. Please see guidance [www.gov.uk/disclosure-barring-service-check/overview](http://www.gov.uk/disclosure-barring-service-check/overview). The County Council policy is that DBS checks are refreshed every three years.
10. Payments and Cost
Each practice contracted to provide this service will receive:

£81.31 per insertion

£38.00 per removal

£21.69 follow up - this payment is for IUCD problem follow up only (e.g. lost threads) (national guidance changed in 2012 and removed the need for standard coil check at 6 weeks and annual coil checks.) Public health will not pay for none problematic coil follow ups.

All signed up practices are suggested to provide C Card condom distribution to under 25s (see C Card specification). However this is not a requirement and practices may choose to provide this service and not sign up to the C-Card scheme. Condom distribution to over 25s is included as part of the payment within the IUCD/S consultation.

11. Monitoring, Audit and Reporting
The service provider will be required to obtain and maintain good quality and appropriate clinical records of the interventions delivered to patients through this service specification. The service provider will also be required to produce an annual report. Service specific information to be included in the annual report is set out in the table below.

Proposed read codes to record LARC procedures are in Appendix A: (please note data should be presented as a summary so that individual patients are not identifiable).

- Geodemographic data – LSOA code, age, ethnicity, gender as set out in minimum data set requirements.
- The practice needs to maintain its own register of patients fitted with a IUCD/S
- Number of IUCD/S’s fitted
- Number of IUCD/S’s removed
- Reasons for removal
- How long had the removed IUCD/S been in situ
- Reporting of significant events and analysis in relation to IUCD/S service
- Monitoring of complaints

The Commissioner will undertake an annual review and will consider compliance with the contract. Any aspect of compliance with this service specification can be considered. All reviews undertaken by the Commissioner will consider (not exhaustive):

- Outcomes for clients and patients
- Benchmarking of current knowledge and practice
- Who gains access to the service
- Quality of service
- Performance against agreed volume and service standards
- Client and patient user satisfaction
- Learning points identified.

The commissioner will assist with disseminating good practice and shared learning.
12. Useful Contacts

Josephine Percival, East Sussex Specialist level three Contraceptive lead
(based at the two specialist service addresses shown below)
Josephine.percival@esht.nhs.uk

| 1st floor, Station Plaza Health Centre, Station Approach, Hastings, East Sussex TN34 1BA 01424 464750 | Avenue House, The Avenue, Eastbourne, East Sussex. BN21 3XY 01323 416100 |

Tony Proom - Strategic Commissioning Manager for Clinical Sexual Health
Tel: 01273 335252, email: Tony.proom@eastsussex.gov.uk

Tracey Houston – Business Manager for Public Health
Tel: 01273 481932, email: Tracey.houston@eastsussex.gov.uk

Chlamydia screening NAATs kits request from
http://www.eastsussexsexualhealth.co.uk/order-a-chlamydia-screening-kit.html
01323 462762

Condoms and lubrication
ccard.publichealth@eastsussex.gov.uk
Proposed Read codes - LARC Audit – 2016/17

5-byte version 2 (Read code V2) for EMIS/vision one/microtest users
Clinical Terms (the Read codes) Version 3(CRV3) for System One users

Specification for audit search criteria

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Exclusions</th>
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<tr>
<td>Pre-menopausal female having IUD or subdermal implants fitted by the surgery for contraception or emergency contraception claimed against either the IUCD or SDI PHLSA</td>
<td>Men Post-menopausal women Use of mirena for management of menorrhagia IUD and SDI fitted by other healthcare provider Use of mirena for HRT Fitting coils in women aged over fifty</td>
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# Read Codes

## Intra-uterine contraceptive device/system (IUCD/S) Fittings

<table>
<thead>
<tr>
<th>Registered with other practice</th>
<th>Read Code Description</th>
<th>Versio n 2</th>
<th>CTV3</th>
<th>Req’d for payment?</th>
<th>Req’d for audit?</th>
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<td>Patient not registered</td>
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<td>XaJQ. %</td>
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<td>Introduction of intrauterine contraceptive device</td>
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<td>7E090</td>
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<td>[V] Intrauterine contraceptive device insertion</td>
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<td>Introduction of Mirena coil</td>
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<td>XaBSw</td>
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<td>Y</td>
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<td>Insertion of T shaped 375mm squared copper coated IUCD</td>
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<td>XaXK3</td>
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<td>IUCD fitted by other healthcare provider</td>
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<td>Hormone replacement therapy</td>
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<td>Removal of intrauterine contraceptive device NEC</td>
<td>7E092</td>
<td>XaC3g</td>
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<td>Removal of intrauterine system</td>
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<td>XabuT</td>
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<th>CTV3</th>
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<td>Replacement of intrauterine system</td>
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<td>XaZZX</td>
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<td>Y</td>
<td>N</td>
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<td>Mechanical complication of intrauterine contraceptive device</td>
<td>SP032</td>
<td>XE2R9</td>
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<td>Y</td>
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<td>Bleeding due to intrauterine contraceptive device</td>
<td>SP07R</td>
<td>X30QM</td>
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<td>N</td>
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<td>Infection associated with intrauterine contraceptive device</td>
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<td>XaaiM</td>
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<td>Acne, unspecified</td>
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<td>Myu6F</td>
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<td>Trying to conceive</td>
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<td>Patient currently pregnant</td>
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