

**GP Locally Commissioned Service (LCS)
Fitting and removal of contraceptive implants Specification**

Service	Fitting and removal of contraceptive implants
Service Specification No.	1
Authority Lead	Nancy Padwick Commissioning Manager, Camden and Islington Public Health Nancy.padwick@islington.gov.uk
Period	1st April 2021 – 31st March 2022
Date of Review	March 2021

1. Purpose

Women seeking contraception should be offered an informed choice and access to long-acting reversible methods. These methods are more reliable than user dependent methods, such as the oral contraceptive pill, which have a higher risk of unplanned pregnancy. Public Health England estimates that Long Acting Reversible Contraception (LARC), being non-user dependent, are 99.9% effective in preventing unwanted pregnancy, compared to 92% for the contraceptive pill (typical use) and 82% for the male condom (typical use)¹.

Research with women around their contraceptive preferences shows primary care as an important setting for the delivery of contraceptive services, including among women with an unmet need for contraception (not using contraception, heterosexually active, fertile and not wanting to be pregnant)².

2. Key Service Aims and Outcomes

Overall aims:

- Ensure that the full range of contraceptive options is provided to patients, by increasing the availability of contraceptive implants in primary care.
- Promote Long-Acting Reversible Contraception (LARC) as an effective, non-user dependent method of contraception.
- Increase uptake and on-going use of contraceptive implants thereby contributing to reducing unintended pregnancies and particularly teenage pregnancies.

Key outcomes

It is expected that the service will contribute to:

- Increased LARC uptake and continued use, particularly in under 25s.
- A reduction in the number of unplanned pregnancies.
- A reduction in the under 18 conception rate.
- A reduction in the number of terminations of unplanned pregnancies.
- A reduction in the number of repeat-terminations of unplanned pregnancies.

¹ Public Health England (2016). Local Health and Care Planning: Menu of preventative interventions. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/683016/Local_health_and_care_planning_menu_of_preventative_interventions_DM_NICE_amends_14.02.18__2_.pdf.

² Public Health England (2018) What do women say? Reproductive health is a public health issue. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731891/What_do_women_say_reproductive_health_is_a_public_health_issue.pdf

3. Duration

This LCS is available to providers until further notice but will be subject to revisions. Furthermore, Public Health reserves the right to amend this LCS from time-to-time to reflect changes to national guidance and priorities.

4. Service to be provided under the LCS

4.1 Fitting, monitoring, checking and removal of contraceptive implants

NB. Only practices that provide a fitting service for contraceptive implants can claim for removal of these devices.

No part of the specification by commission, omission or implication defines or redefines essential or additional services, as set out in core GP contracts.

The provider will:

- Discuss the most suitable choice of contraception for the user (which *may* be a form of LARC).
- Provide advice about fitting an intrauterine device to the patient. The patient's understanding of contraceptive implant should be checked prior to fitting, considering use of interpreting service as required.
- Carry out a medical and sexual history as part of the routine assessment for contraceptive implant to assess suitability for use of the method and need for STI testing, including HIV.
- As a minimum, perform Chlamydia screening before insertion of the contraceptive implant and, if positive, or at risk, refer for screening for other STIs.
- It should be made clear that no form of LARC provides protection against HIV and other sexually transmitted infections. This should include promotion and provision of condoms to prevent infection. Practices currently have access to condoms via the Public Health contract with the Freedoms Shop. <https://www.freedoms-shop.com/>.
- Provide fitting, monitoring, and removal of contraceptive implant in line with clinical guidance [[NICE CG30](#)] and best practice (Faculty of Reproductive and Sexual Health).
- Have mechanisms in place for referral of difficult/failed removals (e.g. impalpable implants or failed removals) which requires onsite soft tissue ultrasound and specific training for the clinician.
- It is important to advise women at the time of counselling and on the day of fitting and to provide written information about symptoms that require urgent assessment, procedures for initiation and discontinuation.
- Routine annual checks are not required, however arrangements should be in place to review clients experiencing problems in a timely fashion. Arrangements should be in place to ensure timely access for women requesting removal of the implant for any reason including problems or at expiry of device. The implant should be removed or replaced by three years.

4.2 Equipment

The provider will:

- Be responsible for provision of adequate equipment for fitting and removal of contraceptive implants. 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.
- Use one of the following arrangements for sterilisation:
 - Disposable sterile instruments
 - Sterile packs
 - Approved sterilisation procedures that comply with national guidelines
- Be responsible for the effective operation and maintenance of sterilising equipment in their practices. Bench top sterilisers and washer disinfectors must comply with the Medical

Devices Agency publications, and be appropriately validated/maintained by staff trained in their usage.

- Have infection control policies that are compliant with national guidelines including the handling of used instruments, aseptic technique and the disposal of clinical waste.

4.3 Quality and safety

The provider will:

- Have a register of all patients fitted with a contraceptive implant – whether manually or via a search, including the type of device fitted, serial code and expiry date, the primary reason for fitting the LARC, and the name and designation of the person completing the procedure.
- In the event of failed insertions or early removal of LARC, the events and reasons for failure or early removal should be documented clearly and contemporaneously.
- Meet the standards set in NICE guidance on Long-Acting Reversible Contraception and provide quality monitoring information when requested by commissioners.

4.4 Audit

The provider will:

- Undertake the required biennial quality monitoring audit.

4.5 Failed fittings

It is recommended that women having a failed fitting who wish to have another attempt at fitting are referred to the Consultant led clinic at the Margaret Pyke Centre (Tel: 020 3317 5252).

GPs can refer directly to the following complex SRH clinics on cnw-tr.sexualhealthreferrals.cnwl@nhs.net, for women with:

- Complex contraception problems, e.g. complex coexistent medical conditions
- Deep, broken or bent sub-dermal contraceptive implants for removal or assessment
- Complications of methods of contraception

4. Eligibility criteria

Registered female patients.

Practices wishing to provide this service to patients registered to other practices in Islington will need to complete and return the 'Host Application' form, included as appendix 2.

5. Exclusion criteria

Female patients registered at practices outside of Islington.

6. Practice requirements

- Premises must have facilities for basic life support, including oxygen and basic drugs e.g. adrenaline, etc.
- Provision of equipment including an adequately-sized room fitted with a couch and equipment for resuscitation.
- All staff providing sexual and reproductive health services should be trained in basic life support according to the current Resuscitation Council (UK) Guidelines, including management of anaphylaxis and shock.³

⁶ The Faculty of Sexual and Reproductive Healthcare (FSRH). Service Standards for Resuscitation in Sexual and Reproductive Healthcare Services. Published August 2016.

- For contraceptive implant fitting a variety of removal forceps and resources for local anaesthesia provision need to be available
- Doctors and nurses fitting implants under the LCS must hold a current letter of competence in subdermal contraceptive implant techniques (LoC SDI); awarded by the Faculty of Sexual & Reproductive healthcare (www.fsrh.org) and this to be maintained and re-certified in accordance with FSRH regulations every 5 years.⁷
- Minimum levels of activity for recertification of Letter(s) of Competence, as currently specified by the FSRH, are as follows:
 - For LoC SDI, at least 6 sub-dermal implant procedures in 12 months, per practitioner, including one insertion and one removal.
- Practices signing up to this LCS must check and provide assurance that all clinicians (including sessional, salaried and non-core clinical staff) who undertake LARC procedures:
 - Meet the minimum qualification requirements – LoC
 - Meet the minimum CPD and activity requirements for appraisal and revalidation
- Notify the Commissioner if the nominated fitter leaves the practice or no longer wishes to provide this service or a new clinician is to become a nominated fitter in addition or instead of the current fitter.
- All practices should ensure that clinical staff maintain up-to-date knowledge and training in Safeguarding/Child Protection principles when promoting and encouraging young people to manage their own sexual health.

There is free training and a fitters forum coordinated by CNWL, please contact Ceri.Gifford@nhs.net for more information.

7. Key performance indicators and payment

Activity		Payment	Frequency of Payment
Contraceptive implant	Insertion	£47.30	
	Removal	£36.30	
Completion of a biennial audit.		£300 per practice per completed audit.	Quarter following submission.
Attendance at biennial audit feedback and reflection session including clinical practices updates.		£300 per GP and £111 per nurse, per session	Quarter following attendance.

Claim forms prior to end of each quarter, each practice will need to fill in required information and return to the ICCG at psc.secure@nhs.net The CCG will give a clear deadline for receipt of claims to ensure prompt payment. Claims will be processed by the ICCG for payment at the end of the first month of the next quarter.

Payments to practices will be delayed by one month if the deadlines are missed.

Claims will not be acceptable if more than 3 months in arrears and must be made within the current financial year, i.e. final claim for 2020/21 is April 2021.

Please Note - Practices will **not** be reimbursed for Contraceptive implant via FP34D. GPs should write a prescription for the patient to collect from Pharmacy.

9. Reporting and monitoring requirements

Practices should ensure adequate details are recorded regarding the patient's clinical history, the pelvic examination, the counselling process and the results of any chlamydia screening or pregnancy test. This should include production of an appropriate clinical record - either via electronic clinical systems using appropriate SNOMED codes, where these exist - adequate recording should be made, to include:

- The patient's name and NHS number
- The patient's clinical, reproductive and sexual history
- The counselling process
- The results of any STI testing
- Any contraindications
- Any problems with fitting/removal
- The type and batch number of the contraceptive implant
- Reason for fitting
- Expiry date of the device and follow-up arrangements
- Any adverse reactions
- Name and designation of person(s) completing the procedure
- Referring practice if applicable

Ensure that the following information is documented for both IUCD/IUS and contraceptive implant: the type of device fitted, serial code, and expiry date, the primary reason for fitting the LARC, and the name and designation of the person completing the procedure in line with the IUCD/IUS clinical template. Any problems with insertion should be clearly recorded.

9. Useful Guidance

- Long-acting reversible contraception clinical guidance [CG30]. Available at: <https://www.nice.org.uk/guidance/cg30>
- Appendix 1 – list of Snomed codes (Read codes included for reference)
- Appendix 2 – application to become a host practice to deliver this service to patients registered at other practices.

10. Acceptance of Terms

Service Specification for 2020/21

General Practice **Fitting and removal of contraceptive implants** Locally Commissioned service (LCS)

Practice Code:...**F**..... Name of Practice:.....

By signing this document, the practice agrees to provide the LCS according to the specification and has both met the training criteria described in section 6 and provided the evidence to the commissioner to support this. This document will become part of the contract documentation between Public Health [Commissioner] and General Practice [Provider] to provide the fitting and removal of contraceptive implants.

I hereby confirm my acceptance of the terms of this service.

(Please sign and date below to confirm acceptance):

Signed on behalf of [Provider].....

Print name.....

Date.....

Signed on behalf of [Commissioner].....

Print name.....

Date.....

Appendix 1: SNOMED codes

It is suggested that GPs use the following SNOMED codes related to this service. LBI may arrange for the remote data extraction of these SNOMED codes on an annual basis as part of service evaluation. GP practices will be notified nearer the time if LBI plans to do this.

However, please note that these SNOMED codes will not be used for payment purposes as this is done through a manual claims payment process (as set out in section 10 of this service specification).

Codes:

SNOMED codes	Read codes (for reference)
263089013	61KA insertion of subcutaneous contraceptive
443288019	7G2H7 removal of subcutaneous contraceptive
2817877013	61KE subcutaneous implant palpable
263090016	61KB check of subcutaneous contraceptive

Other:

SNOMED codes	Read codes (for reference)
3039835017	61B1 depot contraceptive given
741011000000119	8Caw advice about LARC
739741000000118	8CEG LARC leaflet given
585341000000113	615P IUD fitted by other healthcare provider
585401000000117	615Q IUD removed by other healthcare provider

Appendix 2: Application to become a host practice

Locally Commissioned Service – Contraceptive implant

Host practice application

Practices who wish to open up delivery of the contraceptive implant LCS to patients registered at other practices in Islington must complete and submit this form to PH.Commissioning@islington.gov.uk before commencing delivery.

This form will be reviewed by Public Health commissioners, with clinical input, and you will be advised of the outcome of this review.

Section 1 – Practice Details

Practice Name:
Practice Address:
Contact Person:
Telephone Number:

Section 2 – Clinician details

Please complete the below details for **each** Clinician who will be delivering this service to patients registered at other practices in Camden.

Name:
Status: Doctor/Nurse (please circle)
Does this person hold the LoC?:
Date obtained:
Registration number:
Has this qualification been maintained and re-certified? Y/N
Has this qualification been reviewed as part of appraisal? Y/N

Please provide details of any other relevant training relating to the fitting and removal of LARC
When did this person last fit an IUCD?
In the last 12 months how many IUCDs fittings has this person undertaken?
Please list the types of IUD (inc IUS) this person is trained/experienced at fitting?
Please provide any other information you think is relevant:

Section 3 – Governance

In this section, please describe how you will provide this service, paying particular attention to the following:

1. Referral management - your process for dealing with referrals, response times to notifying patients and referring GP's of appointments; referral process to other health centres when/if required.
2. Appointment management - will you have set times for clinics or will these be ad-hoc appointments, your management of DNA's and of follow-up appointments where necessary.
3. Information governance – how you will communicate with the referring practice, when/how you will send the post-procedure report to the referring practice, record keeping (creating/sharing patient records), use of any standardised templates
4. Clinical governance – how your practice meets the core standards for better health

Name of person completing this
form:.....

Signature:.....

Date:.....