Long Acting Reversible Contraception Local Enhanced Service Specification

Version Control		
Version	**Date Amended**	**Summary of amendments**
Long Acting Reversible Contraception Local Enhanced Service 2020/21 (Review November 2019 – updated 3rd May 2023)	May 2023	Fees updated
LARC specification 2023	July 2023	Justified

1. Introduction

All practices are expected to provide essential, and those additional services they are contracted to provide, to all their patients. This Local Enhanced Service (LES) specification includes services that do not meet the criteria for essential or additional services. The specification of this service is designed to cover enhanced aspects of clinical care of the patient, that go beyond the scope of essential services. No part of this specification by commission, omission or implication defines or redefines essential or additional services.

This specification replaces the previous, individual specifications in place and provides for the following local enhanced services:

- Intrauterine Contraceptive Fitting
- Intrauterine Contraceptive Removal
- Contraceptive Implants: Parenteral Contraceptive Subdermal Device Fitting and Removal
- Parenteral Contraceptive Injection

Practices may chose to provide any, or all the services outlined in this specification.

2. Background

The aim of this Local Enhanced Service (LES) provides a means for accredited persons to provide the timely fitting, ongoing care and removal of all types of Intrauterine contraceptive licensed for use in the UK to women for contraception or for the management of menorrhagia or for emergency contraception as appropriate; and to provide etonogestrel (Nexplanon®) contraceptive subdermal device; and the administration of Parenteral

Contraceptive Injections:- medroxyprogesterone acetate (Depo-Provera®) and the initiation and supervised self-administration of medroxyprogesterone acetate (Sayana® Press)

This Local Enhanced Service is commissioned for practices providing services for their own patients and for those practices to provide the service for patients registered with another practice where there is agreement. A practice will offer these services as part of a range of contraception choices, to women registered with the practice and where applicable, to women registered with other practices through collaborative agreements.

NB. Practices wishing to provide LARC services to patients from other practices must already be providing such services to their own registered patients.

Those wishing to provide a service to patients who are registered with other practices contracted by Cardiff and Vale UHB must have in place:

- an inter-practice agreement, using the standard documentation provided by Cardiff & Vale UHB and signed as having been approved by the UHB,
- auditable processes and written procedures to ensure timely responses to referrals and effective reporting, as outlined in the standard inter-practice agreement documentation.

The service will be provided from the practice premises, including branch-surgeries, health centres and outreach clinics as appropriate. Practices providing services under this specification will be expected to ensure that all clinicians (partners, employees, subcontractors) carrying out services outlined in this specification are appropriately trained and qualified to do so and that anyone involved in the provision of this enhanced service undertakes regular Continuous Professional Development.

This enhanced service aims to:

- Ensure the availability of Long Acting Reversible Contraceptive Services through primary care, as part of a range of contraceptive options offered by the practice
- Provide a means whereby practice personnel can be accredited to provide a range of Long Acting Reversible Contraceptive Services for their own and other practices female patients
- Ensure that the availability of post-coital intrauterine contraceptive fitting for emergency contraception should be more adequately provided as another means of reducing unwanted pregnancies.
- Increase the availability of levonorgestrel-releasing intrauterine system LNG-IUS in the management of menorrhagia within primary care. Indications for the use of LNG-IUS for the management of menorrhagia in primary care should be in line with NICE clinical guideline 44 Heavy Menstrual Bleeding: http://www.nice.org.uk/nicemedia/pdf/CG44NICEGuideline.pdf.

It is a condition of participation in this LES that practices will give notification, in addition to their statutory obligations, within 72 hours of the information becoming known to him/her, to the UHB's Medical Director of all emergency admissions or death of any patient under this service, where such admission or death is or may be due to the performance of services provided within this LES or attributable to an underlying medical condition.

3. Service Outline

This specification sets out the requirements for the provision of this service:

- **Provides a range (but not necessarily all of the following) of long acting reversible contraceptive treatments:**
    - Fitting, monitoring and removal of intrauterine contraceptives as appropriate in line with current guidelines on best practice (e.g. NICE guidance; Faculty of Sexual and Reproductive Healthcare) and manufacturer's recommendations
    - Fitting and removal of etonogestrel (Nexplanon®) contraceptive subdermal devices only.
    - Provision of contraception injections medroxyprogesterone acetate, (Depo-Provera®) and (Sayana®Press)
- **Promote and advertise timely post-coital fitting of copper bearing IUDs** for emergency contraception within 5 days (120 hours) from the first unprotected sexual intercourse at any time in the cycle or up to 5 days after the expected date of ovulation in a regular cycle, provided that it is not contraindicated.
- **Production of an up-to-date register** including all patients provided with each category of long acting reversible contraception. This will include the type of treatment provided, batch number and expiry date and name and designation of the person completing the procedure.
- **Sexual history taking**. Assessment in terms of suitability and including patients to be excluded from the service, to ensure that the most appropriate method of contraception or treatment based on medical evidence, clinical guidelines http://www.nice.org.uk/CG30 sexual history and practice is provided.
- **Clinical skills and competencies.** Practices providing services under this specification will be expected to ensure that all clinicians are appropriately trained and qualified to do so and undertake Continuous Professional Development. Practices should be able to demonstrate that they have in place a policy that addresses practitioner training and maintenance of skills. A practice cannot claim in respect of the LES when there is no approved service provider working in that position in the practice.
    - **Intrauterine contraception** - Doctors and nurses fitting intrauterine contraceptives under the LES should hold a current diploma/letter of competence in intrauterine techniques; awarded by the Faculty of Sexual & Reproductive healthcare (www.fsrh.org) and this should be maintained and re-certified in accordance with FSRH regulations every 5 years. https://www.fsrh.org/standards-and-guidance/

NICE (September 2014) suggests that IUCD/IUS should be fitted by trained personnel with continuing experience of inserting at least one IUD or one IUS per month. Practitioners fitting intrauterine contraception or implants should include evidence of maintaining their qualification, CPD in intrauterine contraception or implant fitting and peer review of case notes in their annual appraisal;

- **Parenteral contraceptive subdermal device** - Doctors and nurses fitting implants under the LES should hold a current diploma/letter of competence in subdermal contraceptive implant techniques; awarded by the Faculty of Sexual & Reproductive healthcare (www.fsrh.org) and this should be maintained and re-certified in accordance with FSRH regulations every 5 years.
- Practitioners fitting **intrauterine contraception or implants** should include evidence of maintaining their qualification, CPD in intrauterine contraception or implant fitting and peer review of case notes in their annual appraisal

- **Risk assessment.** Based on sexual history to assess the need for pre insertion swabs, testing for STIs, including HIV, prior to recommending the contraceptive.
- **Patient information.** Detailed verbal and written information should be provided at the time of counselling to enable women to make informed choices on their method of contraception. This should include contraceptive efficacy; duration of use; risks and possible side effects; non- contraceptive benefits; the procedure for initiation and discontinuation; when and how to seek help or urgent assessment e.g. NICE patient information leaflet https://www.nice.org.uk/guidance/CG30
- **Consent.** The clinician will ensure the process for obtaining informed patient consent is in line with Welsh Government Guidance
- **Assessment and follow up.**

Routine attendance at a GP Practice is not required for a check of an intrauterine contraceptive. There may be exceptions to this e.g. for women not capable of checking their threads or who have a history of expelled coils. Current Faculty of Sexual and Reproductive Healthcare method specific guidance on intrauterine contraception advises that checking threads and device information should be offered on how to check for the threads. Women should be advised to seek medical advice if the intrauterine contraceptive causes discomfort to her or her partner during sexual intercourse. Women should be advised that the risk of pelvic infection is greatest in the first few weeks following intrauterine contraceptive insertion and to look out for symptoms of pelvic infection as well as symptoms associated with pregnancy or uterine perforation. Women should be advised to seek medical assistance at any time if they develop symptoms of pelvic infection, pain, abnormal bleeding, late menstrual period (IUD), non-palpable threads or can feel the stem of the intrauterine contraceptive.

- **Arrangements should be in place to ensure timely access for women requesting removal** of intrauterine contraception for any reason including problems or at expiry of the device; no further follow up is required
- **Parenteral contraceptive subdermal device**: At initial assessment, full counselling should include the provision of a patient information leaflet and information on follow-up and how to access services for symptoms that require urgent assessment
- **Parenteral contraceptive injection**: At initial assessment, full counselling should be backed up with a patient information leaflet. Particular emphasis should be given to FSRH Clinical Guidance aroundprescribing:https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-injectables-dec-2014/
    i. In adolescents
    ii. Beyond 2 years
    iii. In women with risk factors for osteoporosis

Record Keeping. Production of an appropriate clinical record using appropriate read codes, to include the patient's clinical, reproductive and sexual history, reason for a intrauterine contraceptive fitting, the counselling process, the results of any STI testing if appropriate, problems with fitting/removal/injection and any adverse reactions, the type, batch number and expiry date of the contraceptive, name and designation of person(s) completing the procedure and follow-up arrangements. If the patient is not registered with the practice providing this LES, the providing practice must ensure that the referring practice is sent all appropriate clinical details for inclusion in the patient record, unless the patient withholds consent to inform their GP. The practice should also ensure records are maintained to incorporate all known information relating to any significant events, e.g. hospital admissions, infections, and that processes are in place to report and review these internally and where necessary through escalation to the UHB's Medical Director

- **Provision of adequate equipment**. Certain special equipment is required for intrauterine contraceptive fitting and removal. This includes an appropriate room fitted with a couch and with adequate space and equipment for resuscitation. A variety of vaginal specula, cervical dilators, and equipment for cervical anaesthesia also need to be available. An appropriately trained assistant needs to be present to support the patient and assist the clinician performing the procedure. They should be trained in basic life support, including management of anaphylaxis and support. The name of the assistant should be documented in the clinical record. A chaperone should be provided if requested
- **Sterilisation and infection prevention and control**. Although general practitioner minor surgery has a low incidence of complications, it is important that practices providing the procedures listed in this specification operate to the highest possible standards. Practices must use disposable sterile instruments. Practices must have infection control policies that are compliant with national guidelines including the handling of used instruments, aseptic technique and the disposal of clinical waste
- **Quality Targets and Continual Improvement.** The practice must ensure that they contribute to the wider patient safety agenda including, but not exclusively, the control of infection agenda and the identification, reporting and investigation of incidents and complaints. Participation in clinical audit and implementation of changes arising from audits should take place. The service should be able to demonstrate learning and improvement across the quality agenda and in response to local and/or national policy guidance

  It is the responsibility of the Practice to:
  - Continually improve the quality of service delivery, for example, in response to audit (undertaking and completing the audit cycle), user and staff feedback (complaints, compliments, suggestions) and incidents.

- Continually review and be aware of relevant new and emerging guidance and recommendations and take the appropriate steps to assess and improve services to achieve current best practice.
- Ensure that appropriate professional standards are maintained, updated and validated through clinical supervision and provision of relevant training to support reflective practice and CPD.
- During the term of this specification fully co-operate in reviewing and improving/redesigning services at the request of the UHB, including improving quality and performance monitoring

- **Service Monitoring, Evaluation and Review.** The practice is required to undertake an annual audit as agreed in advance with the UHB and provide the monitoring data to the UHB Primary Care team on request for review of the LES, to inform service planning and to identify and share areas of good practices and/or areas for improvement where the service outline has not been met

4. Accreditation

A practice may be accepted for the provision of all or part of this enhanced service if it has one or more partners or employees, with the necessary skills, qualifications and experience to carry out the appropriate procedures. It is expected that the level of training required for a GP and other health professionals providing all or part of this enhanced service is identified in their continuous personal development plan and, where additional training is required, local mechanisms are found to address this.

Practitioners will need to satisfy at appraisal that they have the necessary experience, training and competence to provide the enhanced service. They need to assure the UHB's Medical Director that this has been undertaken and the appraisal signed off.

Parenteral contraceptive subdermal device The required qualification to provide this service is Member of the Faculty for Sexual Health and Reproductive Health (MFSRH) or Diplomat of the Faculty for Sexual Health and Reproductive Health (DFSRH) and the Letter of Competence for Subdermal Implant Techniques (LoC SDI) issued by the Faculty for Sexual and Reproductive Health (FSRH). Re-certification is required every 5 years. Guidance on re-certification requirements can be found on the FSRH website: http://www.fsrh.org.uk

Intrauterine Contraceptive Fittings & Removals: The required qualification to provide this service is Member of the Faculty for Sexual Health and Reproductive Health (MFSRH) or Diplomat of the Faculty for Sexual Health and Reproductive Health (DFSRH) and the Letter of Competence for in Intra-Uterine Techniques, as the nationally accredited gold standard qualification.

Parenteral Contraceptive Injection and Sayana Press

These options under this Local Enhanced Service have been classified as requiring **General Accreditation**.

An Enhanced Service that requires General Accreditation is defined as a named GP who has the necessary skills and experience to carry out a contracted specific service or procedure. It provides a means whereby **accredited persons will be responsible and accountable** for the delivery of the enhanced service on behalf of the practice. These options under this enhanced service do not have to be delivered by the accredited GP however where components of the service are delivered by somebody other than the accredited GP, the accredited GP is responsible for ensuring that the appropriate skills are available to deliver the service safely.

5. Pricing

Each practice contracted to provide this Local Enhanced Service is eligible to claim:

Procedure	**Tariff**
Sayana®Press Self-administration **Year 1**: Patient initiation and administration of 1st dose	 £23.00 per patient
Supervise/facilitate patient self-administration of 2nd dose	£11.50 per patient
Annual Review	£11.50 per patient
Year 2 onwards Annual Review of patient's technique	£11.50 per patient per annum
Administration of Parenteral Contraceptive Injection	£11.50 per patient per quarter
Insertion of contraceptive subdermal device	£45.97 per insertion
Removal of contraceptive subdermal device	£91.93 per removal
Insertion of intrauterine contraceptive**	£86.18 per fitting
Removal of intrauterine contraceptive	£22.99 per removal

********Fee includes fitting and monitoring*

All claims will be subject to Post Payment Verification (PPV).

6. Claims

All claims to be submitted via Family Practitioner Payments System (FPPS) in accordance with NWSSP Primary Care Services claim guidance. Enhanced service claims must be submitted within 6 months

from the end of the quarter in which the service was provided to ensure payment.

End of Financial Year

Practices should endeavour to submit claims for the January – March quarter at the earliest convenience and in line with the claiming cycle provided by NWSSP. Any claims for this quarter submitted after the 15th of June will require prior approval from the Primary Care Team and may result in a delay in payment. These claims are again subject to the six month deadline for submission, after which they will not be paid.

7. Monitoring & Audit

The practice will be required to undertake an annual audit as agreed in advance with the UHB and provide the monitoring data to the UHB Primary Care team for annual review of the LES to inform service planning and to identify and share areas of good practice and/or areas for improvement where the service outline has not been met.

8. Termination Period

Should the practice wish to cease providing the Enhanced Service, it will be required to provide 3 months' notice in writing to the Health Board. Should the practice wish to suspend providing the Enhanced Service it should contact the Health Board for guidance prior to any action being taken.

If, for any reason, a practice terminates/suspends the Enhanced Service and, if claims have been made during the current financial year, any reporting/auditing requirements outlined in the specification must be submitted upon request.

9. General Medical Practice Indemnity

This Enhanced Service is covered by the scheme for General Medical Practice Indemnity (GMPI) which falls under the GMS Contract Wales.

This scheme relates to potential or actual clinical negligence claims arising from incidents on or after 1 April 2019, and captures all General Medical Practice (GP practice) staff undertaking NHS 'primary medical services' as defined in The National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019

The National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019, sets out the scope of the scheme, namely "primary medical services" which are defined as health services provided under a contract, arrangement or agreement made under or by virtue of the following sections of the National Health Service Wales Act 2006:
(a) section 41(2) (primary medical services);
(b) section 42(1) (general medical services contracts);
(c) section 50 (arrangements by Local Health Boards for the provision of primary medical services).

The GMPI will include clinical negligence liabilities for NHS work arising from the activities of all GP practice staff, including: GP partners; salaried GPs; locum GPs, if on the All Wales Locum Register; Practice Pharmacists; Practice Nurses; Practice Healthcare assistants; and any other member of staff providing clinical services. GP trainees and trainee nursing students delivering general medical services will also be covered. The GMPI will also cover any healthcare professionals providing the delivery of NHS Primary Care through Primary Care cluster arrangements and any vicarious liability to practices where a cluster based health professional is providing direct care to the practice's registered patients.