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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Specification for a Local Enhanced Service Long-Acting Reversible Contraception (LARC)

1. Introduction

All practices are expected to provide the essential and additional services they are contracted to provide to all their patients. This specification outlines a more specialised service to be provided. 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.

2. Service Aim

This Local Enhanced Service (LES) commissions the fitting, ongoing care and removal of all types of IUCD and etonogestrel (Nexplanon® only) contraceptive subdermal device; the initiation and supervised self-administration of medroxyprogesterone acetate (Sayana® Press); and the administration of Medroxyprogesterone acetate (Depo-Provera® only) contraceptive injections.

This enhanced service aims to:

- Provide a means whereby practice personnel can be accredited to provide a range of Long Term Reversible Contraceptive (LARC) services for their female patients.
- Ensure that women considering LARC methods receive detailed verbal and written information that will enable them to choose a method and use it effectively.
- Ensure that the availability of post-coital IUCD fitting for emergency contraception should be more adequately provided as another means of reducing unwanted pregnancies.
- Increase the availability of LNG-IUS in the management of menorrhagia within primary care.

3. Requirements of Service Delivery

It is a requirement of this LES that the contractor provides a service that:

- (i) **Provides detailed verbal and written information** that will enable women to choose a method of contraception taking into account their individual needs. This should include:
 - Contraceptive efficacy;

- Duration of use;
 - Risks and possible side effects;
 - Non-contraceptive benefits;
 - The procedure for initiation and removal/discontinuation;
 - When to seek help while using the method.
- (ii) **Provides a range of long acting reversible contraceptive treatments** including:
- Administering medroxyprogesterone acetate (Depo-Provera[®]) contraceptive injections as appropriate;
 - One-off patient initiation onto medroxyprogesterone acetate (Sayana[®] Press) and a maximum of two sessions of supervised self-administration for each individual patient; if the patient requires more than two supervised self-administrations the GP should consider moving the patient to Depo-Provera, or another method of contraception as appropriate for the patient's individual needs;
 - Fitting and removing etonogestrel (Nexplanon[®]) contraceptive subdermal devices;
 - Fitting, monitoring, checking and removing IUCDs.

NB Where there are no personnel within the practice accredited to undertake a particular procedure, arrangements should be made for patients requiring this procedure to be referred to an alternative provider.

- (iii) **Produces an up-to-date register of patients in all four categories.** For each of these categories, this will show details of the type of treatment provided (including name and batch number). This is to be used for audit purposes, and to enable the primary care team to target these patients for health care checks.
- (iv) **Ensures that anyone involved in the enhanced service undertakes regular continual professional development (CPD).**
- (v) **Provides adequate equipment.** Certain special equipment is required for IUCD fitting. This includes an appropriate room fitted with a couch and with adequate space and equipment for resuscitation. A variety of vaginal specula, cervical dilators need to be available. An appropriately trained nurse also needs to be present to support the patient and assist the doctor during the procedure.
- (vi) **Ensures that assessment of STI risk** is undertaken on all those seeking contraception as well as advice on the use of condoms to prevent infection.
- (vii) **Routine follow-up:**
- IUD/IUS:** at three to six weeks to check threads and exclude perforation. Any problems such as abnormal bleeding or pain should be assessed urgently. Return if problems or time for removal; no further follow-up needed.
- Implants:** No routine follow-up, return if problems, to change method or if ready for removal.
- Injectable contraceptives:** every 12 weeks for repeat injections/prescriptions.

Annual review of Sayana® Press patients' technique: in cases of medroxyprogesterone acetate (Sayana® Press), the contractor should annually re-evaluate the patient to assess her injection technique and, if on reflection it is considered a reasonable course of action, consider changing the contraceptive method used to one more suitable to the patient's needs and abilities.

- (viii) **Produces 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/fitting/injection, the type and batch number of the IUCD/implant/injection, 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 notes.
- (ix) **Ensures devices are used for the correct patients and the approved indications ie the use of LNG-IUS for the management of menorrhagia in primary care as part of a care pathway agreed and developed with local gynaecology departments.**
- (x) **Conducts an annual review of the enhanced service,** details of which will be supplied to the Health Board should this be requested, which could include an audit of:
 - (a) The register of patients for each treatment;
 - (b) Continuous usage rates;
 - (c) Reasons for removal/discontinuation;
 - (d) Complications.

Practices should be aware that the remuneration for this service includes the provision of the usual dressings and equipment for the provision of the long acting reversible contraception covered by the specification and not through the use of an NHS prescription.

Significant events

It is a condition of participation in this LES that practitioners will give notification to the Health Board Associate Medical Director of all emergency admissions or deaths of any patient covered under this service, where such admission or death is or may be due to usage of the drug(s) in question or attributable to the relevant underlying medical condition. This must be reported within 72 hours of the information becoming known to the practitioner. This is in addition to a practitioner's statutory obligations.

4. Accreditation

A practice may be accepted for the provision for all or part of this enhanced service if it has one or more partners / employees, with the necessary skills, experience and qualifications to carry out the contracted procedures.

Medical and nursing practitioners will need to provide evidence of experience in the contraceptive method for which they are being accredited. The DFSRH and its Letters of Competence are desirable in order that holistic, high quality contraceptive care can be offered to the patient. The Health Board requires practitioners to demonstrate five yearly updates in

the accredited contraceptive method and to provide information of the number of sub-dermal implants and/or intra-uterine devices fitted annually.

Practitioners will need to satisfy, at appraisal, that they have the necessary medical experience, training and competence to enable them to provide for a safe and effective LARC enhanced service.

The evidence of five yearly updates and annual information on numbers of implants and/or IUCDs fitted should be kept on file and made available to the Health Board, or its agents, on request.

Practitioners delivering this LES should demonstrate a continuing sustained level of activity, conduct regular audits, be appraised on what they do and take part in necessary supportive educational activities. Audit information should be available for the Health Board to view on request.

For those doctors signing up for the first time to the IUCD or etonogestrel (Nexplanon®) part of this LES, please use the accreditation form found on the Primary Care intranet pages here: <http://howis.wales.nhs.uk/sitesplus/862/page/56523>. Your GP should fill in this form and sign it before it is sent. **All GP accreditation requests should now be sent to Contracts Management, NWSSP.**

For all those signing up to medroxyprogesterone acetate (Depo-Provera®) or medroxyprogesterone acetate (Sayana® Press), and for all those doctors signing up in a subsequent year to IUCDs or etonogestrel (Nexplanon®), please sign up as a practice via the Annual Return / Intention to Provide form.

Where employed nurses and locum practitioners are providing the service the responsible partner will complete the form found on the Primary Care intranet pages here: <http://howis.wales.nhs.uk/sitesplus/862/page/62841> and take responsibility for ensuring that the employed persons' accreditation and recertification is compliant with the accreditation set by PMCAT. The Health Board recommends that the qualifications awarded and monitored by the Faculty of Sexual and Reproductive Health (FSRH) for medical and nursing practitioners are the approved standard.

5. Pricing

This LES will fund on the basis of Contraceptive Commissioning Units (CCUs):

Each Unit will attract the value of [REDACTED]:

Procedure	Contraceptive Commissioning Units	Tariff £
Administration of Parenteral Contraceptive Injection (Depo Provera®)	1 unit	[REDACTED]
Patient Initiation onto medroxyprogesterone acetate (Sayana® Press)	2 units	[REDACTED] *
Supervised Self-administration of medroxyprogesterone acetate (Sayana® Press)	1 unit	[REDACTED] **
Annual review of medroxyprogesterone acetate (Sayana® Press) patient's technique	1 unit	[REDACTED] ***

Procedure	Contraceptive Commissioning Units	Tariff £
Insertion of Contraceptive Subdermal Device (Nexplanon®)	4 units	██████
Removal of Contraceptive Subdermal Device (Nexplanon®)	8 units	██████
Insertion and Removal of IUCD/IUS	9 units*	██████****

*The payment of ██████ for patient initiation onto medroxyprogesterone acetate (Sayana® Press) is a one-off payment for each individual patient and cannot be claimed for the same patient in future years.

**The payment of ██████ for supervised self-administration of medroxyprogesterone acetate (Sayana® Press) may only be claimed twice for each patient in any 12 month period; if a patient requires more supervision than this then medroxyprogesterone acetate (Sayana® Press) is not deemed appropriate for this patient and the GP should review the contraception method chosen and move the patient onto a more appropriate method for their needs.

***The contractor may claim a further supervised self-administration fee to assess the patient's technique, on an annual basis. The first such fee claimed must be at least 12 months on from the last supervised session claimed, and thereafter the annual reviews must be timed to take place every 12 months, within reason.

****The payment of ██████ (9 units) for IUCDs on insertion is intended to cover both the insertion and subsequent removal; the payment is front loaded on the assumption that the GP will eventually be asked to remove the device they originally inserted. It is accepted that occasionally a patient does not require removal of the IUCD by the GP or the GP is asked to remove devices they did not originally insert; however these two scenarios are expected to balance out each other over the course of the year and therefore no payment is due on removal, only on insertion.

Equipment and accessories must be provided for by the practice and not via an NHS prescription.

Payments will be made upon submission to NWSSP of the numbers of patients in each category each month. Details of the related procedures undertaken will need to be kept by the practice for use at PPV visits. No claim can be made for IUCD annual review as this is no longer a NICE recommendation.