

**National; Enhanced Service for Intra-Uterine Device Fittings
(incorporating Optional Contraceptive Implants Service)**

Reference: NES03

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1. Financial Details

This agreement is to cover the 12 months commencing 1 April 2009.

On agreeing to provide an IUD service with the PCT for the 12 months commencing 1 April 2009 practices will receive:-

£81.31 insertion fee per patient, £21.68 annual review fee per patient, and a £21.68 removal fee per patient where this does not involve a replacement fitting.

Where GPs are accredited to provide a Contraceptive Implant service, their practice will receive a fee of £61.04 per insertion and £61.04 per removal of Implants.

2. Service Aims

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, all 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.

There are two contraceptive services included within this specification: IUDs and Contraceptive Implants. Contraceptive implants have been added as an optional service for practices to sign up to provide (i.e. practices do not have to sign up for both types of contraceptive service under this combined specification). This is also dependent on accredited clinical personnel being available to provide the service.

Aims of IUD Service

The aims of the IUD service are to:

- 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 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.
- Increase the availability of contraceptive implants (e.g. *Implanon*) where General Practitioners have accredited skills

Evidence shows that:

(i) IUDs make up approximately 5 per cent of contraceptive usage in the UK. This is much lower than in many other European countries. In Scandinavia, IUDs make up 20% of contraceptive usage

(ii) clinical effectiveness is excellent, with a recognised failure rate for all devices of 0.2-2.0 per 100 woman-years. For the levonorgestrel-releasing intrauterine system (LNG-IUS) the failure rate is 0.16/100 woman-years which is comparable to female sterilisation

(iii) it is one of two areas of contraceptive provision with relatively high levels of litigation and the most important factor influencing failure rate and problems is the competence of the professional inserting the device.

(iv) the risk of pelvic inflammatory disease attributable to IUD usage is low at 1.5. If 1000 women have an IUD inserted, then 1.5 of them will develop pelvic inflammatory disease

(v) the World Health Organisation (WHO) supports the use of the IUD in young women including those under 20 years provided they are at low risk of sexually transmitted infections (STI)

(vi) the LNG-IUS has additional non-contraceptive benefits of decreasing menstrual loss and is part of the management of menorrhagia recommended by the Royal College of Obstetricians and Gynaecologists (RCOG)

(vii) insertion of a copper IUD up to 5 days after presumed ovulation acts as a very efficient emergency post-coital contraception. Because of its increased post-coital time frame and non-

hormonal constituents, it is complementary to the emergency use of the progesterone-only contraceptive pill

(viii) IUD fitting is not undertaken by all general medical practitioners and maintaining expertise in IUD fitting can be difficult.

Aims of Contraceptive Implant Service

The aims of this service are to:

- ensure that the full range of contraceptive options are provided by practices to patients.
- increase the availability of contraceptive implants through primary care.

Evidence shows that:

- (i) the use of contraceptive implants nationally has doubled since 2000, with over 10,000 implants being fitted in 2003.
- (ii) contraceptive implants provide excellent contraceptive protection over a long period. Implanon which is the only contraceptive implant currently licensed in the UK is reported to have a Pearl Index of 0.0 (95% CI 0.00-0.09)¹.
- (iii) it is one of two areas of contraceptive provision with relatively high levels of litigation. The most important factor influencing the incidence of problems relating to insertion and removal is the competence of the professional inserting the device^{2,3}.
- (iv) high quality information and advice influences client satisfaction and continuation rates^{4,5} with long acting methods of contraception.
- (v) implant fitting and removal are not undertaken by all clinical practitioners in general practices and maintaining expertise in fitting and removal can be difficult and requires commitment from the practitioner.

¹ Croxatto HB, Mararainen L. The pharmacodynamics and efficacy of Implanon: An overview of data. *Contraception* 1998; 58: 91s-97s

² *BMJ* 1995; 311;470 (19 August)

³ Harrison PF, Rosenfield A. research, introduction and use: *Advancing from Norplant Contraception* 1998: 58;323-34

⁴ Counselling key in Norplant satisfaction. *Contraceptive technology Update* 1999 Aug; 20(8): 90-1

⁵ Chikamata DM, Miller S. The health services at the clinic level and implantable contraception for women. *Contraception* 2002; 65: 97-106

3. Criteria

The IUD National Enhanced Service Specification and (where applicable) the Contraceptive Implants Service details the following criteria:

1. Direct Service Delivery
2. Data Collection
3. Facilities
4. Staffing
5. Liaison/Shared Care
6. Review/Audit

Please note that for IUDs these criteria are nationally determined and are not subject to negotiation.

Criteria One : Direct Service Delivery

(i) IUD

- **fitting, monitoring, checking and removal of IUDs** as appropriate
- **chlamydia screening** before insertion of the IUD and, if positive, refer for screening for other STIs. This should be in accordance with national policy, or with PCT policy if there is no relevant national policy
- **condoms to be issued for use to prevent infection**
- **regular assessment.** A check of the IUD after fitting is suggested at six weeks and thereafter annually. In addition any problems such as abnormal bleeding or pain should be assessed urgently
- **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

(ii) Contraceptive Implants

- **fitting, monitoring, checking and removal of Contraceptive Implants** as appropriate
- **assessment and follow up.** 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 within three years.
 - (i) **provision of information.** Appropriate verbal and written information about all contraceptive options should be provided at the time of counselling to ensure informed choice. Understanding regarding implant use should be reinforced at fitting with information on effectiveness, duration of use, side effects and those symptoms that require urgent assessment.
 - (ii) **production of an appropriate clinical record.** Adequate recording should be made regarding the patient's clinical, reproductive and sexual history, the counselling process, the results of any STI screening, problems with insertion, the type and batch number of the implant, expiry date of the device and follow-up arrangements. If the patient is not registered with the provider of the LES, the provider must ensure that the patient's registered practice is given all appropriate clinical details for inclusion into the patient's notes after obtaining explicit consent from the patient.
 - (iii) **Periodic reviews at least annually**, which could include an audit of:
 - a) the register of patients fitted with a contraceptive implant;
 - b) reasons for removal;
 - c) complications or significant events.

Criteria Two: Data Collection

Details

(i) IUD

- **production of an up-to-date register of patients fitted with an IUD.** This will include all patients fitted with an IUD and the device fitted. This is to be used for audit purposes, and to enable the primary care team to target these patients for health care checks
- **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 IUD, and follow-up arrangements. If the patient is not registered with the practice providing the NES, the providing-practice must ensure that the patient's registered practice is given all appropriate clinical details for inclusion into the patient's notes

(ii) Contraceptive Implants

- **production of an up-to-date register of patients fitted with an Implant** This will include all patients fitted with an Implant and the device fitted. This is to be used for audit purposes, and to enable the primary care team to target these patients for health care checks
- **production of an appropriate GP record.** Adequate recording should be made regarding the patient's clinical history, the counselling process, and follow-up arrangements. If the patient is not registered with the practice providing the NES, the providing-practice must ensure that the patient's registered practice is given all appropriate clinical details for inclusion into the patient's notes

Criteria Three: Facilities

Details

(i) IUD

- **provision of adequate equipment.** Certain special equipment is required for IUD 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, and equipment for cervical anaesthesia also need to be available. An appropriately trained nurse also needs to be present to support the patient and assist the doctor during the procedure

Criteria Four: Staffing

Details

- Practitioners undertaking such procedures should have undertake appropriate training. This should be based on modern, authoritative medical opinion, for example, the current requirements set down by the Faculty of Family Planning and Reproductive Health Care (FFPRHC) for the letter of competence in intrauterine techniques (LoC IUT). This involves a demonstration of gynaecological skills in assessing the pelvic organs, a minimum number of ten observed insertions in conscious patients, and appropriate knowledge of issues relevant to IUD use, including counselling.
- Those doctors who have previously provided services similar to the proposed enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.
- Practices to undertake regular continual professional development (CPD)
- An appropriately trained nurse needs to be present to support the patient and assist the doctor during the procedure

Criteria Five : Liaison/Shared Care

Details

- **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.** To ensure these devices are used for the correct patients and the approved indications

Criteria Six : Review/Audit

Details

All practices undertaking this service will be subject to an annual review which could include an audit of:

- the register of patients fitted with an IUD
- continuous usage rates
- reasons for removal
- complications.

4. Accreditation

(i) IUDs

Practitioners undertaking such procedures should have undertaken appropriate training. This should be based on modern, authoritative medical opinion, for example, the current requirements set down by the Faculty of Family Planning and Reproductive Health Care (FFPRHC) for the letter of competence in intrauterine techniques (LoC IUT). This involves a demonstration of gynaecological skills in assessing the pelvic organs, a minimum number of ten observed insertions in conscious patients, and appropriate knowledge of issues relevant to IUD use, including counselling.

Those doctors who have previously provided services similar to the proposed enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.

(ii) Contraceptive Implants

Practitioners undertaking these procedures should have undertaken appropriate training. This should be based on modern, authoritative medical opinion, for example, the current requirements set down by the Faculty of Family Planning and Reproductive Health Care (FFPRHC) for the letter of competence in sub-dermal implants (LoC-SDI) or Royal College of Nursing (RCN) guidance on insertion and removal of sub-dermal implants together with RCN Accreditation. This involves a demonstration of skills involved in counselling for implants, knowledge of issues relevant to implant 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 FFPRHC/RCN (as appropriate), and assessment of competence by a Faculty/RCN approved assessor. They should provide evidence of maintaining skills for example, by re-certifying according to FFPRHC / RCN regulations.

Clinicians who have previously provided services similar to the proposed enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service (by being considered equivalent to the requirements set down by the FFPRHC/RCN) shall be deemed professionally qualified to do so.

5. Ongoing Measurement & Evaluation

Ongoing measurement is outlined in the various criteria in the previous section.

The practice is required to complete activity monitoring forms and submit to the PCT on a quarterly basis. This will be used to calculate quarterly payments to the practice. In exceptional circumstances, the PCT may require post-payment verification of activity carried out under this service specification.