

SERVICE SPECIFICATIONS

Service Specification No.	
Service	Long Acting Reversible Contraception Service
Authority Lead	Morven Banks, Commissioning Project Manager
Provider Lead	
Period	1st April 2016 – 31st March 2021
Date of Review	

1. Overview

1.1 National, Local context and evidence base

- 1.1.1 Local authorities are mandated to provide or secure the provision of open access sexual health services which includes access to contraception over and above contraceptive services provided as an “additional Service” under the GP contract.
- 1.1.2 Overall Sexual Health in Portsmouth is within the worst 20% nationally but there are significant differences across the city. Sexual health is not evenly distributed within the population and there are significant differences between population groups.
- 1.1.3 Consistent and correct use of effective contraception is the best way for sexually active women and their male partners to avoid an unplanned pregnancy.
- 1.1.4 The abortion rate in Portsmouth is higher than the national rate. The age standardised abortion rate for females aged 15-44 was 17.3 per 1,000 females while in England the rate was 16.5
- 1.1.5 Rates of repeat abortions in under 25s are lower than national rates. Supporting young women to consider the full range of methods of contraception and increase the uptake of Long Acting Reversible Contraception (LARC) methods will help to reduce unintended conceptions further.
- 1.1.6 There has been significant reductions in the under 18 conception rate across the city with the rate of 24.8 per 1000 females aged 15-17 compared to the English rate of 24.3.
- 1.1.7 It has been estimated that only 50% of pregnancies are planned, with 16% unplanned and 29% ambivalent. Unplanned and ambivalent pregnancies can have a major impact on individuals, families and wider society
- 1.1.8 In 2014, Portsmouth was ranked 295 out of 326 local authorities in England for the rate of GP prescribed LARCs (1st has the highest rate), with a rate of 13.2 per 1,000 women aged 15 to 44 years, compared to 40.2 in South East and 32.3 in England.

1.2 Evidence Base

1.2.1 NICE Guidance CG30 Long-acting reversible contraception (March 2005) states that:

- Women should be offered a range of contraceptive methods including LARC methods of contraception
- Women should be provided with the method of contraception that is most acceptable to them, provided it is not contraindicated
- All LARC methods are more cost effective than the combined oral contraceptive pill after 1 year of use
- Intrauterine Devices, Intrauterine Systems and contraceptive implants are more cost effective than the injectable contraceptive
- Increasing uptake of LARC will reduce the numbers of unintended pregnancies.

1.2.2 National Policy and Guidance:

- NICE LARC guidance (CG30) update September 2014
- A Framework for Sexual Health Improvement in England (DH 2013)
- Working together to Safeguard Children and Young People (2013)
- Faculty of Sexual and Reproductive Healthcare guidance
- Healthy Lives, Healthy People white paper (2010)
- Teenage Pregnancy Strategy Beyond 2010
- You're Welcome Quality Criteria (2007)
- Safeguarding Vulnerable Groups Act 2006
- NICE LARC guidance 2005
- Recommended Standards for sexual health services (MedFASH 2005)
- National Service Framework for children, young people and maternity services (2004)
- Every Child Matters (2004)
- Sexual Offences Act (2003).

1.3 Local Drivers & Guidance:

- Portsmouth Health and Wellbeing Strategy
- Portsmouth Children's Trust Priority Plan
- Portsmouth Sexual Health Needs Assessment (2015)
- Portsmouth Sexual Health Strategy (2015)

2. Scope

2.1 Aims and objectives of service

2.1.1 The LARC service provides a fitting and removal service for LARC methods of contraception (IUS, IUD & sub-dermal contraceptive implants only) licensed in the UK for contraceptive purposes only.

2.1.2 The use of LARC solely for non-contraceptive indications is outside the scope of this service.

2.1.3 Service objectives include:

- Providing LARC methods of contraception for contraceptive purposes
- Promoting LARC as effective non-user dependent methods of contraception
- Increasing the uptake and on-going use of LARC thereby contributing to reducing unintended conceptions, including teenage conceptions
- Providing emergency IUCD fittings service as a method of emergency contraception in order to reduce unintended conceptions, including teenage conceptions
- Ensuring that all young women aged 15-24 receiving this service also receive signposting to online remote Chlamydia testing
- Assessing an individual's risk of sexually transmitted infections (STIs), including HIV and the need for STI testing, with access and or referral to STI testing services where appropriate www.letstalkaboutit.nhs.uk.

2.1.4 The use of community venues for service delivery will build on existing staff skills and enable local access to LARC methods of contraception reducing the requirement to travel.

2.1.5 The LARC service requires those who provide the service to complete additional training as described by the Faculty of Sexual & Reproductive Healthcare or the Royal College of Nursing. Each Provider is required to have at least one trained practitioner in order to provide the LARC service. Each trained practitioner must be able to demonstrate that they are continuing to meet the professionally required minimum number of interventions each year. Alternative service provision is also available in Hampshire via the integrated sexual health service provided by Solent NHS Trust www.letstalkaboutit.nhs.uk.

2.1.6 The local Integrated Sexual Health Service (Solent NHS Trust) is commissioned to provide education, training, support and networking opportunities for doctors and nurses providing sexual health services in Hampshire. Doctors and Nurses requiring training to provide the LARC service can access local training via www.letstalkaboutit.nhs.uk.

2.2 Service description and pathway (including referral routes)

2.2.1 The service includes the provision, fitting, checking and removal of intrauterine contraceptive devices (IUDs), Intra-Uterine Systems (IUSs), and the fitting and removal of contraceptive implants licensed in the UK for contraceptive purposes and for emergency contraception in the case of IUCDs.

2.2.2 The Provider will offer and provide IUD/IUS and implants, as part of a range of contraceptive choices, to women resident in Portsmouth or registered with a Portsmouth GP.

2.2.3 The service will be available to women who request contraception and who choose an implant or IUD/IUS as the most acceptable method for them, provided that it is not contraindicated. The provision of IUDs/IUS, under this agreement, is for contraception and emergency contraception purposes only.

2.2.4 Women will be able to self-refer to this service.

2.2.5 The LARC service will:

- Provide an appointment for LARC with a trained and competent practitioner. Only practitioners who hold a current Letter of Competence in IUT and/or SDI are able to provide the LARC service
- Provide the appointment in a timely manner to meet needs of clients and satisfy clinical requirements

- Undertake a clinical history, including a sexual history, as part of routine assessment for LARC methods of contraception to assess suitability for use of method and to identify women at higher risk of STIs¹
- Signpost all young people under 25 accessing the LARC service towards remote online Chlamydia screen, in accordance with the National Chlamydia Screening Programme
- Ensure that women at increased risk of STIs (i.e. sexually active and aged under 25; or over 25 with a new sexual partner in last 12 months; or if regular partner has other sexual partners) are signposted to remote online STI screening
- Consider using prophylactic antibiotics with women who are at higher risk of STIs when test results are not available before insertion of IUD or IUS²
- Encourage women at higher risk of STIs to use condoms in addition to the LARC method of contraception³
- Provide written information (at the time of counselling and reinforced after fitting) on symptoms that require urgent assessment, procedures for initiation and discontinuation. Women should be provided with verbal and written information about the lifespan of the device, side effects and effectiveness in a format and language appropriate to their needs
- Provide an appropriately trained member of staff to support the woman and/or assist the clinician carrying out the procedure
- Ensure that all implants are removed or replaced within 3 years and/or within the length of the licence of each device as described in the British National Formulary
- Ensure that all intrauterine contraceptives are removed or replaced within the length of the licence of each device as described in the British National Formulary⁴
- Ensure that women can make arrangements to be seen after a fitting for advice, where the client is experiencing problems or at expiry date of device
- Ensure that women with abnormal bleeding or pain are assessed urgently
- Provide a check-up for intrauterine contraceptives at 3 to 6 weeks after fitting⁵
- Maintain an up to date service contraception register including all individuals fitted with either an IUCD/IUS or an implant. In addition to the name of the individual, their NHS number and DOB, the register will also include the type of device fitted, the batch number, the expiry date, name & designation of the person completing the procedure. The register will also record if there were any problems with the insertion/removal and any follow up actions and referrals to other services. Also if the service was sub-contracted then this should also be noted against the individual's entry. The Provider shall ensure that express consent is obtained from the client to permit disclosure of the register to HCC if requested under the Contract.
- Ensure all individuals will be guaranteed that their right to confidentiality will be respected and maintained in accordance with recommendations from GMC⁶, NMC⁷ & other professional bodies

¹ Faculty of Sexual & Reproductive Healthcare Clinical Guidance Intrauterine Contraceptives, Clinical Effectiveness Unit November 2007 <http://www.fsrh.org/pdfs/CEUGuidanceIntrauterineContraceptionNov07.pdf>

² Ibid <http://www.fsrh.org/pdfs/CEUGuidanceIntrauterineContraceptionNov07.pdf>

³ Faculty of Sexual & Reproductive Healthcare Clinical Guidance Clinical Effectiveness Unit, April 2008: <http://www.fsrh.org/pdfs/CEUGuidanceProgestogenOnlyImplantsApril08.pdf>

⁴ <http://www.bnf.org/bnf/index.htm>

⁵ Faculty of Sexual & Reproductive Healthcare Clinical Guidance Intrauterine Contraceptives, Clinical Effectiveness Unit November 2007 page 10 <http://www.fsrh.org/pdfs/CEUGuidanceIntrauterineContraceptionNov07.pdf>

⁶ GMC Guidance on confidentiality: www.gmc-uk.org/guidance/ethical_guidance/confidentiality.asp

⁷ NMC guidance on Confidentiality: <http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulation-in-Practice-Topics/Confidentiality>

- Ensure that the clinicians providing the service will follow a process for obtaining informed client consent is in line with the Department of Health guidance⁸
- Ensure that any young person under 16 years of age is competent to make an informed decision in line with Fraser Competence⁹. Note that issues of child protection overrule the right to confidentiality; however any person under the age of 16 will be informed if other agencies are to be involved. Clinicians will refer to the appropriate guidance for working with the sexually active under 18's as agreed by their local safeguarding board¹⁰
- Ensure that young people, under the age of 13 or under 16, where abuse is suspected (including child sexual exploitation), will be managed in accordance with Local Safeguarding procedures and complies with the requirements of relevant national guidelines, including the Children's Act¹¹
- Ensure that all sexually active young people under the age of 16 (and those aged 16-17 where there is a cause for concern), should have a risk assessment for sexual abuse or exploitation using a standardised proforma at each new presentation at the service
- DBS checks - Carry out an assessment of both its staff and the services to ensure compliance with the Safeguarding Vulnerable Groups Act 2006¹²
- Provide free condoms for young people under 25. Promotion and provision of condoms to prevent infection and promote safer sex to young people in Portsmouth. Condoms can be provided free of charge online for from the Level 3 integrated sexual health service for young people www.letstalkaboutit.nhs.uk
- Evidence of female genital mutilation (FGM) should be documented. Those with FGM should be referred to appropriate gynaecological services if needed and safeguarding issues of any female children of such women should be considered
- Be delivered in accordance with Faculty of Sexual & Reproductive Healthcare clinical guidance¹³.

2.2.6 Those providing the service are required to ensure that all practitioners providing the service have the required current Letter of Competence in Sub-Dermal Implants (LoC SDI) and/or Letter of Competence in Intrauterine Techniques (LoC IUT) as per the Faculty of Sexual & Reproductive Healthcare (FSRH) guidance¹⁴

2.2.7 Providers will provide the Commissioner with the names of the doctor(s) and nurse(s) providing this service and will submit copies of LoC to the Commissioner as part of the sign-up process under this arrangement. Providers will advise the Commissioner of any changes to these names throughout the year.

⁸ Reference Guide to consent for examination and treatment, DH July 2009:

<https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition>

⁹ Reference Guide to consent for examination and treatment, DH July 2009:

<https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition>

Fraser Guidelines – based on a House of Lords Ruling; A health professional can give advice or treatment to a person under 16 without parental consent providing they are satisfied that;

- The young person will understand the advice;
- The young person cannot be persuaded to tell his or her parents or allow the doctor to tell them that they are seeking contraceptive advice;
- The young person is likely to begin or continue having unprotected sex with or without contraceptive treatment; and
- The young person's physical or mental health is likely to suffer unless he or she receives contraceptive advice or treatment.

¹⁰ Local Safeguarding Board for Children: <http://www.4lscb.org.uk>

¹¹ Local Safeguarding Board for Children: <http://www.4lscb.org.uk>

¹² http://www.legislation.gov.uk/ukpga/2006/47/pdfs/ukpga_20060047_en.pdf

¹³ <http://www.fsrh.org>

¹⁴ Ibid <http://www.fsrh.org>

2.2.8 Providers will provide PCC with a copy of their CQC registration certificate.

2.2.9 It is the clinician's responsibility to document and maintain contemporaneous records on all clients, in accordance with GMC & NMC guidance plus locally agreed record keeping policy. This will also include recording advice, counselling and treatments received.

2.2.10 Sub-contracting - Where the provider intends to sub-contract the LARC service to another provider for whatever reason (for example the qualified practitioner is not available, or the provider has formed an unincorporated federation with other Providers) then the Provider shall:

- Provide the name of the sub-contractor to the Commissioner
- Ensure that the sub-contracted Provider meets the requirements of the LARC service specification
- Ensure that copies of the Letters of Competence for practitioners providing the service have been sent to the Commissioner

2.3 Coverage

2.3.1 This service is available for women of child bearing age who require advice and support on LARC methods of contraception and are resident in Portsmouth or registered with a Portsmouth GP.

2.4 Any acceptance and exclusion criteria

2.4.1 Before a woman is referred to the LARC service a registered healthcare practitioner will have:

- Discussed the most appropriate method of contraception with the woman based on medical evidence, clinical guidelines and sexual history
- Assessed the need for STI testing and arranged for testing to be carried out where appropriate
- Where the client is aged between 15-24 years old, they should be signposted to online remote testing
- Recorded the information in the client's record.

2.5 Interdependencies with other services

2.5.1 Those providing this service will need to work in close co-operation with the Level 3 Integrated Sexual Health Service provided by Solent NHS Trust (www.letstalkaboutit.nhs.uk).

2.5.2 Providers will also be aware of the benefits of working in partnership with other providers to ensure a networked approach to improving sexual health of local population. Partners include:

- Community Pharmacy
- General Practice
- Local Authority Children & Family Services, including Safeguarding
- Local Authority Adult Services
- Maternity services
- Gynaecology
- Rape and sexual abuse services.
- Portsmouth SARC
- Educational establishments
- Community Health Services
- Voluntary Sector provides of SRE or Sexual Health interventions to young people and adults
- Health visiting
- School nursing

- Substance Misuse Services
- CAMHS
- Young people and adults with additional needs e.g. learning disability services.

2.6 Any activity planning assumptions

2.6.1 Providers will provide the Commissioner with an estimated annual activity plan for the service based on the female population aged 15-44 in the geographical area to be covered by the service.

2.7 Provider Premises

2.7.1 The service will be provided from the local, accessible community premises within Portsmouth.

2.7.2 The facilities to be used for the provision of LARC services need to be provided to best practice, incorporating infection control standards. NHS Estates, Infection Control in the build environment 2002 and Primary and Social Care Premises, Planning and Design Guidance April 2005 are non-exhaustive examples of those to be followed. Adequate and appropriate equipment should be available for the Practitioner to undertake the procedure. This will also include appropriate equipment for resuscitation.

2.7.3 Provision of adequate equipment IUD/IUS service: Certain special equipment is required for fitting and removal of IUD/IUSs. This includes an appropriate room fitted with a couch and with adequate space and equipment for resuscitation. A variety of vagina specula, cervical dilators and equipment for cervical anaesthesia also need to be available. An appropriately trained assistant also needs to be present to support the client and assist the clinician during the procedure.

2.7.3 Provision of adequate equipment Implant Service: Certain special equipment is required for fitting and removal of 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 local anaesthesia provision also need to be available. An appropriately trained assistant also needs to be present to support the client and assist the clinician during the procedure as required.

2.7.4 Sterilisation & Infection prevention control: Although LARC procedures have a low incidence of complication, it is important that those providing the procedures listed in this specification operate to the highest possible standards. Providers must use one of the following arrangements for sterilisation:

- a) Disposable sterile instruments
- b) Sterile packs from a local CSSD
- c) Approved sterilisation procedures that comply with national guidelines

2.7.5 CQC registration and compliance must fully achieved.

2.6 Days/Hours of Operation

2.6.1 The LARC service will be offered within the normal hours of operation of the service

2.7 Public Health Planning

2.7.1 The Authority may review elements of the Service Specification in accordance with changes to Public Health delivery plans.

3. Applicable Service Standards

3.1 National standards

3.1.1 The service is underpinned by the following standards:

- NICE guidance for LARC (CG30): The effective and appropriate use of Long Acting Reversible Contraception
- PH3 One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups
- Faculty of Sexual & Reproductive Healthcare Clinical guidance www.fsrh.org/pages/clinical_guidance
- Faculty of Sexual & Reproductive Healthcare Clinical standards www.fsrh.org/pages/Clinical_Standards
- National Chlamydia Screening Programme Core Requirements: www.chlamydia-screening.nhs.uk
- Care Quality Commission (CQC) Registration and Compliance Requirements www.cqc.org.uk.

3.1.2 The Service should aim to use the Department of Health's You're Welcome quality criteria and local resources where available, as guiding principles, when planning and implementing changes and improvements, in order for the service to become young people friendly where appropriate¹⁵.

3.2 Applicable local standards

3.2.1 A provider may be accepted for the provision of this service if it has a partner, employee or sub-contractor who has the necessary skills and experience and current Letters of Competence to carry out the contracted activity.

3.2.2 Specific requirements for the LARC service are:

- 100% of practitioners providing the service to hold current FRSN (or RCN) Letters of Competence in Intrauterine Techniques (LoC IUT) and/or Sub Dermal Implants (LoC SDI)
- Each practitioner providing IUD/IUS service to have completed at least 12 insertions per annum and each practitioner providing implant service to have performed 6 procedures, at least one fit and one removal per annum (as per FRSN guidance)

4. Location of Delivery

4.1 All premises will be located in Portsmouth City boundaries.

5. Quality Standards, Performance Measures

5.1 Quality Standards

5.1.1 Quality Outcomes Indicators: Other than those set out above in section 3 there are no additional quality outcomes.

5.1.2 Performance Indicators: The following are the key performance indicators that will be used to measure the success of service delivery:

¹⁵ You're Welcome Guidance available from <https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services>

- Percentage of monthly returns made within 10 working days of the end of each month
- Percentage of removals within 12 months of fitting.

5.2 Monitoring Arrangements

- 5.2.1 Providers to report the monthly activity by completing the electronic LARC service monitoring return via Outcomes4Health system. The data should be uploaded by the 6th of each month to ensure that payment is made.
- 5.2.2 The LARC service monthly monitoring return will allow the provider to monitor the activity provided against their estimated annual activity using the tariff prices shown in section 6.
- 5.2.3 The monitoring return requires the provider to provide the following on each service user who access the LARC service: age, ethnicity, first part postcode, indication, type of device inserted, type of device removed, reason for removal and removal within 12 months of fitting.
- 5.2.4 Failure to return a completed monthly return within the timeframes as outlined in this agreement may result in payment delay. If claims for payment are not submitted within the appropriate financial year Portsmouth City Council reserve the right to make payment.
- 5.2.5 Providers may be asked to submit supporting evidence which may be in the form of an audit focusing on elements of clinical governance.

6. Remuneration

- 6.1.1 The charges are comprised of the following:
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| • IUCD (Fitting, 6 week review & removal) | £80.00 (per client) |
| • Implant (Fitting) | £30.00 (per client) |
| • Implant (Removal) | £30.00 (per client) |
| • Consultation post insertion (Implant) | £20.00 (per client) |
- 6.1.2 If there is a requirement to replace an implant the provider is able to claim a removal and a fitting fee for this.
- 6.1.3 Payments will be made monthly in arrears based on actual activity.
- 6.1.4 The activity data is submitted to PCC by Outcomes4Health system will be used to calculate payments to providers.
- 6.1.5 Supporting Information - Section 5.2 details the information that should be provided to support any payment
- 6.1.6 Portsmouth City Council makes no commitment on the volume of activity made available to a Provider under these services and reserves the right to withdraw services dependent on budget availability.