PUBLIC HEALTH
LOCAL SERVICES AGREEMENTS 2016/17
SERVICE SPECIFICATION SIGN-UP

GP Practice
Intra-uterine contraceptive device/system
(IUCD/S) fittings

Contract expiry date: 31 March 2017

Specific Training/Accreditation: Evidence is required that all individuals undertaking this service have full current accreditation, refer to specification for further details. Please state if details have already been provided and we will check our records. N.B. Following the accreditation transition year in 2015-16, this is the first year where full accreditation is now required.

<table>
<thead>
<tr>
<th>GP Practice:</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP Practice Branch Code:</td>
</tr>
<tr>
<td>GP Practice PPA Code:</td>
</tr>
</tbody>
</table>

I declare that I am competent to provide this service.
Name and designation:

Signature:

To be signed only by the contractor or authorised person

For and on behalf of EAST SUSSEX COUNTY COUNCIL
County Hall, St Anne’s Crescent, Lewes, East Sussex BN7 1UE

Signed .................................................................
Authorised Signatory
Payment:
Each practice contracted to provide this service will receive:
£81.31 per insertion
£38.00 per removal
£21.69 follow up

How to claim: Claims for this service will be requested by Public Health shortly before the end of each quarter and should be received by the following dates:

Quarter 1  Friday 8 July 2016
Quarter 2  Friday 7 October 2016
Quarter 3  Friday 13 January 2017
Quarter 4  Friday 7 April 2017

Late submission of claims will result in delayed payments.
This service specification should be read in conjunction with the Public Health Local Service Agreement (PHLSA) contract document. In addition to the service specific elements set out in this specification all Terms and Conditions set out in the PHLSA must be adhered to by providers delivering this service.

GP Practice
Intra-uterine contraceptive device/system (IUCD/S) fittings

1. Introduction
This service covers fitting and advising, and removal of IUCD/S in primary care.

Adherence to this specification is mandatory for all practitioners providing this service to ensure a satisfactory standard of service. Payment will only be made if the Practitioner has provided evidence of accreditation and adhered to the specification.

This service specification does not include the use of Intrauterine System (IUS) for the management of menorrhagia in primary care. Complex IUD/S removal and contraceptive requirements should be referred to the appropriately trained staff within the specialist sexual health services.

2. Background and Evidence Base
NICE Clinical Guideline 30 identifies the following priorities relating to the provision of contraception:
- women requiring contraception should be given information about and offered a choice of all methods, including Long-Acting Reversible Contraception (LARC);
- all currently available LARC methods are more cost effective than the combined oral contraceptive pill, even at one year of use;
- intrauterine devices, the intrauterine system and implants are more cost effective than the injectable contraceptives; and
- increasing the uptake of LARC methods will reduce the numbers of unintended pregnancies.

3. Aims and intended service outcomes
The aims and outcomes of this service are to:
- ensure that a full range of contraceptive options are provided by practices to patients;
- ensure that the availability of post-coital copper IUCD fitting for emergency contraception should be provided as a means of reducing unwanted pregnancies;
- increase in uptake of long acting reversible contraception;
- create a reduction in unintended pregnancy;
- create a reduction in under 19 pregnancies; and
- create a reduction in the number of pregnancy terminations.

4. Service outline
This service specification includes:
- fitting, and removal of IUCD’S as appropriate;
- production of an up-to-date register of patients fitted with an IUCD/S. This will include all patients fitted with an IUCD. This is to be used for audit purposes;
• practices to undertake regular continuing professional development (CPD). Attendance at annual contraception update run by the local specialist sexual health services is recommended;
• provision of adequate equipment. Certain special equipment is required for IUCD/S 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 must also be available. An appropriately trained assistant needs to be present to support the patient and assist the doctor or nurse during the procedure;
• condom use for prevention of future infection (free condoms are provided to the practice if signed up to C Card scheme)
• provision of information. Written information should be provided at the time of counselling with information on follow-up and those symptoms that require urgent assessment; and
• 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 IUCD, and follow-up arrangements. If the patient is not registered with the practice providing the service, the providing-practice must ensure that the patient’s registered practice is given all appropriate clinical details for inclusion into the patient’s notes with the patients consent.

Standard thread and annual checking of IUCD/IUCS is no longer required as per current FSRH guidance. Post 4-6 week fitting checks have now been removed as a standard from the FSRH IUCD guidelines (April 2015) however it is recognised that a check may be required if a woman is unable to feel threads or for other complications post fitting and payment can be claimed for this. This service specification does not include follow ups relating to menorrhagia management.

5. Specific service standards and responsibilities of the provider regarding young people
• All advice and information given to young people should be in line with East Sussex County Council’s policies for the provision of contraception and sexual health advice services for young people
• All staff providing this service to young will assess and demonstrate in records that the young people are Fraser Competent.
• All staff working with young people will ensure young people are aware of the limits of confidentiality in line with Sussex Child Protection and Safeguarding Procedures.
• All staff working with young people are expected to be responsive to the needs of individual young people regarding age, learning ability, culture, religion, ethnicity, sexuality and gender.
• All staff should have a current working knowledge of community provision offering sexual health and contraceptive services (including young person specific and outreach services).
• Chlamydia NAATs screening is suggested by FSRH for all women 24 and under before insertion of the IUCD/S (Chlamydia screening programme self test or practice taken non-chlamydia programme test) and women aged 25 and over who are identified as at risk of STIs (by non-chlamydia programme test).
• It is expected that any pre insertion screening will be undertaken as part of a contraception consultation and medical examination, and not as part of this service specification. For young people (24 and under) because it is not possible to differentiate between chlamydia screening programme self-testing undertaken as part of the general chlamydia screening programme and chlamydia screening programme self-tests undertaken as part of a contraceptive consultation, practices will be funded under the chlamydia screening PHLSA for any completed chlamydia screening programme self-test received regardless of whether the test is associated with IUCD fitting or not.
• Routine precoil Chlamydia NAATs screening in women aged 25 and over who have not been at risk of STI’s (see FSRH guidance 2015) is no longer recommended.
• The contraceptive services commissioned by NHS England are an “additional service” defined in the standard GP contract (clause 9.3.1) as follows:
  − The giving of advice about the full range of contraceptive methods Including advice regarding IUD and SDI as they are part of the whole range
Where appropriate, the medical examination of patients seeking such advice
For the purpose of this service specification medical examination would include pre-coil swab taking if required, under the additional contract.

Clinical Governance
As part of Clinical Governance Practices will be required to develop, implement, monitor and review the clinical quality of the service that they undertake.

All service providers will:
- undertake a risk assessment to ensure adequate facilities and equipment are in place to deliver the service and identify the resources available to support the service. ESCC will require the following details:
  - where the service will be delivered;
  - administration / IT systems – monitor demand / activity;
  - who will be delivering the services;
  - proposed roles and responsibilities;
  - robust communication systems; and
  - arrangements for transfer of care to other services.
- maintain appropriate systems for record keeping including patient assessment, follow-up/recall and an appropriate clinical record;
- an approved complaints system should be in place; and
- regularly monitor access times.

6. Referrals and Eligibility
Any woman, whether a registered or non-registered patient of the practice, who is a resident of East Sussex, following clinical assessment and a presentation of the full choice of contraceptive method, taking into account clinical appropriateness of method and contraindications and exclusions. All complex contraception issues should be referred through to the East Sussex specialist sexual health team. (Please also see specific service standards regarding young people).

7. Equipment and Premises
Certain special equipment is required for IUCD/S fitting and removal. 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. This specification also includes the provision of sterile surgical instruments which can be of the disposable type or obtained from CSSD and other consumables These costs are included in the service price.

8. Accreditation and Training
Practitioners (both doctors and nurses) undertaking this procedure must have appropriate accreditation and have completed all relevant training as directed by FSRH. Accreditation involves a demonstration of skills involved in counselling, knowledge of issues relevant to IUCD/S 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 Faculty of Sexual and Reproductive Health Care (FSRH), and assessment of competence by a FSRH Faculty registered trainer.

An appropriately basic life support trained healthcare assistant also needs to be available to monitor the patient and assist the clinician during the procedure.
Evidence of appropriate training and accreditation should be supplied to the commissioner prior to commencing service provision.

• Evidence of current full accreditation - FSRH LoC IUD (see above link)
• To ensure clinicians are able to maintain competence they should be inserting at least one intrauterine method per month.

For recertification. See details on following link http://www.fsrh.org/pages/Recertification.asp
• It is the responsibility of the practitioner to assess their own competence if accredited following career breaks. Specialist sexual health services can offer attendance and fitting a number of devices in busy IUCD/S clinics for a refresher and update in these circumstances.
• the FSRH requires a log of at least 12 insertions in 12 months or six in 6 months using at least two different types of device in unanaesthetised patients.

Practitioners should undertake regular Continuing Professional Development (CPD). The FSRH require practitioners to attend regular updates. The East Sussex specialist sexual health service provides a free annual update day.

9. DBS Requirements
A DBS check must be in place for all staff delivering this service. Providers should assure themselves that the appropriate DBS check, for the type of service being undertaken is in place for each member of staff providing the service. Please see guidance www.gov.uk/disclosure-barring-service-check/overview. The County Council policy is that DBS checks are refreshed every three years.

10. Payments and Cost
Each practice contracted to provide this service will receive:
£81.31 per insertion
£38.00 per removal
£21.69 follow up

All signed up practices are suggested to provide C Card condom distribution to under 25s (see C Card specification). However this is not a requirement and practices may choose to provide this service and not sign up to the C-Card scheme. Condom distribution to over 25s is included as part of the payment within the IUCD/S consultation.

11. Monitoring, Audit and Reporting
The service provider will be required to obtain and maintain good quality and appropriate clinical records of the interventions delivered to patients through this service specification. The service provider will also be required to produce an annual report. Service specific information to be included in the annual report is set out in the table below. Proposed read codes to record LARC procedures are in Appendix A: (please note data should be presented as a summary so that individual patients are not identifiable).

• Geodemographic data – postcode, age, ethnicity, gender as set out in minimum data set requirements.
• a register of patients fitted with a IUCD/S
• Number of IUCD/S’s fitted
• Number of IUCD/S’s removed
• Reasons for removal
• How long had the removed IUCD/S been in situ
• Reporting of significant events and analysis in relation to IUCD/S service
• Monitoring of complaints
The Commissioner will undertake an annual review and will consider compliance with the contract. Any aspect of compliance with this service specification can be considered. All reviews undertaken by the Commissioner will consider (not exhaustive):
- Outcomes for clients and patients
- Benchmarking of current knowledge and practice
- Who gains access to the service
- Quality of service
- Performance against agreed volume and service standards
- Client and patient user satisfaction
- Learning points identified.

The commissioner will assist with disseminating good practice and shared learning.

12. Useful Contacts

Josephine Percival, East Sussex Specialist level three Contraceptive lead (based at the two specialist service addresses shown below)
Josephine.percival@esht.nhs.uk

| 1st floor, Station Plaza Health Centre, Station Approach, Hastings, East Sussex TN34 1BA | Avenue House, The Avenue, Eastbourne, East Sussex. BN21 3XY |
| 01424 464750 | 01323 416100 |

Tony Proom - Strategic Commissioning Manager for Clinical Sexual Health
Tel: 01273 335252, email: Tony.proom@eastsussex.gov.uk

Tracey Houston – Business Manager for Public Health
Tel: 01273 481932, email: Tracey.houston@eastsussex.gov.uk

Chlamydia screening NAATs kits request from
http://www.eastsussexsexualhealth.co.uk/order-a-chlamydia-screening-kit.html
01323 462762

Condoms and lubrication
ccard.publichealth@eastsussex.gov.uk

FSRH guidance on intrauterine contraception (2015)
http://www.fsrh.org/pdfs/CEUGuidanceIntrauterineContraception.pdf
Proposed Read codes - LARC Audit– 2016/17

5-byte version 2 (Read code V2) for EMIS/vision one/microtest users
Clinical Terms (the Read codes) Version 3(CRV3) for System One users

**Specification for audit search criteria**

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-menopausal female having IUD or subdermal implants fitted by the surgery for contraception or emergency contraception claimed against either the IUCD or SDI PHLSA</td>
<td>Men</td>
</tr>
<tr>
<td></td>
<td>Post-menopausal women</td>
</tr>
<tr>
<td></td>
<td>Use of mirena for management of menorrhagia</td>
</tr>
<tr>
<td></td>
<td>IUD and SDI fitted by other healthcare provider</td>
</tr>
</tbody>
</table>
IUD insertion

<table>
<thead>
<tr>
<th>Read Code V2</th>
<th>Description</th>
<th>In SLA?</th>
<th>In audit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>6151</td>
<td>IUD fitted</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>7E092</td>
<td>Removal of intrauterine contraceptive device</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>7E090</td>
<td>Introduction of intrauterine contraceptive device</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>7E091</td>
<td>Replacement of intrauterine contraceptive device</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>7E094</td>
<td>Introduction of Mirena coil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7E096</td>
<td>Replacement of intrauterine system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZV251</td>
<td>Intrauterine contraceptive device insertion</td>
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<td>Y</td>
</tr>
<tr>
<td>ZV25D</td>
<td>Re-insertion of intrauterine contraceptive device</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>7E094</td>
<td>Introduction of Mirena coil</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>ZE092</td>
<td>Removal of intrauterine contraceptive device</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>615P</td>
<td>IUCD fitted by other healthcare provider</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>615P0</td>
<td>Hormone releasing IUCD fitted by other healthcare provider</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>615Q</td>
<td>Intrauterine contraceptive device removed by other healthcare provider</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>CRV3</td>
<td>Intrauterine system contraception</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>7E099</td>
<td>IUD device procedure</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>XaXXK3</td>
<td>Insertion of T shaped 375mm squared copper coated IUCD</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>XaBSw</td>
<td>Introduction of mirena coil</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>XaC3g</td>
<td>Removal of intrauterine contraceptive device</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>XaJIK</td>
<td>Removal of mirena coil</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>XM0oh</td>
<td>Transvaginal removal of coil</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>7Eo9y</td>
<td>Other specified intrauterine device</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>XM15M</td>
<td>Intrauterine device check</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>XaQUP</td>
<td>Mirena coil check</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Ua1Lr</td>
<td>Checking position of thread in uterine device</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>6155</td>
<td>IUD checked - problems</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>6154</td>
<td>IUD checked – no problems</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Xe2R9</td>
<td>Mechanical IUD problem</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

One of the codes above must be recorded in patient notes within the quarter excluding 615P, 615P0 and 615Q. These codes should be used by a practice when one of their full GMS registered patients receives treatment from another healthcare provider.
### Sub-dermal implant insertion

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>In SLA?</th>
<th>In audit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>61KA</td>
<td>Insertion of sub-cutaneous contraception</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>61KC</td>
<td>Insertion of sub-cutaneous contraception implant other healthcare provider</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>7G2AB</td>
<td>Insertion of sub-cutaneous contraceptive</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>7G2AH</td>
<td>Re-insertion of sub-cutaneous contraceptive</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>7G2AJ</td>
<td>Insertion of etonogestrel radiopaque contraceptive implant</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>9kr</td>
<td>Subdermal etonogestrel implant insertion ESA</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>ga73%</td>
<td>Nexplanon 68mg</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>CRV3</td>
<td></td>
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</tr>
<tr>
<td>Gj…</td>
<td>Contraceptive implant</td>
<td></td>
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</tr>
<tr>
<td>XaY28</td>
<td>Insertion of etenorgestrel radiopaque contraceptive implant</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

One of the codes above must be recorded in patient notes within the quarter, excluding 61KC. This code should be used by a practice when one of their full GMS registered patients receives treatment from another healthcare provider.

### Sub-dermal implant removal

<table>
<thead>
<tr>
<th>Read Code (V2)</th>
<th>Description</th>
<th>In SLA?</th>
<th>In audit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>61KF</td>
<td>Removal of sub-cutaneous contraceptive other healthcare provider</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>7G2H7</td>
<td>Removal of sub-cutaneous contraceptive</td>
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<td>Y</td>
</tr>
<tr>
<td>7G2HA</td>
<td>Removal of implanon</td>
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<td>Y</td>
</tr>
<tr>
<td>7G2HB</td>
<td>Removal of etonogestrel radiopaque contraceptive implant</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>7G2HC</td>
<td>Removal of subcutaneous contraceptive implant using US guidance</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>CRV3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XaY29</td>
<td>Removal of etonorgestrel radiopaque contraceptive implant</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

One of the codes above must be recorded in patient notes within the quarter, excluding 61KF. This code should be used by a practice when one of their full GMS registered patients receives treatment from another healthcare provider.