Specification for Insertion and Removal of Subdermal Contraceptive Implants via the public health contract in East Sussex

In East Sussex, the insertion and removal of subdermal contraceptive implants is reimbursed under the ESCC public health contract (PHC). In order to ensure that services provided are of a satisfactory standard, the following specification is mandatory for those practitioners who are inserting and removing subdermal contraceptive implants as part of the PHC. Only insertions and removals performed by individuals in line with this specification will be reimbursed and evidence of accreditation will be required before any payments are made.

1. 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. The ESCC will require the following details:
  - where the service will be delivered
  - administration / IT systems – monitor demand / activity
  - who would be primarily involved in delivering the services
  - proposed roles and responsibilities
  - robust communication systems
  - arrangements for transfer of care to other services

- Develop appropriate systems for record keeping including patient assessment, follow-up/recall and an appropriate clinical record.

- The practice is also required to provide details of the practice’s policies on provision of sexual healthcare to unaccompanied Under 16s (including assessment of Fraser Competence), and a confidentiality policy.

- An approved complaints system should be in place

- Regularly monitor access times

2. Accreditation

Accreditation 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 Faculty of Sexual and Reproductive Health Care (FSRHC) or the Royal College of Nursing (RCN), whichever is appropriate, and assessment of competence by a FSRHC/RCN approved assessor.\(^1\) Participating practitioners are required to have undertaken appropriate training based on modern, authoritative medical opinion and to supply the CCG with evidence of achievement of competency as follows:

- Nurses – accredited and deemed competent by undertaking the Royal College of Nursing (RCN) training and possessing a current RCN accreditation certificate. To maintain

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competence, a minimum of six procedures per year is required, to include at least one insertion and one removal.  

- General practitioners – in possession of the current Letter of Competence in Subdermal Contraceptive Implant Techniques (LoC SDI) from the FSRHC. To maintain competence, a minimum of six procedures per year is required, to include at least one insertion and one removal. Appendix C and flowchart details the requirements for accreditation for “experienced” fitters.

Practitioners should undertake regular Continuing Professional Development (CPD). The RCN require at least two hours of education related to subdermal implants to be undertaken and both the RCN and the FSRHC require practitioners to attend regular updates.

Practitioners require reaccredidation every five years. To gain reaccredidation, the practitioner must have undertaken sufficient insertions and removals each year to maintain his/her competence. Both the FSRHC and the RCN recommends that the practitioner should carry out a minimum of six procedures per year, including at least one insertion and one removal and complete the CPD requirements as stated above on a yearly basis.

3. Service Outline

- **Counselling, fitting, monitoring and removal of contraceptive implant**
- **Maintain current register** of all patients fitted with a contraceptive implant.
- **Provision of adequate equipment.** Certain special equipment is required for implant 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. An appropriately trained assistant also needs to be present to support the patient and assist the clinician during the procedure.
- **Sexual history taking.** Ensure that all patients have a full sexual history review which will ensure that the contraceptive implant is the most appropriate method of contraception based on medical evidence, clinical guidelines, sexual history and practice, and risk assessment. Women should be given information about and offered a choice of all methods of contraception including Long Acting Reversible Contraception (LARC) Methods.
- **Risk assessment.** To assess the need for STI or HIV testing prior to recommending the contraceptive implant.
- **Provision of information.** Ensure patient information is available for all clients - 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

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be reinforced at fitting with information on effectiveness, duration of use, side effects and those symptoms that require urgent assessment.

- **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, and 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 PHC, 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.

4. **Audit**
   Annual audit of service will be undertaken by the ESCC to ascertain the adherence to the agreed standard of service delivery. The LARC educator will review the audit results and assist with disseminating shared learning and good practice.

   The participating practices will provide the following information annually to the ESCC:-
   - Number of Contraceptive implants fitted - Suggested READ Code 7G2AB
   - Number of Contraceptive implants removed - Suggested READ Code 7G2H7
   - Monitoring of complaints Suggested READ Code 9U...
   - Reporting of significant events and analysis in relation to the insertion and removal of contraceptive implants
   - Feedback on the ongoing development of the practitioners with specialist interest.

**Subdermal contraceptive implants**
The minimum of six procedures per year, to include at least one insertion and one removal, applies to all practitioners.

- **Nurses:** the accreditation listed in the supplementary specification is applicable to all nurses.

- **General practitioners:** in recognition of the fact that many GPs have been fitting SDIs for a number of years, the flowchart outlines the differing approaches taken to accreditation depending on the experience of an individual practitioner.

   The audit required by some practitioners will contain the following data, presented yearly to cover the last five years:
   - Number of SDI fitted
   - Number of SDI removed
   - Number of SDI removed early and why
   - Number of complaints
   - Significant events: critical analysis of at least one event

5. **Pricing**

4.1. For 2014 / 2015 the price of

   - Implant insertion = £85.25
   - removal = £42.63
Are you currently providing the service for SDIs?

- Yes
  - Have you been providing the service for five or more years?
    - No
      - Evidence of accreditation as per the supplementary specification will be required before commencement of the service, plus *
    - Yes
      - Have you fitted at least three SDIs per year for the last five years?
        - No
          - Evidence of accreditation as per the supplementary specification will be required by 31 March 2012, plus *
        - Yes
          - Evidence of accreditation as per the supplementary specification, plus *
            - Or
              - Complete an audit of previous five years’ fittings as in Appendix C by 29 July 2011, plus *

* Applies to all practitioners. Minimum of six procedures per year, to include at least one insertion and one removal.