

Public Health Agreement for Buddy Scheme for Contraceptive Implants and IUCD Public Health Agreements

1 April 2025 to 31 March 2026

1.0 Introduction:

- 1.1 All practices are requested to provide essential and additional services to their registered patients. However, some practices are unable to offer services due to training requirements, capacity or premises issues. Therefore, Surrey County Council would like to offer a service whereby surgeries will carry out Contraceptive Implants and IUCD procedures for patients registered at other practices within the county of Surrey.
- 1.2 This Agreement will be reviewed yearly or within the year in line with any changes to Surrey County Council's Public Health Agreements.
- As part of delivery of this service,
- anonymised activity data may be shared with local Place/ICS to support understanding of and improvement in provision.
 - practices will receive information on related local public health services relevant to their patients

2.0 Aims of the Buddy Scheme:

Practices will work within their PCN, Place/Clinical Commissioning Group (CCG) or across Surrey to enable the LARC Buddy Scheme to offer a choice of provider to patients but will also help to maintain services in a Primary Care setting without increasing activity in Secondary Care services.

3.0 Service Requirements:

Service gaps and demands will be identified by Surrey County Council and all practices included in the LARC Buddy Scheme will enter a contractual agreement with Surrey County Council. All practices providing Public Health Agreements covered under the LARC Buddy Scheme will be adhering to the requirements of the original Public Health Agreement. The provider of the LARC Buddy Scheme will be subject to Surrey County Council Terms and Conditions.

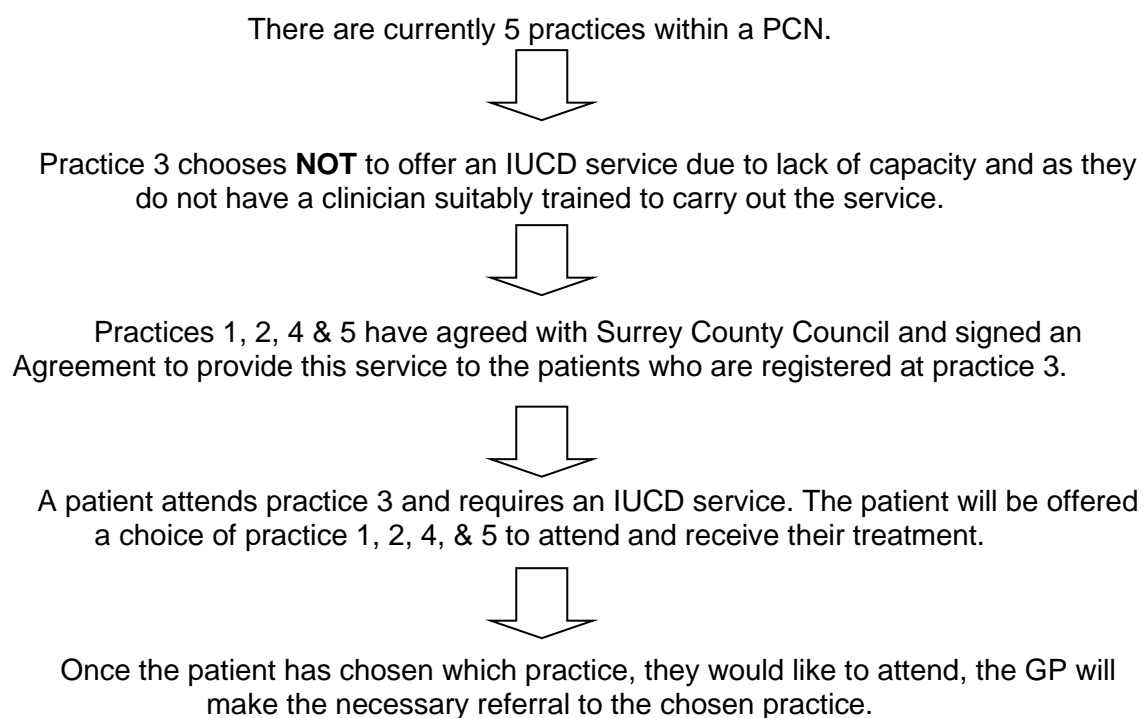
4.0 Services included in the Buddy Scheme:

Contraceptive Implants and IUCD procedures are included in the Buddy Scheme. Surrey County Council would like to ensure that across Surrey, patients have access to these services.

5.0 Practice/Patient allocations:

Practices can work over any Surrey footprint when offering a LARC Buddy Scheme to patients in Surrey. For example, a practice may buddy with a neighbouring practice within Surrey, or another practice within their PCN or Place. Or they may use their local Referral Support Service (RSS) to accept referrals from across Surrey. Please note, buddying and referral pathways must be arranged between practices and is not the responsibility of Public Health to set up. The buddy scheme is only open to patients registered with Surrey based surgeries. Surrey surgeries cannot accept a buddy scheme referral from a surgery outside of Surrey.

Here is an example of how a buddy scheme could work:



6.0 Administration/Information Governance:

- 6.1 £10.61 administration fee per patient referred via the LARC Buddy Scheme for the practice who is providing the actual service. This fee includes booking appointments, chasing histology results, and writing back to the referring GP with details /outcome from the consultations.
- 6.2 The referring practice holds responsibility for entering the data received from the providing GP into the patient's medical records.

7.0 Did Not Attend (DNA) appointments:

If an appointment booked via the LARC Buddy Scheme results in DNA, the buddy practice will inform the referring practice. The referring practice undertakes responsibility to contact the patient and investigate the reason for the DNA.

8.0 Fees and claims:

- 8.1 The practices providing a buddy service to another practice will be able to claim an administration fee of £10.61 per patient to cover the additional demand on booking clerks and the time to type up letters going back to the referring GP.
- 8.2 On top of the administration fee, the practice will be paid for the actual procedure being completed.

9.0 Claims process

- 9.1 Payment will be made quarterly in arrears.
- 9.2 Practices shall receive payment following the use of Ardens Manager. Ardens Manager extracts data daily from EMIS Web and SystmOne and automatically uploads it to GP Practice dashboards. Via the dashboards, the Council will be able to view non-identifiable activity data. This activity data will provide the basis for automated quarterly invoices to be generated by Ardens Manager at the fee level stated in the service specifications.
- 9.3 There will be a 10 calendar day 'Grace Period' whereby amendments to the clinical systems can be conducted after the quarter end, but before payment claims are finalised with Surrey County Council. To ensure a prompt payment, practices are advised to raise any concerns within the below grace periods given for each quarter of 2025/26 financial year. Ardens Manager data should be reviewed and changes in the clinical systems undertaken, if necessary. Data will be pulled on the day following the end of each quarter, and again, the day following the end of the grace period (to allow for any changes to be accounted for). The Council shall pay the Fees for the Service by BACS within 30 days of receipt by the Council of the Ardens Manager generated quarterly invoice following continued successful performance of the Service in accordance with the Contract and the Specification.

2025-2026	Claim submission deadline
Q1	1 st – 10 th July 2025
Q2	1 st – 10 th October 2025
Q3	1 st – 10 th January 2026
Q4	1 st – 10 th April 2026

- 9.4 The Council has the right to audit a practice against the claims received. Reasonable notice will be given to the practice prior to the audit.
- 9.5 The practice will make available to the Council sufficient information to enable the Council to verify that all practitioners have suitable training, are in possession of a valid letter of competence from the FSRH and are undertaking the minimum level of procedures.

- 9.6 Ardens Manager will extract a LARC buddy claim via a patient that is not registered at the fitting surgery, identified on Ardens Manager as 'non-GMS'

10.0 Data Sharing Agreement

- 10.1 It is considered best practice where there is routine sharing of confidential patient data that a data sharing agreement is used. Surgeries are encouraged to complete a data sharing agreement (example is available in appendix 1) with each surgery they are buddying with and keep a record of the agreement.
- 10.2 If using the example data sharing agreement, sections should be updated to reflect what is agreed by contracted buddying surgeries (e.g. referrals will only be via secure email).
- 10.3 A data sharing agreement should not be required if contracted buddy and referring GPs are all in the same Primary Care Network (PCN) as there should already be another existing agreement in place to cover sharing of patient data within the PCN.
- 10.4 Surgeries in Frimley ICS should use the Regional ISA template.

11.0 Prescribing of Contraceptive Implants:

- 11.1 Practices providing the contraceptive implants Public Health Agreement will take responsibility for prescribing the required implant.
- 11.2 From 1 January 2025, GP practices will be able to order the subdermal contraceptive implant directly from their suppliers. This will mean that patients do not have to go to the pharmacy to pick up the implant themselves. Alternatively, surgeries can still issue an FP10 prescription for dispensing by a pharmacy (or through the surgery if the patient is eligible to have prescriptions dispensed by their doctor) when an appointment is booked. The patient should be asked to bring the implant to the appointment. There is no prescription charge for contraceptive implants.

12.0 Training:

- 12.1 Those clinicians who have previously provided services similar to this Public Health Agreement 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 Public Health Agreement shall be deemed professionally qualified to do so.
- 12.2 All members of staff providing services under the LARC Buddy Scheme will be expected to maintain their knowledge and skills by keeping up to date with relevant literature, attending and participating in relevant courses.
- 12.3 Clinicians who sign up to provide the Public Health Agreement should be competent in resuscitation and, as for other areas of clinical practice, have a responsibility for ensuring that their skills are regularly updated. These skills should be reviewed at the clinician's annual appraisal or clinician revalidation.

13.0 Clinical Responsibility:

The clinician performing the procedure is clinically responsible for all procedures covered under the LARC Buddy Scheme that are undertaken. However, the referring clinician will take responsibility if any pertinent information is withheld, e.g. patient had allergy / intervention that would impact on a known medical condition.

Appendix 1: Data sharing agreement

[Surrey Heartlands Health and Social Care Information Sharing Agreement – Primary Care Buddying](#)