

Public Health Agreement for Contraceptive Implants in Primary Care

1ST April 2025 to 31st March 2026

BETWEEN Surrey County Council **AND** the General Practice

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Service Specification for the provision of Contraceptive Implants

1.0 Introduction

- 1.1 All practices are expected to provide essential and additional services they are contracted to provide to all their patients. This specification outlines the more specialised services to be provided.
- 1.2 This specification outlines the more specialised care being offered above that normally provided through essential and additional services that General Medical Services are contracted to provide. No part of the specification by commission, omission or implication defines or redefines essential or additional services.
- 1.3 The services will be reviewed on an annual basis.
- 1.4 In the delivery of any services commissioned on behalf of the Council, Providers must demonstrate awareness and be responsive to the accessibility and needs of underserved groups in attempting to access services.
- 1.5 As part of delivery of this service,
 - anonymised activity data may be shared with the 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.
- 1.6 Social Value: The provision of contraceptive implants in primary care reduces the incidence of unintended pregnancies and supports individuals in make informed reproductive health choices. The delivery of this service helps mitigate the emotional and financial burdens associated with unplanned pregnancies, benefiting individuals, their families, and the wider community. Additionally, it raises awareness about reproductive health and contraception options, thereby promoting overall well-being and gender equality. It aligns with the commitment to improving overall public health and wellbeing in Surrey and ensuring no one is left behind.

2.0 Aims

- Ensure that Subdermal Contraceptive Implants (SDI) procedures are provided by practices to patients in line with the NICE guidance CG30 on Long-Acting Reversible Contraception (2005) Updated July 2019.
- Offer choice of provider to patients.
- Provide equitable provision for Surrey patients.
- Deliver services closer to patients in a community setting.
- Accredited and monitor providers of services in Primary Care.
- Ensure that contraceptive implants are discussed with the patients.
- Increase the availability of contraceptive implants through primary care.
- Promote contraceptive implants as an effective LARC method of contraception and thereby reduce unintended pregnancies.

3.0 Service Outline

This Public Health Agreement will cover:

- 3.1 **Fitting, monitoring, and removal of contraceptive implants** licensed for use in the UK.
- 3.2 **Establishment of an up-to-date register of patients fitted with a contraceptive implant.** The consultation record will include:
 - The patient's name and date of birth.
 - Type of device fitted batch number and expiry date.
 - Read code consultation (include specific read codes).
 - Relevant clinical history, examination findings, appropriate discussion e.g., failure rates, risks, side effects etc and test results.
 - Follow up arrangements.
- 3.4 **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 disposable forceps, and facility for local analgesia provision also needs to be available. This specification also includes the provision of sterile surgical instruments and other consumables.
- 3.5 **The provision of condoms to prevent infection and public health information on safer sex practices.** Three (3) condoms to be provided as appropriate at the time of Contraceptive Implant fitting. An initial stock will be provided by Surrey County Council via the Condoms Distribution Scheme. Practices must request further supplies to replenish stocks in line with activity in relation to this intervention. The Surrey c-card Condom Distribution scheme (CDS) and chlamydia screening programme should be promoted and under 25s directed to the Healthy Surrey website's: c-card page - www.healthysurrey.org.uk/sexual-health/young-peoples-sexual-health-services#ccard and chlamydia screening programme - <https://www.healthysurrey.org.uk/sexual-health/sexually-transmitted-infections/chlamydia>
- 3.6 **Sexual history taking.** To 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.
- 3.7 **Assessment and follow up.** Routine annual checks are not required; however, arrangements should be in place to see and examine patients 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 or according to the manufacturer's recommendation.
- 3.8 **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.

- 3.9 **Establishment of an appropriate clinical record.** If the patient is not registered with the provider of the Public Health Agreement, 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.

4.0 Suitability of Premises and Decontamination

- 4.1 In assessing suitability for the provision of the Public Health Agreement, Surrey County Council will consider the following:
- 4.2 Satisfactory facilities: The Council will need to be satisfied that practices carrying out minor surgical procedures have the facility for performing the procedures which comply with "Infection Control Guidance for General Practice" as required by CQC.
- 4.3 Sterilisation and infection control: Although general practitioner minor surgery has a low incidence of complications, it is important that practices providing this service operate to the highest possible standards. Practices must use one of the following arrangements for sterilisation:
- (a) Sterile packs from a local CSSD
 - (b) Disposable sterile instruments
 - (c) Approved sterilisation procedures that comply with national guidelines. Medical Devices Directive (93/42/EEC)

5.0 Patient Consent

- 5.1 In each case the patient should be fully informed of the treatment options and the treatment proposed. It would be considered best practice to obtain written consent for the procedure to be carried out and the completed consent form should be filed in the patient's lifelong medical record.

6.0 Skills, Training and Accreditation Requirements

- 6.1 Clinicians undertaking these procedures should have undertaken appropriate training. 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 Faculty of Sexual and Reproductive Health (FSRH)/Royal College of Nursing (RCN)
 - assessment of competence by a Faculty/RCN approved assessor.
- This should be based on modern, authoritative medical opinion, for example, the current requirements set down by the FSRH for the letter of competence in sub-dermal implants (LoC-SDI-IR) or RCN guidance on insertion and removal of sub-dermal implants together with RCN Accreditation. They should provide evidence of maintaining skills, for example by re-certifying according to FSRH / RCN regulations. (<https://www.fsrh.org/education-and-training/>)
- 6.2 Clinicians who have previously provided services similar to the proposed 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 service (by being considered equivalent to the requirements set down by the FSRH/RCN) shall be deemed professionally qualified to do so. Where this is the case confirmation of when and how this has been covered within appraisal may be requested for assurance purposes.

6.3 Clinicians carrying out this service should:

- Demonstrate a continuing sustained level of activity
- Undertake regular Continual Professional Development (CPD). As part of ongoing CPD for LoC SDI-IR, the FSRH require a log showing 6 procedures including at least one insertion and one removal. Please refer to the FSRH for full CPD requirements.
- Be appraised on what they do.

7.0 Referrals via the LARC Buddy Scheme

7.1 This Public Health Agreement is available under the LARC Buddy Scheme. Please see specification for full details.

7.2 An additional £10.61 admin fee (as per the LARC Buddy Scheme PHA) per patient will be paid if the patient is referred for the procedure via the buddy scheme to a clinician in another practice who is providing the actual service. This applies to Surrey patients and surgeries only. The fee will only be paid where the providing clinician has signed a LARC Buddy Scheme Agreement and has committed to providing this service under the scheme. This fee includes booking appointments and writing back to the referring practice with details /outcome from the consultations. See the LARC buddy scheme specification, available from the public health team for more details.

7.3 If a patient is seen following a referral and the procedure is unsuitable the practice must ensure that these encounters are appropriately read coded and reported back to the original referring practice.

7.4 If the practice only provides contraceptive implants, it should ensure it is aware of other local practices that provide IUCD via the LARC buddy scheme. If this is the preferred option for the patient, the practice should then be able to refer them via this process. Details of practices providing IUCD procedures via the buddy scheme is available by emailing Publichealthclaims@surreycc.gov.uk

8.0 DNA of appointments

8.1 If a patient booked in for an appointment via the Buddy Scheme LARC DNAs, the practice will inform the referring practice. The referring practice has the responsibility to contact the patient and investigate the reason for the DNA.

8.2 There is no fee available to cover those DNA appointments via this Public Health Agreement (except via the Buddy Scheme when £10.61 can be paid to the practice providing the service).

9.0 Prescribing of Contraceptive Implants

- 9.1 Practices providing this service will take responsibility for prescribing the required implant.
- 9.2 From 1 January 2025, GP practices will be able to order the sub dermal 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.

10.0 Monitoring and payment

- 10.1 Payment will be made quarterly in arrears.
- 10.2 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.
- 10.3 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).

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

- 10.4 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.
- 10.5 See Appendix 1 for payment structure.
- 10.6 See Appendix 2 for Ardens Manager support
- 10.7 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.
- 10.8 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.

11.0 Contraception after pregnancy FSRH Guideline 2017 (amended October 2020)

- Clinicians should refer to the relevant current FSRH guidelines, including the UK Medical Eligibility Criteria for Contraceptive Use (UKMEC), when making a clinical judgement on safe and appropriate methods of contraception for a woman after pregnancy.
- All clinicians involved in the care of pregnant women should provide the opportunity to discuss contraception.
- Clinicians who are giving advice to women about contraception after pregnancy should ensure that this information is timely, up-to-date and accurate.

Appendix 1

Payment Structure Contraceptive Implants

Cost

Fitting of Contraceptive Implant	£101.68
Removal of Contraceptive Implant	£101.68

Appendix 2: Ardens Manager

Key Contacts

Ardens Manager: support-manager@ardens.org.uk or 01865 648 555.

Surrey Council: Publichealthclaims@surreycc.gov.uk

Sign-up Process

To get started:

1. **Log in to Ardens Manager:** Please **Log-in** to Ardens Manager.
2. **Navigate to your homepage:** Once you have access to Ardens Manager navigate to your 'Tasks' section (top right), which will have invitations for you to action – see the below example

