

Public Health Agreement for Contraceptive Implants in Primary Care

1 April 2021 to 31 March 2022



SURREY
COUNTY COUNCIL

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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 those 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 will be shared with local CCGs to support understanding of and improvement in provision.
- practices will receive information on related local public health services relevant to our patients.

2.0. Aims

- Offer choice of provider to patients.
- Provide equitable provision for Surrey patients.
- Deliver services closer to the 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 patients 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

3.3. Practitioners to undertake regular Continual Professional Development (CPD).

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 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 Condom Distribution Scheme.

Practices will request further supplies to replenish stocks in line with activity in relation to this intervention.

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, 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 recommendations.

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 points.

4.2. Satisfactory facilities. The Council will need to be satisfied that the 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 specification 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 (FSHR)/Royal College of Nursing (RCN), and 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 / FCN regulations](#).

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 FSHR/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 (minimum of 12 procedures a year)
- Be appraised on what they do

7.0. Referrals via the Buddy Scheme

This Public Health Agreement is available under the Buddy Scheme.

7.1. An additional £10 admin fee (as per the Busy Scheme) per patient will be paid if the patient is referred via the buddy scheme to a GP who is providing the actual service. The fee will only be paid where the providing GP has signed a Buddy Scheme Agreement and has committed to providing this service under the scheme. This fee includes booking appointments and writing back to the referring GP with details/outcome form the consultations. See the buddy scheme specification, available from the Public Health Team for more details.

7.2. 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 GP.

7.3. If the practice only provides contraceptive implants it should ensure it is aware of other local practices that provide IUCD via the 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 via the buddy scheme is provided in appendix 2.

8.0. DNA of appointments

8.1. If a patient booked in for an appointment via the Buddy Scheme DNAs, the practice would 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 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. When an appointment is booked for an implant insertion, the practice should issue an FP10 prescription in the name of the booked patient for dispensing by a pharmacy (or through the surgery if the patient is eligible to have prescriptions dispensed by their doctor). 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. All claims are made via the quarterly claim form provided by the public health team or where agreed by public health, additional local mechanisms that have been developed to submit claims via a CCG or local GP federation can be used.

10.3. Practices must provide the required data monitoring activity to support their claims. Failure to provide this may result in the claim being delayed until the information is provided.

10.4. See Appendix 1 for payment structure.

10.5. 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.

10.6. The practice will make available to the Council sufficient information to enable the Council to verify that all practitioners have suitable training and are undertaking the minimum level of activity.

11.0. Contraception after pregnancy FSRH Guideline 2017

- 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	Code
Fitting of Contraceptive implant	£95.84p	61KA/169553002
Removal of Contraceptive implant	£95.84p	7G2H7/301807007

Appendix 2

Practices signed up to provide IUCD/Implants via Buddy Scheme

An updated list is available from the public health team via the public health claims email address publichealthclaims@surreycc.gov.uk