

**Public Health Agreement for
Intra-uterine contraceptive
device and Intra-uterine
systems fitting in Primary Care
1 April 2021 to 31 March 2022**

1.0. Introduction..... 3

2.0. Aims..... 3

3.0. Service outline 3

4.0. Suitability of premises and decontamination..... 4

5.0. Patient consent..... 4

6.0. Skills, training, and accreditation 4

7.0. Referrals via the Buddy Scheme 5

8.0. DNA of appointments..... 5

9.0. Monitoring and payment 5

10.0. Contraception after pregnancy FSRH Guideline 2017 5

Appendix 1..... 6

 Payment structure – IUCD 6

Appendix 2 – practices signed up to provide IUCD / Implants via buddy scheme 7

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 specialist services to be provided.

1.2. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. 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:

- Anonymous 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 your patients.

2.0. Aims

The aims of this service are to:

2.1. Ensure that IUCD insertion is provided by practices in line with the NICE guidance CG30 on Long Acting Reversible Contraception (2005) modified in April 2013.

2.2. Whenever possible offer post-coital IUVD fitting for emergency contraception purposes.

3.0. Service outline

This Public Health Agreement will cover:

3.1. Fitting, monitoring and removal of IUCDs as appropriate.

3.2. Establishment of an up to date register of patient's fitted with an IUCD. This will include all patients fitted with an IUCD and the device fitted. This is to be used for audit purposes. The consultation will include:

- The patient's name and date of birth
- Type of device fitted, batch number and expiry date
- Read code consultation (includes specific read codes)
- Relevant clinical history, examination findings, appropriate discussion e.g. failure rates, risks, side effects etc. and test results
- Follow up arrangements if there are any complications

3.3. Provision of adequate equipment and support staff. Certain special equipment is required for IUCD 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 also need to be available.

An appropriately trained nurse or Health Care Assistant (HCA) also needs to be present to support the client and assist the fitter during the procedure.

3.4. Provision and advice on the use of condoms to prevent infection and public health information on safer sex practices. Three (3) condoms to be provided as necessary at the time of IUCD fitting. An initial stock will be provided by Surrey County Council public health team. Practices will request further supplies to replenish stocks in line with activity in relation to this intervention.

3.5. Sexual history taking. To ensure that the IUCD is the most appropriate method of contraception based on medical evidence, clinical guidelines, sexual history and practice and risk assessment.

3.6. Risk assessment. To assess the need for STI or HIV testing prior to recommending the IUCD.

3.7. After care. A check of the IUCD after initial fitting is suggested at six weeks for patients by the participating practice who fit the device. In addition, any problems such as abnormal bleeding or pain should be assessed urgently.

3.8. Provision of information. Written information should be provided at the time of counselling and reinforced after fitting with information on follow up and those symptoms that require urgent assessment.

3.9. Establishment of an appropriate GP record. Adequate recording should be made regarding the patient's clinical history, the counselling process, the results of any Chlamydia testing, the pelvic examination, problems with insertion, the type and batch number of the IUCD. If the patient is not registered with the practice providing the service, the providing practice must ensure that the client's registered practice is given all appropriate clinical details for inclusion into the patient's notes after obtaining explicit consent from the patient.

3.10. The use of LNG-IUS for the management of menorrhagia is not part of this specification and therefore insertion or removal will not be paid for.

3.11. However, recharging arrangements have been agreed by Surrey Public Health Team with the following CCGs:

- Surrey Heath CCG
- North Hampshire and Farnham CCG
- Guildford and Waverley CCG
- East Surrey CCG
- Surrey Downs CCG

3.12. Practices in these areas may claim the cost of sitting (for both contraceptive and non-contraceptive purposes) at the same fee through this claim process. The cost is then reclaimed from their appropriate CCG who are responsible for the commissioning and funding of this procedure for this purpose. Practices in North West Surrey CCG should not submit claims for IUCD fitted for non-contraceptive purposes via the public health agreement claims process. North West Surrey CCG have confirmed practices should claim via their minor surgery locally commissioned service.

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 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

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

6.1. Clinicians undertaking these procedures should have undertaken appropriate training. This should be based on the current requirements set down by the Faculty of Sexual and Reproductive Health (FSRH) for the letter of competence in intrauterine techniques (LoC IUT). This involved a demonstration of gynaecological skills in assessing the pelvic organs, a minimum number of ten observed insertions in conscious patients, and appropriate knowledge of issues relevant to IUCD use, including counselling. The LoC IUT must be re-certified every five years in accordance with the [recommendations of the FSRH](#).

6.2. Clinicians who have previously provided services similar to the proposed Public Health Agreement Service 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 this 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 providing this service shall ensure that they fit a minimum of at least 12 IUCDs per year.

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 Buddy 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 included booking appointments, chasing STI test results where required and writing back to the referring GP with details/outcome from 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 IUCD it should ensure it is aware of other local practices that provide contraceptive implants 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 contraceptive implants via the buddy scheme is provided in appendix 2.

8.0. DNA of appointments

8.1. If a patient booked 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. Monitoring and payment

9.1. Payments will be made quarterly in arrears.

9.2. 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.

9.3. 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.

9.4. See appendix 1 for payment structure.

9.5. 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.

9.6. 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.

10.0. 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 – IUCD

IUCD	Costs	Codes
Removal and fitting of IUCD in same session (including disposable IUCD equipment costs)	£102.20p	
Fitting of IUCD (including disposable IUCD equipment costs)	£102.20p	6151/65200003
Removal of IUCD (including disposable IUCD equipment costs)	£21.83p	6152/68254000

Appendix 2 – practices signed up to provide IUCD / Implants via buddy scheme

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