

**Public Health Agreement For  
Intra-uterine contraceptive device and Intra-uterine systems fittings  
in Primary Care**

**1<sup>ST</sup> April 2023 to 31<sup>st</sup> March 2024**

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

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## **Service Specification for the provision of Intra-uterine contraceptive device and Intra-uterine systems fittings**

### **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 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,
  - anonymised activity data may be shared with the local Place/CCG 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:**

The aims of this service are to:

- 2.1 Ensure that IUCD procedures are provided by practices to patients in line with the NICE guidance CG30 on Long Acting Reversible Contraception (2005) Updated July 2019.
- 2.2 Whenever possible offer post-coital IUCD 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 patients 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 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;
  - Confirmation that the procedure was carried out for contraceptive or non contraceptive medical reasons
  - 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 should 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 and/or HIV testing prior to recommending the IUCD.
- 3.7 **After care.** Guidelines from the FSRH are that it is no longer a requirement to conduct a follow up review with the patient after the fitting of an IUCD providing adequate information has been provided. Surrey County Council expects that each patient is assessed by the clinician fitting the device as to the level of after care that may be needed and acts appropriately.
- 3.8 **Provision of information.** Written information should be provided at the time of counselling and reinforced after fitting with information on follow-up , possible side effects, 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.** This service is not part of this service specification and therefore insertion or removal will not be paid for by Surrey County Council.
- 3.11 **Recharging arrangements.** Arrangements have been agreed by Surrey Public Health Team with the following CCGs/Places to recharge for IUCD procedures which are for non-contraceptive purposes
- Surrey Heath CCG
  - North Hampshire and Farnham CCG
  - Surrey Heartlands ICB
- 3.12 Practices in these CCG/Place areas may claim the cost of fitting (for both contraceptive and non-contraceptive purposes) at the same fee through this claim process. The cost is then reclaimed from their appropriate CCG/Place who are responsible for the commissioning and funding of this procedure for this purpose. Practices in North West Surrey Place should not submit claims for IUCD fitted for non-contraceptive purposes via the public health agreement claims process. North West Surrey Place have confirmed practices should claim via their minor surgery locally commissioned service.

- 3.13 Practices are expected to indicate on their quarterly data submissions to Surrey County Council whether procedures have taken place for contraceptive or non contraceptive purposes to enable recharging to take place. Please note, payment will be delayed if reason for procedure is not identified.

#### **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 involves a demonstration of gynaecological skills in assessing the pelvic organs, 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. (<https://www.fsrh.org/education-and-training/> )
- 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 undertake the relevant number of procedures per annum as stated by the FSRH to maintain their competency and undertake regular Continual Professional Development (CPD).

As part of ongoing CPD for LoC IUT, the FSRH require a log of 12 insertions, showing at least two different types of IUT method in conscious women. Please refer to the FSRH for full CPD requirements.

## **7.0 Referrals via the Buddy Scheme:**

This Public Health Agreement is available under the Buddy Scheme.

- 7.1 An additional £10.28 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 includes 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 can be obtained by emailing [Publichealthclaims@surreycc.gov.uk](mailto:Publichealthclaims@surreycc.gov.uk)

## **8.0 DNA of Appointments:**

- 8.1 If a patient booked in for an appointment via the Buddy Scheme 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 £10.28 can be paid to the practice providing the service).

## **9.0 Monitoring and payment:**

- 9.1 Payment 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/Place 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. This includes stating whether the procedure was for contraceptive or non-contraceptive purposes
- 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, are in possession of a valid letter of competence from the FSRH, and are undertaking the minimum level of procedures.

**10 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 during ante-natal appointments
- 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

<b>IUCD</b>	<b>Costs</b>	<b>Codes</b>
Removal and fitting of IUCD in same session (including disposable IUCD equipment costs)	£105.07p	
Fitting of IUCD (including disposable IUCD equipment costs)	£105.07p	6151 / 65200003
Removal of IUCD (including disposable IUCD equipment costs)	£22.45p	6152 / 68254000