SERVICE SPECIFICATION

FOR

THE PROVISION OF

INTRA-UTERINE CONTRACEPTIVE DEVICE (IUD) FITTING

IN BOURNEMOUTH, DORSET AND POOLE
1. INTRODUCTION

1.1. With the transfer of Public Health from the NHS to Local Authority in April 2013, Dorset County Council now has the responsibility for the commissioning of a range of local enhanced services, now known as Public Health Services and previously delivered by primary care in Dorset, Bournemouth and Poole. This new Service Specification for Intra-Uterine Contraceptive Device (IUD) Fitting Service relates to the overall Public Health Contract for primary care.

1.2. This Service Specification for Intra-Uterine Contraceptive Device (IUD) Fitting Service outlines the more specialised services to be provided above the essential and those additional services that Practices are contracted to provide to their Service Users. The General Practitioner shall incorporate national and local guidance in order to promote best practice in service development.

2. BACKGROUND

2.1. Evidence shows that:
   a) The findings of a study\(^\text{1}\) from 2011 of 1137 randomly selected women aged 18-49 years relating to birth control methods used in five European countries shows that IUD use is highest in Sweden at 19% (n=306). The UK figure was 10.3% (n=203) with Romania the lowest at 3.5% (n=227).
   b) clinical effectiveness\(^\text{2}\) is excellent, with a recognised failure rate for all devices of 0.2-2.0 per 100 woman-years. For the levonorgestrel-releasing intrauterine system (LNG-IUS) the failure rate is 0.16/100 woman-years which is comparable to female sterilisation;
   c) the National Institute for Health and Care Excellence (NICE ) (2012)\(^\text{3}\) highlight that when inserted correctly, 0.1% (1 out of 1000 women) will conceive within the first year of use due to method failure. It is one of two areas of contraceptive provision with relatively high levels of litigation and the most important factor influencing failure rate and problems is the competence of the professional inserting the device;
   d) the Royal College of Obstetricians and Gynaecologists (RCOG)\(^\text{4}\) outline that an IUD can increase the risk of developing pelvic inflammatory disease (PID) in the first few weeks after insertion. PID attributable to IUD usage is low;
   e) NICE (2005) state that approximately 6% of pregnancies occurring in women using an IUD are ectopic. IUDs should not be used during pregnancy and they are assigned to category ‘4’ by WHO-MEC. Miscarriage is the most frequent

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\(^\text{1}\) de Irala J, Osorio A, Carlos S, Lopez-del Burgo C: Choice of birth control methods among European women and the role of partners and providers. Contraception, December 2011, vol./is. 84/6(558-64), 0010-7824;1879-0518 (2011 Dec)

\(^\text{2}\)iusiudcks.nice.org.uk/search?q=clinical+effectiveness+for+IUD

\(^\text{3}\)nice.org.uk/contraception

\(^\text{4}\) Royal College of Obstetricians and Gynaecologists, Good Practice Guidelines
complication of pregnancy with an IUD in place. About 50% to 60% of intrauterine pregnancies miscarry if the IUD is not removed, against a background rate of 13%;

f) the World Health Organization (WHO) Medical Eligibility Criteria for Contraceptive Use\(^5\) recommend that IUD use should be unrestricted in healthy women who are > 20 years of age, parous, and more than 4 weeks postpartum. In addition, the benefits of IUD insertion generally outweigh the risks (category 2) for healthy women who are nulliparous, and past menarche but < 20 years of age;

g) the LNG-IUS also has additional non-contraceptive benefits of decreasing menstrual loss and is part of the management of menorrhagia recommended by the RCOG;

h) the insertion of a copper IUD up to 5 days after presumed ovulation acts as a very efficient emergency post-coital contraception. It is complementary to the emergency use of the progesterone-only contraceptive pill because of its increased post-coital time frame and non-hormonal constituents;

i) IUD fitting is not undertaken by all general medical practitioners.

3. AIMS AND OBJECTIVES OF THE SERVICE / SERVICE OUTCOMES

3.1. The aims of the Service are:

3.1.1. to ensure that the full range of contraceptive options is provided to Service Users;
3.1.2. to ensure that the availability of post-coital IUD fitting for emergency contraception should be more adequately provided as another means of reducing unwanted pregnancies;
3.1.3. to increase the availability of LNG-IUS in the management of menorrhagia within primary care;
3.1.4. to reduce teenage pregnancy by providing easy access to a highly effective and safe contraceptive option.

4. SCOPE OF SERVICE

Service Description

4.1. The Provider shall deliver an Intra-Uterine Contraceptive Device (IUD) Fitting Service as specified below:

4.1.1. fit, monitor and remove IUD’s as appropriate;

4.1.2. produce and maintain an up-to-date register of service users fitted with an IUD. This will include all Service Users fitted with an IUD and the type of device fitted. This is to be used for audit purposes, and to enable the primary care team to target these service users for health care check and in particular to have in place a call and recall arrangement for service users towards the end of life of the device;

4.1.3. undertake a risk assessment to assess the need for STI and HIV testing before recommending the IUD and, if clinically appropriate, signpost to asymptomatic screening through the single phone line or website. (See Appendix C) Where indicated, offer Chlamydia screening for completion in the practice to all under 25 years old and those over 25 years old at increased risk of Chlamydia (new partner; more than one partner in past year; regular partner has other partners);
4.1.4. **review up to 6 weeks post fitting** and at end of life as part of reinsertion, where possible. Other checks are to be undertaken only when clinically indicated. Routine coil checks annual or otherwise are not necessary. The practice carrying out the insertion, for registered patients or provision on behalf of a patient registered with another practice, should provide the 6 week follow up;

4.1.5. **screen for infection**, to include a swab for Chlamydia and (endocervical or client self taken vaginal swab) (where a clinical risk assessment defines it as being necessary), to be undertaken before insertion of the IUD/IUS and, if positive, referral for screening for other STIs. This should be in accordance with national guidance;

4.1.6. **recommend the use of condoms** to prevent infection and provide public health information on safer sex practices;

4.1.7. **assess any urgent problems** such as abnormal bleeding or pain;

4.1.8. **ensure these services are used for the correct Service Users and the approved indications.** The use of LNG-IUS for the management of menorrhagia in primary care is part of a care pathway agreed and developed with local gynaecology departments.

4.1.9. **produce an annual review**, which shall include an audit of the register of service users fitted with an IUD.

**Target Population**

4.2. The Service shall be available to Service Users registered at the Provider’s practice participating in this Service Specification and any Service User referred by other practices which are not participating in the service provision.

**Inter-referral of Patients**

4.3. Any arrangements to provide the Service to patients of other GP practices must be agreed with the Purchaser prior to commencement of any provision and acceptable contracting arrangements must be in place between the Provider and the practices and approved by the purchaser. Payment will not be paid for any Provision outside of these requirements.

4.4. The Provider practice providing the fitting and/or removal of the IUD shall be paid the same tariff as per the Public Health service schedule and shall report their activity for payment to Public Health Dorset.

**Accessibility**

4.5. The service should be available during the Provider practice’s contracted hours (i.e. 8.00am to 6.30pm) for 52 weeks of the year.

**Premises and Equipment**

4.6. The Provider shall have adequate mechanisms and facilities, including premises and equipment, as are necessary to enable the proper provision of the Service. The premises should provide an acceptable level of privacy to respect a Service User’s right to confidentiality and safety.
4.7. Certain special equipment is required for IUD 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.

**Infection Control**

4.8. The Provider shall follow infection control policies that are compliant with national and local guidelines.

**Information Provision**

4.9. The Provider shall provide appropriate verbal and written information to the Service User which explains about the effectiveness, duration of use and side effects of all contraceptive options at the time of counselling. This shall be reinforced after fitting, with further information on follow up and those symptoms that require urgent assessment.

4.10. The Provider shall demonstrate a robust information service/source for Service Users and review regularly, based on Service User feedback.

**Patient Data and Record Keeping**

4.11. The Provider shall produce an appropriate GP record. Adequate recording should be made regarding the Service User’s clinical history, the counselling process, the results of any chlamydia screening, the pelvic examination, problems with insertion, the type and batch number of the IUD, the manufacturer and expiry date, and follow-up arrangements. Where local anaesthetic is used the type manufacturer, batch number and expiry date.

4.12. Where the Service User is not registered with the practice providing the Service, the providing-practice shall ensure that the Service User’s registered practice is given all appropriate clinical details for inclusion into the patient’s notes.

4.13. The Provider shall ensure an appropriate record of activity is developed and maintained for audit and payment purposes, which meets the requirements of this Service Specification.


**Service User Participation**

4.15. The Provider shall ensure that Service Users are able to contribute to the planning of their own care and that opportunity for feedback is easily available.

**Staffing**

4.16. The Provider shall ensure that all Employees providing the Service are suitably qualified and competent and that there are in place appropriate arrangements for maintaining and updating relevant skills and knowledge and for supervision.

4.17. The Provider shall ensure that lines of professional and clinical responsibility and accountability are clearly identified.
4.18. The IUD fitting shall be undertaken by a qualified general medical practitioner. An appropriately trained nurse also needs to be present to support the Service User and assist the clinician during the procedure.

4.19. The clinician carrying out the procedures listed in 4.1 above must demonstrate the relevant competencies to do so by completing the Public Health Dorset GP LARC Accreditation sheet (Appendix B) for all trained GPs when signing the Service Specification. Clinicians undertaking diagnostic tests, assessments and initiating and administering treatment must be adequately trained and supervised and have a responsibility for ensuring that their skills and knowledge are regularly updated.

4.20. In order to remain accredited as a Provider by Public Health Dorset, Dorset County Council, practitioners undertaking these procedures should have undertaken the appropriate training. This shall be based on modern, authoritative medical opinion, e.g. the current requirements laid down by the Faculty of Sexual and Reproductive Healthcare for the Letter of Competence in Intrauterine Techniques (LoC IUT).

4.21. Recertification shall depend on continuing practical experience at a level adequate to maintain skills. This shall be shown by the production of a log of clinical experience. Advice on training requirements for doctors wishing to obtain a Letter of Competence is available from the Faculty of Sexual and Reproductive Healthcare at the Royal College of Obstetricians and Gynaecologists.

4.21.1. IUD/IUS accreditation and recertification:

a) Each practitioner is required to hold a Letter of Competence (LoC) in intra-uterine techniques. If a practitioner holds a Local Certificate of Equivalent Competence they are required to achieve new Faculty of Family Planning standards. Practices will be contacted directly to advise of next steps and timescales for achieving these standards

b) Each practitioner who is providing the service within the practice is required to insert a minimum of 12 IUD per year (as per the Faculty of Family Planning guidelines) and to have had a minimum of 2 hours theoretical training per year.

c) If an individual practitioner falls below the threshold of 12 in three consecutive years they will cease to be accredited by Public Health Dorset, Dorset County Council to perform the procedure without evidence of retraining.

4.21.2. Accreditation and recertification criteria – Public Health Dorset, Dorset County Council’s Local Arrangements:

a) Theoretical update sessions for all GPs participating in IUD fitting services (approval will be sought from the Faculty and Continuing Medical Education (CME) in order for this theoretical session to meet FSRH criteria; it will be run on an annual basis).

b) Practical session(s) arranged as necessary with local trainer of assessment of competency as required.

c) Local certificate for GPs who fit IUD but who have not obtained a renewed LoC IUT from the FSRH to be updated as per the Faculty’s new standards through e-learning and recertification. Practices to liaise with Public Health Dorset to arrange as required
4.21.3. Public Health Dorset, Dorset County Council is aware that it may be necessary to review and amend the criteria for accreditation according to the guidance in place at the time.

4.22. The Provider will ensure that health and safety, safeguarding, equality and diversity training is provided to all Employees involved in this Service.

4.23. The Service shall be provided in a user-friendly, non-judgemental, person-centred and confidential way.

4.24. The Provider shall provide evidence that appropriate plans have been prepared, where feasible dependent on patient list sizes and staff numbers, for cover of leave (both anticipated and unanticipated) and succession planning for Employee turnover.

4.25. The Provider shall inform Public Health Dorset, Dorset County Council promptly when there is a change in practice Employees that will affect the delivery of the Service.

4.26. The Provider shall ensure that thorough recruitment and selection processes are in place which includes full tracking of previous employment history, two written references and the appropriate Disclosure and Barring Service (DBS) check.

**Clinical Incident Reporting**

4.27. The Provider shall ensure that there is a robust system of reporting adverse incidents or serious untoward incidents, that all incidents are documented, investigated and followed up with appropriate action and that any lessons learnt from incidents are shared across the Provider’s organisation.

4.28. Any adverse incidents that occur must be reported according to general policy/guidance for clinical incident reporting.

5. **QUALITY STANDARDS**

5.1. The Provider shall demonstrate that all practitioners and Employees involved in the provision of the Service have successful completion of CPD relevant to the provision of this Service.

5.2. The Provider shall demonstrate compliance with all relevant national standards for service quality and clinical governance including compliance with the Code of Practice for Infection Control and relevant NICE guidelines.

5.3. The Provider shall demonstrate that a system of clinical governance and quality assurance is in place ensuring registration with appropriate quality bodies i.e. Care Quality Commission.

5.4. All infection control, decontamination measures and sterilisation of equipment must meet the standards within the Health and Social Care Act (2008) and it’s associated “Code of Practice for Health and Social Care on the Prevention and Control of Infections and related guidance”.

5.5. The Provider shall fully comply with the Pan-Dorset Multi Agency Safeguarding Adults Policy and the Pan Dorset Local Safeguarding Children’s Board Inter-Agency Procedures for Children and Young People.
5.6. The Provider shall ensure that relevant safety alerts and Medical & Healthcare Products Regulatory Agency (MHRA) notices are circulated to staff and acted upon where necessary.

5.7. The Provider shall address complaints from Service Users in relation to this Service through the Practice’s own complaints procedure in the first instance. If further help is required, contact the Purchaser as detailed within the contract.

5.8. The Provider shall ensure that a process is in place for any member of the professional team to raise concerns in a confidential and structured way.

5.9. The Provider shall participate in Dorset County Council’s organised audit of service provision.

5.10. The Provider shall fully co-operate with any national or Dorset County Council led assessment of Service User experience.

5.11. The Provider shall demonstrate that clear and accurate records are kept.

5.12. The Purchaser shall undertake visits to the Provider’s practice as appropriate as part of quality monitoring, verification of claims and payments and to ensure that the Provider is meeting the Service Specification.

6. CONTRACT MONITORING

6.1. The Provider shall ensure an appropriate record of activity is developed and maintained for audit and payment purposes, which meets the requirements of this service specification.

6.2. The Provider shall provide quarterly activity data to Public Health Dorset, Dorset County Council in respect of this service within 1 calendar month following the end of each quarter during the year using the electronic Local Authority Claims provided (see Payment). Activity data will include:

- the number of insertions;
- post fitting review checks;
- the number of end of life checks and removals.

6.3. The Provider shall carry out a quarterly audit of the Service using the LARC Audit Template for IUD and SDI (Appendix A). The template details the following activity at Service User and Provider practice level:

- Insertions
- Removals
- Service Users with a complication
- A Provider action plan

The results of this audit shall be reported to Dorset County Council. The report shall include, as a minimum:

- Service User postcode
6.4. Where the Provider Practice is providing the Service on behalf of another practice, the data should be recorded in the quarterly audit.

6.5. The Provider shall be required to meet the monitoring and reporting requirements as laid out within Appendix 1 to this Service Specification.

6.6. The Provider shall ensure that the necessary documentation, as detailed in this Service Specification, is maintained and made available to the Purchaser to enable the Service to be monitored and for the purpose of post payment verification.

6.7. The Provider must inform Public Health Dorset, Dorset County Council, at the earliest opportunity, if there is a significant disruption to the Service in order that continuity can be maintained through an alternative Provider.

6.8. The Provider shall have in place the IT infrastructure and functionality to ensure data capture and submission.

7. SERVICE SPECIFICATION REVIEW

7.1. It is recognised within this Service Specification that the Service may be subject to change due to a range of national and local policy initiatives. For example, government guidance and legislation, industry professional standards, NICE Guidance, Public Health England or Dorset County Council Policy.

7.2. This Service Specification shall be reviewed annually taking into consideration a financial review of the Service, any service developments and/or changes in legislation. Three months notice will be given to the Provider of any significant changes which may impact on the service provided and will ensure sufficient transition arrangements are secured to ensure service continuity. Less significant changes may be made following an appropriate period of consultation with the Provider.

8. FINANCIAL INFORMATION

Payment and Reimbursement Structure

8.1. The following fees will be paid to the Provider for each procedure undertaken and are inclusive of all related costs and consumables;

8.1.1. A fee of £70.00 will be paid to the Provider for each insertion of an IUCD

8.1.2. A fee of £12.00 for the post fitting review check
8.1.3. A fee of £18.00 for the end of life check and removal

8.1.4. A fee for cost according to provision:

- A fee according to the current British National Formulary (BNF) rate for IUS (plus VAT at 5%)

The current fee as stated in the BNF (April 2015) is as follows (excluding VAT):

- Mirena £88.00

- A fee according to the current British National Formulary (BNF) rate for non-hormonal IUD (plus VAT at 5%)

The current fee as stated in the BNF (April 2015) are as follows (excluding VAT):

- Nova-T 380 £15.20
- T-Safe 380A Quickload £10.29
- T-Safe 380A Capped £10.47
- TT 380 Slimline £12.46

Fees for any other devices not listed can be found in the British National Formulary (BNF)

Please note these fees are subject to change and any updates should be accessed via the British National Formulary (BNF)

**Claims for Payment**

8.2. Dorset County Council will make payments for claims submitted on a quarterly basis if the claim is received by the Public Health Team by 20th of the month following the said quarter.

8.3. Dorset County Council will make payments in line with the payment for other public health services provided by the Provider. Providers must submit a quarterly claim using the electronic Local Authority Claims provided by Public Health Dorset, Dorset County Council.

8.4. No claims will be considered if they are submitted more than 1 quarter in arrears.

8.5. No claim should be submitted more than one month after the end of this agreement.

8.6. In order to receive payment under this Public Health service, the Provider must:

- make available any additional information/evidence that Public Health Dorset, Dorset County Council requires, in order to establish whether the Provider has fulfilled its obligation under the Contract arrangements;
- make the returns required of it promptly and fully. This includes using the electronic Local Authority Claims provided and provision of audit data to coincide with the submission of the relevant quarter’s payment claim; and
- ensure that all information supplied is accurate.

8.7. Public Health Dorset, Dorset County Council reserves the right to undertake post payment verification of any claim.

Dorset County Council
Dorset Procurement, Level 3, North East Wing, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ
8.8. If the contractor breaches any of the conditions specified in this Service Specification, including the timescales for claiming and audit, Dorset County Council may, in appropriate circumstances withhold payment of any or any part of, any payment that is otherwise payable.

8.9. It is the Provider’s responsibility to ensure that payment claims are accurate. Dorset County Council will not normally make any backdated payments in relation to inaccurate claims except at its discretion where the provider can demonstrate exceptional circumstances.
The documentation presented in the Appendices is for illustration purposes only and will be sent to practices electronically to enable their quarterly returns. Please note that the electronic templates issued to Providers will collect post code data separately to meet information governance requirements.

Appendix A: IUD SDI LARC Audit

<table>
<thead>
<tr>
<th>Service User Postcode (to be submitted separately)</th>
<th>Implant or Device</th>
<th>Date of Decision to Fit</th>
<th>Service User Age at Date of Fitting</th>
<th>If Service User Referred from Another Practice; Name of Referring Practice</th>
<th>Name of Fitter</th>
<th>STI Risk Assessment Undertaken (Yes/No)</th>
<th>Did the Service User test positive for Chlamydia ? [Yes/No]</th>
<th>Nature of Complication [If applicable]</th>
<th>Follow Up Action Taken [If applicable]</th>
<th>Service User Feedback/ Comments on Service</th>
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Long Acting Contraception Register: Insertions 2014-15

Practice Name: [Blank]

Date of Audit: [Blank]

Date range reviewed: [Blank]

Please create a new entry for each IUD or SDI inserted. Insert new lines if required.
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<th>Practice Name</th>
<th>J Code</th>
<th>Date of Audit</th>
<th>Date range reviewed</th>
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<tbody>
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<td></td>
<td>3</td>
<td>03/03/2014</td>
<td>01/00 01/20</td>
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Please enter details of each IUD or DDI removed. Insert new lines if required:

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<th>Service User Postcode [to be submitted separately]</th>
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<table>
<thead>
<tr>
<th>Implant or Device</th>
<th>Date of Original Fitting</th>
<th>Date of Removal</th>
<th>Service User Age at Date of Removal</th>
<th>If Service User Transferred From Another Practice Name of Referring Practice</th>
<th>Venue of Original Fitting</th>
<th>Reason for Removal</th>
<th>Name of Remover</th>
<th>Designation of Remover [Dr Doctor/Nurse]</th>
<th>Nature of Complication [If applicable]</th>
<th>Follow Up Action Taken [If applicable]</th>
<th>Service User Feedback/Comments on Service</th>
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### Practice Name:

### Practice Code:

### Date of Audit:
06/01/2016

### Date range reviewed:
From: 0/1/90 To: 0/1/90

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Please list any problems identified and action agreed by practice. Insert new lines if required:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Implant or Device</th>
<th>Date of Insertion</th>
<th>Date Problem Arose</th>
<th>Agreed Action</th>
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## Appendix B: Public Health Dorset GP LARC Accreditation

### GP Accreditation - Update Sheet

**Practice Name:**

**J Code:**

**Date of Audit:**

This information is required annually in order to ensure GP training needs are monitored and information on file is up to date. When completing the IUD and sub-dermal implant sign up sheets please provide the individual GP accreditation details and submit updates annually thereafter.

Annual updates should be sent to Jenni Lages, Public Health Programme Advisor by emailing lages@dorsetcc.gov.uk

<table>
<thead>
<tr>
<th>GP Name</th>
<th>Is the GP a Permanent Member of Practice Staff? (Yes/No)</th>
<th>Does the GP Hold DFRSH LoC in IUD Fitting? (Yes/No)</th>
<th>Date LoC in IUD Fitting Obtained</th>
<th>Date LoC in IUD Fitting Recertification Required (Automatically Calculated)</th>
<th>Does the GP Hold DFRSH LoC in SDI Fitting? (Yes/No)</th>
<th>Date LoC in SDI Fitting Obtained</th>
<th>Date LoC in SDI Fitting Recertification Required (Automatically Calculated)</th>
<th>Other Certificate (such as LoC South West or RCN LoC) - please specify</th>
<th>Date Other Certificate Obtained</th>
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Dorset County Council
Dorset Procurement, Level 3, North East Wing, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ
Appendix C: Further Information/For Signposting

Dorset single phone line  0300 3031948  Keep Love Sweet  http://www.chlamydiascreeendorset.co.uk/

Dorset County Council
Dorset Procurement, Level 3, North East Wing, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ
Welcome to the Contraception & Sexual Health Service!

All advice and treatment you receive here is free and confidential. We will always seek your permission before passing on any information about you.

While we welcome any family or friends you may wish to bring with you, there may be occasions when we would like to see you on your own. If you would like a chaperone to support you during an intimate examination do not hesitate to ask and we can provide a member of staff whenever possible.

As a Specialist Service, there may be times when training doctors and nurses are taking part or observing clinics. If you would prefer not to be seen by trainees please speak to the receptionist or a member of staff before your consultation.

We appreciate that it is sometimes necessary to bring small children with you, please ensure that they are supervised at all times including during your consultation.

Mobile phones should be placed on silent and at no time should they be used to record or film any patients or staff, including during consultations.

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Contraception Clinics
For an appointment at any of the contraception clinics, please call the main office on 0300 303 1548.

Thank you.

**Blandford**
Outpatients Department
Blandford Community Hospital
Milldown Road
Blandford
DT1 1TD
Mon: 17:00 - 19:00

**Bournemouth (At testing only)**
Bournemouth Medical Centre
Sir Richard Hull Road
Bournemouth
BH2 6DA
Wed: 17:00 - 19:00

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**Bridport**
The Surgery
West Allington
Bridport
DT6 5BH
Thurs: 12:00 - 17:30

**Dorchester**
20 Trinity Street
Dorchester
DT1 1TU
Mon: 09:00 - 12:00 & 14:00 - 16:30 (walk-in only)
Wed: 14:00 - 20:00
Thurs: 09:30 - 11:30
Fri: 09:00 - 12:00
Sat: 10:30 - 13:00

**Portland**
Outpatients Department
Portland Community Hospital
Castle Road
Portland
DT5 1AX
Tues: 17:00 - 19:00

**Sherborne**
Minor Injuries Unit
Hospital Lane
Sherborne
DT9 3UH
Mon: 17:00 - 19:30

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**Wareham**
Outpatients Department
Wareham Hospital
Streche Road
Wareham
BH20 4QD
Thurs: 15:00 - 18:00

**Weymouth**
Park Centre for Sexual Health
Weymouth Community Hospital
Malmesbury Avenue
Weymouth
DT4 7TB
Tues: 13:00 - 16:30

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**CMAT**
Purbeck School
Worset Road
Dorset
BH20 4PF
Lunchtimes

**Kingston Maurwood**
Kingston Maurwood College
Kingston Maurwood
Dorchester
DT2 8PY
Thurs walk-in: 13:30 - 14:30

**Portland Youth Advisory**
The Drop In
Easton Square Methodist Church
Portland
Wednesday walk-in for young people under 25:
19:00 - 21:30

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**Shaftesbury**
Outpatients Department
Westminster Memorial Hospital
Abbey Walk, Shaftesbury
SP7 8DD
Thurs: 17:00 - 19:30

**Weymouth College**
Cranford Avenue
Weymouth
DT4 1LQ
Tues: 12:00 - 16:00

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**Thomas Hardy School**
Queens Avenue
Dorchester
DT1 2ET
Lunchtimes

**Riffs Youth Club**
Ferndown Youth Centre
Mountsatter Drive
Ferndown
BH22 9FB
Friday: 14:00 - 16:00