Dorset County Council

The Services

Tender for

The Provision of Intra-Uterine Contraceptive Devices (IUD) *[Long Acting Reversible Contraception]*

Sexual Health Services – Level 2

Reference DN110585

Bournemouth, Poole and Dorset councils
working together to improve and protect health

Public Health Dorset

Contents

The following have already been provided within Dynamic Purchasing System for Community Health Improvement Services and as such, along with the above, will form the full contract when awarded:

- Contract Terms and Conditions
- Appendix A – General Specification
- Appendix H - Dispute Resolution
- Appendix I - Definitions and Interpretation
- Appendix J - DBS Check Documents

The Contract

Provision of Intra-Uterine Contraceptive Devices (IUD)

1. Terms and Conditions

1.1. The terms and conditions (`Contract Terms and Conditions') are as agreed by entering into the Dynamic Purchasing System (DPS) for Community Health Improvement Services.

1.2. The document titled "Procurement Documents" and this document titled `The Services' along with appendices listed below in 1.2.1 form part of the General Terms and Conditions of Contract (`General Conditions' - Section B) and the Special Terms and Conditions ('Special Conditions' – Section C) that apply to the contract awarded for the Services pursuant to the further competitive from DPS for Community Health Improvement Services.

1.2.1. Appendices as follows:

- Appendix A
  - General Specification ①
  - Contract Specific Specification ②
- Appendix B Quality Outcome Indicators ②
- Appendix C Service User, Carer and Staff Surveys ②
- Appendix D Charges ②
- Appendix E Incidents Requiring Reporting Procedure ②
- Appendix F Information Provision ②
- Appendix G Service Quality Performance Report ②
- Appendix H Dispute Resolution①
- Appendix I Definitions and Interpretation①
- Appendix J DBS Check Documents①

① As provided within the Dynamic Purchasing System

② As provided in this document with the further competition

2. Commencement and Duration

2.1. In accordance with clause A3:

2.1.1. The Contract shall take effect on 1st April 2016 (the `Commencement Date')

2.1.2. The Provider shall provide the Services from 1st April 2016 (the `Service Commencement Date')

2.1.3. The Contract shall expire automatically on 31st March 2017 (the `Expiry Date', unless it is extended in accordance with clause 3 below or terminated earlier in accordance with the provisions of the Contract.

3. Extending the Duration of Contract

3.1. The Council may extend the term of the Contract by a further 2 years (the `Extension Period') within 1 year increments, equating to a potential Contract term of 3 years. (1 + 1 + 1). If the Council wishes to extend this Contract, it shall give the Provider at least 3 months written notice of such intention before the Expiry Date.

3.2. If the Council gives such notice, the Expiry Date will be extended by the period set out in the notice.

4. Service Review

4.1. The Contract will may be subject to future changes in policy and/or any alteration to the activity target and/or maximum activity number of service users on an annual maximum. Reviews in accordance with clause B18 ('Service Review') and clause ('Review Meetings').

4.2. The service specification will be subject to an annual review that may be updated to reflect changes in any future changes in national or local policy, for example, government guidance and legislation, industry professional standards, NICE guidance, Public Health England or Dorset County Council policy. Adequate notice will be given to the provider of any signification changes which may impact on the service provided and will ensure sufficient transition arrangements are secured to ensure service continuity

5. Managing Activity

5.1. In accordance with clause B6 the Provider must manage Activity as agreed with the Council as part of award of Contract, and set out in the Specification and/or the Quality Performance Indicators.

6. Charges and Payment

6.1. In accordance with clause B8 (`Charges and Payment') the shall be as set out in Appendix D (`Charges')

6.2. The frequency of claim for Charges and method to make claim for Charges shall be as set out in Appendix D (`Charges').

Appendix A – Contract Specific Specification

Provision of Intra-Uterine Contraceptive Devices (IUD)

1. Introduction

1.1. This Service Specification sets out the requirements for the provision of a Public Health Service for Long Acting Reversible Contraception (LARC; Intra-Uterine Contraceptive Device [IUD]). The service will be provided by a Provider in a community setting, covering the areas of Bournemouth, Poole and Dorset. Participation by Community Providers in the LARC Intra-Uterine Contraceptive Device service is voluntary and guided by localised need, highlighted by Public Health Dorset.

1.2. There are community contraceptive and sexual health services which this provision is in addition to but needs to align with to provide the appropriate level of access across Bournemouth, Poole and Dorset.

1.3. Young people are at more risk of the impact of risk taking behaviour which includes unwanted pregnancy. NICE (2014) estimate that 30% of all pregnancies are unplanned, and that the majority of teenage pregnancies are unplanned. Long Acting Reversible contraception provides women with a means of preventing unintended pregnancy.

1.4. The effectiveness of the barrier method and oral contraceptive pills depends on their correct and consistent use. By contrast, the effectiveness of long-acting reversible contraceptive (LARC) methods does not depend on daily concordance. Contraceptive intra-uterine devices provide excellent contraceptive protection over a long period.

1.5. The uptake of LARC is low in Great Britain, at around 12% of women aged 16–49 in 2008–09, compared with 25% for the oral contraceptive pill and 25% for male condoms (NICE, 2014).

1.6. NICE (2014) state that all currently available LARC methods are more cost effective than the contraceptive pill at one year of use, with intra-uterine devices being more cost effective than injectable contraceptives.

1.7. Public Health Dorset measures two outcomes in which this service contributes to;

1.7.1. Under 18 teenage conception rates - Teenage pregnancy rates have declined in the county but there are key hotspots across Dorset within areas of deprivation where numbers are higher, namely in Bournemouth, Poole and Weymouth and Portland

1.7.2. Chlamydia rates in young people aged 15-24 - The diagnostic rate of Chlamydia has slightly increased since 2009

1.8. Other local priorities linked to this service includes;

1.8.1. Reducing abortion in under 18's – In 2013, the percentage of under 18's conceptions leading to abortion is 51% in Bournemouth, 52% in Dorset and 50% in Poole.

1.8.2. Repeat abortion in under 25's – In 2014, the percentage of under 25's undergoing repeat abortions is 28% in Bournemouth, 23% in Dorset and 26% in Poole.

1.9. The aims of the service is to;

1.9.1. Increase the knowledge, especially among young people, of the availability of Long Acting Reversible Contraception

1.9.2. Improve access to Long Acting Reversible Contraception, Intra-Uterine Contraceptive Device

1.9.3. To provide high quality advice, support and information on the full range of contraceptive methods, particularly to women under the age of 25.

1.9.4. To help contribute to a reduction in the number of unplanned pregnancies

1.9.5. To ensure the availability of post-coital IUD fitting for emergency contraception

1.9.6. To undertake a Chlamydia test for Service Users who may have been at risk of Chlamydia

1.9.7. To increase awareness and refer, where appropriate, to the integrated sexual health service for Service Users contraceptive or STI needs

1.9.8. To link with and strengthen the integrated sexual health service to help ensure easy and swift access to advice and service for the Service User

2. Scope of Service

Public Health Dorset seeks to commission Community Providers to provide a service whereby LARC Intra-Uterine Contraceptive Device is administered to Service Users with signposting to online Chlamydia testing kits.

2.1. The Provider shall give information about and offer a choice of all methods, including long-acting reversible contraception (LARC) methods. If the method of choice cannot be administered by the Provider, then a referral needs to be made to either the contraceptive and sexual health service or another Provider who is able to deliver the appropriate care.

2.2. To provide women considering LARC methods with detailed information – both verbal and written – that will enable them to choose a method and use it effectively. This information should take into consideration their individual needs and should include:

- contraceptive efficacy
- duration of use
- risks and possible side effects
- non-contraceptive benefits
- the procedure for initiation and removal/discontinuation
- when to seek help while using the method

2.3. To undertake a review of sexual and reproductive history, to ensure that the Intra-uterine Contraceptive Device is the most appropriate method of contraception for the patient based on medical evidence, clinical guidelines,

sexual history and practice, and risk assessment. Latest NICE guidance can be found at the following link http://nice.org.uk/CG30.

2.4. To undertake a risk assessment to assess the need for STI and HIV testing before recommending the Intra-uterine Contraceptive Device and if clinically appropriate, signpost to asymptomatic screening through the sexual health service single phone line or website.

2.5. To ensure adequate consent is obtained. The Service User should give informed consent for the procedure to be carried out in accordance with Department of Health guidelines. Understanding regarding Intra-uterine contraceptive device use should be reinforced to the Service User at fitting with information on effectiveness, duration of use, side effects and those symptoms that require urgent assessment. NICE guidance for patients can be found via the following link:

http://guidance.nice.org.uk/CG30/PublicInfo/PrintFriendly/doc/English
http://www.nice.org.uk/nicemedia/live/10974/44129/44129.pdf;

2.6. To provide the fitting, monitoring, checking and removal of intra-uterine contraceptive devices, in line with current guidelines on best practice (e.g. NICE guidelines on LARC, Faculty of Sexual and Reproductive Healthcare (FSRH)). All Intra-uterine contraceptive devices used must be licensed for use in the UK and approved by the local formulae. The fitting and removal of Intra-uterine contraceptive devices shall be in line with the most current Summary of Product Characteristics guidelines.

2.7. To ensure review up to 6 weeks post fitting and at end of life as part of reinsertion, where possible. Routine annual checks are not required: however, arrangements should be in place to review clients experiencing problems in a timely fashion. The practice shall also make arrangements to ensure timely access for women requesting removal of the Intra-uterine Contraceptive Device for any reason including problems or at expiry of device. The practice should have in place a call and recall arrangement for Service Users towards the end of life of the Intra-uterine Device. In Service Users under the age of 25 years, any review should include the routine offer of a Chlamydia screening test.

2.8. To undertake a pre removal counselling session, once a request has been made by the patient to remove the intra-uterine contraceptive device before device expiry and particularly if less than 12 months post fitting, to encourage where appropriate, continued use of an intra-uterine contraceptive device.

2.9. To maintain an up-to-date register of Service Users fitted with an Intra-uterine contraceptive device. This will include the type of device, number of fittings and removals, continuation rates, complications, reasons for removal, the name and designation of the person fitting/removing the device. This will be used for audit purposes.

2.10. The Provider giving contraceptive advice should also promote safer sex and recommend the use of condoms to prevent infection.

2.11. To screen for infection, to include a swab for Chlamydia (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 STI's. This should be in accordance with national guidance.

2.12. To assess any urgent problems such as abnormal bleeding or pain.

2.13. To ensure these services are used for the correct Service Users and the approved indications. The use of LNG-IUS for the management of heavy menstrual bleeding in primary care is part of a care pathway agreed and developed with local gynaecology departments and the Clinical Commissioning Group (Dorset CCG).

2.14. To produce an annual review, this shall include an audit of the register of patients fitted with an Intra-uterine contraceptive device.

3. Service Requirements

The Provider shall:

3.1. Ensure that the service is user friendly, non-judgemental, person-centred and confidential at all times

3.2. Ensure the service is open access available to female Service Users requiring contraception who are residents in Bournemouth, Dorset and Poole.

3.3. Ensure the service opening hours are convenient for patients and that there is sufficient appointments within a locality that women are seen within 2 weeks.

3.4. Deliver the service in person. If there is a change to staffing that will effect service delivery, inform Dorset County Council promptly and agree any contingency plans.

3.5. Ensure, where appropriate, that the Service User is counselled on other sexual health matters and related topics. Where required, provide support and advice to people accessing the service, including advice on safe sex, condom use and advice on the use of regular contraceptive methods. Appropriate written information shall also be available on these topics.

3.6. Ensure adequate supplies so that all Service Users are offered the following before leaving;

3.7. Details of the local commissioned sexual health services that can be accessed via the Dorset Sexual Health Services Phone Line number: 0300 3031948.

- "Your Guide to Contraception" leaflet
- The patient information leaflet from the medicine packaging.

Leaflets can be downloaded online for free or ordered from the FPA at the Provider's expense.

3.8. Have adequate mechanisms and facilities, including premises and equipment, as are necessary to enable the proper provision of this service. The premises should provide an acceptable level of privacy to respect a patient's right to confidentiality and safety.

3.9. Certain special equipment is required for the fitting of IUCD. This includes provision of a suitable room, with couch and sufficient space and equipment for resuscitation. Suitable equipment for insertion and removal needs to be provided as well as facility for local anaesthesia to be administered.

3.10. Use their professional judgement to consider, and where appropriate, act on any safeguarding children issues coming to their attention as a result of providing the service. This shall be in line with local safeguarding children procedures and any national or local guidance on under 16s sexual activity.

3.11. The Sexual Offences Act 2003 states that no child under 13 years is able to consent to any sexual activity. If the Service User is believed to be under 13 years of age, providing they have been assessed as 'Fraser competent', treatment should not be withheld, as the duty to safeguard the child from most harm, would include protecting them from an unintended pregnancy. However all the details of the consultation must be recorded and discussed at the earliest opportunity with the relevant Local Authority Safeguarding Team (or Child Care Duty Team out of hours). In an emergency, the police can be contacted.

3.12. Deliver the service according to the relevant guidance by The National Institute for Health and Care Excellence (NICE).

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

3.14. The Provider shall ensure that all Employees providing the service are suitably qualified and competent and that there are in place appropriate arrangement for maintaining and updating relevant skill and knowledge and for supervision.

3.15. Intra-uterine contraceptive device insertion requires a demonstration of skills involving counselling for insertion; knowledge of issues relevant to intra-uterine contraceptive device use; problem management; observation of insertion and removal, followed by supervised insertion and removal of a minimum number of 12 insertions specified by the FSRH (as appropriate) and a minimum of 2 hours theoretical training per year; and assessment of competence by a Faculty approved assessor.

3.16. All practitioners (Doctors or nurses) undertaking the full range of contraceptive fitting services shall hold, as a minimum, the Faculty accredited qualifications of the electronic knowledge assessment (eKA) and LoC IUT.

3.17. The practitioner shall provide evidence of maintaining skills, for example, by re-certifying according to FSRH regulations.

3.18. Practical clinical training to support re-accreditation of qualifications and any succession planning may be funded by Public Health based on population need and provided by the sexual health services. All administration payment for the eKA and LoC IUT will be funded by the Provider.

3.19. The Provider shall ensure that lines of professional and clinical responsibility and accountability are clearly identified.

3.20. Will ensure that health and safety, safeguarding, equality and diversity training is provided to staff involved in this service.

3.21. 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.

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

3.23. Ensure access to an appropriate electronic patient record system, including where appropriate a PGD consultation form, consult with the female Service User, take a comprehensive service User history and establish the need, considering any possibility of current pregnancy, any contra-indications, previous use and current medication to ensure the supply is safe and appropriate. If the Provider cannot enter the information on the electronic patient record system at the time of the consultation, the information shall be recorded as possible after the consultation.

4. Performance Requirements

4.1. The Commissioner shall agree an indicative and a maximum number of fittings and removals of Intra-uterine contraceptive devices with the Provider. The numbers, to be agreed prior award of Contract, will be subject to review by the Commissioner on an annual basis.

4.2. Providers shall be required to plan their capacity for the delivery of the service in line with the indicative and maximum number of fitting and removals of Intra-uterine contraceptive device, once this has been agreed with the Commissioner.

4.3. Report the number and percentage of patients who had an Intra-uterine contraceptive device removed within 12 months and reasons for removal.

4.4. 100% of patients to receive counselling before removal, where the request is made to remove a device prior to expiry and particularly if less than 12 months post-fitting.

4.5. Of these, number and percentage continued and number and percentage removed and reasons for removal.

4.6. Report the number of LNG-IUS fittings due to non-contraceptive purposes, such as heavy menstrual bleeding

4.7. Report the number of referrals made to the sexual health service for STI testing

4.8. 100% Chlamydia tests performed

4.9. Report the number of safeguarding referrals

4.10. The Provider shall ensure that the necessary documentation, as detailed in this service specification, is maintained and made available to the commissioner to enable the service to be monitored and for the purpose of post payment verification.

4.11. The Provider shall ensure that all consultations are logged on the electronic data system (Outcomes for Health) to enable the commissioner to monitor activity and verify payments for services provided.

4.12. The commissioner reserves the right to withhold any payment in the event of omissions in key activity data required by this specification.

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 the 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's Multi agency Safeguarding Adults Policy and the Pan Dorset LSCB 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 patients 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 in this 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 Provider shall ensure that the provision of treatment and care takes into account women's individual needs and preferences.

5.13. The Commissioner 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.

Appendix B – Quality Outcome Indicators

Provision of Intra-Uterine Contraceptive Devices (IUD)

In accordance with clause B3 (Service and Quality Outcome Indicators) of the Contract, the Provider must comply with the Quality Indicators below:

Quality Indicators - General		
Performance Area	Performance Criteria	Target [if applicable]
Fit for Purpose	Providing service level in accordance with the Contract	100%
Continual Improvement / Innovation	Identify and/or work with Council in identifying opportunities to introduce / implement innovation to the Contract delivery	100%
Change Management	Respond effectively / pro-active approach to change management	100%

Cost Indicators - General		
Performance Area	Performance Criteria	Target [if applicable]
Pricing Stability	Pricing in accordance with the Contract	100%
Invoice Accuracy	Invoices provide accurate cost information	100%
Cost Reduction Initiatives	Identify and/or work with Council in identifying initiatives which could result in cost reductions being achieved	100%

Social Value Indicators - General		
Performance Area	Performance Criteria	Target [if applicable]
Economic, Social and Environment	Identify opportunities and/or work with Council to support social value in terms of the local economy, local communities and environment.	100%

Service Indicators - General		
Performance Area	Performance Criteria	Target [if applicable]
Responsiveness	Consistently good response to Council enquiries and requests.	100%
Complaints	Complaints or disputes are minimal. Where they occur they are dealt with effectively without the need for escalate and corrective action is taken if required.	100%
Management Information	The required management information is provided in the agreed format and within the agreed timeline.	100%
Communication	Maintains effective communication channels with the Council.	100%
Service Indicators – Contract Specific		
Activity	Number of device fittings and removals	TBC on award
Continuation Rates	Report the number and percentage of patients who had a Inter-Uterine Device or Intra Uterine System (IUD/IUS) removed in 12 months and reasons for removal	Baseline
Counselling	Percentage of patients who receive counselling before removal of device	100%
Counselling	The number and percentage of patients counselled who have a device removed and reasons for removal	Audit
Chlamydia Testing	The percentage of patients tested for Chlamydia	100%

Non-Contraceptive Fitting	Report the number of LNG-IUS fittings due to non-contraceptive purposes, such as heavy menstrual bleeding	Audit
STI Testing	Report the number of referrals made to the sexual health service for STI testing	Audit
Safeguarding	Report the number of safeguarding referrals.	100%

The Parties must review and discuss performance of the Contract including Quality Outcome Indicators and consider any other matters reasonably required by either Party at Review Meetings which shall be held in the form and intervals determined by the Council; in accordance with clause B19 (Review Meetings)

Appendix C – Service User, Carer and Staff Surveys

Provision of Intra-Uterine Contraceptive Devices (IUD)

In accordance with clauses B4 (Service User Involvement) and B7 (Staff) of the Contract the Provider shall:

Carry out Service User Surveys and Staff Surveys, as and when requested by the Council.

Appendix D – Charges

Provision of Intra-Uterine Contraceptive Devices (IUD)

In accordance with clause B8 (Charges and Payment) of the Contract, the Provider shall information in respect of payment (see Appendix F) is provided to the Council.

Appendix E – Incidents Requiring Reporting Procedure

Provision of Intra-Uterine Contraceptive Devices (IUD)

No additional requirements in respect of clause B11 (Incidents Requiring Reporting).

Appendix F – Information Provision

Provision of Intra-Uterine Contraceptive Devices (IUD)

In accordance with clause B14 (Information) of the Contract, the Provider must provide the Council the information specified below to measure the quality, quantity or otherwise of the Services.

The Provider shall have internet access in place at all times and shall use appropriate electronic systems to record all consultations and activity and ensure that claims for payment for provision of this service can be collected through the electronic system as stipulated by the Council below.

Pharmacies
Such organisations shall access PharmOutcomes (link below); unless otherwise stipulated by the Council.

https://www.pharmoutcomes.org/pharmoutcomes/

General Practice and Other Providers
Such organisations shall access Outcomes4Health (link below); unless otherwise stipulated by the Council.

https://outcomes4health.org/o4h/

Appendix G – Service Quality Performance Report

Provision of Intra-Uterine Contraceptive Devices (IUD)

In accordance with clause B18 (Service Review) of the Contract the Provider provide the following:

The Provider shall ensure that the necessary documentation, as detailed in the specification, is maintained and made available to the Council to enable the service to be monitored and for the purpose of post payment verification.