Service 3

The Provision of Long-Acting Reversible Contraception (LARC)

Reference DN709907

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Service Specification

1. Introduction

1.1. Dorset and Bournemouth, Christchurch and Poole Councils aim to improve and protect the health and wellbeing of the local population with an emphasis on reducing health inequalities.

1.2. Dorset Council is the Commissioner of Community Health Improvement Services (CHIS) which includes NHS Health Checks, Emergency Hormonal Contraception (EHC), Long-Acting Reversible Contraception (LARC), Needle Exchange, Supervised Consumption and Smoking Cessation.

1.1. This Service Specification sets out the requirements for the provision of a public health service for Long-Acting Reversible Contraception (LARC) which comprises the option to provide either one of, or both, sub-dermal implants "SDIs" and intra-uterine contraception, "IUC".

1.3. The Service will be provided in a community setting and covers the County of Dorset.

1.4. LARC provides women with a reliable method of preventing unintended pregnancy.

1.5. Young people are more likely to engage in risk taking behaviour which may lead to unwanted pregnancy. National Institute for Health and Care Excellence (NICE) (2014) estimate that 30% of all pregnancies are unplanned, and most teenage pregnancies are unplanned.

1.6. The effectiveness of barrier methods and oral contraceptive pills depends on their correct and consistent use. By contrast, the effectiveness of LARC methods does not depend on daily concordance.

1.7. Contraceptive sub-dermal implants (SDIs) provide excellent contraceptive protection up to three years.

1.8. IUC devices, provide excellent contraceptive protection over a long period, from three to 10 years, depending on the choice of device. There are two types of IUC available in the UK: levonorgestrel intrauterine devices (LNG-IUDs) and copper intrauterine devices (Cu-IUDs)

1.9. NICE guidance states that all currently available LARC methods are more cost effective than the contraceptive pill at one year of use, with sub-dermal implants and IUCs being more cost effective than injectable contraceptives.

1.10. Dorset Council measures two outcomes which this service contributes to:

- Under 18 conception rates
- Chlamydia rates per 100,000 young people aged 15-24

1.11. Other local priorities linked to this service include:

- Reducing abortion in under 18s
- Repeat abortion in under 25s.

2. Scope of Service

2.1. The aims of the service are to:

- Provide and increase access to LARC in community settings in the County of Dorset.
- Provide high quality advice, support, and information on the full range of contraceptive methods, particularly to women under the age of 25 and within vulnerable groups.
- Ensure the availability of post-coital IUC fitting for emergency contraception.
- Provide IUC fittings to support non-contraceptive purposes only where there is contraceptive need.
- Use an approach to behaviour change which supports patients to make positive changes to improve their sexual health and safer sexual practice.
- Signpost patients being fitted with an SDI who may have been at risk of Chlamydia to access a Chlamydia testing kit online: www.sh24.org.uk
- Offer a Chlamydia test prior to fitting to all patients being fitted with an IUC and encourage uptake by high-risk patients where indicated.
- Provide Chlamydia treatment to those testing positive.
- Increase awareness and refer, where appropriate, to Sexual Health Dorset for the patients' other sexual health needs.

3. Service Description

3.1. Long-acting reversible contraception: IUCs and/or SDIs

3.1.1. The Provider shall give information about and offer a choice of all methods of contraception. If, after discussion, the patients' preferred method cannot be administered by the Provider, only then a referral shall be made, in the order outlined below, to:

1. Another community Provider offering the required method of contraception or;
2. Sexual Health Dorset*

**Please note: Sexual Health Dorset is not commissioned by Dorset Council to provide contraception for non-contraceptive reasons.*

3.1.2. The Provider shall provide women considering LARC methods with detailed information – both verbal and written – to enable user choice. This information should take into consideration the woman's individual needs and should include:

- Contraceptive efficiency
- Duration of use, risks and possible side effects
- Non-contraceptive benefits (IUCs only)
- The procedure for initiation and removal/discontinuation
- When to seek help while using the method

3.1.3. The Provider shall undertake a review of the patient's medical and sexual and reproductive history, to ensure that the LARC device is the most appropriate method of contraception for the patient. This shall be based on medical evidence, clinical guidelines, sexual history and practice, and risk assessment. The latest NICE guidance can be found at the following link: http://nice.org.uk/CG30 and the UK Medical Eligibility Criteria for Contraceptive Use (UKMEC): www.fsrh.org/Public/Documents/ukmec-2016.aspx provides evidence-based guidance on prescribing contraception safely.

3.1.4. The Provider shall assess the woman's risk of sexually transmitted infections (STIs). STI testing and/or cervical screening should be offered as appropriate.

3.1.5. The Provider shall ensure informed consent is obtained from the patient for the procedure to be carried out (in accordance with Department of Health guidelines).

IUCs

3.1.6. The Provider shall give detailed information prior to IUC insertion to enable informed decision-making. This should include information on:

- Mode of action: https://cks.nice.org.uk/topics/contraception-iuc/background-information/mode-of-action/
- Contraceptive effectiveness: https://cks.nice.org.uk/topics/contraception-iuc/background-information/efficacy/
- Advantages and disadvantages: https://cks.nice.org.uk/topics/contraception-iuc/background-information/advantages-disadvantages/
- Potential risks, adverse effects, and associated problems, including expected changes in bleeding pattern (such as irregular bleeding and amenorrhoea): https://cks.nice.org.uk/topics/contraception-iuc/background-information/risks-adverse-effects-associated-problems/
- The IUC insertion procedure and the associated risks, including pain and uterine perforation.

3.1.7. The Provider shall ensure pregnancy is excluded before the IUC is inserted.

3.1.8. The Provider shall perform a bimanual pelvic examination immediately prior to insertion to assess the position, size, shape, and mobility of the uterus. If a woman

attends to discuss IUC use in advance of the procedure, a pelvic examination is not required unless indicated by the clinical history.

3.1.9. The Provider shall obtain valid consent from the woman before pelvic examination and IUC insertion.

3.1.10. The Provider shall offer reinsertion at the end of the life of the device. Routine annual checks are not required; however, arrangements should be in place for the Provider to review patients experiencing problems in a timely fashion.

3.1.11. The Provider shall undertake a pre-removal counselling session for all patients requesting the removal of a device for any reasons including problems or at expiry of the product. If a request for removal has been made by a patient less than 12 months after fitting, encourage, where appropriate, continued use of the LARC device.

3.1.12. The Provider shall have in place a call and recall arrangement for patients towards the end of life of the IUC device.

3.1.13. The Provider shall assess any urgent problems following insertion of an IUC device such as abnormal bleeding or pain.

3.1.14. The Provider shall ensure these services are used for the appropriate patients and the approved indications. This service does not include some uses of the treatments and devices described, which are outside the scope of this specification.

3.1.15. The Provider shall only offer insertion of an IUC to those patients requiring a device fit for heavy menstrual bleeding, or other non-contraceptive purposes, if there is also a contraceptive need. The use of an IUC may have additional non-contraceptive benefits that may influence a woman's choice of contraceptive method. However, this commissioned service does not include fitting of the devices described, where no contraceptive effect is indicated.

3.1.16. The Provider shall ensure IUCs are only fitted by trained healthcare professionals with continuing experience of inserting at least one IUD or one IUS a month.

SDIs

3.1.1. The Provider shall provide the fitting, monitoring, checking and removal in line with current guidelines on best practice (e.g. NICE guidelines on LARC, Faculty of Sexual and Reproductive Healthcare (FSRH)).

3.1.2. That Provider shall ensure that SDIs are only inserted and removed by healthcare professionals trained in the procedure.

3.1.3. The Provider shall ensure all devices used are licensed for use in the UK and approved by the local formulae. The fitting and removal of LARC devices shall be in line with the most current Summary of Product Characteristics guidelines.

3.1.4. The Provider shall be aware that, if a patient wishes to continue using an SDI as her method of contraception at expiration, a replacement implant may be inserted at the same site. However, to avoid insertion into a thickened scar tissue the implant should be inserted sub-dermally along a fresh track adjacent to the track. This does not apply if:

- The previous implant was incorrectly sited in which case a new site should be used.
- The patient requests a third implant. Due to the theoretical risk of skin atrophy, the Faculty of Sexual and Reproductive Health (FSRH) guideline development group advises that consideration may be given to switching arms after two consecutive implants.

3.1.5. The Provider shall maintain clinical systems and accurate records, ensuring all information relating to the service provided to the patient is up to date and available for audit and claims as required by the Commissioner. This will include the type of device, number of fittings and removals, and reasons for removal.

3.1.6. The Provider shall have in place a call and recall arrangement for patients towards the end of life of the SDI device.

3.1.7. The Provider shall, in addition to contraceptive advice, promote behaviour change approaches to encourage safer sex and recommend the use of condoms to prevent infection.

3.1.8. The Provider shall ensure that the SDIs are only fitted by trained healthcare professionals.

3.2. Chlamydia Testing and Treatment

3.2.1. The Provider shall ensure that a Chlamydia test is offered (either endocervical or client self-taken vaginal swab) prior to insertion of an IUC device, to all patients as standard, with those patients assessed as high risk being encouraged to test where indicated.

3.2.2. The Provider shall offer a Chlamydia test to all patients requiring an SDI who are under the age of 25 years or who have been at risk of sexually transmitted infections (STIs).

3.2.3. The Provider shall signpost individuals to SH:24 to obtain free Chlamydia test kits, where appropriate, (www.sh24.org.uk) if the patient is not being swabbed by the healthcare professional.

3.2.4. The Provider shall explain the benefits of Chlamydia screening to the patient, advise how to use the kit, the importance of completing and returning the kit and what to expect following test completion.

3.2.5. The Provider shall update the electronic data system when a patient has been signposted to an online Chlamydia service.

3.2.6. The Provider shall deliver treatment where appropriate if Chlamydia infection is diagnosed.

3.2.7. The Provider shall not receive information regarding patient diagnosis where testing has been accessed through SH:24 and the Provider is not required to contact the patient to discuss their test after consultation.

3.3. Service Requirements

3.3.1. The Provider shall ensure that the service is user friendly, non-judgemental, person-centred and confidential at all times.

3.3.2. The Provider shall ensure the supply of LARC is safe and appropriate by taking a comprehensive medical history and consulting with the patient to:

- Establish the need.
- Consider any possibility of current pregnancy.
- Identify any contraindications and previous use of LARC.
- Assess current medication.

3.3.3. The Provider shall ensure, where appropriate, that the patient 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 alternative contraceptive methods. Appropriate written information shall also be available on these topics.

3.3.4. The Provider shall ensure adequate supplies of written information so that all patients are offered the following before leaving:

- Up to date details of Sexual Health Dorset: **0300 3031948**; https://sexualhealthdorset.org/
- "Your Guide to Emergency Contraception" and "Your Guide to Contraception" leaflets*
- The patient information leaflet from the medicine packaging.
  *Leaflets can be downloaded online for free or ordered by the Provider from the Family Planning Association (FPA)

3.3.5. The Provider shall 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.

3.3.6. The Provider shall ensure the special equipment for the fitting and removal of LARC devices is available, as well as the facility for local anaesthesia to be

administered. This includes the provision of a suitable room with couch and sufficient space and equipment for resuscitation.

3.3.7. The Provider shall use 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. If a girl younger than 16 years of age requests contraception without parental consent, she should be assessed for her competency to independently consent to treatment. It should be documented in her notes whether or not she meets the Fraser criteria.

3.3.8. The Provider shall not withhold treatment if the patient is believed to be under 13 years of age, providing they have been assessed as 'Fraser competent', as the duty to safeguard the child from most harm, would include unintended pregnancy. The Sexual Offences Act 2003 states that no child under 13 years is able to consent to any sexual activity. 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.

3.3.9. The Provider shall support women with learning and/or physical disabilities to make their own decisions about contraception.

3.3.10. The Provider shall deliver the service according to the relevant guidance, including but not limited to NICE and the Faculty of Sexual and Reproductive Health (FSRH).

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

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

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

3.3.14. The Provider shall ensure access to an appropriate electronic patient record system, including where appropriate a PGD consultation form.

3.3.15. The Provider shall record the information on the electronic patient record as soon as possible if they cannot enter this at the time of the consultation.

3.3.16. The Provider shall ensure staff within the organisation are familiar with the Dorset Council website Provider Resources page https://www.publichealthdorset.org.uk/partner-information where key

information to support service delivery is published, including a list of other Providers offering LARC within the community should a patient need to be signposted.

3.3.17. The Provider shall seek to promote the availability of this commissioned LARC service, as appropriate. This may include posters within the waiting room.

3.3.18. Dorset Council may undertake visits to the Provider as appropriate as part of quality monitoring, verification of claims and payments and to ensure that the Provider is meeting the requirements outlined in this service specification.

4. Service Availability Requirements

4.1. The Provider shall ensure the service is delivered in person.

4.2. The Provider shall ensure the service is open access and available to all female patients requiring contraception who are residents of the County of Dorset. This includes patients who are not registered at the Provider's practice. In these cases, the service can be delivered under 'immediate necessary treatment registration' with outcomes returned to the patient's GP.

4.3. The Provider shall ensure the service opening hours are convenient for the patient and sufficient appointments are available for women to be seen within 2 weeks if possible.

4.4. The Provider shall inform Dorset Council if there is a change to staffing or circumstances that will affect service delivery. The Provider shall contact Dorset Council within one-working day by emailing phcontracts@dorsetcouncil.gov.uk or phoning **01305 224400** to agree any contingency plans and enable Dorset Council to maintain up to date records of active Providers.

4.5. The Provider shall notify Dorset Council in the event of significant waiting times for patients to access the LARC service by emailing: phcontracts@dorsetcouncil.gov.uk or phoning **01305 224400**.

4.6. The Provider shall signpost the patient to another Commissioned community Provider if they are temporarily unable to deliver the service. Details of providing locations can be found on the Dorset Council website: https://www.publichealthdorset.org.uk/partner-information/where-to-access-services

4.7. The Provider shall notify Dorset Council as soon as possible by emailing phcontracts@dorsetcouncil.gov.uk or phoning **01305 224400** if they wish to permanently cease delivery of a service or services.

5. Supply of LARC devices

5.1. The Provider shall always keep in stock, and therefore be able to supply, the full choice of SDI and IUC devices, dependent upon which LARC methods they provide.

5.2. The Provider shall not obtain any LARC devices via an FP10 prescription or claim for devices through the NHS Business Services Authority.

6. Training and Competency Requirements

6.1. The Provider shall ensure that all employees providing the service are suitably qualified and competent to fit and remove LARC devices. All healthcare professionals undertaking the contraceptive fitting service shall hold either or both the Faculty of Sexual and Reproductive Health (FSRH) accredited qualifications:

LoC SDI https://www.fsrh.org/education-and-training/letter-of-competence-subdermal-implants-loc-sdi/

and / or:

LoC IUT https://www.fsrh.org/education-and-training/letter-of-competence-intrauterine-techniques-loc-iut/

or:

have achieved equivalent recognized competencies.

6.2. The Providers shall ensure healthcare professionals read the 6 principles of care as outlined on the FSRH website in the "Guidance for those undertaking or recertifying FSRH qualifications whose personal beliefs conflict with the provision of abortion or any method of contraception" as required under FSRH standards. Healthcare professionals shall agree to abide by these principles in practice at the time of application for the FSRH qualification: https://fsrh.org/Common/Uploaded%20files/documents/fsrh-personal-beliefs-guidance.pdf

6.3. The Provider shall put in place appropriate arrangements to ensure healthcare professionals maintain and update relevant skills, knowledge and supervision to deliver the service.

6.4. The Provider shall ensure healthcare professionals holding a letter of competence for either or both SDIs and/or IUCs are recertified every five years as specified by the FSRH https://www.fsrh.org/recertification/recertification-information/

6.5. The Provider shall ensure healthcare professionals are familiar with, and adhere to, the FSRH recertification requirements https://www.fsrh.org/recertification/recertification-requirements-for-letters-of-competence-loc-iut/ to ensure they have developed and maintained the

knowledge, skills, attitude and behaviour needed to provide safe and effective sexual and reproductive health care.

6.6. 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.

6.7. The Provider shall ensure healthcare professionals maintain ongoing evidence of skills and submit audits of procedures completed by healthcare professionals as requested by the Commissioner.

6.8. The Provider shall ensure that health and safety, safeguarding, equality and diversity training is provided to staff involved in this service and fully comply with the Pan-Dorset Multi agency Safeguarding Adults Policy and the Pan Dorset LSCB Inter-Agency Procedures for Children and Young People.

6.9. The Provider shall ensure that all staff delivering the Service have an Enhanced Level DBS check.

7. Activity, Performance and Reporting Requirements

7.1. The Provider shall ensure internet access is in place at all times and with appropriate electronic systems in use to record all consultations and activity.

7.2. The Provider shall ensure that claims for payment for provision of this service can be collected through the electronic system as stipulated by Dorset Council below.

7.3. The Provider shall share relevant information with other health care professionals and agencies, if required, in line with locally determined confidentiality arrangements, including, the need for the permission of the client to share the information.

7.4. The Provider shall submit a **quarterly** SystmOne "search" report. Dorset Council reserves the right to reject or withhold payment for any data submitted using an incorrect SystmOne "search" template.

7.5. The Provider shall submit data **quarterly** (every 3 months) to phcontracts@dorsetcouncil.gov.uk via email by the deadline of the 20th of the month following quarter end:

(Q1) 1st April – 30th June	Data due 20th July
(Q2) 1st July – 30th September	Data due 20th October
(Q3) 1st October – 31st December	Data due 20th January
(Q4) 1st January – 31st March	Data due 20th April

7.6. The Provider shall not be paid for data submitted more than one quarter late.

7.7. The Provider shall not receive payment for any late data submissions until the following quarter.

7.8. The Provider shall not submit any claims more than one month after the end of this contract.

7.9. Dorset Council reserves the right to withhold payment in the event of omissions in key activity data or if the data is submitted after the deadlines as required by this specification.

8. Quality Assurance

8.1. The Provider must have a complaints procedure in place and demonstrate to users and commissioners how complaints have been addressed to improve the service.

8.2. The Provider must have a complaints procedure in place and demonstrate to users and commissioners how complaints have been addressed to improve the service.

8.3. Both parties are required to regularly assess contract performance and address any additional matters during Review Meetings, scheduled at intervals and in a format determined by the Commissioner.

8.4. Dorset Council may request a review meeting within 5 business days following notice.

8.5. Quality control checks may take place at any point at the discretion of the Commissioner.

9. Safeguarding

9.1. Providers are required under statute and regulation to have effective arrangements in place to safeguard and promote the welfare of children and adults at risk of harm and abuse in every service that they deliver.

9.2. Providers must demonstrate safeguarding is embedded at every level in their organisation with effective governance processes evident.

9.3. It remains the responsibility of every (NHS-funded) organisation, and each individual working healthcare professional (in the NHS), to ensure that the principles and duties of safeguarding children and adults are holistically, consistently and conscientiously applied. Every (NHS funded) organisation needs to ensure that sufficient capacity is in place for them to fulfil their statutory duties; they should regularly review their arrangements to assure themselves that they are working effectively.

9.4. Dorset Council will take a proportionate approach to assuring Safeguarding and Quality, commensurate with the responsibilities and financial value of each contract.

9.5. The Provider shall be compliant with all applicable requirements of Safeguarding Vulnerable Adults and Children outlined in the section: **C.8 DISCLOSURE AND BARRING SERVICE (DBS) CHECKS** of the contract.

9.6. Public Health Commissioned services may be required to provide policies and evidence of robust safeguarding arrangements as part of formal Contract Award documentation.

10. Data Protection

10.1. The Provider shall be the sole Data Controller, and personal data shall be processed by the Provider under this contract (for example, patient details, medical history and treatment details).

10.2. The processing of personal data which is required by Dorset Council for the purposes of quality assurance, performance management and contract management- Dorset Council and the Provider will be Data Controllers in Common; together the "Agreed Purposes".

10.3. The Provider shall be compliant with all applicable requirements of the Data Protection Legislation outlined in the section: **C.8 DISCLOSURE AND BARRING SERVICE (DBS) CHECKS** of the contract.