

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, Long-Acting Reversible Contraception (LARC) for contraceptive purposes, Needle Exchange, Supervised Consumption and Smoking Cessation.
- 1.3. ICBs are responsible for commissioning gynaecology services, including any use of contraception for non-contraceptive purposes. This includes LARC for non-contraceptive purposes.
- 1.4. This Service Specification sets out the requirements for the provision of a public health Long-Acting Reversible Contraception (LARC) service. The service may include the provision of one or both of the following methods: sub-dermal implants (SDIs) for contraceptive purposes only, and intrauterine contraception (IUC) for both contraceptive and non-contraceptive purposes.
- 1.5. The Service will be provided in a community setting and covers the County of Dorset.
- 1.6. It has been estimated that only 55% of pregnancies are planned, with 33% unplanned and 27% associated with feelings of ambivalence. Unplanned and ambivalent pregnancies can have a major impact on the person's, families and wider society
- 1.7. SDIs and IUCs can safely be used until the age of 55 in people for whom natural loss of fertility is assumed, to confer non-contraceptive benefits, including: reduced menstrual pain and bleeding and endometrial protection for hormone replacement therapy.
- 1.8. Young people are more likely to engage in risk taking behaviour which may lead to unwanted pregnancy.
- 1.9. 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.
- 1.10. Contraceptive sub-dermal implants (SDIs) provide excellent contraceptive protection up to five years.
- 1.11. 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)

- 1.12. 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.
- 1.13. Dorset Council measures two outcomes which this service contributes to:
- Under 18 conception rates
 - Chlamydia rates per 100,000 young people aged 15-24
- 1.14. 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 fitting, replacement and removal services for Long-Acting Reversible Contraception (LARC) methods licensed for use in the UK, including sub-dermal implants (SDIs) for contraceptive purposes only and intrauterine contraception (IUC) for both contraceptive and non-contraceptive purposes.
 - Provide high-quality advice, support, and information on the full range of contraceptive methods, particularly to people under the age of 25 and within vulnerable groups.
 - Provide timely access to post-coital intrauterine contraception (IUC) for emergency contraception, where clinically appropriate, or support the individual with a timely onward referral to an appropriate service.
 - Offer the LARC service in line with NICE recommendations. For non-contraceptive purposes, patient choice must be taken into account along with the relevant guidance associated with the clinical indication. This includes but is not limited to; the management of menstrual disorder, heavy menstrual bleeding, dysmenorrhea, primary menstrual pain, endometriosis, adenomyosis, the cessation of menses and the relief of peri menopausal symptoms.
 - 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 Chlamydia testing.
 - 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 and support these individuals to notify their sexual partners.

- Increase awareness and refer, where appropriate, to Sexual Health Services 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 will supply the LARC device and provide the insertion, follow-up check (where clinically indicated), and removal of sub-dermal implants (SDIs) for contraceptive purposes only, and intrauterine contraception (IUC) for contraceptive, emergency contraceptive, and non-contraceptive purposes.
- 3.1.2. The Provider will give patients information about all contraceptive methods and offer them a choice of options. If, after discussion, the patient's preferred method cannot be provided, the Provider should make a referral only in accordance with the order set out below:
 1. Another community Provider offering the required method of contraception or;
 2. Local Sexual Health Services*

**Please note that Sexual Health Dorset is not commissioned by Dorset Council to provide contraception for non-contraceptive reasons, including managing or supporting unsuccessful fitting attempts undertaken for non-contraceptive purposes.*

- 3.1.3. Where a patient has a complex LARC requirement exceeding the skills, equipment or experience of the CHIS LARC service (including for complex failed fits or follow up issues such as lost threads) or where fitting is not considered safe in a community setting due to concurrent health issues, people should be referred as per clinical pathways and indications to either:
 1. Local Sexual Health services (for contraceptive use, only) or;
 2. Gynaecology secondary care

Such indications may include but are not limited to; insertion under ultrasound, fibroids, or requirement for insertion under General Anaesthetic.

- 3.1.4. The Provider shall provide a person considering LARC methods with detailed information – both verbal and written as required – to enable user choice. This information should take into consideration the individual's 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

- 3.1.5. 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.
- 3.1.6. The Provider shall assess the person's risk of sexually transmitted infections (STIs), including HIV and the need for STI testing or PrEP provision. STI testing and/or cervical screening should be offered as appropriate.
- 3.1.7. 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

- 3.1.8. The Provider shall undertake appropriate assessment and counselling of the patient for LARC for either contraceptive or non-contraceptive purposes - including a relevant risk assessment.
- 3.1.9. In primary care settings, where inter-practice agreement processes allow, and LARC services are available, people may be able to self-refer for contraceptive LARC. However, for all non-contraceptive, and some contraceptive LARC, the primary care LARC service is only accessed after an initial primary care consultation with their registered GP; and depending upon clinical indication - potentially after other investigations or treatment options have been offered.
- 3.1.10. The Provider shall give detailed information prior to IUC insertion to enable informed decision-making. This should include information on:
 - The most suitable non-contraceptive treatment options, including appropriate LARC methods, informed by the patient's clinical presentation, medical history, medical evidence, and clinical guidelines.
 - Mode of action
 - Contraceptive effectiveness
 - Advantages and disadvantages
 - Potential risks, adverse effects, and associated problems, including expected changes in bleeding pattern (such as irregular bleeding and amenorrhoea)
 - The IUC insertion procedure and the associated risks, including pain and uterine perforation.
- 3.1.11. The Provider shall ensure pregnancy is excluded before the IUC is inserted.
- 3.1.12. 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 patient attends to discuss IUC use in advance of the procedure, a pelvic examination is not required unless indicated by the clinical history.

- 3.1.13. The Provider shall obtain valid consent from the patient before pelvic examination and IUC insertion.
- 3.1.14. The Provider shall offer reinsertion at the end of the life of the device, or where earlier replacement is clinically indicated (e.g. complications, falling efficacy in management of gynaecological problems). Routine annual checks are not required; however, arrangements should be in place for the Provider to review patients experiencing problems in a timely fashion.
- 3.1.15. 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.
- 3.1.16. The Provider shall assess any urgent problems following insertion of an IUC device such as abnormal bleeding or pain and ensure that patients know to contact 111 services out of hours.
- 3.1.17. The Provider shall ensure these services are used for the appropriate patients and the approved indications.
- 3.1.18. The Provider shall ensure IUCs are only fitted by trained healthcare professionals who have current certification from the College of Sexual and Reproductive Health. Fitters should also meet the minimum activity levels recommended by the College to ensure that they perform sufficient procedures to maintain competence (minimum 12 fits in a 12-month period with at least 2 devices used).
- 3.1.19. Practitioners fitting LARC for non-contraceptive purposes have a professional development responsibility to ensure they can give the appropriate counselling relevant to a non-contraceptive fitting. The provider should support staff in accessing appropriate Continuing Professional Development opportunities as required by the individual practitioner to meet their full scope of practice.

SDIs

- 3.1.20. The Provider shall provide the fitting, monitoring, checking and removal in line with current guidelines on best practice (e.g. NICE guidelines on LARC, College of Sexual and Reproductive Healthcare (CoSRH)) for contraceptive purposes only.
- 3.1.21. That Provider shall ensure that SDIs are only inserted and removed by healthcare professionals trained in the procedure who have current certification from the College of Sexual Reproductive Health. Fitters should also meet the minimum activity levels recommended by the College to ensure they maintain competence (six procedures in a 12-month period and including one removal procedure where fitters are certified for both insertion and removal).

- 3.1.22. The Provider shall ensure all devices used are licensed for use in the UK and included in the local formulary. The fitting and removal of LARC devices shall be in line with the most current Summary of Product Characteristics guidelines.
- 3.1.23. The Provider shall ensure that all SDIs are sited in line with best practice guidance from the College of Sexual and Reproductive Health. This includes the siting of replacement SDIs.
- 3.1.24. 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.

3.2. 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 safer 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 the patient is informed of the expected duration and expiry date of their LARC device and understands their responsibility to arrange timely removal or replacement.
- 3.3.5. The Provider shall ensure that patients are appropriately signposted to relevant, up-to-date online information and local sexual and reproductive health services according to their individual needs.
- 3.3.6. 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.
- 3.3.7. 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 where appropriate. This includes the provision of a suitable room with couch and sufficient space and equipment for resuscitation.

- 3.3.8. The Provider shall ensure that safeguarding children, young people and adults at risk is embedded within the delivery of the LARC service, with appropriate policies, procedures, governance and escalation arrangements in place.
- 3.3.9. The Provider shall ensure all staff are able to recognise, respond to, document and appropriately escalate safeguarding concerns, including but not limited to concerns relating to abuse, neglect, domestic abuse, sexual abuse or exploitation, coercion and controlling behaviour, modern slavery and other forms of exploitation.
- 3.3.10. 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.
- 3.3.11. The Provider shall support people with learning and/or physical disabilities to make their own decisions about contraception.
- 3.3.12. The Provider shall deliver the service according to the relevant guidance, including but not limited to NICE and the College of Sexual and Reproductive Healthcare (CoSRH).
- 3.3.13. The Provider shall follow infection control policies that are compliant with national and local guidelines.
- 3.3.14. The Provider shall ensure that lines of professional and clinical responsibility and accountability are clearly identified.
- 3.3.15. 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.
- 3.3.16. The Provider shall ensure access to an appropriate electronic patient record system, including where appropriate a PGD consultation form.
- 3.3.17. 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.
- 3.3.18. The Provider shall ensure staff within the organisation are familiar with the Dorset Council website CHIS LARC pages:
<https://www.dorsetcouncil.gov.uk/w/community-health-improvement-services>

where key information to support service delivery is published and the list of other Providers offering LARC within the community should a patient need to be signposted: <https://www.dorsetcouncil.gov.uk/public-health/find-services-to-improve-your-health>

- 3.3.19. The Provider shall seek to promote the availability of this commissioned LARC service, as appropriate.
- 3.3.20. 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 people requiring contraception and non-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. Please note for non-contraceptive coils the primary care LARC service is only accessed after an initial primary care consultation with the patient's registered GP; and depending on clinical indication-potentially after other investigations or treatment options have been offered.
- 4.3. The Provider shall ensure that people are offered timely access to appropriate appointments and are clearly informed of available clinic dates, times and locations, which may include another locally commissioned provider.
- 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 week 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.dorsetcouncil.gov.uk/w/community-health-improvement-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 College of Sexual and Reproductive Healthcare (CoSRH) accredited qualifications.
- 6.2. The Provider shall ensure healthcare professionals read the 6 principles of care as outlined on the CoSRH website in the “Guidance for those undertaking or recertifying CoSRH qualifications whose personal beliefs conflict with the provision of abortion or any method of contraception” as required under CoSRH standards. Healthcare professionals shall agree to abide by these principles in practice at the time of application for the CoSRH qualification:
<https://www.cosrh.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 CoSRH.
- 6.5. The Provider shall ensure healthcare professionals are familiar with, and adhere to, the CoSRH recertification requirements 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 relevant Safeguarding Children Partnership procedures for the local area.
- 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 that appropriate and reliable internet access is available to support delivery of the service. In the event of an internet, power or other critical system outage that affects service delivery, the Provider shall activate its Business Continuity Plan to maintain safe and effective service provision wherever possible.
- 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.

- 7.10. In cases where an IUC insertion procedure is attempted but cannot be completed due to medical or anatomical reasons or clinical complications encountered during the appointment, the Provider may claim payment for this activity at the same rate as a successful fit. This does not include appointments where the patient fails to attend or cancels in advance. Dorset Council will monitor this activity and may audit the Provider to ensure that the reasons for unsuccessful IUC fitting procedures are appropriately recorded and justified.

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. 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 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. Each 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. 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.
- 9.5. Dorset Council-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.