

APPENDIX A
SERVICE SPECIFICATION

Service Specification No.	
Service	Long-acting reversible methods of contraception (General practices)
Authority Lead	
Provider Lead	
Period	1st April 2017 – 31st March 2018
Date of Review	

1. Population Needs

1. NATIONAL AND LOCAL CONTEXT

1.1 NATIONAL CONTEXT

1.1.1 Overview of commissioning responsibilities

- a. Local authorities have the lead for improving health and for coordinating efforts to protect public health. Public health teams within local authorities are responsible for commissioning and funding a number of mandated services and other services to improve the health and wellbeing of local populations.
- b. Local authorities are mandated to commission and fund comprehensive, open-access HIV/STI testing services, STI treatment services (excluding HIV treatment) and contraception services for the benefit of all persons of all ages present in their area. NHS England is responsible for commissioning and funding HIV treatment services. Clinical Commissioning Groups are now responsible for funding abortion services; vasectomies and sterilisation procedures; and for the promotion of opportunistic Chlamydia and Gonorrhoea testing and treatment within general practice.

1.1.2 Public Health Outcomes Framework

- a. The [Public Health Outcomes Framework](#) sets out a vision for public health, desired outcomes and the indicators that will be used to monitor how well public health is being improved and protected. The Framework includes three indicators relating to sexual health:
 - o [Indicator 2.04](#): Under-18 conception rate
 - o [Indicator 3.02](#): Chlamydia diagnosis rates among young adults aged 15-24s
 - o [Indicator 3.04](#): % of persons presenting with HIV at a late stage of infection
- b. Local areas are tasked to continue to work to reduce the number of under-18 conceptions, to prevent and control the transmission of chlamydia, and to promote and increase uptake of HIV testing in order to reduce the number of patients entering HIV treatment services at a late stage of infection. Provision of long-acting, reversible methods of contraception from general practice is expected to contribute to reducing the number of unintended conceptions amongst women of all ages and to further reducing the under-18 conception rate.

1.2 LOCAL CONTEXT

1.2.1 Overview of sexual health data for Salford

- a. Improving the sexual health and wellbeing of the population is one of the public health priorities for Salford. Sexual ill-health is a particular issue for Salford with high rates of sexually transmitted infections including HIV and high rates of unintended conceptions.
- b. Salford has one the highest incidence of HIV outside of London. Diagnoses of common sexually transmitted infections including chlamydia, gonorrhoea, genital herpes and genital warts are also increasing.
- c. Rates of most sexually transmitted infections are highest amongst young people aged 16-24; rates of selected sexually transmitted infections are also high amongst men who have sex with men and women and men from black African and black Caribbean communities living in the UK.
- d. Uptake of contraception amongst residents is good. Residents can obtain contraception from general practices and from contraception and sexual health clinics. The proportion of women opting for long-acting reversible contraception is increasing.
- e. The rate of abortions among female residents aged 15-44 has been falling since the late 2000s. The abortion rate for Salford is higher than the rate for England but is comparable to other core cities.
- f. The under-18 conception rate for Salford has also fallen – 38.4% since the baseline set in 1998 by the National Teenage Pregnancy Strategy. However, Salford continues to have an under-18 conception rate above the national average.
- g. NHS Salford invested in improving access to contraception, sexual health and abortion services. Residents can obtain contraception from their GP practice, from some pharmacies and from contraception and sexual health clinics including dedicated clinics for young people. Ruclear is an established service and more than 25,000 young people were screened in 2011/12. 48 hour access to GUM clinics has been achieved. However, ongoing work is required to promote the use of condoms and to increase the use of contraception including long acting reliable methods such as the implant in order to control the transmission of sexually transmitted infections and to reduce the numbers of unintended conceptions among women of all ages.

1.3 Evidence base

- a. It is estimated that about 30% of pregnancies are unplanned. The correct and consistent use of a reliable and suitable method of contraception is the best method for sexually active women and their male partners to avoid an unintended conception.
- b. The effectiveness of barrier methods of contraception and oral contraceptive pills depends on their correct and consistent use. By contrast, the effectiveness of long-acting reversible methods of contraception does not depend on daily concordance.
- c. All methods of long-acting reversible contraception are more cost effective than the combined oral contraceptive pill. Implants, IUDs and IUSs are more cost effective than the contraceptive injection.
- d. There is a correlation between high uptake of long-acting reliable methods of contraception

and low rates of unintended conceptions among women of all ages and low rates of under-18 conceptions.

2. Key Service Outcomes

2.0 EXPECTED OUTCOMES

2.1 Direct influence on outcomes

- a. Provision of long-acting reversible methods of contraception as described in this specification is expected to contribute to:
1. Maintaining the provision of long-acting, reversible methods of contraception from general practices located in Salford.
 2. Improving knowledge and understanding of regular methods of contraception including long-acting reversible methods through the provision of information, advice and guidance.
 3. Improving knowledge and understanding of the risks associated with unprotected sex through the provision of information, advice and guidance.
 4. Increasing the uptake of regular methods of contraception including long-acting reversible methods through referral / signposting to contraception and sexual health services.
 5. Increasing the uptake of sexual health screening through referral / signposting to STI testing and treatment services.

2.2 Indirect influence on outcomes

- a. Provision of long-acting reversible methods of contraception as described in this specification is expected to contribute to achieving:
1. Reducing the number of unintended conceptions amongst women of all ages
 2. Reducing the number of abortions amongst women of all ages
 3. Reducing the number of under-18 conceptions

3. Scope

3.1 AIMS AND OBJECTIVES

3.1.1 Aims

- a. The overall aim is to extend the range of contraceptive methods available from general practices located in Salford to include subdermal contraceptive implants (Component A) and intrauterine devices (Component B). This will maintain choice and ensure that patients can obtain the most effective method of contraception for them as an individual. This is expected to contribute to increasing the number of women using a reliable method of contraception and to reducing the number of unintended conceptions amongst women of all ages.

3.1.2 Objectives

(A) Subdermal contraceptive implants

- a. Contractors delivering this component of the specification are required to:
- i) Raise awareness of the benefits of long-acting reversible methods of contraception.
 - ii) Ensure that patients receive information and advice about the full range of contraceptive methods and are supported to determine the most appropriate method to meet their

individual needs.

- iii) Fit and remove subdermal contraceptive implants for patients opting for this method of contraception.
- iv) Undertake follow-up, as appropriate, and in line with clinical guidelines.

(B) Intrauterine devices

- a. Contractors delivering this component of the specification are required to:
 - i) Raise awareness of the benefits of long-acting reversible methods of contraception.
 - ii) Ensure that patients receive information and advice about the full range of contraceptive methods and are supported to determine the most appropriate method to meet their individual needs.
 - iii) Fit and remove intrauterine devices for patients opting for this method of contraception.
 - iv) Undertake follow-up, as appropriate, and in line with clinical guidelines.

3.2 Service Description

- a. Salford City Council is commissioning and funding the Contractor to offer long-acting reversible methods of contraception as described in this specification. This section details:
 - o Specific requirements relating to the provision of subdermal contraceptive implants **(Component A)**
 - o Specific requirements relating to the provision of intrauterine devices **(Component B)**
 - o General requirements relating to the provision of all services detailed in this specification

3.2.1 Subdermal contraceptive implants (Component A)

- a. Salford City Council is commissioning and funding the Contractor to fit, monitor, check and remove subdermal contraceptive implants as detailed in this specification according to their instructions for use and in line with clinical guidelines. The Contractor must use subdermal contraceptive implants licensed for use in the UK.
- b. The Contractor is required to ensure that patients receive information and advice about the full range of contraceptive methods and are supported to determine the most appropriate method to meet their individual needs in line with [NICE Clinical Guideline CG30](#)
- c. The Contractor is required to ensure that, for patients opting for the subdermal contraceptive implant, that:
 - i) The clinician undertakes a sexual history in order to assess the appropriateness of fitting a subdermal contraceptive implant.
 - ii) The clinician provides information, advice and guidance about sexually transmitted infections and assesses the need for screening for sexually transmitted infections.
 - iii) The clinician provides [written information](#) for the patient at the time of counselling and reinforced after fitting with information about symptoms that require urgent assessment, non-contraceptive benefits, procedures for initiation and discontinuation.
 - iv) The clinician provides information, advice and guidance about safer sex behaviours and offers condoms.

- d. The Contractor is required to ensure that patients experiencing problems or requiring the removal of the subdermal contraceptive implant can be seen. Routine annual checks are not required. The Contractor should inform the patient that implants must be removed or replaced within three years.
- e. The Contractor is required to produce an appropriate clinical record. The clinical record should contain appropriate information about the patient's clinical, reproductive and sexual history; the counselling process; the results of screening; problems with insertion; type and batch number of the implant; expiry date of the device; and arrangements for follow-up. If the Contractor is fitting or removing an implant for a patient registered with another general practice, the Contractor must forward clinical information for inclusion in the patient's notes unless the patient opts to withhold consent. Full records of all procedures should be maintained in such a manner to allow aggregated data to be produced if requested.
- f. The Contractor is required to appropriately read code activity in order that a up-to-date register of patients fitted with a subdermal contraceptive implant may be produced. The register will include all patients fitted with an implant and a record of the device fitted. The register will be used for audit purposes and to allow the practice to recall patients for checks as appropriate.
- g. The Contractor is required to provide and maintain all of the necessary equipment for fitting / removing contraceptive implants and ensure that procedures are performed in a suitable treatment room.
 - i) The treatment room should have a couch and sufficient space to perform procedures. The room should have, for instance, hand washing facilities and equipment for resuscitation.
 - ii) Specialist equipment for local anaesthesia, forceps, and for the sterilisation of surgical equipment line with relevant guidelines or the provision of single use equipment and anaesthetics.
- h. The Contractor is required to ensure that all clinicians are competent and trained to offer the services described in this specification and have the skills to consult with patients in an appropriate manner. Clinicians should undertake continuing professional development in order to achieve or maintain accreditation as set out in this specification.
- i. The Contractor is required to ensure that a trained nurse / healthcare practitioner is present to support the patient and to assist the clinician performing the procedure.

3.2.2 Intrauterine devices (Component B)

- a. Salford City Council is commissioning and funding the Contractor to fit, monitor, check and remove intrauterine devices as detailed in this specification according to their instructions for use and in line with clinical guidelines. The Contractor must use intrauterine devices licensed for use in the UK.
- b. The Contractor is required to ensure that patients receive information and advice about the full range of contraceptive methods and are supported to determine the most appropriate method to meet their individual needs in line with [NICE Clinical Guideline CG30](#)
- c. The Contractor is required to ensure that, for patients opting for the intrauterine device as their regular method of contraception, that:
 - i) The clinician undertakes a sexual history in order to assess the appropriateness of fitting an intrauterine device
 - ii) The clinician provides information, advice and guidance about sexually transmitted infections and assesses the need for screening for sexually transmitted infections.

- iii) The clinician provides [written information](#) for the patient at the time of counselling and reinforced after fitting with information about symptoms that require urgent assessment, non-contraceptive benefits, procedures for initiation and discontinuation.
- iv) The clinician provides information, advice and guidance about safer sex behaviours and offers condoms.
- d. The Contractor should offer a follow-up appointment between 3 and 6 weeks following insertion to exclude infection, perforation or expulsion. Routine annual checks are not required; however, best practice recommends that a follow-up check is performed after 5 years.
- e. The Contractor is required to ensure that patients experiencing problems or requiring the removal of the intrauterine device can be seen in a prompt manner. Intrauterine devices should be removed or replaced within ten years (depending on the product) and the Contractor should have a process for recalling patients fitted with an intrauterine device for removal.
- f. The Contractor is required to produce an appropriate clinical record. The clinical record should contain appropriate information about the patient's clinical, reproductive and sexual history; the counselling process; the results of screening; problems with insertion; type and batch number of the device; expiry date of the device; and arrangements for follow-up. If the Contractor is fitting or removing an intrauterine device for a patient registered with another general practice, the Contractor must forward clinical information for inclusion in the patient's notes unless the patient opts to withhold consent. Full records of all procedures should be maintained in such a manner to allow aggregated data to be produced if requested.
- g. The Contractor is required to produce and maintain an up-to-date register of patients fitted with an intrauterine device. The register will include all patients fitted with an intrauterine device and record the device fitted. The register should be used for audit purposes and to allow the practice to recall patients for checks as appropriate.
- h. The Contractor is required to provide and maintain all of the necessary equipment for fitting / removing intrauterine devices and ensure that procedures are performed in a suitable treatment room.
 - i) The treatment room should have a couch and sufficient space to perform procedures. The room should have hand washing facilities and equipment for resuscitation.
 - ii) Specialist equipment for cervical anaesthesia, vaginal specula and cervical dilators, and for the sterilisation of surgical instruments in line with relevant guidelines or the provision of single use equipment and anaesthetics.
- i. The Contractor is required to ensure that all clinicians are competent and trained to offer the services described in this specification and have the skills to consult with patients in an appropriate manner. Clinicians should undertake continuing professional development in order to achieve or maintain accreditation as set out in this specification.
- j. The Contractor is required to ensure that a trained nurse is present to support the patient and to assist the clinician performing the procedure.
- k. The Contractor can also fit intrauterine devices for the purpose of management of menorrhagia. The Contractor shall ensure that devices are used in an appropriate manner and for correct patients and approved indications and in line with [NICE Clinical Guideline CG44](#).

3.2.3 General requirements

- a. The Contractor is required to adhere to national and local guidelines for offering contraception

and sexual health advice and treatment to young people aged under-19 including the requirement to assess Fraser competence.

- b. The Contractor is required to adhere to the recommendations for follow-up and managing problems as described in the [NICE clinical guidelines](#) for long-acting reversible contraception.
- c. The Contractor will ensure compliance with national and local policies and procedures for safeguarding children and vulnerable adults.
- d. The Contractor will ensure compliance with national and local guidance for obtaining informed patient consent.
- e. The Contractor is required to have infection control policies and procedures and to ensure compliance with national standards and guidelines. Salford City Council reserves the right to request that the Contractor cooperates with the Infection Control Team for assurance of compliance with infection control standards.
- f. Salford City Council will provide the Contractor with supplies of condoms.
- g. Salford City Council will promote contraception and sexual health services and access points via the sexual health website for Salford and other channels.
- h. Salford City Council will ensure that the Contractor has information about local contraception and sexual health services to aid clinicians to make accurate and appropriate referrals.
- i. Salford City Council will arrange at least one joint service monitoring meeting per annum for all Practices to attend.

3.3 CLINICAL GOVERNANCE

- a. The Contractor is responsible for ensuring that sufficient arrangements for clinical governance are in place to allow for the provision of safe, effective services delivered to a high standard. The Contractor is required to adhere to [Department of Health guidance](#) including:
 - i) To establish and maintain links with reproductive and sexual health services.
 - ii) To have processes and procedures in place for reporting incidents including serious untoward incidents (SUIs). The Contractor is required to inform the Director of Public Health on incidents and near misses as well as reports on complaints and complements and other patient feedback.

3.3.1 Clinical skills and competencies

- a. The Contractor is responsible for ensuring that clinicians are competent and trained to offer the services described in this specification.

(A) Subdermal contraceptive implants

- a. The Contractor is required to ensure that all clinicians involved in the fitting and removal of contraceptive implants are qualified, trained and competent to undertake these procedures.
 - i) Clinicians should meet the [training requirements](#) and be awarded the [letter of competence in subdermal contraceptive implant techniques](#) from the Faculty of Sexual and Reproductive Healthcare (FSRH) and should undertake continuing professional development and to meet the recommended minimum thresholds (12 fittings per annum) in order to maintain competence.

- ii) Salford City Council reserves the right to liaise with NHS England to check that the Contractor has a contract for the provision of GMS / PMS services.
- b. The Contractor is required to maintain an up-to-date register of all clinicians involved in fitting or removing subdermal contraceptive implants. The register should contain a) name of clinician; b) role of clinician; c) record of relevant training and accreditation; d) record of fittings and removals; and e) record of relevant continuing professional development.

(B) Intrauterine devices

- a. The Contractor is required to ensure that all clinicians involved in the fitting and removal of intrauterine devices are qualified, trained and competent to undertake these procedures.
 - i) Doctors should meet the [training requirements](#) and be awarded the [letter of competence in intrauterine techniques](#) from the Faculty of Sexual and Reproductive Healthcare (FSRH). Doctors should undertake continuing professional development and to meet activity requirements (minimum of 12 fittings per annum) in order to maintain competence.
 - ii) Nurses should meet the [training requirements](#) and receive Royal College of Nursing (RCN) accreditation. Nurses should undertake continuing professional development and to meet activity requirements (minimum of 12 fittings per annum) in order to maintain competence.
 - iii) Salford City Council reserves the right to liaise with NHS England to check that the Contractor has a contract for the provision of GMS / PMS services.
- b. The Contractor is required to maintain an up-to-date register of all clinicians involved in fitting or removing intrauterine devices. The register should contain a) name of clinician; b) role of clinician; c) record of relevant training and accreditation; d) record of fittings and removals; and e) record of relevant continuing professional development.

3.3.2 Clinical audit

- a. The Contractor is required to ensure that provision of long-acting reversible contraception is considered as part of the clinical audit process within the general practice. Clinical audit should be used to review practice and to determine opportunities to improve patient experience and outcomes.

3.3.3 Care pathways and protocols

- a. The Contractor is required to support the development and implementation of care pathways and protocols relating to the provision of long-acting reversible methods of contraception.

3.4 POPULATION

- a. Salford City Council is responsible for commissioning and funding contraception and sexual health services for residents of Salford.
- b. The Contractor is required to provide the services described in this specification for a) patients registered with the general practice and b) residents of Salford registered with other general practices located in Salford.
- c. There is no mechanism to fund the Contractor to offer subdermal implants or intrauterine devices to a) residents of Salford registered with general practices outside of Salford or b) non-registered patients resident in areas outside of Salford.

3.5 INCLUSION AND EXCLUSION CRITERIA

3.5.1 Inclusion criteria

- a. The Contractor is required to deliver the services detailed in this specification for women attending the practice requesting a subdermal contraceptive implant / intrauterine device if it is clinically appropriate to do so.

3.5.2 Exclusion criteria

- a. The Contractor should refer to clinical guidelines relating to the provision of subdermal contraceptive implants / intrauterine devices and exclude patients if it is clinically appropriate to do so.

3.6 REFERRALS

- a. The Contractor is required to accept:
 - i) Self-referrals from registered patients
- b. The Contractor is required to refer or signpost clients to other services as appropriate, including:
 - Integrated contraception and sexual health services
 - Contraception and sexual health services

3.7 RELATIONSHIPS WITH OTHER SERVICES

- a. The Service Provider is required to establish and maintain relationships with other relevant organisations including, for example:
 - Integrated contraception and sexual health services
 - Contraception and sexual health services
 - Pharmacies
 - GUM clinics
 - General practices
 - Pharmacies
 - Greater Manchester Sexual Health Network
 - Greater Manchester Safeguarding Children / Adults Boards
 - Safeguarding teams within the NHS and local authorities

3.7 INTERDEPENDENCIES WITH OTHER SERVICES

- a. The following interdependencies have been identified:
 1. Suppliers of intrauterine devices
 2. Suppliers of contraceptive implants
 3. Training providers – to support the development and verification of clinical skills and competencies
 4. Salford City Council – for the supply of condoms

3.8 PLANNING ASSUMPTIONS

4. Applicable Service Standards

General

[‘A Framework for Sexual Health Improvement in England’, Department of Health, 2013](#)

[‘Sexual Health: Clinical Governance – Key principles to assist service commissioners and providers to operate clinical governance systems in sexual health services’, Department of Health, 2013](#)

Long-acting reversible methods of contraception

[‘CG30 Long acting reversible contraception’, National Institute for Health and Care Excellence](#)

[Method specific guidance from the Faculty of Sexual and Reproductive Healthcare](#)

5. Location of premises

The Contractor is required to deliver the services detailed in this specification from:

Name of Branch 1

Address 1

Address 2

Address 3

Address 4

Postcode

Name of Branch 2

Address 1

Address 2

Address 3

Address 4

Postcode

6. Required insurances

APPENDIX B
CONDITIONS PRECEDENT

APPENDIX C

QUALITY OUTCOMES INDICATORS

APPENDIX D

SERVICE USER, CARER AND STAFF SURVEYS

APPENDIX E

CHARGES

Subdermal contraceptive implants		
A1	Fitting of a subdermal contraceptive implant	£25.81 per consultation
A2	Removal of a subdermal contraceptive implant	£30.97 per consultation
Intrauterine devices		
B1	Fitting of an intrauterine device	£79.92 per consultation
B2	Follow-up appointment between 3 and 6 weeks following insertion to exclude infection, perforation or expulsion.	£10.00 per consultation

Salford City Council reserves the right to revise fees.

All contractors must submit an invoice and audit data in a timely manner. Payments will not be made if audit data is not submitted. Any invoice which relates to work completed more than four months ago will not be paid. **Invoices should be submitted to PHSecretary@salford.gov.uk, the template for which can be requested at this email address.**

Invoicing Forms and Guidance



LARC Invoice.xlsx

ALL CHARGES, UNLESS OTHERWISE STATED, ARE INCLUSIVE OF VAT.