

**LOCAL ENHANCED SERVICE FOR  
Contraceptive Implants**

**Service Level Agreement**

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**SIGNATURE**

The practice will need to sign a combined single signature sheet for all Enhanced Services provided. This will constitute the agreement between the practice and the PCT in respect of all Enhanced Service, as specified within each individual Service Level Agreement

**PRACTICE DETAILS**

## INTRODUCTION

All practices are expected to provide essential services and those additional services they are contracted to provide to all their patients. They are also encouraged to provide the Directed, National and Local Enhanced services to the populations they serve. The specification for this service is designed to cover the enhanced aspects of clinical care of the patient, which is beyond the scope of essential services.

## SERVICE AIMS

This agreement is to cover the period commencing 1<sup>ST</sup> April 2009 to 31<sup>st</sup> March 2010.

The aims of this service are to:

- (i) ensure that the full range of contraceptive options are provided by practices to patients
- (ii) increase the availability of contraceptive implants through primary care

Evidence shows that:

- (i) the use of contraceptive implants has doubled since 2000, with over 10,000 implants being fitted in 2003
- (ii) contraceptive implants provide excellent contraceptive protection over a long period. Implanon which is the only contraceptive implant currently licensed in the UK is reported to have a Pearl Index of 0.0 (95% CI 0.00-0.09)
- (iii) it is one of two areas of contraceptive provision with relatively high levels of litigation. The most important factor influencing the incidence of problems relating to insertion and removal is the competence of the professional inserting the device.
- (iv) high quality information and advice influences client satisfaction and continuation rates with long acting methods of contraception
- (v) implant fitting and removal are not undertaken by all clinical practitioners in general practices and maintaining expertise in fitting and removal can be difficult and requires commitment from the practitioner.

## CRITERIA

This Local Enhanced Service Specification details the following criteria. The following pages contain some further guidance from the PCT on expected processes, outcomes and deliverables based on this process. On aspiring to this service practices are required to submit plans under each of these items to the PCT.

- (i) Direct Service Delivery

- (ii) Data Collection
- (iii) Facilities
- (iv) Training and Staffing
- (v) Review/Audit

These criteria have been determined by the Faculty of Family Planning and Reproductive Health Care, Royal College of Obstetricians and Gynaecologists and Royal College of Nursing and are not subject to negotiation.

## Criteria One: Direct Service Delivery

### Details

- **fitting, monitoring, checking and removal of contraceptive implants**, licensed for use in the UK, as appropriate
- **sexual history taking.** To ensure that the contraceptive implant is the most appropriate method of contraception based on medical evidence, clinical guidelines, sexual history and practice, and risk assessment.
- **risk assessment.** To assess the need for STI or HIV testing prior to recommending the contraceptive implant.
- **the provision of condoms to prevent infection and public health information on safer sex practices.**
- **assessment and follow up.** Routine annual checks are not required, however arrangements should be in place to review clients experiencing problems in a timely fashion. Arrangements should be in place to ensure timely access for women requesting removal of the implant for any reason including problems or at expiry of device. The implant should be removed or replaced within three years.
- **provision of information.** Appropriate verbal and written information about all contraceptive options should be provided at the time of counselling to ensure informed choice. Understanding regarding implant use should be reinforced at fitting with information on effectiveness, duration of use, side effects and those symptoms that require urgent assessment

## Criteria Two: Data Collection

### Details

- **production of an up-to-date register of patients fitted with a contraceptive implant.** This will include all patients fitted with a contraceptive implant and the device fitted. This is to be used for audit purposes, and to enable the primary care team to target these patients for health care checks. The PCT may request to see the register.
- **production of an appropriate clinical record.** Adequate recording should be made regarding the patient's clinical, reproductive and sexual history, the counselling process, the results of any STI screening, problems with insertion, the type and batch number of the implant, expiry date of the device and follow-up arrangements. If the patient is not registered with the provider of the LES, the provider must ensure that the patient's registered practice is given all appropriate clinical details for inclusion into the patient's notes after obtaining explicit consent from the patient.
- **periodic reviews at least annually**, which could include an audit of:
  - a) the register of patients fitted with a contraceptive implant;
  - b) reasons for removal
  - c) complications or significant events

## Criteria Three: Facilities

### Details

- This service will be carried out in approved practice premises
- **provision of adequate equipment.** Certain special equipment is required for implant fitting and removal. This includes an appropriate room fitted with a couch and with adequate space and equipment for resuscitation. A variety of removal forceps, and facility for local anaesthesia also need to be available. This specification also includes the provision of sterile surgical instruments and other consumables

## Criteria Four: Training and Staffing

### Details

- Practitioners undertaking these procedures should have undertaken appropriate training. This should be based on modern, authoritative medical opinion, for example, the current requirements set down by the Faculty of Family Planning and Reproductive Health Care (FFPRHC) for the letter of competence in sub-dermal implants (LoC SDI) or Royal College of Nursing (RCN) guidance on insertion and removal of sub-dermal implants together with RCN Accreditation. This involves a demonstration of skills involved in counselling for implants, knowledge of issues relevant to implant use, problem management and observation of insertion and removal followed by supervised insertion and removal of a minimum number of insertions and removals as specified by the FFPRHC/RCN (as appropriate), and assessment of competence by a Faculty/RCN approved assessor. They should provide evidence of maintaining skills for example, by re-certifying according to FFPRHC/RCN regulations. **Evidence of competence to be provided to PCT**
- Practitioners to undertake regular continual professional development (CPD)
- An appropriately trained nurse needs to be present to support the patient and assist the clinician during the procedure.

## Criteria Five: Review/Audit

### Details

- The services delivered by this LES will be subject to clinical audit and monitoring will be carried out as part of the annual review of the contract and as part of review of this LES
- The audit to include:
  - the register of patients fitted with a contraceptive implant
  - reasons for removal
  - complications or significant events.

## ONGOING MEASUREMENT & EVALUATION

The ongoing measurement is outlined in the various criteria in the previous section. **The services provided and scope of this LES will be reviewed with the practice as part of the annual contract monitoring process.**

In addition the practice is required to agree with the PCT this service specification/plan at the start of the year.

## **FINANCE**

This agreement is to cover the 12 months commencing 1<sup>st</sup> April 2009.

Practices will receive:

- £26.39 insertion fee per patient
- £31.47 removal fee per patient.