

**LOCAL ENHANCED SERVICE FOR
intra-uterine device and Mirena fittings**

Service Level Agreement

Contents:

1. Introduction
2. Service Aims
3. Criteria
 1. Direct Service Delivery
 2. Register and Records
 3. Facilities
 4. Education and Training
 5. Liaison/Shared Care
 6. Review and Audit
4. Ongoing Measurement & Evaluation
5. Finance Details

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 1ST April 2009 to 31st March 2010.

The aims of this service are to:

- (i) ensure that the full range of contraceptive options is provided by practices to patients
- (ii) ensure that the availability of post-coital IUCD fitting for emergency contraception should be more adequately provided as another means of reducing unwanted pregnancies
- (iii) ensure the availability of Mirena in the management of menorrhagia within primary care.

Evidence shows that:

- (i) IUCDs make up approximately 5 per cent of contraceptive usage in the UK. This is much lower than in many other European countries. In Scandinavia, IUCDs make up 20% of contraceptive usage
- (ii) clinical effectiveness is excellent, with a recognised failure rate for all devices of 0.2-2.0 per 100 woman-years. For the levonorgestrel-releasing intrauterine system (Mirena) the failure rate is 0.16/100 woman-years which is comparable to female sterilisation
- (iii) it is one of two areas of contraceptive provision with relatively high levels of litigation and the most important factor influencing failure rate and problems is the competence of the professional inserting the device.
- (iv) the risk of pelvic inflammatory disease attributable to IUCD usage is low at 1.5. If 1000 women have an IUCD inserted, then 1.5 of them will develop pelvic inflammatory disease
- (v) the World Health Organisation (WHO) supports the use of the IUCD in young women including those under 20 years provided they are at low risk of sexually transmitted infections (STI)
- (vi) Mirena has the additional non-contraceptive benefits of decreasing menstrual loss and is part of the management of menorrhagia

recommended by the Royal College of Obstetricians and Gynaecologists (RCOG)

(vii) insertion of a copper IUCD up to 5 days after presumed ovulation acts as a very efficient emergency post-coital contraception. Because of its increased post-coital time frame and non-hormonal constituents, it is complementary to the emergency use of the progesterone-only contraceptive pill

(viii) IUD fitting is not undertaken by all general medical practitioners and maintaining expertise in IUD fitting can be difficult.

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) Register and Records
- (iii) Facilities
- (iv) Education and training
- (v) Liaison/Shared Care
- (vi) Review/Audit

Criteria One: Direct Service Delivery

Details

- **fitting, monitoring, checking and removal of IUCDs and Mirena** as appropriate
- **chlamydia screening** before insertion of the IUCD and, if positive, refer for screening for other STIs. This should be in accordance with national policy
- **condoms to be issued for use to prevent infection**
- **regular assessment.** A check of the IUCD and Mirena after fitting is suggested at six weeks and thereafter annually. In addition any problems such as abnormal bleeding or pain should be assessed urgently
- **provision of information.** Written information should be provided at the time of counselling and reinforced after fitting with information on follow-up and those symptoms that require urgent assessment

Criteria Two: Register and Records

Details

- **production of an up-to-date register of patients fitted with an IUCD and Mirena.** This will include all patients fitted with an IUCD and Mirena and the date the device was 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 GP record.** Adequate recording should be made regarding the patient's clinical history, the counselling process, the results of any chlamydia screening, the pelvic examination, problems with insertion, the type and batch number of the IUCD and Mirena, and follow-up arrangements.

Criteria Three: Facilities

Details

- This service will be carried out in approved practice premises
- **Provision of adequate equipment.** Certain special equipment is required for IUCD and Mirena fitting. This includes an appropriate room fitted with a couch and with adequate space and equipment for resuscitation. A variety of vaginal specula, cervical dilators, and equipment for cervical anaesthesia also need to be available. An appropriately trained nurse also needs to be present to support the patient and assist the doctor during the procedure

Criteria Four: Education and Training

Details

- Practitioners undertaking this procedure 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 intrauterine techniques (LoC IUT). This involves a demonstration of gynaecological skills in assessing the pelvic organs, a minimum number of ten observed insertions in conscious patients, and appropriate knowledge of issues relevant to IUCD and Mirena use, including counselling.
- Those doctors who have previously provided services similar to the proposed enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.
- Practitioners to undertake regular continual professional development (CPD)
- An appropriately trained nurse needs to be present to support the patient and assist the doctor during the procedure

Criteria Five: Liaison/Shared Care

Details

- To ensure these devices are used for the correct patients and the approved indications
- **The use of Mirena for the management of menorrhagia in primary care is part of a care pathway with local gynaecology departments.**

Criteria Six: 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
- All practices undertaking this service will be subject to an annual review which could include an audit of:
 - the register of patients fitted with an IUCD and Mirena
 - continuous usage rates
 - reasons for removal
 - complications

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 1st April 2009.

Practices will receive: -

£81.11 insertion fee per patient

£21.64 annual review fee per patient