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**Service Specification for IUCD**

**for Heavy Menstrual Bleeding and control of bleeding for HRT**

**for Women not requiring contraception.**

**Period: 1st April 2017 to 31st March 2018**

**Date of Review: Annual**

1. **Introduction**

All practices are expected to provide essential services and those additional services they are contracted to provide to all their patients.

This specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services.

No part of the specification by commission, omission or implication defines or redefines essential or additional services.

This specification should be read in conjunction with the National Enhanced Service for Intra-uterine Contraceptive Device Fittings in Appendix 1. This is included within this specification for reference only.

## **Background**

## An intrauterine contraceptive device (IUCD) is a small device made of plastic, sometimes with added copper or added slow-release progestogen, that is placed into the uterus as an effective method of contraception. Jaydess® and Mirena®, the levonorgestrel-releasing intrauterine systems (LNG-IUS), are both classed as an IUS, not an IUCD. Mirena® is also licensed for the treatment of menorrhagia.

This article covers the theory related to the practicalities of inserting these devices. It is not a substitute for practical training: insertion of intrauterine devices should only be undertaken by an appropriately trained family planning professional who maintains competence by fitting at least one IUCD/IUS per month and attending regular updates in managing emergencies.

In the UK, an estimated 5% of the contraception population use IUCDs.

The most up to date guidance published in September 2014 can be found at: <http://pathways.nice.org.uk/pathways/long-acting-reversible-contraception>

1. **Aims**

Providing this service to all patients registered with a Doncaster GP would:

* Help reduce inequality of care across Doncaster
* Provide convenient primary care locations for all patients
* Offer choice for all patients
* Provide a cost effective alternative to secondary care supporting national and local CCG priorities and ensuring value for money

# **Service Outline**

This service is intended to fund:

* Fitting, monitoring, checking and removal of IUCDs/IUS for heavily menstrual bleeding where appropriate
* IUCD/IUS fitting for heavy menstrual bleeding to include a 6 week review as per NES guidance
* IUCD/IUS annual review
* IUCD/IUS removal of devices not fitted by the practice

Prior to referral into the service patients must have the relevant swabs/STI screening undertaken and be provided with a prescription for the appropriate IUCD/IUS device by their registered practice. For patients who have been referred without this prior work up, it is the responsibility of the practice providing the service to undertake the relevant swabs/STI screening and make arrangements with the referring practice regarding obtaining a script for the appropriate IUCD/IUS device.

#### Accreditation

Practitioners involved in the delivery of this service will be appropriately trained and competent. It is expected that the practitioner will have appropriate training and experience of working in a Gynaecology Unit and demonstrate ongoing activity in this field to maintain competency.

In accordance with Good Medical Practice guidelines service providers must self-certify that they have the appropriate training and experience and that they will abide by the Good Medical Practice guidelines and ensure that they keep their knowledge and skills up to date throughout the time that they are providing this service.

GPs should be consistently fitting more than 12 IUCD/IUS a year which can be a combination of IUCD fitting and Endometrial Biopsy. If GPs are providing IUCD/IUS services with another commissioner, the practice can count those procedures towards the minimum requirement per year.

1. **Performance and Payment**

Activity data should be submitted on a monthly basis to the CCG. The practice will be required to submit audit information on request.

Activity should be submitted within 14 days of month end for activity undertaken in month, with the exception of March activity which should be received within 7 days of month end.

The CCG reserves the right to withhold payment on activity not claimed within these time scales.

**Appendix 1**

**National Enhanced Service**

**Intra-uterine contraceptive device fittings**

**Introduction**

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

**Background**

Evidence shows that:

1. IUCDs make up approximately 5% of contraceptive usage in the UK. This is much lower than in many other European countries. In Scandinavia, IUDs make up 20% of contraceptive usage.
2. Clinical effectiveness is excellent, with a recognised failure rate for all devices of 0.2-2.00 per woman-years. For the levonorgestrel-releasing intrauterine system (LNG-IUS) the failure rate is 0.16/100 woman-years which is comparable to female sterilisation.
3. It is one or two areas of contraceptive provision with relatively high levels of litigation and the most important factor influencing failure rate.
4. 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.
5. 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).
6. The LNG-IUS has 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).
7. Insertion of 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.
8. IUCD fitting is not undertaken by all general medical practitioners and maintaining expertise in IUCD fitting can be difficult.

**Aims**

The aims of this service are to:

1. Ensure that the full range of contraceptive options is provided by practices to patients.
2. Ensure that the availability of post-coital IUCD fitting for emergency contraception should be more adequately provided as another means of reducing unwanted pregnancies.
3. Increase the availability of LNG-IUS in the management of menorrhagia within primary care.

**Service Outline**

The National Enhanced Service will fund:

1. Fitting, monitoring, checking and removal of IUCDsas appropriate.
2. Production of an up to date register of patients fitted with an IUCD. This will include all patients fitted with an IUCD. This is to be used for audit purposes, and to enable the primary care team to target these patients for health care checks.
3. Practices to undertake regular continual professional development (CPD).
4. Provision of adequate equipment. Certain special equipment is required for IUCD 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.
5. Chlamydia screening before insertion of the IUCD and, if positive, refer for screening for other STIs. This should be in accordance with national policy or with PCO policy if there is no relevant national policy.
6. The use of condoms to prevent infection.
7. Regular assessment. A check of the IUCD after fitting is suggested at six weeks and thereafter annually. In addition any problems such as abnormal bleeding or pain should be assessed urgently.
8. 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.
9. 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 follow up arrangements. If the patient is not registered with the practice providing the NES, the providing practice must ensure the patient’s registered practice is given all appropriate clinical details for inclusion into the patient’s notes.
10. The use of LNG-IUS for the management of menorrhagia in primary care as part of a care pathway agreed and developed with local gynaecology departments. To ensure these devices are used for the correct patients and the approved indications.
11. An annual review, which could include an audit of:
	1. the register of patients fitted with an IUCD
	2. continuous usage rates
	3. complications

**Accreditation**

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 it IUCD 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.

**Costs**

Each practice contracted to provide this service will receive a £79.90 insertion fee per patient and a £21.32 annual review fee per patient.