National Enhanced Service (NES) for 'Intra-uterine contraceptive device fittings and contraceptive implants'

Service Level Agreement

PRACTICE – MEDICAL PRACTICE

Contents:

1. Financial Details

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.

NHS Highland has commissioned a piece of work from Highland Sexual Health Department, which will define "best practice" for this service. Any practices entering into this Service Level Agreement will be expected to be able to provide the necessary evidence that they are working within the framework detailed within this document when it becomes available.

This agreement is to cover the 12 months commencing 1 April 2005.

On agreeing a service plan with the PCO for the 12 months commencing 1 April 2005 practices will receive:-

In 2005/06 each practice contracted to provide this service will receive a £79.92 insertion fee per patient and a £21.31 annual review fee per patient. (There is no separate fee for removal of IUCDs. Removal of implants can be claimed under Minor Surgery).

Claims for Payment

An estimated annual number of fittings and reviews will be agreed with the Practice as part of this Service Level Agreement

Payments will be made on quarterly basis, based on this estimated number.

Any in year changes in activity will be calculated/negotiated at the end of the financial year and payments amended accordingly.

Claims more than 3 months out of date will only be paid for at the discretion of the PCO.

Estimated Activity from Data Collection Exercise

Annual number of fittings	Annual Fee
Annual number of reviews	Annual Fee

Actual activity should be submitted to the PCO on a quarterly basis

Payment Verification

Practices entering into this contract must participate fully in the verification process determined by the PCO and LMC. Practices should ensure that they keep proper records to ensure a full and proper audit trail.

It is anticipated that Practice computer systems will be utilised to enable this condition to be met.

Practices must be able and willing to evidence service delivery if required/requested by the PCO.

Annual Review of Contract

This contract will be reviewed annually, and will be in line with the annual review of the GMS Contract set out in the NHS (General Medical Services Contracts)(Scotland) Regulations, or other legislation as appropriate.

Practices will be expected to return to the PCO their end of year evaluation/results, in order to confirm compliance with the contract.

PAYMENT WILL ONLY BE MADE UPON RECEIPT OF THIS SIGNED CONTRACT, INCLUDING DETAILS OF PRACTICE PLANS AS INDICATED

2. Signature Sheet

This document constitutes the agreement between the practice and the PCO in regards to this national enhanced service.

PRACTICE…… MEDICAL PRACTICE……..

Signature on behalf of the Practice:

Signature	Name	Date

Signature on behalf of the PCO:

Signature	Name	Date

3. Service Aims

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.

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) increase the availability of LNG-IUS 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, IUDs 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 (LNG-IUS) 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) 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)

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

4. Criteria

The National Enhanced Service Specification details the following criteria.

The following pages contain some further guidance from the PCO 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 PCO.

1. Direct Service Delivery

2. Data Collection

3. Facilities

4. Staffing

5. Liaison/Shared Care

6. Review/Audit

* Please note that these criteria are nationally determined and are not subject to negotiation.

Criteria One : Direct Service Delivery

Details

- **fitting, monitoring, checking and removal of IUCDs** 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, or with PCT policy if there is no relevant national policy
- **condoms to be issued for use to prevent infection**
- **regular assessmen**t. 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
- **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
- **implants**

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this* criteria)

Criteria Two: Data Collection

Details

- **production of an up-to-date register of patients fitted with an IUCD.** This will include all patients fitted with an IUCD 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
- **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 that the patient's registered practice is given all appropriate clinical details for inclusion into the patient's notes

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this* criteria)

Criteria Three: Facilities

Details

- **provision of adequate equipmen**t. 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

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

(please attach your completed infection control and decontamination checklist)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this* criteria)

Criteria Four: Staffing

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 use, including counseling.
- 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.
- Practices 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

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this* criteria)

Criteria Five : Liaison/Shared Care

Details

- **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

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this* criteria)

Criteria Six : Review/Audit

Details

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
- continuous usage rates
- reasons for removal
- complications.

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this* criteria)

5. 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 to 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.

6. Ongoing Measurement & Evaluation

The ongoing measurement is outlined in the various criteria in the previous section.

In addition the practice is required to agree with the PCO this service specification/plan at the start of the year and to submit the completed document at the end of the year for evaluation purposes.

8. Dispute Resolution

Every attempt will be made to resolve any dispute informally between the Practice and the PCO. Failing that, the Dispute Procedure contained within the sections 464 to 474 of the Scottish General Medical Services Contract 2004 will apply.

9. Variation and Termination of Contract

Any variation to the terms and conditions contained herein requires to be agreed between the Practice and the PCO.

Any termination of services, or any part of the services covered by this contract, requires to be agreed between the Practice and the PCO before any termination takes place.