



CONTRACEPTIVE IMPLANTS SERVICE SPECIFICATION

Version Control	
V1 2024	9 July 2024
V1.1 2024	22 November 2024

Contract for Enhanced Services 1 October 2024- 31 March 2030

Contents

1	INTRODUCTION.....	3
2	CLINICAL SPECIFICATION	3
3	QUALITY	6
4	FINANCE & SERVICE PRICING	6

CONTRACEPTIVE SUBDERMAL IMPLANT SERVICE SPECIFICATION

1 INTRODUCTION

This Service Specification along with the Contract Details forms the Local Enhanced Service (LES) for the Contraceptive Subdermal Implant (SDI) service delivered in primary care.

This Service Specification works towards meeting the Scottish Government priorities and NHS Local Delivery Plan (LDP): Outcome 3, Stay well, Outcome 4, Anchor well and Outcome 9, Care well.

2 CLINICAL SPECIFICATION

This contract is for a LES for contraceptive SDI fitting and removal.

The service will cover the enhanced aspects of clinical care of the patient and does not redefine essential or additional services.

Purpose

The purpose of the contract is to provide contraceptive SDI services in line with the minimum standards recommended by NICE (National Institute of Clinical Excellence), GMS contract, national and local strategies and best practice.

Service Aims

This LES specification for contraceptive SDI is designed to:

- Ensure the availability of SDIs through primary care, as part of a range of contraceptive options offered by the practices.
- Promote SDIs as an effective Long-Acting Reversible Contraceptive (LARC) method of contraception.
- Increase uptake and ongoing use of SDIs and thereby contribute to reducing unintended pregnancies; and particularly teenage pregnancies.

Service Criteria

Enhanced service requirement
From 1 October 2024, a practice must:
Complete and submit the pre-audit for providers of a contraceptive SDI device service in primary care.
Ensure the correct clinical coding and template is used to ensure compliance with the recording and monitoring requirements of the LES.
Ensure that the contraceptive SDI is the most appropriate method of contraception based on patient preference, medical evidence, clinical guidelines, sexual history, practice and risk assessment.
Provide appropriate verbal and written information about all contraceptive options available at the time of counselling to ensure informed choice. Understanding regarding SDI use should be reinforced at fitting with information on effectiveness, duration of use, side effects and those symptoms that require urgent assessment.
Risk assessment. To assess the need for sexually transmitted infections, including but not limited to HIV, testing prior to recommending the contraceptive implant.

The clinician will ensure the process for obtaining valid patient consent is in line with the FSRH (Faculty of Sexual and Reproductive Health) Service Standards document on obtaining valid consent in Sexual and Reproductive Health.
Provide, where available, public health information on safer sex practices including advice on use of condoms to prevent infection.
Ensure arrangements are in place to ensure timely access for patients experiencing problems with, requesting removal of or at expiry of SDI. The SDI should be removed or replaced as advised in best practice guidelines or following manufacturer's recommendation.
<p>Good record keeping. Production of an appropriate clinical record using appropriate read codes, adequate recording should be made, to include the patient's clinical, reproductive and sexual history and details of the counselling process. Including the following information:</p> <ul style="list-style-type: none"> • the results of any STI testing • any contraindications • problems with fitting/removal • the type and batch number of the SDI • reason for SDI fitting • expiry date of the device and follow-up arrangements • any adverse reactions • name and designation of person(s) completing the procedure • referring practice if applicable
Provision of adequate equipment. Certain special equipment is required for SDI fitting and removal.
Sterilisation and infection prevention and control. Although general practitioner SDI insertions and removals have a low incidence of complications, it is important that practices providing the procedure listed in this specification operate to the highest possible standards. Practices must use disposable sterile instruments. Practices must have infection control policies that are compliant with national guidelines including the handling of used instruments, aseptic technique and the disposal of clinical waste.

Training

SDI fitting/removal:

[Education & Training - Faculty of Sexual and Reproductive Healthcare \(fsrh.org\)](http://www.fsrh.org)

Practitioners undertaking subdermal implant 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 Sexual and Reproductive Health (FSRH) SDIs (LoC-SDI) or Royal College of Nursing (RCN) guidance on insertion and removal of SDIs together with RCN Accreditation. This involves a demonstration of skills involved in counselling for SDIs, knowledge of issues relevant to SDI use, problem management and observation of insertion and removal followed by supervised insertion and removal of a minimum number of devices as specified by the FSRH/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 FSRH/RCN regulations.

Practitioners undertaking these procedures should have undertaken appropriate training and met the requirements of at least 6 implants fitted per annum.

Evidence of Continuing Professional Development (CPD) and training should be maintained by the provider.

Useful links

Links to NHS TAM Guidance:

1. Menorrhagia – [Menorrhagia \(Guidelines\) | Right Decisions \(scot.nhs.uk\)](#)
2. Menopause & HRT – [Menopause and HRT \(Guidelines\) | Right Decisions \(scot.nhs.uk\)](#)
3. Managing lost threads and suspected perforation – [Management of Non-visible Threads & Suspected Perforation of Uterus with Intrauterine Contraception \(IUC\) \(nhsh.scot\)](#)
4. Emergency Contraception – [Emergency Contraception \(nhsh.scot\)](#)
5. Referral pathway for deep implant removal – [Referral pathway for Deep Subdermal Implant \(SDI\) removal \(nhsh.scot\)](#)

Link to national guidance (clinical)

1. FSRH Guidelines and Statements (All) - [FSRH Guidelines & Statements | FSRH](#)
2. IUC - [Intrauterine Contraception | FSRH](#)
3. SDI - [Progestogen-only Implants | FSRH](#)
4. RCN - [Login | Royal College of Nursing \(rcn.org.uk\)](#)

Links to patient information

<https://www.highlandsexualhealth.co.uk/>

Recording Information

The following read codes will be used for monitoring and payment purposes:

3 codes must be used to claim under the LES.

1. Counselling for contraceptive implant
2. Informed consent for procedure
3. Coding of procedure / attempted procedure - 1 option required

Read code	Screen description	Read code description	When to Use
9kr..	NA - automated	Subdermal etonogestrel implant insertion ESA	Automated when recording fitted/removed - claim
677D	NA - automated	Counselling for contraceptive implant	Automated when recording fitted/removed - claim
892	NA - automated	Informed consent for procedure	Automated when recording fitted/removed - claim
964	SDI fitted (in general practice)	Insertion of subcutaneous contraceptive claim	SDI insertion – claim
7G2AJ	SDI fitted elsewhere	Insertion of etonogestrel radiopaque contraceptive implant	SDI inserted – elsewhere (no claim)
965	SDI removed (in general practice)	Removal of subcutaneous contraceptive claim	SDI removed – claim

7G2HB	SDI removed elsewhere	Removal of etonogestrel radiopaque contraceptive implant	SDI removed – elsewhere (no claim)
7M30614	SDI removal unsuccessful	Failed procedure – not completed	Unsuccessful SDI removal attempted under LES – claim

3 QUALITY

The service should have an annual review, which would include an audit of:

- The register of patients fitted with a contraceptive SDI.
- Reasons for removal.
- Complications or significant events.

Details as specified in section 2.1 to 2.4

4 FINANCE & SERVICE PRICING

Contract value

Payment per patient registered identified and treated under contraceptive SDI LES in primary care.

The payment for patients being treated in general practice will be:

Contraceptive SDI (fitting) - **£150.41**

Contraceptive SDI (removal) - **£103.94**

Consumables are included within the item of service fee.