**GP LARC SERVICE SPECIFICATION 2025/2026**

1. INTRODUCTION
	1. Bath and North East Somerset (B&NES) Council aims to improve and protect the health and wellbeing of its local communities with an emphasis on reducing health inequalities. This service specification sets out the requirements for the provision of a Public Health Long Acting Reversible Contraception (LARC) Service, offering the fitting, monitoring, checking and removal of Intrauterine Contraceptive Devices (IUDs/IUSs) and Subdermal Implants (SDIs)
	2. LARC provides women with a highly reliable form of contraception and means of preventing unintended pregnancy. The effectiveness of barrier contraceptive methods and oral contraceptive pills is determinant on correct and consistent usage. A benefit of LARC is that it does not depend on daily concordance. The initial fitting of an IUD/IUS can provide effective contraceptive protection for up to five years depending on the device fitted; the initial fitting of an SDI can provide effective contraceptive protection for up to three years
	3. LARC is cost effective against other contraceptive methods with all currently available LARC methods more cost effective than the contraceptive pill at one year of use, with IUDs/IUSs and SDIs being more cost effective than injectable contraceptives (NICE 2014)
	4. The total rate of LARC (excluding injections) prescribed in primary care, specialist and non-specialist SHS per 1,000 women aged 15 to 44 years living in Bath and North East Somerset was 64.9 in 2021, higher than the rate of 41.8 per 1,000 women in England. The rate prescribed in primary care was 56.5 in Bath and North East Somerset, higher than the rate of 25.7 in England. The rate prescribed in the other settings was 8.3 in Bath and North East Somerset, lower than the rate of 16.1 in England.
	5. The total abortion rate per 1,000 women aged 15 to 44 years in 2021 was 11.8 in Bath and North East Somerset, lower than the England rate of 19.2 per 1,000. Of those women under 25 years who had an abortion in 2021, the proportion who had had a previous abortion was 21.2%, lower than 29.7% in England.
	6. In 2021, the conception rate for under-18s in Bath and North East Somerset was 8.7 per 1,000 women aged 15 to 17 years, better than the rate of 13.1 in England.
	7. In 2022/23 general practices in B&NES fitted a total of 1,727 IUDs, IUSs and SDIs, removing a total of 1,177 IUDs, IUSs and SDIs
2. SCOPE OF SERVICE
	1. **Service aims**
	* Provide and increase access to LARC across B&NES
	* Increase the uptake and ongoing usage of LARC across B&NES
	* Provide high quality information and advice on the full range of contraceptive methods available to women
	* Increase the availability of post-coital IUD fitting for emergency contraception
	* Assess women’s risk of poor sexual and reproductive health and provide referral to wider services where appropriate
	* Signpost young women aged 15-24 who access the LARC service to access chlamydia testing
	1. **Service outcomes**
	* Increase in the LARC prescribing rate in GP practices
	* Reduction in the rate of under 18 conceptions
	* Reduction in the rate of abortions
	* Reduction in the rate of repeat abortions
	* Increase in the proportion of women who report satisfaction with their LARC device
	* Increase in the number of general practices providing the LARC service
	1. **Service description**

The service will offer the fitting, monitoring, checking and removal of Intrauterine Contraceptive Devices (IUDs/IUSs) and Subdermal Implants (SDIs) licensed in the UK for contraceptive purposes, and for emergency contraception in the case of IUDs, to women resident in B&NES or registered with a B&NES general practice.

The service will be available to women who request contraception and who choose an IUD/IUS or SDI as the most acceptable method for them, provided that it is not contraindicated.

The provision of IUDs/IUSs under this service, is for contraception and emergency contraception purposes only.

Women will be able to self-refer into this service.

The Commissioner commits to working in partnership with general practices delivering the LARC service and wider Primary Care colleagues including BEMS and Wessex LMC, to scope and develop an inter-practice referral model and appropriate pathways during Year 1 of this contract. The inter-practice referral model should enable practices delivering the LARC service to confidently and safely refer women requiring the LARC service to another practice provider where appropriate. It is envisaged that such a model will be agreed by all stakeholders and implemented by Year 2 of this contract.

The Provider will:

* + Give information about and offer a choice of all methods of contraception. If, after discussion, the woman’s preferred method cannot be administered by the Provider a referral can be made, in the following order: (1) to another general practice Provider offering the required method of contraception, or (2) to Riverside Clinic. If referring to Riverside Clinic, practices should utilise the Riverside Clinic integrated sexual health referral form available on Ardens, and email it to [**ruh-tr.theriversideclinic@nhs.net**](file:///C%3A%5CUsers%5Ctwiggerl%5CDownloads%5Cruh-tr.theriversideclinic%40nhs.net). Please note that Riverside Clinic are not commissioned to provide contraception for non-contraceptive reasons.
	+ Provide women considering LARC with detailed information, both written and verbal, to support patient choice. Such information should take into account the woman’s individual needs and include contraceptive efficacy; duration of use, risks and possible side effects; non-contraceptive benefits (for example in the case of IUDs/IUSs); the procedure for fitting and removal or discontinuation; when and how to seek help whilst using the LARC method
	+ Undertake a review of the woman’s sexual and reproductive history, to ensure that the LARC device is the most appropriate method of contraception for the woman based on medical evidence, clinical guidelines, sexual history and practice, and risk assessment. The FSRH UKMEC guidance should be utilised as part of this review: <http://www.fsrh.org/pdfs/UKMEC2009.pdf>. Additional guidance on LARC can be found at <https://www.nice.org.uk/guidance/CG30>
	+ Assess the patient’s risk in relation to STIs, including HIV, and test where appropriate
	+ Ensure informed consent is obtained from the patient for the procedure to be carried out
	+ At time of fitting, reinforce to the woman information on effectiveness, duration of use, side effects and those symptoms that require urgent assessment
	+ All devices used must be licensed for use in the UK and approved by the local formulae. The fitting and removal of LARC devices shall be in line with the most current Summary of Product Characteristics guidelines
	+ Women who require a device fit for heavy menstrual bleeding or other non-contraceptive purposes should only be offered a fitting where there is a clear additional contraceptive benefit. The fitting of an IUD/IUS may have non-contraceptive benefits that impact a woman’s choice of method. However, this commissioned service does not include the use of IUDs, IUSs and SDIs where no contraceptive effect is indicated
	+ Following a fitting, routine annual checks are not required; however, the Provider should ensure arrangements are in place to review patients experiencing problems in a timely fashion, including the assessment of urgent problems such as abnormal bleeding or pain
	+ Following a fitting encourage the use of condoms to prevent STIs. Women aged under 25 should be encouraged to sign up to the B&NES Ccard (free condom) scheme at [www.safebanes.com](http://www.safebanes.com)
	+ For all device types the Provider shall have in place a call and recall arrangement for patients towards the end of life of the device, except where the provider has provided the service on behalf of another Practice, in which case, responsibility for call and recall rests with the registered Practice.
	+ If a patient wishes to continue using an SDI as her method of contraception at expiration, a replacement implant may be inserted at the same site. However, to avoid insertion into a thickened scar tissue the implant should be inserted subdermally along a fresh track adjacent to the track. This does not apply if: the previous implant was incorrectly sited in which case a new site should be used; or if the patient requests a third implant. Due to the theoretical risk of skin atrophy, FSRH guidance advises that consideration may be given to switching arms after two consecutive implants
	+ Undertake a pre-removal counselling session for all patients requesting the removal of a device for any reasons including problems with the method, or at time of expiry of the method. If a request for removal has been made by a patient less than 12 months after fitting, encourage, if appropriate, continued use of the LARC device.
	1. **Service requirements**
	+ The Provider should ensure that the service is user friendly, non-judgemental, person-centred and confidential at all times. The Provider is encouraged to work towards becoming SAFE accredited ([www.safebanes.com](http://www.safebanes.com)) during the duration of this contract
	+ The Provider should ensure, where appropriate, that the patient is informed on other sexual health matters and related topics. Where required, provide support, advice and information to women accessing the service, including safer sex, condom use and use of alternative contraceptive methods
	+ The Provider should have adequate mechanisms and facilities, including premises and equipment, as are necessary to enable the proper provision of this service. The premises should provide an acceptable level of privacy to respect a patient’s right to confidentiality and safety
	+ The Provider should ensure the special equipment for the fitting of LARC devices is available as required. This includes the provision of a suitable room with couch and sufficient space and equipment for resuscitation. Suitable equipment for insertion and removal needs to be provided as well as the facility for local anaesthesia to be administered
	+ The Provider should use professional judgement to consider, and where appropriate, act on any safeguarding issues coming to their attention as a result of providing the service. This shall be in line with local safeguarding procedures including any national or local guidance on under 16s sexual activity.
	+ The Sexual Offences Act 2003 states that no child under 13 years is able to consent to any sexual activity. If the patient is believed to be under 13 years of age, providing they have been assessed as “Fraser competent”, treatment should not be withheld as the duty to safeguard the child from most harm would include unintended pregnancy. All the details of the consultation must be recorded and discussed at the earliest opportunity with the relevant Local Authority Safeguarding Team (or Child Care Duty Team out of hours). In an emergency, the police can be contacted
	+ The Provider should follow infection control policies that are compliant with national and local guidelines
	+ The Provider should ensure that there is a robust system of reporting adverse incidents or serious untoward incidents, that all incidents are documented, investigated and followed up with appropriate action and that any lessons learnt from incidents are shared across the Provider’s organisation. Any adverse incidents that occur must be reported according to general policy/guidance for clinical incident reporting
	+ The Provider should ensure the service has access to an appropriate electronic patient record system. If the Provider cannot enter the information on the electronic patient record system at the time of the consultation, the information shall be recorded as possible after the consultation
	1. **Service availability**
	+ The Provider should ensure the service is open access and available to all female patients requiring contraception who are residents of Bath and North East Somerset. This includes patients who are not registered with your practice. In these cases, the service can be delivered under 'immediate necessary treatment registration' with outcomes returned to the patient’s GP
	+ The Provider should endeavour to promote the availability of the LARC service as appropriate
	+ The Provider should ensure sufficient appointments are available for women to be seen within 4 weeks
	+ The Provider shall notify the Commissioner in the event of significant waiting times for patients to access the LARC service by emailing the Commissioner at Public\_Health@bathnes.gov.uk
1. Any acceptance and exclusion criteria
	1. Women who are contraindicated for IUD/IUS and/or SDI fit will be excluded from the service. Such women must be offered a choice of alternative suitable methods of contraception. Complex cases can be referred to Riverside Clinic as detailed in Section 2.3 above
	2. The Provider will accept self referrals from registered patients
	3. The Provider will accept referrals for other general practices located in Bath and North East Somerset if this has been agreed with the referring practice. If this is agreed, the Provider should ensure sufficient appointments are available so that women can be seen within 4 weeks of the referral. Clinical responsibility is detailed in section 2.3 above
2. SUPPLY OF LARC DEVICES
	1. The Provider shall always keep in stock, and therefore be able to supply, the full choice of IUD/IUS and SDI devices
	2. IUDs/IUSs and SDIs provided to the patient as part of this service must be prescribed on FP10, but can be dispensed by the practice
3. TRAINING AND COMPETENCY REQUIREMENTS
	1. The Provider shall ensure that all employees providing the service are suitably qualified and competent to fit and remove LARC devices. All practitioners (doctors or nurses) undertaking the full range of contraceptive fitting services shall hold, as a minimum, the Faculty of Sexual and Reproductive Health (FSRH) accredited qualifications of the electronic knowledge assessment (eKA), LoC SDI (<https://www.fsrh.org/education-and-training/letter-of-competence-subdermalimplants-loc-sdi/>) and LoC IUT (<https://www.fsrh.org/education-andtraining/letter-of-competence-intrauterne-techniques-loc-iut/>)
	2. The practitioner is required under FSRH standards to confirm they have read the 6 Principles of Care as outlined in the FSRH “*Guidance for Those Undertaking or Recertifying FSRH qualifications whose Personal Beliefs conflict with the provision of abortion or any method of contraception*” (<https://www.fsrh.org/documents/guidance-for-those-undertaking-or-recertifying-fsrh/>) . The practitioner should agree to abide by these principles in practice at the time of application for the FSRH qualifications
	3. There should be appropriate arrangements in place for to ensure Providers are maintaining and updating relevant skills, knowledge and supervision to deliver the service
	4. The Provider should ensure practitioners holding a letter of competence for SDIs or IUD/IUS are recertified every five years as specified by the FSRH (<https://www.fsrh.org/recertification/recertification-information/>)
	5. The practitioner must be familiar with, and adhere to, the FSRH recertification requirements (<https://www.fsrh.org/education-and-training/letter-of-competence-subdermal-implants-loc-sdi/>) and (<https://www.fsrh.org/education-and-training/letter-of-competence-intrauterine-techniques-loc-iut/>) to ensure they have developed and maintained the knowledge and skills needed to provide safe and effective sexual and reproductive health care
	6. The Provider should ensure that each practitioner delivering this service has an up to date Enhanced DBS Certificate
	7. The Provider shall demonstrate compliance with all relevant national standards for service quality and clinical governance including compliance with the Code of Practice for Infection Control and relevant NICE guidelines
	8. The practitioner shall provide evidence of maintaining skills and the Provider must submit audits of procedures completed by practitioners as requested by the Commissioner
	9. The Provider should ensure that health and safety, safeguarding, equality and diversity training is provided to staff delivering this service and fully comply with the Multi agency Safeguarding Adults Policy and the LSCB Inter-Agency Procedures for Children and Young People.
4. ACTIVITY, PERFORMANCE AND REPORTING REQUIREMENTS
	1. The Provider will ensure that the necessary information and documentation, as detailed in this service specification, is maintained and made available to the Commissioner for activity and payment verification
	2. The Provider will ensure an internet connection is in place with appropriate electronic recording systems to record consultations and activity
	3. The provider will ensure that claims for payment for the service can be made via the Commissioner’s designated reporting/claim process
	4. If required the provider will share relevant information with other health care professionals and agencies in line with locally determined confidentiality arrangements, including the need for the permission of the patient to share such information if needed
	5. The Provider should submit the following data on a quarterly basis

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| **Indicator** | **Method** | **Timescale** |
| Number of IUD/IUS fits | Via reporting/claim template | Quarterly |
| Number of IUD/IUS removals | Via reporting/claim template | Quarterly |
| Number of failed IUD/IUS fits (\*see definition below) | Via reporting/claim template | Quarterly |
| Number of implant fits | Via reporting/claim template | Quarterly |
| Number of implant removals | Via reporting/claim template | Quarterly |
| Number of failed implant removals (\*see definition below) | Via reporting/claim template | Quarterly |
| Percentage of patients who report satisfaction with a retained LARC device 12 month after fit | Via reporting/claim template | Annual audit |
| Number of IUD, IUS and SDI fit and removals by fitter | Via additional reporting template | Annual audit |
| Name of Provider representative for Commissioner queries | Via reporting/claim template | Annual |

If a patient attends an appointment to have either an IUD/IUS fitted, or an SDI removed and on attempting to fit the IUD/IUS or remove the SDI, there is a medical or anatomical reason why the device cannot be fitted/removed at that time, the Provider should record this as a ‘failed fit’ for IUD/IUS or a ‘failed removal’ for SDIs.

If removing an implant and reinserting into a different arm this should be claimed as one fit and one removal

* 1. The Provider will email the competed reporting/claim template quarterly (every three months) to **Public\_Health@bathnes.gov.uk**. The deadline to submit the reporting/claim template is the 20th of the month following the quarter. The Commissioner reserves the right to withhold payment in the event of omissions in reporting/claim data or if the reporting/claim template is submitted more than one quarter late past the deadline
	2. The Commissioner will use the data for the purposes of monitoring provision, audit and for post payment verification. The Commissioner reserves the right to require the Provider to undertake additional data audits to verify activity, monitor performance and provide assurances that services are delivered in line with the terms and conditions set out in this contract and to understand any service improvements that are needed
	3. The Provider will be required to identify one named Provider representative who will be the contact point between the Commissioner and the Provider throughout the delivery of this service to support transparent and prompt communication
1. PAYMENTS
	1. Payment will be made on a quarterly basis on receipt of a fully completed reporting/claim template
	2. The Commissioner will pay the Provider at the rates outlined below:

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| **Element of service** | **Fee** |
| Intrauterine (IUD/IUS) fit | £100 |
| Intrauterine (IUD/IUS) removal | £0 |
| Subdermal implant (SDI) fit | £30 |
| Subdermal implant (SDI) removal | £56.43 |
| Failed intrauterine (IUD/IUS) fit | £100 |
| Failed subdermal implant (SDI) removal | £56.43 |

1. APPLICABLE SERVICE STANDARDS
	* BASHH and Brook. Spotting the signs: a national proforma for identifying risk of CSE in sexual health services (2014) <https://www.brook.org.uk/spotting-the-signs-tool/>
	* Link to all BASHH Guidelines <https://www.bashh.org/guidelines>
	* FSRH service standards for SRH care (2021) <https://www.fsrh.org/documents/final-draft-service-standard-for-sexual-reproductive-healthcare/>
	* FSRH standards for emergency contraception (2017 amended 2023) <https://www.fsrh.org/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>
	* FSRH service standards for confidentiality in SRH services (2020) <https://www.fsrh.org/standards-and-guidance/documents/fsrh-service-standards-for-confidentiality-in-srh-services/>
	* FSRH service standards for consultations (2020) <https://www.fsrh.org/standards-and-guidance/documents/fsrh-service-standards-for-consultations-june-2020/>
	* FSRH quality standard for contraceptive services (2014) <https://www.fsrh.org/documents/fsrhqualitystandardcontraceptiveservices/>
	* FSRH service standards for record keeping in SRH care services (2019) <https://www.fsrh.org/standards-and-guidance/documents/fsrh-service-standards-for-record-keeping-july-2019/>
	* Link to all FSRH standards and guidelines <https://www.fsrh.org/standards-and-guidance/>
	* Female genital mutilation: safeguarding women and girls at risk of FGM (DHSC 2017) <https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm>
	* GMC projecting children and young people (2012, amended April 2019) <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people>
	* NICE QS129 quality standard contraception (2016) <https://www.nice.org.uk/guidance/qs129>
	* NICE QS129 quality statement on emergency contraception (2016) <https://www.nice.org.uk/guidance/qs129/chapter/quality-statement-2-emergency-contraception>
	* NICE PH51 contraceptive services for under 25s (2014) <https://www.nice.org.uk/guidance/ph51>
	* NICE NG55 harmful sexual behaviour among children and young people (2016) <https://www.nice.org.uk/guidance/ng55>
	* NICE NG60 HIV testing: increasing uptake among people who may have undiagnosed HIV (2016) <https://www.nice.org.uk/guidance/ng60>
	* NICE PH49 behaviour change; individual approaches (2014) <https://www.nice.org.uk/guidance/ph49>
	* NICE PH50 domestic violence and abuse: multi-agency working (2014) <https://www.nice.org.uk/guidance/ph50>
	* NICE CG30 LARC (2005 updated July 2019) <https://www.nice.org.uk/guidance/cg30>
	* NICE NG88 heavy menstrual bleeding: assessment and management (2018 updated May 2021) <https://www.nice.org.uk/guidance/ng88>