

Specification for a Local Enhanced Service Long-Acting Reversible Contraception (LARC) Sayana Press and Depro-Provera

1. Introduction

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

2. Service Aim

This Local Enhanced Service (LES) commissions the initiation and supervised self-administration of medroxyprogesterone acetate (Sayana[®] Press); and the administration of Medroxyprogesterone acetate (Depo-Provera[®] only) contraceptive injections.

This enhanced service aims to:

- Provide a means whereby practice personnel can be accredited to provide a range of Long Term Reversible Contraceptive (LARC) services for their female patients.
- Ensure that women considering LARC methods receive detailed verbal and written information that will enable them to choose a method and use it effectively.

3. Requirements of Service Delivery

It is a requirement of this LES that the contractor provides a service that:

- (i) **Provides detailed verbal and written information** that will enable women to choose a method of contraception taking into account their individual needs. This should include:
 - Contraceptive efficacy;
 - Duration of use;
 - Risks and possible side effects;
 - Non-contraceptive benefits;
 - The procedure for initiation and discontinuation
 - When to seek help while using the method.

- (ii) **Provides a range of long acting reversible contraceptive treatments** including:
- Administering medroxyprogesterone acetate (Depo-Provera®) contraceptive injections as appropriate;
 - One-off patient initiation onto medroxyprogesterone acetate (Sayana® Press) and a maximum of two sessions of supervised self-administration for each individual patient; if the patient requires more than two supervised self-administrations the GP should consider moving the patient to Depo-Provera, or another method of contraception as appropriate for the patient's individual needs;

NB Where there are no personnel within the practice accredited to undertake a particular procedure, arrangements should be made for patients requiring this procedure to be referred to an alternative provider.

- (iii) **Produces an up-to-date register of patients** who have had parental contraceptive injections. This is to be used for audit purposes, and to enable the primary care team to target these patients for health care checks.
- (iv) **Initial and regular follow up assessment.** At initial assessment, full counselling should be backed up with a patient information leaflet. Particular emphasis should be given to Committee for Safety of Medicines (CSM) advice on prescribing;
- i. In adolescents
 - ii. Beyond 2 years
 - iii. In women with risk factors for osteoporosis
- (v) **Ensures that anyone involved in the enhanced service undertakes regular continual professional development (CPD).**
- (vi) **Provide safe and suitable facilities for undertaking invasive procedures.** HBs should be satisfied that practices undertaking to provide the LES have adequate and appropriate facilities and equipment comparable to those required for the safe provision of any invasive procedure. Sharps bin prescription to be given to the patient at initiation and annual review.
- (vii) **Ensure primary care staff training.** Each practice must ensure that all staff involved in providing any aspect of care under this scheme have the necessary training and skills to do so. Practices should be able to demonstrate that they have in place a policy to cover staff training and maintenance of skills.
- (viii) **Ensures that assessment of STI risk** is undertaken on all those seeking contraception as well as advice on the use of condoms to prevent infection.
- (ix) **Routine follow-up:**

Injectable contraceptives: every 12 weeks for repeat injections/prescriptions.

Annual review of Sayana® Press patients' technique: in cases of medroxyprogesterone acetate (Sayana® Press), the contractor should

annually re-evaluate the patient to assess her injection technique and, if on reflection it is considered a reasonable course of action, consider changing the contraceptive method used to one more suitable to the patient's needs and abilities.

Produces an appropriate GP record. Adequate recording should be made regarding the patient's clinical history, the counselling process, problems with injection, and the type and batch number for Depro- Provera of the parenteral contraceptive injection, and follow-up arrangements. If the patient is not registered with the practice providing the LES, the providing-practice must ensure that the patient's registered practice is given all appropriate clinical details for inclusion into the patient's notes.

- (x) **Conducts an annual review of the enhanced service**, details of which will be supplied to the Health Board should this be requested, which could include an audit of:
- (a) The register of patients given parenteral contraceptive injections;
 - (b) Continuous usage rates;
 - (c) Reasons for removal/discontinuation;
 - (d) Complications.

Practices should be aware that the remuneration for this service includes the provision of the usual dressings and equipment for the provision of the long acting reversible contraception covered by the specification and not through the use of an NHS prescription (excluding sharps bins).

Significant events

It is a condition of participation in this LES that practitioners will give notification to the Health Boards Deputy Medical Director of all emergency admissions or deaths of any patient covered under this service, where such admission or death is or may be due to usage of the drug(s) in question or attributable to the relevant underlying medical condition. This must be reported within 72 hours of the information becoming known to the practitioner. This is in addition to a practitioner's statutory obligations.

4. Accreditation

Health Boards (HBs) are responsible for ensuring that enhanced services are delivered by professionals who are properly qualified to do the job. The new GMS contract states that those doctors who have previously provided a similar enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as necessary to enable them to contract for enhanced services, shall be deemed professionally qualified to do so.

It is expected that the level of training required for a GP and other health professionals providing an enhanced service is identified in that persons' continuous personal development plan (CPD) and, where additional training is required, local mechanisms are found to address this.

Accreditation of the service should be based upon consideration of the service outline, as set out in the application for approval. Those who wish to provide this service should complete the required accreditation forms and return them to Contractor Services, NWSSP, Cwmbran House, Mamhilad.

All doctors directly involved in the provision of an enhanced service should be required to identify that responsibility within their CPD plans and discuss the related professional development with their appraiser. They need to assure the Assistant Medical Director/ Locality Clinical Director that this has been done and the appraisal signed off. A similar model will apply for any practice nursing staff providing direct enhanced services.

5. Pricing

This LES will fund on the basis of Contraceptive Commissioning Units (CCUs):

Each Unit will attract the value of £11.02:

Procedure	Contraceptive Commissioning Units	Tariff £
Administration of Parenteral Contraceptive Injection (Depo Provera [®])	1 unit	11.02
Patient Initiation onto medroxyprogesterone acetate (Sayana [®] Press)	2 units	22.22*
Supervised Self-administration of medroxyprogesterone acetate (Sayana [®] Press)	1 unit	11.11**
Annual review of medroxyprogesterone acetate (Sayana [®] Press) patient's technique	1 unit	11.11***

**The payment of £22.22 for patient initiation onto medroxyprogesterone acetate (Sayana[®] Press) is a one-off payment for each individual patient and cannot be claimed for the same patient in future years.*

***The payment of £11.11 for supervised self-administration of medroxyprogesterone acetate (Sayana® Press) may only be claimed twice for each patient in any 12 month period; if a patient requires more supervision than this then medroxyprogesterone acetate (Sayana® Press) is not deemed appropriate for this patient and the GP should review the contraception method chosen and move the patient onto a more appropriate method for their needs.*

****The contractor may claim a further supervised self-administration fee to assess the patient's technique, on an annual basis. The first such fee claimed must be at least 12 months on from the last supervised session claimed, and thereafter the annual reviews must be timed to take place every 12 months, within reason.*

Equipment and accessories must be provided for by the practice and not via an NHS prescription (excluding sharps bins).

These prices are correct as at 1 April 2017 subject to any future WG inflationary increases.

Payments will be made upon submission to NWSSP of the numbers of patients in each category each month. Details of the related procedures undertaken will need to be kept by the practice for use at PPV visits.

Practices are required to give the Health Board 3 months' notice of withdrawal from this LES.

LES (LARC) Sayana Press and Depro- Provera Form 1 – Application to join the Service List

LES (LARC) Sayana Press and Depro- Provera Form 2 – Accreditation as Service Provider

LES (LARC) Sayana Press and Depro- Provera Form 3 – Claim Form



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Aneurin Bevan
Health Board

LES (LARC) Depo&Sayana Form 1

LOCAL ENHANCED SERVICE PARENTERAL CONTRACEPTION INJECTION APPLICATION TO JOIN THE SERVICE LIST

Background

This form is to be used by a GMS Contractor (Practice) which wishes to have its details included in the list of practices which may provide Parenteral Contraceptive Injection services under a Local Enhanced Service Scheme.

Extent of Scheme

Services to be provided by the medical practice are to be in accordance with the service specification designed by Aneurin Bevan Health Board, and contained in this application form. The scheme relates to the initiation and supervised self-administration of medroxyprogesterone acetate (Sayana[®] Press) and the administration of Medroxyprogesterone acetate (Depo-Provera[®]) contraceptive injections ONLY. In its present format, the LES does not provide for the administration of other parental contraceptives.

Practices applying to participate in the LES are required to submit a copy of the practice protocol/policy for the provision/administration of parenteral contraceptive injections.

Objective

To provide a means whereby a list can be created of practices approved to provide Parenteral Contraceptive Injection Local Enhanced Services.

TO BE COMPLETED BY THE PRACTICE

Name of Practice:

I/we seek approval for our practice to be included in the list of practices which may provide Parenteral Contraceptive Injection Local Enhanced Services.

I/we will provide services in accordance with the service specification as outlined in this form, and in the Welsh Assembly Government Directions relating to Enhanced

Services 'The Primary Medical Services (Directed Enhanced Services) (Wales) Directions 2004'.

PREMISES/EQUIPMENT

Please give details of any premises/accommodation etc. to be used as part of the provision of the Parenteral Contraceptive Injection LES:

DETAILS OF SERVICE PROVIDER

Please give details of the person(s) who will be responsible for performing the Parenteral Contraceptive Injection LES. Also provide an Accreditation form (Form 2) for each service provider to enable the question of accreditation to be addressed:

Dr/Mr _____

Dr/Mr _____

Dr/Mr _____

(Continue on a separate sheet if appropriate)

REQUIREMENTS OF THE PRACTICE UNDER THE LOCAL ENHANCED SERVICE SCHEME

Service outline

This Local Enhanced Service will fund:

- Administration of Medroxyprogesterone acetate (Depo-Provera®) contraceptive injections ONLY.
- Initiation and supervised self-administration of medroxyprogesterone acetate (Sayana® Press);

- **Provides detailed verbal and written information** that will enable women to choose a method of contraception taking into account their individual needs. This should include:
 - Contraceptive efficacy;
 - Duration of use;
 - Risks and possible side effects;
 - Non-contraceptive benefits;
 - The procedure for initiation and discontinuation
 - When to seek help while using the method.
- **Provides a range of long acting reversible contraceptive treatments** including:
 - Administering medroxyprogesterone acetate (Depo-Provera®) contraceptive injections as appropriate;
 - One-off patient initiation onto medroxyprogesterone acetate (Sayana® Press) and a maximum of two sessions of supervised self-administration for each individual patient; if the patient requires more than two supervised self-administrations the GP should consider moving the patient to Depo-Provera, or another method of contraception as appropriate for the patient's individual needs;

NB Where there are no personnel within the practice accredited to undertake a particular procedure, arrangements should be made for patients requiring this procedure to be referred to an alternative provider.

- **Produces an up-to-date register of patients** who have had parental contraceptive injections. This is to be used for audit purposes, and to enable the primary care team to target these patients for health care checks.
- **Initial and regular follow up assessment.** At initial assessment, full counselling should be backed up with a patient information leaflet. Particular emphasis should be given to Committee for Safety of Medicines (CSM) advice on prescribing;
 - In adolescents
 - Beyond 2 years
 - In women with risk factors for osteoporosis
- **Ensures that anyone involved in the enhanced service undertakes regular continual professional development (CPD).**
- **Provide safe and suitable facilities for undertaking invasive procedures.** HBs should be satisfied that practices undertaking to provide the LES have adequate and appropriate facilities and equipment comparable to those required for the safe provision of any invasive procedure. Sharps bin to be provided at initiation and annual review.
- **Ensure primary care staff training.** Each practice must ensure that all staff involved in providing any aspect of care under this scheme have the necessary training and skills to do so. Practices should be able to demonstrate that they have in place a policy to cover staff training and maintenance of skills.

- **Ensures that assessment of STI risk** is undertaken on all those seeking contraception as well as advice on the use of condoms to prevent infection.
- **Routine follow-up:**

Injectable contraceptives: every 12 weeks for repeat injections/prescriptions.

Annual review of Sayana® Press patients' technique: in cases of medroxyprogesterone acetate (Sayana® Press), the contractor should annually re-evaluate the patient to assess her injection technique and, if on reflection it is considered a reasonable course of action, consider changing the contraceptive method used to one more suitable to the patient's needs and abilities.

Produces an appropriate GP record. Adequate recording should be made regarding the patient's clinical history, the counselling process, problems with injection, the type and batch number of the parenteral contraceptive injection, and follow-up arrangements. If the patient is not registered with the practice providing the LES, the providing-practice must ensure that the patient's registered practice is given all appropriate clinical details for inclusion into the patient's notes.

- **Conducts an annual review of the enhanced service**, details of which will be supplied to the Health Board should this be requested, which could include an audit of:
 - The register of patients given parenteral contraceptive injections;
 - Continuous usage rates;
 - Reasons for removal/discontinuation;
 - Complications.

Practices should be aware that the remuneration for this service includes the provision of the usual dressings and equipment for the provision of the long acting reversible contraception covered by the specification and not through the use of an NHS prescription (excluding sharps bins).

Practices are required to give the Health Board 3 months' notice of withdrawal from this LES.

AGREEMENTS, DECLARATIONS AND CLAIMS

I/we agree:

- To carry out the Parenteral Contraceptive Injection service according to the LES specification
- That I/we have read and will meet the requirements of the Practice under the LES Service Specification.
- To submit reports and records as and when agreed.
- Not to claim in respect of the Parenteral Contraceptive Injection LES when there is no approved service provider working in that position in the practice.

- To notification to the Health Boards Deputy Medical Director of all emergency admissions or deaths of any patient covered under this service, where such admission or death is or may be due to usage of the drug(s) in question or attributable to the relevant underlying medical condition. This must be reported within 72 hours of the information becoming known to the practitioner. This is in addition to a practitioner's statutory obligations.

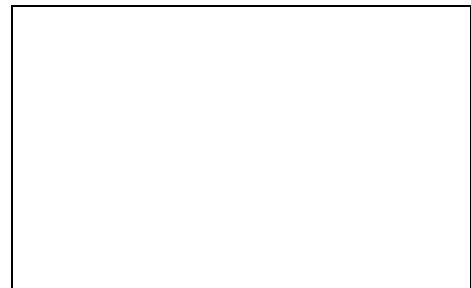
I/we declare that:

- I/we have read and will have regard to the service specification for the Parenteral Contraceptive Injection LES.
- The information on this form is correct.
- I/we will claim the appropriate payment for the Parenteral Contraceptive Injection Local Enhanced Service Scheme. An audit trail will be available at the practice for inspection by the Health Board's authorised officer or officers acting on its behalf by NWSSP and auditors appointed by the Health Board and Audit Commission.

Authorised Signature: _____ Date: ____ / ____ / ____
(On behalf of the practice)

Name: _____

Practice Stamp:



Please submit this form as directed by the Health Board.

OFFICE USE ONLY

Approved/Not approved by -

_____ Health Board

on _____

(Copy of relevant confirmation attached)



Form 2 (LARC) Depro & Sayana

PARENTAL CONTRACEPTION INJECTION LOCAL ENHANCED SERVICES SCHEME ACCREDITATION AS SERVICE PROVIDER

Background

This form is to be used by a person wishing to be accredited as a Service Provider to provide Parental Contraceptive Injection services under a Local Enhanced Service Scheme.

Definition

A “Service Provider” for the purpose of LARC LES means any person who has the necessary skills and experience to carry out the contracted services in line with the principles of the Generic GPs with Special Interests (GpWSI) guidance (see www.gpws.org) or as deemed appropriate by the Health Board.

Accreditation

Health Boards are responsible for ensuring that enhanced services are delivered by professionals who are properly qualified to do the job. The new GMS contract states that clinicians taking part in Enhanced Services should be competent, and have a responsibility for ensuring that their skills are regularly updated. It further states that doctors providing the enhanced service should demonstrate a continuing sustained level of activity, conduct regular audits, be appraised on what they do and take part in necessary supportive educational activities.

It is expected that the level of training required for a GP and other health professionals providing an enhanced service is identified in that persons’ continuous personal development plan (CPD) and, where additional training is required, local mechanisms are found to address this.

Accreditation of the service should be based upon a consideration of the enhanced service specification, as set out in the application for approval, and should be determined by Aneurin Bevan University Health Board. Those who wish to provide this service should complete the required accreditation forms and return them to Contractor Services, NWSSP, Cwmbran House, Mamhilad.

All doctors directly involved in the provision of an enhanced service should be required to identify that responsibility within their CPD plans and discuss the related professional development with their appraiser. They need to assure the Deputy Medical Director of the Health Board that this has been done and the appraisal signed off. A similar model will apply for any practice nursing staff supporting the provision of any directed enhanced services.

Objective

To provide a means whereby a list can be created of practices approved to provide Parental Contraceptive Injection Local Enhanced Services.

DETAILS OF SERVICE PROVIDER

Dr/Mr*

* Delete as appropriate

Surname: _____

Forenames: _____

Date of first full registration with a professional body Registration Number -

Name of Professional Body-

POST GRADUATE QUALIFICATIONS

Title of Qualification

Date Awarded

RELEVANT EXPERIENCE

Please give information about all relevant experience in the last five years (N.B. any references held should be supplied)

In hospital and/or community posts

From

To

Post

Employing Authority

Providing Parental Contraceptive Injection services in general practice. (Please give full details of services provided on a separate sheet)

From	To	Practice Address

RELEVANT COURSES

From	To	Title of Course	Organiser

APPRAISAL, REVALIDATION AND CONTINUOUS PERSONAL DEVELOPMENT PLAN

Please attach any relevant documentation to support this application

REQUIREMENTS OF THE PRACTICE UNDER THE LOCAL ENHANCED SERVICE SCHEME

Service outline

This Local Enhanced Service will fund:

- Administration of Medroxyprogesterone acetate (Depo-Provera®) contraceptive injections ONLY.
- Initiation and supervised self-administration of medroxyprogesterone acetate (Sayana® Press);
- **Provides detailed verbal and written information** that will enable women to choose a method of contraception taking into account their individual needs. This should include:
 - Contraceptive efficacy;
 - Duration of use;

- Risks and possible side effects;
- Non-contraceptive benefits;
- The procedure for initiation and discontinuation
- When to seek help while using the method.
- **Provides a range of long acting reversible contraceptive treatments** including:
 - Administering medroxyprogesterone acetate (Depo-Provera®) contraceptive injections as appropriate;
 - One-off patient initiation onto medroxyprogesterone acetate (Sayana® Press) and a maximum of two sessions of supervised self-administration for each individual patient; if the patient requires more than two supervised self-administrations the GP should consider moving the patient to Depo-Provera, or another method of contraception as appropriate for the patient's individual needs;

NB Where there are no personnel within the practice accredited to undertake a particular procedure, arrangements should be made for patients requiring this procedure to be referred to an alternative provider.

- **Produces an up-to-date register of patients** who have had parental contraceptive injections. This is to be used for audit purposes, and to enable the primary care team to target these patients for health care checks.
- **Initial and regular follow up assessment.** At initial assessment, full counselling should be backed up with a patient information leaflet. Particular emphasis should be given to Committee for Safety of Medicines (CSM) advice on prescribing;
 - In adolescents
 - Beyond 2 years
 - In women with risk factors for osteoporosis
- **Ensures that anyone involved in the enhanced service undertakes regular continual professional development (CPD).**
- **Provide safe and suitable facilities for undertaking invasive procedures.** HBs should be satisfied that practices undertaking to provide the LES have adequate and appropriate facilities and equipment comparable to those required for the safe provision of any invasive procedure. Sharps bin to be provided at initiation and annual review.
- **Ensure primary care staff training.** Each practice must ensure that all staff involved in providing any aspect of care under this scheme have the necessary training and skills to do so. Practices should be able to demonstrate that they have in place a policy to cover staff training and maintenance of skills.
- **Ensures that assessment of STI risk** is undertaken on all those seeking contraception as well as advice on the use of condoms to prevent infection.
- **Routine follow-up:**

Injectable contraceptives: every 12 weeks for repeat injections/prescriptions.

Annual review of Sayana® Press patients' technique: in cases of medroxyprogesterone acetate (Sayana® Press), the contractor should annually re-evaluate the patient to assess her injection technique and, if on reflection it is considered a reasonable course of action, consider changing the contraceptive method used to one more suitable to the patient's needs and abilities.

Produces an appropriate GP record. Adequate recording should be made regarding the patient's clinical history, the counselling process, problems with injection, the type and batch number of the parenteral contraceptive injection, and follow-up arrangements. If the patient is not registered with the practice providing the LES, the providing-practice must ensure that the patient's registered practice is given all appropriate clinical details for inclusion into the patient's notes.

- **Conducts an annual review of the enhanced service**, details of which will be supplied to the Health Board should this be requested, which could include an audit of:
 - The register of patients given parenteral contraceptive injections;
 - Continuous usage rates;
 - Reasons for removal/discontinuation;
 - Complications.

Practices should be aware that the remuneration for this service includes the provision of the usual dressings and equipment for the provision of the long acting reversible contraception covered by the specification and not through the use of an NHS prescription (excluding sharps bins).

AGREEMENTS, DECLARATIONS AND CLAIMS

I agree:

- To carry out the Parental Contraceptive Injection Local Enhanced Service according to the LESS specification
- That I have read and will meet the requirements of the Practice under the LES Service Specification.
- To submit reports and records as and when agreed.
- To provide notification to the Health Boards Deputy Medical Director of all emergency admissions or deaths of any patient covered under this service, where such admission or death is or may be due to usage of the drug(s) in question or attributable to the relevant underlying medical condition. This

must be reported within 72 hours of the information becoming known to the practitioner. This is in addition to a practitioner's statutory obligations.

I declare that:

- I have read and will have regard to the service specification for the Parental Contraceptive Injection LES
- The information on this form is correct and I seek accreditation to be approved as a Service Provider for the purpose of the Parental Contraceptive Injection LES.
- I understand that initially, this scheme will be restricted to payments in respect of the initiation and supervised self-administration of medroxyprogesterone acetate (Sayana® Press) and the administration of Medroxyprogesterone acetate (Depo-Provera®) contraceptive injections ONLY. In its present format, the LES does not provide for the administration of other parental contraceptives.

Authorised Signature: _____ Date: ____/____/____

Name: _____

Practice Stamp:



Please submit this form as directed by LHB.

OFFICE USE ONLY

Application checked by: _____ Date: ____/____/____

Application approved

Not Approved By: _____ Date: ____/____/____



Form 3 (LARC) Depro & Sayanna

PARENTAL CONTRACEPTION INJECTION LOCAL ENHANCED SERVICES SCHEME CLAIM FORM

This form is to be used by a Practice to claim payment for the provision of Parental Contraceptive Injection services under a Local Enhanced Service Scheme as outlined in the service specification.

Doctor/Practice Name..... BSC
Code:.....

Number of patients for whom service provided in the 3 months previous to: (Enter year)	
1 st January	
1 st April	
1 st July	
1 st October	

TO BE COMPLETED BY DOCTOR/PRACTICE

- I/we have accepted patients for Parental Contraceptive Injection Local Enhanced Services as in the attached list which gives their details by reference to their NHS number

- I/we confirm that the person(s) undertaking the Parental Contraceptive Injection LES has/have been approved by the LHB as having the required level of expertise.

AGREEMENTS, DECLARATIONS AND CLAIMS

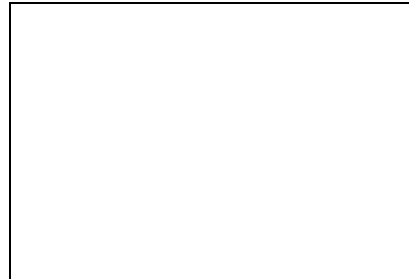
I/we claim the appropriate payment for the Parental Contraceptive Injection LES.

An audit trail is available at the Practice for inspection by the Health Boards authorised officers or officers acting on its behalf by NWSSP and auditors appointed by the Health Board and the Wales Audit Office.

Authorised Signature: _____ Date: ____ / ____ / ____

Name: _____

Practice Stamp:



Please submit this form as directed by the Health Board.

OFFICE USE ONLY

Payment:

Amount approved:

When not approved, reason for nonapproval _____

Application checked by: _____ Date: ____ / ____ / ____