

Operational Executive – 31 July 2020

Strategic Clinical Executive – 5 August 2020

LMC Officers meeting - 10 August 2020

Primary Care Sub Group – 26 August 2020

Primary Care Committee – 9 September 2020

## New Local Enhanced Service – Intra-uterine contraceptive device for heavy menstrual bleeding

Lead Executive:	Ian Atkinson, Deputy Chief Officer
Lead Officer:	Jacqui Tuffnell, Head of Commissioning
Lead GP:	Dr Avanthy Gunasekera, SCE GP Lead for Primary Care

### Purpose:

To propose a new payment following a review of the Intra-Uterine Contraceptive Device for Heavy Menstrual Bleeding Local Enhanced Service (IUCD for HMB LES).

### Background:

In December 2018, NHS Rotherham CCG's Primary Care Committee approved the introduction of a new primary care service to improve access to IUCDs for HMB for all women registered with a Rotherham GP Practice.

The National Evidence Based Interventions (EBI), introduced in 2018, advised that to be eligible for a hysterectomy for heavy menstrual bleeding patients would need to meet three criteria including '*A levonorgestrel intrauterine system or LNG-IUS (e.g. Mirena) has been trialled for at least 6 months (unless declined or contraindicated) and has not successfully relieved symptoms*'.

Following approval of the service, all practices within Rotherham were offered the service, but only 15 out of the then 30 practices indicated they wished to provide it. Out of the 15 practices, three confirmed they would consider providing it on a hub basis on behalf of a number of practices. This meant that access to the service would not be equitable across the CCG area. Some patients would only be able to meet the EBI thresholds above if they accessed secondary care services.

The development of the Primary Care Networks (PCNs) allowed the CCG take a different approach to ensure equity of access. Early discussions took place with the PCNs around the possibility of contracting the service on a PCN basis, with a least one practice per PCN providing the service on behalf of all patients within the PCN area.

**Delegation responsibility:**

Does this paper relate to Rotherham CCG or delegated business?

Rotherham CCG	✓
Delegated	
Both Rotherham CCG and delegated	

Please tick which area of delegated responsibility this paper covers:

Commissioning, procurement and management of GMS,PMS and APMS contracts including taking contractual action	
Newly designed enhanced services (including DES)	✓
Local incentive schemes	
Discretionary payments	
Commissioning urgent care for out of area registered patients	
Planning Primary medical care services (PMCS)	
Managing practices with CQC concerns	
Decisions on premise cost directions	
Planning the commissioning of PMCS	✓
Manage the delegated allocation for commissioning of PMCS	
Assurance to the governing body on the quality and safety of PMCS	

Please indicate which of the Delegated Duties Decisions this paper requires:-

<ul style="list-style-type: none"> <li>Delegated Duties – iii – Decisions in relation to the establishment of new GP practices (including branch surgeries) and closures of GP practices.</li> </ul>	N/A
<ul style="list-style-type: none"> <li>Delegated Duties – iv – Decisions about ‘discretionary payments’.</li> </ul>	N/A
<ul style="list-style-type: none"> <li>Delegated Duties – v – Decisions about commissioning urgent care (including home visits as required) for out of area registered patients.</li> </ul>	N/A
<ul style="list-style-type: none"> <li>Delegated Duties – b – The approval of practice mergers.</li> </ul>	N/A

**Analysis of key issues and of risks**

The IUCD for HMB LES specification was shared with the PCN Clinical Directors who were interested in principle, but did not feel that the funding attached to the service (£70 for fitting, monitoring and removal) was adequate to cover the costs of delivering the service on behalf of a group of practices. They were requested to submit a proposal outlining the costs they felt would reflect the work required to manage the service on a PCN basis.

The proposal submitted by the PCNs was as follows:

Activity	Time	Cost	Total
Pre fitting telephone apt to explain process, rule out c/l, get timing of fitting/contraception on board, arrange self-swabs	GP - 10 mins	£25.00	
Coil fitting appt	GP - 30 mins	£121.00	<b>£165.00</b>
	HCA/PN (inc tray set up - 40 mins)	£7.00	
	Disposables (dressing pack, forceps, rampley)	£2.00	
	Admin time to organise clinics, book pts in, check equipment /co-ordinate room Dr & nurse - 10 mins	£10.00	
	Coils via FP10	£82.11	
	Total cost		<b>£247.11</b>
Post fitting complication/advice appt, maybe telephone, may not be needed (LES stipulates inc)	GP - 10 mins	£25	<b>£25.00</b>
Coil Removal appt	GP - 10 mins	£40	<b>£40.00</b>

In May 2020, a proposal was taken to the Primary Care Committee which detailed a new costing methodology for local enhanced services. The costing methodology had been developed in conjunction with the LMC and was supported by the Committee. It is now applicable for new LESs. As the IUCD for HMB was never formally contracted, this service would be eligible to be costed under the new methodology.

Using the same breakdown of requirements used by the PCNs, the new methodology costs the IUCD for HMB LES as follows:

Activity		Cost	Total
Pre fitting telephone apt to explain process, rule out c/l, get timing of fitting/contraception on board, arrange self-swabs	GP - 10 mins	£21.94	
Coil fitting appt	GP - 30 mins	£65.83	<b>£87.77</b>
	HCA/PN (inc tray set up - 40 mins)		
	Disposables (dressing pack, forceps, rampley)		
	Admin time to organise clinics, book pts in, check equipment /co-ordinate room Dr & nurse - 10 mins		
	Coils via FP10		
	Total cost primary care		<b>£169.88</b>
Post fitting complication/advice appt, maybe telephone, may not be needed (LES stipulates inc)	GP - 10 mins	£21.94	<b>£21.94</b>
Coil Removal appt	GP - 10 mins	£21.94	<b>£21.94</b>

If approved, the LES would be contracted with the PCNs at this payment level which would allow patients in Rotherham to access the service in primary care and reduce unnecessary hospital attendances. The revised specification is attached at Appendix 1.

**Patient, Public and Stakeholder Involvement:**

Not applicable

**Equality Impact:**

Not applicable

**Financial Implications:**

The Finance Team has confirmed that the indicative budget currently allocated to the service is £18k. Previous activity reviews indicated that approximately 160 patients had an IUCD fitted in a 12 month period. It was not possible to determine how many of these procedures were for contraceptive purposes and how many were to treat heavy menstrual bleeding. We have obtained information from RMBC that in the last financial year 545 IUCDs were fitted by primary care. Technically, these should all be for contraceptive purposes and therefore this should not be a risk. However there is the potential that some of these claims may move to RCCG from RMBC.

Using the top line figure of 160 patients, under the proposed pricing structure, this would cost in the region of £14k. This would potentially leave funding available for follow-up appointments or removals to take place.

However, as it is not clear how many patients would benefit from the service, there is a risk that the indicative budget would not be sufficient and may overspend however as outlined it is still easier for the patients and more financially beneficial for the CCG for the IUCD to be fitted in primary care.

**Human Resource Implications:**

Not applicable

**Procurement Advice:**

Not applicable

**Data Protection Impact Assessment**

Not applicable

**Approval history:**

OE: 31 July 2020  
SCE: 5 August 2020  
LMC Officers: 10 August 2020

**Recommendations:**

To approve the proposed changes to the pricing structure in line with the CCG calculations.

**Paper is for approval**

## NHS Standard Contract - SCHEDULE 2 – THE SERVICES

### IUCD for Menorrhagia Service Specification

<b>Service Specification No.</b>	
<b>Service</b>	Intra-Uterine Contraceptive Device / System (IUCD/S) for Menorrhagia
<b>Commissioner Lead</b>	Dr Avanthi Gunasekera , Strategic Clinical Executive
<b>Provider Lead</b>	As signed
<b>Period</b>	1 July 2020 – 31 March 2021
<b>Date of Review</b>	End of contract period or as necessary

#### 1. Population Needs

##### 1.1 Context

This Service Specification is for Intra-Uterine Contraceptive Device / System (IUCD/S) fitting for menorrhagia. The General Practitioner shall incorporate national and local guidance in order to promote best practice in service development.

In Rotherham not all GP Practices currently fit and remove IUCD/S. An Inter-Practice Referral Service is acceptable to extend access, and improve choice and waiting times to those women who select IUCD/S as treatment for Menorrhagia but are registered with a GP Practice in the Rotherham area who cannot offer an on-site IUCD/S service.

##### 1.2 Aims and Objectives of the Service

In commissioning this service, NHS Rotherham CCG intends to provide improved access to IUCD/S for menorrhagia for all women registered with a Rotherham GP Practice.

#### 2. Outcomes

##### 2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	N/A
Domain 2	Enhancing quality of life for people with long-term conditions	Yes
Domain 3	Helping people to recover from episodes of ill-health or following injury	Yes
Domain 4	Ensuring people have a positive experience of care	Yes
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	N/A

#### 3. Scope

##### 3.1 Requirements

The Provider shall deliver an Intra-Uterine Contraceptive Device / System (IUCD/S) Fitting Service as specified below:

**3.11** Fit, monitor and remove IUCD/S as appropriate for menorrhagia. Service users must not be referred to Rotherham Integrated Sexual Health Service (ISHS) or Gynaecology for this.

**3.12** Produce and maintain an up-to-date register of service users fitted with an IUCD/S. This will include all Service Users fitted with an IUCD/S and the type of device fitted. This is to be used for audit purposes.

**3.13** The Provider should create an appropriate clinical record for each referred patient which provides the clinical information required for IUCD/S insertion, removal and replacement.

**3.14** The Provider is expected to counsel and undertake an assessment of eligibility for proposed IUCD/S and obtain patient's consent to the procedure before fitting.

**3.15** Provision of information; written information should be provided at the time of counselling with information on symptoms that require urgent assessment and information on the length of use of device.

**3.16** Six week post-fitting coil check and annual check of IUCD/S is not required under current FSRH guidance. However it is recognised that a check may be required if a woman is unable to feel her threads or for other complications such as abnormal pain or bleeding post-fitting. These must be assessed urgently by the Provider and such reviews are included in the payment tariff. Arrangements should be in place for the Provider to ensure timely access for women experiencing problems directly relating to IUCD/S fitting.

**3.17** This service specification does not include follow ups relating to contraception. Payment will not be made for the use of LNG-IUS (e.g. Mirena) for contraceptive purposes.

### **3.2 Service Delivery**

The provider will be required to develop, implement, monitor and review the clinical quality of the service that they undertake. All service providers will undertake a risk assessment to ensure adequate facilities and equipment are in place to deliver the service and identify the resources available to support the service. Equipment required for IUCD/S fitting and removal will not be provided by Rotherham CCG.

### **3.3 Accreditation and Training**

**3.31** In order to remain accredited as a provider it is essential that Practitioners (both doctors and nurses) undertaking this procedure hold up-to-date FSRH letter of competency (LoC) in IUCD/S insertion and removal. If a Practitioner holds a Local Certificate of Equivalent Competence they will be required to achieve FSRH letter of competency.

A time scale of 12 months (until 31 March 2021) has been set to enable experienced fitters who wish to continue fitting under the new 2020/21 contract to gain accreditation with the FSRH within this time. Evidence of FSRH LoC accreditation must be gained by 31 March 2021 at the latest.

Please refer to

<https://www.fsrh.org/careers-and-training/letter-of-competence-intrauterine-techniques-loc-iut/>

For information on local training available and costs contact Dr Naomi Sutton at TRFT Integrated Sexual Health Service (ISHS).

**3.32** Those who are experienced practitioners currently fitting LARC without FSRH LoC, under the previous contract held by the Rotherham Borough Council, are encouraged to obtain the FSRH LoC. This can be achieved via the "experienced practitioner" route. Please refer to <https://www.fsrh.org/education-and-training/> for further information.

An alternative for those experienced fitters who wish to continue providing LARC without the formal FSRH LoC must provide evidence of the following:

- At least 2 CPD credits relevant to Sexual and Reproductive Health in the last 5 years
- Either a certificate of completion of the e-SRH module 17 (for SDI) and e-SRH module 18 (for IUD) Or FSRH approved distance learning e.g. latest CEU SDI guidance and self-assessment questions
- An evidence Log of procedures
- A minimum of 12 coil insertions in the preceding 12 months (and on annual basis thereafter). These can be for the purpose of either contraception or menorrhagia.

**3.33** Please note this will be the practitioner's responsibility to maintain this portfolio of evidence and we reserve the right to cancel the contract if this information cannot be supplied on request.

- Each individual Practitioner who is providing the service within the GP Practice is required to insert a minimum of 12 IUCD/S per year for the purpose of either contraception or menorrhagia (as per FSRH Guidelines).

- A Healthcare Assistant is also recommended to assist the clinician during the procedure.
- Evidence of appropriate training and accreditation should be obtained prior to commencing service provision and evidence of recertification may be requested.
- Practitioners should undertake regular Continuing Professional Development (CPD) and recertify with the FSRH every 5 years in accordance with FSRH guidance for recertification.
- The Provider shall inform Rotherham CCG promptly when there is a change in GP Practice employees that will affect the delivery of the service and succession planning should be in place for employee turnover.

**3.34** The provider shall 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 learned from incidents are shared across the GP Practice.

### 3.4 Quarterly data returns

At the end of each quarter the provider must complete a data return via the LES data worksheet as requested by the Primary Care Team. As a minimum, this data set will include:

- Number of IUCD/S fitted
- Number of IUCD/S removed
- Reasons for removal
- How long had the removed IUCD/S been in situ
- Reporting of significant events (e.g. perforated uterus) and analysis in relation to IUCD/S service

If no patients have been seen, a nil return must be made.

### 3.5 Payment

Payment will be made as follows:

£87.77 per fit of IUCD/S for menorrhagia

£21.94 per IUCD/S for menorrhagia post fitting complication/advice appointment

£21.94 per IUCD/S for menorrhagia removal appointment

Activity claims will be payable quarterly on receipt of data return. Where Practices fail to report activity they will not receive payment.

**Claims cannot be submitted for the fitting of an IUCD/S for contraceptive purposes, even if the patient has also presented with menorrhagia. These claims should be submitted via the IUCD contraceptive claims process.**

**Claims cannot be submitted for any post fitting complication/advice or removal appointments where the device has been fitted for contraceptive purposes.**

#### Consequences for late submission of activity data:

- 1 – 7 days: 5% of payment
- 8 – 14 days: 10% of payment and payment won't be released until the next payment run
- 15 – 21 days: 50% of payment and payment won't be released until the next payment run
- Submissions received after 21 days (3 weeks) will receive no payment.

A reminder by email will be sent out at least one week prior to submission date. It is the responsibility of the provider to ensure that any changes to contact details for the provider lead/ practice manager are notified to the GP Commissioning team.

In the event of unforeseen exceptional circumstances e.g. unplanned admission to hospital, there is scope for the CCG to process a payment without precedent. It is however a provider responsibility to put in place sufficient contingency arrangements to ensure activity is submitted by the date specified.

If the CCG makes a payment to a provider under the LES and :

- a) The provider was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment **or because the payment was calculated incorrectly** (including where a payment on account overestimates the amount that is to fall due );or
- b) the CCG was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money is already been paid,

then the CCG is entitled to repayment of all or part of the money paid.

Any suspicions of fraud will be referred to the CCG's Counter Fraud Specialist for further investigation. It is important to recognise that claiming for procedures that do not fall within the service specification may constitute fraud and will be referred to the CCGs Counter Fraud Specialist for further investigation.

### **3.6 Termination**

Following the recent publication of the 'Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan' the CCG acknowledges that further guidance may influence the future delivery of Local Enhanced Services.

All Local Enhanced Services will be subject to regular review in line with the development of Primary Care Networks (PCNs).

The provider and/or CCG may give three months written notice to terminate the service for reasons other than those outlined above.