



North Northamptonshire Council

SPECIFICATION

Service Specification Name	North Northamptonshire Contraceptive Service – Long-Acting Reversible Contraception (LARC)
Service Summary	Fitting and Removal of Contraceptive Implants
Commissioning authority	North Northamptonshire Council
Commissioning Lead	Yvonne Powell – Commissioning Manager
Period covered	1 st April 2025 – 31 st March 2029
Date of Review	Annual Review (31 st May 2026 and recurrent thereafter)
SERVICE COMMENCEMENT AND CONTRACT TERM	
Service Commencement Date	1 st April 2025
Contract Term	The contract will have a term of 2 years, with the option to extend up to two additional years, for a maximum total contract length of 4 years.
Contract Value	£300,000 per annum
Option to extend Contract Term	Yes
Notice Period (for termination)	6 months

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1. Introduction

North Northamptonshire Council (the Council) seeks to commission general practices through Primary Care and Federation networks (the Provider) to deliver Long-Acting Reversible Contraceptive (LARC) services. These services will be provided by General Practitioners (GPs), nurse practitioners, and specialist family planning nurses and will include the fitting, removal, and management of contraceptive methods such as intrauterine contraception (IUC), intrauterine systems (IUSs), and sub-dermal contraceptive implants (SDI).

This Service Specification outlines the Council's requirements for a Locally Commissioned Public Health Service for the fitting, removal, and management of contraceptive implants within North Northamptonshire.

For clarity, this document uses the terms "female" and "male" to refer to biological sex (including intersex), irrespective of gender identity. The terms "women" and "men" are used to reflect the gender with which individuals identify.

2. Strategic Background

The Government's 'Framework for Sexual Health Improvement in England, 2013'¹ and the 'Women's Health Strategy for England, 2022'² aim to enhance access and health outcomes in women's health across the life course.

Locally, this service aligns with the 'One Council Plan'³ supporting the goal of creating a thriving, inclusive community, where everyone has opportunities to improve their health, wellbeing, and quality of life.

Achieving this vision requires strong collaboration across primary and secondary care, including the North Northamptonshire Integrated Sexual Health Services (NNISH), to deliver a holistic, patient-centred approach to women's healthcare.

For more information on sexual and reproductive health in North Northamptonshire, refer to the Sexual Health Needs Assessment 2024⁴.

National Clinical Standards

The Provider must adhere to national clinical guidance and standards for delivering sexual reproductive health advice and treatment to young people. This includes assessing Fraser competence for young people and complying with local safeguarding policies and procedures for children and vulnerable adults (see appendix 6).

The following list of national standards, guidelines, and evidence is not exhaustive and may be updated. Providers are required to ensure adherence to the latest versions:

- FSRH Clinical Guideline: Emergency Contraception (March 2017, amended July 2023) FSRH⁵
- FSRH (2015) 'Clinical Guideline: Barrier Methods for Contraception and STI Prevention'⁶

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- FSRH (2019) 'Clinical Guideline: Contraceptive Choices for Young People'⁷
- UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) | FSRH⁸
- NICE (2014): PH51 Contraceptive services for under 25s⁹
- Faculty of Sexual and Reproductive Healthcare Clinical Effectiveness Unit FSRH Guidance (Feb, 2014): Progestogen-only Implants FSRH Clinical Guideline: Progestogen-only Implant (February 2021, Amended July 2023) - Faculty of Sexual and Reproductive Healthcare¹⁰
- National Institute for Health and Clinical Excellence (2019): Long-acting reversible contraception. Overview | Long-acting reversible contraception | Guidance | NICE¹¹

Level 3 Safeguarding Requirements:

- All practitioners must complete Safeguarding Children and Adults Level 3 for both children and adults, in line with national safeguarding guidance¹². This training also ensures that staff are able to identify and act on safeguarding risks, including risks related to child sexual exploitation (CSE) and domestic abuse.

3. Service description and scope

The Council is commissioning and funding the Provider to offer long-acting reversible methods of contraception, as described in this specification. This section covers:

- **Component A:** Subdermal contraceptive implants (SDI)
- **Component B:** Intrauterine devices/systems (IUD/IUS)
- **General requirements** applicable to all services detailed in this specification

Component A: Subdermal Contraceptive Implants (SDI)

The provider must fit, monitor, check, and remove subdermal contraceptive implants in accordance with current clinical guidelines and their instructions for use. Only contraceptive implants licensed for use in the UK are to be used.

The provider must ensure that patients receive information and advice on all available contraceptive methods, supporting them in selecting the most appropriate method for their individual needs, in accordance with NICE Clinical Guideline CG30.

In addition, the clinician must:

1. Take a sexual history in order to assess the appropriateness of fitting an implant.
2. Provide information, advice and guidance about sexually transmitted infections (STIs), assess the need for STI screening, and refer patients to relevant services, where appropriate.
3. Provide written information to the patient during counselling, reinforcing it after fitting. This should include details about symptoms requiring urgent assessment, non-contraceptive benefits, and procedures for initiation and discontinuation.

Component B: Intrauterine Devices/Systems (IUD/IUS)

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The Provider must fit, monitor, check, and remove intrauterine contraceptive devices (IUDs) and systems (IUSs) in accordance with current clinical guidelines and manufacturers' instructions for use. Only IUDs/IUSs licensed for use in the UK are to be used.

The Provider must ensure that patients receive comprehensive information and advice about the full range of contraceptive methods and are supported in determining the most appropriate option for their individual needs, in line with NICE Clinical Guideline CG30.

For patients opting for intrauterine contraception, the clinician must:

1. Take a sexual history to assess the appropriateness of fitting an IUD/IUS.
2. Provide information, advice and guidance about STIs, assess the need for screening, and refer to sexual health services, where necessary.
3. Conduct Chlamydia screening for all patients before IUD/IUS insertion. If positive, ensure referral for further STI screening.
4. Provide written information for the patient at the time of counselling and reinforce it after fitting. This should include details about symptoms requiring urgent assessment, non-contraceptive benefits, and procedures for initiation and discontinuation.

Note: The use of specialist equipment for cervical anaesthesia, vaginal specula, and cervical dilators, and for the sterilisation of surgical instruments is outside the scope of this specification.

General Requirements

The Provider is required to ensure that all clinicians are competent and trained to offer the services described in this specification and have the skills to consult with patients in an appropriate manner. Clinicians should undertake continuing professional development in order to achieve or maintain accreditation.

Service Delivery

- Routine annual checks are not required; however, patients experiencing problems or requesting implant removal must be seen promptly. Implants should be removed or replaced within three years.
- The Provider is required to provide and maintain all necessary equipment for fitting/removing contraceptive implants. Procedures must be carried out in a suitable treatment room, with specialist equipment for local anaesthesia, forceps, and sterilisation adhering to relevant guidelines.

Clinical Guidelines and Safeguarding

- The Provider is required to adhere to national and local guidelines for offering contraception and sexual health advice and treatment to young people ages 16 and under. This includes completing Fraser competence assessments.
- The Provider must comply with national and local policies and procedures for safeguarding children and vulnerable adults.

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Patient Counselling and Support

- Women must be provided with both oral and written information regarding the implant's duration, effectiveness, side effects and their management, as well as any symptoms that may require urgent assessment. The patient's understanding of contraceptive implants must be confirmed before fitting.
- Comprehensive counselling should be provided to ensure that women have all the necessary information to make an informed choice that best suits their individual contraceptive and reproductive health needs and personal preferences.

Follow-Up and Problem Management

- The Provider must follow recommendations in NICE clinical guidelines for managing issues related to long-acting reversible contraception (LARC).
- The provider will promote safer sex, assess STI risk, and advise testing where appropriate. STI screening should be offered to all women identified as at risk of STIs when requesting IUC, and they should be referred to local sexual health services as needed.

Promoting Health and Wellbeing

Under the Make Every Contact Count (MECC) initiative, the Provider must systematically deliver brief interventions, behavioural support, signposting and/or an “opt-out” approach to appropriate prevention services. For example, smoking, physical activity, diet, nutrition, and substance misuse support.

Monitoring and Compliance

The Council may arrange at least one service monitoring meeting per annum.

Interdependencies with other services

The Provider will be expected establish, maintain, and work collaboratively with other relevant agencies within the wider sexual health system. These interdependencies ensure seamless service delivery and integration across pathways.

Key Agencies and Partners

- North Northamptonshire Integrated Sexual Health (NNISH) Service
- Pharmacies
- Integrated Care Board (ICB)
- NHS England
- Office of Health Improvement and Disparities (OHID), Previously known as public Health England
- Safeguarding Children/Adults Boards
- Safeguarding Teams within NHS and local authorities

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The Provider must work within recognised referral pathways for other services, including (but not limited to):

- NNISH Service
- Termination services
- Maternity services
- Sexual Assault Referral Centres (SARCs)
- Gynaecology
- Urology
- Local sterilisation services
- Pharmacies
- Substance misuse services
- Mental health services
- Weight management services
- Smoking cessation services
- Safeguarding children and vulnerable adults services

Practice to Practice Referrals

The provider may offer services to any eligible service user, promoting cross-practice collaboration and improved access. Providers can establish referral arrangements with other practices or deliver services at the PCN level (with agreement from other practices).

This must include sharing relevant patient records for safe LARC service delivery. If the provider serves users registered with other practices, they must ensure access within four weeks. If this timeline cannot be met, users must be promptly referred back to the referring practice for alternative arrangements.

Providers will take clinical responsibility for referred service users from the moment the referral is accepted, covering the assessment, procedure, and follow-up for up to six weeks. After this period, responsibility transfers back to the referring GP. The provider must send a discharge summary to the referring practice, including details of the clinical episode and any ongoing care instructions.

The following additional interdependencies will need to be established:

- Suppliers of intrauterine devices/systems.
- Supplies of contraceptive implants.
- Training providers to support the development and verification of clinical skills and competencies.
- Providers of sexual health services, including local pharmacies delivering emergency hormonal contraception.

4. Aims of the Service

- Improve sexual and reproductive health and wellbeing outcomes for North Northamptonshire residents.
- Reduce the rate of unplanned pregnancies, particularly in under-18s.
- Increase awareness of the benefits of LARC as part of a range of contraceptive options.
- Mainstream LARC as a core contraceptive option for North Northamptonshire

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residents.

- Support an integrated, multi-disciplinary system that enables easy and swift access to advice and contraception.

Objectives of the Service

- Deliver a user-friendly, non-judgemental, person-centred, and confidential LARC service.
- Ensure the availability of post-coital IUD fitting for emergency contraception, typically within five days (120 hours) after unprotected sex, to prevent pregnancy and reduce unintended conceptions.
- Maintain robust information governance systems, ensuring reporting to mandatory national datasets.
- Provide timely referral and signposting of service users to other relevant services as noted in “interdependencies with other services” section above.
- Increase awareness of LARC and contraceptive options through advice, support, and education for service users and healthcare professionals.
- Provide sexual health information on safer sex practices, contraceptive methods, and access to free condoms, with a particular focus on high-need communities.
- Contribute to reducing unplanned pregnancies and abortion rates, particularly among the teenage population. Fraser competencies should be applied to assess the appropriateness of providing services to individuals under the age of 16.
- Providers must recognise and address evidence of child sexual exploitation (CSE), ensuring involvement of other agencies and onward referrals as appropriate. Providers must refer to safeguarding partnership¹³

Expected Outcomes

- Increased number of women using long-acting reversible contraception (LARC).
- Reduction in under-18 conception rates.
- Reduction in the number of terminations of unplanned pregnancies.
- Reduction in the number of repeat terminations of pregnancy.

Eligibility

In line with recommendations by the Faculty of Sexual and Reproductive Health (FSRH), LARC methods, such as IUDs, IUSs, implants, and injections, are available to all women of reproductive age. This typically includes individuals from around 13 years old up to the age of menopause (usually around 55 years old)¹⁴. Those eligible for LARC contraception services include:

- Any female resident of North Northamptonshire.
- Any female who is registered with a GP practice in North Northamptonshire.
- Any female who works in North Northamptonshire.

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Exclusion Criteria

- Refer to manufacturers and British Association for Sexual Health and HIV (BASHH) guidance on contraceptive implants. If the use of a contraceptive implant is contraindicated, a choice of other more suitable methods of contraception must be offered.
- The management of gynaecological conditions, including the fitting, monitoring, and removal of devices for non-contraceptive purposes (such as the treatment of menorrhagia, hormone replacement therapy (HRT), endometriosis, etc.), is not in scope for this service.

Access to Service

- **Timely Appointments:** Appointments must be provided in a timely manner, ideally within 6 to 8 weeks of a self-referral or professional referral. For emergency contraception referrals, appointments should be offered within five days.
- **Chaperone Availability:** All patients undergoing intimate examinations must always be offered the presence of a chaperone, regardless of the clinician's gender.
- **Equitable Access:** The Provider must ensure that the service is accessible to all eligible women, regardless of disability, gender, ethnicity, sexuality, locality, or financial situation.

The service must be delivered in a manner that is:

- Confidential.
- Non-judgmental, offering culturally sensitive services in a safe environment where individuals can discuss their sexual health needs without fear of judgement or subjectivity.
- Proactive in safeguarding, identifying and supporting young people and vulnerable adults, and collaborating with key partners to ensure their safety.
- Friendly, welcoming, and comfortable.
- Compliant with the requirements set out in the Equality Act 2010.

Premises

The Provider must ensure that the premises meet the standards required by the General Medical Council (GMC)¹⁵ and provide a safe, clean, and suitable environment for delivering services. The following requirements apply:

- The premises must have sufficient space for customers, patients and staff members. The layout must ensure consultations are private and uninterrupted, preventing unauthorised entry by staff or customers during consultations.
- Premises must be kept clean, hygienic, and in good repair to maintain a safe and professional environment.

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- Consultation areas must guarantee privacy and confidentiality. For remote consultations, the Provider must explain the reason for the call, confirm the patient's consent to proceed, and ensure information shared cannot be overheard.
- Consultation areas must not be used for storage, except for essential stock required during consultations.
- Treatment rooms must be equipped with:
 - A couch and sufficient space to perform procedures.
 - Handwashing facilities to maintain hygiene.
 - Equipment for resuscitation, as necessary.

5. Statement of Requirements

The Provider is responsible for ensuring that robust clinical governance arrangements are in place to deliver safe, effective, and high quality services. The Provider must adhere to Department of Health guidance including:

Incident Reporting: Establish processes and procedures for reporting incidents, including serious untoward incidents (SUIs). The Provider is required to inform the Council's Commissioner, Director of Public Health about incidents, near misses, complaints, compliments and other patient feedback.

5.1 Clinical Skills and competencies

The Provider is responsible for ensuring that clinicians are competent and trained to offer the services described in this specification. Please see Appendix 5 for training requirements.

Eligibility for IUCD Insertion (Intrauterine Device/Systems)

To be eligible to provide IUCD insertion under the Council contract, clinicians must:

- Hold and retain Faculty of Sexual and Reproductive Health (FSRH) Letter of Competency (LoC) Intrauterine Techniques or be able to evidence 12 insertions and management of intrauterine devices (IUCD) insertions a year for the past 3 years.
- Or, if previously trained, but not practiced within the last 2 years, contact Local Medical Committee (LMC) for support in refreshing and reassessing competencies. Attendance at local training facilities may be required.

The on-going annual requirements are:

- Log 12 Intrauterine Contraceptive Device (IUD) Insertion and Contraceptive Procedures (IUCE) procedures within a 12-month period within the past 24 months.
- Complete two relevant continual professional development (CPD) credits within the last 5 years, including peer observation or audit.

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- Provide evidence of annual appraisal, including discussion of contraception and Intrauterine Contraceptive Device Insertion and Management (IUCDE).
- Provide evidence of GMC registration.
- Confirm no ongoing serious incidents/investigations with the employer or professional body and notify the Council's lead commissioner if this changes.
- Undertake anaphylaxis and Basic Life Support (BLS) training annually.

Eligibility for Implant Insertion (Subdermal Contraceptive Implants)

To deliver implant insertions, clinicians must:

Hold and retain Fertility and Sexual Health Local Ongoing Certification (FSHLOC) in Subdermal Contraceptive Implant Techniques.

The on-going annual requirements are:

- Comply with local anaesthesia ongoing certification in SDI re-certification requirements.
- Provide evidence of annual appraisal, including discussions of contraception and subdermal implant procedures and management.
- Provide evidence of GMC registration and hold a license.
- Confirm no ongoing serious incidents/investigations with the employer or professional body and notify the Council lead commissioner of any changes.

General Clinical Competency Requirements

All health professionals this service must also:

- Be competent in consultation skills and patient-centred care.
- Have up-to-date resuscitation and anaphylaxis training in line with UK guidelines.
- Be capable of administering intramuscular injections.
- Review and comply with current FSRH guidance on subdermal implants.
- Be able to confirm having read the 6 principles of care.
- Complete Module 17 of the e-SRH.

5.1.1 Professional Registration

The provider must ensure that any healthcare professionals are registered with the relevant regulatory body to practice legally and safely. These bodies ensure that professionals are adequately trained and competent in their field, for example:

- Doctors (GPs, consultants, etc.) must be registered with the GMC to practice medicine in the UK.

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- Nurses, including nurse practitioners and advanced nurse practitioners, must be registered with the Nursing and Midwifery Council (NMC).
- Other healthcare professionals, such as physician associates, must be registered with the Health and Care Professions Council (HCPC).

5.1.2 Accreditation

All health professionals who deliver this service must have undertaken appropriate training to develop and maintain the relevant skills. This should be based on the current requirements set down by the Faculty of Sexual and Reproductive Health Care (FSRHC) for the letter of competence in sub-dermal implants (LoC-SDI), or Royal College of Nursing (RCN) guidance on insertion and removal of sub-dermal implants together with RCN accreditation.

To obtain the Letters of Competency, health professionals must:

- Hold a current FSRH Diploma, N-FSRH Diploma, MFSRH or FFSRH or;
- Have passed the Electronic Knowledge Assessment (EKA) in SRH

Continuing Professional Development

The Provider is required to maintain evidence of continuing professional development in relation to this service. This evidence may be required as part of the re-accreditation process.

Clinical updates and training may include supervised practice, liaison or clinical audit sessions, or attendance at appropriate postgraduate meetings, lectures, or events.

Maintaining clinical competence is not always easy in smaller practices where there may be only a limited number of insertions per year. The recommended number of procedures per year, according to updated FSRH Guidance (April 2014) is at least six, including one insertion and one removal. It may be necessary for small practices to have a single nominated practitioner who can undertake the necessary training, keep updated and undertake sufficient numbers of insertions to allow them to maintain their clinical competence. The number of insertions performed by each practitioner must be recorded.

Training requirements will be subject to change in line with the Faculty of Sexual and Reproductive Healthcare guidance.

6. Confidentiality, Data Management and UK General Data Protection Regulation (UK GDPR)

Confidentiality

The Provider must:

- Provide clear and accessible information to service users regarding confidentiality practices and circumstances under which confidentiality may need to be breached (e.g., safeguarding concerns).

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- The Provider will ensure compliance with national and local guidance for obtaining informed patient consent.
- Record patient consent using an appropriate consent form, aligned with the current Department of Health guidance.
- Obtain patient consent for sharing information with health professionals for the purposes of treatment and prevention.
- Ensure clients have been informed that their anonymised data will be used for contract monitoring and public health analysis.
- Adhere to the Faculty of Sexual and Reproductive Healthcare (FSRH) Standard Statement on Confidentiality.

Data Management and UK GDPR Compliance

The Provider must:

- Ensure compliance with the requirements set out in the Information Governance Toolkit, completing the associated annual assessment. This can be found on the website of NHS Digital (also known as the Health and Social Care Information Centre)¹⁶.
- Maintain robust systems for data security and protection in accordance with UK GDPR and local information governance policies.
- Ensure all data is stored securely and accessed only by authorised personnel.

Information Provision

The Provider will create and maintain accurate clinical records for patients using electronic clinical systems (e.g., spreadsheets and E-Healthscope) with appropriate read codes where applicable. The records should be comprehensive and include:

- The patient's clinical, reproductive and sexual history.
- The counselling process.
- The results of any STI testing.
- Any contraindications.
- Problems with fitting/removal, the type and batch number of the implant.
- Reason for 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.

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The Provider is required to produce and maintain an up-to-date register of patients fitted with a contraceptive implant. The register will include all patients fitted with a contraceptive implant and record the device fitted. The register will be used for audit purposes to enable the practice to recall patients for checks, as appropriate.

Full records of all procedures should be maintained in such a way that aggregated data and details of individual patients are readily accessible if required by the Council.

7. Service Quality, Monitoring and Performance Requirements

Service Quality

The Provider must ensure that its employees comply with all relevant legislation, codes of practice, and regional and national guidance. When required, the Provider must supply evidence of such compliance, including and the fitter's documentation.

The Provider must ensure that contraceptive services meet, as a minimum requirement, the Department of Health's you're welcome quality criteria¹⁷. They should also meet the Faculty of Sexual and Reproductive Healthcare service standards for sexual and reproductive healthcare¹⁸. Services should be inclusive for people identifying as LGBT, trans, non-binary, and gender diverse.

The Provider must ensure all service provisions align and abide by the appropriate service standards detailed below and any subsequent updates of these standards: please see appendix 5 for National Local Standards

Clinical Governance

The Provider must have in place, and be able to evidence, appropriate and workable clinical governance arrangements that align with the [DH Sexual Health Clinical Governance Principles](#)¹⁸.

The Provider must have a nominated lead for clinical governance.

The Provider must be registered with the Care Quality Commission (CQC) as providers of 'regulated activities.'

The Provider must comply with current national regulations and directions on confidentiality and disclosure of information on sexual health. The Provider should have a written Confidentiality Policy in place.

The Provider must comply with Caldicott Principles on information governance.

The Provider must have robust systems in place for managing incidents, including the reporting of incidents and serious untoward incidents (SUI). The Provider is required to report all Serious Incidents, near-misses, or areas of concern related to the delivery of these services to the Council within twenty-four (24) hours of becoming aware of the incident. All Serious Incidents should be reported using the Serious Incident Reporting Form within 24 hours of the Provider

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being aware of the incident. The completed Serious Incident Reporting Forms must be sent via secure email to: NNCPHCommissioning@northnorthants.gov.uk

Infection control

The Provider is required to have infection control policies and procedures and to ensure compliance with local and national standards and guidelines. Please see appendix 5 for links to relevant information:

North Northamptonshire Integrated Sexual Health Services

The North Northamptonshire Integrated Sexual Health Service (NNISH) is commissioned by the Council to provide local system leadership on sexual and reproductive health (SRH). This involves supporting stakeholders and other commissioned services, such as primary care, to deliver safe, high-quality SRH services. This includes support for practitioners working towards the Letter of Competence in Intrauterine Techniques (LoC IUT) and Letter of Competence in Subdermal Contraceptive Implant Techniques: Insertion and Removal (LoC SDI-IR).

The Provider will work with NNISH to ensure that:

- Opportunistic screening is offered to females under the age of 25 as part of the National Chlamydia Screening Programme (NCSP).
- Condoms are available alongside other contraceptives to prevent transmission of STIs. This includes participation in local condom distribution schemes.
- Information about local services for STI screening, investigation, and treatment to be provided to service users.
- Partner notification services can be offered where appropriate.
- Staff advising service users on contraceptive choices are available to promote safer sex.

The Provider will refer to NNISH in the following circumstances:

- Females with impalpable or deeply sited implants.
- Difficulty in removing an IUC.
- Service users with complex contraceptive needs that cannot be met at the practice.
- If the Provider cannot offer services in a timely manner, for example for Cu-IUD fittings.
- Service users requiring further STI/HIV screening, investigation, or treatment.

8. Quality Standards and monitoring

Quality Standards and Monitoring

Clinical Audit

The Provider is required to ensure that provision of long-acting reversible contraception is considered as part of the clinical audit process within the general practice. Clinical audit should be used to review practice and to determine opportunities to improve patient experience and outcomes. Periodic reviews at least annually, should include an audit of:

- The register of patients fitted with contraceptive implant or IUD

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- Batch numbers
- Reasons for removal
- Complications or significant events

Monitoring and Reporting

Monitoring is an important part of this contract and service specification compliance with the terms of service is essential for continuity by the provider.

Contract management of LARC services will be facilitated by North Northamptonshire Council and/or at the individual Provider level, as mutually agreed and appropriate, in accordance with the service delivery, risk, and intelligence sharing.

The Provider must supply the commissioner with any information reasonably requested for the purpose of monitoring the Provider's performance under this service specification. The service is subject to an annual review, which includes an annual audit covering the following:

- Practitioner details.
- Relevant qualifications and their expiry dates.
- LARC FSRH competencies and certification expiry dates.
- Service delivery volumes.
- A register of patients fitted with an implant.
- Reasons for removal.
- Complications.
- Patient feed-back (compliments and complaints).
- Incidents.

Providers must submit information on delivered activity on a quarterly basis, as outlined in via the GP LARC Claim Form (See Appendix 2). The Council will work in partnership with Providers during the contract term to automate data collection requirements for this service.

On an annual basis, within 4 weeks of the contract anniversary, the Provider must submit a Fitters Accreditation Return (See Appendix 3). This return must include a list of named individuals delivering the service, enabling the Council to maintain an up-to-date register of fitters who meet the competency requirements outlined in this service specification.

The Provider must notify their Contract Officer of any issues relating to the service delivery or the conduct and competence of staff, to ensure compliance with this contract and service specification.

Monitoring, reporting and review

The Provider will participate in any service evaluation or audit exercise, as organised by the Council.

Activity under this contract will be driven by patient choice; therefore, there is no fixed commitment from the Council regarding the number of services to be delivered.

Frequency and Method of Reporting

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Frequency of reports	Method	When is report due	Consequence of breach	Report Due
Quarterly	Minimum reporting requirement; Excel monitoring spreadsheet	10 th of the following month	Non-payment	

Service Volume

The Council is not setting a minimum or maximum number of consultations, fittings, or removals. However, the Council reserves the right to limit or temporarily suspend the service if demand for provision exceeds, or is expected to exceed, the available budget.

The Council will give the Provider at least three months' notice should a suspension or limit need to be implemented.

9. Services Fee & Invoicing Arrangements

The provider will receive the following level of payments:

Please note that these tariffs are for the financial year 2024-25 period and are subject to continual review.

Implant insertion fee per patient	£50.00
Implant removal fee per patient	£50.00
IUD/IUS insertion fee to include monitoring and checking as appropriate per patient	£81.00
IUD/IUS removal fee to include monitoring and checking as appropriate per patient	£21.00

- Payment is dependent on the quarterly activity data submitted to the Council.
- Payments will not be processed unless the Provider has submitted an up-to-date copy of their Letter of Competence (LoC) from the Faculty of Sexual and Reproductive Health Care (FSRH).
- Evidence that all listed eligibility criteria have been met must also accompany the LoC.
- The Provider must enclose a copy of their LoC and evidence of eligibility when returning the signed contract.
- Payment will be made by the Council quarterly in arrears, based on the recorded activity for that period.

Note: The Council reserves the right to limit or suspend the provision of LARC services at any time, based on service needs or budgetary considerations.

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Appendix 1 - Performance and Quality Indicators

INDICATOR	FREQUENCY
Number of devices inserted/removed broken down by patient age, LSOA, ethnicity	Quarterly
Reason for removals	Quarterly
At removal, time since inserted	Quarterly
Number of chlamydia screens	Quarterly
Name of clinician delivering service	Quarterly
Number of complaints and compliments	Annually
Number of complications or significant events	Annually
Client feedback	Annually

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Appendix 2 - GP LARC Claim Form

Claim period ending	Practice Name	Age	Postcode	LSOA Code	Anonymous Patient ID	Description (Insertion/removal)	Activity Date	Name of the clinician

Appendix 3 - Fitters Accreditation Return

LARC Fitters Initial Accreditation Return Form	
Personal and Professional Details	
Full Name:	
Professional Title/Role:	
Medical Registration Number:	
Email Address:	
Phone Number:	
Date of Birth:	
Date of Submission:	
Training & Competency Details	
Date of LARC Training Completed:	
Training Provider:	
Training Method:	
Competency Assessment Date:	
Assessor's Name & Qualification:	
Competency Assessment Outcome:	
Clinical Practice & Experience	
Number of IUDs Fitted (self-reported):	
Number of Implants Inserted (self-reported):	
Duration of LARC practice:	

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Supervisor's Name:	
Workplace Facility:	
Clinical Supervision Received:	
Continuing Education (CPD) on LARC:	
Workplace and Clinical Environment	
Workplace Compliance with LARC Provision Standards:	
Workplace Supervisor:	
Workplace Facilities for LARC:	
Confirmation and Declaration	
I confirm that all the information provided is accurate and truthful, and I acknowledge that my accreditation status is subject to the approval of the accrediting body.	
Applicant's Signature:	
Date:	

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Appendix 4 - Annual Audit Information

The Provider is responsible for ensuring that practitioners maintain their competencies in line with the requirements of this specification. To support this, the Annual Audit Form has been digitalised for online submission.

Practitioners must complete the form and submit it annually as evidence of meeting the required competencies. The audit form (will request the following information):

Audit Details	IUD / IUS AUDIT	IMPLANT AUDIT
a) Name of Practitioner		
b) Practitioner Email		
c) Practitioner Qualifications Held		
• FSRH LoC date of achievement		
• FSRH LoC recertification due date		
• Details of most recent update training attended		
d) Activity, quantified by IUS and by IUD		
• Number of fits		
• Number of post fit reviews		
• Number of removals		
• Number of chlamydia tests for under 25s undertaken prior to fit		
e) Quantity of SDI fittings, by age group (under 19, 19-25, over 25)		

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f) Reason for removals, detailed for IUD and for IUS		
• Expired		
• Unwanted Side Effects		
• Planning pregnancy		
• Replacement		
• No longer required		
• Others (Specify and include action taken)		
g) Quantity of removals, by age group as d) above		
h) Complications, detailed for IUD and for IUS		
• Injury to cervix		
• Uterine perforation		
• Fainting/cervical or anaphylactic shock		
• Other (specify)		
• Action taken to be documented for each complication		
i) Reason for removals, by age group as d) above		
• Expired		
• Unwanted Side Effects		
• Planning pregnancy		
• Replacement		
• No longer required		

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• Other (specify)		
j) Failed Insertions, detailed for IUD and for IUS		
• Lack of access due to obesity		
• Cervical stenosis due to previous surgery to the cervix		
• Acutely retroverted or anteverted uterus		
• Fibroid uterus		
• Bicornuate uterus or other uterine abnormalities		
• Patient not able to cope with procedure due to pain or anxiety		
• Other (specify)		
• Action taken to be documented for each failed insertion		
k) Follow up after removals, by age group as d) above		
• Choice of another contraceptive method		
• Replacement SDI		
l) Menorrhagia & Low Rates		
• Number of IUS fitted for menorrhagia		
• If less than 12 IUD/S fits in audit		

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period, state reason		
m) Other, by age group as d) above		
• Number of chlamydia tests undertaken prior to fit		
• Number of women describing themselves as having disability		
• Number of referrals to alternative service for SDI removal		
n) Reasons for each referral to alternative service		

Appendix 5 – National Local Standards

The Service is underpinned by the following minimum standards:

- Spotting the Signs. A national proforma for identifying risk of child sexual exploitation in sexual health services (BASHH/Brook 2014)
- National Guideline on the Management of Adult and Adolescent Complainants of Sexual Assault (BASHH 2011)
- UK Guidelines for the Management of Individuals disclosing sexual violence in Sexual Health Services (BASHH 2021)
- Protecting Children and Young People (General Medical Council 2012, updated 2018)
- NICE PH50 Domestic violence and abuse - how services can respond effectively. (2014)
- NICE PH51 Contraceptive services with a focus on young people up to the age of 25 (2014)
- NICE NG60 HIV testing: increasing uptake among people who may have undiagnosed HIV (2016)

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- NICE Long-acting Reversible Contraception Guidelines CG30. (2014 and 2005, updated 2019) Available at: <http://www.nice.org.uk/Guidance/CG30/Evidence>
- NICE QS129 Contraception Quality Standard 129 September 2016
<https://www.nice.org.uk/guidance/qs129>
- NICE Infection: prevention and control of healthcare-associated infections in primary and community care (2012)
- NICE CG139 Healthcare-Associated infections: prevention and control in primary and community care (2012, amended 2017)
- NICE Prevention of Sexually Transmitted Infections and Under 18 Conceptions: Guidance (2007) *plans to be updated*
- Service Standards for Medicines Management (FSRH 2018)
- Service Standards for Record Keeping (FSRH 2019)
- Service Standards on Confidentiality (FSRH 2020)
- Service Standards on Obtaining Valid Consent in Sexual Health Services (FSRH 2018, amended 2021)
- Service Standards for Resuscitation (FSRH 2016, amended 2021)
- Service Standards for Risk Management (FSRH 2017)
- Service Standards for Sexual and Reproductive Healthcare (FSRH 2013, amended 2016)
- Service Standards for Consultations in Sexual Health and Reproductive Services (FSRH 2020)
- Standards for Online and Remote providers of Sexual and Reproductive Health Services (FSRH/ BASHH 2019)
- Clinical Guidance – Emergency Contraception (FSRH 2017, amended 2020)
- Clinical Guidance- Progesterone Only Implant (FSRH 2021)
- Clinical Guidance- Quick Starting Contraception (FSRH 2017)
- Clinical Guidance- Contraception after Pregnancy (FSRH 2017, amended 2020)
- Clinical Guidance- Overweight, Obesity and Contraception (FSRH 2019)
- Clinical Guidance- Contraceptive Choices for Young People (FSRH 2010, amended 2019)
- Clinical Guidance- Contraception for women aged over 40 years (FSRH 2017, amended 2019)
- Quality Standards for Contraceptive Services. FSRH (2014) Available at:
<http://www.fsrh.org/standards-and-guidance/documents/fsrhqualitystandardcontraceptiveservices/>

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- UK Medical Eligibility Criteria for Contraceptive Use – Summary Sheets (FSRH 2016, amended 2019)
- UK Medical Eligibility Criteria for Contraceptive Use (FSRH 2016, amended 2019)
- UK National Guideline for Consultations Requiring Sexual Health History Taking (BASHH 2019)
- DH (2013) A Framework for Sexual Health Improvement in England. Available at: www.gov.uk
- DH (2012) Quality criteria for young people friendly health services. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf
- DH (2017) You're Welcome Pilot Quality Standards
- Disclosure and Barring Service (DBS) information available at: <https://www.gov.uk/disclosure-barring-service-check/overview>
- NCSP Standards Core Requirements. Available at: <https://www.gov.uk/government/publications/ncsp-standards> amended 2021
- Information on how to manage requests for transgender people can be found in the [FSRH CEU Clinical Statement: Contraceptive Choices and Sexual Health for Transgender and Non-Binary People](#)
- Reporting serious incidents and patient safety incidents. It is expected that all serious incidents and patient safety incidents are dealt with in line with [Patient Safety Incident Response Framework \(PSIRF\)](#) under the [NHS Standard Contract](#).
- [FSRH Clinical Guideline: Intrauterine contraception \(March 2023\)](#)
- [FSRH Clinical Guideline: Progestogen-only Implant \(February 2021\)](#)
- [FSRH Service Standards for Workload in Sexual and Reproductive Health \(November 2020\)](#)
- [Office for Health Improvement and Disparities \(OHID\) 'You're Welcome': establishing youth-friendly health and care services](#)
- [NICE Clinical Knowledge Summary: Menorrhagia \(heavy menstrual bleeding\)](#)
- [NICE guideline \[NG88\]: Heavy menstrual bleeding: assessment and management](#)
- [NICE Clinical Knowledge Summary: Levonorgestrel intrauterine device](#)
- [NICE Clinical Knowledge Summary: Hormone replacement therapy \(HRT\)](#)
- [NICE guideline \[NG23\]: Menopause: diagnosis and management](#)
- [Department of Health's you're welcome quality criteria](#)
- [Faculty of Sexual and Reproductive Healthcare service standards for sexual and reproductive healthcare](#)

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- Infection Prevention and Control Quality Standards – NICE [QS61]
- Infection Prevention Society Guidance – National Guidance for England
- Health and Social Care Act 2008: code of practice on the prevention and control of infections – Department of health and Social Care
- Coronavirus Primary Care – National Health Service England and NHS Improvement
- National Standards of Healthcare Cleanliness
- Aseptic Technique ([Infectionpreventioncontrol.co.uk](http://infectionpreventioncontrol.co.uk))
- Preventing Infection at IUD Insertion (fphandbook.org)
- Disposal of clinical waste, including a safe use of sharps procedure complying with Sharps injuries - What you need to do (hse.gov.uk)
- Abuse and neglect of adults at risk (safeguarding) - Social care and support guide - NHS

Appendix 6 – Safeguarding guidelines

- The Provider must ensure that staff have received appropriate training on safeguarding vulnerable adults and are familiar with the guidance, policies, and procedures available from the North Northamptonshire Safeguarding Adults Board.
- Where an adult has been sexually assaulted or raped, a referral must be made to the appropriate service and authority.
- Safeguarding Children and Young People: The Provider is required to ensure that practitioners are aware of their specific responsibilities for young people aged 13 to 15 and for those under the age of 13. In principle, all individuals under the age of 16 should be seen in a clinical setting: Protecting children and young people: The responsibilities of all doctors - professional standards - GMC
- The Provider must ensure that individuals under the age of 16 are seen by a worker trained in Fraser Competency to assess their ability to receive contraception service. The consultation should only proceed where the client has been assessed as competent to consent to treatment under the Fraser Ruling.
- If the individual is less than 13 years of age, the doctor should call the on-call doctor from Sexual Assault Service (who will administer EHC). In addition, a safeguarding referral to Children's Social Care (Multi-Agency Safeguarding Hub) must always be made. This is because the Sexual Offences Act states that individuals under 13 years of age cannot

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consent to have sexual intercourse, and therefore, this is classified as statutory rape. [East Midlands Children and Young People's Sexual Assault Service - East Midlands Children and Young People's Sexual Assault Service](#)

¹ Department of Health. (15 March 2013). Guidance A Framework for Sexual Health Improvement in England. [Online]. GOV.UK. Available at: <https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england> [Accessed 12 November 2024].

² Department for Health and Social Care. (20 July 2022). Women's Health Strategy for England. [Online]. GOV.UK. Last Updated: 30 August 2022. Available at: [Women's Health Strategy for England](#) [Accessed 12 November 2024].

³ North Northamptonshire Council. (19 April 2023). Our vision, values and key commitments. [Online]. Northnorthants.gov.uk. Last Updated: 2020. Available at: <https://www.northnorthants.gov.uk/corporate-plan/our-vision-values-and-key-commitments> [Accessed 12 November 2024].

⁴ North Northamptonshire Council. (March 2024). Sexual Health Needs Assessment. [Online]. Northnorthants.gov.uk. Available at: <https://www.northnorthants.gov.uk/health-and-wellbeing-board/reports-and-assessments> [Accessed 12 November 2024].

⁵ Faculty of Sexual and Reproductive Healthcare. (2023). FSRH Clinical Guideline: Emergency Contraception (March 2017, amended July 2023). [Online]. FSRH. Last Updated: 17th July 2023. Available at: FSRH Clinical Guideline: Emergency Contraception (March 2017, amended July 2023) | FSRH

⁶ Faculty of Sexual and Reproductive Healthcare. (2015). FSRH Clinical Guideline: Barrier Methods for Contraception and STI Prevention (August 2012, amended October 2015). [Online]. FSRH. Last Updated: 1st October 2015. Available at: <https://www.fsrh.org/Public/Documents/ceu-guidance-barrier-methods-for-contraception.aspx>

⁷ Faculty of Sexual and Reproductive Healthcare. (2019). FSRH Clinical Guideline: Contraceptive Choices for Young People (March 2010, amended May 2019). [Online]. FSRH. Last Updated: 1st May 2019. Available at: <https://fsrh.org/Public/Documents/fsrh-ceu-guidance-young-people-mar-2010.aspx>

⁸ Faculty of Sexual and Reproductive Healthcare. (2016). UK Medical Eligibility Criteria for Contraceptive Use (UKMEC). [Online]. FSRH. Last Updated: 1st April 2016. Available at: <https://www.fsrh.org/Public/Public/Standards-and-Guidance/uk-medical-eligibility-criteria-for-contraceptive-use.aspx>

⁹ National Institute for Health and Care Excellence. (2014). Contraceptive services for under 25s. [Online]. NICE. Last Updated: March 2014. Available at: <https://www.nice.org.uk/Guidance/PH51>

¹⁰ Faculty of Sexual and Reproductive Healthcare. (2023). FSRH Clinical Guideline: Progestogen-only Implant (February 2021, amended July 2023). [Online]. FSRH. Last Updated: 17th July 2023. Available at: <https://www.fsrh.org/Public/Documents/clinical-guidance-progestogen-only-implants.aspx>

¹¹ National Institute for Health and Care Excellence. (26 October 2005). Long-acting reversible contraception Clinical guideline [CG30]. [Online]. NICE. Last Updated: July 2019. Available at: <https://www.nice.org.uk/guidance/cg30>

¹² RCGP. (2024). Level 3 safeguarding training and standards. [Online]. RCGP.org. Available at: <https://www.rcgp.org.uk/learning-resources/safeguarding-standards-level-3> [Accessed 19 December 2024].

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¹³ NHS East Midland Children and Young People Sexual Assault Services. (2024). *East Midland Children and Young People Sexual Assault Services*. [Online]. East Midland Children and Young People Sexual Assault Services. Last Updated: 2024. Available at: [East Midlands Children and Young People's Sexual Assault Service - East Midlands Children and Young People's Sexual Assault Service \(emcypsas.co.uk\)](https://emcypsas.co.uk)

¹⁴ Faculty of Sexual and Reproductive Health. (2016). *UK medical eligibility criteria for contraceptive use | UKMEC 2016 (amended September 2019)*. [Online]. FSHR. Last Updated: 2019. Available at: <https://www.fsrh.org/Common/Uploaded%20files/documents/fsrh-ukmec-full-book-2019.pdf> [Accessed 5 December 2024].

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¹⁶ See: <https://www.igt.hscic.gov.uk/>

¹⁷ GOV.UK. (2023). *Establishing youth-friendly health and care services*. [Online]. GOV.UK. Available at: [Department of Health's you're welcome quality criteria](https://www.gov.uk/government/publications/department-of-healths-youre-welcome-quality-criteria)

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