**Appendix A2 – Service Specification**

(Lot 2- GP SDI)

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| **Service** | Locally Commissioned Public Health Service for the Fitting & Removal of Sub-Dermal Implants (SDI) for Contraceptive Purposes – for both registered and non-registered patients with GP Practices |
| **Authority Lead** | Uzmah Bhatti: Senior Public Health Insight Manager  Robert Fenton: Contract Officer |
| **Period** | 1st April 2022 – 31st March 2031 (3+3+3 with annual review) |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**   **National Context**  In 2018, evidence suggested that ‘[*45% of pregnancies and one third of births in England are unplanned or associated with feelings of ambivalence*](https://www.gov.uk/government/publications/health-matters-reproductive-health-and-pregnancy-planning/health-matters-reproductive-health-and-pregnancy-planning)*’.*. Long acting reversible contraception (LARC) is a type of contraception that does not rely on the user compliance which makes LARCs a very effective option for women seeking contraception. In England in 2020/21, 46 percent of women accessing SRH services were using LARC compared to user dependent contraceptives such as the pill or condoms[[1]](#footnote-1). .Within the United Kingdom (UK), the uptake of long acting reversible contraception is low[[2]](#footnote-2). The predominate methods of contraception in the UK are the oral contraceptive pill and male condom. Their efficiency depends on their correct and consistent use including daily concordance.  .  All forms of LARCs are more cost-effective than the combined oral contraceptive pill even after one year and their use could reduce unplanned pregnancies within the UK. An 8% shift from oral contraception to LARC methods would result in a net saving to the NHS of over £102 million.  Implant fittings and removals are not undertaken by all clinical practitioners in general practices, and maintaining the skills and expertise in fitting and removal requires commitment from the practitioner.  Evidence shows that:   * Sub-dermal contraceptive implants provide excellent contraceptive protection over a long period. Nexplanon provides up to 3 years of highly effective contraception (>99%). * Most pregnancies in implant users are due to incorrect timing of insertion, unrecognised non-insertion or drug interactions. * It is one of two areas of contraceptive provision with relatively high levels of litigation. The most important factor influencing the incidence of problems relating to insertion and removal is the competence of the professional inserting the device. * High quality information and advice influences client satisfaction and continuation rates with long acting methods of contraception.   **Nottingham**  There was a low rate of GP prescribed LARC in Nottingham City, compared to the England average in 2017 . Good progress was made and in 2019 the rate of GP prescribed LARC was 30.6 per 1,000 female population aged 15-44 in Nottingham, slightly above the England rate. In 2020, this decreased across the country to 21.1. in Nottingham. (Public Health England (PHE), sexual and reproductive health profiles).  Commissioning of LARC provision in primary care aims to increase the overall take-up of LARCs. General Practice offers the opportunity to increase the uptake of LARCs, especially in areas of highest need. |
| **2. Key Service Outcomes** |
| This Locally Commissioned Public Health Service (LCPHS) specification defines an optional service beyond essential and additional services which General Practice are contracted to provide to all of their patients. No part of this specification is intended to alter, define or redefine essential or additional services covered elsewhere.  This document sets out the specification for the provision of Sub-Dermal Implants for contraceptive purposes through an LCPHS.  This LCPHS may be provided to both registered and non-registered patients.  The provision of this service is designed to meet the sexual health needs of residents of Nottingham City; and address a number of the key indicators within the national Public Health Outcomes Framework (PHOF) including under 18 conceptions |
| **3. Scope** |
| **3.1 Aims and objectives of service**  **3.1.1 Aim**  The aim of the service is to increase provision and availability of Sub Dermal Implant fittings in general practice in line with national quality standards.  The service aims to provide a comprehensive contraceptive and sexual health service via an accessible local service which will contribute to the improvement of health, sexual health and wellbeing and reduce inequalities in sexual health. The service is aimed at all women of a reproductive age as clinically appropriate.  **3.1.2 Objectives**   1. To increase uptake of Sub Dermal Implant provision by providing accessible provision across Nottingham City that meets the quality standards defined within the specification. 2. To reduce the number of teenage and unplanned pregnancies; and reduce the number of termination of pregnancies. 3. To increase the early detection and treatment (in the least intrusive manner possible taking into account individual need) of new cases of Sexually Transmitted Infections (STIs) thereby preventing late onset treatment and subsequent complications. 4. To ensure that all women requiring Sub Dermal Implant are given appropriate levels of information about the contraceptive method.   **3.2 Service description/pathway**  **Service Description**  Delivered by the General Practice the service will:   1. **Comply with the quality standards for the fitting and removal of sub-dermal contraceptive implants** as clinically appropriate 2. **Have suitable indemnity cover** for treating non-registered patients 3. **Ensure practitioners demonstrate key competencies and undertake regular continual professional development (CPD).** (See eligibility and accreditation section for details) 4. **Produce an up-to-date register of patients fitted with a Sub-Dermal Implant.** This will include all patients fitted with a Sub-Dermal Implant, for what purposes (appropriate read codes should be used) and the device fitted. This is to be used for audit purposes and to enable Nottingham City Council to target these patients for appropriate health care checks. 5. **For non-registered patients**, the provider must ensure that the patient’s registered practice is given all appropriate clinical details for inclusion into the patient’s notes; after obtaining explicit consent from the patient’. 6. **Produce an appropriate clinical record.** Adequate recording should be made regarding the patient’s clinical history and as a minimum should include:    1. patients reproductive and sexual history    2. patient consent recorded    3. counselling process    4. results of any STI screening    5. problems with fitting    6. type and batch number of the implant    7. expiry date of the device    8. the type and batch number    9. follow-up arrangements    10. The provider must ensure that where applicable the patient’s registered practice is given all appropriate clinical details for inclusion into the patient’s notes after obtaining explicitly consent from the patient 7. **Provide adequate equipmen**t and staffing. Certain special equipment is required for SDI fitting and removal and practitioners should ensure all appropriate equipment is available and staff are trained as appropriate. 8. **Emergency training and equipment**. All staff should be training in basic life support. A named individual should be responsible for maintaining emergency equipment and drug (including oxygen), and for facilitating training in resuscitation. All staff should know how to contact the emergency services and emergency numbers should be displayed clearly. Significant adverse events should be recorded clearly and reported according to local policy. 9. **Provide an appropriately trained assistant / nurse** to support the patient and assist the doctor during the procedure or in an emergency. 10. **Comply** with current infection control regulations. 11. **Record Sexual history.** To ensure that the contraceptive implant is the most appropriate method of contraception based on medical evidence, clinical guidelines, sexual history and practice. 12. **The health professional will enable the women to choose a sub-dermal implant** based upon medical eligibility and the women’s preference for contraceptive purposes in line with NICE Clinical Guideline 30. Patients for whom an SDI is contraindicated will be excluded from the service. Such women must be offered a choice of alternative suitable methods of contraception. 13. **Confidentiality**. All women will be guaranteed confidentiality and privacy, and dependent upon age, will also be assessed in accordance with Fraser Guidelines (1985) 14. **Female clinician**. The patient may also request that a female clinician be required and where possible this option will be made available. This may require a referral to another provider including neighboring GP provider, but must **not** cause the patient delay. 15. **Refer to other services.** The provider will refer or signpost onto other services as appropriate for example the Integrated Sexual Health Service (ISHS), abortion, Sexual Assault Referral Centres (SARCs) 16. **Carry out or refer, if not providing, Chlamydia screening** before fitting of the sub-dermal implants where clinically appropriate and if positive, refer for screening for other STIs. This should be in accordance with national FSRH guidance. Take other samples for STIs including gonorrhea (as clinically indicated) prior to insertion and treatment commenced when results are known. Refer to ISHS as clinically indicated. 17. **Undertake effective Risk Assessment.** Assess the need for STI and HIV testing prior to recommending the contraceptive implant. This should be in accordance with national FSRH guideline 18. **Promote the need to avoid STIs.** This should include verbal and written information and should be reinforced after fitting. This includes warning that the device will not protect against STIs. 19. **Provide appropriate information to promote contraception** to ensure informed choice as per NICE LARC guidelines. This should include oral and written information on the Sub-Dermal Implants and alternative options. Information and counselling concerning the SDI should be provided including details of the actual procedure for fitting and removal; its efficacy, follow-up, the longevity of the device, risks and possible side effects; symptoms which require urgent assessment; disadvantages and arrangements for removal. Clients wanting alternatives not available with the provider should be signposted to other services. 20. **Consent**. Informed consent should be given by the woman prior to insertion and recorded in the notes. 21. The Provider will ensure this service is provided in compliance with Fraser guidance[[3]](#footnote-3)and Department of Health guidance on confidential sexual health advice and treatment for young people aged less than 16 years[[4]](#footnote-4). Providers participating in the scheme **MUST** adhere to this child protection guidance. Further guidance is provided in the safeguarding section below. 22. **Ensure effective assessment and follow up.** Routine annual checks are not required; however arrangements should be in place to review clients experiencing problems in a timely fashion. Arrangements should be in place to ensure timely access for women requesting removal of the implant for any reason including problems or at expiry of device. The implant should be removed or replaced within three years. 23. **Provide appropriate verbal and written information** on the device, appropriate follow-up, longevity of the device, and those symptoms that require urgent assessment. 24. **Provide appropriate verbal and written information** on self-checking the device, follow-up, longevity of the device, and those symptoms that require urgent assessment. 25. **Ensure there** **are adequate backup / contingency plans** in place for the continued provision of the service in the event of breakdown if equipment, key staff absence or supply chain problems. 26. **Audit** (at least annually) of all sub dermal contraceptive implants and removals carried out during the relevant period. 27. **Provision of Information**. Provide the commissioner - Nottingham City Council with such information as it may reasonably request for the purpose of monitoring performance and the contractors obligations under the Contract.   Reimbursement for the provision Nexplanon  Where Practices are classified as non-dispensing), they are not able to claim re-imbursement for Nexplanon® (formerly Implanon®) implants as they are not listed within the GMS Statement of Entitlement as personally administered. Therefore, Practices are not able to claim back the cost of Nexplanon® through an FP10 submission to the NHSBSA (NHS Business Services Authority).  Practices would need to issue an FP10 prescription to the patient for the implant. This would need to be dispensed at a community pharmacy before the patient’s appointment to have it fitted. The prescription could be collected by either the patient or a member of the practice staff, however practices are best placed to determine such specific arrangements locally and what works best in terms of issuing and dispensing such prescriptions.  **3.3 Evaluation**  The provider shall ensure that the service is evaluated on an ongoing basis, to ensure it is operating effectively. This ongoing evaluation must cover all aspects of the service. The provider will be expected to plan a full programme of evaluation, including feedback from service users and partner agencies.  The Provider shall also work with the Commissioner, if required, to agree an evaluation framework and timetable. The Provider must make all evaluation data available to the Commissioner if requested within an agreed timeframe. The Provider is responsible for ensuring that appropriate information governance procedures are followed in respect to any service user data.  **3.4 Population covered, eligibility and exclusion criteria, target groups**   1. Female population 2. The service may be provided to both registered patients and patients registered with other City practices. For non-registered patients, the GP Provider must ensure that the patient’s registered practice is given all appropriate clinical details for inclusion into the patient’s notes; after obtaining explicit consent from the patient.   **3.5 Access and referral sources (include self-referrals if relevant, and marketing)**  Self-referral to a General Practice. |
| **4. Applicable Service Standards** |
| 4.1 Applicable national standards e.g. NICE  **Quality Standards**  The principles are set out in guidance from:   * DH (2013) A Framework for Sexual Health Improvement in England. Available at: <https://www.basw.co.uk/resources/framework-sexual-health-improvement-england> * Department of Health (2011).You’re Welcome: Quality Criteria for Young People Friendly Health Services (<https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services>) * DH (2010) Clarification and Policy Summary - Decontamination of Re-Usable Medical Devices in the Primary, Secondary and Tertiary Care Sectors (NHS and Independent providers) * Disclosure and Barring Service (DBS) information available at: <https://www.gov.uk/disclosure-barring-service-check/overview> * FSRH (2014) Quality Standards for Contraceptive Services. Available at:   <https://www.fsrh.org/standards-and-guidance/documents/fsrhqualitystandardcontraceptiveservices/>   * FSRH (2013) Service Standards for Sexual and Reproductive Healthcare * FSRH (2012) Service Standards on Confidentiality * FSRH Clinical Guideline: Contraceptive Choices for Young People (March 2010, amended May 2019) file:///C:/Users/ubhatt/Downloads/fsrh-guideline-contraception-young-people-may-2019%20(1).pdfMedFASH (2005) Recommended Standards for Sexual Health Services. Available at: <http://www.medfash.org.uk/uploads/files/p17abl5efr149kqsu10811h21i3tt.pdf> * NICE (2014 and 2005) Long-acting Reversible Contraception Guidelines. Available at:: <http://www.nice.org.uk/Guidance/CG30/Evidence> * NICE (2012) Infection: prevention and control of healthcare-associated infections in primary and community care * NCSP Standards Core Requirements. Available at: <https://www.gov.uk/government/publications/ncsp-quality-assurance-qa-framework> and   <https://www.gov.uk/government/publications/ncsp-standards>  4.2 Applicable local standards  **Clinical and corporate governance**  *Please note: The contract to provide the service applies to individual named practitioners only.*  The professional/Practice will be required to report all significant incidents relating to the  service to the Contracts Team at Nottingham City Council. In addition, the Practice should contact their local NHS England area team (recognising NHS England commission GP services) and seek advice as appropriate.  The professional/Practice will undertake Significant Event Analysis of incidents (relating to the service) and demonstrate learning from incidents to the commissioner within agreed timescales.  It is the responsibility of the Practice to:   * Continually improve the quality of service delivery, for example, in response to audit (undertaking and completing the audit cycle), user and staff feedback (complaints, compliments, suggestions) and incidents. * Continually review and be aware of relevant new and emerging guidance and recommendations and take the appropriate steps to assess and improve services to achieve current best practice. * During the term of this specification fully co-operate in reviewing and improving/re-designing services at the request of the Commissioner, to include improving quality and performance monitoring. * Ensure that appropriate professional standards are maintained, updated and validated through clinical supervision and provision of relevant training to support reflective practice and CPD.   **Accreditation**  Accreditation must be approved by Nottingham City Council before the named practitioner can provide the service. All relevant staff engaged in the undertaking of these services are (where applicable) appropriately accredited and Enhanced DBS (formally CRB) cleared to the requirements of this service specification and conditions of this contract. As part of the contract management / audit process, evidence and/or assurance of this may be requested.  **Each GP** undertaking the insertion and removal of SDIs must have undertaken appropriate training, and meet the following accreditation criteria:   * Valid GMC registration * Hold an in date FSRH (Faculty of Sexual and Reproductive Healthcare) Letter of Competence in Sub-Dermal **Contraceptive Techniques** (LoC SDI) and meet the requirements for revalidation <https://www.fsrh.org/home/>   **Each nurse** that is undertaking insertion and removal of SDIs must have undertaken appropriate training, and meet the following accreditation criteria:   * Valid NMC registration * Hold a RCN Letter of Accreditation for **Sub-Dermal Contraceptive Techniques**; or hold an in date FSRH (Faculty of Sexual and Reproductive Healthcare) Letter of Competence in Sub-Dermal **Contraceptive Techniques (LoC, SDI)** and meet the requirements for revalidation <https://www.fsrh.org/home/>   **NOTE:** In line with Faculty of Sexual and Reproductive Healthcare (FSRH) standards and guidelines each practitioner should carry out a minimum of 6 procedures (at least 1 fitting and 1 removal per year).  **Training**  It is the responsibility of the individual practitioner to source the appropriate training as detailed in this document and by the FSRH (Faculty of Sexual and Reproductive Healthcare). NB: Training requirements will be subject to change in line with Faculty of Sexual and Reproductive Healthcare guidance.  **Evidence of maintaining competence during 5-year period**  Practitioners providing the SDI LCPHS may be expected to provide evidence of maintaining competence in line with the requirements for the FSRH LoC IUT and recommendations within NICE Clinical Guidance 30 – Long Acting Reversible Contraception (Updated 2019).  Please refer to the NICE website for guidance:  <https://www.nice.org.uk/guidance/cg30?unlid=3413043052015121192257>  And the short version at:  <https://www.nice.org.uk/guidance/cg30>  Practitioners must also gain the necessary continual practice development points and gain other requirements necessary for recertification. Competencies can be audited on a yearly basis.  The Practice should also ensure they are as young person friendly as possible. Minimum training requirements are ‘*You’re Welcome’* training. The practice will also ensure that the health professional has received training on communicating with young people and Local Young People Friendly Guidance which is referred to as *‘You’re Welcome’*; which sets out the principles to help both commissioners and service providers to improve the suitability of NHS and non-NHS health services for young people. Details can be found at [www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services](http://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services)  **Safeguarding**  Local guidance on protection of vulnerable adults is available at:  <https://www.nottinghamcity.gov.uk/ncaspb>  National guidance on child protection ‘DfE (2015) Working together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children. HM Government’. Is available at: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>  There is further national guidance from RCPCH (2014) Safeguarding Children and Young People: roles and competencies for health care staff (2014). Intercollegiate document. Royal College of Paediatricians and Child Health. Available at <https://www.rcpch.ac.uk/sites/default/files/Safeguarding_Children_-_Roles_and_Competences_for_Healthcare_Staff._Third_Edition_March_2014.pdf>  Local guidance on child protection is available at:  <http://www.nottinghamcity.gov.uk/children-and-families/are-you-worried-about-a-childs-well-being/>  Local safeguarding children procedures. Available at <https://www.nottinghamcity.gov.uk/ncscp>  **Professionals with a child safeguarding concern – Nottingham City**  Children and Families Direct is the single point of access for support and safeguarding services within Nottingham City.  Telephone: 0115 876 4800 Email: [candf.direct@nottinghamcity.gcsx.gov.uk](mailto:candf.direct@nottinghamcity.gcsx.gov.uk) Fax: 0115 876 2927  Children and Families Direct is operational Monday to Friday 8:30am to 5:00pm.  **Outside of these hours the telephone number should be used for emergency safeguarding enquiries only.**  **To make a Child Safeguarding Referral:**  A Multi-Agency Referral form is available for professionals wanting to make a referral to Nottingham City Council Children's Services. Please find a copy of the template on the [website](http://nottinghamshirescb.proceduresonline.com/files/multi_agency_referral_form.docx) (<http://nottinghamshirescb.proceduresonline.com/files/multi_agency_referral_form.docx>)  Once completed send by secure email to: [candf.direct@nottinghamcity.gcsx.gov.uk](mailto:candf.direct@nottinghamcity.gcsx.gov.uk)  **Note: Where there are concerns regarding a young person**, there is always a Safeguarding / Paediatric Consultant on call at Nottingham University Hospitals (NUH) who can offer advice with regard to safeguarding issues. During office hours of 9-5, telephone 0115 875 4595. Outside of standard office hours, please telephone the main QMC switchboard on 0115 924 9924 and ask to speak with the on-call Safeguarding / Paediatric Consultant.    Providers may need to share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for permission of the client to share the information.  **Serious Incidents (SUIs)**  General Practice are required to have a robust incident reporting and investigation procedure in place  for all clinical and non-clinical incidents, including those detailed in the terms and conditions of the  Contract.  All SUIs must be recorded and reported to the commissioner as set out in Appendix E and also to NHS England in line with your GP contract.  **Safety Alerts**  General Practice must ensure that they are aware of any safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), Estates, and National Patient Safety Agency (NPSA) that apply to any equipment or patient safety concerns associated with this LCPHS and that these are acted upon. Details of action taken must be reported back to Nottingham City Council.  Safety alerts are emailed to general practices and details can also be found at <http://www.mhra.gov.uk/index.htm> and [http://www.npsa.nhs.uk/](http://www.npsa.nhs.uk/%20)  **Infection control and Hygiene**  In March 2013 GP practices were asked to register with the Care Quality Commission in terms of their compliance with the Health and Social Care Act (2008): *Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance.*  It is vital that all staff working within General Practice demonstrate good Infection Prevention and Control in accordance with the Act. In order to register successfully with the Care Quality Commission and meet the requirements of this specification, practices will need to have in place the following:   * Systems to manage and monitor the prevention and control of infection. * Systems to provide and maintain clean and appropriate environments. * Information available for patients and relatives concerning infections. * Training for all staff in the prevention and control of infections. * Policies and procedures in accordance with those listed in the Health and Social Care Act (2008).   In order to facilitate successful registration practices and continue to provide this service, should participate in the annual infection control audit process which will involve a formal audit of the environment and practice every 2 years. The practice will be responsible for developing a plan to address the actions raised by the audit and for monitoring progress against these actions. This service will not be commissioned from practices that do not meet the minimum standards for infection control.  **Service Audit**  Nottingham City Council may request an audit of activity for this LCPHS to substantiate the practices claims. This audit will assess whether information recorded in the quarterly claim form (see appendix G) can be appropriately validated. General Practice should design their data collection to reflect these requirements as they may be asked to provide supporting evidence to Nottingham City Council’s Contracts team.  In addition it is the responsibility of the Provider to:   * Continually improve the quality of service delivery, for example, in response to audit (undertaking and completing the audit cycle), user and staff feedback (complaints, compliments, suggestions) and incidents. * Continually review and be aware of relevant new and emerging guidance and recommendations and take the appropriate steps to assess and improve services to achieve current best practice. * Ensure that appropriate professional standards are maintained, updated and validated through clinical supervision and provision of relevant training to support reflective practice and CPD. * During the term of this specification fully co-operate in reviewing and improving/re-designing services at the request of the Commissioner, to include improving quality and performance monitoring.   **Equality and Diversity**  Nottingham City Council is committed to promoting equality, valuing diversity and addressing inequalities. It is the responsibility of the provider to ensure they undertake activity which values equality and diversity.  **Monitoring Data (Demographics)**  **Ethnicity**  The Provider must record the patient’s ethnicity. This information must be submit to the City Council on the quarterly ‘Claim Form’. This information will be used for evaluation purposes and to inform future commissioning  The Provider must record the patient’s age (as grouped below) and the council ward in which the patient resides. This information must be submit to the City Council on the quarterly ‘Claim Form’. This information will be used for evaluation purposes and to inform future commissioning.  **Age Groups**:  13-15 years  15-17 years  18-24 years  25 -44 years  45 and over  **Social Value**  Nottingham City Council is focussed on reducing disadvantage and poverty by ensuring local residents are supported in accessing local employment and training opportunities and has created an Employer Hub in partnership with the DWP to help facilitate this.  The Providers who are part of Nottingham City Council’s accreditation list to provide Locally Commissioned Public Health Services have access to all the Employer Hub recruitment and training services for **free** and they can be contacted on 0115 8762907. Further details of the Hub’s services are outlined in Appendix 5. |
| **5. Location of Provider Premises** |
| **The Provider’s Premises are located at:**  The service will be delivered from General Practices premises located within Nottingham City Council geographic boundary, who have completed and signed the service specification for this service. Address as stated in the Services Contract. |
| **6. Required Insurances** |
| **Insurances and levels of cover required**  The Provider will have an appropriate level of Employers’ Liability Insurance, Public Liability Insurance, Professional Indemnity Insurance and Product Liability Insurance as set out in clause C3.1 of the contract. |
| **7. Monitoring & Information Reporting Requirements** |
| The Provider shall supply information on the performance and delivery of services to Nottingham City Council as detailed in the table below:   |  |  |  |  | | --- | --- | --- | --- | | **Performance Indicator** | **Method of Measurement Reporting Method** | **Annual Target** | **Frequency of Reporting** | | Demographic data to include   * Ethnicity * Residency – Ward * Age | Details to be reported on a standard claim form (Appendix G) | Actual Number | Quarterly | | Number of SDI insertions made in the quarter – **Registered Patients** | | Number of SDI insertions made in the quarter – **Non-registered Patients** | | Number of removals in the quarter (where this does NOT involve an insertion at the same time) – **Registered Patients** | | Number of removals in the quarter (where this does NOT involve an insertion at the same time) **Non-registered Patients** | | Number of removal and fitting at the same session per quarter – **Registered Patients** | | Number of removal and fitting at the same session per quarter – **Non-registered Patients** | |  | | | | | Serious Untoward Incidents | Serious Incident reporting form (Appendix E – SI(1)) | N/A | Immediately to:  [contracts@nottinghamcity.gov.uk](mailto:lcphs@nottinghamcity.gov.uk) |   Information monitoring will include quality and safety information required under the terms and conditions of the contract and should evidence that appropriate local delivery protocols are in place.  It is important to continually monitor the service provision and actively report any unresolved issues to Nottingham City Council. Adverse incident reports and unresolved complaints must be brought to the attention of Nottingham City Council and this may involve discussion between the Local Authority and the service provider. |
| **8. Charges** |
| This agreement is to cover the period from 1 April 2022 – 31 March 2031 (3+3+3 with annual review)   |  |  | | --- | --- | | **SUB DERMAL IMPLANTS SERVICE** | **Payment** | | **Sub Dermal Implants – own patients** |  | |  |  | | Number of insertions made in the quarter | £45 per fitting | |  |  | | Number of removals in the quarter | £45 per removal | |  |  | | Number of insertion and removal in the same session per quarter | £70 for insertion and removal | |  |  | | **Sub Dermal Implants – non registered patients** |  | |  |  | | Number of insertions made in the quarter | £45 per fitting | |  |  | | Number of removals in the quarter | £45 per removal | |  |  | | Number of insertion and removal in the same session per quarter | £70 for insertion and removal |   The Provider must complete in full a quarterly claim form (see Appendix G) detailing the number of services delivered and returned within agreed timescales. Full auditable records must be kept in the Practice of any claims made. The commissioning body may perform monitoring visits to practices and reserves the right to reclaim any amounts paid that are not fully evidenced. Please note that these records may be examined for verification purposes either as part of the annual review or at any other notified time.  Nottingham City Council reserves the right to cap payments or activity if the budget for this LCPHS is exceeded at any point during the year. |

1. https://www.statista.com/statistics/573196/uptake-long-acting-reversible-contraceptives-in-england/ [↑](#footnote-ref-1)
2. https://www.guidelinesinpractice.co.uk/womens-health/nice-guidance-will-raise-awareness-of-long-acting-reversible-contraception/300722.article [↑](#footnote-ref-2)
3. Fraser Guidelines – based on a House of Lords Ruling; A health professional can give advice or treatment to a person under 16 without parental consent providing they are satisfied that:

   * The young person will understand the advice;
   * The young person cannot be persuaded to tell his or her parents or allow the doctor to tell them that they are seeking contraceptive advice;
   * The young person is likely to begin or continue having unprotected sex with or without contraceptive treatment; and
   * The young person's physical or mental health is likely to suffer unless he or she receives contraceptive advice or treatment.

   [↑](#footnote-ref-3)
4. Guidance available at [Contraceptive services for under 25s | 1-Recommendations | Guidance and guidelines | NICE](https://www.nice.org.uk/guidance/ph51/chapter/1-recommendations) (https://www.nice.org.uk/guidance/ph51/chapter/1-recommendations). [↑](#footnote-ref-4)