Public Health England

Doncaster Metropolitan Borough Council

Sexual Health: Gaining Consensus for a Regional Approach to Long Acting Reversible Contraception (LARC)

Sharron Ainslie, Sexual Health Facilitator, PHE YH
Dr Amy Booth, Public Health Improvement Co-ordinator, Doncaster LA

Public Health England

Background

Doncaster Metropolitan Borough Council

- Since 2013 Local Authorities (LA's) mandated to commission comprehensive open access Sexual Health Services, including the provision of Long Acting Reversible Contraception (LARC) in Primary Care for contraceptive purposes.
- PHE; Local Health and Care Planning; menu of preventative interventions. (November 2016). Focuses on access to LARC and the delivery of a training programme to healthcare professionals
- LA Commissioners are required to seek assurance from providers that appropriate Clinical Governance arrangements are in place.
- LA Commissioners may commission sexual health services directly from the primary care provider (general practice) or use a prime provider model *(where specialist sexual health provider is commissioned to sub contract with other providers e.g., general practice).*

Public Health England

Long Acting Reversible Contraception; NICE Guidelines (2015)

Doncaster Metropolitan Borough Council

- Women requiring contraception should be given information about and offered a choice of all methods, including long-acting reversible contraception (LARC) methods.

- Contraceptive service providers should be aware that:
  - Currently all available LARC methods (intrauterine devices, the intrauterine system, injectable contraceptives and implants) are more cost effective than the combined oral contraceptive pill even at 1 year of use
  - Intrauterine devices, the intrauterine system and implants are more cost effective than the injectable contraceptives
  - Increasing the uptake of LARC methods will reduce the numbers of unintended pregnancies

Public Health England

NICE Guidelines; continued

Doncaster Metropolitan Borough Council

- Healthcare professionals advising women about contraceptive choices should be competent to:
  - help women to consider and compare the risks and benefits of all methods relevant to their individual needs;
  - manage common side effects and problems.

- Contraceptive service providers who do not provide LARC within their own practice or service should have an agreed mechanism in place for referring women for LARC.

- Healthcare professionals providing intrauterine or subdermal contraceptives should receive training to develop and maintain the relevant skills to provide these methods.

Public Health England

LARC Training Programme

Doncaster Metropolitan Borough Council

- To be able to fit a LARC Practitioners need additional training and must pass competencies:
  - Faulty of Sexual and Reproductive Health (FSRH)
  - Post Graduate Nurse training
  - Specialist clinic sign off on observed practice
  - Local letters of competence
  - “Grandfather rights”
- Considerations;
  - FSRH means additional costs to the practice or practitioner
  - Reduction in funding from Health Education England (HEE) has impacted on the availability of post graduate courses
  - Specialist clinic sign off but unsure of theoretical training
  - “Grandfather rights” means no evidence of training

Public Health England

Why a regional approach?

Doncaster Metropolitan Borough Council

- Sexual health commissioners highlighted specific concerns:

Clinical Governance

- Assurance of safe, high quality care for patients accessing LARC in primary care

Quality Assurance

- Practitioners are competent and fit to practice in accordance with NICE and FSRH guidelines

Contract Monitoring

- Safe systems are in place, with evaluation and audits on practitioner competency

Cost effectiveness

- Review LARC uptake and contract costs within each LA and review across YH

Workforce development and training

- Collaboration with Pharma to provide funding for regional training days
- Identified a risk in the low numbers of Specialist Registrars in Sexual and Reproductive Health in region

Public Health England

What did we do….

Doncaster Metropolitan Borough Council

- Gained consensus of what level of training requirements were needed to meet the quality criteria, outlined by NICE and FSRH
- Met with HEE to understand current level of training in region
- Met with Lead Clinicians and the Faculty to seek opinions and guidance
- Mapped out individual LA concerns and costs
- Created a portfolio of supporting documents
- Met with Pharma to discuss sponsorship of regional training programme
- Planned a pilot roll-out using Doncaster LARC Working Group

Public Health England

Opportunities

Doncaster Metropolitan Borough Council

Collaboration

- At a regional level, offers consistency and quality assurance across Y&H for LARC
- National interest in Speciality Workforce
- Closer working relationships with the Faculty

Regional Development

- Opportunity to build a portfolio of documents to support both commissioning and provider work-streams
- Support for smaller LA with no clinical SRH leadership
- Regional training day, providing consistent learning outcomes

LA Pilot

- Provides real time feedback
- Shared learning

Public Health England

Challenges

Doncaster Metropolitan Borough Council

Loss of service

- Understanding potential impact of the proposed changes if existing practitioners do not move away from “Grandfather rights”

Timescales

- Individual LAs holding pre-existing contracts and arrangements

Funding

- Cost to General Practice and/or Practitioner to renew qualification to insert LARC
- Cost to Pharma if the demand for training days exceeds the supply

Partnerships

- Local Medical Committee
- Primary Care
- FSRH
- HEE

Public Health England

Doncaster

Doncaster Metropolitan Borough Council

Local context:

- Prime provider model - Integrated Sexual Health Service commissioned to subcontract Primary Care for the provision of LARC
- LA contracts with Primary Care therefore ceased in March 2015 and new contracts with ISHS started April 2015
- Concerns grew and matched those raised by other regional commissioners

Public Health England

LARC Working Group

Doncaster Metropolitan Borough Council

- Doncaster set up LARC Working Group to look at what we could do locally to improve provision
- Group includes representatives from LA, ISHS, Young Peoples Health and Wellbeing Service, Primary Care, LMC and PHE; Pharma opt in where appropriate.
- Made sense to act as a pilot site for the Y&H standard approach to LARC in Primary Care
- Positive response to standard approach although concerns over GPs with “Grandfather rights”; looking at how best to approach this, together with funding and time restraints.
- LMC supportive and see benefit to GPs; key facilitator

Public Health England

Doncaster Pilot next steps.

Doncaster Metropolitan Borough Council

- LA completing audit to identify how many GPs/practice nurses are not faculty trained and where they are based
- Amending template documents to “highly recommend” instead of “compulsory”, with 2 year leeway and local certificate of competency, not just Faculty LOC.
- PHE attending South Yorkshire Faculty meeting to seek feed back on standard regional approach
- Open and transparent communication will be key
- Sub-regional leads to facilitate rolling training days across South Yorkshire; 3 a year and they must do one every five years

Public Health England

Doncaster Metropolitan Borough Council

Workshop discussion; Share learning, barriers and achievements.

1. Is this a familiar scenario to you?
2. Have you undertaken Quality Assurance for a specific training requirement?
3. Do contract monitoring arrangements cover healthcare professionals competencies?
4. Working with General Practice

Public Health England

Doncaster Metropolitan Borough Council

Thank you for listening and contributing

Sharron.ainslie@phe.gov.uk

Amy.booth@doncaster.gov.uk