

Service Specification Template – 2024/25

Service Name & Number	Universal Offer – Intrauterine System (IUS) for Menorrhagia & HRT for Menopause UO5IUSMENORRHAGIA&HRT
Population and / or geography to be served	The service shall be available to all patients registered with a GP Practice within the agreed Primary Care Network (PCN) to whom the commissioner is responsible for providing services to.
Service aims and desired outcomes	<p>The Provider shall record all activity using the Universal Offer clinical template.</p> <p>Aims and objectives of service</p> <ul style="list-style-type: none"> • Service Users have access to IUS coil fitting in the management of menorrhagia and HRT for menopause within primary care. • To reduce the number of secondary care referrals to Gynaecology for IUS coil fittings for the clinical indication of menorrhagia and HRT for menopause
Service description and location(s) from which it will be delivered	<p>Service description/care pathway</p> <ul style="list-style-type: none"> • To provide a fitting, checking and removal service where the IUS coil has been indicated in the treatment of menorrhagia or HRT for menopause. Only IUS licenced for these indications is to be used. • The Provider shall undertake an initial telephone consultation for patients referred to the service. This will include assessment, patient history and counselling of side effects and consequences of treatment with a clear opportunity for patients to ask questions about IUS • The Provider shall fit, follow up and remove the IUS as appropriate. Only practitioners who hold a current Letter of Competence in intrauterine techniques will be able to provide the service. Where a GP has been fitting coils for a number of years however does not have a letter of competence this is covered under GPs appraisals and revalidation if the GP is not currently working under the guidance of a consultant. • The Provider shall advise women as to signs and symptoms of infection, perforation and expulsion • The Provider shall undertake an assessment of the fitting and a routine follow-up visit can be advised after the first menses following insertion of IUS or 3-6 weeks later. The provider shall undertake the 6 week follow up assessment by telephone in the first instance, with face to face review taking place when required • Any problems such as abnormal bleeding or pain should be assessed as a matter of urgency by the patient's GP if acute • The Provider shall ensure written information has been provided to the patient at the point of referral, time of counselling and reinforced after fitting. Information shall include follow-up procedures and those symptoms that require urgent assessment • An assessment for STI risk and swab where clinically indicated (as per FSRH guidance) should be undertaken by the referring GP prior to the referral being made and before the referral is accepted by the Provider. In the event a patient attends for an IUS insertion and the provider suspects there may be an STI risk, FSRH guidance must be adhered to. • The Provider shall gain written consent from the patient prior to insertion • The Provider shall produce and maintain an up to date register of all patients fitted with an IUS device. This needs to include:

	<ul style="list-style-type: none"> ❖ Name of the patient ❖ NHS number ❖ Date of birth ❖ Device fitted ❖ Batch number ❖ Expiry date, ❖ Name & designation of the person completing the procedure <p>The register will also record if there were any problems with the insertion/removal and any follow up actions and referrals to other services.</p> <ul style="list-style-type: none"> • The Provider shall ensure that the service is delivered from approved practice premises with the provision of adequate equipment. Equipment required for the IUS fitting includes an appropriate room fitted with a couch and with adequate space and equipment for resuscitation (as required within GP practices). A variety of vaginal specula, cervical dilators, and any other appropriate equipment also needs to be available • The Provider shall record all activity using the Universal Offer clinical template <p>Sterilisation & Infection prevention control: Although LARC procedures have a low incidence of complication, it is important that practices providing the procedures listed in this specification operate to the highest possible standards. Practices must use one of the following arrangements for sterilisation:</p> <ul style="list-style-type: none"> • Disposable sterile instruments • Sterile packs/instruments • Approved sterilisation procedures that comply with national guidelines as needed <p>The service is available to patients registered with the GP practice or to another practice within the Primary Care Network.</p>
Service Model	<p>Any acceptance and exclusion criteria and thresholds</p> <p>The following exclusion criteria apply:</p> <ul style="list-style-type: none"> • Women who have red flags i.e. symptoms that suggest a more sinister pathology requiring urgent investigation • Women who wish to have this treatment for heavy menstrual bleeding as first line without other options being considered • The use of IUS within this specification is for the treatment of menorrhagia and HRT for menopause. Contraceptive indications is outside the scope of this service. IUS can be used where there is a dual diagnosis, i.e. endometrial protection for patients prescribed hormone replacement therapy. <p>Before a patient is referred to this service the registered GP will have:</p> <ul style="list-style-type: none"> • Discussed the most appropriate method of treatment with the patient based on medical evidence and clinical guidelines • Arranged Ultrasound Scan if an abdominal examination suggests a mass, pressure, urge incontinence / urinary frequency or a difficult examination • Recorded the information in the patients record
Tariff	<ul style="list-style-type: none"> • £255 pathway price (consultation, fitting, checks and removal at later date)

	<ul style="list-style-type: none"> £45 removal (if device not fitted in practice as part of a pathway arrangement, i.e. fitted by another practice / provider and patient not having a replacement)
Reporting and Payment	<p>You are required by the ICB to use UO resources provided by the ML Data Quality Team to support the recording of patient data and reporting for the UO services.</p> <p>A clinical template written by ML Data Quality Team (DQT) has been provided for recording patient data for services delivered as part of the Universal Offer (UO). The template has been validated by ICB clinical leads and built to ICB service specifications to support the UO service pathway. The clinical template will also help to demonstrate that the UO specified pathway has been used to deliver patient care.</p> <p>Using the clinical template will ensure the UO searches and claim reports (provided by the DQT) are populated correctly and submitted claims can be validated by the ICB against reports the ICB receive from the Data Quality Team. Where payment is made via RTP files, the report provided to the ICB will assist the ICB to validate the expected activity levels from the provider for that UO service.</p> <p>For EMIS practices the UO clinical templates are published centrally via Resource Publisher and will be maintained and updated by the DQT as and when required and will also reflect any Snomed code changes that may be required. Associated searches and reports will be updated where necessary and made available for use and practices will be notified of updates. For TPP S1 practices, the clinical templates are maintained and updated for you by your Data Quality Specialist.</p> <p>Various guidance documents to support using the resources provided by the ML DQT for the UO services are available from the GP365 website Universal Offer (sharepoint.com) or you can contact your Data Quality Specialist for any queries regarding use of the DQT resources or any training requirements related to use of the UO clinical templates or UO searches & reports.</p> <p>If the activity is not coded correctly, it will not be paid for.</p>
Review Date	January 2027
Termination Notice Period	3 years with a six-month notice period for termination. The service specification will be subject to regular review.
Applicable quality requirements and Accreditation Requirements	<p>Applicable national standards (e.g. NICE)</p> <ul style="list-style-type: none"> Heavy Menstrual Bleeding: http://www.nice.org.uk/nicemedia/pdf/CG44FullGuideline.pdf HRT for Menopause: https://cks.nice.org.uk/topics/menopause/prescribing-information/hormone-replacement-therapy-hrt/ <ul style="list-style-type: none"> The levonorgestrel-releasing intrauterine system (LNG-IUS, Mirena®) is an alternative route of delivery of progestogen, which provides endometrial protection locally, resulting in low systemic levels of levonorgestrel. It may be useful in women: <ul style="list-style-type: none"> With persistent progestogenic adverse effects from systemic HRT. With troublesome or heavy withdrawal bleeds taking cyclical HRT. Contraception is needed along with HRT. See the section on Information and lifestyle advice for more information.

- Note: women may use a Mirena® levonorgestrel-releasing intrauterine system (LNG-IUS) with oestrogen for up to 5 years for endometrial protection, as part of an HRT regimen (licensed for 4 years but may be used for up to 5 years off-label). Women using Mirena® for this purpose must have the device changed every 5 years [FSRH, 2019].

Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

- Best practice should be followed for the insertion of intrauterine device as outlined in The Faculty of Sexual and Reproductive Health care clinical guidance on intrauterine contraception 2015, amended 2019 <https://www.fsrh.org/standards-and-guidance/documents/ceuguidanceintrauterinecontraception/>
- Resuscitation guidelines are adhered to: <https://www.fsrh.org/documents/service-standards-for-resuscitation-in-sexual-and-reproductive/service-standards-for-resuscitation-in-sexual-and-reproductive-healthcare-services-august-2016.pdf>

Applicable local standards

The Provider will ensure:

- 100% of practitioners providing the service to hold current FSRH (or RCN) Letters of Competence in Intrauterine Techniques (LoC IUT)
- Each practitioner providing this service to have completed at least 12 insertions per annum (If GPs are providing IUCD/IUS services with another commissioner, the practice can count those procedures towards the minimum requirement per year)
- The Provider shall ensure the patient has undertaken all relevant examinations prior to accepting the referral
- The Provider shall ensure the patient waits no longer than 6 weeks following referral for an IUS (as long as all appropriate examinations have been completed) and:
- Will need to ensure the patient is appropriately counselled about timing of cycle/bridging contraception
- The Provider shall be able to demonstrate the delivery of patient choice when any referral to secondary care is necessary following consultation
- The Provider shall discharge the patient back to the referring GP following the 6 week review. The Provider shall be responsible for ensuring the referring GP is sent a comprehensive typed summary letter outlining advice for on-going care