Part 9 Contraceptive Implant Fitting and Removal

Introduction

1. This paper sets out the specification for an Enhanced Service for fitting and removal of the etonogestrel subdermal implant (ENG-IMP), used as a method of long-acting reversible contraception (LARC).

Background

2. The ENG-IMP is a long-acting reversible method of contraception, currently licensed for 3 years. It is highly effective and has been shown to have a failure rate of 0.05% in the first year of use[1].

   (i) The ENG-IMP is a single-rod subdermal contraceptive implant that releases the progestogen etonogestrel (ENG). Nexplanon® is the brand licenced for use in the UK.

   (ii) The FSRH supports use of the ENG-IMP from menarche until age 55 years (the product licence is for use between 18 and 40 years)[1].

   (iii) There are few medical conditions that contraindicate ENG-IMP use as defined in the UK Medical Eligibility Criteria for Contraceptive use (UKMEC). A drug history is required to identify any potential drug interactions[1].

   (iv) Weight or BMI has not been shown to affect the contraceptive effectiveness of the ENG-IMP[1].

   (v) The FSRH guidance outlines recommendations for assessment and counselling of individuals prior to use of ENG-IMP[1].

   (vi) The FSRH recommends that ENG-IMP should only be inserted and removed by Health Care Professionals trained in these techniques[1].

   (vii) The ENG-IMP is highly cost-effective when compared to the use of oral or no contraception[1].

1. FSRH Guideline (February 2021) Progestogen-only Implant

2. Insertion, removal and monitoring should be in line with the most up-to-date Nexplanon® Summary of Product Characteristics guidance. https://www.medicines.org.uk/emc/product/5720/smpc#gref

Aims

3. The aims of this service are to:

   (i) ensure that the full range of contraceptive options are provided by General Practice to patients, supporting the Scottish Government aim of providing care close to home.

   (ii) Increase availability and access to contraceptive implant fitting and removal within Primary Care.

Service outline

4. This enhanced service includes:

   (i) **Counselling, fitting, managing side effects and removing ENG-IMP** in accordance with the product licence with reference to the Summary of Product Characteristics (SmPC)[2].

   (ii) **Production of an up-to-date register of patients** fitted with ENG-IMP. This will include all patients fitted with ENG-IMP, whether fitted in primary or secondary care, to facilitate clinical audit.

   (iii) **Practitioners to undertake regular continual professional development (CPD)** in the topic of sexual health.

   (iv) **Provision of adequate equipment.**

   a. An appropriate room fitted with an examination couch, adequate lighting, space and equipment for resuscitation.

   b. Hand washing facilities, sterile consumables and instruments.

   c. Medical devices that come into contact with the patient must either be “single use” or be reprocessed at the Central Decontamination Unit (CDU) at Ayrshire Central Hospital. Local decontamination of these devices is not permitted. Re-use of Single Use devices is not permitted under any circumstances.

   d. Practices must implement all relevant Infection Control policies contained in the NHS Ayrshire and Arran Control of Infection Manual.

   e. An appropriately trained person must be immediately available within the premises to provide support in the event of an emergency.

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(v) **The provision of public health information** on safer sex practices and appropriate **sexual health screening** where indicated.

(vi) **History taking.** To ensure that the contraceptive implant is the most appropriate method of contraception based on medical evidence, locally recognised clinical guidelines and patient choice.

(vii) **Provision of information.** Appropriate verbal and written information about all contraceptive options should be provided at the time of counselling to ensure informed choice, including effectiveness, duration of use, side effects, complications and those symptoms that require urgent assessment.

(viii) **Follow up.** Routine annual checks are not required. However, arrangements should be in place to review clients experiencing problems in an appropriate manner. Mechanisms should be in place to ensure timely access for women requesting removal of the implant for any reason, including problems or the expiry of the device.

(ix) **Production of an appropriate clinical record.**
Adequate recording should be made regarding the patient's clinical, reproductive and sexual history; the counselling process; STI screening if applicable; the insertion or removal procedure; the type and batch number and expiry date of the device, advice about additional contraceptive requirements and follow-up pregnancy testing if indicated[1].

If the patient is not registered with the provider of the enhanced service, 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.

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Governance

5. **Practitioners undertaking these procedures should have undertaken appropriate training.**

   (i) Training should be based on modern, authoritative medical opinion, for example, the current requirements set down by the Faculty of Sexual & Reproductive Healthcare (FSRH) for the Letter of Competence in Sub-dermal implants (LoC-SDI) or the West of Scotland MCN Implant training.

   (ii) Training should involve demonstration of clinical skills in counselling for implants, knowledge of issues relevant to implant use, problem management and observation of insertion and removal, followed by supervised insertion and removal to achieve competence.

   (iii) It is recommended that a minimum of one health care professional working within the practice providing the ES holds a current FSRH LoC SDI.

   (iv) Reaccreditation / recertification or skill maintenance is expected in accordance with modern, authoritative medical opinion, for example, the current requirements set down by the Faculty of Sexual & Reproductive Healthcare (FSRH) for the Letter of Competence in Subdermal implants (LoC-SDI).[1.]

   At the time of writing, the FSRH requirement for reaccreditation included: demonstration of a minimum of two continuing professional development (CPD) credits relevant to SDI, completion of the e-SRH module 14, evidence of BLS and anaphylaxis update training, and demonstration of a minimum of 6 insertion procedures, or insertion and removal procedures, in a 12 month period within 24 months of recertification. FSRH recertification is required every 5 years.

6. **Appraisal.** Clinicians who have previously provided services similar to the proposed enhanced service and who demonstrate at appraisal and revalidation that they have such continuing clinical experience, training and competence as is necessary to enable them to provide for the enhanced service (*by being considered equivalent to the requirements set down by the FSRH)* shall be deemed professionally qualified to do so.

7. **Adverse events** should be recognised, documented, discussed within the team and reflected upon. Learning should be shared where deemed appropriate.

8. **Audit** of clinical standards or documentation is recommended to inform appraisal discussion.

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9. **Exceptional circumstances.** It is recognised that exceptional circumstances may arise for which there is no alternative way to meet clinical need. For example, an insertion procedure carried out in the patient's home using a topical anaesthetic spray. This enhanced service specification provides allowance for such rare cases when following case discussion it is deemed in the best interest of the patient.

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