

CLINICAL POLICY ADVISORY GROUP (CPAG)

Fitting/Removal of Intra-uterine Contraceptive Devices and Levonorgestrel Intrauterine Systems in Secondary Care Policy

This procedure requires prior approval. Prior approval must be sought through Blueteq.

Criteria

Black – criteria required to be met prior to referral

Blue – criteria to be met prior to procedure

Statement

Derby and Derbyshire CCG has deemed that the fitting/removal of intra-uterine contraceptive devices (IUCDs) and levonorgestrel intrauterine systems (LNG-IUS) in secondary care should not routinely be commissioned unless **ONE** of the following criteria is met:

- A medical issue requires the procedure to be performed in secondary care
- Fitting is offered following a termination of pregnancy
- Fitting is offered within 0-48 hrs postpartum
- Fitting is performed at the same time as another secondary care procedure
- Removal is technically difficult requiring removal under general anaesthesia

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the CCG.

Page 1 of 5

1. Background

An intra-uterine contraceptive device (IUCD) is a small T-shaped plastic and copper device that is inserted into a woman's uterus as a form of long acting contraception. An IUCD prevents pregnancy by releasing copper into the womb, which alters the cervical mucus, making it more difficult for sperm to reach an egg and survive. It can also stop a fertilised egg from being able to implant. The IUCD works as soon as it is inserted and lasts for 5 to 10 years, depending on the type. When inserted correctly, IUCDs are more than 99% effective.

A levonorgestrel intrauterine system (LNG-IUS) is similar to an IUCD but releases the hormone levonorgestrel instead of copper. LNG-IUS are also more than 99% effective when inserted correctly. The LNG-IUS works by thickening the cervical mucus making it more difficult for sperm to move through the cervix and thins the lining of the womb so an egg is less likely to be able to implant itself. For some women, it can also prevent ovulation, but most people continue to ovulate.

2. Recommendation

The fitting/removal of IUCDs and LNG-IUS in secondary care should not routinely be commissioned unless **ONE** of the following criteria is met:

- A medical issue requires the procedure to be performed in secondary care
- Fitting is offered following a termination of pregnancy
- Fitting is offered within 0-48 hrs postpartum
- Fitting is performed at the same time as another secondary care procedure
- Removal is technically difficult requiring removal under general anaesthesia

See the <u>Derbyshire Medicines Management, Prescribing and Guidelines Chapter 7:</u>
<u>Obstetrics, Gynaecology, and Urinary Tract Disorders</u> for the list of LNG-IUS that are on formulary.

This procedure requires prior approval. Prior approval must be sought through Blueteq.

3. Rationale for Recommendation

The aim of this policy is to restrict the number of intra-uterine contraceptive devices (IUCDs) and levonorgestrel intrauterine system (LNG-IUS) that are fitted and removed in secondary care to allow for appropriate use of secondary care resources.

4. Useful Resources

Chapter 7: Obstetrics, gynaecology, and urinary tract disorders, Derbyshire
Medicines Management, Prescribing and Guidelines, Derbyshire Primary Care
Formulary, updated June 2020,
http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical_Guidelines/Formulary_by_BNF_chapter_prescribing_guidelines/BNF_chapter_7/Chapter_7_Obs_gynae_urinary_tract_disorders.pdf

- Intrauterine device (IUD) Your contraception guide, NHS, last reviewed 30/03/21, https://www.nhs.uk/conditions/contraception/jud-coil/
- Intrauterine system (IUS) -Your contraception guide, NHS, last reviewed 01/04/21, https://www.nhs.uk/conditions/contraception/ius-intrauterine-system/

5. References

- Chapter 7: Obstetrics, gynaecology, and urinary tract disorders, Derbyshire
 Medicines Management, Prescribing and Guidelines, Derbyshire Primary Care
 Formulary, updated June 2020, accessed 09/08/21,
 http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical_Guidelines/Formulary_by_BNF_chapter_prescribing_guidelines/BNF_chapter_7/Chapter_7_Obs_gynae_urinary_tract_disorders.pdf
- Intrauterine device (IUD) Your contraception guide, NHS, last reviewed 30 March 2021, accessed 19/07/21, https://www.nhs.uk/conditions/contraception/iud-coil/
- Intrauterine system (IUS) -Your contraception guide, NHS, last reviewed 01/04/21, accessed 19/07/21, https://www.nhs.uk/conditions/contraception/ius-intrauterine-system/
- Long-acting reversible contraception, NICE CG30, last updated 02/07/19, accessed 16/07/21, https://www.nice.org.uk/Guidance/CG30
- FSRH Clinical Guideline: Intrauterine Contraception, updated September 2019, accessed 16/07/21, https://www.fsrh.org/standards-and-quidance/documents/ceuquidanceintrauterinecontraception/
- UKMEC (2016), amended December 2017, Section B, http://ukmec.pagelizard.com/2016#sectionb/additional comments

6. Appendices

Appendix 1- Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	Date
Consultant Obstetrician and Gynaecologist, CRH	October 2020
Consultant Obstetrician and Fetal Medicine, UHDB	October 2020
Consultant Specialising in Obstetrics and Gynaecology, UHDB	October 2020
Consultant Specialising in Obstetrics and Gynaecology, UHDB	October 2020
Clinical Policy Advisory Group	August 2021
Clinical & Lay Commissioning Committee	September 2021

Appendix 2- Document Update

Document Update	Date Updated
Version 4 - Addition of the intervention to the policy name to	August 2021
provide clarity. Policy has been reworded and reformatted to	
reflect the new DDCCG organisation's clinical policy format.	
This includes the addition of background information, rationale	
for recommendation, useful resources, references and Blueteq	
form. The device 'Mirena coils' replaced with 'levonorgestrel	
intrauterine system (LNG-IUS)' in response to more new IUS	
becoming available since the policy was last reviewed.	
Removal of references that are outdated or are already covered	
by national guidance/NHS resources. Removal of references	
that are outdated or covered by national guidance. Addition of	
link to the Derbyshire Medicines Management, Prescribing and	
Guidelines Chapter 7: Obstetrics, Gynaecology, and Urinary	
Tract Disorders Formulary.	
•	

Appendix 3- Blueteq Form

Click here to access the guidelines/NICE algorithm Click to v		ick to view NHS Derby a	and Derbyshire C	CG Policies			
Prior Approval Form - Prior Approval Form - PLCV Intra-uterine Contraceptive Devices (IUCDs) and Levonorgestrel Intrauterine Systems in Secondary Care							
PATIENT CONSENT							
I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome.			□Yes □No				
By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf.		□Yes □No					
Please confirm that you have given PLCV patient leaflet to the patient			□Yes □]No			
APPLICANT DETAILS							
Clinician Making Request:			Trust:				
Clinician Full Name:			Telephone:				
Contact Email (nhs.net):							
PATIENT DETAILS							
Patient Name:			GP Practice Name:				
NHS Number:			GP Practice Code:				
Patient DOB:			Is the patient a smoker:	☐Yes ☐No			
Primary Care Prior Approval Number:							
PROCEDURE CRITERIA							
The fitting/removal of IUCDs and LNG-IUS in secondary care should not routinely be commissioned unless ONE of the following criteria is met:							
- A medical issue requires the procedure to be performed in secondary care					□Yes		
- Fitting is offered following a termination of pregnancy					□ No		
- Fitting is offered within 0 - 48 hours postpartum					Required		
- Fitting is performed at the same time as another secondary care procedure							
- Removal is technically difficult requiring removal under general anaesthesia							
ADDITIONAL INFORMATION							
Please provide any additional clinical information that may have a bearing on the application in the text box below. SUBMISSION DECLARATION							
I confirm that the above information is complete and accurately describes the patient's condition.							
Submitting Hear							
Submitting User Date							