

Greater Manchester Sexual Health Network Long-Acting Reversible Contraceptive (LARC) Training Programme

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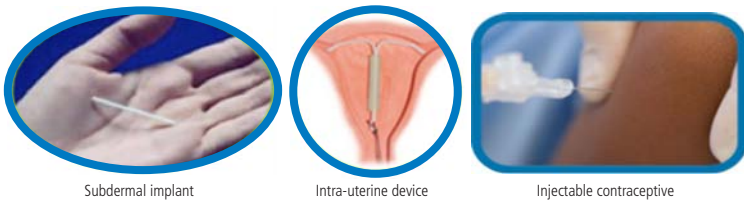
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Introduction

It is widely recognised that by investing in sexual health services to improve the provision and access to contraception services both improves an individual's sexual health and is cost saving for the NHS by preventing unintended conceptions and thereby subsequent maternity and abortion costs.

It is estimated that for every £1 invested in contraception services results in a saving of £12.50¹. In Greater Manchester (GM) it is calculated that the financial cost to the economy of unintended pregnancies is £17m.

Further cost-saving can be achieved through increasing women's uptake of long-acting reversible contraceptive (LARC) which includes subdermal implants, intra-uterine devices and injectable contraceptives.



Subdermal implant

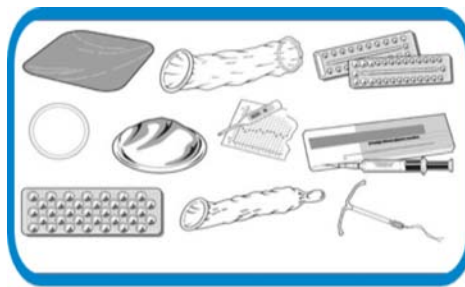
Intra-uterine device

Injectable contraceptive

The monitoring of contraception data in 2010 revealed that the uptake of LARC methods across Greater Manchester was low and in some services was not offered at all. The Greater Manchester Sexual Health Network therefore recognised that it was a priority to increase LARC provision by promoting its use and enabling more clinicians to become qualified fitters. Consequently, a GM LARC training programme was introduced to increase the number of those professionals able to fit LARC contraceptive methods.

Methods of contraception

There are numerous methods of free NHS contraception available for both women and men. However, the effectiveness of the barrier method and oral contraceptive pills depends on their correct and consistent use. By contrast, the effectiveness of LARC methods does not depend on daily concordance and need only to be administered every 3 months, 3, 5 or 10 years.



In 2005 NICE (National Institute for Health and Care Excellence) stated that all currently available LARC methods are more cost effective than the combined oral contraceptive pill (COC) - even at 1 year of use with intrauterine devices and implants being more cost effective than the injectable contraceptives².

Training Programme

To increase LARC uptake in GM an audit of LARC provision was carried out to identify health professionals' training needs. Following this, GM Sexual Health Commissioners and the Greater Manchester Sexual Health Network commissioned the Palatine Contraception and Sexual Health Centre who agreed to support and deliver a training package (theoretical module and practical sessions) for fitting and removing subdermal implants (SDI) to nominated and appropriately qualified health professionals working in the GM area.

The Palatine Centre produced a detailed SDI Training Programme Prospectus, managed the administration of the training, regularly updated commissioners via the Network on trainees' progress and issued a certificate of competence qualification on completion.

Two cohorts of LARC trainees have produced almost 100 qualified LARC fitters for GM. Following the achievement of previous LARC training programmes the Greater Manchester Sexual Health Network is funding a further cohort of trainee SDI fitters for 2013-14.

The success of this programme is one of the interventions contributing to the reduction in teenage pregnancy rates in Greater Manchester.

Results

The table below shows nationally available data on LARC percentages and numbers. *However, it is best clinical practice to only discuss LARC options at first contact and to make a further appointment for fitting once a woman has had the opportunity to digest the information and advice given and for her to make an informed decision on the type which would be most suitable.

Area	2011-12	
	LARC* (%) [as a percentage of total first contacts with women contraception reasons only]	LARC* (number)
Ashton, Leigh & Wigan PCT	Service provided by Bolton	
Bolton PCT	39	1,326
Bolton FT	35	2,345
Bury PCT	Under Pennine FT	
Heywood, Middleton & Rochdale PCT		
Manchester PCT	26	4,576
Oldham PCT	Under Pennine FT	
Pennine Care FT	28	2,912
Salford Royal FT	36	1,260
Stockport PCT	23	920
Tameside & Glossop PCT	14	700
Trafford Healthcare Trust	38	874
Trafford PCT	33	495
Brook - Manchester	19	646
Brook - Pennine	17	748
Brook - Wigan & Leigh	15	345
Greater Manchester	27%	17,147
England	28%	256,480

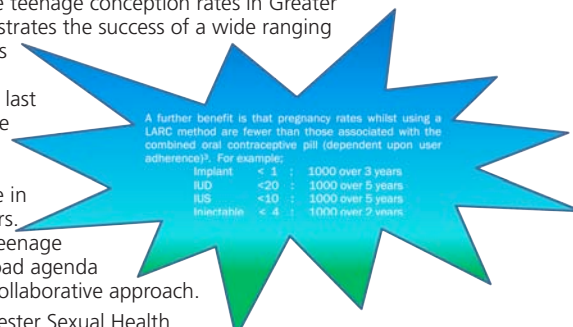
[Source: table 15 - <http://www.hscic.gov.uk/catalogue/PUB08153/nhs-cont-serv-comm-cont-clin-eng-11-12-tab1.xls>]

Teenage Conception Rates

The reduction in the teenage conception rates in Greater Manchester demonstrates the success of a wide ranging number of initiatives that have been introduced over the last 8 years including the GM LARC Training Programme and subsequent increase in qualified LARC fitters.

However, tackling teenage conceptions is a broad agenda and has needed a collaborative approach.

The Greater Manchester Sexual Health Network continues to prioritise the reducing teenage conception agenda and supports professionals to work collaboratively through the North West Teenage Pregnancy Leads Group and the Priority Action Groups for Young People and for Contraception. As under-18 conception is one of the indicators listed in the Public Health Outcomes Framework, the GM LARC training will assist local areas to meet this indicator.



Under 18 conception rates and numbers for Greater Manchester 1998-2011



References

- ¹Payne, N and O'Brien, R (2005) Health Economics of Sexual Health: A Guide for Commissioning and Planning. London, DoH
²NICE Clinical Guidelines - CG30 (2005), pg18, RCOG Press
³FPA online help page <http://www.fpa.org.uk/contraception-help/long-acting-reversible-contraception-larc>