

Minutes and Action Notes

Priority Action Group 9 - Access to Contraceptive Services

Wednesday 19th August 2010 2 - 3.30pm
Holiday Inn, 888 Oldham Road, Manchester M40 2BS

	Attendance		Initials
	Wendy Alam Farzana Siddiqui (Chair) Chacko Chandy Glen Berry Tessa Malone Jayne Littler Ann Drake Stacey Adams Sarah Doran Karen Tipping Orla Bardsley	Network Coordinator GMSHN Consultant, Oldham CaSH Associate Specialist in SH, T&G PCT Assistant Director NHS ALW Consultant, Stockport CaSH Sexual Health/TP Lead, Bolton MBC Lead Nurse – Sexual Health & HIV, NHS Salford Public Health Officer, NHS Salford Public Health Manager, NHS Manchester Lead Nurse CaSH, NHS HMR TP & PSHE Lead, Positive Steps Oldham	WA FS CHC GB TM JL AD SA SD KT OB
	Apologies		
	Asha Kasliwal Owen Roberts Sarah Gunshon Michelle Rotherforth Alison Deveney Sarah Stephenson Carol Cornmell Donna Davenport Ellen Cooper Stephanie Mallas Patricia Dunlop Nikki Marsden Renata Hewart Geoff Holliday Mark Limmer Ihab Ghoneim	Consultant/Clinical Director, NHS Manchester Contraception Access Manager, NHS NW Project Manager, Trafford PCT EMU/CaSH Lead, Marie Stopes International Commissioner, NHS Bolton Project Manager – Commissioning, GMSHN GP Tottington Health Centre, Bury PCT Lecturer, SH MMU Public Health Specialist, Stockport PCT Director, Brook Manchester GP Centre Director, Brook, Wigan & Leigh Lead Nurse, NHS Bolton Head of Sexual Health, NHS Salford, Deputy Regional Teenage Pregnancy Co-ordinator, GONW Consultant, Marie Stopes International	
			ACTION
008/10	1 Apologies and Introductions Attendees were invited to introduce themselves and it was agreed apologies would be included in the minutes. FS chaired the meeting in the absence of AK.		FS
009/10	2 Chair's Communications None.		
010/10	3 Minutes of previous meeting on 19th May 2010 and matters arising: Previous minutes were accepted as a true and accurate record. <u>Action 09/09:</u> NJ to speak to Patti Green at Blithe re data extraction set up. Group discussed the need for Blithe to be updated in order to produce the new SRHAD data set replacing KT31s from Apr 2012 – completed. Notes from recent PAG3 meeting re regional IT system were circulated.		



	<p><u>Action 09/11</u>: GB to provide group with copies of research re LARCs and ethnic minorities – to check database and share at next meeting. OR to send to WA for circulation - completed.</p> <p><u>Action 09/12</u>: NJ to look at re-wording of metrics and sharing on NW footprint. Amended draft distributed to meeting. To be circulated to the Group for comment .</p> <p><u>Action 09/14</u>: Further discussions on future models to be added to forthcoming agendas (see item 8 below) - on-going</p> <p><u>Action 001/10</u>: OR/TM met re the design of a regional Implanon only training form and certificate as an alternative to RCN accreditation and only available to those whose training is recognised by the NW CaSH Doctors' Group e.g. already working within CaSH services, not for external practice nurses. Draft certificate to be circulated to Lead Doctors for comment.</p> <p><u>Action 002/10</u>: OR to speak with SMPC re monthly reports – completed</p> <p><u>Action 003/10</u>: WA to prepare a draft workplan with access to contraception as a work stream - completed.</p> <p><u>Action 004/10</u>: WA to speak to NJ re distribution of full PBR papers and circulate to group – paper attached to agenda without costings. FS asked if the London tariff was any clearer than the Portsmouth one. Tariff would depend upon where services were to move to. WA to circulate costings if possible</p> <p><u>Action 005/10</u>: WA agreed to circulate the details of the forthcoming “I Love Me” supplement for info. No longer required to input information – completed</p> <p><u>Action 006/10</u>: AK to speak to NJ re WA's capacity to minute Regional Lead Doctors meeting. It was agreed that as WA had no other commitments on 3/12/10 she would be available to take minutes. - completed</p> <p><u>Action 007/10</u>: TM to send WA Regional Lead Doctors Group distribution list/meeting schedule.</p>	<p>All</p> <p>NJ</p> <p>TM</p> <p>WA</p> <p>TM</p>
<p>011/10</p>	<p>4 LARCs Training Proposal</p> <p>The Commissioners sub-group has met since the last PAG9 meeting and is clear in its view that all the trainees under the GM programme who are waiting for practical placements must have these allotted before introducing further theoretical training. Various models for future programmes are still under discussion and funds will be available from the amount held by GMSHN when the current backlog of trainees has cleared.</p> <p>The Group discussed the need for fitters to be re-trained/refreshed for fitting Nexplanon. Nexplanon training is available online at www.nexplanon.co.uk/training in addition to practical training. TM informed the Group that guidance, practice and placebos are available on the Faculty website www.ffprhc.org.uk TM to hold 4 practical sessions for Stockport GPs in September funded by MSD. SD reiterated the need for PGDs to be updated replacing references to Implanon by 'sub-dermal contraceptive implant.' TM did however confirm that as named medicines Nexplanon/ Implanon do need to be referenced where necessary.</p> <p>As funding is still available training continues to be coordinated/monitored by the Regional Training Office in Manchester. However, there are still problems with fitting practical training for those who have completed the theoretical sessions as the only dedicated implant clinics are in the larger services and it is therefore difficult for trainees to visit smaller clinics a number of times rather than just the once.</p> <p>JL raised the issue of a Charlotte MacKinnon, GP Champion, GPSI based at The Parallel being unable to complete her training as a trainer.</p> <p>TM had undertaken a recent audit of implant removals as a % of those fitted per annum. It highlighted the fact that even if 30% are being removed (the majority for bleeding), of those, many have been in-situ for much longer than 6 months and 30% until the end of implant life. The Group felt it vital that patients are counselled properly as to the side effects of the implant and Stockport are now advising patients that if they have bleeding problems to return early e.g. before 3 months. It was remarked that yp are quite intolerant of bleeding patterns. FS commented on cases where services have been “reluctant to remove before a year” and some patients have attempted to</p>	<p>OR</p>



	<p>remove the implant themselves. FS felt where the implant had been fitted also needs to be monitored. CC informed the Group that T&G are currently undertaking an audit of LARCs removal as currently rate >70% (although the majority have been fitted in other services). AD stated that NICE recommend removal should not be at less than 12 months but TM felt that in some circumstances even 6 months in-situ is worth it/cost-effective dependent upon the situation of the patient. AD commented that if a patient is requesting removal in such a short space of time some clinicians will take it out straight away and perhaps they need further input. TM felt that it was still a clinician's choice and some patients do have both pill and implant for up to 12 months. There are lots of variables.</p>	
012/10	<p>5 National Funding to improve access to contraceptive services</p> <p>IAtC Monies</p> <p>Contrary to expectations, IAtC monies for 2010-11 were confirmed to NHS NW at the end of July. The allocation to the region is only 5% less than the total received in 2009-10. Notification as to the process for obtaining funding will be made to PCTs imminently.</p> <p>The Group felt the process of allocation is needed asap and asked WA to contact OR on this point. Action 08/10: WA to contact OR re the timescale of the allocation process</p> <p>Primary care audit 2010</p> <p>The audit of GP training needs across the NW is to begin very soon – this will be formally introduced to all PCTs over the next few days. This is a joint initiative between the two LARC pharmaceutical companies (MSD and Bayer Shering) who will work with Sexual Health Commissioning/Public Health Leads to implement the survey and analysis. The MSD and BSP partners will lead on this, but will need support from the PCT to approach GPs.</p> <p>Note: Bayer Shering have made a Fol request to all PCTs regarding their mapping of LARC, general contraception provision, training systems and related investment. SD confirmed she had not seen this but would pursue the matter. Action 09/10: SD to pursue Fol request from Bayer Shering re mapping of LARC etc.,</p>	<p>OR</p> <p>WA</p> <p>SD</p>
013/10	<p>6 Workplan</p> <p>Additional work streams were suggested:-</p> <ul style="list-style-type: none"> Cross boundary data Increase contraception through TOP services LARCs mapping and training Re-designing CDS systems across GM <p>The Group discussed the various Condom Distribution Schemes and CCard Schemes around GM.</p> <ul style="list-style-type: none"> T&G – no longer has a schemes Stockport – budget cut Salford – re-launched CCard scheme but with reduced budget Brook – issue condoms when screening for Chlamydia LGF <p>SD confirmed NHS Manchester, as budget holder for the CDS Schemes, do supply condoms to mainstream CaSH services, are currently in the process of having these schemes independently evaluated and will report back to the Group with the results. Action 10/10: WA to circulate draft Workplan to the Group for comment and volunteers to lead on various work streams. Action 11/10: SD to report the results of GM CDS' evaluation when available</p>	<p>WA</p> <p>SD</p>
014/10	<p>7 Sector Updates</p>	



	<p>Salford – moving services from The Goodman Centre in to an unused health centre in the centre of Salford which will become the hub from February 2011. In relation to vertical integration, services to move to Salford Royal Foundation Trust although parked at present. Staff have shown some concerns about this. A building for young people’s services now up and running by Brook. SA developing a rag rated sexual health dashboard and mini dashboard to include all key indicators.</p> <p>Manchester – decision not made yet as to where CaSH services will sit for Manchester.</p> <p>Stockport – CaSH to go in to Foundation Trust and integrate with GU although nothing is yet finalised. TM had some concerns about this. New adult centre ‘Choices’ is now becoming well known. LARC fittings have increased (>500 IUDs) due to both monies from OR and re-organisation in the form of a central booking line. TM felt IUDs/IUSs should be pushed more as a form of contraception alongside implants.</p> <p>T&G – the decision to move services (excluding sexual health and dental) to Stockport FT not yet finalised. New building in Glossop and 2 new clinics. CC held an Implanon forum for GPs to discuss problems with implants/training. LARCs now being fitted for yp within 1 / 2 days post TOP.</p> <p>Oldham – in a similar position to other areas. Host organisation would be Pennine Care Community Foundation Trust. Integration with GU uncertain. Business case has gone to the SHA.</p> <p>Bolton – JL: TCS continuing with a view to moving to Acute Trust but parked at the moment. There is an issue as to whether yp’s services go under paediatrics or sexual health as a holistic service is offered not just sexual health. From September, 6 schools with enhanced drop ins including EC, contraception, pregnancy testing, condoms and Chlamydia screening. Developing a LES for LARCs and are a pilot authority for NW staff skills and training audit for LARCS. Currently evaluating first year of new ante-natal pathway; early signs are good with more normal deliveries amongst teenagers, less caesarian sections, increased breast feeding rates and slight drop in smoking. 153/160 had contraceptive plan in place prior to delivery, 57 were fitted with implants post natally. A full evaluation by consultant obstetrician will be shared when completed.</p> <p>ALW - new ‘SHINE’ (sexual health integrated, non-judgmental and empowering) service has opened at The Galleries Shopping Centre. A good partnership with Brook located next door and Barnardos beneath. Brooks’ implant rates have almost doubled from 09-10 to 66.</p> <p>HMR: Currently training for Blithe to go live in the first week of October. To go ahead with integrating CaSH with GU and to sit in Pennine Care Community Foundation Trust.</p>	
014/10	<p>8 Any other business</p> <ul style="list-style-type: none"> <p>Future of GM Sexual Health Services</p> <p>A paper by NJ based on recent presentations was circulated to the Group re the challenges and opportunities currently facing GM sexual health services (see attached).</p> <p>A discussion ensued regarding the pyramid vision of developing a future service model and potential gaps in the model. TM felt that outreach services (as a specialist service) and needs assessment for contraceptive services should be included at level 3 as per the National Strategy. FS felt training and workforce should be included with specialist doctors, nurses, GPs also at level 3. GB felt, however, that the pyramid depicted the location of services and not which services are to be delivered. The Group asked that these points were brought to NJ’s attention.</p> <p>Action 12/10: WA to raise the issue of potential gaps within the pyramid model with NJ.</p> <p>Yasmin</p> <p>SD asked the Group if services were happy to continue prescribing the expensive Yasmin pill in clinics as TOP provider contracts stipulate that <i>all</i> contraceptives are provided and some PCTs do not want Yasmin to be offered. Were there other reasons apart from cost for this? FS stated Oldham did not use it because of cost and that the majority of those requesting Yasmin had previously been prescribed it by their GP. TM stated it is not given on first issue by a nurse as it is not within their PGD and therefore the patient must wait to see a doctor. However, it is useful to have Yasmin in stock for those patients who will accept no other type of pill. It was felt GPs were issuing it inappropriately. Group clarified that Yasmin should not be offered as a first line choice but that if no other option then happy for Yasmin to be prescribed.</p> 	WA



	<ul style="list-style-type: none">• Contraception tool SD recommended the Group try the new web-based contraception tool on Brook/FPA sites and complete the feedback section.• IT Regional System Blithe notes from a recent PAG3 meeting were circulated to the Group. The majority of the meeting felt that there were a number of issues around a regional IT system including:-<ul style="list-style-type: none">Blithe not having capacity/capability for such a large project (management, crashing issues already)Practicalities in clinicsCost/budget for one serverConfidentiality issuesAny benefit to services?No problems currently in sharing information across clinics	
	8 Dates of future meetings: Wednesday 24 th November 1.30-3pm @ Newton Silk Mill, Holyoak Street, M40 1HA	