

Medway's Sexual Health Hub

MEDWAY GP LARC PROGRAMME

INFORMATION PACK

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KINDLY NOTE MY WORKING DAYS ARE TUESDAYS, WEDNESDAYS AND THURSDAY ONLY

Helen Garbacz

Medical Secretary for Medway LARC Programme | Public Health Services Division | Operations Directorate

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Please note that I work part-time so may not be able to respond to your email straight away.







Kent Community Health NHS Foundation Trust Financial Arrangements for LARC

From the period of 01/10/2022 the Provider shall be paid according to the following tariff: -

Full GMS Patients	
IUD Fitting - insertion or exchange for contraceptive purposes only	£90.00
(*including 6 week check if required)	
Sub Dermal Implant Insertion	£50.00
Sub Dermal Implant Removal	£90.00
Temporary GMS Registered Patients	
IUD Fitting - insertion or exchange for contraceptive purposes only	£100.00
(*including 6 week check if required)	
Sub Dermal Implant Insertion	£65.00
Sub Dermal Implant Removal	£100.00

Completed invoices should be sent on a quarterly basis to:

https://www.kentcht.nhs.uk/forms/larc-data-form/

KCHFT will pay accurate invoices 30 days from receipt of the invoice.

*A routine follow-up visit can be advised after the first menses following insertion of IUC or 3-6 weeks later. However, it is not essential and it may be more important to advise women as to signs and symptoms of infection, perforation and expulsion, returning if they have any problems relating to their intrauterine method. FSRH Clinical Guideline: Intrauterine Contraception (April 2015, amended September 2019)





Quick Reference Guide

On-line LARC Invoicing System

Click on the link - https://www.kentcht.nhs.uk/forms/larc-data-form/ to access the on-line system. There is no requirement for a login or password. This link will take you directly to the form where you can start entering the relevant details.

This will then take you to the on-line system.

Kent Community Health NHS Foundation Trust	Q	Home Servi	ces About	Careers	[This is our staging site]
LARC Test					
LARC Data Form Step 1 of 2 Please make sure any details ent There is a 'Save and continue' of please ignore the message on so		50% h please make sure j	ou don't miss cl	aims needed.	. This saves for 90 days,
Practice summary					
Your email * Practice name *	Please select		~		
	Please confirm you invoices have been	have selected the righ submitted	t practice, as mista	akes cannot be	rectified after
Quarter *	Please select		~		

Please enter the email address of the person completing the invoice.

Your email *

helen.garbacz@nhs.net

Next, please select your surgery from the drop-down list.





	8 D - C C LARC Test - Kent Communi ×
Please make sure any details en	tered are correct.
	ption at the bottom, although please make sure you don't miss claims needed. nore the message on screen where it says 30 days.
Practice summary Your email *	Please select Apex Medical Centre Balmoral Gardens (DMC Health) Bryant Street Medical Practice Castle Medical Practice Church View Practice Gun Lane Surgery High Parks Medical Practice Parkwood Health Centre - Dr A Shah Princes Park Medical Centre Pump Lane Surgery
Practice name *	Rainham HLC Red Suite (Orchard Family Practice) St Werburgh Medical Practice Stonecross & West Drive Surgery Thames Avenue Surgery The Churchill Clinic The Kings Family Practice The Thorndike Centre Walderslade Village Surgery Woodlands Family Practice

Please take extra care to ensure that you have selected the correct surgery and ticked the box to confirm this.



(we care)

Please confirm you have selected the right practice, as mistakes cannot be rectified after invoices have been submitted

Then, select the correct quarter you are submitting the invoice for.

Quarter *	Please select Quarter 1 - April to June 2019
	Quarter 2 - July to September 2019
	Quarter 3 - October to December 2019
Full GMS Patients	Quarter 4 - January to March 2020

For Full GMS Patients please select the type of procedure from the drop-down list you are claiming for.

IUD Fitting (insertion or removal and insertion) IUD 6 Week Check (no later than 12 weeks) for all IUDs which have been fitted at the practice, for contraceptive purposes only Sub Dermal Implant Insertion Sub Dermal Implant Removal



Then add the quantity of procedures. As an example, if you are claiming for 6 SDI implants, the form should look like this -

Full GMS Patients	Description	Quantity
	Sub Dermal Implant Insertion	<mark>6 </mark> ♥⊕
To add another type	of procedure, click on the +	
Full GMS Patients	Description	Quantity
	Sub Dermal Implant Insertion	6 ❤ ⊕

This will then add another line for you to be able to select a different type of procedure and the quantity you are claiming. For example 6 SDI insertions and 2 IUD fittings will look like this.

Full GMS Patients	Description	Quan	tity
	Sub Dermal Implant Insertion	6	~⊕⊝
	IUD Fitting (insertion or removal and insertion)	2	¥⊕⊖

If you need to add another type of procedure, repeat the process above. The same process is used for claiming procedures for Temporary GMS Patients.

When all procedures you are claiming for have been entered click on



This will take you to page 2.





						100%
Patient d	letails					
'lease make	e sure you ente	er patient o	letails for the tota	I number of pro	cedures you are clai	iming for.
Simply click	the + at the er	nd of the r	ow to add a new p	patient.		
	Field of here	Age of	Chlamydia	LARC	Time from	Reason for
Date of procedure	Fitted by	client	Screen Status	procedure	insertion to removal	removal

Here you will need to provide the backing data for each procedure entered on the first page.

For example, if you are claiming for 6 SDI implants and 2 IUD fittings; a total of 8 procedures, you will need to have 8 lines on page 2. Add a line again, by clicking on the +

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LARC T	est						
LARC Data Step 2 of 2	a Form					1076)	
Patient d	etails sure you enter patient deta	ils for the total number	of procedures you	are claiming for		_	
	the + at the end of the row		of procedures you	are claiming for.			
Date of procedure	Fitted by Age of dient	Chlamydia Screen Status	LARC procedure	Time from insertion to removal	Reason for rem of	4	
	GP V Over 25	∽ [n/a ~	SDI fitting ~	N/A ~	/ N/A	⊴⊕⊝	
	GP V Under	~ n/a ~	IUC fitting 💙	N/A v	/ N/A	Y⊕⊙	
	GP V Under	∽ [n/a ~	IUC fitting ~	N/A ~	/ N/A		
	GP V Under	∽ n/a ∽	IUC fitting 💙	N/A ~	/ N/A	¥⊕⊝	
	GP V Under	∽ n/a ~	IUC fitting ~	N/A ~	/ N/A	₩@©	
	GP V Under	∽ n/a ∽	IUC fitting Y	N/A ~	/ N/A	Y@ 0	
	GP Vunder 1	~ [n/a ~	IUC fitting	N/A ~	/ N/A	¥@0	
	GP V Under				[N/A		
	under 1	✓ [n/a	IUC fitting →	line C	- IneA		
Previou	ıs Submit	Save and continue la	ater				
				🖂 🛃 😒	0 8 🤜 🎯	🔈 💿 🛃 🔍 K 🛞 🛄 🗊	11:14 11:14 06/09/2019

Provide the appropriate information for each procedure; date, who fitted, age of patient etc, by simply clicking on the appropriate option from each drop-down box. Please remember to include removal details if

(we care)



appropriate.

Please make sure you enter patient details for the total number of procedures you are claiming for. Simply click the + at the end of the row to add a new patient.

Date of procedure	Fitted by	Age of client	Chlamydia Screen Status	LARC procedure	Time from insertion to removal	Reason for removal
01/09/2019	GP v	Over 25 ∨	n/a 🗸	SDI fitting ~	Over a year V	End of licence duratic $\checkmark \oplus \bigcirc$
02/09/2019	GP v	Over 25 ∨	n/a 🗸	SDI fitting ~	Over a year 🗸	End of licence duratic $\checkmark \oplus \ominus$
03/09/2019	GP v	Over 25 ∨	n/a 🗸	SDI fitting 🗸	Over a year 🗸	End of licence duratic $\checkmark \oplus \ominus$
03/09/2019	GP v	Over 25 V	n/a 🗸	SDI fitting 🗸	2 to 3 months 🗸	Unhappy with bleedir $\checkmark \oplus \ominus$
03/09/2019	GP v	Over 25 ✓	n/a 🗸	SDI fitting 🗸	Over a year 🗸	End of licence duratic $\checkmark \oplus \ominus$
02/09/2019	GP 🗸	Over 25 ∽	n/a 🗸	SDI fitting ~	Over a year 🗸	End of licence duratic $\checkmark \oplus \Theta$
16/09/2019	GP v	Over 25 ∨	n/a 🗸	IUC fitting V	N/A ~	N/A ∽⊕⊝
16/09/2019	GP ~	Over 25 ∨	n/a 🗸	IUC fitting ~	N/A 🗸	N/A ~ © ⊖

Please note that the number of entries on page 2 must exactly match the quantity of procedures from page 1. If they don't, you will get the following error message.

		Th	ere was a pi	roblem with your sul	bmission. Errors	ha	we been highlighted be	low.
Patient d	etails							
	· ·			for the total number add a new patient.	of procedures y	ou	are claiming for.	
Date of procedure	Fitted by		Age of client	Chlamydia Screen Status	LARC procedure		Time from insertion to removal	Reason for removal
01/09/2019	GP	~	Over 2! ∽	n/a 🗸	SDI fitting	~	Over a year 🗸	End of licence durativ
	GP	~	Under 🗸	n/a 🗸	IUC fitting	~	N/A ~	N/A 👻 🕀
	GP	~	Under 🗸	n/a 🗸	IUC fitting	~	N/A ~	N/A 👻 🕀 (
	GP	~	Under 🗸	n/a 🗸	IUC fitting	~	N/A Y	N/A 👻 🕀
	GP	~	Under 🗸	n/a 🗸	IUC fitting	~	N/A ~	N/A 👻 🕀
_	GP	~	Under 🗸	n/a 🗸	IUC fitting	~	N/A Y	N/A 👻 🛞

Once all the information has been entered click on



Submit

Your invoice will be submitted for approval for payment! You will receive a unique reference number which will be the invoice number.

Thank you for submitting your invoice. Your reference number is **129299**. This will be dealt with as soon as possible.

There is an option to save the form, if you want to come back at a later time to complete it. A link will be sent to your email address which will be valid for 90 days. When clicked the link will take you to your part completed form.



PATHWAY TO OBTAIN FSRH LETTER OF COMPETENCE IN SUBDERMAL CONTRACEPTIVE IMPLANTS TECHNIQUES INSERTION AND REMOVAL (LoC SDI-IR) and/or LETTER OF COMPETENCE INTRAUTERINE TECHNIQUES (LoC IUT)

New / experienced practitioner without LoC IUT / LoC SDI-IR, FSRH

Diploma, MFSRH or FFSRH

Gain theoretical knowledge via e-Learning for health Free to access link on FSRH website https://www.fsrh.org/education-and-training/e-learning-forsexual-and-reproductive-healthcare-esrh/#esrh-curriculum Pass OTA – Online Theory Assessment FSRH https://www.fsrh.org/education-and-training/ota/ Complete Module 14 of the e-SRH (LOC SDI-IR) or Module 15 (LOC **IUT)** For access you will need to register with <u>e-Learning for Healthcare (e-LfH)</u> Provide evidence of up-to-date BLS and anaphylaxis **Complete model, live training and assessment** Either at Surgery (SDI-IR only) or Clover St (SDI-IR or IUT) **Applications to Sarah Perkins, Clinical Nurse Specialist for LARC Training Programme** sarahperkins3@nhs.net Sign-off by FSRH trainer and obtain FSRH Letter of Competence

(LoC)



ASSOCIATED TRAINING COSTS

SDI-IR LoC or IUT LoC							
Annual Associate Membership of FSRH	Applications 1 st Jan – 30 th June	£97 paid to the FSRH					
	Applications 1 st July – 31 st December	£49 paid to the FSRH					
As an Associate member your recertification of your qualification is free of charge every 5 years, if you have retained and paid for your annual Associate membership each year. Recertification enables you to demonstrate you have retained the skills and knowledge required for your qualification. This evidence can be used in appraisals and for revalidation.							
OTA Assessment (per attempt) £75 paid to the FSRH							
Clinical Training Costs	FREE FOR MEDWAY CLINICIANS						
	£300 per LoC (if not Medway) paid to KCHFT						
LoC Registration Fee	£80 per LoC paid to the FSRH						
DIPLOMA							
Application Fee	£250 paid to the FSRH						
Appuel Diplomete Membership	£114 paid to the FSRH						
Annual Diplomate Membership	£17 if already an associate member						
There's no charge to recertify as this is a bene you must have paid your membership fee cor							
If you have not, and you wish to recertify, you	can contact the FSRH to di	scuss your options.					
Clinical Training Costs	£350 paid	to KCHFT					

SRH Essentials for Primary Care (£180)

This one-day training course for learners new to SRH has been designed by the Faculty of Sexual and Reproductive Healthcare to enable those working in primary care to manage consultations about contraception and STIs with confidence.

Digital support for the OTA provided by Organon (Free if completing SDI-IR LoC)

Digital Nurse team to support the prerequisite learning for the OTA



COIL CONSUMABLES



	sert			
Sterile Loop Pack	Sterile Cotton Wool Balls			
Comfi Thread Retriever (single use)	Tisept Chlorhexidine Cutaneous Solution 25ml			
Sims Scissors curved 20cm (single use)	Sterile Lubricating Jelly 2.7g			
Spencer Wells Artery Straight Forceps 23cm (single use)	Sterile Examination Gloves			
Hartmann Crocodile Forceps 22cm (single use)	Vaginal Speculum Intraspec Contour			
Uterine Sounds (single use)	Instillagel Sterile Lubricating Jelly 6ml			
Instillaquill				

IMPLANT CONSUMABLES



Sterile Woundcare Pack	21g x 1.5" Safety Hypodermic Needle
Cosmopor Absorbent Adhesive Dressing 10x8cm	23g x 1" Safety Hypodermic Needle
Sterile Examination Gloves	1% Lidocaine for Injection 10ml (single use)
2% Chlorhexidine Alcohol Wipe	Disposable Sterile Scalpel No 11
Adhesive Wound Closure Strips 6 x 75mm	
3ml Sterile Omnifix Syringe	
Halstead Artery/Mosquito Forceps	

Supplies can be sourced from NHS Supply Chain - https://www.supplychain.nhs.uk/ Please see below items along with their NHS Supply code.

Coil packs EVX423 Scalpels FGP 142 Mosquito Forceps FFS110 Spencer Wells forceps FIC24286 Uterine Sounds FGR330 Thread Retriever FGR331

In case you don't have access to NHS Supply Chain, alternatively, I know some of our GP surgeries use Midmeds for consumables/clinical supplies. The contact number for sales is: 0845 003 4212.

We've had this advice from a fellow Medway Practice Manager

'We use Midmeds for all of our consumables/clinical supplies – they are members of the Kent LMC Buyers Group which means that the price we pay has had a negotiated discount applied to it. The contact number for sales is: 0845 003 4212.

Tell her to contact them rather than visit their website, as any prices quoted will not be the discounted price. She will need to set up an account with them if she is interested'.

Another option for Coil Packs is via Tanvir Akhtar at GP surgical services. Although I'm not 100% sure if they are still running. Sarah has sourced bespoke coil packs from them in the past. He is a local Medway GP I think. He charged us around £7/£7.50 per pack. Email address is - info@gpsurgicalservices.com

Long Acting Reversible Kent Community Hea Contraception (LARC) GP survey - Medway

We would like you to think about your experience at this GP surgery today and give us your feedback by answering all the questions below. Many thanks.

1. Where did we see you? Please specify the name of the GP surgery you were seen in.

2. Who were you seen by?

3. Date of visit:

4. For Implant patients only: If you have had an implant removed today, who originally fitted it?

5. For Implant patients only: If you have had an implant removed today, how long ago was it fitted?

6. For Coil patients only: If you have had a coil removed today, who originally fitted it?

We would like you to think about your experience at this GP surgery
today and give us your feedback by answering all the questions below.
Many thanks.

7. For Coil patients only: If you have had a coil removed today, how long ago was it fitted?

 8. How likely are you to recommend this service to friends and family if they needed similar care of treatment? Extremely likely Likely Neither likely nor unlikely Unlikely Extremely unlikely Don't know
9. Please tell us why you gave that response
10. Were you satisfied with the treatment given? Yes No Don't know/Can't remember
11. Were your contraceptive options discussed with you? Yes No Don't know/Can't remember
12. Were you treated with kindness and respect? Yes No Don't know/Can't remember
13. Did we give you information to help you understand your treatment? Yes No Don't know/Can't remember
14. Were you happy with the confidentiality of the service you received? Yes No Don't know/Can't remember
15. Do you know who to contact if you have any further questions or concerns? Yes No Don't know/Can't remember
16. Do you have any other comments you would like to make or ideas on how we could improve our service to you?

We would like you to think about your experience at this GP surgery today and give us your feedback by answering all the questions below. Many thanks.

17. Overall, how would you rate the quality of care you have received?

Excellent Very good Good Fair Poor

Please tick this box if you do not wish your comments to be made public

Thank you for completing this survey. Please hand back to a member of staff before leaving.