

Newsletter Issue 2



Welcome to the Sexual & Reproductive Health GP Champion for London

The LLN would like to welcome on board Dr. Richard Ma, who has recently been appointed the Sexual & Reproductive Health GP Champion for London.

Richard qualified in Sheffield and began his GP vocational training in South London at King's College and the Maudsley hospitals. He took a year out to train in sexual and reproductive health: genitourinary medicine at the Mortimer Market Centre and family planning in South London network of family planning clinics. He completed his GP training at the Caversham Group Practice in Kentish Town and entered into a partnership in North London soon after.

In his early GP career, he spent one year training part-time in

public health in East London and eventually completed an MSc in Public Health at the London School of Hygiene and Tropical Medicine. The public health training inspired him to think about improving health at a population level.

Until recently, he continued to work in the field of sexual and reproductive health at the Mortimer Market Centre and the Margaret Pyke Centre. He has worked in a strategic capacity for Islington PCT as a professional executive committee member, is a member of a locality commissioning group, served as a council member of the Faculty of Sexual and Reproductive Healthcare, and is a current member of RCGP's Sex Drugs and HIV Group. He has accumulated over ten years experience in this field and now uses his expertise to campaign for better sexual health care in general practice.

Richard will work with the London Sexual Health Programme in a strategic capacity to improve the

sexual and reproductive health outcomes of the population of London, and to ensure sexual health continues to be on the agenda of decision makers and front line clinicians, in the midst of NHS reforms and preparation for the London 2012 Olympics.

Richard continues to work as a GP principal and is studying for a doctorate in Public Health at the London School of Hygiene and Tropical Medicine sponsored jointly by the Economic and Social Research Council and Medical Research Council; his thesis will examine the motivation of doctors in delivering public health programmes.

In his spare time, Richard enjoys growing fruits and vegetables in his patio, and competes in triathlons.

If you would like to get in touch with Richard please email: LondonSRHGPChampion@NHS.net

Pan London Read Codes


The London LARC Network's GP Champions have collaborated across sectors to deliver a single set of read codes relating to the fitting, removal and checking of LARC methods to be used by General Practice across London. This will enable, for the first time, comprehensive data about LARC activity to be gathered in a coherent way across London, which will contribute to service planning and ultimately improved access to LARC methods for patients. Up until now each PCT, and to some extent each individual practice, has used many different codes for LARC activity. We are excited to now be able to deliver an agreed set of pan-London codes, and are pleased to report that in the short time that they have been available some PCTs have already switched over to using them.

We are in the process of rolling them out across London and are looking at ways of supporting PCTs to make the changeover. We are aware of the following IT programmes if you use something that is not listed below please inform Alexis Palfreyman at a.palfreyman@options.co.uk.

- EMIS (PCS, LV or web),
- Vision (Enterprise Solutions, LAN)
- or iSoft (Synergy, Premiere)

London
LARC
Network

An Initiative of the London
Sexual Health Programme



London Sexual Health Programme
London Specialised Commissioning Group

Pan London Read Codes

	IUD	IUS	Implant
Device fitted	6151 IUD fitted 61A2 'morning after' IUD fitted	7E094 Insertion of Mirena coil	61KA Insertion of subcutaneous contraceptive
Device removed	6152 IUD removed	7E095 Removal of Mirena coil	7G2H7 Removal of Subcutaneous contraceptive
Device checked (where indicated)	615L Intrauterine contraceptive device 6 week check 6154 IUD checked no problems 6155 IUD checked problems	615S Mirena coil check	61KE Subcutaneous implant palpable 61KB Check of subcutaneous contraceptive

61B1 depot contraceptive given

8Caw advice about LARC

8CEG LARC leaflet given

615P IUD fitted by other healthcare provider

615Q IUD removed by other healthcare provider

Please pick codes from within the list above. You do not need to use every code e.g. if locally you do not distinguish between routine and emergency IUD fittings then you could use 6151 'IUD fitted' for both. However please avoid using any codes that are **not** on the list above for fitting, removal or checking of LARC methods, including avoiding using similar terms eg 'iud refitted' (6153).

Sexual health nursing

Nurses working in sexual health gain their knowledge and skills by attending a variety of courses; some gain competencies by attending courses offered by the London universities, others undertake the British Association for Sexual Health (BASHH) or the Faculty of Sexual and Reproductive Healthcare (FSRH) modules.

There is no agreed standard for post registration nurse training nationally despite much effort by some.

University provision

In March 2011, meetings were held with lecturers from the universities where the courses are held and a scoping exercise was undertaken to find out what is currently on offer, course costs, credits awarded and the contact details of the lecturer. This is currently being validated by the universities for accuracy. In May, all the lecturers met for the first time and it was agreed that this should be an ongoing activity. Some expressed the difficulty they have in getting enough clinical placements for their students and it was agreed that this should be communicated to the clinical nurse leads across London.

Lead nurses (clinical)

The lead clinical nurses group (London) was established in December 2010 and meets every three months to share knowledge.

They have expressed interest in meeting with the lecturers and as such a meeting will be held in July with the lecturers and the lead nurses to explore issues, workforce planning, clinical placements, etc. and colleagues from NHS London will join that meeting. More information will be shared as this work develops.

Training in long-acting reversible contraception (LARC) continues to be an issue for some in terms of clinical placements. Nurses who take on this role should follow the Royal College of Nursing (RCN) guidelines for sub-dermal implants and intrauterine devices available at www.rcn.org.uk.

Pan London Patient Group Directions (PGDs) templates

Work is well underway with the development of the above. Doctors, nurses and pharmacists are involved in this work and once complete they can be used locally with minimal input and signed off in the usual way by the local pharmacist and lead doctor. This should reduce the workload for all organisations when developing their own PGDs.

For more information on any of these items please email Kathy.french@btopenworld.com.

As the LLN continues to support increased involvement of nurses in training and provision of LARC, one practice nurse from City & Hackney shares her story with us.

Life after LARC

Like many Practice Nurses, family planning is an important aspect of my role and an area that I particularly enjoy. I had been carrying out family planning for 8 years without fitting IUDs until one of our GP's (our sole IUD fitter) announced that he would be taking early retirement. At around the same time, I received an email offering IUD training to nurses from the Margaret Pyke Centre.

A few weeks after my application, I met my trainer and we arranged for some IUD clinics to be set up at the practice. Despite feeling nervous, my trainer was amazing, she managed to make me feel confident through her being supportive and encouraging. A sense of humour also helped!

An unexpected aspect which helped my confidence was how generous the patients were, not minding that a "trainee" would be fitting their IUD, giving permission for me to fit the IUD whilst learning with my trainer.

Once I had completed the training, which took about 3 months as you never get women who want an IUD when you want them, I was signed off by my trainer, and applied for accreditation. I have now been fitting IUD's independently for over 14 months and the feeling of satisfaction that you get afterwards is well and truly worth it.

I have heard some nurses say that their biggest fear is perforation, but in reality this is unlikely, providing that you are always careful and gentle and also, if necessary, know when to stop the procedure.

I wholeheartedly recommend training up to fit IUDs - it is both challenging and satisfying and has contributed to my skill set in a way which makes me proud. Not only does it allow further autonomy but also benefits the practice that now has two female IUD fitters.

Fiona Leggett - Somerford Grove HC.



HILLINGDON CASH

Hillingdon CASH is now registered as a training centre.

Training clinics will be run at Uxbridge health Centre, Chippendale Way UXBRIDGE, Middlesex UB8 1QJ on Mondays, Tuesdays and Wednesdays for DFSRH, LoC IUT and LoC SDI.

Please contact hil-pct.trainingadmin@nhs.net or 01895 488210 for enquiries.

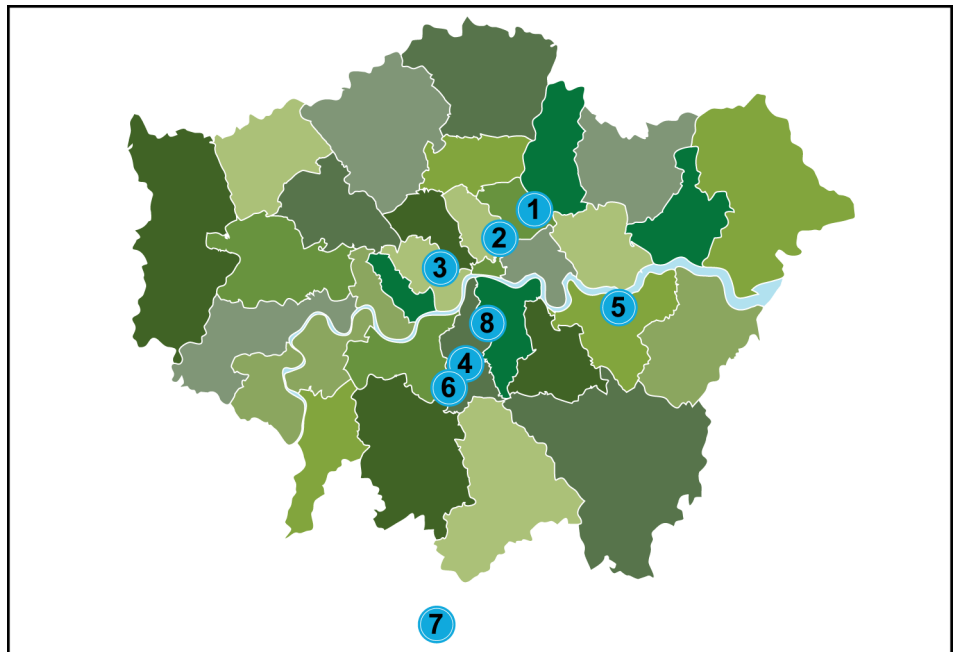
The Hillingdon CASH training centre was approved by the faculty and information is also available on the faculty website: <http://www.ffprhc.org.uk/>

Complicated SDI removals/ referral network

The LLN has received a number of requests for support in signposting providers and patients for complex removals. Below is a list of London services currently providing complex SDI removals, though this list is likely not exhaustive. Services 1 – 6 are currently considered referral sites and were part of a national list of referral sites recently published in an FSRH journal document; however services 7 - 8 are providing locally. The LLN is developing a matrix with all necessary referral mechanism

information for these sites including who referrals must come from, what exclusions/restrictions are in place, and key contacts for making appointments. This matrix will be shared upon completion.

1. Dr May Erskine
Homerton University Hospital
NHS Foundation Trust
Homerton Row
2. Dr. May Erskine
The Ivy Centre
St Leonard's Hospital
Nuttal ST
N1 5LZ
3. Jo Power
Margaret Pyke Centre
73 Charlotte St
W1 4PL
4. Dr Kate Paterson / Dr Paul O'Brien
Westside Contraceptive Services
Raymede Clinic
St Charles Hospital
41a -c Streatham Hill
SW2 4TP
5. Dr Jane Dickson
Market St Health Centre
Market St
Woolwich
SE18 6QF
6. Dr Katherine Creamer
Streatham Hill Sexual Health Centre
41a-c Streatham Hill
London SW2 4TP
7. Dr Tina Peers,
Consultant in SRH East Surrey,
East Surrey Hospital,
Redhill, Surrey,
RH1 5RH
8. Usha Kumar
Caldecot Clinic
King's College Hospital NHS Foundation Trust
15-22 Caldecot Road
Lambeth
London
SE5 9RL



LARC leaflets in foreign languages

LLN GP Champion, Dr. Elizabeth Brander of South East London, has highlighted an important piece of work that has increased the uptake of LARC and reduced the number of abortions in South Asian communities in Blackburn & Darwen NHS.

In-depth, social marketing research identified the gaps and needs among in meeting the reproductive health needs of the community who are of Asian heritage, who make up around 20% of the population. The research led to the development of a campaign launched at a 'Women's Health Day' in 2009 that had a multi-faced approach including engaging with community opinion leaders and using various forms of media, including radio, to disseminate the campaign. One of the campaign materials was a multi-lingual leaflet about LARC that included text in English, Urdu and Gujarati (see below).

This multi-award winning campaign, managed by CaSH Service Lead, Sue Capstick has contributed to a decrease in the overall number of abortions from women in Blackburn & Darwen from the Asian community.

Reference: Women's Health journal, Vol 2, Issue 3, Jun-Jul-Aug 2010, p.123 - 125

Available from URL:

http://www.pcwhj.com/pdf/3515/Vol2_Num3_July-Aug-Sept_2010_p123-125.pdf?sid=f0f534c96fd73a3e
[accessed on 23 June 2011].

For more information on the Blackburn and Darwen campaign, please email:

sue.capstick@lancashirecare.nhs.uk.

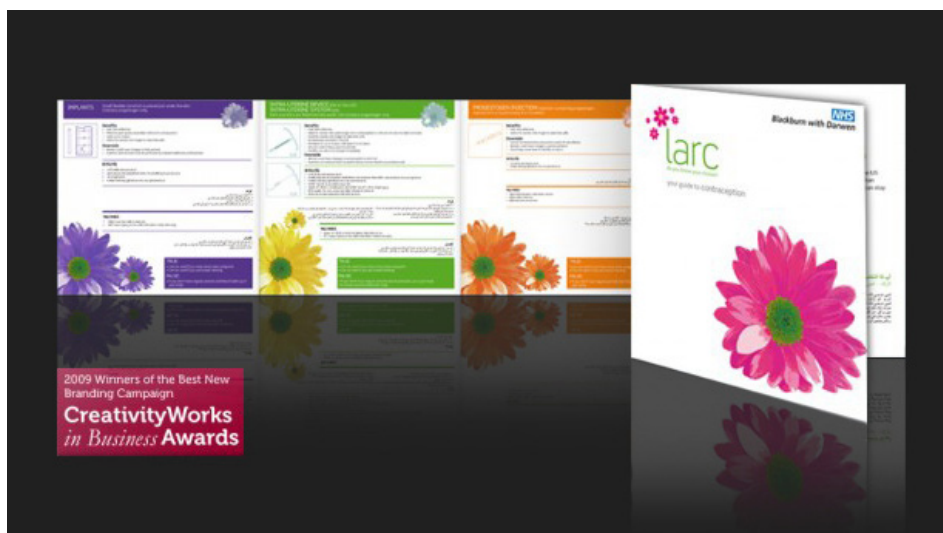
Call for information

The London LARC Network would like to ask for **your help** in assessing what information currently exists about LARC in London for non-English speakers. We would like to make a request

calling for you to send us any examples you have of leaflets or posters, etc. in non-English languages. Also please do get in touch with us if you would like to inform us of what the need is in your area for multi-lingual LARC information leaflets.

Please contact Sara Nam at s.nam@options.co.uk or call on 020 7430 5188.

We look forward to hearing from you!



Medical-legal update on subdermal contraceptive implants

In light of recent interest in cases surrounding rare complications with subdermal implants which have resulted in litigation in the UK, the LLN presents an overview of medical-legal considerations borne out of these incidents. It should be noted these complications are very rare and in exceptional circumstances, but have also occurred outside the UK. For further information please refer to the references provided below which offer more thorough discussion of these issues.

There are three types of potential complications associated with insertion and removal of subdermal implants, all of which have resulted in litigation.

Non-insertion

This phenomenon appears to be a form of human error, possibly as a result of difficulties with coordination or spatial awareness on the part of the operator. Most likely the implant is withdrawn inside the needle without being discharged. It can happen in the hands of those who have undergone training; re-training may not be a solution. Cases have been reported in post-marketing surveillance in several countries. Clinicians who have done one non-insertion would be well advised to carry out a case review of their other insertions, calling

the women in for palpation of the implant. Re-design of the introducer hopefully will eliminate this possibility. Nevertheless, I recommend continuing vigilance in palpating the insertion site after insertion.

Cases of non-insertion are not legally defensible; they are settled in favour of the claimant. The MDU has warned GPs that if they carry out implant insertions without having been trained, they are on their own. Meanwhile, there are more cases of Implanon non-insertion awaiting litigation.

Deep insertion

Insertion in too deep a plane results in an impalpable implant. Removal of deep implants is tricky and should be left to specially-trained experts. There are real risks of failing to locate the implant, repeat removal procedures and damage to vital structures in the arm. The new Nexplanon introducer is designed to avoid deep insertions; time will tell whether it will fulfil its promise.

Nerve injury

There are isolated cases of injury to all three nerves running in the upper arm. Specialist intervention in the form of neurolysis has been needed in some of these cases. Some injuries have resulted in permanent neurological deficit.

Injury invariably occurs during implant removal; this may be an easy removal with a superficially placed nerve or a difficult removal with a deeply placed implant. This problem is not amenable to introducer redesign but needs careful assessment of the insertion site, keeping away

from the neurovascular bundle. Clinicians should resist 'having a go' at removals when the implant is impalpable or located very near to the brachial artery.

Sam Rowlands

Honorary Associate Professor,
Warwick Medical School
June 2011

Rowlands S, Sujan M-A, Cooke M. A risk management approach to the design of contraceptive implants. *J Fam Plann Repro Health Care* 2010; **36**: 191-195.

Rowlands S. Legal aspects of contraceptive implants. *J Fam Plann Repro Health Care* 2010; **36**: 243-248