

Newsletter Issue 3



Welcome to the Third Issue of the London LARC Network

The London LARC network (LLN) has now moved to streamline all of the LLN communications and make our outputs more accessible through the new LLN webpage, which is now available through the [London Sexual Health programme website](#), and hosts many of the LLN's key outputs and other LARC related documents.

We have also created a new (and easy to remember!) email address – LondonLARC@options.co.uk – for all communications related to LARC. We hope to hear more from you all in the future!

Report from Dr Richard Ma, London Sexual Health GP Champion

In early September, I met all the local LARC champions individually. We had an opportunity to reflect on their work and some of the challenges they faced, especially in the context of the transition from PCTs to sector arrangements.

Collectively, they have an extensive knowledge of their local sector, not just their local PCTs and GP practices, but also an understanding of the political and historical contexts that are necessary to promote the use of LARC in their areas. They have also produced work to help local commissioners and GPs across London. These include pan-London Read codes, LARC information for non-English speakers, educational events, LARC training guidance, LES guidance, intra-practice referrals and much more.

We also looked at various sources of information to rapidly assess the uptake of LARC in each PCT and to concentrate work on those that appear to be more “needy”. These sources include the Association of Public Health Observatories (APHO), in addition to local data on LARC activity in general practice.

We noted some PCTs do not have commissioning arrangements with GPs to provide LARC. In those that do, there seems to be a wide variation in how GPs are remunerated and monitored against their contracts. A more detailed piece of work will be done to look at the different contracts available to give guidance on an approach that is cost-effective, and that gives due attention to clinical governance.

Unfortunately, we had to say farewell to Dr Louise Horrocks (SW London LARC Champion) in September due to re-location outside of London. I would like to thank her for all the energy she has summoned to get a comprehensive knowledge of her area which has been invaluable in determining strategies to improve LARC uptake. We wish her well in her future endeavours.

I note the North West London is currently not served by a LARC champion. Some of the champions have kindly agreed to cover specific pieces of work in that sector.

I would like to thank the LARC Champions for their input so far, especially during challenging times. The London Sexual Health Programme has extended their contracts until end of January 2012. Going forward, we shall concentrate on work that will give the most benefit, with long lasting effects - just like a LARC!

Directory of Sexual & Reproductive Health training opportunities for nurses

We'd like to bring your attention to two new documents that highlight opportunities for basic and general training for nurses that you can pass on to your colleagues. The first lists courses on sexual health training available to London-based Nurses through of Higher Education Institutes (HEIs). Click [here](#) to access this document.

The document provides key details for nurses interested in pursuing or building competencies in sexual health, including insertion of LARCs in some courses. The document highlights the level and credits awarded for each course, explains which courses integrate STIs and contraception training into one course and provides details on clinical placements and contact persons (see box 1 below for a list of courses by HEI).

LARC Training for doctors

For doctors, the LLN has produced a pan-London training capacity table for LARCs with contact details by sector area. (Click [here](#) to access this document), which includes the 'Improving Choices in Contraception through Training' (ICCT) programme, which is open to doctors and GP practice nurses across London, and is currently funded by the London Sexual Health Programme, and run by the Margaret Pyke Trust and Lambeth NHS. To find out about this training places please contact the training administrator at Margaret Pyke (Candace Barnacott: candace.barnacott@nhs.net). Other training providers listed in this document may, in many cases, give priority to LARC trainees from within the PCT area where the training takes place – but this is not always the case, so check with the contacts given if you are interested in a training session.

We are still missing information on other training centres for some PCT areas (see box 2 below)– if your area is missing or you have contact details to share for a training facility, please contact us using the LondonLARC@options.co.uk email address so they can be included on this directory.

Box 1 showing list of higher education institutes offering sexual health courses to London-based nurses with level and credits available on each course.

Anglia Ruskin University

Issues in Contraceptive and Reproductive sexual health	Level 3, 15 credits
Practice in Contraception and Sexual Health	Level 3, 15 credits
Cervical Screening Theory and Practice	Level 3, 15 credits

City University London

Cervical cytology (nm3320)	Level 6, 15 credits
HIV/sexual health (nm3118)	Level 6, 15 credits
Contraception & Sexual health theory (nm3287)	Level 6, 15 credits
Contraception & sexual health Praxis(nm3286)	Level 6, 15 credits

Florence Nightingale School of Nursing & Midwifery King's College London

Contraception and sexual health skills	Level 5/6, 15 credits
Contraception and sexual health; a foundation	Level 5/6, 15 credits
Cervical Screening skills	Level 5/6, 15 credits
Men's Sexual Health	Level 6, 15 credits
STI management in primary care	Level 5 and Level 6, 15 credits

Kingston University & St Georges, University of London

Fertility and Fertility control	Level 5/6, 30 credits
Sexual health promotion and screening	Level 5/6, 30 credits

Middlesex University

Contraception & RSH, STI, women's screening,	30 credits per module
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University of Hertfordshire

Theory and Practice of Contraception within Sexual Healthcare	Level 6, 30 credits
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University of Greenwich

Contraception & Reproductive Sexual Health Practice	Level 6, 30 credits
Advanced Contraceptive Practice	Level 7, (Masters),30 credits
Introduction to STIs and Sexual Health	Level 6k 15 credits
Cervical Cytology & Breast Awareness	Level 6k, 15 credits
Fertility Awareness	Level 6k, 30 credits
Current issues In HIV & AIDS	Level 6k 30 credits
Sexual Health Skills	Level 5/6, 30 credits
Promoting Sexual health	Level 6/7,
Intro to reproductive sexual health	Level 5/6

University of West London

Promoting Sexual Health	Level 6/7, 20 credits
Facilitating Family Planning Nursing	Level 6/7, 20 credits

Box 2: List of boroughs with and without details of LARC training facilities / centres for doctors

Boroughs with details of LARC training facilities include:	Boroughs which the London LARC Network does not currently have training details for*:
<u>South West London region</u> Sutton and Merton Wandsworth Kingston Croydon	<u>South West London region</u> Hounslow Richmond & Twickenham
<u>South East London region</u> Bromley Greenwich Bexley Lambeth Southwark Lewisham	<u>Outer North East London region</u> Barking & Dagenham Waltham Forest Redbridge Havering
<u>North Central London region</u> Barnet Enfield Haringey Camden Islington Brent	<u>North West London region</u> Hammersmith & Fulham Kensington & Chelsea Westminster
<u>Inner North East London region</u> City & Hackney Tower Hamlets Newham	<u>North West London region</u> Ealing Hillingdon Harrow * please contact us with details on LondonLARC@options.co.uk

LARC primary care Read Codes - Project Update

The purpose of this project is to support general practices in achieving a standardised and consistent approach to GP recording of LARC prescribing to women of reproductive age (15-49 years old). Combined with other initiatives this project will improve recording of LARC prescribing in primary care and increase the accuracy of the reported uptake of LARC by London PCTs.

At present, practices use different Read codes to record activity, resulting in difficulties in aggregating the performance position across London and therefore possible/likely inaccurate reporting of LARC prescribing in London. Combined with the overall work across London to improve the access to and use of LARC every patient, practices and PCTs should benefit from improved recording and monitoring as patients move from practice to practice and across PCTs.


Work has already been undertaken by the cluster level GP LARC champions to standardise the LARC Read codes used in practices across London and agreement has been reached with all PCTs and practices to use the attached list of Read codes for the current LARC methods [intrauterine, implantable or injectable contraceptives].

Please note that the language in this document was developed by non-clinical coders, and thus terms used may not be accurate or up to date.


The next stage of the project is now underway and is being taken forward by Alison de Metz, Public Health Improvement Lead at NHS London on behalf of the London LARC Network. The Clinical Effectiveness Group (CEG), part of Barts & the London Centre for Primary Care and Public Health,

has been commissioned to develop templates for the different primary care systems in use in London so that local LARC activity can be captured and recorded against the agreed codes. The CEG is a highly reputable organisation with considerable track record of working on similar projects in north east London.

We are optimistic that the first templates will be available to download and use in practices using the EMIS system in 6-8 weeks' time (towards the end of November 2011). This should cover around 60% of London practices. For more information, please contact Alison de Metz (alison.demetz@london.nhs.uk).



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).

Pan London Patient Group Directions (PGDs)

The development of Patient Group Directions has been an important step for nurses working within contraception/sexual health services. In this article, Kathy French explains the recent development of Pan London PGDs.



Kathy French, Project Lead

Introduction

As a consequence of the Crown report in 1998, new regulations came into force on the 9th of August 2000.

This regulation allowed nurses and (other health care professionals) to supply and administer prescription-only medicines to patients, but PGDs should not be confused with nurse prescribing.

What is a PGD?

A PGD is defined in the regulations as:

'a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment'.

A PGD must be signed by a senior doctor and pharmacist, both of whom should be involved in the development of

the direction. Additionally, the PGD must be authorised by the NHS Trust/ PCT in its capacity as a sub-committee of the Health Authority. Clinical Governance leads may be best placed to do this.

Pan London PGD templates

Each NHS Trust, PCT and independent sector who provide contraception/sexual health services draft their individual PGDs.

An approach was made to the pharmacy information manager and the national PGD website editor to explore if there was any way London could have templates for PGDs for contraception and for the treatment of common sexually transmitted infections. This was explored with the pharmacy leads for the Acute and Mental Health Trusts as well as the PCTs, and all agreed that this was a reasonable step to take. Once complete, the PGDs can be downloaded and clinical teams within services will need minimum clinical input to reflect their local arrangements.

These templates must not be downloaded and used without a lead doctor, pharmacist and nurse signing them off for their service.

The process

Nurses and doctors were recruited from the lead nurses and doctors groups and pharmacists were supplied via the pharmacy leads for London.

Two groups were formed, one to develop the templates for contraceptive methods and one for the treatments of STIs. The commissioners for London were informed of this work.

Once in draft form, the contraceptive PGDs were sent to the lead doctors, nurses and pharmacists for comments.

The STI templates are being developed and should be out for comment soon.

All templates will have the NHS London logo, will be reviewed every two years or when new evidence comes to light. The London Network of lead nurses will take the responsibility for ensuring that this happens.

The evidence used in the contraceptive templates comes from the FSRH UK MEC guidance (www.fsrh.org) and for the STI treatments from BASHH (www.bashh.org).

Local services will be able to signpost their individual documents/policies to the templates.

PGD templates being developed include the following;

Contraception

- Combined oral contraceptive (COC)
- Progestogen only pill (POP)
- Progestogen only Injectables
- Combined vaginal ring (CVR)
- Combined patch
- Intra-uterine system (IUS)
- Sub-dermal implant (SDI)
- Emergency hormonal contraceptives (EHC)
- Lidocaine for the insertion/removal of implants

Treatments for common Sexually transmitted infections (STIs)

- Chlamydia
- Gonorrhoea
- Herpes
- Bacterial vaginosis
- Candida (non-STI)

Other templates may follow later, for example for vaccinations, and for post exposure prophylaxis after unprotected sexual intercourse (PEPSE) for the sexual assault centres and sexual health clinics.

If you would like further information on the PGDs, please contact:

Kathy French
Project Lead
London Sexual Health Programme
Kathy.french@btopenworld.com

**Training in sub dermal implants (SDIs)
by nurses**

Nurses across London are extending their role in a variety of settings providing contraception and sexual health in order to meet the demand for long-acting reversible contraception (LARC). Kathy French, Project Lead at LSHP, has been coordinating the development of a Pan London Guidance and Competency document for nurses to insert sub dermal implants (SDIs).

The document, which has arisen following requests from both clinical staff and commissioners, signposts nurses to the relevant guidance and criteria when considering training for the insertion and removal of contraceptive implants and offers a record of training activities where nurses can record evidence of their competency for SDI implant insertions and removals.

The Royal College of Nursing guidelines updated in 2010 are the gold standard for nurses and this document is not intended to replace those. RCN accreditation is strongly recommended, however some services have decided to provide their own certification locally and this document is to provide a Pan-London standard which provides nurses and their employer with a demonstrable record of competencies achieved in cases where local certification has been decided.

Nurses must ensure they have completed a recognised course in contraception/sexual health and are working in the specialist area. An introduction course to contraception/sexual health is not sufficient, see RCN guidance for listed courses. The RCN guidance, which is similar to the FSRH guidance for doctors, is the gold standard for nurses and should be adhered to at all times. Nurses can use the RCN paperwork to record their assessment and competencies.

Nurses who complete the training and are deemed competent must ensure they keep up-to-date with current practice and check the Faculty of Sexual and Reproductive Healthcare website at regular intervals.

For the full document go to www.londonsexualhealth.org/larc-network.html

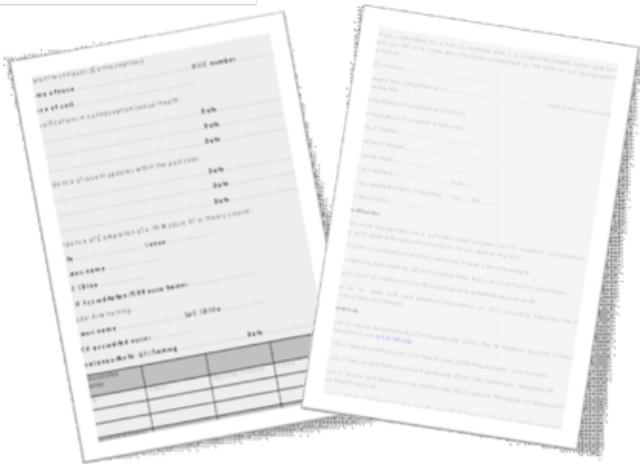
References

Faculty of Sexual and Reproductive Healthcare (2010) The UK Medical Eligibility Criteria for contraceptive use. www.fsrh.org

London Sexual Health Programme (LSHP) (2011) Patient Group Directions Templates at www.londonsexualhealth.org (templates are being developed and on the site very soon)

Royal College of Nursing (2010) Inserting and Removing Sub dermal Implants www.rcn.org.uk

Pan London Guidance and Competency document for nurses to insert sub dermal implants



information and services carry negative consequences for women's and adolescents' health and lives, resulting in unintended pregnancies and abortions and there is evidence that shows that abortion rates are higher among some ethnic minority groups. The role of long-acting and reversible contraceptives therefore have an important role to play in the health of ethnic minority groups, and the provision of information and care on LARCs and other contraceptive methods in an appropriate language and format is vital.

The London LARC Network is currently conducting a needs assessment of written information materials available on LARCs for non-English speakers, and will report on what is available in a future newsletter. In this article, Radhika Shah, GP LLN Champion focusing on LARC for North Central London, offers some practical tips on working with interpreters for contraceptive (and other) consultations in the clinical setting.

Meeting the needs of non-English speakers

“The right to contraceptive information and services is grounded in internationally recognized human rights, including the right to the highest attainable standard of health, the right to decide the number and spacing of one's children, the right to privacy, the right to information, and the right to equality and non-discrimination. Guaranteeing access to available, acceptable, and good quality contraceptive information and services free from coercion, discrimination, and violence is critical for achieving gender equality and ensuring that women can participate as full members of society”.

UNFPA and the Center for Reproductive Rights (2011) The Rights to Contraceptive Information and Services for Women and Adolescents. Briefing Paper. Available from www.unfpa.org [accessed on 28 September 2011].

Governments are obligated to take affirmative steps to ensure that women and adolescents have access, in both law and practice, to the full range of contraceptive methods by removing legal, financial, informational, and other barriers. Lack of access to modern contraceptive



Working with Interpreters in the Reproductive Health Care Setting: a practical guide

Patients whose first language is not English may have some ability to communicate with their GP but may not be fully proficient, confident or have the vocabulary or means to discuss sensitive or emotional topics. The use of an interpreter can reduce the possibility of having a poor and inaccurate history which in turn may distort the diagnosis and subsequent advice and treatment.

It is good practice to offer all clients whose first language is not English the use of an interpreter¹. Further, the Race Relations Act of 2000 requires service providers in

1 Phelan M. (1995). How to do it: work with an interpreter. British Medical Journal. Vol 311 pp 555-557.

the public, private and voluntary sectors ensure that all clients have equality of access to services².

Working with interpreters is a skill for which there is little training offered for clinicians³. Here, a short, practical guide on tips for working with interpreters is presented that can help meet the needs of clients and avoid commonly experienced barriers.

- Working with interpreters requires a longer consultation time; a double appointment should be booked.
- Check the interpreter and client speak the same language and dialect.
- Confirm the interpreter is acceptable to the patient, e.g. women of certain cultures may not be able to discuss intimate subjects with another man who is not the husband, or with women who are of a different generation, so it may be necessary to request a female interpreter of a certain age.
- Consider whether differences in religion, ethnicity or cultural identity may cause problems.
- Ideally the interpreter would have worked in the reproductive healthcare setting previously – if not then take a few minutes to brief them. Most trained interpreters will also be aware of handling difficult and sensitive issues with the correct terminology. They should have also signed a confidentiality agreement with the trust or organisation within which they are working.
- As such, using family members and friends may not be ideal. There is also an issue of confidentiality and appropriateness of using family and friends as interpreters. This situation commonly arises and in view of this and each specific situation, a basic consultation could ensue with any further sensitive issues to be discussed at a booked appointment with an interpreter where full comprehensive notes are written for the clinician to follow up on. Speak directly to the patient/client and maintain primary eye contact with the patient.

- Speak in one or two short sentences at a time – remember that the interpreter is trying to understand the context as well. Pause to give the interpreter time to translate and to check that the patient is understanding what is being said.
- The interpreter is trained to remain impartial. If there is a concern about the impartiality of the interpreter, then this could be discussed with the provider service.
- Listen to both the client and interpreter.
- Everything you say and the client says should be interpreted.
- Professional interpreters are often familiar with the culture and customs of the client. They may point out cultural issues that you were not aware of and ask you to re-phrase a question if not culturally appropriate.

There can be difficult situations where due to numerous reasons an interpreter is not available, and in which a clinician has to work to the best of their ability in that situation. The use of telephone interpreting could be the next best scenario, along with picture aids, but ultimately a face to face tri-partite consultation with an interpreter should be arranged at the earliest opportunity.

Upcoming event

Keep your diary free on the 10th of March 2012 for the next LNN learning event. This will be held at Friends House, close to Euston. We will be distributing more information soon. To find out more email; LondonLARC@options.co.uk

2 Race Relations Act [amendment] 2000
www.archive.official-documents.co.uk (accessed July 2010)

3 Katan D (1994). *Translating Cultures: An Introduction for translators, Interpreters and Mediators* St. Jerome Publishing. Manchester UK