

Joint Working Executive Summary

Project Title

Liverpool Improving Access to Long-Acting Reversible Contraception (LARC) Project

Organisations involved

Organon Pharma (UK) Limited (Organon)*

Liverpool City Council (Liverpool)

Summary

The aim of the project is to roll out a Primary Care Network (PCN) Inter-Practice Referral (IPR) model across the PCNs in Liverpool to provide equity for women in terms of being able to access the contraception of their choice in a range of settings.

Background

"It is estimated that about 30% of pregnancies are unplanned. The effectiveness of the barrier method and oral contraceptive pills depends on their correct and consistent use. By contrast, the effectiveness of long-acting reversible contraceptive (LARC) methods does not depend on daily concordance...Expert clinical opinion is that LARC methods may have a wider role in contraception and their increased uptake could help to reduce unintended pregnancy."¹ (NICE CG30 updated 2nd July 2019).

In Liverpool, the total prescribed LARC rate as well as the GP prescribed LARC rate (PHE fingertips data) fall significantly below the national average².

Not all GP practices in Liverpool have a healthcare professional who is trained to fit LARC methods and if a woman is registered to a practice that does not have a trained fitter, her only option, if her choice of contraception is a LARC method, is to attend the Sexual Health Service in the city centre creating a lack of equity in terms of choice and provision across the city.

Project Approach

The goal for this project is to improve local access to contraception options for women across Liverpool, ensuring that regardless of the GP practice that a woman is registered to that she has access to the full range of contraception choices, ensuring equity across the city for every woman.

This will be achieved by rolling out a Primary Care Network (PCN) Inter-Practice Referral (IPR) model that has been trialled in 1 PCN in Liverpool to the remaining 9 PCNs across the city.

The PCN IPR model allows practices within a PCN who have a healthcare professional trained in delivering LARC methods of contraception to fit LARC in patients that are registered to any practice within their PCN.

Project Objectives

The aim will be to deliver the PCN model in 3-4 PCNs within the 12-month project timeframe.

The overall goal is to increase GP prescribed LARC from the current Liverpool baseline of 13 /1000 to 21.4/1000 over a 3-year period which would then be in line with the North West average for GP prescribed LARC (PHE Fingertips Data 2018)².

Initial success will be measured through a Local Authority dashboard that amalgamates a variety of data sources such as Local Enhanced Service (LES) data submitted by practices to the Local Authority on a monthly basis to support practice payments for the LES. This data is not patient identifiable and will be compared against a specific baseline for each PCN.

Benefits

The benefits of this project have to be mutually beneficial to all parties;

Benefits to the patient;

- Reduction in health inequalities – if a patient is registered to a practice that cannot offer LARC she can still access LARC within her local PCN (geographical area)
- Increased choice – some women do not want to attend a Sexual Health Service but currently for many this is their only option if their chosen method of contraception is a LARC – the PCN model gives them choice in where they access their contraception

- Access to a competent fitter – the PCN model ensures that there is a flow of women through the service (more so than if a fitter was just fitting LARC for the practices own patients) - this ensures that the fitter maintains a good level of competency and confidence in the skills required to fit LARC.

Benefits to the Local Authority and Healthcare Provider:

- Specialist Sexual Health Service: The Sexual Health Service would benefit from most non-complex LARC being fitted within Primary Care which would in turn release capacity for them to do the Tier 3 work that they are commissioned to do and thus reducing waiting times for the service.
- CCGs: LARC is proven to be a very effective form of contraception and it is recognised that an increase in LARC use leads to a reduction in unplanned pregnancies. This in turn results in lower maternity costs and terminations – with a positive effect on CCG budgets.
- Local Authorities: areas that invest in LARC provision benefit from the lower social care costs that result from fewer unplanned pregnancies.

Benefits to Organon:

- Organon would likely benefit from an increase in Nexplanon (etonogestrel) prescriptions as a consequence of the increased LARC use in Liverpool as was seen in the pilot PCN.

Funding

Contributions will be from Organon and Liverpool City Council.

Organon's contribution is in the form of staff time to deliver Project Management support and this will equate to £32,900.

Liverpool City Council will contribute staff time, and financial input for increased Local Enhanced Service payments and promotion of the service which will equate to £90,000.

References

1. NICE CG30 (last updated 2nd July 2019) <https://www.nice.org.uk/guidance/cg30/resources/longacting-reversible-contraception-pdf-975379839685> Page 5
2. Public Health England Fingertips Data <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000059/pat/6/par/E12000002/ati/302/are/E08000012/cid/4/page-options/ovw-do-0> (Accessed 05/11/2020)

* Organon Pharma (UK) Limited is a wholly owned subsidiary of MSD, scheduled to spin off as a separate company in 2021.

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