Publication Report

Long Acting Reversible Methods of Contraception (LARC) – Key Clinical Indicator

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A National Statistics Publication for Scotland

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Introduction

The proportion of women of reproductive age using long-acting reversible methods of contraception (LARC) in each NHS board.

'Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health', published in 2005, states that the full range of contraceptive methods should be available to all patients.

In typical use, the 'long-acting' or 'lasting' methods of contraception have a lower failure rate than alternative reversible methods (for example, the contraceptive pill or condoms).

The NICE guideline on LARC for England and Wales published in October 2005 suggested that increased uptake of long-acting methods would reduce unintended pregnancy and be cost-effective for the National Health Service. Although this guideline was written for England and Wales, the findings are equally pertinent for Scotland.

LARC is reported:
- Amongst women of reproductive age (defined as 15-49)
- In Scotland
- By NHS board
- For 2010/2011

While the indicator monitors LARC, this report focuses more particularly on very long acting methods namely the implant (Implanon® and more recently Nexplanon®), IUD and IUS (Mirena®). As four Depo-Provera injections are required per year; it is difficult with the current information to determine person level data, so Depo-Provera is presented as total numbers of injections only.

Data collection

Long acting contraceptive methods are prescribed in a variety of settings throughout Scotland. Data are collected on contraception provision in all these centres but are not currently collated and reported nationally.

The data in this report have been collected from the following sources

'Community Prescribing' (Primary Care)
ISD's prescribing team maintains a detailed database of all NHS prescriptions dispensed in the community in Scotland. The information is supplied to ISD by Practitioner Services Division (PSD).

These data are augmented with information on prescriptions written in Scotland that were dispensed elsewhere in the United Kingdom. All these prescriptions are dispensed by community pharmacies, dispensing doctors and a small number of specialist appliance suppliers.

Figures suggests that within primary care, locally enhanced services provide better access to LARC where payments are provided for the fitting and removal of long acting methods, but where these enhanced services do not exist access can be more restricted.

Data obtained from central pharmacies
(Specialist Community Clinics and Acute)
Data on prescribing in community specialist clinics are not available centrally and data collection in clinics can vary.

It was therefore decided that central pharmacies would be the best source of this information until sustainable methods of data collection are available. The data from this source shows the distribution and supply of these products from the pharmacies to the acute sector (including obstetrics, gynaecology and post termination services etc) and to specialist community clinics (including integrated sexual health, sexual and reproductive health and genitourinary medicine services).

It is difficult to equate this directly with usage, as there are issues such as stock retention to consider. However, for the purposes of this report the assumption is that clinics, in general, order as many products as they expect to use and therefore the data we have on the clinics should equate roughly to LARC uptake.

The National Sexual Health System (NaSH) continues to be rolled out to NHS boards across Scotland. The system is an electronic patient record for specialist sexual health services in Scotland and as a secondary function will provide aggregate national information on clinical activity, including the usage of all types of contraception.

Continuation rates
The continuation rate of a method of contraception is one (indirect) indicator of the acceptability of that method. Continuation rates are higher for very long acting methods because the user has to attend a health professional in order to stop using the method.

It is not possible to calculate the continuation rates from prescribing data, which only reflects uptake of the method. In any one year women will be at various stages in their contraceptive use: newly prescribed; mid cycle, or due for renewal.

For the purposes of this report we are reporting the numbers as new uptake which seems reasonable for the very long acting methods.

The inclusion of the CHI number in ePharmacy data and the roll out of the national sexual health system, NaSH, means that once data are available it will be possible to monitor uptake more accurately.

Data for Financial Year 2010/2011
This publication reports on financial year 2010/2011.

The data presented looks at the proportion of women that started on a particular long acting reversible method in that year.

The very long acting methods featured in this report were analysed in the following fashion.

Method		Analysis
Implanon® / Nexplanon®	One implant every 3 years	One implant/one woman
Mirena®	One insertion every 5 years	One Mirena® /one woman
IUD	One insertion every 5 to 12 years	One IUD/ one woman

Important note:
NHS Orkney reported that there were no supplies of any of the products from their central pharmacies in financial year 2010/2011. Data for this board are therefore only from primary care dispensing.

LARC rates are calculated for NHS board of treatment using population figures for board of residence and therefore the rates do not account for patients travelling across boundaries for treatment (e.g. NHS Lanarkshire residents travelling to NHS Greater Glasgow & Clyde for contraception services).

The LARC KCI for 2010 data was originally published in July 2011 with data omitted for NHS Lothian due to data quality issues. This subsequently meant that overall Scotland totals could not be reported. In this issue all the NHS Lothian data are included and for the first time, overall Scotland totals are given for each contraceptive method and for all the very long acting methods.
Further, the NHS Dumfries and Galloway and the NHS Forth Valley figures contained in table 1.5 and 1.6 (relating to IUDs) have been revised to address data issues. The revision of these figures has subsequently affected the totals reported for all very long acting methods (tables 1.13 and 1.14). These were expected revisions and were explained in the first issue of the report.
Revisions are denoted in the affected tables throughout the report.

Key points

- The uptake of LARC continues to increase.
- The uptake of very long acting methods (the contraceptive implant, IUDs (the coil) and Mirena® (IUS)) in Scotland increased from 56.7 per 1000 women aged 15-49 in 2009/10 to 64.0 in 2010/11/
- The majority (10 out of 14) of NHS boards have increased their uptake of these very long acting or 'lasting' methods.
- The contraceptive implant continues to be the most popular method of LARC.

Results and Commentary

Contraceptive Implant (Implanon® / Nexplanon®)

The implant is a progestogen only method of contraception and consists of a single rod, which is inserted in the arm, under the skin. The implant releases etonogestrel providing protection from pregnancy for up to three years.

In October 2010 Nexplanon® replaced Implanon® , which until then was the only contraceptive implant used in the U.K.
Where a NHS board has distributed both Implanon® and Nexplanon® during 2010/2011, these figures have been added together to represent the total number of contraceptive implants distributed.

Table 1.1
Number and rates per 1,000 women (15-49) of the contraceptive implant dispensed in primary care* by NHS boards 2010/2011

NHS Board	2010/11 Numbers	2010/11 Rate	2009/10 Rate
Ayrshire & Arran	1,328	16.2	14.1
Borders	209	8.8	7.9
Dumfries & Galloway	817	27.0	28.4
Fife	959	11.2	9.8
Forth Valley	1,276	18.2	15.0
Grampian	3,298	25.6	20.6
Greater Glasgow & Clyde	3,812	12.5	9.7
Highland	1,818	28.1	24.4
Lanarkshire	1,123	8.4	6.0
Lothian	3,400	15.5	12.2
Orkney	249	58.2	43.1
Shetland	82	17.0	17.1
Tayside	1,431	15.6	10.4
Western Isles	105	20.2	18.8
Scotland	**19,907**	**15.9**	**12.9**

* NHS prescriptions dispensed in the community in Scotland

Table 1.2
Numbers and rates per 1,000 women (15-49) of the contraceptive implant distributed from central pharmacies by NHS board, 2010/2011

NHS Board	2010/11 Numbers	2010/11 Rate	2009/10 Rate
Ayrshire & Arran	1,288	15.7	13.0
Borders	466	19.7	14.8
Dumfries & Galloway	232	7.7	6.5
Fife	1,202	14.1	13.2
Forth Valley	699	10.0	8.6
Grampian	1,217	9.4	10.3

Greater Glasgow & Clyde	9,699	31.9	25.8
Highland	833	12.9	7.6
Lanarkshire	2,133	15.9	9.2
Lothian[r]	2525	11.5	13.2
Orkney	-	-	-
Shetland	58	12.0	6.5
Tayside	1,498	16.3	15.0
Western Isles	40	7.7	6.9
Scotland[r]	**21890**	**17.5**	**14.9**

[r] Totals revised from original publication– 09 November 2011

- Twelve of the NHS boards have seen an increase in the prescribing of the contraceptive implant from 2009/10 to 2010/11 with NHS Orkney, NHS Tayside and NHS Grampian noting the largest increase.
- There were 13 NHS boards (i.e. not NHS Orkney) reporting supplies of the contraceptive implant to sexual health clinics and acute settings. Increases in supplies from 2009/10 to 2010/11 were noted for 11 of these NHS boards. The increase for NHS Shetland is in part due to the previous year's data only reflecting part of 2009/10.
- NHS Greater Glasgow & Clyde and NHS Lanarkshire noted the largest increase in supplies from central pharmacy stores.
- The rates for primary care prescribing are lower than in sexual health clinics/acute settings, 15.9 compared to 17.5 (per 1,000).
- NHS Borders and Greater Glasgow & Clyde show much higher rates in sexual health clinics/acute than in primary care.
- NHS Dumfries & Galloway, Grampian and Highland show greater rates in primary care. This may be due to the fact that these boards have large areas of rural and remote populations and therefore it is easier for these women to see their local GP practice than to access specialist services in urban centres.

Table 1.3
Number and rates per 1,000 women (15-49) of the contraceptive implant distributed and dispensed (total) from all sources by NHS board, 2010/2011

NHS Board	2010/11 Numbers	2010/11 Total Rate	2009/10 Total Rate
Ayrshire & Arran	2,616	31.8	27.0
Borders	675	28.5	22.7
Dumfries & Galloway	1,049	34.7	34.9
Fife	2,161	25.3	23.0
Forth Valley	1,975	28.2	23.7
Grampian	4,515	35.0	30.9
Greater Glasgow & Clyde	13,511	44.4	35.5
Highland	2,651	41.0	32.0
Lanarkshire	3,256	24.3	15.2
Lothian[r]	5925	27.0	25.4
Orkney	249	58.2	43.1
Shetland	140	29.1	23.5
Tayside	2,929	31.9	25.3
Western Isles	145	27.9	25.7
Scotland[r]	**41797**	**33.5**	**27.8**

[r] Totals revised from original publication– 09 November 2011

- Total rates per 1,000 women are up from 27.8 in 2009/10 to 33.5 in 2010/11.
- This indicates a steady increase in the dispensing/supply of Implanon®, now up from 7.0 per 1000 in 2004/05.
- The majority of the individual NHS boards have seen an increase from 2009/10 to 2010/11, with NHS Orkney (increase of 15.1), NHS Lanarkshire (increase of 9.1), NHS Highland (increase of 9.0) and NHS Greater Glasgow & Clyde (increase of 8.9) in particular noting the largest increases.
- NHS Dumfries & Galloway are the only NHS board to have noted a decrease although minimal at 0.2.
- Outside the Island NHS boards, high rates can be observed for 2010/11 in NHS Greater Glasgow & Clyde (44.4), NHS Highland (41.0), NHS Grampian (35.0) and NHS Dumfries & Galloway (34.7)**.**
- Whilst the rates are calculated using an age range of 15-49 years (to reflect reproductive age) it is worth noting that there are young females aged less than 15 who are choosing to use Implanon® / Nexplanon® as their method of contraception.

Intrauterine Device (IUD)

IUDs prevent pregnancy from the time of insertion. An IUD can be used for up to 10 years, sometimes longer. IUDs can also be used instead of the emergency contraceptive pill when fitted up to five days after intercourse.

Table 1.4
Number and rates per 1,000 women (15-49) of IUDs dispensed in primary care* by NHS boards 2010/2011

NHS Board	2010/11 Numbers	2010/11 Rate	2009/10 Rate
Ayrshire & Arran	352	4.3	4.2
Borders	82	3.5	3.0
Dumfries & Galloway	101	3.3	4.5
Fife	202	2.4	2.9
Forth Valley	253	3.6	3.4
Grampian	526	4.1	3.4
Greater Glasgow & Clyde	608	2.0	2.0
Highland	272	4.2	4.8
Lanarkshire	303	2.3	2.5
Lothian	508	2.3	2.3
Orkney	27	6.3	5.2
Shetland	21	4.4	5.8
Tayside	261	2.8	2.7
Western Isles	20	3.9	2.9
Scotland	**3,536**	**2.8**	**2.9**

* NHS prescriptions dispensed in the community in Scotland

Table 1.5
Numbers are rates per 1,000 women (15-49) of IUDs distributed from central pharmacies by NHS board, 2010/2011

NHS Board	2010/11 Numbers	2010/11 Rate	2009/10 Rate
Ayrshire & Arran	178	2.2	3.2
Borders	72	3.0	3.2
Dumfries & Galloway[r]	48	1.6	1.3
Fife	171	2.0	3.1
Forth Valley[r]	178	2.5	3.6
Grampian	158	1.2	1.8
Greater Glasgow & Clyde	2,436	8.0	10.2
Highland	180	2.8	1.1
Lanarkshire	446	3.3	4.6
Lothian[r]	843	3.8	5.5
Orkney	-	-	-
Shetland	19	3.9	0.4
Tayside	235	2.6	2.1

Western Isles	20	3.9	6.1
Scotland[r]	**4986**	**4.0**	**5.1**

[r] Totals revised from original publication– 09 November 2011

- Half of all the NHS boards (7 out of 14) have seen an increase in the dispensing of IUDs in primary care from 2009/10 to 2010/11. All of the increases noted were small.
- Two boards (NHS Greater Glasgow & Clyde and NHS Lothian) showed no difference in their primary care dispensing from 2009/10 to 2010/11 leaving five boards showing a decrease. All of the decreases noted were small.
- There were 13 boards reporting supplies of IUDs to sexual health clinics and acute settings in 2010/11. Of those boards only four saw slightly higher rates for 2010/11 than 2009/10.
- The overall rate for central pharmacy prescribing supplies decreased from 5.1 in 2009/10 to 4.0 (per 1,000) in 2010/11.
- The Scotland rate for primary care prescribing is slightly lower than in sexual health clinics/acute, 2.8 compared with 4.0 (per 1,000).

Table 1.6
Number and rates per 1,000 women (15-49) of IUDs distributed and dispensed (total) from all sources by NHS board, 2010/2011

NHS Board	2010/11 Numbers	2010/2011 Total Rate	2009/10 Total Rate
Ayrshire & Arran	530	6.4	7.4
Borders	154	6.5	6.2
Dumfries & Galloway[r]	149	4.9	5.8
Fife	373	4.4	6.1
Forth Valley[r]	431	6.1	7.1
Grampian	684	5.3	5.3
Greater Glasgow & Clyde	3,044	10.0	12.2
Highland	452	7.0	5.9
Lanarkshire	749	5.6	7.1
Lothian[r]	1351	6.2	7.8
Orkney	27	6.3	5.2
Shetland	40	8.3	6.2
Tayside	496	5.4	4.8
Western Isles	40	7.7	9.0
Scotland[r]	**8520**	**6.8**	**7.9**

[r] Totals revised from original publication– 09 November 2011

- Total dispensing/supply of IUDs has decreased from 7.9 per 1,000 in 2009/10 to 6.8 per 1,000 in 2010/11.
- Within the NHS boards, the rates have remained relatively steady with no notable increases or decreases.

Mirena® Intrauterine System (IUS)

Like the IUD, Mirena® is a contraceptive device but unlike other IUDs, it contains levonorgestrel, a synthetic form of progesterone. Known as an intrauterine system (IUS), Mirena® gradually releases levonorgestrel into the uterus, preventing pregnancy and can be left in the uterus for five years.

As well as its use as a contraceptive, Mirena® is also used to treat menorrhagia (heavy periods) and is licensed as the progestogen component of HRT for menopausal women, which may in part explain the higher usage rates compared to IUD in the acute services setting. At the moment it is not possible to determine reason for use and thus separate the data. However, it should be noted that hospital abortion services fit contraception as well as provide contraception advice after abortion so whilst Mirena® in the acute services setting may be for menorrhagia, it may equally be for contraception.

Table 1.7
Number and rates per 1,000 women (15-49) of Mirena® dispensed in primary care* by NHS boards 2010/2011

NHS Board	2010/11 Numbers	2010/11 Rate	2009/10 Rate
Ayrshire & Arran	1,230	15.0	13.9
Borders	337	14.3	13.9
Dumfries & Galloway	458	15.2	14.9
Fife	640	7.5	7.5
Forth Valley	864	12.3	10.7
Grampian	1,808	14.0	12.0
Greater Glasgow & Clyde	1,260	4.1	4.1
Highland	1,330	20.6	18.5
Lanarkshire	835	6.2	6.4
Lothian	1,217	5.5	5.5
Orkney	70	16.4	25.2
Shetland	155	32.2	29.4
Tayside	1,575	17.2	15.7
Western Isles	41	7.9	7.5
Scotland	**11,820**	**9.5**	**8.9**

* NHS prescriptions dispensed in the community in Scotland

Table 1.8
Numbers are rates per 1,000 women (15-49) of Mirena® distributed from central pharmacies by NHS board, 2010/2011

NHS Board	2010/11 Numbers	2010/11 Rate	2009/10 Rate
Ayrshire & Arran	938	11.4	10.8
Borders	337	14.3	13.5
Dumfries & Galloway	472	15.6	16.2
Fife	765	9.0	9.8
Forth Valley	565	8.1	8.0
Grampian	1,053	8.2	8.4
Greater Glasgow & Clyde	7,688	25.3	17.5
Highland	707	10.9	8.3
Lanarkshire	1,813	13.5	10.6
Lothian[r]	2297	10.5	10.9
Orkney	-	-	-
Shetland	13	2.7	1.7
Tayside	1,062	11.6	12.6
Western Isles	68	13.1	17.6
Scotland[r]	**17778**	**14.2**	**12.1**

[r] Totals revised from original publication– 09 November 2011

- Rates for Mirena® are higher in sexual health clinics/acute than in primary care, 14.2 compared to 9.5 per 1,000. It should be noted that some GPs may refer women seeking a Mirena® to sexual health clinics/acute services as not all GPs are trained in the insertion of this contraceptive.
- In primary care prescribing, 9 of the 14 boards noted a higher rate in 2010/11 compared to 2009/10. Two boards showed no difference and two boards noted decreases.
- There were 13 boards reporting supplies of Mirena® to sexual health clinics/acute settings in 2010/11. Of those boards, 7 saw higher rates for 2010/11 than 2009/10. Most of the increases noted were small with the exception of NHS Greater Glasgow & Clyde (7.8 increase).

Table 1.9
Number and rates per 1,000 women (15-49) of Mirena® distributed and dispensed (total) from all sources by NHS board, 2010/2011

NHS Board	2010/11 Numbers	2010/11 Total Rate	2009/10 Total Rate
Ayrshire & Arran	2,168	26.4	24.7
Borders	674	28.5	27.4
Dumfries & Galloway	930	30.8	31.1
Fife	1,405	16.5	17.3
Forth Valley	1,429	20.4	18.7
Grampian	2,861	22.2	20.4
Greater Glasgow & Clyde	8,948	29.4	21.5
Highland	2,037	31.5	26.8
Lanarkshire	2,648	19.8	17.1
Lothian[r]	3,514	16.0	16.4
Orkney	70	16.4	25.2
Shetland	168	34.9	31.0
Tayside	2,637	28.7	28.3
Western Isles	109	21.0	25.1
Scotland[r]	**29,598**	**23.7**	**21.0**

[r] Totals revised from original publication– 09 November 2011

- The dispensing/supply rate of Mirena® has increased from 21.0 in 2009/10 to 23.7 per 1,000 in 2010/11.
- Although it is important to note that Mirena® is also used to treat menorrhagia, the numbers are still notably higher than that of IUD.

Depo Provera® Contraceptive Injections

Unlike the other long acting reversible methods of contraception, where the product can be equated to one woman, Depo Provera® requires that the woman have four injections every year (one every 12 weeks) in order to be protected from pregnancy. It is therefore not possible to use available data to equate contraception to an individual woman. Therefore, it has not been possible to calculate rate per 1000 woman and so these data are presented by number only.

Table 1.10
Number of Depo Provera® vials/syringes dispensed in Primary Care*, by NHS board, 2010/2011

NHS Board	2010/11 Numbers	2009/10 Numbers
Ayrshire & Arran	6,997	6,945
Borders	2,871	2,584
Dumfries & Galloway	3,206	3,188
Fife	8,064	7,479
Forth Valley	5,587	5,541
Grampian	14,506	14,602
Greater Glasgow & Clyde	19,943	19,505
Highland	7,319	7,219
Lanarkshire	9,586	9,350
Lothian	17,432	17,430
Orkney	579	611
Shetland	403	202
Tayside	10,189	9,823
Western Isles	444	391
Scotland	**107,126**	**104,870**

* NHS prescriptions dispensed in the community in Scotland

Table 1.11
Number of Depo Provera® vials/syringes distributed from central pharmacies by NHS board, 2010/2011

NHS Board	2010/11 Numbers	2009/10 Numbers
Ayrshire & Arran	1,964	1,746
Borders	182	151
Dumfries & Galloway	222	171
Fife	1,275	1,225
Forth Valley	1,201	1,560
Grampian	1,743	1,935
Greater Glasgow & Clyde	7,344	6,945
Highland	442	423
Lanarkshire	2,025	2,269
Lothian[r]	2,092	2,315
Orkney	-	-
Shetland	18	6
Tayside	1,133	1,524
Western Isles	6	12
Scotland[r]	**19,647**	**20,282**

[r] Totals revised from original publication– 09 November 2011

- Dispensing of Depo Provera® has increased in primary care with 12 out of 14 boards showing increases.
- The supply of Depo Provera® to sexual health clinics/acute settings has decreased from 2009/10 to 2010/11.
- Of supplies to sexual health clinics/acute settings in 2010/11, 6 of the 13 boards show a decrease from 2010/09.
- Prescribing numbers in primary care remain a great deal higher than supplies to sexual health clinics/acute settings for each health board.

Table 1.12
Number of Depo Provera® vials/syringes distributed and dispensed (total) from all sources by NHS board, 2010/2011

NHS Board	2010/11 Total Numbers	2009/10 Total Numbers
Ayrshire & Arran	8,961	8,691
Borders	3,053	2,735
Dumfries & Galloway	3,428	3,359
Fife	9,339	8,704
Forth Valley	6,788	7,101
Grampian	16,249	16,537
Greater Glasgow & Clyde	27,287	26,450
Highland	7,761	7,642
Lanarkshire	11,611	11,619
Lothian[r]	19,524	19,745
Orkney	579	611
Shetland	421	208
Tayside	11,322	11,347
Western Isles	450	403
Scotland[r]	**126,773**	**125,152**

[r] Totals revised from original publication– 09 November 2011

- Overall there has been an increase in the dispensing/supply of Depo Provera® despite some boards (6 out of 14) showing decreases.

Depo Provera® continues to be a popular method of long acting contraception. However, some would argue the necessity of an injection every 12 weeks should prevent this method being considered ‘long acting’ or ‘lasting’. There is still a need for the woman to remember to have the injection during the correct timeframe in order to remain protected against unwanted pregnancy.

Depo Provera® is generally more accessible from primary care than other LARC methods. The data shows that more Depo Provera® is prescribed in primary care than from community sexual health clinics/acute settings.

Very Long Acting Reversible Methods of Contraception

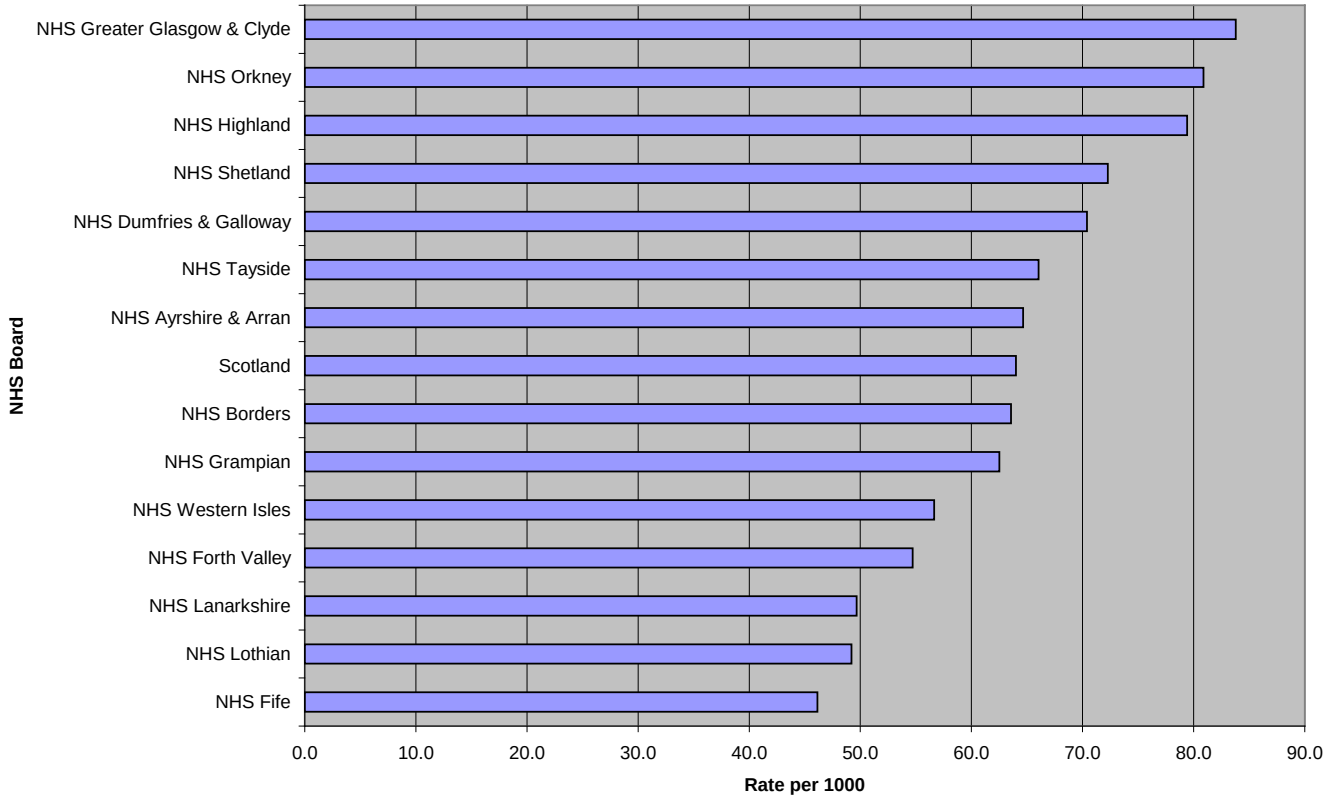
The data in table 1.13 looks at the total uptake per 1,000 women for those products defined as very long acting i.e. contraceptive implants (Implanon® / Nexplanon®), IUD and IUS (Mirena®).

Table 1.13
Numbers and rates per 1,000 women (15-49) of all very long acting methods* by NHS boards from all sources, 2010/2011

NHS Board	Numbers	Rate
Ayrshire & Arran	5,314	64.6
Borders	1,503	63.6
Dumfries & Galloway[r]	2,128	70.4
Fife	3,939	46.1
Forth Valley[r]	3,835	54.7
Grampian	8,060	62.5
Greater Glasgow & Clyde	25,503	83.8
Highland	5,140	79.4
Lanarkshire	6,653	49.7
Lothian[r]	10,790	49.2
Orkney	346	80.9
Shetland	348	72.3
Tayside	6,062	66.1
Western Isles	294	56.6
Scotland[r]	**79,915**	**64.0**

*Contraceptive implant (Implanon® / Nexplanon®), intrauterine device and intrauterine system (Mirena®).
[r] Totals revised from original publication– 09 November 2011

Figure 1.1 **Rate of total dispensing of very long acting methods per 1,000 women (15-49) by NHS board, 2010/11**



Data for QIS Sexual Health Standards

Table 1.13 provides the data required to monitor the NHS boards' performance in 2009/2010 against the following QIS standards:
Essential - 8.2. 60 or more females per 1,000 females of reproductive age per year are prescribed intrauterine and implantable contraceptives.
Desirable - 8.5. 100 or more females per 1,000 females of reproductive age per year are prescribed intrauterine and implantable contraceptives by the end of 2011.

Table 1.14
Rates per 1,000 women (15-49) of all very long acting methods* by NHS boards from all sources, 2009/2010 and 2010/2011

NHS Board	Rates	
	2010/11	**2009/10**
Ayrshire & Arran	64.6	59.2
Borders	63.6	56.3
Dumfries & Galloway[r]	70.4	71.9
Fife	46.1	46.4
Forth Valley[r]	54.7	49.5
Grampian	62.5	56.6
Greater Glasgow & Clyde	83.8	69.2
Highland	79.4	64.8
Lanarkshire	49.7	39.3
Lothian[r]	49.2	49.6
Orkney	80.9	73.5
Shetland	72.3	60.8
Tayside	66.1	58.4
Western Isles	56.6	59.8
Scotland[r]	**64.0**	**56.7**

*Contraceptive implant (Implanon® / Nexplanon®), intrauterine device and intrauterine system (Mirena®).
[r] Totals revised from original publication– 09 November 2011

Commentary
The rate per 1,000 women of reproductive age in Scotland that have been prescribed a very long acting LARC has risen by 7.3 to 64.0 women per 1,000 since the last financial year. This shows continuing positive progress towards 8.2 of the QIS Sexual Health standards with 9 of the 14 health boards individually meeting this target for 2010/2011.

These data show that the total uptake of all very long acting methods increased in 10 of the 14 boards from 2009/10 to 2010/11.
Of the three very long acting methods (IUD, Mirena® and Implanon®), the total rates for uptake of the contraceptive implant have shown the largest increase since 2009/10 and this continues to be the most popular method.

Note: LARC rates are calculated for NHS board of treatment using population figures for board of residence and therefore the rates do not account for patients travelling across boundaries for treatment.

Thanks to:
The NHS board hospital pharmacies that kindly provided the LARC sexual health clinics/acute data

Glossary

IUD	Intra-uterine device
IUS	Intra-uterine system
KCI	Key Clinical Indicator
LARC	Long Acting Reversible method of Contraception
QIS	Quality Improvement Scotland (now known as Healthcare Improvement Scotland)

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Further Information

Further information can be found on the ISD website

Appendix

A1 – Data sources

The data sources are;

- dispensing in the community (primary care),
- distribution from hospital pharmacies

ISD prescribing data and the data provided directly from the hospital pharmacies were used as the most reliable sources until the data could be obtained directly from the clinics themselves. These data sources are the most comparable, whilst still representing slightly different methods of accounting for uptake.

Primary Care
Of all the data sources available in this report, uptake is most accurately represented by the dispensing data (primary care), – although it is not possible to know if they continued with the product for the full recommended term.

GPs write the vast majority of these prescriptions, with the remainder written mainly by nurses. They also include prescriptions written in hospitals that are dispensed in the community, but exclude drugs dispensed within hospitals themselves.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Long acting reversible methods of contraception (LARC) Key Clinical Indicator (KCI)
Description	Annual update on the proportion of women of reproductive age using long-acting reversible methods of contraception in each NHS board.
Theme	Health and Social Care
Topic	Sexual Health services
Format	Word document
Data source(s)	Primary care prescribing data - PRISMS Acute dispensing – Template sent to central pharmacy stores to obtain these data for each NHS board.
Date that data are acquired	Data requested from PRISMS – May 2011 Templates sent to central pharmacies – May 2011
Release date	26/07/2011
Frequency	Annual
Timeframe of data and timeliness	Financial year (April 2010- March 2011). Generally no delays.
Continuity of data	Baseline data first established for 2004/05 for this particular indicator.
Revisions statement	There are no revisions to data from previous year which are contained in the report.
Revisions relevant to this publication	A revision will be carried on this issue of the report as Lothian data have not been included due to data quality issues. The report was revised on 09 November to include the previously omitted NHS Lothian figures and the overall Scotland totals. Table 1.5 and 1.6 also contains revised figures for NHS Dumfries and Galloway and NHS Forth Valley. The revision of these NHS boards data have resulted in slightly higher rates.
Concepts and definitions	
Relevance and key uses of the statistics	Making information publicly available for planning, provision of services, assessing impact of policies/initiatives and monitoring progress against QIS (now Healthcare Improvement Scotland) sexual health standards.
Accuracy	Data from PRISMS are requested internally from ISD as an Information Request and are therefore subject to internal checking procedures. Data sent by central pharmacies are 'sense checked' against previous years' submissions and queried where required.
Completeness	Considered complete for health boards that have been included.
Comparability	The data are reported by Scottish NHS health boards as a rate using population figures. They are therefore very specific to Scotland and the indicator created to monitor the QIS standard.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.
Coherence and clarity	The report on LARC is accessible via the ISD website http://www.isdscotland.org/Health%2DTopics/Sexual%2DHealth/Key%2DClinical%2DIndicators/

Value type and unit of measurement	Number of items dispensed and rates per 1,000 women (aged 15-49) presented.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics
UK Statistics Authority Assessment	Awaiting assessment by UK Statistics Authority
Last published	28th September 2010
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Date of first publication	February 2007 (which reports on data from 2004/05)
Help email	NSS.isddash@nhs.net
Date form completed	12/07/2011

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)

Early Access for Management Information

These statistics will also have been made available to those who needed access to ‘management information’, ie as part of the delivery of health and care:

Sexual Health Clinical Leads for Scotland

Early Access for Quality Assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:

Sexual Health Clinical Leads for Scotland