

Publication Report



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

Year ending March 2012

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Introduction

This publication reports on 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 2011/2012

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 settings 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).

Figures suggests that within primary care, "locally enhanced services", where payments are provided for the fitting and removal of long acting methods, provide better access to LARC 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.

NaSH

The National Sexual Health System (NaSH) has been 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. The relevant data are not available yet, however.

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 2011/2012

This publication reports on financial year 2011/2012.

The data presented look 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
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Important note:

NHS Orkney reported that there were no supplies of any of the products from their central pharmacies in financial year 2011/2012. 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).

Data published in the previous LARC Report (Nov 2011) for NHS Greater Glasgow & Clyde obtained from central pharmacies has been found to contain duplicate values. These have now been removed and 2010/11 rates used in this publication have been rectified.

Key points

- The uptake of LARC has shown a decrease.
- The uptake of very long acting methods (the contraceptive implant, IUDs (the coil) and Mirena[®] (IUS)) in Scotland decreased from 60.6 per 1000 women aged 15-49 in 2010/11 to 55.4 in 2011/12.
- Half (7 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 UK.

Where a NHS board has distributed both Implanon® and Nexplanon® during 2011/2012, 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 2011/12

NHS Board	2011/12 Numbers	2011/12 Rate	2010/11 Rate
NHS Ayrshire & Arran	1,364	16.8	16.2
NHS Borders	230	9.8	8.8
NHS Dumfries & Galloway	830	27.8	27.0
NHS Fife	1,033	12.1	11.2
NHS Forth Valley	1,264	18.0	18.2
NHS Grampian	3,324	25.7	25.6
NHS Greater Glasgow & Clyde	3,409	11.2	12.5
NHS Highland	1,742	27.1	28.1
NHS Lanarkshire	1,080	8.1	8.4
NHS Lothian	3,324	15.0	15.5
NHS Orkney	187	44.2	58.2
NHS Shetland	94	19.6	17.0
NHS Tayside	1,693	18.4	15.6
NHS Western Isles	99	19.2	20.2
Scotland	19,673	15.8	15.9

* 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, 2011/12

NHS Board	2011/12 Numbers	2011/12 Rate	2010/11 Rate
NHS Ayrshire & Arran	1,338	16.5	15.7
NHS Borders	542	23.2	19.7
NHS Dumfries & Galloway	253	8.5	7.7
NHS Fife	1,100	12.9	14.1
NHS Forth Valley	712	10.1	10.0
NHS Grampian	1,035	8.0	9.4
NHS Greater Glasgow & Clyde	4,162	13.7	25.2
NHS Highland	630	9.8	12.9
NHS Lanarkshire	1,891	14.2	15.9

NHS Lothian	1,894	8.5	11.5
NHS Orkney	0	0.0	0.0
NHS Shetland	63	13.2	12.0
NHS Tayside	1,458	15.9	16.3
NHS Western Isles	23	4.5	7.7
Scotland	15,101	12.1	15.9

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

- Five of the NHS boards have seen an increase in the prescribing of the contraceptive implant from 2010/11 to 2011/12 with NHS Shetland, NHS Tayside and NHS Borders noting the largest increase.
- NHS Borders and NHS Shetland noted the largest increase in supplies from central pharmacy stores.
- The rates for primary care prescribing are less than those in sexual health clinics/acute settings at 12.1 and 15.9 (per 1,000) respectively.
- NHS Borders, Lanarkshire 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, 2011/12

NHS Board	2011/12 Numbers	2011/12 Rate	2010/11 Rate
NHS Ayrshire & Arran	2,702	33.3	31.8
NHS Borders	772	33.0	28.5
NHS Dumfries & Galloway	1,083	36.2	34.7
NHS Fife	2,133	25.0	25.3
NHS Forth Valley	1,976	28.1	28.2
NHS Grampian	4,359	33.7	35.0
NHS Greater Glasgow & Clyde	7,571	25.0	37.8
NHS Highland	2,372	36.9	41.0
NHS Lanarkshire	2,971	22.4	24.3
NHS Lothian	5,218	23.5	27.0
NHS Orkney	187	44.2	58.2
NHS Shetland	157	32.8	29.1
NHS Tayside	3,151	34.3	31.9
NHS Western Isles	122	23.7	27.9
Scotland	34,774	27.9	31.8

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

- Total rates per 1,000 women are down from 31.8 in 2010/11 to 27.9 in 2011/12.
- This indicates that although there had been a steady increase in the dispensing/supply of Implanon[®] from 2004/05 onwards last year saw a slight fall from 31.8 to 27.9.
- Five of the individual NHS boards have seen an increase from 2010/11 to 2011/12, with NHS Borders (increase of 4.5), NHS Shetland (increase of 3.7) and NHS Tayside (increase of 2.4) showing the largest increases.
- Nine NHS boards have noted a decrease with NHS Orkney (-14.0) and NHS Greater Glasgow & Clyde (-12.8) showing the largest decrease.

- Outside the Island NHS boards, high rates can be observed for 2011/12 in NHS Highland (36.9), NHS Dumfries & Galloway (36.2) and NHS Grampian (33.7).
- Whilst the rates are calculated using an age range of 15-49 years (to reflect reproductive age) it is worth noting that there are 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 as emergency contraception when fitted up to five days after unprotected intercourse.

Table 1.4

Number and rates per 1,000 women (15-49) of IUDs dispensed in primary care* by NHS boards 2011/12

NHS Board	2011/12 Numbers	2011/12 Rate	2010/11 Rate
NHS Ayrshire & Arran	305	3.8	4.3
NHS Borders	50	2.1	3.5
NHS Dumfries & Galloway	88	2.9	3.3
NHS Fife	193	2.3	2.4
NHS Forth Valley	208	3.0	3.6
NHS Grampian	485	3.7	4.1
NHS Greater Glasgow & Clyde	595	2.0	2.0
NHS Highland	463	7.2	4.2
NHS Lanarkshire	55	0.4	2.3
NHS Lothian	555	2.5	2.3
NHS Orkney	31	7.3	6.3
NHS Shetland	22	4.6	4.4
NHS Tayside	263	2.9	2.8
NHS Western Isles	14	2.7	3.9
Scotland	3,327	2.7	2.8

* 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, 2011/12

NHS Board	2011/12 Numbers	2011/12 Rate	2010/11 Rate
NHS Ayrshire & Arran	196	2.4	2.2
NHS Borders	74	3.2	3.0
NHS Dumfries & Galloway	22	0.7	1.6
NHS Fife	227	2.7	2.0
NHS Forth Valley	108	1.5	2.5
NHS Grampian	306	2.4	1.2
NHS Greater Glasgow & Clyde	1,197	3.9	5.7
NHS Highland	167	2.6	2.8
NHS Lanarkshire	470	3.5	3.3
NHS Lothian	896	4.0	3.8
NHS Orkney	0	0.0	0.0
NHS Shetland	12	2.5	3.9
NHS Tayside	271	3.0	2.6
NHS Western	19	3.7	3.9

Isles			
Scotland	3,965	3.2	3.4

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

- Five NHS boards (5 out of 14) have seen an increase in the dispensing of IUDs in primary care from 2010/11 to 2011/12. All of the increases noted were small with the exception of NHS Highland which increased from 4.2 to 7.2 (per 1000).
- NHS Greater Glasgow & Clyde showed no difference in their primary care dispensing from 2010/11 to 2011/12 leaving 8 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 2011/12. Of those boards seven saw slightly higher rates for 2011/12 than 2010/11.
- The overall rate for central pharmacy prescribing supplies decreased from 3.4 in 2010/11 to 3.2 (per 1,000) in 2011/12.
- The Scotland rate for primary care prescribing is slightly lower than in sexual health clinics/acute, 2.7 compared with 3.2 (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, 2011/12

NHS Board	2011/12 Numbers	2011/12 Rate	2010/11 Rate
NHS Ayrshire & Arran	501	6.2	6.4
NHS Borders	124	5.3	6.5
NHS Dumfries & Galloway	110	3.7	4.9
NHS Fife	420	4.9	4.4
NHS Forth Valley	316	4.5	6.1
NHS Grampian	791	6.1	5.3
NHS Greater Glasgow & Clyde	1,792	5.9	7.7
NHS Highland	630	9.8	7.0
NHS Lanarkshire	525	4.0	5.6
NHS Lothian	1,451	6.5	6.2
NHS Orkney	31	7.3	6.3
NHS Shetland	34	7.1	8.3
NHS Tayside	534	5.8	5.4
NHS Western Isles	33	6.4	7.7
Scotland	7,292	5.8	6.3

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

- Total dispensing/supply of IUDs has decreased from 6.3 per 1,000 in 2010/11 to 5.8 per 1,000 in 2011/12.
- Within the NHS boards, the rates have remained relatively steady..

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 the 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 2011/12

NHS Board	2011/12 Numbers	2011/12 Rate	2010/11 Rate
NHS Ayrshire & Arran	1,230	15.1	15.0
NHS Borders	309	13.2	14.3
NHS Dumfries & Galloway	581	19.4	15.2
NHS Fife	762	8.9	7.5
NHS Forth Valley	875	12.5	12.3
NHS Grampian	1,873	14.5	14.0
NHS Greater Glasgow & Clyde	1,336	4.4	4.1
NHS Highland	1,355	21.1	20.6
NHS Lanarkshire	333	2.5	6.2
NHS Lothian	1,469	6.6	5.5
NHS Orkney	85	20.1	16.4
NHS Shetland	140	29.2	32.2
NHS Tayside	1,745	19.0	17.2
NHS Western Isles	37	7.2	7.9
Scotland	12,130	9.7	9.5

* 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, 2011/12

NHS Board	2011/12 Numbers	2011/12 Rate	2010/11 Rate
NHS Ayrshire & Arran	974	12.0	11.4
NHS Borders	352	15.0	14.3
NHS Dumfries & Galloway	500	16.7	15.6
NHS Fife	850	10.0	9.0
NHS Forth Valley	483	6.9	8.1
NHS Grampian	1,089	8.4	8.2
NHS Greater Glasgow & Clyde	4,390	14.5	20.0
NHS Highland	730	11.4	10.9
NHS Lanarkshire	2,298	17.3	13.5
NHS Lothian	2,140	9.6	10.5
NHS Orkney	0	0.0	0.0
NHS Shetland	23	4.8	2.7
NHS Tayside	1,113	12.1	11.6
NHS Western Isles	59	11.5	13.1
Scotland	15,001	12.0	13.0

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

- Rates for Mirena[®] are higher in sexual health clinics/acute than in primary care, 12.0 compared to 9.7 per 1,000. It should be noted that some GPs may refer women seeking Mirena[®] to sexual health clinics/acute services as not all GPs are trained in the insertion of this contraceptive.
- In primary care prescribing, 10 of the 14 boards noted a higher rate in 2011/12 compared to 2010/11. Four boards noted decreases.
- There were 13 boards reporting supplies of Mirena[®] to sexual health clinics/acute settings in 2011/12. Of those boards, 9 saw higher rates for 2011/12 than 2010/11. Most of the increases noted were small.

Table 1.9

Number and rates per 1,000 women (15-49) of Mirena[®] distributed and dispensed (total) from all sources by NHS board, 2011/12

NHS Board	2011/12 Numbers	2011/12 Rate	2010/11 Rate
NHS Ayrshire & Arran	2,204	27.1	26.4
NHS Borders	661	28.2	28.5
NHS Dumfries & Galloway	1,081	36.2	30.8
NHS Fife	1,612	18.9	16.5
NHS Forth Valley	1,358	19.3	20.4
NHS Grampian	2,962	22.9	22.2
NHS Greater Glasgow & Clyde	5,726	18.9	24.2
NHS Highland	2,085	32.5	31.5
NHS Lanarkshire	2,631	19.8	19.8
NHS Lothian	3,609	16.3	16.0
NHS Orkney	85	20.1	16.4
NHS Shetland	163	34.0	34.9
NHS Tayside	2,858	31.1	28.7
NHS Western Isles	96	18.6	21.0
Scotland	27,131	21.7	22.4

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

- The dispensing/supply rate of Mirena[®] has decreased from 22.4 in 2010/11 to 21.7 per 1,000 in 2011/12.
- 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 the 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, 2011/12

NHS Board	2011/12 Numbers	2010/11 Numbers
NHS Ayrshire & Arran	7,363	6,997
NHS Borders	2,744	2,871
NHS Dumfries & Galloway	3,312	3,206
NHS Fife	8,445	8,064
NHS Forth Valley	5,656	5,587
NHS Grampian	14,832	14,506
NHS Greater Glasgow & Clyde	20,660	19,943
NHS Highland	7,638	7,319
NHS Lanarkshire	9,662	9,586
NHS Lothian	18,758	17,432
NHS Orkney	566	579
NHS Shetland	421	403
NHS Tayside	10,259	10,189
NHS Western Isles	536	444
Scotland	110,852	107,126

* NHS prescriptions dispensed in the community in Scotland

Table 1.11

Number of Depo Provera[®] vials/syringes distributed from central pharmacies by NHS board, 2011/12

NHS Board	2011/12 Numbers	2010/11 Numbers
NHS Ayrshire & Arran	2,193	1,964
NHS Borders	244	182
NHS Dumfries & Galloway	162	222
NHS Fife	1,080	1,275
NHS Forth Valley	1,197	1,201
NHS Grampian	1,394	1,743
NHS Greater Glasgow & Clyde	4,330	6,105
NHS Highland	364	442
NHS Lanarkshire	2,411	2,025
NHS Lothian	1,348	2,092
NHS Orkney	0	-
NHS Shetland	30	18
NHS Tayside	833	1,133
NHS Western Isles	5	6
Scotland	15,591	18,408

[†]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 2010/11 to 2011/12.
- Of supplies to sexual health clinics/acute settings in 2011/12, 9 of the 13 boards show a decrease from 2010/11.
- 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, 2011/12

NHS Board	2011/12 Numbers	2010/11 Total Numbers
NHS Ayrshire & Arran	9,556	8,961
NHS Borders	2,988	3,053
NHS Dumfries & Galloway	3,474	3,428
NHS Fife	9,525	9,339
NHS Forth Valley	6,853	6,788
NHS Grampian	16,226	16,249
NHS Greater Glasgow & Clyde	24,990	26,048
NHS Highland	8,002	7,761
NHS Lanarkshire	12,073	11,611
NHS Lothian	20,106	19,524
NHS Orkney	566	579

NHS Shetland	451	421
NHS Tayside	11,092	11,322
NHS Western Isles	541	450
Scotland	126,443	125,534

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

- Overall there has been an increase in the dispensing/supply of Depo Provera[®] ..

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

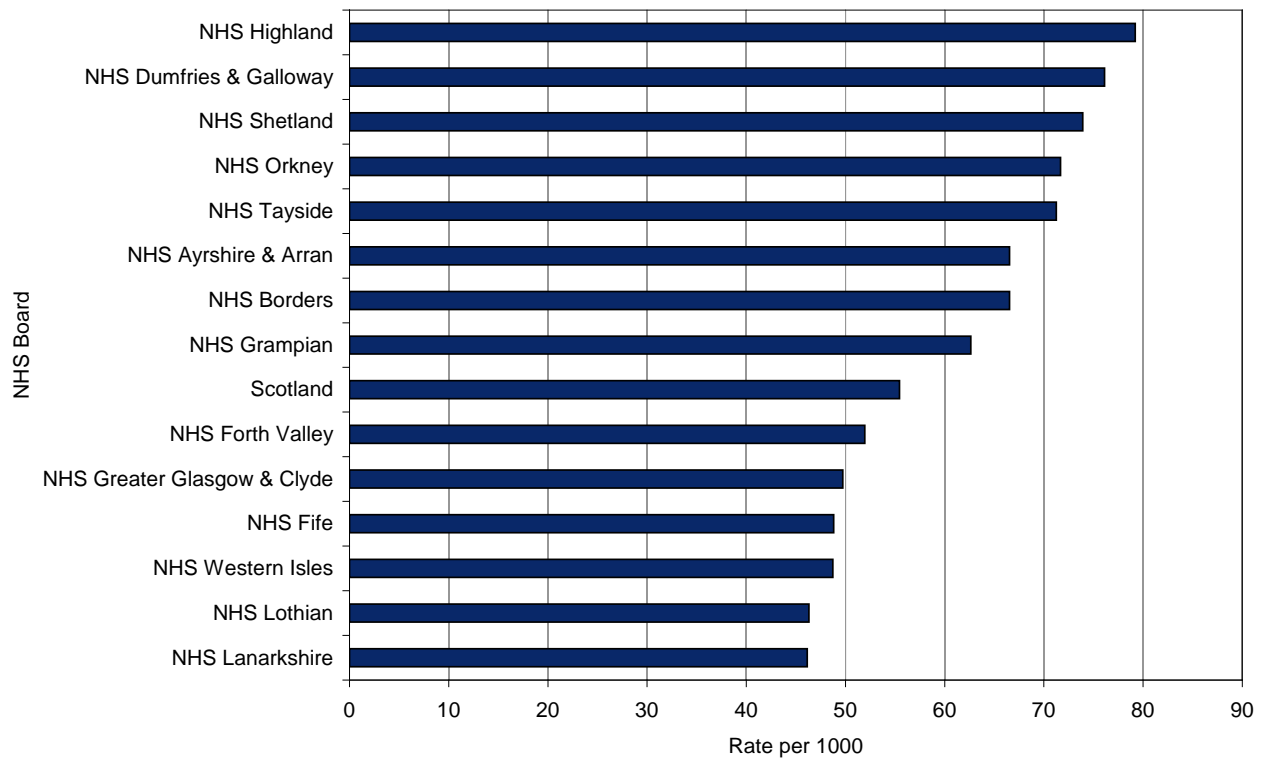
Numbers and rates per 1,000 women (15-49) of all very long acting methods* by NHS boards from all sources, 2011/12

NHS Board	Numbers	Rate
NHS Ayrshire & Arran	5,407	66.5
NHS Borders	1,557	66.5
NHS Dumfries & Galloway	2,274	76.1
NHS Fife	4,165	48.8
NHS Forth Valley	3,650	51.9
NHS Grampian	8,112	62.6
NHS Greater Glasgow & Clyde	15,089	49.7
NHS Highland	5,087	79.2
NHS Lanarkshire	6,127	46.1
NHS Lothian	10,278	46.3
NHS Orkney	303	71.7
NHS Shetland	354	73.9
NHS Tayside	6,543	71.2
NHS Western Isles	251	48.7
Scotland	69,197	55.4

*Contraceptive implant (Implanon® / Nexplanon®), intrauterine device and intrauterine system (Mirena®).

† 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, 2011/12**



Data for QIS Sexual Health Standards

Table 1.13 provides the data required to monitor the NHS boards' performance in 2011/2012 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, 2010/11 and 2011/12

NHS Board	Rates	
	2011/12	2010/11
NHS Ayrshire & Arran	66.5	64.6
NHS Borders	66.5	63.6
NHS Dumfries & Galloway	76.1	70.4
NHS Fife	48.8	46.1
NHS Forth Valley	51.9	54.7
NHS Grampian	62.6	62.5
NHS Greater Glasgow & Clyde	49.7	69.7
NHS Highland	79.2	79.4
NHS Lanarkshire	46.1	49.7
NHS Lothian	46.3	49.2
NHS Orkney	71.7	80.9
NHS Shetland	73.9	72.3
NHS Tayside	71.2	66.1
NHS Western Isles	48.7	56.6
Scotland	55.4	60.6

*Contraceptive implant (Implanon[®] / Nexplanon[®]), intrauterine device and intrauterine system (Mirena[®]).

†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 fallen by 5.2 to 55.4 women per 1,000 since the last financial year. This shows that progress towards 8.2 of the QIS Sexual Health standards has dropped slightly although 8 of the 14 health boards meet this target for 2011/2012.

These data show that the total uptake of all very long acting methods increased in 7 of the 14 boards from 2010/11 to 2011/12.

Of the three very long acting methods (IUD, Mirena[®] and Implanon[®]), contraceptive implant continues to be the most popular method. although the total rates for uptake on all three have decreased in 2011/12,

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 Improvement Scotland)	Quality Improvement Scotland (now known as Healthcare

Contact

Name: Kenny McIntyre

Senior Data Analyst

k.mcintyre@nhs.net

0131 275 6557

Name: Celina Davis

Principal Information Analyst

celina.davis@nhs.net

0131 275 6199

Further Information

Further information can be found on the [ISD website](#)

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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 2012 Templates sent to central pharmacies – May 2012
Release date	25/09/2012
Frequency	Annual
Timeframe of data and timeliness	Financial year (April 2011- March 2012). Generally no delays.
Continuity of data	Baseline data first established for 2004/05 for this particular indicator.
Revisions statement	The data are revised at next year's update.
Revisions relevant to this publication	Data for 2010/11 have been corrected for NHS Greater Glasgow and Clyde. Data published in the previous report included some duplication of records for some clinics in Greater Glasgow & Clyde which has now been removed.
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-Topics/Sexual-Health/Publications/2012-09-25/2012-09-25-LARC-Report.pdf?
Value type and unit of	Number of items dispensed and rates per 1,000 women

measurement	(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	9 November 2011
Next published	A review of Sexual Health data and relevant indicators is underway. The LARC KCI forms part of this review and future plans for publication will depend on the outcome of this review.
Date of first publication	February 2007 (which reports on data from 2004/05)
Help email	nss.maternity@nhs.net
Date form completed	06/09/12

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:

Early Access for Quality Assurance

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

A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.