

Publication Report



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

Year ending March 2013

Publication date – 24 September 2013



Contents

| | |
|--|----|
| Contents..... | 1 |
| Introduction | 2 |
| Data collection..... | 2 |
| Key points | 5 |
| Results and Commentary..... | 6 |
| Contraceptive Implant (Implanon®/ Nexplanon®) | 6 |
| Intrauterine Device (IUD)..... | 9 |
| Mirena® Intrauterine System (IUS) | 12 |
| Depo Provera® Contraceptive Injections | 15 |
| Very Long Acting Reversible Methods of Contraception | 18 |
| Contact..... | 21 |
| Further Information..... | 21 |
| Rate this publication..... | 21 |
| A2 – Publication Metadata (including revisions details)..... | 22 |
| A3 – Early Access details (including Pre-Release Access) | 23 |
| A4 – ISD and Official Statistics | 24 |

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 2012/2013

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 show 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 NaSH means that once data are available it will be possible to monitor uptake more accurately.

Data for Financial Year 2012/2013

This publication reports on financial year 2012/2013.

The data presented look at the proportion of women who 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 | Duration | 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:

Data for some methods of long-acting reversible contraception from central pharmacies in NHS Greater Glasgow & Clyde were unavailable for 2011/12. Any comparison of numbers or rates to figures for this period with 2012/13 should be interpreted with caution. In order to provide a more meaningful total figure for comparative purposes a Scotland total which excludes NHS Greater Glasgow & Clyde has also been provided for these tables.

NHS Orkney reported that there were no supplies of any of the products from their central pharmacies in financial year 2011/2012. Therefore 2011/2012 Data for this board came only from primary care dispensing. NHS Orkney reported that 2012/2013 data included GP prescribed contraceptives.

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).

Key points

- The uptake of LARC has shown an increase.
- The uptake of very long acting methods (the contraceptive implant, IUDs (the coil) and Mirena[®] (IUS)) in Scotland increased from 54.0 per 1,000 women aged 15-49 in 2011/12 to 58.8 in 2012/13 (excluding NHS Greater Glasgow & Clyde).
- Of these methods, IUDs (the coil) remains the least utilised, though use of each method increased.
- The contraceptive implant continues to be the most popular method of LARC and also saw the greatest increase in rate of use.
- Ten NHS boards (excluding NHS Greater Glasgow & Clyde) have increased their uptake of these very long acting or 'lasting' methods.

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[®] these figures have been added together to represent the total number of contraceptive implants distributed for that year.

Table 1.1

Number and rates per 1,000 women (15-49) of the contraceptive implant dispensed in primary care¹ by NHS boards 2012/13

| NHS Board | 2012/13 Quantity Dispensed | 2011/12 Quantity Dispensed | 2012/13 Rate Per 1,000 | 2011/12 Rate Per 1,000 |
|-----------------------------|----------------------------------|----------------------------------|------------------------------|------------------------------|
| NHS Ayrshire & Arran | 1,544 | 1,364 | 18.6 | 16.2 |
| NHS Borders | 234 | 230 | 10.0 | 9.7 |
| NHS Dumfries & Galloway | 839 | 830 | 27.3 | 26.5 |
| NHS Fife | 1,321 | 1,033 | 15.6 | 12.2 |
| NHS Forth Valley | 1,377 | 1,264 | 19.5 | 17.8 |
| NHS Grampian | 3,625 | 3,324 | 26.4 | 24.2 |
| NHS Greater Glasgow & Clyde | 3,819 | 3,409 | 12.5 | 11.1 |
| NHS Highland | 1,680 | 1,742 | 25.1 | 25.6 |
| NHS Lanarkshire | 1,200 | 1,080 | 8.9 | 7.9 |
| NHS Lothian | 4,018 | 3,324 | 18.6 | 15.4 |
| NHS Orkney | 195 | 187 | 42.9 | 41.0 |
| NHS Shetland | 94 | 94 | 18.7 | 18.5 |
| NHS Tayside | 1,808 | 1,693 | 19.3 | 18.0 |
| NHS Western Isles | 80 | 99 | 14.7 | 17.9 |
| Scotland | 21,834 | 19,673 | 17.3 | 15.5 |

¹ NHS prescriptions dispensed in the community in Scotland

[†] Totals revised from original publication—25 September 2012

Source: Practitioner Services Division (PSD)

- In 2012/13 the rates for primary care prescribing are more than those in sexual health clinics/acute settings at 17.3 and 14.2 per 1,000 women respectively.
- Ten of the mainland NHS boards have seen an increase in prescribing of contraceptive implants from 2011/12 to 2012/13 with Fife and Lothian showing the largest increases.

Table 1.2

Numbers and rates per 1,000 women (15-49) of the contraceptive implant distributed from central pharmacies by NHS board, 2012/13

| NHS Board | 2012/13 Quantity Dispensed | 2011/12 Quantity Dispensed | 2012/13 Rate Per 1,000 | 2011/12 Rate Per 1,000 |
|---|---|---|---------------------------------------|---------------------------------------|
| NHS Ayrshire & Arran | 1,431 | 1,338 | 17.3 | 15.9 |
| NHS Borders | 440 | 542 | 18.9 | 23.0 |
| NHS Dumfries & Galloway | 264 | 253 | 8.6 | 8.1 |
| NHS Fife | 1,017 | 1,100 | 12.0 | 12.9 |
| NHS Forth Valley | 511 | 712 | 7.2 | 10.0 |
| NHS Grampian | 1,096 | 1,035 | 8.0 | 7.5 |
| NHS Greater Glasgow & Clyde ² | 7,444 | 4,162 | 24.4 | 13.5 |
| NHS Highland | 587 | 630 | 8.8 | 9.3 |
| NHS Lanarkshire | 2,010 | 1,891 | 14.9 | 13.9 |
| NHS Lothian | 1,676 | 1,894 | 7.7 | 8.8 |
| NHS Orkney | 0 | 0 | 0.0 | 0.0 |
| NHS Shetland | 43 | 63 | 8.6 | 12.4 |
| NHS Tayside | 1,429 | 1,458 | 15.2 | 15.5 |
| NHS Western Isles | 41 | 23 | 7.6 | 4.2 |
| Scotland ² | 17,989 | 15,101 | 14.2 | 11.9 |
| Scotland (Excluding NHS Greater Glasgow & Clyde)¹ | 10,545 | 10,939 | 11.0 | 11.4 |

¹ The total for all NHS Boards excluding NHS Greater Glasgow & Clyde has been provided for comparative purposes

² Some data for NHS Greater Glasgow & Clyde for 2011/12 were unavailable (see note under data collection)

r Totals revised from original publication—25 September 2012

Source: NHS Board Central Pharmacies

- Four of the mainland NHS boards (excluding NHS Greater Glasgow & Clyde) have seen an increase in prescribing of contraceptive implants from 2011/12 to 2012/13 with Ayrshire & Arran showing the largest increase
- NHS Borders and NHS Lanarkshire show much higher rates of contraceptive implant distributed in sexual health clinics/acute than in primary care.

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, 2012/13

| NHS Board | 2012/13 | 2011/12 | 2012/13 | 2011/12 |
|---|------------------|------------------|-----------------|-----------------|
| | Quantity | Quantity | Rate Per | Rate Per |
| | Dispensed | Dispensed | 1,000 | 1,000 |
| NHS Ayrshire & Arran | 2,975 | 2,702 | 35.9 | 32.2 |
| NHS Borders | 674 | 772 | 28.9 | 32.7 |
| NHS Dumfries & Galloway | 1,103 | 1,083 | 35.8 | 34.6 |
| NHS Fife | 2,338 | 2,133 | 27.7 | 25.1 |
| NHS Forth Valley | 1,888 | 1,976 | 26.8 | 27.8 |
| NHS Grampian | 4,721 | 4,359 | 34.3 | 31.8 |
| NHS Greater Glasgow & Clyde ² | 11,263 | 7,571 | 36.8 | 24.6 |
| NHS Highland | 2,267 | 2,372 | 33.8 | 34.9 |
| NHS Lanarkshire | 3,210 | 2,971 | 23.8 | 21.8 |
| NHS Lothian | 5,694 | 5,218 | 26.3 | 24.2 |
| NHS Orkney | 195 | 187 | 42.9 | 41.0 |
| NHS Shetland | 137 | 157 | 27.2 | 30.9 |
| NHS Tayside | 3,237 | 3,151 | 34.5 | 33.5 |
| NHS Western Isles | 121 | 122 | 22.3 | 22.1 |
| Scotland ² | 39,823 | 34,774 | 31.5 | 27.4 |
| Scotland (Excluding NHS Greater Glasgow & Clyde)¹ | 28,560 | 27,203 | 29.8 | 28.3 |

¹ The total for all NHS Boards excluding NHS Greater Glasgow & Clyde has been provided for comparative purposes

² Some data for NHS Greater Glasgow & Clyde for 2011/12 were unavailable (see note under data collection)

r Totals revised from original publication—25 September 2012

Sources: Practitioner Services Division (PSD) & NHS Board Central Pharmacies

- Total rates per 1,000 women have increased from 28.3 in 2011/12 to 29.8 in 2012/13 in Scotland (excluding NHS Greater Glasgow & Clyde).
- Seven mainland NHS boards (excluding NHS Greater Glasgow & Clyde) have seen an increase from 2011/12 to 2012/13, with Ayrshire & Arran, Fife and Grampian showing the largest increases.
- Three mainland NHS boards (excluding NHS Greater Glasgow & Clyde) have seen a decrease with Borders (-3.8) showing the largest decrease.
- For the mainland NHS boards the highest rates for 2012/13 are found in Greater Glasgow & Clyde (36.8) and Ayrshire & Arran (35.9).
- Whilst the rates are calculated using an age range of 15-49 years (to reflect reproductive age) it is worth noting that there may be 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 care¹ by NHS boards 2012/13

| NHS Board | 2012/13 | 2011/12 | 2012/13 | 2011/12 |
|-----------------------------|------------------|------------------|-----------------|-----------------|
| | Quantity | Quantity | Rate Per | Rate Per |
| | Dispensed | Dispensed | 1,000 | 1,000 |
| NHS Ayrshire & Arran | 294 | 305 | 3.5 | 3.6 |
| NHS Borders | 61 | 50 | 2.6 | 2.1 |
| NHS Dumfries & Galloway | 114 | 88 | 3.7 | 2.8 |
| NHS Fife | 220 | 193 | 2.6 | 2.3 |
| NHS Forth Valley | 272 | 208 | 3.9 | 2.9 |
| NHS Grampian | 531 | 485 | 3.9 | 3.5 |
| NHS Greater Glasgow & Clyde | 645 | 595 | 2.1 | 1.9 |
| NHS Highland | 332 | 463 | 5.0 | 6.8 |
| NHS Lanarkshire | 33 | 55 | 0.2 | 0.4 |
| NHS Lothian | 648 | 555 | 3.0 | 2.6 |
| NHS Orkney | 33 | 31 | 7.3 | 6.8 |
| NHS Shetland | 32 | 22 | 6.4 | 4.3 |
| NHS Tayside | 343 | 263 | 3.7 | 2.8 |
| NHS Western Isles | 15 | 14 | 2.8 | 2.5 |
| Scotland | 3,573 | 3,327 | 2.8 | 2.6 |

¹ NHS prescriptions dispensed in the community in Scotland

- Eight mainland NHS boards have seen a small increase in the dispensing of IUDs in primary care from 2011/12 to 2012/13 with the largest increases in Dumfries & Galloway, Forth Valley and Tayside.
- Of the three mainland NHS boards which saw a relatively small decrease in primary care dispensing from 2011/12 to 2012/, Highland showed the largest drop, from 6.8 to 5.0 per 1,000 women.
- The rate for primary care prescribing is lower than in sexual health clinics/acute with 2.8 per 1,000 women compared to 4.6 per 1,000 women.

Table 1.5

Numbers and rates per 1,000 women (15-49) of IUDs distributed from central pharmacies by NHS board, 2012/13

| NHS Board | 2012/13 Quantity Dispensed | 2011/12 Quantity Dispensed | 2012/13 Rate Per 1,000 | 2011/12 Rate Per 1,000 |
|---|---|---|---------------------------------------|---------------------------------------|
| NHS Ayrshire & Arran | 240 | 196 | 2.9 | 2.3 |
| NHS Borders | 97 | 74 | 4.2 | 3.1 |
| NHS Dumfries & Galloway | 76 | 22 | 2.5 | 0.7 |
| NHS Fife | 196 | 227 | 2.3 | 2.7 |
| NHS Forth Valley | 111 | 108 | 1.6 | 1.5 |
| NHS Grampian | 423 | 306 | 3.1 | 2.2 |
| NHS Greater Glasgow & Clyde ² | 3,039 | 1,197 | 9.9 | 3.9 |
| NHS Highland | 130 | 167 | 1.9 | 2.5 |
| NHS Lanarkshire | 565 | 470 | 4.2 | 3.4 |
| NHS Lothian | 737 | 896 | 3.4 | 4.2 |
| NHS Orkney | 0 | 0 | 0.0 | 0.0 |
| NHS Shetland | 5 | 12 | 1.0 | 2.4 |
| NHS Tayside | 174 | 271 | 1.9 | 2.9 |
| NHS Western Isles | 15 | 19 | 2.8 | 3.4 |
| Scotland ² | 5,808 | 3,965 | 4.6 | 3.1 |
| Scotland (Excluding NHS Greater Glasgow & Clyde)¹ | 2,769 | 2,768 | 2.9 | 2.9 |

¹ The total for all NHS Boards excluding NHS Greater Glasgow & Clyde has been provided for comparative purposes

² Some data for NHS Greater Glasgow & Clyde for 2011/12 were unavailable (see note under data collection)

r Totals revised from original publication—25 September 2012

Source: NHS Board Central Pharmacies

- Six of the mainland NHS boards (excluding NHS Greater Glasgow & Clyde) reporting supplies of IUDs to sexual health clinics and acute settings in 2012/13 saw higher rates for 2012/13 than in 2011/12.
- The overall rate for central pharmacy prescribing, excluding NHS Greater Glasgow & Clyde, has remained constant at 2.9 per 1,000 women.

Table 1.6

Number and rates per 1,000 women (15-49) of IUDs distributed and dispensed (total) from all sources by NHS board, 2012/13

| NHS Board | 2012/13 Quantity Dispensed | 2011/12 Quantity Dispensed | 2012/13 Rate Per 1,000 | 2011/12 Rate Per 1,000 |
|---|---|---|---------------------------------------|---------------------------------------|
| NHS Ayrshire & Arran | 534 | 501 | 6.4 | 6.0 |
| NHS Borders | 158 | 124 | 6.8 | 5.3 |
| NHS Dumfries & Galloway | 190 | 110 | 6.2 | 3.5 |
| NHS Fife | 416 | 420 | 4.9 | 4.9 |
| NHS Forth Valley | 383 | 316 | 5.4 | 4.4 |
| NHS Grampian | 954 | 791 | 6.9 | 5.8 |
| NHS Greater Glasgow & Clyde ² | 3,684 | 1,792 | 12.1 | 5.8 |
| NHS Highland | 462 | 630 | 6.9 | 9.3 |
| NHS Lanarkshire | 598 | 525 | 4.4 | 3.9 |
| NHS Lothian | 1,385 | 1,451 | 6.4 | 6.7 |
| NHS Orkney | 33 | 31 | 7.3 | 6.8 |
| NHS Shetland | 37 | 34 | 7.4 | 6.7 |
| NHS Tayside | 517 | 534 | 5.5 | 5.7 |
| NHS Western Isles | 30 | 33 | 5.5 | 6.0 |
| Scotland ² | 9,381 | 7,292 | 7.4 | 5.7 |
| Scotland (Excluding NHS Greater Glasgow & Clyde)¹ | 5,697 | 5,500 | 6.0 | 5.7 |

¹ The total for all NHS Boards excluding NHS Greater Glasgow & Clyde has been provided for comparative purposes

² Some data for NHS Greater Glasgow & Clyde for 2011/12 were unavailable (see note under data collection)

r Totals revised from original publication—25 September 2012

Sources: Practitioner Services Division (PSD) & NHS Board Central Pharmacies

- Total dispensing/supply of IUDs (excluding NHS Greater Glasgow & Clyde) has increased from 5.7 per 1,000 women in 2011/12 to 6.0 per 1,000 women in 2012/13
- Within the mainland NHS boards the highest increase was in Dumfries & Galloway where the rate per 1,000 women increased from 3.5 in 2011/12 to 6.2 in 2012/13.
- The highest decrease in mainland NHS Boards was in Highland where the rate per 1,000 women dropped from 9.3 in 2011/12 to 6.9 in 2012/13.

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. At the moment it is not possible to determine the reason for use and thus separate the data

Table 1.7

Number and rates per 1,000 women (15-49) of Mirena[®] dispensed in primary care¹ by NHS boards 2012/13

| NHS Board | 2012/13 Quantity Dispensed | 2011/12 Quantity Dispensed | 2012/13 Rate Per 1,000 | 2011/12 Rate Per 1,000 |
|-----------------------------|----------------------------------|----------------------------------|------------------------------|------------------------------|
| NHS Ayrshire & Arran | 1,268 | 1,230 | 15.3 | 14.6 |
| NHS Borders | 360 | 309 | 15.5 | 13.1 |
| NHS Dumfries & Galloway | 537 | 581 | 17.4 | 18.6 |
| NHS Fife | 874 | 762 | 10.4 | 9.0 |
| NHS Forth Valley | 1,089 | 875 | 15.4 | 12.3 |
| NHS Grampian | 1,938 | 1,873 | 14.1 | 13.6 |
| NHS Greater Glasgow & Clyde | 1,317 | 1,336 | 4.3 | 4.3 |
| NHS Highland | 1,332 | 1,355 | 19.9 | 19.9 |
| NHS Lanarkshire | 180 | 333 | 1.3 | 2.4 |
| NHS Lothian | 1,736 | 1,469 | 8.0 | 6.8 |
| NHS Orkney | 161 | 85 | 35.4 | 18.6 |
| NHS Shetland | 136 | 140 | 27.0 | 27.5 |
| NHS Tayside | 1,622 | 1,745 | 17.3 | 18.5 |
| NHS Western Isles | 51 | 37 | 9.4 | 6.7 |
| Scotland | 12,601 | 12,130 | 10.0 | 9.6 |

¹ NHS prescriptions dispensed in the community in Scotland
Source: Practitioner Services Division (PSD)

- Rates for Mirena[®] are lower in primary care than acute care settings with 10.0 compared to 13.0 per 1,000 women. It should also 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, the rate per 1,000 women increased in 2012/13 in six mainland NHS boards with a decrease in three.
- In the mainland NHS boards Forth Valley saw the largest increase from 12.3 per 1,000 women in 2011/12 to 15.4 per 1,000 women in 2012/13.

Table 1.8

Numbers and rates per 1,000 women (15-49) of Mirena[®] distributed from central pharmacies by NHS board, 2012/13

| NHS Board | 2012/13 Quantity Dispensed | 2011/12 Quantity Dispensed | 2012/13 Rate Per 1,000 | 2011/12 Rate Per 1,000 |
|---|---|---|---------------------------------------|---------------------------------------|
| NHS Ayrshire & Arran | 1,171 | 974 | 14.1 | 11.6 |
| NHS Borders | 368 | 352 | 15.8 | 14.9 |
| NHS Dumfries & Galloway | 500 | 500 | 16.2 | 16.0 |
| NHS Fife | 839 | 850 | 9.9 | 10.0 |
| NHS Forth Valley | 514 | 483 | 7.3 | 6.8 |
| NHS Grampian | 1,007 | 1,089 | 7.3 | 7.9 |
| NHS Greater Glasgow & Clyde ² | 5,661 | 4,390 | 18.5 | 14.3 |
| NHS Highland | 636 | 730 | 9.5 | 10.7 |
| NHS Lanarkshire | 2,524 | 2,298 | 18.7 | 16.9 |
| NHS Lothian | 1,929 | 2,140 | 8.9 | 9.9 |
| NHS Orkney | 1 | 0 | 0.2 | 0.0 |
| NHS Shetland | 26 | 23 | 5.2 | 4.5 |
| NHS Tayside | 1,121 | 1,113 | 12.0 | 11.8 |
| NHS Western Isles | 52 | 59 | 9.6 | 10.7 |
| Scotland ² | 16,349 | 15,001 | 13.0 | 11.8 |
| Scotland (Excluding NHS Greater Glasgow & Clyde)¹ | 10,688 | 10,611 | 11.2 | 11.0 |

¹ The total for all NHS Boards excluding NHS Greater Glasgow & Clyde has been provided for comparative purposes

² Some data for NHS Greater Glasgow & Clyde for 2011/12 were unavailable (see note under data collection)

r Totals revised from original publication—25 September 2012

Source: NHS Board Central Pharmacies

- Six mainland NHS boards reporting supplies of Mirena[®] to sexual health clinics/acute settings in 2012/13 saw an increase in rates from the previous year.
- NHS Ayrshire & Arran saw the largest increase from 11.6 per 1,000 women to 14.1 per 1,000 women.

Table 1.9

Number and rates per 1,000 women (15-49) of Mirena[®] distributed and dispensed (total) from all sources by NHS board, 2012/13

| NHS Board | 2012/13 | 2011/12 | 2012/13 | 2011/12 |
|---|-----------------------|-----------------------|-------------------|-------------------|
| | Quantity Dispensed | Quantity Dispensed | Rate Per 1,000 | Rate Per 1,000 |
| NHS Ayrshire & Arran | 2,439 | 2,204 | 29.4 | 26.2 |
| NHS Borders | 728 | 661 | 31.3 | 28.0 |
| NHS Dumfries & Galloway | 1,037 | 1,081 | 33.7 | 34.5 |
| NHS Fife | 1,713 | 1,612 | 20.3 | 19.0 |
| NHS Forth Valley | 1,603 | 1,358 | 22.7 | 19.1 |
| NHS Grampian | 2,945 | 2,962 | 21.4 | 21.6 |
| NHS Greater Glasgow & Clyde ² | 6,978 | 5,726 | 22.8 | 18.6 |
| NHS Highland | 1,968 | 2,085 | 29.4 | 30.7 |
| NHS Lanarkshire | 2,704 | 2,631 | 20.0 | 19.3 |
| NHS Lothian | 3,665 | 3,609 | 16.9 | 16.7 |
| NHS Orkney | 162 | 85 | 35.6 | 18.6 |
| NHS Shetland | 162 | 163 | 32.2 | 32.1 |
| NHS Tayside | 2,743 | 2,858 | 29.2 | 30.4 |
| NHS Western Isles | 103 | 96 | 19.0 | 17.4 |
| Scotland ² | 28,950 | 27,131 | 22.9 | 21.4 |
| Scotland (Excluding NHS Greater Glasgow & Clyde)¹ | 21,972 | 21,405 | 23.0 | 22.3 |

¹ The total for all NHS Boards excluding NHS Greater Glasgow & Clyde has been provided for comparative purposes

² Some data for NHS Greater Glasgow & Clyde for 2011/12 were unavailable (see note under data collection)

r Totals revised from original publication—25 September 2012

Sources: Practitioner Services Division (PSD) & NHS Board Central Pharmacies

- The dispensing/supply rate of Mirena[®] in Scotland (excluding NHS Greater Glasgow & Clyde) has increased from 22.3 per 1,000 women in 2011/12 to 23.0 per 1,000 women in 2012/13. Although it is important to note that Mirena[®] is also used to treat menorrhagia, the numbers are still notably higher than that of IUD (23.0 to 6.0 per 1,000 women).

Depo Provera[®] Contraceptive Injections

As Depo Provera[®] requires each woman to have four injections every year (one every 12 weeks) to be protected from pregnancy it is not possible to use available data to equate contraception to individuals. Because of this it is not possible to calculate the rate per 1,000 women and so these data are presented by numbers dispensed only.

Table 1.10

Number of Depo Provera[®] vials/syringes dispensed in Primary Care¹, by NHS board, 2012/13

| NHS Board | 2012/13 Quantity Dispensed | 2011/12 Quantity Dispensed |
|-----------------------------|---|---|
| NHS Ayrshire & Arran | 7,395 | 7,363 |
| NHS Borders | 2,885 | 2,744 |
| NHS Dumfries & Galloway | 3,486 | 3,312 |
| NHS Fife | 8,882 | 8,445 |
| NHS Forth Valley | 5,701 | 5,656 |
| NHS Grampian | 15,117 | 14,832 |
| NHS Greater Glasgow & Clyde | 20,813 | 20,660 |
| NHS Highland | 7,704 | 7,638 |
| NHS Lanarkshire | 9,600 | 9,662 |
| NHS Lothian | 18,877 | 18,758 |
| NHS Orkney | 536 | 566 |
| NHS Shetland | 507 | 421 |
| NHS Tayside | 10,208 | 10,259 |
| NHS Western Isles | 582 | 536 |
| Scotland | 112,293 | 110,852 |

¹ NHS prescriptions dispensed in the community in Scotland
Source: Practitioner Services Division (PSD)

- Dispensing of Depo Provera[®] has increased in primary care with nine mainland NHS boards showing increases.
- Prescribing numbers in primary care remain significantly higher than supplies to sexual health clinics/acute settings for each NHS board

Table 1.11

Number of Depo Provera[®] vials/syringes distributed from central pharmacies by NHS board, 2012/13

| NHS Board | 2012/13 Quantity Dispensed | 2011/12 Quantity Dispensed |
|---|---|---|
| NHS Ayrshire & Arran | 2,691 | 2,193 |
| NHS Borders | 247 | 244 |
| NHS Dumfries & Galloway | 174 | 162 |
| NHS Fife | 1,156 | 1,080 |
| NHS Forth Valley | 1,053 | 1,197 |
| NHS Grampian | 1,008 | 1,394 |
| NHS Greater Glasgow & Clyde ² | 5,872 | 4,330 |
| NHS Highland | 340 | 364 |
| NHS Lanarkshire | 2,226 | 2,411 |
| NHS Lothian | 1,495 | 1,348 |
| NHS Orkney | 0 | 0 |
| NHS Shetland | 21 | 30 |
| NHS Tayside | 661 | 833 |
| NHS Western Isles | 15 | 5 |
| Scotland ² | 16,959 | 15,591 |
| Scotland (Excluding NHS Greater Glasgow & Clyde)¹ | 11,087 | 11,261 |

¹ The total for all NHS Boards excluding NHS Greater Glasgow & Clyde has been provided for comparative purposes

² Some data for NHS Greater Glasgow & Clyde for 2011/12 were unavailable (see note under data collection)

Source: NHS Board Central Pharmacies

- The total supply of Depo Provera[®] to sexual health clinics/acute settings in Scotland (excluding NHS Greater Glasgow & Clyde) has decreased from 2011/12 to 2012/13.
- Of supplies to sexual health clinics/acute settings in 2012/13, five mainland NHS boards (excluding NHS Greater Glasgow & Clyde) show an increase from 2011/12.

Table 1.12

Number of Depo Provera[®] vials/syringes distributed and dispensed (total) from all sources by NHS board, 2012/13

| NHS Board | 2012/13 Quantity Dispensed | 2011/12 Quantity Dispensed |
|---|---|---|
| NHS Ayrshire & Arran | 10,086 | 9,556 |
| NHS Borders | 3,132 | 2,988 |
| NHS Dumfries & Galloway | 3,660 | 3,474 |
| NHS Fife | 10,038 | 9,525 |
| NHS Forth Valley | 6,754 | 6,853 |
| NHS Grampian | 16,125 | 16,226 |
| NHS Greater Glasgow & Clyde | 26,685 | 24,990 |
| NHS Highland | 8,044 | 8,002 |
| NHS Lanarkshire | 11,826 | 12,073 |
| NHS Lothian | 20,372 | 20,106 |
| NHS Orkney | 536 | 566 |
| NHS Shetland | 528 | 451 |
| NHS Tayside | 10,869 | 11,092 |
| NHS Western Isles | 597 | 541 |
| Scotland ² | 129,252 | 126,443 |
| Scotland (Excluding NHS Greater Glasgow & Clyde)¹ | 102,567 | 101,453 |

1 The total for all NHS Boards excluding NHS Greater Glasgow & Clyde has been provided for comparative purposes

2 Some data for NHS Greater Glasgow & Clyde for 2011/12 were unavailable (see note under data collection)

Sources: Practitioner Services Division (PSD) & NHS Board Central Pharmacies

- 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 methods¹ by NHS boards from all sources, 2012/13

| NHS Board | 2012/13 | 2011/12 | 2012/13 | 2011/12 |
|--|-----------------------|-----------------------|-------------------|-------------------|
| | Quantity Dispensed | Quantity Dispensed | Rate Per 1,000 | Rate Per 1,000 |
| NHS Ayrshire & Arran | 5,948 | 5,407 | 71.7 | 64.3 |
| NHS Borders | 1,560 | 1,557 | 67.0 | 65.9 |
| NHS Dumfries & Galloway | 2,330 | 2,274 | 75.7 | 72.7 |
| NHS Fife | 4,467 | 4,165 | 52.9 | 49.0 |
| NHS Forth Valley | 3,874 | 3,650 | 54.9 | 51.3 |
| NHS Grampian | 8,620 | 8,112 | 62.7 | 59.1 |
| NHS Greater Glasgow & Clyde ² | 21,925 | 15,089 | 71.7 | 49.1 |
| NHS Highland | 4,697 | 5,087 | 70.1 | 74.8 |
| NHS Lanarkshire | 6,512 | 6,127 | 48.2 | 44.9 |
| NHS Lothian | 10,744 | 10,278 | 49.6 | 47.7 |
| NHS Orkney | 390 | 303 | 85.8 | 66.4 |
| NHS Shetland | 336 | 354 | 66.8 | 69.6 |
| NHS Tayside | 6,497 | 6,543 | 69.3 | 69.5 |
| NHS Western Isles | 254 | 251 | 46.8 | 45.5 |
| Scotland ² | 78,154 | 69,197 | 61.9 | 54.5 |
| Scotland (Excluding NHS Greater Glasgow & Clyde) ³ | 56,229 | 60,834 | 58.8 | 54.0 |

¹ Contraceptive implant (Implanon[®]/ Nexplanon[®]), intrauterine device and intrauterine system (Mirena[®]).

² Some data for NHS Greater Glasgow & Clyde for 2011/12 were unavailable (see note under data collection)

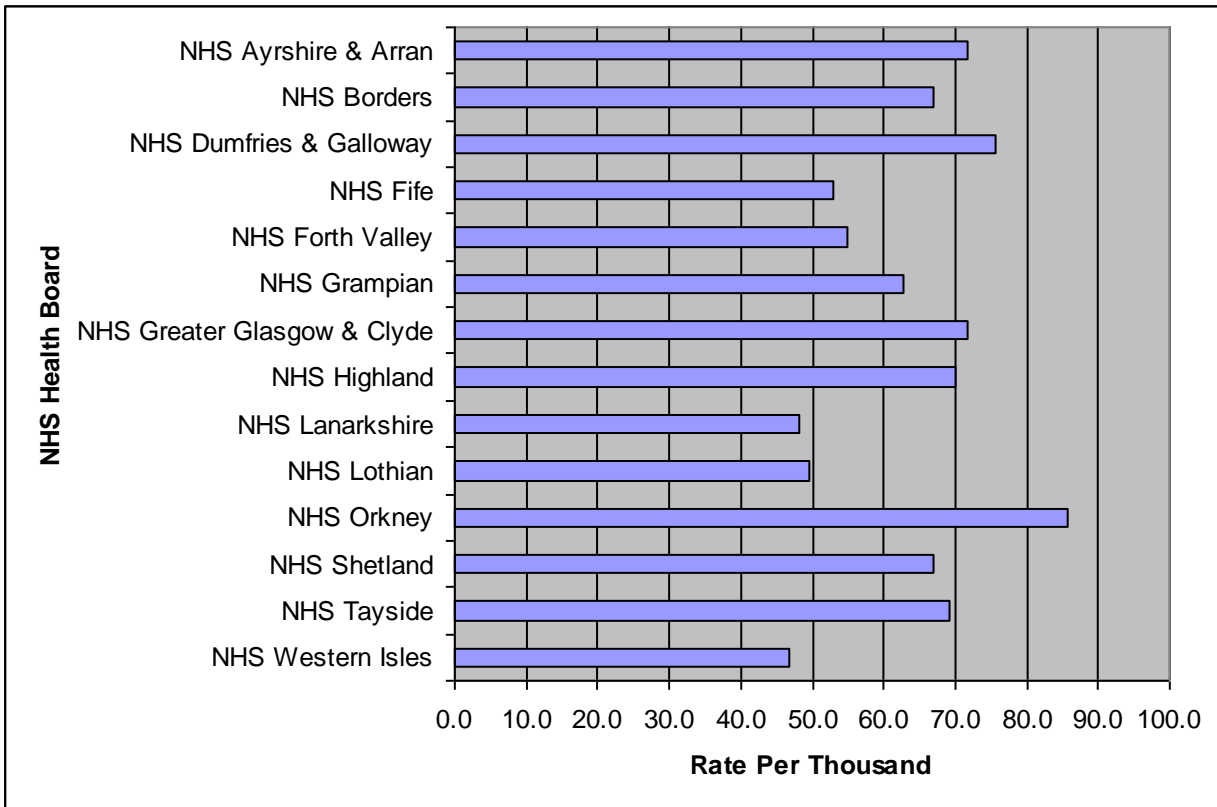
³ The total for all NHS Boards excluding NHS Greater Glasgow & Clyde has been provided for comparative purposes

r Totals revised from original publication—25 September 2012

Sources: Practitioner Services Division (PSD) & NHS Board Central Pharmacies

- The rate per 1,000 women of reproductive age in Scotland (excluding NHS Greater Glasgow & Clyde) that have been prescribed LARC has increased from 54.0 per 1,000 women in 2011/12 to 58.8 in 2012/13.

Figure 1.1 Rate of total dispensing of very long acting methods per 1,000 women (15-49) by NHS board, 2012/13



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: Stuart Wrigglesworth

Information Analyst

stuart.wrigglesworth@nhs.net

Name: Kenny McIntyre

Senior Information 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](#)

Rate this publication

[Click here](#) to provide feedback and rate this publication.

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 2013 Templates sent to central pharmacies – May 2013 |
| Release date | 25/09/2013 |
| Frequency | Annual |
| Timeframe of data and timeliness | Financial year (April 2012- March 2013). 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 | None |
| 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 <u>published guidelines</u> . |
| 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 measurement | Number of items dispensed and rates per 1,000 women (aged 15-49) presented. |
| Disclosure | The <u>ISD protocol on Statistical Disclosure Protocol</u> is |

| | |
|------------------------------------|--|
| | followed. |
| Official Statistics designation | National Statistics |
| UK Statistics Authority Assessment | Awaiting assessment by UK Statistics Authority |
| Last published | 25 September 2012 |
| 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 | 28/08/13 |
| | |

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)

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.