

Publication Report



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

Year ending March 2014

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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 2013/2014 and 2012/13

This report focuses on very long acting methods namely the implant (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).

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. Work is ongoing to assess and develop reporting from this system.

Continuation rates

The continuation rate of a method of contraception is one (indirect) indicator of the acceptability of that 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 potentially possible to monitor uptake more accurately.

Data for Financial Year 2013/2014

This publication reports on financial year 2013/2014 for the first time.

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
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:

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).

Information on the age of women using LARC is not available. The majority of women will be in the age range 15-49 years (to reflect reproductive age) however it is worth noting that there may be females aged less than 15 who are choosing to use LARC.

Key points

- The total uptake of very long acting methods (the contraceptive implant, IUDs (the coil) and Mirena[®] (IUS)) in Scotland increased slightly from 61.9 per 1,000 women aged 15-49 in 2012/13 to 62.1 per 1,000 women in 2013/14.
- The contraceptive implant (Nexplanon[®]) is the most popular method of LARC and uptake in 2013/14 shows it has continued to rise.
- Use of Mirena[®] Intrauterine System (IUS) has continued to rise.
- IUDs (the coil) remain the least utilised and have shown a slight decrease in the dispensing rate from last year.
- Uptake of these very long acting or 'lasting' methods has increased in eight NHS boards.

Results and Commentary

Contraceptive Implant (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.

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 and 2013/14

NHS Board	2013/14 Quantity Dispensed	2012/13 Quantity Dispensed	2013/14 Rate Per 1,000	2012/13 Rate Per 1,000
NHS Ayrshire & Arran	1,384	1,544	17.0	18.6
NHS Borders	285	234	12.4	10.0
NHS Dumfries & Galloway	695	839	22.9	27.3
NHS Fife	1,140	1,321	13.6	15.6
NHS Forth Valley	1,326	1,377	19.0	19.5
NHS Grampian	3,551	3,625	25.8	26.4
NHS Greater Glasgow & Clyde	3,638	3,819	12.0	12.5
NHS Highland	1,587	1,680	24.0	25.1
NHS Lanarkshire	1,160	1,200	8.7	8.9
NHS Lothian	3,953	4,018	18.2	18.6
NHS Orkney	206	195	46.0	42.9
NHS Shetland	81	94	16.3	18.7
NHS Tayside	1,784	1,808	19.2	19.3
NHS Western Isles	129	80	24.0	14.7
Scotland	20,919	21,834	16.7	17.3

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

- In 2013/14 the rates for primary care prescribing are more than those in sexual health clinics/acute (central pharmacies) settings at 16.7 and 15.6 per 1,000 women respectively.
- Ten of the mainland NHS boards have seen a decrease in prescribing of contraceptive implants from 2012/13 to 2013/14 with NHS Dumfries & Galloway having the largest decrease.

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 and 2013/14

NHS Board	2013/14 Quantity Dispensed	2012/13 Quantity Dispensed	2013/14 Rate Per 1,000	2012/13 Rate Per 1,000
NHS Ayrshire & Arran	1,445	1,431	17.7	17.3
NHS Borders	511	440	22.3	18.9
NHS Dumfries & Galloway	355	264	11.7	8.6
NHS Fife	1,168	1,017	14.0	12.0
NHS Forth Valley	677	511	9.7	7.2
NHS Grampian	1,385	1,096	10.1	8.0
NHS Greater Glasgow & Clyde	7,519	7,444	24.8	24.4
NHS Highland	657	587	9.9	8.8
NHS Lanarkshire	2,461	2,010	18.5	14.9
NHS Lothian	1,923	1,676	8.9	7.7
NHS Orkney	92	0	20.5	0.0
NHS Shetland	147	43	29.5	8.6
NHS Tayside	1,209	1,429	13.0	15.2
NHS Western Isles	28	41	5.2	7.6
Scotland	19,577	17,989	15.6	14.2

Source: NHS Board Central Pharmacies

- All the mainland NHS boards except NHS Tayside have seen an increase in prescribing of contraceptive implants from 2012/13 to 2013/14. NHS Lanarkshire had the largest increase.
- NHS Greater Glasgow & Clyde, NHS Borders and NHS Lanarkshire show much higher rates of contraceptive implant distributed in sexual health clinics/acute (central pharmacies) 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 and 2013/14

NHS Board	2013/14 Quantity Dispensed	2012/13 Quantity Dispensed	2013/14 Rate Per 1,000	2012/13 Rate Per 1,000
NHS Ayrshire & Arran	2,829	2,975	34.7	35.9
NHS Borders	796	674	34.7	28.9
NHS Dumfries & Galloway	1,050	1,103	34.6	35.8
NHS Fife	2,308	2,338	27.6	27.7
NHS Forth Valley	2,003	1,888	28.7	26.8
NHS Grampian	4,936	4,721	35.8	34.3
NHS Greater Glasgow & Clyde	11,157	11,263	36.8	36.8
NHS Highland	2,244	2,267	33.9	33.8
NHS Lanarkshire	3,621	3,210	27.2	23.8
NHS Lothian	5,876	5,694	27.1	26.3
NHS Orkney	298	195	66.5	42.9
NHS Shetland	228	137	45.8	27.2
NHS Tayside	2,993	3,237	32.2	34.5
NHS Western Isles	157	121	29.2	22.3
Scotland	40,496	39,823	32.3	31.5

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

- In Scotland, the contraceptive implants distributed and dispensed (total) rate per 1,000 women has increased slightly from 31.5 in 2012/13 to 32.3 in 2013/14.
- Six mainland NHS boards have seen an increase in the rate per 1,000 women from 2012/13 to 2013/14, with NHS Borders and NHS Lanarkshire showing the largest increases.
- Four mainland NHS boards have seen a decrease in the rate per 1,000 women, with NHS Tayside showing the largest decrease.
- In the mainland NHS boards the highest rates per 1,000 women for contraceptive implants distributed and dispensed in 2013/14, were found in NHS Greater Glasgow & Clyde (36.8) and NHS Grampian (35.8).

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 and 2013/14

NHS Board	2013/14 Quantity Dispensed	2012/13 Quantity Dispensed	2013/14 Rate Per 1,000	2012/13 Rate Per 1,000
NHS Ayrshire & Arran	301	294	3.7	3.5
NHS Borders	57	61	2.5	2.6
NHS Dumfries & Galloway	52	114	1.7	3.7
NHS Fife	163	220	1.9	2.6
NHS Forth Valley	212	272	3.0	3.9
NHS Grampian	462	531	3.4	3.9
NHS Greater Glasgow & Clyde	395	645	1.3	2.1
NHS Highland	231	332	3.5	5.0
NHS Lanarkshire	20	33	0.2	0.2
NHS Lothian	598	648	2.8	3.0
NHS Orkney	22	33	4.9	7.3
NHS Shetland	13	32	2.6	6.4
NHS Tayside	311	343	3.3	3.7
NHS Western Isles	19	15	3.5	2.8
Scotland	2,856	3,573	2.3	2.8

1 NHS prescriptions dispensed in the community in Scotland

- Only one mainland NHS board, NHS Ayrshire & Arran, has seen a small increase in the dispensing of IUDs in primary care from 2012/13 to 2013/14. NHS Lanarkshire's rate per 1,000 women remained the same.
- Of the nine mainland NHS boards which saw a relatively small decrease in primary care dispensing of IUDs from 2012/13 to 2013/14, NHS Dumfries & Galloway showed the largest drop, from 3.7 to 1.7 per 1,000 women.
- The rate of IUD prescribing in primary care is lower than in sexual health clinics/acute (central pharmacies) at 2.3 per 1,000 women compared to 4.1 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 and 2013/14

NHS Board	2013/14	2012/13	2013/14	2012/13
	Quantity	Quantity	Rate Per	Rate Per
	Dispensed	Dispensed	1,000	1,000
NHS Ayrshire & Arran	189	240	2.3	2.9
NHS Borders	81	97	3.5	4.2
NHS Dumfries & Galloway	42	76	1.4	2.5
NHS Fife	186	196	2.2	2.3
NHS Forth Valley	126	111	1.8	1.6
NHS Grampian	460	423	3.3	3.1
NHS Greater Glasgow & Clyde	2,286	3,039	7.5	9.9
NHS Highland	142	130	2.1	1.9
NHS Lanarkshire	460	565	3.5	4.2
NHS Lothian	888	737	4.1	3.4
NHS Orkney	20	0	4.5	0.0
NHS Shetland	19	5	3.8	1.0
NHS Tayside	239	174	2.6	1.9
NHS Western Isles	21	15	3.9	2.8
Scotland	5,159	5,808	4.1	4.6

Source: NHS Board Central Pharmacies

- Five of the mainland NHS boards reporting supplies of IUDs to sexual health clinics and acute settings in 2013/14 saw slightly higher rates than in 2012/13.
- The overall rate for central pharmacy prescribing has decreased from 4.6 per 1,000 women to 4.1 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 and 2013/14

NHS Board	2013/14	2012/13	2013/14	2012/13
	Quantity	Quantity	Rate Per	Rate Per
	Dispensed	Dispensed	1,000	1,000
NHS Ayrshire & Arran	490	534	6.0	6.4
NHS Borders	138	158	6.0	6.8
NHS Dumfries & Galloway	94	190	3.1	6.2
NHS Fife	349	416	4.2	4.9
NHS Forth Valley	338	383	4.8	5.4
NHS Grampian	922	954	6.7	6.9
NHS Greater Glasgow & Clyde	2,681	3,684	8.8	12.1
NHS Highland	373	462	5.6	6.9
NHS Lanarkshire	480	598	3.6	4.4
NHS Lothian	1,486	1,385	6.9	6.4
NHS Orkney	42	33	9.4	7.3
NHS Shetland	32	37	6.4	7.4
NHS Tayside	550	517	5.9	5.5
NHS Western Isles	40	30	7.4	5.5
Scotland	8,015	9,381	6.4	7.4

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

- Total dispensing/supply of IUDs has decreased from 7.4 per 1,000 women in 2012/13 to 6.4 per 1,000 women in 2013/14.
- Nine mainland NHS boards had a decrease in the IUD dispensing rate per 1,000 women between 2012/13 and 2013/14. NHS Greater Glasgow & Clyde had the largest decrease with the rate per 1,000 women dropping from 12.1 in 2012/13 to 8.8 in 2013/14.
- Only two mainland NHS boards had a slight increase in the rate per 1,000 women prescribed IUDs. The highest increase was in NHS Lothian where the rate per 1,000 women increased from 6.4 in 2012/13 to 6.9 in 2013/14.

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. 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 and 2013/14

NHS Board	2013/14 Quantity Dispensed	2012/13 Quantity Dispensed	2013/14 Rate Per 1,000	2012/13 Rate Per 1,000
NHS Ayrshire & Arran	1,111	1,268	13.6	15.3
NHS Borders	306	360	13.3	15.5
NHS Dumfries & Galloway	448	537	14.8	17.4
NHS Fife	826	874	9.9	10.4
NHS Forth Valley	957	1,089	13.7	15.4
NHS Grampian	1,716	1,938	12.5	14.1
NHS Greater Glasgow & Clyde	1,211	1,317	4.0	4.3
NHS Highland	1,148	1,332	17.3	19.9
NHS Lanarkshire	164	180	1.2	1.3
NHS Lothian	1,904	1,736	8.8	8.0
NHS Orkney	117	161	26.1	35.4
NHS Shetland	122	136	24.5	27.0
NHS Tayside	1,622	1,622	17.4	17.3
NHS Western Isles	51	51	9.5	9.4
Scotland	11,703	12,601	9.3	10.0

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

- Dispensing rates for Mirena[®] are lower in primary care than acute care (central pharmacies) settings with 9.3 per 1,000 women compared to 14.0 per 1,000 women.
- In primary care prescribing, the rate per 1,000 women decreased between 2012/13 and 2013/14 in nine mainland NHS boards with a slight increase in two (NHS Lothian and NHS Tayside).
- Within the mainland NHS boards, NHS Highland and NHS Dumfries & Galloway had the largest decreases in rate per 1,000 women with NHS Highland dropping from 19.9 to 17.3 and NHS Dumfries & Galloway from 17.4 to 14.8.

Table 1.8

Numbers and rates per 1,000 women (15-49) of Mirena[®] distributed from central pharmacies by NHS board, 2012/13 and 2013/14

NHS Board	2013/14	2012/13	2013/14	2012/13
	Quantity	Quantity	Rate Per	Rate Per
	Dispensed	Dispensed	1,000	1,000
NHS Ayrshire & Arran	1,008	1,171	12.4	14.1
NHS Borders	390	368	17.0	15.8
NHS Dumfries & Galloway	457	500	15.1	16.2
NHS Fife	976	839	11.7	9.9
NHS Forth Valley	607	514	8.7	7.3
NHS Grampian	932	1,007	6.8	7.3
NHS Greater Glasgow & Clyde	5,578	5,661	18.4	18.5
NHS Highland	670	636	10.1	9.5
NHS Lanarkshire	2,367	2,524	17.8	18.7
NHS Lothian	3,188	1,929	14.7	8.9
NHS Orkney	56	1	12.5	0.2
NHS Shetland	160	26	32.1	5.2
NHS Tayside	1,133	1,121	12.2	12.0
NHS Western Isles	71	52	13.2	9.6
Scotland	17,593	16,349	14.0	13.0

Source: NHS Board Central Pharmacies

- Six mainland NHS boards reporting supplies of Mirena[®] to sexual health clinics/acute settings (central pharmacies) in 2013/14 saw an increase in rates from the previous year.
- NHS Lothian saw the largest increase from 8.9 per 1,000 women in 2012/13 to 14.7 per 1,000 women in 2013/14.

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 and 2013/14

NHS Board	2013/14	2012/13	2013/14	2012/13
	Quantity	Quantity	Rate Per	Rate Per
	Dispensed	Dispensed	1,000	1,000
NHS Ayrshire & Arran	2,119	2,439	26.0	29.4
NHS Borders	696	728	30.3	31.3
NHS Dumfries & Galloway	905	1,037	29.9	33.7
NHS Fife	1,802	1,713	21.5	20.3
NHS Forth Valley	1,564	1,603	22.4	22.7
NHS Grampian	2,648	2,945	19.2	21.4
NHS Greater Glasgow & Clyde	6,789	6,978	22.4	22.8
NHS Highland	1,818	1,968	27.5	29.4
NHS Lanarkshire	2,531	2,704	19.0	20.0
NHS Lothian	5,092	3,665	23.5	16.9
NHS Orkney	173	162	38.6	35.6
NHS Shetland	282	162	56.6	32.2
NHS Tayside	2,755	2,743	29.6	29.2
NHS Western Isles	122	103	22.7	19.0
Scotland	29,296	28,950	23.4	22.9

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

- The dispensing/supply rate of Mirena[®] in Scotland has increased from 22.9 per 1,000 women in 2012/13 to 23.4 per 1,000 women in 2013/14. Although it is important to note that Mirena[®] is also used to treat menorrhagia, the numbers are still notably higher than that of IUD (23.4 compared to 6.4 per 1,000 women).

Depo Provera[®] Contraceptive Injections

Depo Provera[®] requires each woman to have four injections every year (one every 12 weeks) to be protected from pregnancy. It is not possible from the data available to equate contraception dispensed to individuals. As a result the rate per 1,000 women cannot be calculated therefore only the numbers dispensed are presented.

Table 1.10

Number of Depo Provera[®] vials/syringes dispensed in Primary Care¹, by NHS board, 2012/13 and 2013/14

NHS Board	2013/14	2012/13
	Quantity	Quantity
	Dispensed	Dispensed
NHS Ayrshire & Arran	6,937	7,395
NHS Borders	2,548	2,885
NHS Dumfries & Galloway	3,187	3,486
NHS Fife	8,378	8,882
NHS Forth Valley	5,418	5,701
NHS Grampian	14,345	15,117
NHS Greater Glasgow & Clyde	18,394	20,813
NHS Highland	6,811	7,704
NHS Lanarkshire	8,861	9,600
NHS Lothian	17,686	18,877
NHS Orkney	443	536
NHS Shetland	464	507
NHS Tayside	9,063	10,208
NHS Western Isles	620	582
Scotland	103,155	112,293

¹ NHS prescriptions dispensed in the community in Scotland

Source: Practitioner Services Division (PSD)

- Dispensing of Depo Provera[®] has decreased in primary care with all mainland NHS boards showing a decrease from 2012/13 to 2013/14.
- Numbers of Depo Provera[®] vials/syringes dispensed in primary care remain significantly higher than supplies to sexual health clinics/acute settings (central pharmacies) for each NHS board.

Table 1.11

Number of Depo Provera[®] vials/syringes distributed from central pharmacies by NHS board, 2012/13 and 2013/14

NHS Board	2013/14 Quantity Dispensed	2012/13 Quantity Dispensed
NHS Ayrshire & Arran	2,964	2,691
NHS Borders	293	247
NHS Dumfries & Galloway	180	174
NHS Fife	1,116	1,156
NHS Forth Valley	843	1,053
NHS Grampian	770	1,008
NHS Greater Glasgow & Clyde	6,181	5,872
NHS Highland	459	340
NHS Lanarkshire	2,333	2,226
NHS Lothian	1,337	1,495
NHS Orkney	202	0
NHS Shetland	316	21
NHS Tayside	688	661
NHS Western Isles	14	15
Scotland	17,696	16,959

Source: NHS Board Central Pharmacies

- The total supply of Depo Provera[®] to sexual health clinics/acute settings in Scotland has increased from 2012/13 to 2013/14.
- Seven mainland NHS boards show an increase in supplies to sexual health clinics/acute settings (central pharmacies) in 2013/14 compared to 2012/13.

Table 1.12

Number of Depo Provera[®] vials/syringes distributed and dispensed (total) from all sources by NHS board, 2012/13 and 2013/14

NHS Board	2013/14 Quantity Dispensed	2012/13 Quantity Dispensed
NHS Ayrshire & Arran	9,901	10,086
NHS Borders	2,841	3,132
NHS Dumfries & Galloway	3,367	3,660
NHS Fife	9,494	10,038
NHS Forth Valley	6,261	6,754
NHS Grampian	15,115	16,125
NHS Greater Glasgow & Clyde	24,575	26,685
NHS Highland	7,270	8,044
NHS Lanarkshire	11,194	11,826
NHS Lothian	19,023	20,372
NHS Orkney	645	536
NHS Shetland	780	528
NHS Tayside	9,751	10,869
NHS Western Isles	634	597
Scotland	120,851	129,252

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

- Overall there has been a decrease 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.
- The data show 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

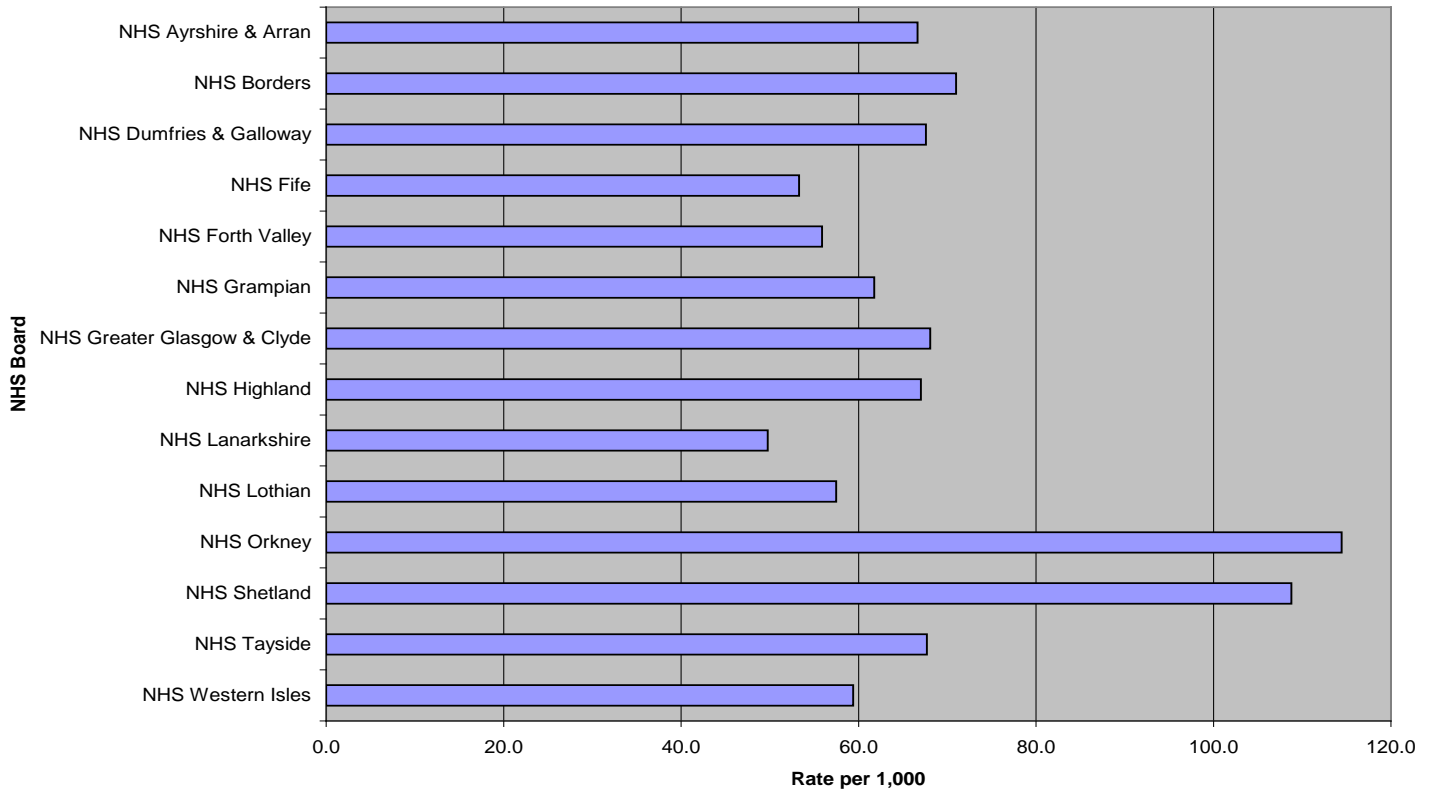
Numbers and rates per 1,000 women (15-49) of all very long acting methods¹ by NHS boards from all sources, 2012/13 and 2013/14

NHS Board	2013/14	2012/13	2013/14	2012/13
	Quantity	Quantity	Rate Per	Rate Per
	Dispensed	Dispensed	1,000	1,000
NHS Ayrshire & Arran	5,438	5,948	66.7	71.7
NHS Borders	1,630	1,560	71.0	67.0
NHS Dumfries & Galloway	2,049	2,330	67.6	75.7
NHS Fife	4,459	4,467	53.3	52.9
NHS Forth Valley	3,905	3,874	55.9	54.9
NHS Grampian	8,506	8,620	61.8	62.7
NHS Greater Glasgow & Clyde	20,627	21,925	68.1	71.7
NHS Highland	4,435	4,697	67.0	70.1
NHS Lanarkshire	6,632	6,512	49.8	48.2
NHS Lothian	12,454	10,744	57.5	49.6
NHS Orkney	513	390	114.4	85.8
NHS Shetland	542	336	108.8	66.8
NHS Tayside	6,298	6,497	67.7	69.3
NHS Western Isles	319	254	59.4	46.8
Scotland	77,807	78,154	62.1	61.9

1 Contraceptive implant (Implanon[®]/ Nexplanon[®]), intrauterine device and intrauterine system (Mirena[®]).
Sources: Practitioner Services Division (PSD) & NHS Board Central Pharmacies

- The rate per 1,000 women of reproductive age in Scotland that have been prescribed LARC has increased slightly from 61.9 per 1,000 women in 2012/13 to 62.1 in 2013/14.

Figure 1.1 Rate of total dispensing of very long acting methods per 1,000 women (15-49) by NHS board, 2013/14



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](#)

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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 2014 Templates sent to central pharmacies – May 2014.
Release date	30/09/2014.
Frequency	Annual.
Timeframe of data and timeliness	Financial year (April 2013- March 2014). 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	http://www.hscic.gov.uk/catalogue/PUB12548 Some information on use of LARC in England is available at the above link.
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/2014-09-30/2014-09-30-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 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	25 September 2013.
Next published	A review of Sexual Health data is underway. The LARC publication 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.isdmaternity@nhs.net
Date form completed	09/09/14

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.

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- 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)

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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.

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