

Publication Report



Long Acting Reversible Methods of Contraception (LARC) in Scotland

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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. 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).

'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 August 2011, the [Sexual Health and Blood Borne Virus Framework 2011-2015](#) was launched, followed in 2015 by the [Sexual Health and Blood Borne Virus Framework 2015-2020 Update](#). Both of these support the use of LARC and the 2015-2020 update states that work has been carried out to improve access to LARC.

This report focuses on very long acting methods of contraception; namely the implant (Nexplanon®), Intrauterine Device (IUD) and Intrauterine System (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 prescriptions only.

Data collection

Long acting contraceptives can be prescribed in a variety of settings throughout Scotland. The data in this report have been collected from the following sources:

- i) 'Community Prescribing' (Primary Care) – information is supplied by Practitioner Services Division (PSD) on NHS Prescriptions dispensed through primary care.
- ii) National Sexual Health System (NaSH). NaSH provides information on items prescribed from specialist sexual health services. For further information see Appendix A1.

This is the first time this publication has used NaSH data. Previous LARC publications have included data from 'Community Prescribing' and data from central pharmacies. The data from the central pharmacies has been replaced by the NaSH data.

The main differences between the NaSH data and the central pharmacies data are:

- Central pharmacies provide data on the number of stock items dispensed from their shelves. It is difficult to equate this directly with usage, as there are issues such as stock retention to consider. NaSH provides the number of items which were actually prescribed.
- NaSH provides information on prescribing at sexual health and family planning clinics. Central pharmacies cover a wider range of locations including the acute sector (obstetrics, gynaecology and post termination services etc) and specialist community clinics (including integrated sexual health, sexual and reproductive health and genitourinary medicine services).

- Returns from central pharmacies were aggregate returns and it was not possible to equate these to people using the device. NaSH enables the number of people to be calculated.

Therefore, comparisons of data provided by central pharmacies in previous publications with NaSH are not valid. The numbers reported in this publication from NaSH are considerably lower than the numbers reported in previous publications from central pharmacies for the reasons described previously. Further information on the data sources is provided in Appendix A1.

Data presented in this publication cover years 2013/14 and 2014/15. As data from specialist sexual health services for these two years have been sourced from NaSH, comparisons of LARC uptake for these two years would be appropriate. Comparisons with data in previous publications, for any time period, would not be appropriate.

Key Points

- The total uptake of very long acting methods of contraception (the contraceptive implant, intrauterine device (IUD) and intrauterine system (IUS) in primary care and specialist sexual health services in Scotland increased from 50.2 per 1,000 women aged 15-49 in 2013/14 to 52.8 in 2014/15.
- All three very long acting methods of contraception have seen a slight increase in prescribing rate per 1,000 in 2014/15 compared to 2013/14.
- The contraceptive implant is the most popular method of LARC (29.4 per 1,000) while the intrauterine device (IUD) remains the least utilised method (5.8 per 1,000) in 2014/15.
- Uptake of these very long acting methods has increased in ten of the fourteen NHS Boards between 2013/14 and 2014/15.

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 rate per 1,000 women (15-49) of the contraceptive implant prescribed in primary care by NHS Boards, 2013/14 and 2014/15

NHS Board	2013/14 Number of prescriptions	2014/15 Number of prescriptions	2013/14 Rate Per 1,000	2014/15 Rate Per 1,000¹
NHS Ayrshire & Arran	1,384	1,549	17.0	19.0
NHS Borders	285	335	12.4	14.6
NHS Dumfries & Galloway	695	756	22.9	24.9
NHS Fife	1,140	1,312	13.6	15.7
NHS Forth Valley	1,326	1,518	19.0	21.7
NHS Grampian	3,551	3,538	25.8	25.7
NHS Greater Glasgow & Clyde	3,638	3,558	12.0	11.7
NHS Highland	1,587	1,899	24.0	28.7
NHS Lanarkshire	1,160	1,524	8.7	11.4
NHS Lothian	3,953	4,129	18.2	19.1
NHS Orkney	206	206	46.0	46.0
NHS Shetland	81	97	16.3	19.5
NHS Tayside	1,784	1,996	19.2	21.5
NHS Western Isles	129	110	24.0	20.5
Scotland	20,919	22,527	16.7	18.0

Source: Practitioner Services Division (PSD)

¹ 2014/15 rate uses 2013 population

- In 2014/15 the rates for primary care prescribing are more than those in sexual health clinics/family planning settings at 18.0 and 11.4 per 1,000 respectively.
- Nine of the mainland NHS Boards saw an increase in prescribing of contraceptive implants from 2013/14 to 2014/15 with NHS Highland having the largest increase.

Table 1.2

Number and rate per 1,000 women (15-49) of the contraceptive implant prescribed in specialist sexual health services by NHS Board, 2013/14 and 2014/15

NHS Board	2013/14	2014/15	2013/14	2014/15
	Number of prescriptions	Number of prescriptions	Rate Per 1,000	Rate Per 1,000¹
NHS Ayrshire & Arran	1,002	992	12.3	12.2
NHS Borders	365	311	15.9	13.5
NHS Dumfries & Galloway	206	219	6.8	7.2
NHS Fife	1,137	1,072	13.6	12.8
NHS Forth Valley	524	452	7.5	6.5
NHS Grampian	745	803	5.4	5.8
NHS Greater Glasgow & Clyde	6,167	5,639	20.4	18.6
NHS Highland	391	350	5.9	5.3
NHS Lanarkshire	1,629	1,762	12.2	13.2
NHS Lothian	1,800	1,820	8.3	8.4
NHS Orkney	-	-	-	-
NHS Shetland	-	-	-	-
NHS Tayside	859	847	9.2	9.1
NHS Western Isles	-	-	-	-
Scotland	14,825	14,267	11.8	11.4

Source: NaSH

¹ 2014/15 rate uses 2013 population

- The overall rate per 1,000 for prescribing of the contraceptive implant has shown a slight decrease from 2013/14 to 2014/15.
- NHS Greater Glasgow & Clyde shows a much higher rate of contraceptive implant distributed in specialist sexual health services than in primary care.

Table 1.3

Number and rate per 1,000 women (15-49) of the contraceptive implant prescribed (total) from both¹ sources by NHS Board, 2013/14 and 2014/15

NHS Board	2013/14	2014/15	2013/14	2014/15
	Number of prescriptions	Number of prescriptions	Rate Per 1,000	Rate Per 1,000²
NHS Ayrshire & Arran	2,386	2,541	29.2	31.1
NHS Borders	650	646	28.3	28.1
NHS Dumfries & Galloway	901	975	29.7	32.2
NHS Fife	2,277	2,384	27.2	28.5
NHS Forth Valley	1,850	1,970	26.5	28.2
NHS Grampian	4,296	4,341	31.2	31.5
NHS Greater Glasgow & Clyde	9,805	9,197	32.4	30.4
NHS Highland	1,978	2,249	29.9	34.0
NHS Lanarkshire	2,789	3,286	20.9	24.7
NHS Lothian	5,753	5,949	26.5	27.5
NHS Orkney	206	206	46.0	46.0
NHS Shetland	81	97	16.3	19.5
NHS Tayside	2,643	2,843	28.4	30.6
NHS Western Isles	129	110	24.0	20.5
Scotland	35,744	36,794	28.5	29.4

¹ Sources: Practitioner Services Division (PSD) & NaSH

² 2014/15 rate uses 2013 population

- In Scotland, the contraceptive implants prescribed (total) rate per 1,000 has increased slightly from 28.5 in 2013/14 to 29.4 in 2014/15.
- Nine mainland NHS Boards have seen an increase in the rate per 1,000 with NHS Highland showing the largest increase, from 29.9 in 2013/14 to 34.0 per 1,000 in 2014/15.
- NHS Borders and NHS Greater Glasgow & Clyde were the only mainland NHS Boards that showed a decrease in the rate per 1,000, dropping from 28.3 and 32.4 respectively in 2013/14 to 28.1 and 30.4 per 1,000 in 2014/15.
- In the mainland NHS Boards the highest rates per 1,000 for contraceptive implants prescribed in 2014/15, were found in NHS Highland (34.0) and NHS Dumfries & Galloway (32.2).

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 rate per 1,000 women (15-49) of IUDs prescribed in primary care by NHS Board, 2013/14 and 2014/15

NHS Board	2013/14 Number of prescriptions	2014/15 Number of prescriptions	2013/14 Rate Per 1,000	2014/15 Rate Per 1,000¹
NHS Ayrshire & Arran	301	296	3.7	3.6
NHS Borders	57	61	2.5	2.7
NHS Dumfries & Galloway	52	91	1.7	3.0
NHS Fife	163	199	1.9	2.4
NHS Forth Valley	212	281	3.0	4.0
NHS Grampian	462	477	3.4	3.5
NHS Greater Glasgow & Clyde	395	482	1.3	1.6
NHS Highland	231	290	3.5	4.4
NHS Lanarkshire	20	47	0.2	0.4
NHS Lothian	598	717	2.8	3.3
NHS Orkney	22	37	4.9	8.3
NHS Shetland	13	20	2.6	4.0
NHS Tayside	311	292	3.3	3.1
NHS Western Isles	19	20	3.5	3.7
Scotland	2,856	3,310	2.3	2.6

Source: Practitioner Services Division (PSD)

¹ 2014/15 rate uses 2013 population

- Nine of the mainland NHS Boards saw a small increase in the prescribing of IUDs in primary care from 2013/14 to 2014/15 with the largest increase in NHS Dumfries & Galloway.
- NHS Tayside and NHS Ayrshire & Arran both saw a small decrease in primary care prescribing of IUDs from 2013/14 to 2014/15, changing from 3.3 to 3.1 per 1,000 in NHS Tayside and from 3.7 to 3.6 in NHS Ayrshire & Arran.
- The rate of IUD prescribing in primary care is lower than in specialist sexual health services at 2.6 per 1,000 compared to 3.1 per 1,000.

Table 1.5

Number and rate per 1,000 women (15-49) of IUDs prescribed in specialist sexual health services by NHS Board, 2013/14 and 2014/15

NHS Board	2013/14	2014/15	2013/14	2014/15
	Number of prescriptions	Number of prescriptions	Rate Per 1,000	Rate Per 1,000¹
NHS Ayrshire & Arran	162	194	2.0	2.4
NHS Borders	46	42	2.0	1.8
NHS Dumfries & Galloway	51	45	1.7	1.5
NHS Fife	132	164	1.6	2.0
NHS Forth Valley	88	99	1.3	1.4
NHS Grampian	243	243	1.8	1.8
NHS Greater Glasgow & Clyde	1,564	1,614	5.2	5.3
NHS Highland	72	83	1.1	1.3
NHS Lanarkshire	378	437	2.8	3.3
NHS Lothian	752	798	3.5	3.7
NHS Orkney	-	-	-	-
NHS Shetland	-	-	-	-
NHS Tayside	209	211	2.2	2.3
NHS Western Isles	-	-	-	-
Scotland	3,697	3,930	3.0	3.1

Source: NaSH

¹ 2014/15 rate uses 2013 population

- Eight of the mainland NHS Boards prescribing IUDs via specialist sexual health services in 2014/15 saw slightly higher rates than in 2013/14 while NHS Grampian remained the same.
- NHS Borders and NHS Dumfries & Galloway both saw slight reductions in their respective rates per 1,000 from 2013/14 to 2014/15.
- The overall rate for specialist sexual health services shows little change, increasing from 3.0 in 2013/14 to 3.1 per 1,000 in 2014/15.

Table 1.6

Number and rate per 1,000 women (15-49) of IUDs prescribed (total) from both¹ sources by NHS Board, 2013/14 and 2014/15

NHS Board	2013/14	2014/15	2013/14	2014/15
	Number of prescriptions	Number of prescriptions	Rate Per 1,000	Rate Per 1,000²
NHS Ayrshire & Arran	463	490	5.7	6.0
NHS Borders	103	103	4.5	4.5
NHS Dumfries & Galloway	103	136	3.4	4.5
NHS Fife	295	363	3.5	4.3
NHS Forth Valley	300	380	4.3	5.4
NHS Grampian	705	720	5.1	5.2
NHS Greater Glasgow & Clyde	1,959	2,096	6.5	6.9
NHS Highland	303	373	4.6	5.6
NHS Lanarkshire	398	484	3.0	3.6
NHS Lothian	1,350	1,515	6.2	7.0
NHS Orkney	22	37	4.9	8.3
NHS Shetland	13	20	2.6	4.0
NHS Tayside	520	503	5.6	5.4
NHS Western Isles	19	20	3.5	3.7
Scotland	6,553	7,240	5.2	5.8

¹ Sources: Practitioner Services Division (PSD) & NaSH

² 2014/15 rate uses 2013 population

- Total prescribing of IUDs has increased from 5.2 in 2013/14 to 5.8 per 1,000 in 2014/15.
- Nine mainland NHS Boards had an increase in the IUD prescribing rate per 1,000 between 2013/14 and 2014/15. NHS Dumfries & Galloway and NHS Forth Valley had the largest increases with their rates per 1,000 rising from 3.4 and 4.3 respectively in 2013/14 to 4.5 and 5.4 in 2014/15.
- The only mainland NHS Board to show a slight decrease in the rate per 1,000 was NHS Tayside. The rate per 1,000 decreased from 5.6 in 2013/14 to 5.4 in 2014/15.

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 rate per 1,000 women (15-49) of Mirena[®] prescribed in primary care by NHS Board, 2013/14 and 2014/15

NHS Board	2013/14	2014/15	2013/14	2014/15
	Number of prescriptions	Number of prescriptions	Rate Per 1,000	Rate Per 1,000¹
NHS Ayrshire & Arran	1,111	1,233	13.6	15.1
NHS Borders	306	311	13.3	13.5
NHS Dumfries & Galloway	448	483	14.8	15.9
NHS Fife	826	775	9.9	9.3
NHS Forth Valley	957	1,108	13.7	15.9
NHS Grampian	1,716	2,019	12.5	14.7
NHS Greater Glasgow & Clyde	1,211	1,126	4.0	3.7
NHS Highland	1,148	1,048	17.3	15.8
NHS Lanarkshire	164	328	1.2	2.5
NHS Lothian	1,904	2,177	8.8	10.0
NHS Orkney	117	102	26.1	22.8
NHS Shetland	122	139	24.5	27.9
NHS Tayside	1,622	1,625	17.4	17.5
NHS Western Isles	51	51	9.5	9.5
Scotland	11,703	12,525	9.3	10.0

Includes 121 Jaydess (IUS) prescriptions in 2014/15

Source: Practitioner Services Division (PSD)

¹ 2014/15 rate uses 2013 population

- Prescribing rates for Mirena[®] are higher in primary care than specialist sexual health services with 10.0 per 1,000 women compared to 7.6 per 1,000 women.
- In primary care prescribing, the rate per 1,000 increased between 2013/14 and 2014/15 in eight mainland NHS Boards with decreases in the remaining three (NHS Fife, NHS Greater Glasgow & Clyde and NHS Highland).
- Within the mainland NHS Boards, NHS Forth Valley and NHS Grampian had the largest increase in rate between 2013/14 and 2014/15, from 13.7 to 15.9 per 1,000 in NHS Forth Valley and 12.5 to 14.7 per 1,000 in NHS Grampian. The largest decrease came from NHS Highland which dropped from 17.3 in 2013/14 to 15.8 in 2014/15.

Table 1.8

Number and rate per 1,000 women (15-49) of Mirena[®] prescribed from specialist sexual health services by NHS Board, 2013/14 and 2014/15

NHS Board	2013/14	2014/15	2013/14	2014/15
	Number of prescriptions	Number of prescriptions	Rate Per 1,000	Rate Per 1,000¹
NHS Ayrshire & Arran	591	622	7.2	7.6
NHS Borders	178	164	7.8	7.1
NHS Dumfries & Galloway	182	209	6.0	6.9
NHS Fife	563	612	6.7	7.3
NHS Forth Valley	255	230	3.7	3.3
NHS Grampian	512	593	3.7	4.3
NHS Greater Glasgow & Clyde	3,031	3,231	10.0	10.7
NHS Highland	346	406	5.2	6.1
NHS Lanarkshire	1,033	1,174	7.8	8.8
NHS Lothian	1,480	1,638	6.8	7.6
NHS Orkney	-	-	-	-
NHS Shetland	-	-	-	-
NHS Tayside	687	702	7.4	7.5
NHS Western Isles	-	-	-	-
Scotland	8,858	9,581	7.1	7.6

Source: NaSH

¹ 2014/15 rate uses 2013 population

- Nine mainland NHS Boards prescribing Mirena[®] to specialist sexual health services in 2014/15 saw an increase in rates from the previous year.
- NHS Lanarkshire saw the largest increase, from 7.8 in 2013/14 to 8.8 per 1,000 in 2014/15.

Table 1.9

Number and rate per 1,000 women (15-49) of Mirena[®] prescribed (total) from both¹ sources by NHS Board, 2013/14 and 2014/15

NHS Board	2013/14	2014/15	2013/14	2014/15
	Number of prescriptions	Number of prescriptions	Rate Per 1,000	Rate Per 1,000²
NHS Ayrshire & Arran	1,702	1,855	20.9	22.7
NHS Borders	484	475	21.1	20.7
NHS Dumfries & Galloway	630	692	20.8	22.8
NHS Fife	1,389	1,387	16.6	16.6
NHS Forth Valley	1,212	1,338	17.3	19.2
NHS Grampian	2,228	2,612	16.2	19.0
NHS Greater Glasgow & Clyde	4,242	4,357	14.0	14.4
NHS Highland	1,494	1,454	22.6	22.0
NHS Lanarkshire	1,197	1,502	9.0	11.3
NHS Lothian	3,384	3,815	15.6	17.6
NHS Orkney	117	102	26.1	22.8
NHS Shetland	122	139	24.5	27.9
NHS Tayside	2,309	2,327	24.8	25.0
NHS Western Isles	51	51	9.5	9.5
Scotland	20,561	22,106	16.4	17.6

Includes 121 Jaydess (IUS) prescriptions in 2014/15

¹ Sources: Practitioner Services Division (PSD) & NaSH

² 2014/15 rate uses 2013 population

- The prescribing rate of Mirena[®] in Scotland has increased from 16.4 in 2013/14 to 17.6 per 1,000 in 2014/15.
- Eight mainland NHS Boards saw an increase in the overall prescribing rate per 1,000 between 2013/14 and 2014/15.

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 prescribed to individuals. As a result the rate per 1,000 women cannot be calculated therefore only the numbers prescribed are presented.

Table 1.10

Number of Depo Provera[®] vials/syringes prescribed in Primary Care, by NHS Board, 2013/14 and 2014/15

NHS Board	2013/14	2014/15
	Number of prescriptions	Number of prescriptions
NHS Ayrshire & Arran	6,937	7,597
NHS Borders	2,548	2,738
NHS Dumfries & Galloway	3,187	3,285
NHS Fife	8,378	9,080
NHS Forth Valley	5,418	5,893
NHS Grampian	14,345	15,752
NHS Greater Glasgow & Clyde	18,394	18,481
NHS Highland	6,811	7,409
NHS Lanarkshire	8,861	10,773
NHS Lothian	17,686	19,006
NHS Orkney	443	398
NHS Shetland	464	535
NHS Tayside	9,063	9,481
NHS Western Isles	620	603
Scotland	103,155	111,031

Source: Practitioner Services Division (PSD)

- Prescribing of Depo Provera[®] has increased in primary care with all mainland NHS Boards showing an increase from 2013/14 to 2014/15.
- Numbers of Depo Provera[®] vials/syringes prescribed in primary care are significantly higher than those prescribed in specialist sexual health services for each NHS Board.

Table 1.11

Number of Depo Provera[®] vials/syringes prescribed from specialist sexual health services by NHS Board, 2013/14 and 2014/15

NHS Board	2013/14	2014/15
	Number of prescriptions	Number of prescriptions
NHS Ayrshire & Arran	999	965
NHS Borders	249	227
NHS Dumfries & Galloway	100	66
NHS Fife	887	983
NHS Forth Valley	499	472
NHS Grampian	593	557
NHS Greater Glasgow & Clyde	5,403	5,141
NHS Highland	163	164
NHS Lanarkshire	1,836	1,824
NHS Lothian	814	787
NHS Orkney	-	-
NHS Shetland	-	-
NHS Tayside	338	328
NHS Western Isles	-	-
Scotland	11,881	11,514

Source: NaSH

- Prescribing of Depo Provera[®] to specialist sexual health services in Scotland has decreased from 2013/14 to 2014/15.
- NHS Fife and NHS Highland were the only mainland NHS Boards that did not see a decrease in the prescribing of Depo Provera[®] to specialist sexual health services from 2013/14 to 2014/15.

Table 1.12

Number of Depo Provera[®] vials/syringes prescribed (total) from both¹ sources by NHS Board, 2013/14 and 2014/15

NHS Board	2013/14	2014/15
	Number of prescriptions	Number of prescriptions
NHS Ayrshire & Arran	7,936	8,562
NHS Borders	2,797	2,965
NHS Dumfries & Galloway	3,287	3,351
NHS Fife	9,265	10,063
NHS Forth Valley	5,917	6,365
NHS Grampian	14,938	16,309
NHS Greater Glasgow & Clyde	23,797	23,622
NHS Highland	6,974	7,573
NHS Lanarkshire	10,697	12,597
NHS Lothian	18,500	19,793
NHS Orkney	443	398
NHS Shetland	464	535
NHS Tayside	9,401	9,809
NHS Western Isles	620	603
Scotland	115,036	122,545

¹ Sources: Practitioner Services Division (PSD) & NaSH

- Overall there has been an increase in the prescribing 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.

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

Number and rate per 1,000 women (15-49) of all very long acting methods¹ prescribed from both² sources by NHS Board, 2013/14 and 2014/15

NHS Board	2013/14	2014/15	2013/14	2014/15
	Number of prescriptions	Number of prescriptions	Rate Per 1,000	Rate Per 1,000³
NHS Ayrshire & Arran	4,551	4,886	55.8	59.9
NHS Borders	1,237	1,224	53.9	53.3
NHS Dumfries & Galloway	1,634	1,803	53.9	59.5
NHS Fife	3,961	4,134	47.4	49.4
NHS Forth Valley	3,362	3,688	48.1	52.8
NHS Grampian	7,229	7,673	52.5	55.7
NHS Greater Glasgow & Clyde	16,006	15,650	52.8	51.7
NHS Highland	3,775	4,076	57.0	61.6
NHS Lanarkshire	4,384	5,272	32.9	39.6
NHS Lothian	10,487	11,279	48.4	52.0
NHS Orkney	345	345	77.0	77.0
NHS Shetland	216	256	43.3	51.4
NHS Tayside	5,472	5,673	58.8	61.0
NHS Western Isles	199	181	37.1	33.7
Scotland	62,858	66,140	50.2	52.8

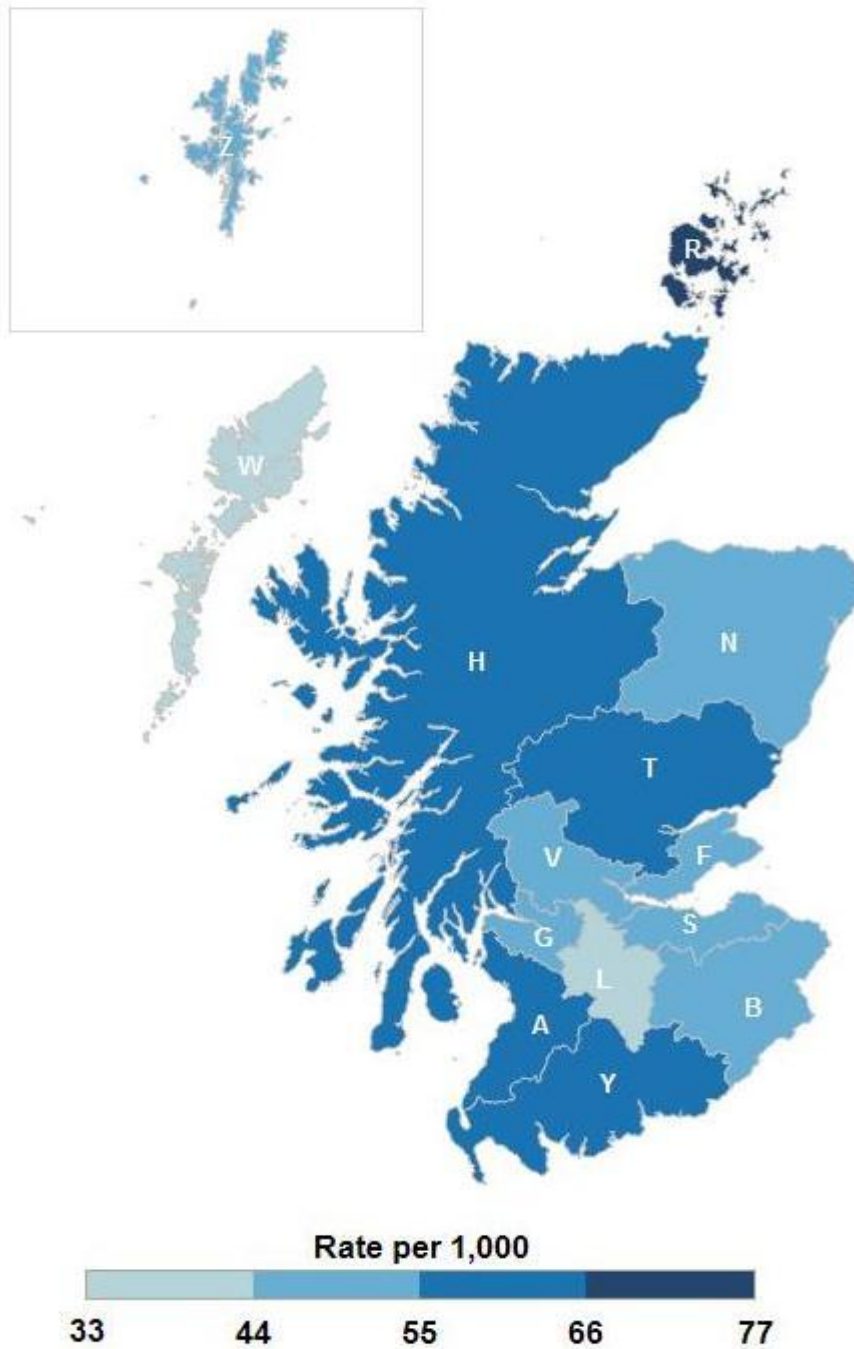
¹ Contraceptive implant (Implanon[®]/ Nexplanon[®]), intrauterine device and intrauterine system (Mirena[®]).

² Sources: Practitioner Services Division (PSD) & NaSH

³ 2014/15 rate uses 2013 population

- The rate per 1,000 women of reproductive age in Scotland that have been prescribed LARC has increased from 50.2 in 2013/14 to 52.8 in 2014/15.

Figure 1.1 Rate of total prescribing of very long acting methods per 1,000 women (15-49) by NHS Board, 2014/15



NHS Boards

- | | | | |
|----------------------|-------------------|-----------------------------|--------------|
| A - Ayrshire & Arran | B - Borders | Y - Dumfries & Galloway | F - Fife |
| V - Forth Valley | N - Grampian | G - Greater Glasgow & Clyde | H - Highland |
| L - Lanarkshire | S - Lothian | R - Orkney | Z - Shetland |
| T - Tayside | W - Western Isles | | |

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.

Glossary

IUD	Intra-uterine device. The IUD releases copper into the womb in order to prevent pregnancy.
IUS	Intra-uterine system. The IUS releases a progestogen hormone into the womb in order to prevent pregnancy.
LARC	Long Acting Reversible method of Contraception.
Mainland NHS Boards	All non-island (Orkney, Shetland & Western Isles) Health Boards.
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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Appendix

A1 – Background Information

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

The 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.

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:

1) 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).

2) 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 provides aggregate national information on clinical activity, including the usage of all types of contraception.

NaSH provides information on items prescribed from sexual health and family planning clinics, however, it does not cover the acute sector (obstetrics, gynaecology and post termination services).

Previous publications reported data from the following sources:

1) Community Prescribing (Primary Care)

As above.

2) Central Pharmacies

Central pharmacies provide data on stock dispensed to the acute sector and specialist community clinics, such as sexual health and family planning clinics.

In previous LARC publications data from central pharmacies was the best source of information as data on prescribed items was not available centrally. The central pharmacy data showed the distribution and supply of LARC products from the pharmacies to the

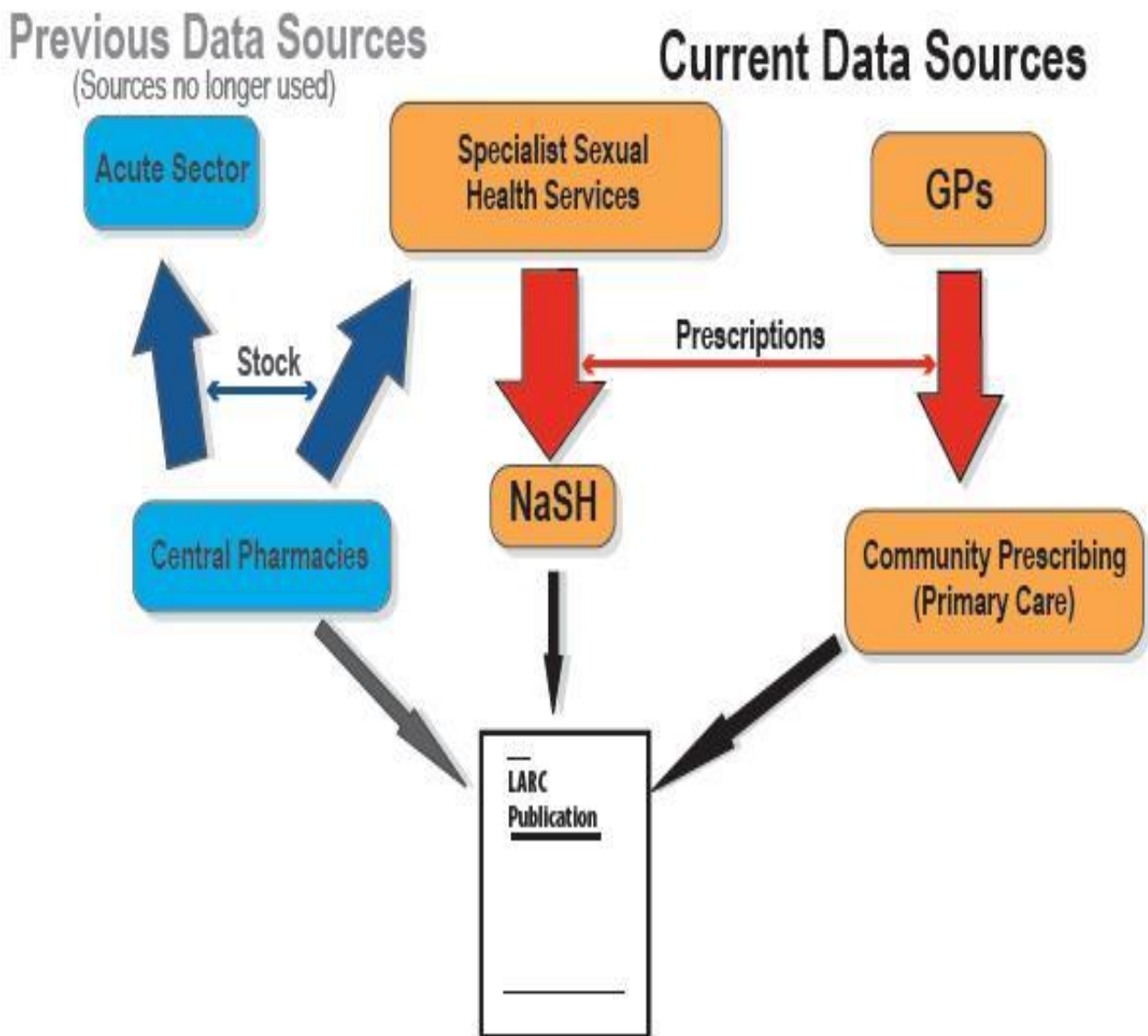
acute sector (including obstetrics, gynaecology and post termination services etc) and to specialist community clinics (including integrated sexual health, sexual and reproductive health and genitourinary medicine services).

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

Now that prescription information from specialist sexual health services is available on NaSH it has replaced the data previously collected from central pharmacies for this and future LARC publications.

Information on prescribing in the acute sector is not available.

Figure 1.2 Previous and current data sources



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.

Data for Financial Year 2014/2015

This publication reports on financial year 2014/2015 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.
reasonable for the very long acting methods.

Calculation of rates

This publication uses the 2006 Health Board boundaries. The latest population figures available for this Health Board configuration are for 2013, therefore the 2013 population figures have been used in the calculation of rates for both 2013/14 and 2014/15.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Long acting reversible methods of contraception (LARC)
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. NaSH.
Date that data are acquired	Data requested from PRISMS – May 2015 Data extracted from NaSH – August 2015
Release date	03/11/2015.
Frequency	Annual.
Timeframe of data and timeliness	Financial year (April 2014- March 2015). Generally no delays.
Continuity of data	Last two years of data are reported.
Revisions statement	Figures published in this publication are used in the following year's LARC publication.
Revisions relevant to this publication	Data from central pharmacies has been replaced by data from NaSH (see Appendix).
Concepts and definitions	See Appendix .
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.
Completeness	Considered complete for Health Boards that have been included.
Comparability	http://www.hscic.gov.uk/catalogue/PUB15746 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/2015-11-03/2015-11-03-LARC-

	Report.pdf .
Value type and unit of measurement	Number of items prescribed and rate per 1,000 women (aged 15-49) are presented.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics.
UK Statistics Authority Assessment	June 2011.
Last published	30/09/2014.
Next published	03/11/2016.
Date of first publication	February 2007 (which reports on data from 2004/05).
Help email	nss.isdmaternity@nhs.net
Date form completed	07/09/2015.

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.

Standard Pre-Release Access:

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

Early Access for Quality Assurance

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

- Sexual Health Leads
- Central Pharmacy Contacts

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.