

Intrauterine Coil Insertion and Removal in Secondary Care Criteria Based Access

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssgccg.nhs.uk/) or consider use of advice and guidance services where available.

Section A – Criteria to Access Treatment

Funding Approval for surgical treatment will only be provided by the ICB for patients meeting one of the criteria set out below.

1. There are specific medical issues which prevent fitting or removal by primary care (including sexual health clinics)
- OR**
2. It is to be fitted as part of contraception provided in conjunction with termination of pregnancy
- OR**
3. The decision to fit an intrauterine coil is made as part of an operative procedure.

BRAN

For any health- related decision, it is important to consider “BRAN” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- **D**o **N**othing

Benefits

It is believed that this intervention works immediately and is 99% effective. Working immediately, the intrauterine coil can be effective for up to 10 years and can be removed at any time.

Risks

Complications can include, damage to the womb, pelvic infections rejection of the coil, Ectopic pregnancy.

Alternatives

TBC

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

Intrauterine Coil (IUC) – Plain Language Summary

An IUC is a small device that’s inserted into the womb by a specially trained doctor or nurse, normally in primary care. The IUC is a long-acting reversible contraceptive (LARC) method.

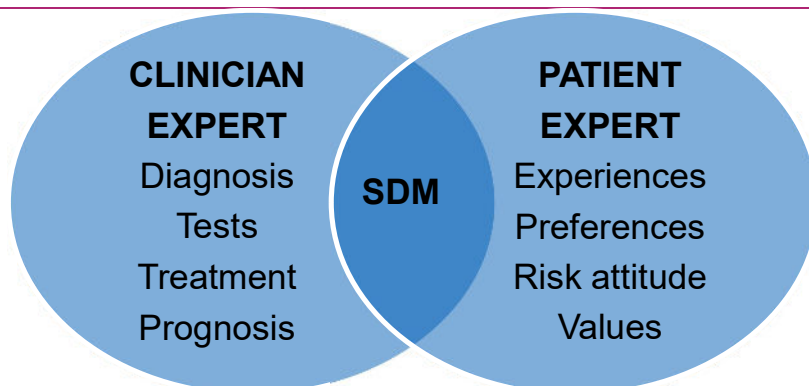
An Intrauterine Device (IUD) is made of copper and plastic and works by stopping the sperm and egg from surviving in the womb or fallopian tubes. It may also prevent a fertilised egg from implanting in the womb.

An Intrauterine System (IUS) is made of plastic and releases a progestogen hormone into the womb. This thickens the mucus from the cervix, making it difficult for sperm to move through and reach an egg. It also thins the womb lining so that it's less likely to accept a fertilised egg. It may also stop ovulation (the release of an egg) in some women.

Shared Decision Making

If a person fulfils the criteria for intrauterine coil insertion and removal in secondary care it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following:

1. National Health Service (2019) Health A to Z: Your contraception guide.
www.nhs.uk/conditions

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB are responsible, including policy development and review.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):
Q121,Q122,Q123,Q124,Q128,Q129

Support



**Bristol, North Somerset
and South Gloucestershire**
Integrated Care Board

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