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PRIMARY CARE WOMEN'S HEALTH FORUM

How to optimise the financial viability of LARC services

Money talks when trying to keep LARC Services afloat in a primary care setting – here's Top 10 Tips to support coil and implant services.

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Around 50% of women in England receive their long-acting reversible contraception (LARC) within a primary care setting, with the remainder provided mainly through specialist sexual health services[1]. However, LARC prescribing fell significantly during the first year of the COVID-19 pandemic[2], and many GP surgeries are still trying to restore this activity to pre-pandemic rates[3]. The obstacles to LARC provision were well-documented in a PCWHF report published last year[4]. The cost of fitting LARC remains high for general practices and the report found that many LARC-trained clinicians are motivated mostly by a personal dedication to patients and to these services rather than any clear financial incentive[4].

However, all is not lost in the quest to garner support and protection for these much-needed services. We are starting to see a growing enthusiasm for a joined-up, multidisciplinary approach to women's healthcare. These sentiments are echoed by both clinicians and women alike, in recent reports such as The Better for Women Report 2019[5] and the Vision for The Women's Health Strategy 2021[6]. We are also seeing emerging examples of focused delivery of LARC services such as through the development of Women's Health Hubs and of course we very much hope that when the Women's Health Strategy is published this year, there will be renewed support (and incentives) for LARC provision in primary care.

Here at PCWHF we thought we would put together a few top tips to help support all those dedicated LARC providers out there.

We are aware that there are challenges relating to the funding of LARC, including the complexities of payment when fitting LARC for extended use such as heavy menstrual bleeding and endometrial protection. However, for the purpose of this article we are focusing on the more general principles relating to financial viability. Further resources will be produced in due course for the Women's Health Hub Toolkit.

TOP 10 TIPS FOR OPTIMISING FINANCIAL VIABILITY OF LARC SERVICES

1.

Know your local LES process

As I'm sure most of you will all be aware, LARC Services in England are commissioned by the UK Health Security Agency (UKHSA, formerly Public Health England) as an enhanced service (you will probably know this as a Locally Enhanced Service Agreement or LES). When reviewing LARC costings for your practice or Primary Care Network (PCN), a good starting point is to get hold of a copy of your local LES and familiarise yourself with the specifications. LARC procedure fees vary between local authorities. It's always important to know what activity your practice will be paid for. For example, does your LES agreement include any payment for did not attends (DNAs) or failed attempted procedures? How is data for your primary care activity collated in order to facilitate payment? For example, is it through a local Clinical Commissioning Group (CCG) search on practice codes or an administrative list kept by each practice? It is also worth checking if your local LES agreements allow delivery of LARC to women outside the fitting practice. This is important when considering developing a Women's Health Hub and this provision has now been included into many local LES agreements.

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2.

Connect with your commissioner
Find out who holds the local LES agreement for the LARC services in your area and get in touch. Start a dialogue with your commissioner about how to review and support the provision of LARC in your city or region. Connecting with your local commissioner may also help you explore the potential for developing a local Women's Health Hub. Find out through your commissioner or local CCG if there is a LARC fitter forum in your area.

3.

Try out a template
By incorporating codes from your LES into a template, you help to ensure that your practice (or PCN) will be paid correctly. Templates can also improve record keeping, streamline coding and help facilitate good practice. Useful links to the latest guidelines or patient information leaflets can also be readily incorporated. Building a template can seem daunting at first, but many practices have experienced administrative staff who can help you to get started, or you could contact your local IT support team. There are also several useful resources available online. LARC consultations require a huge amount of documentation, so using a template can also help save you valuable time.

4.

Know your device claim pathways
Most CCGs will cover the cost of LARC devices when prescribed on an FP10. The device can then be dispensed and delivered to the practice in time for a patient's appointment. However, in a few areas the local authority (LA) commissioner holds the budget for devices. If this is the case, the LES specification will state whether the device costs can be claimed back from the LA. When issued this way, the cost of the device comes directly out of a prescribing budget for the local CCG (and practices don't need to bear the burden of the cost of the device upfront). The alternative is that coils can be bought directly from a wholesaler; the cost is then claimed back through the FP34D monthly reimbursement form for personally administered items. Historically this 'personally administered items' route yielded a small, but worthwhile profit for practices. This process has led to a great deal of confusion over the years, not least because it is a valid device claim pathway for coils, but not for implants. Another concern is that, unfortunately, this process has even led to the misunderstanding by some that practices are expected to cover the cost of the devices themselves. In addition to this, the profit margins for this process have fallen in recent years and there is now some debate over whether this route now leads to any worthwhile profit after covering overhead fees and so on. I personally fear that practices run the risk of being out of pocket if claims are missed or forgotten. The upfront costs of buying coils can be expensive. For example, an IUS can cost between £66-£88, so 10 devices bought up front would be an initial outlay of up to £880, potentially adding yet another obstacle to the delivery of LARC Services in primary care. However, the counter argument to this is that some practices prefer to keep additional stock of coils in case of an emergency or failed fit. Here at the PCWHF we hope to issue some more guidance on this soon - so watch this space.

5.

Optimise cost saving on equipment purchase and appointment arrangements
With costings so tight for LARC services every penny counts. Buying coil or implant fitting kits rather than individual equipment is a great way to save money. There may be the option to get good deals or discounts if buying in bulk for a practice or PCN. Don't forget to shop around - look for the best prices and check that the consumables that you are buying are still the most cost effective. Developing a business case can help you estimate the cost margins for your service. Planning clinics around when an assistant is and isn't required can help staff to use their time more efficiently. For example, implant procedures can be grouped together, as these can be done without an assistant. Some areas of the UK are also exploring using the offer of extended hours contracts to help with funding these services.

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6.

Track your quarterly profits

This will help you to know how your services are faring financially, even if it's partway through a financial quarter or year. Create a spreadsheet to tally your LES income for each quarter against your staffing costs and overheads. This means that you can calculate your actual net profit. Keep an eye on the Women's Health Hub Toolkit for some up and coming tools and useful resources for claims tracking.

7.

Connect with your colleagues

Find out who the other LARC fitters are in your nearby practices and PCNs. Connecting with colleagues can help ensure that you are up-to-date with local LES agreements and arrangements. You may find it useful to share tips and suggestions on how to get the best deals on equipment and on how to make sure your practice or PCN is being correctly reimbursed for their activity. Explore how to share information with each other such as a newsletter or email bulletin. As well as connecting with your primary care colleagues, it's also important to connect with your local Sexual and Reproductive Health (SRH) services. Good links with SRH services can help facilitate good practice, sharing pathways and provide clinical support and advice, such as for complicated contraception and deep implant removal. Connecting with SRH colleagues can also help with engaging support for LARC forums as well.

8.

Training new fitters is key

Encouraging nurses and other allied health professionals to get involved in training to fit LARC is a great way to build financial resilience into a service. Having at least one nurse fitter in a primary care LARC service can make a huge difference to the business case and profit margins for your practice or PCN. It's also a great training opportunity for nurses to develop their professional careers with additional skills and qualifications. The Faculty of Sexual and Reproductive Healthcare (FSRH) training and membership is also open to Physicians Associates and Pharmacists.

9.

Make use of the ARRS roles (for PCN WHH services)

The Additional Roles Reimbursement Scheme (ARRS) roles provide a fantastic opportunity to help drive down overheads and improve financial viability, for example nursing associates can be used to help assist with procedures. The care-coordinator role can also give much needed administrative support to LARC clinics, including helping with appointments bookings, appointment reminders and equipment ordering.

10.

Ensure patients are appropriately counselled and prepped

Make use of technology, such as text prompts (including RSVP links), educational video links and electronic patient leaflets. These all help to ensure that patients are as informed as possible when they attend their appointment. If a patient is well informed, then less time is needed to be given over to counselling during the appointment, and we are less likely to have to face the frustrating scenario of having to defer an appointment due to a patient having had a pregnancy risk or changing their mind. Of course, these scenarios are inevitable from time to time, but it's worth noting that as LARC services are only activity-based, these scenarios do not capture any income for a service.

FINAL THOUGHTS

Although we all want to see the establishment of financially resilient LARC services and to avoid practices and PCNs being out of pocket, ultimately our end goal is to serve the best interests of our patients. We want to extend a huge thank you to all those dedicated LARC fitters out there who are navigating through the many challenges and hurdles relating to LARC delivery, in order to provide access to these much-needed services. ♀

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