NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

# NICE indicator guidance

Date first published on NICE menu: August 2015

Last update: August 2019

## Indicator NM115

The percentage of women, on the register, prescribed emergency hormonal contraception 1 or more times in the preceding 12 months by the contractor who have received information from the contractor about long acting reversible methods of contraception at the time of or within 1 month of the prescription

## Indicator type

General practice indicator for use outside the QOF.

Corresponding QOF indicator CON003 was retired from the QOF in 2019 as data showed average numbers of eligible patients per practice to be less than 20 per year.

## Introduction

Long-acting reversible contraceptive methods are defined as contraceptive methods that require administration less than once per cycle or month. Long-acting reversible contraceptive (LARC) methods include copper intrauterine devices, progestogen-only intrauterine systems, progestogen-only injectable contraceptives, progestogen-only subdermal implants and combined vaginal rings. The uptake of long-acting reversible contraception during 2017/18 (as reported in [NHS Digital Sexual and Reproductive Health Services data for England](https://digital.nhs.uk/data-and-information/publications/statistical/sexual-and-reproductive-health-services), for 2017/18) was 41% (all age groups), compared with 42% for oral contraceptives and 14% for male condoms. Overall, take-up of this form of contraception has been steadily rising during the last 10 years.

The effectiveness of the barrier method and oral contraceptive pills depends on their correct and consistent use. By contrast, the effectiveness of long-acting reversible contraceptive methods does not depend on daily concordance.

## Rationale

The aim of this indicator is to encourage uptake of long-acting emergency contraception as it is often possible (and in many cases ideal practice) to start an ongoing method of contraception at the same time as prescribing emergency hormonal contraception. Practices should provide long-acting hormonal contraception information at the time of emergency contraception, or within 1 month. A similar NICE indicator provides promotes information on long-acting reversible contraception being given to women receiving oral or patch contraceptives ([NM114](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-women-on-the-register-prescribed-an-oral-or-patch-contraceptive-method-in-the-preceding-12-months-who-also-received-information-from-the-contractor-about-long-acting-reversible-methods-of-contraception-in-the-preceding-12-months-nm114)).

## Source guidance

[Long-acting reversible contraception](https://www.nice.org.uk/guidance/cg30/) (2005) CG30, recommendation 1.1.1.1.

## Specification

Numerator: The number of patients in the denominator who received either advice on long-acting reversible contraception (non-specific code) or written and verbal advice on long-acting reversible contraception (specific written and verbal advice codes) within 31 days of receiving emergency contraception.

Denominator: The number of women aged 54 or under who were prescribed emergency hormonal contraception one or more times in the preceding 12 months (register).

Calculation: (Numerator/denominator) \* 100.

Exclusions: None.

Minimum population: The indicator would be appropriate to assess performance of collaborations or networks of GP practices serving populations of around 30,000 to 50,000.

## Further information

This is NICE indicator guidance, which is part of the [NICE menu of indicators](https://www.nice.org.uk/Standards-and-Indicators/index). This document does not represent formal NICE guidance.