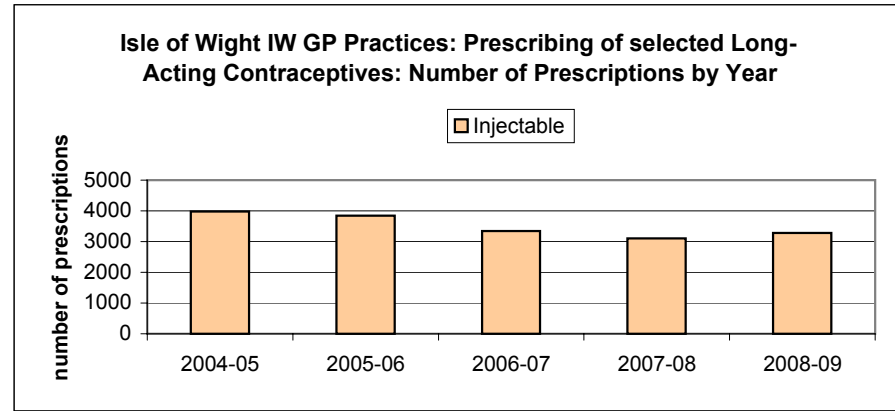
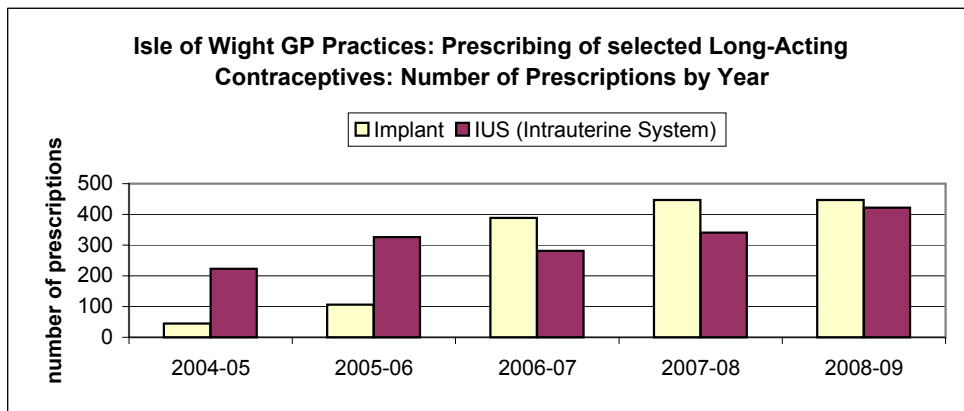
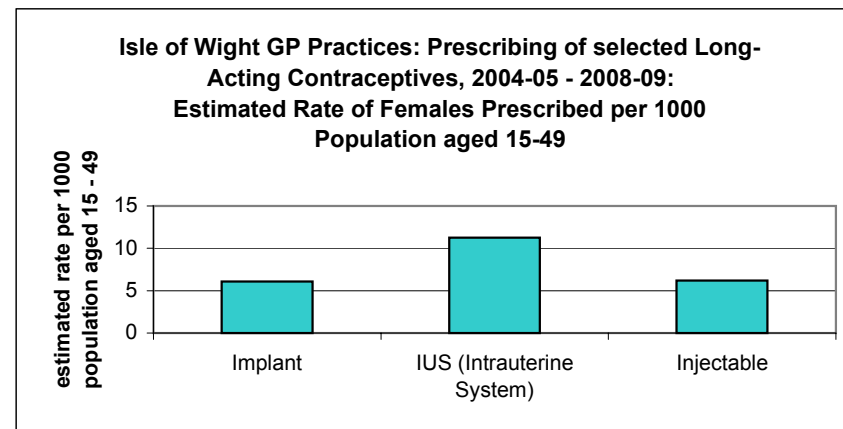
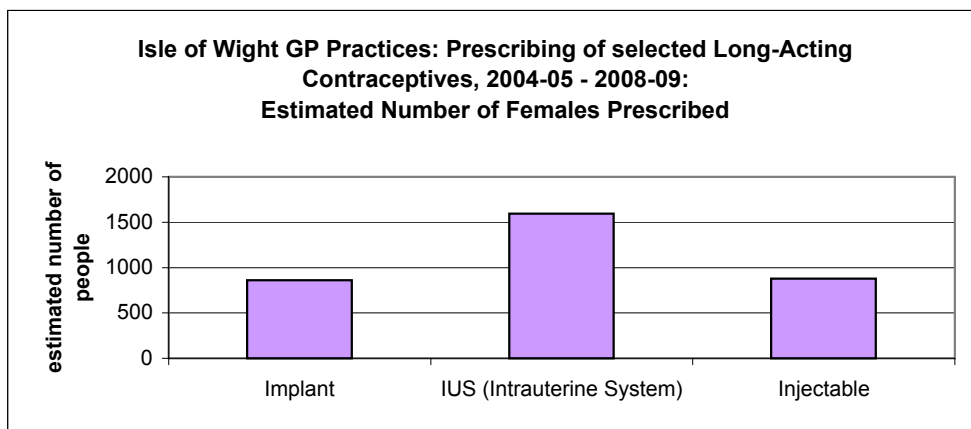


Domain: Services Indicator:  
 Sub-Domain: Health Services Indicator References: JSNA Core Dataset number: 64  
 Sub-sub- Domain: Sexual Health Data Source:  
 Indicator definition: [see below](#)

**Long-acting Reversible Contraception Methods - Progestogen-only Methods: Rate of Prescribing by IW GP Practices per 1000 Female Population aged 15 - 49 2004-05 - 2008-09**

<b>IW - LARC Prescribing Rates (2004-05 - 2008-09 combined)</b>	<b>Implant</b>	<b>IUS (Intrauterine System)</b>	<b>Injectable</b>	<b>Comment</b>
<b>pharmaceutical brand name</b>	<b>Implanon</b>	<b>Mirena</b>	<b>Depo-Provera</b>	
number of items prescribed	1434	1593	17549	
estimated number of people prescribed per 1000 female population aged 15 - 49	860	1593	877	taking account of length of prescription
estimated number of people prescribed per 1000 female population aged 15 - 49	30.4	56.2	31.0	taking account of length of prescription



## COMMENTARY

Long-acting Reversible Contraceptive (LARC) methods are defined by the National Institute for Health and Clinical Excellence (NICE) as methods that require administering less than once per cycle or month. Included in the category of LARC are:

- Copper intrauterine devices (nonhormonal) (IUD); generally prescribed for 5 - 10 years.
- Progestogen-only methods of contraception:
  - \* intrauterine system (IUS): a small plastic device that is placed in the womb and slowly releases progestogen: generally prescribed for 5 years;
  - \* injectable contraceptives: an injection that slowly releases progestogen: generally lasts for 12 weeks.
  - \* implants: inserted under the skin in the upper arm and slowly releases progestogen; generally prescribed for 3 years.

NICE guidance states that increasing the uptake of LARC methods will reduce the number of unintended pregnancies, in that their effectiveness does not depend on daily adherence, unlike for example the oral contraceptive pill, whose effectiveness is dependent on correct and consistent use. There is currently low usage of LARC in England, and NICE recommends that women requiring contraception should be given information about and offered a choice of all methods, including LARC methods.

Contraception is provided by GPs, community NHS clinics, sexual health services including genitourinary medicine (GUM) clinics, family planning clinics (FPCs) and some not-for-profit charitable clinics. Some pharmacies provide emergency contraception. Not all settings provide all types of contraception.

The data and chart, **top**, show the number of prescriptions for progesterone-only LARC methods, using the most common pharmaceutical brands, issued by Island GP Practices over the last 5 years. There has been a gradual increase in the prescribing of implant and IUS contraceptives over this period, although numbers are relatively small.

The data and charts, **below**, take account of the time periods for which the specific contraceptives are prescribed to show:

- The estimated number of females prescribed with these specific LARC methods over the 5 year period 2004-05 - 2008-09: approximately 3,300, or 2.4% of the female population aged 15 - 49 over 5 years.
- The estimated number of females prescribed with these specific LARC methods per 1000 female population aged 15 - 49. The rate of IUS prescribing is slightly higher than implant or injectable contraceptives.

Further work is planned to integrate data on prescribing of LARC contraceptives in other settings used by IW residents.

## INDICATOR DEFINITION

<b>Indicator:</b>	Long-Acting Reversible Contraceptive Methods
<b>Definition:</b>	Quantity of prescriptions in primary care for Long-Acting Reversible Contraceptive (LARC) Methods: progestogen-only methods using the most common pharmaceutical brands
<b>Numerator (number of people or events)</b>	Number of prescriptions for specified Long-Acting Reversible Contraceptives (LARC)
<b>Denominator (total population or events)</b>	Resident population for the specified years. Females aged 15 - 49
<b>Geographic Coverage</b>	Primary Care Trust
<b>Time period</b>	As shown above.
<b>Data Source(s)</b>	Isle of Wight Primary Care Trust from ePACT (Prescribing Analysis and Cost Tool (PACT) system).
<b>Significance for Health</b>	<b>Higher</b> rates suggest <b>better</b> access to services. <b>Lower</b> rates suggest <b>worse</b> access to services.
<b>Factors that might affect the Accuracy of this Indicator</b>	This data does not include contraceptives prescribed in other settings such as Sexual Health Services, and as such does not represent a complete picture of LARC prescribing to Island residents.