

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Ring Pessary Service
Commissioner Lead	NHS Shropshire CCG
Provider Lead	GP Practice
Period	1st April 2020 to 31st March 2021
Date of Review	October 2020

1. Population Needs

1.1 National/local context and evidence base

Shropshire CCG will ensure delivery of the nationally determined improvement areas as detailed within the Department of Health Our NHS Care Objectives 3 draft mandate; within the following five domains:

- Preventing people from dying prematurely.
- Enhancing quality of life for people with long term condition.
- Helping people to recover from episodes of ill health or following injury ensuring people have a positive experience of care.
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

Delivery of better health outcomes within these domains underpins the strategic priorities of the CCG. The CCG is also committed to the delivery of regionally mandated service improvements where they are shown to improve patient outcomes or reduce inequalities.

Treatment by insertion of a ring pessary may be considered as a conservative alternative to surgical repair for pelvic organ prolapse and stress urinary incontinence, for patients who have not completed childbearing, do not desire surgery, or are poor surgical candidates.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

2.2 Local defined outcomes

The key outcome of the service is to ensure that all patients are managed effectively. Other objectives of the service are to:

- Reduction in Outpatient waiting times;
- Reduction in the number of outpatient appointments.

- To clearly identify the number of patients being seen in primary care;
- Increased levels of patient satisfaction.

3. Scope

3.1 Aims and objectives of service

The aims of this service are to provide a service for the insertion, renewal, and removal of ring pessaries that is geographically close to the patient.

This service will be available to all patients registered with a Shropshire CCG registered GP Practice and would:

- Help reduce inequality of care across Shropshire;
- Provide convenient primary care locations for all patients;
- Offer choice for all patients;
- Provide a cost effective alternative to secondary care supporting national and local CCG priorities and ensuring value for money;

3.2 Service description/care pathway

3.2.1 Direct Service Delivery

- Fitting, monitoring, checking, replacement and removal of ring pessaries as clinically indicated. Most patients will require 4-6 monthly reviews.
- Appropriate counselling and screening prior to insertion.
- Written information should be provided at the time of counselling and reinforced after fitting with information on follow-up and those symptoms that require urgent assessment.

3.2.2 Facilities

The provision of adequate clinical space, equipment and sterile dressings.

3.2.4 Clinical qualifications

Staff involved in the delivery of this service will be appropriately trained and competent in the provision of the services offered.

The services provided will be reviewed with staff as part of the annual appraisal process.

The service provider must provide evidence to the CCG that their healthcare professionals have the appropriate knowledge, skills, experience, qualifications and competency to provide the service. This must include but would not be limited to the following requirements:

- Enhanced Disclosure and Barring Service (DBS formally Criminal Records Bureau CRB) checks have been completed;
- Where applicable staff will be fully registered with the appropriate Professional Body;
- All staff will be able to provide evidence of their continuing professional development post qualification that is relevant to the area of intervention.

The service provider must comply with all relevant policy and procedure as contained in the NHS Standard Contract including but not limited to; safeguarding of vulnerable patients (including children), health and safety, marketing and branding and insurance requirements (professional, public and product and employers liability).

The service provider must also comply with all relevant guidance and referral protocols produced by the CCG. The aim of these protocols will be to ensure that patients are treated by the most appropriate professional, in the most appropriate location with the most effective treatment.

Patient transport arrangements do not form part of this service specification. Patients will be expected to make their own transport arrangements. Those patients who are entitled to assistance with transport under existing NHS arrangements will be able to access this through their GP Practice as per local arrangements.

3.2.5 Data Collection

- Production of an up-to-date register of patients fitted with a ring pessary. This is to be used for audit purposes, and to enable the primary care team to target these patients for health care checks.
- Production of an appropriate GP record. Adequate recording should be made regarding the patient's clinical history, the counselling process, problems with insertion, the type and batch number of the pessary and follow-up arrangements. If the patient is not registered with the practice providing the service, the providing practice must ensure that the patient's registered practice is given all appropriate clinical details for inclusion into the patient's notes.

3.2.6 Annual Review

All practices undertaking this service conduct an annual review to include an audit of:

- the register of patients
- complication rates
- call/recall system and number of patients who failed to be reviewed as expected.

3.2.7 Tariffs and Codes

Patients included and being claimed as part of this service shall be coded appropriately. Please refer to the Read Codes included in the Supporting Documents Folder for the codes that should be used for recording patient activity for this scheme.

Frequency of data extraction shall be completed on a monthly basis.

Please see Schedule 3 Part A for the Local Prices.

Please also refer to Schedule 6 Part A for the Reporting Requirements.

3.2.8 Key Performance Indicators

Please see Schedule 4 Part C and Schedule 6 Part A for details of these requirements.

3.2.9 Equal Opportunities

The service provider must demonstrate how they meet equal opportunity requirements in the following areas:

- They must be committed to equal opportunities and must not discriminate in performance of the service towards service users or members of staff in any way;
- The service provider must be able to provide chaperones at the patient's request;
- The service provider must also be able to provide premises, facilities and treatment rooms that are compliant with disability legislation;
- The service provider must be able to provide access to foreign language interpreter if necessary.

3.2.10 Clinical Governance

The service provider will be responsible for their own system of clinical governance. This will include but not be limited to the following:

- An appointed Clinical Governance Lead;
- Development and implementation of Clinical Governance policies;
- Adherence to the Serious Untoward Incident reporting and investigation process;
- Compliance with Infection Control policies;
- Compliance with NHS complaints procedure and processes.

The service provider will have secure IT systems in place which enable the capturing of patient information and activity reporting. They will ensure that all information relating to patients is safeguarded and complies with the General Data Protection Regulations (GDPR) (2018), the Access to Health Records Act (1990), the Freedom of Information Act (2000) and the Caldicott Principles.

3.3 Population covered

Shropshire CCG General Practice registered patients.

3.4 Any acceptance and exclusion criteria and thresholds

None presently identified.

3.5 Interdependence with other services/providers

- Secondary Care Services
- Community Services

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

NICE Interventional procedures guidance [IPG599]

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

None identified.

4.3 Applicable local standards

None identified.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

5.2 Applicable CQUIN goals (See Schedule 4D)

Not applicable.

6. Location of Provider Premises

The Provider's Premises are located at the GP Practice.