

# Service Specifications

<b>Service Specification No.</b>	
<b>Service</b>	Vaginal Ring Pessary (insertion & on-going management)
<b>Commissioner Lead</b>	NHS Lincolnshire Integrated Care Board
<b>Period</b>	1 <sup>st</sup> April 2023 – 31 <sup>st</sup> March 2024
<b>Date of Review</b>	March 2023

## 1. Population Needs

### 1.1 Local Context

#### Lincolnshire's Integrated Care System and Integrated Care Board

The NHS Lincolnshire Integrated Care System (ICS) was created on 1 July 2022 following an amendment of the Health and Social Care Act 2006.

The ICS is a partnership that brings together providers and commissioners of NHS services across Lincolnshire with local authorities and other local partners (such as the voluntary sector), to collectively plan health and care services to meet the needs of their population.

The 4 aims of the ICS are:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

NHS Lincolnshire Integrated Care Board (ICB) is the statutory body within Lincolnshire ICS responsible for the provision of health services, in accordance with the Health and Care Act 2022.

Lincolnshire ICB will use its resources and powers to collaboratively tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as the population ages
- getting the best from collective resources so people get care as quickly as possible

#### Lincolnshire ICB statistics

- Lincolnshire ICB has 82 practices
- The total registered population is 813,240 (as of January 2023)
- The registered population live in 7 different lower tier Local Authorities
- As of 2021, the male average life expectancy in Lincolnshire (78.3 years) is slightly lower than the national average (78.7 years). The average Lincolnshire life expectancy for females is 82.8 years, which is the same as the national average
- The 2021 overall premature mortality rate in Lincolnshire (deaths <75 years per 100,000) is 366.3, which is slightly higher than the national figure of 363.4
- The average level of deprivation in England as of 2019 was 21.7. Lincolnshire ICB as a whole is slightly less deprived than this, at 20.2. However, there are pockets of deprivation across the county that are within the national 20% most deprived areas (mainly around coastal and inner urban areas)

## 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	
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm	X

## 2.2 Local defined outcomes

The Commissioner wishes to ensure that Vaginal Ring Pessary (insertion and ongoing management) services are readily available in Primary Care. A practice-based service will provide more convenient and timely care to the patient.

It has been recognised that the provision of a Vaginal Ring Pessary service (insertion and on-going management) in primary care has significant benefits to patients which include:

- Greater patient convenience.
- Timely service – able to provide urgent same day sampling.
- Minimal travel.
- Available expertise already present in primary care.
- Holistic approach to patient care.

The following principles underpin the service:

- Most of the care should take place as close to the patient's home as possible.
- Practices can work in partnership to provide a comprehensive local service.
- Where GP practices do not wish to provide the service, other providers will be available to provide in the locality.

## 3. Scope

### 3.1 Aims and objectives of service

The purpose of this service is to provide an alternative to surgical treatment for patients with symptomatic vaginal prolapse that is provided in Primary Care. The service will be provided in the following:

- a. Permanent use in patients in whom surgery is contraindicated or patients who refuse surgery.
- b. Temporary use in patients who are awaiting surgical intervention or in patients whose prolapse is likely to resolve spontaneously, e.g. pregnant patients.

The aim of the specification is to ensure that:

- a. A comprehensive primary care based vaginal ring pessary (insertion and ongoing management) service is provided that is an alternative to surgery.
- b. Pressure on secondary care services is relieved.
- c. A much more convenient service is provided for patients.
- d. There is equity of patient access to this service.

### 3.2 Service description/care pathway

This Practice based service will ensure that clinical assessments of patients, including pelvic examination and the initial fitting of the ring pessary, along with the provision of appropriate advice to the patient.

Arrangements are in place for short term follow up appointments to deal with any immediate

complications.

- Long term follow up appointments to include a review of any side effects and including a vaginal examination to exclude local complication.
- Regular remove for cleaning and / or regular replacement of the ring pessary at intervals no longer than 6 months.
- A record of patients to whom this service is provided.
- A register of all patients with a ring pessary in situ.
- An annual review of patients treated within the service.
- A service being provided during core opening times for the practice (as detailed in the regulations) or during hours agreed by the Commissioner for example extended hours surgeries.
- Provide the patient with information regarding vaginal ring pessaries insertion and ongoing management and who to contact with any queries.

If a practice provides the service for another practice's patients then the referring practice should provide the relevant completed request form containing patient information etc.

If a practice provides the service for patients from another practice the Provider must notify the detail of the service being provided to the Practice where the patient is registered.

### 3.2.1 Data Collection and Record Keeping

The provider must ensure that details of the patients monitoring as part of this service is included in his or her lifelong record. If the patient is not registered for primary medical services with the provider of this service, the provider must send this information to the patients registered General Practitioner for inclusion in their lifelong medical record.

The Provider will report on a quarterly basis the number of patients undergoing procedures using the appropriate codes detailed below.

The required reporting template can be found in Schedule 6A of the contract

Procedure	READ codes	SNOWMED codes
Insertion of supporting pessary into vagina	7D1B.	45372001
Insertion of Hodge pessary into vagina	7D1B0	176725002
Insertion of ring Pessary into vagina	7D1B1	176726001
Removal of supporting pessary from vagina	7D1B2	24893009
Insertion or removal of supporting pessary into vagina	X402h	236860007
Insertion of shelf pessary into vagina	X402m	236864003
Problem with vaginal pessary	SP079	213139001
Removal of ring pessary from vagina	X402n	236865002
Removal of shelf pessary from vagina	X402o	236866001
Renewal of ring pessary in vagina	X402j	236861006
Renewal of shelf pessary in vagina	X402k	236862004
Renewal of supporting pessary in vagina	X402i	31591008
Introduction of supporting pessary into vagina OS	7D1By	45372001
Introduction of supporting pessary into vagina NOS	7D1Bz	

### **3.2.2 Reporting and Audit**

The provider will conduct an annual review which should include as a minimum:

- a. The number of vaginal ring pessaries fitted and if it is on a temporary or permanent basis.
- b. Details of any short- and longer-term complications and the remedial actions taken.
- c. Dates of any ongoing management appointments.
- d. Date of annual review.
- e. Complaints.
- f. Serious untoward incidents.

This should be for both registered patients and for patients registered at other Practices (where applicable).

The provider will report on a quarterly basis the number of patient contacts each month and whether these are for fitting or ongoing management. The read codes in section 3.2.1 should be used.

Quarterly activity to be submitted to enable monitoring to be undertaken by the Commissioner to determine variance from the normal activity level.

### **3.3 Population covered**

Patient must be temporarily or permanently registered with a General Practice within the geographical boundary of Lincolnshire ICB.

Patients must meet the acceptance criteria of the service.

### **3.4 Any acceptance and exclusion criteria and thresholds**

#### **Acceptance:**

- Patients who meet the criteria in section 3.1

#### **Exclusions:**

- Housebound patients are excluded from this service.

### **3.5 Interdependence with other services/providers**

The provider is expected to work within the Lincolnshire Health Economy. Partners within this pathway include (but not limited to):

- Lincolnshire Community Health Services (LCHS)
- United Lincolnshire Hospitals NHS Trust (ULHT)
- GP's

Providers are expected to cooperate and share information with others involved in a patient's care, treatment and support while having regard to the patients' rights to confidentiality.

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (e.g. NICE)**

This specification intends and expects compliance with the relevant standards of quality and safety across all provided regulated activities. This will be through registration with the Care Quality Commission. The new system is focused on outcomes and places the views and experience of people who use services at the centre. The new regulations are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009 and the Care Quality Commission (Registration) Regulations 2009. These regulations replace:

- 1) National Minimum Standards, and
- 2) Standards for Better Health.

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

### **4.3 Applicable local standards**

#### **4.3.1 Facilities**

Providers must have policies in place that comply with current national guidelines. This should include:

- a) Provision of an appropriate room fitted with a couch.
- b) Infection control.
- c) Disposal of clinical waste.
- d) Provision of an appropriate room fitted with a couch and adequate space for resuscitation.
- e) Equipment for resuscitation.
- f) Facility for local anaesthesia
- g) Provision of sterile surgical equipment and other consumables.

#### **4.3.2 Staffing**

The provider will ensure that its employees and agents comply with all relevant legislation; codes of practice and regional and national Guidance; and when required provide evidence of such compliance and the providers documentation.

The Provider will be responsible for employing adequate numbers of suitably trained and qualified staff to execute this contract and involve continuing professional development and registration.

#### **4.3.3 Protocol**

The contractor should have in place a protocol which outlines the actions and systems necessary to undertake the vaginal ring pessary (insertion and ongoing management) service. This should define the roles and responsibilities of each individual involved in the programme and the timescales for delivery.

#### **4.3.4 Accreditation and Training**

GPs and practice nurses who have previous experience of fitting ring pessaries and who satisfy at appraisal and revalidation that they have the required continuing medical experience, training and competence as is necessary to enable them to provide this service shall be deemed professionally qualified to do so.

## **5. Applicable quality requirements and CQUIN goals**

**5.1** Practices which take part in the scheme must demonstrate that service provision is of high quality, evidence based, safe and effective, with robust governance systems and safeguards in place, staff have received appropriate training and equipment is maintained to the highest standard. Practices may be required to provide commissioners with assurance that services provided are within the criteria of the contract general conditions, service conditions and particulars.

The Service Provider will notify the ICB Quality Services Team, Cross O'Cliff Court, Bracebridge Heath, Lincoln, LN4 2HN directly or by email [licb.clinicalriskincidents@nhs.net](mailto:licb.clinicalriskincidents@nhs.net) of all serious incidents. These must be reported by the service provider within one working day of the information becoming known to them.

The service provider will participate in a review of any serious incidents notified to the Head of Quality Services and demonstrate that any learning from the incident is acted upon to minimise future risk.

**5.2** CQUIN goals will not be applied.

## **6. Location of Provider Premises**

It is the obligation of the provider to secure premises for service delivery. The provider has the opportunity to use their own facilities within a practice or access current NHS accommodation in Lincolnshire managed and accessed through NHS Property Services (to include premises owned by Lincolnshire Community Health Services, United Lincolnshire Hospital Trust and certain GP practices).

## **7. Individual Service User Placement**