

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification No.</b>	No.1
<b>Service</b>	Tier 3 Community Gynaecology Service
<b>Commissioner Lead</b>	Nicola Bucknall, Delivery and Improvement Senior Manager, Planned Care
<b>Provider Lead</b>	
<b>Period</b>	1 April 2023 to 31 March 2024
<b>Date of Review</b>	January 2024

<b>1. Population Needs</b>															
<p><b>1.1 National/local context and evidence base</b></p> <p>The NHS 5 year forward view has provided a significant opportunity for the transformation of our health and care system through new models of care to deliver better health, better patient care and greater efficiency within the NHS.</p> <p>The ICB will support the improvement in health outcomes across Staffordshire &amp; Stoke-on-Trent, seeking to reduce health inequalities, delivering better outcomes for citizens, and reducing the impact of the wider determinants of health.</p> <p><b>Gynaecology was one of the specialties reviewed as part of the ‘Our Health, Our Care, Our Say’ Department of Health paper (2006). It emphasizes where appropriate, non-specialist health care professionals can perform out-of-hospital management, investigations and treatment for certain conditions, such as infertility, menorrhagia and menstrual problems.</b></p>															
<b>2. Outcomes</b>															
<p><b>2.1 <u>NHS Outcomes Framework Domains &amp; Indicators</u></b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 15%;"><b>Domain 1</b></td> <td style="width: 65%;"><b>Preventing people from dying prematurely</b></td> <td style="width: 20%;"></td> </tr> <tr> <td><b>Domain 2</b></td> <td><b>Enhancing quality of life for people with long-term conditions</b></td> <td style="text-align: center;"><b>X</b></td> </tr> <tr> <td><b>Domain 3</b></td> <td><b>Helping people to recover from episodes of ill-health or following injury</b></td> <td style="text-align: center;"><b>X</b></td> </tr> <tr> <td><b>Domain 4</b></td> <td><b>Ensuring people have a positive experience of care</b></td> <td style="text-align: center;"><b>X</b></td> </tr> <tr> <td><b>Domain 5</b></td> <td><b>Treating and caring for people in safe environment and protecting them from avoidable harm</b></td> <td></td> </tr> </table>	<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>		<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	<b>X</b>	<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	<b>X</b>	<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	<b>X</b>	<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	
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## **2.2 Local defined outcomes**

- Early diagnosis and treatment for patients with gynaecological conditions
- Promotion of self-efficacy and independent living.
- High quality, personalised care in a community setting
- Empowerment to make healthier lifestyle choices
- Service Users are seen and treated in the most appropriate setting.
- High level of Service User satisfaction.
- Rapid access into the service, as well as rapid access to Diagnostics when required.
- 60% of GP Referrals are retained within the service as a minimum.
- The service delivers value for money as opposed to the current model of care by sending all referrals to secondary care.
- Streamline patient pathways and encourage integration with secondary care providers
- New : Follow up ratios must not exceed 1:1.2
- All service users are seen and treated within the 18 week RTT target

## **3. Scope**

### **3.1 Aims and objectives of service**

The service shall deliver a consultant-led community one-stop gynaecology service with the overall aim of providing timely assessment of the needs of a patient presenting with a gynaecology condition who would otherwise present in a secondary care service.

The overall aims and objectives of this service are to:

- Enhance the patient pathway by effectively managing patients within the community;
- To improve the access to the most appropriate specialist clinical expertise for various Gynaecological conditions;
- Achieve improved health outcomes for patients;
- To triage and signpost appropriately all GP referrals entering the service and make onward referrals where appropriate e.g. referral to secondary care for red flags, ,
- To have the capability for rapid access to imaging diagnostics where deemed appropriate (e.g. X-Ray, MRI, USS);
- To manage Service Users care using agreed locally developed Gynaecology Pathways, and only refer on to secondary care where clinically indicated;
- To provide comprehensive information and guidance on clinical management to the referring GP enabling them to resume the long term care of the service user;
- To provide education and information for Service Users and staff on their condition and how to manage;

- To work in partnership with other health care professionals and statutory/non statutory agencies to provide a seamless service to service users;
- To work closely particularly with secondary care colleagues, providing a quality clinical governance structure;
- All patients are treated in line with specification referral and appointment timings within service specification to support achievement of the 18 week RTT Targets;
- Achievement of a minimum of 60% reduction in Secondary Care Gynaecology referrals from GPs by providing a primary care assessment, diagnostic and treatment service;
- The service shall be provided in community locations and provide a seamless service from referral to diagnosis and treatment, avoiding any unnecessary transfers of care and additional appointments;

### **3.2 Service description/care pathway**

The service is expected to deliver a consultant-led community gynaecology service which will incorporate triage, see and treat diagnosis and management of a range of gynaecological conditions.

The Provider shall provide a seamless 'one stop' service for patients where clinically appropriate. Follow-up appointments should be kept to a minimum and the patient should be discharged back to the referrer at the earliest opportunity with a clear and clinically appropriate care plan if needed. The discharge summary should include recommendations for future care if symptoms fail to resolve, recur or deteriorate.

The service shall be provided by appropriately qualified clinical practitioners. The team shall comprise a Consultant led, Multi-disciplinary Team capable of making a high quality service for service users.

The Gynaecology Service shall be expected to provide assessment and treatment for a range of conditions including although not exhaustive:

- Heavy Menstrual Bleeding (Menorrhagia)
- Pelvic Pain
- Pre-menstrual symptoms
- Menopausal symptoms
- Vaginal Prolapse
- Dysmenorrhia
- Dyspareunia
- Oligomenorrhea
- Polycystic Ovary Syndrome
- Amenorrhea
- Pruritis Vulvae
- Reduced libido
- Cervical dysplasia

- Vaginismus
- Abnormal uterine bleeding (under 40's)
- Vaginal Discharge / genital pruritus

Procedures to carry out shall be:

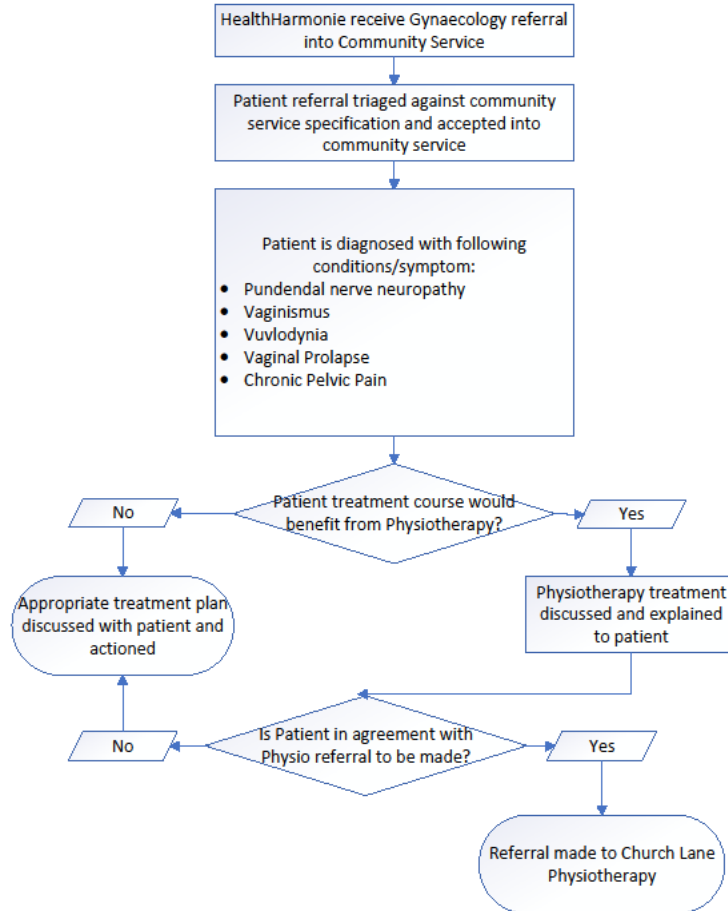
- Hysteroscopy
- Endometrial Biopsy
- Polyp removal
- Fitting of Mirena coils for Menorrhagia (including supply of coil)
- Difficult cervical smears
- Insertion / removal / change of shelf pessary
- Insertion/ removal/ change of ring pessary for follow up if complications arise from fitting within primary care

The provider will be expected to deliver the Community Gynaecology Service in line with the ICB's Excluded and Restricted Policy

The service will also provide physiotherapy as a treatment option for those conditions shown in the pathway below. Physiotherapy treatment will be provided via a subcontracting arrangement with an independent provider however overall clinical accountability will remain with Health Harmonie until such time the patient is discharged. Gynaecology Physiotherapy is not provided to Stafford & Surrounds and Cannock GP registered patients.

## Gynaecology Physiotherapy Pathway

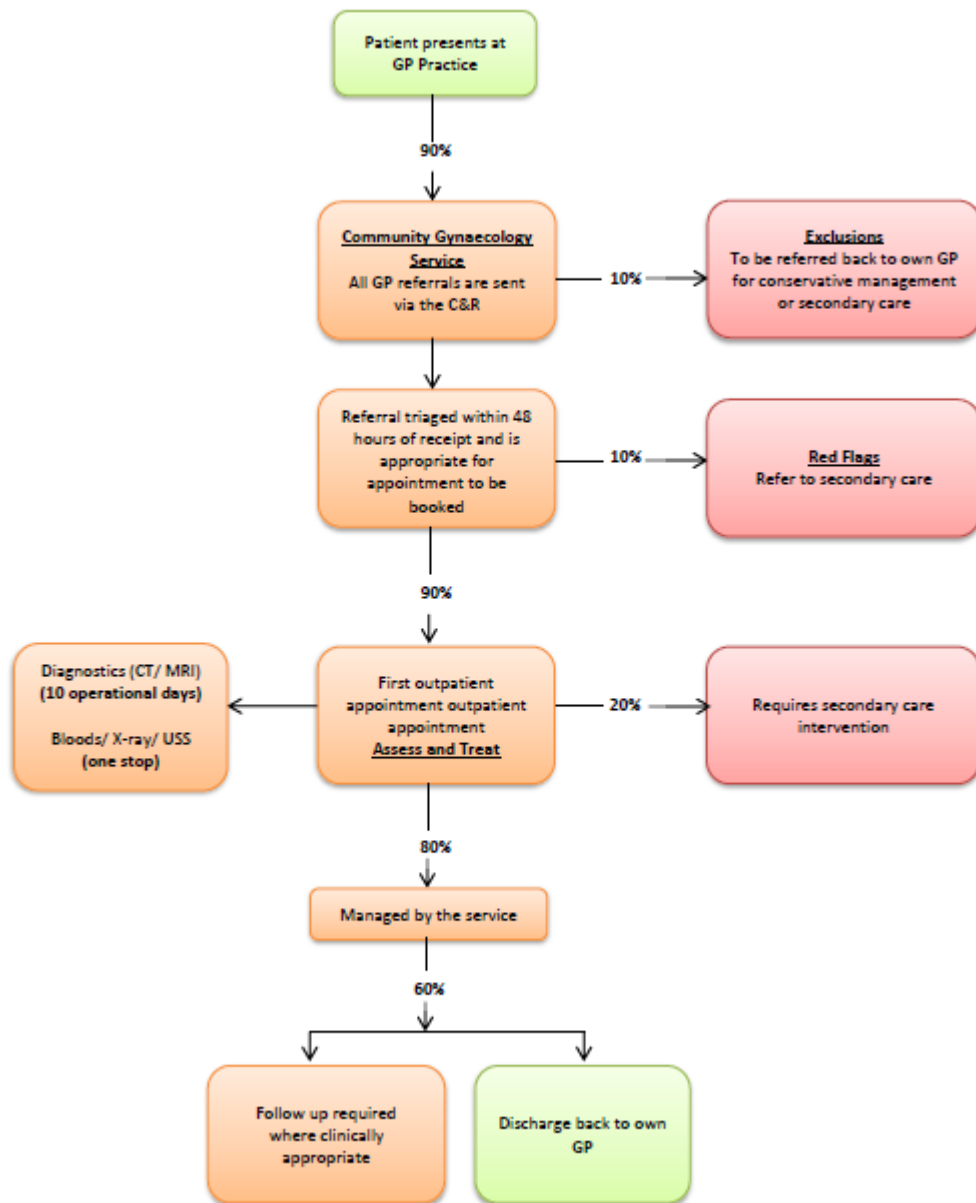
June 21, 2019



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The service will receive GP referrals via the Choice and Referral Team for North Staffs and Stoke-on-Trent patients and follow the pathway as detailed below

For Stafford and Surrounds and Cannock patients the service will receive GP referrals directly from the national NHS e-RS referral system



The Provider shall triage all referrals for appropriateness and the triager shall be expected to move the inappropriate referrals to a number of options which may include:

- Secondary care for obvious surgical interventions/ Red flag signs.
- Refer back to GP for more information/inappropriate referrals/wrong specialty (copying to the GPCC quality & performance / compliance clinical lead).
- Referral to the Contraceptive and Sexual Health Service (CASH).
- Refer to the Continence service.

The Provider shall ensure that service users have timely access to diagnostics and treatment minimising the number of appointment visits required.

The Provider shall not default to secondary care for this cohort of patients unless it is clinically appropriate to do so. The Provider shall ensure that onward referrals to secondary care services are appropriate and in line with national clinical guidelines.

Should there be a need for the Service User to undergo investigations (e.g. MRI, CT etc.), then the Provider shall ensure that Service Users shall receive the respective diagnostic tests and reported back to the Provider within 10 operational days. It is anticipated that ultrasound and blood tests should be available as part of the 'one stop' service provision.

All diagnostic imaging tests and reporting shall be via the Community PACS system ideally. For access to diagnostics, it is expected that appropriate ICB and/ or Trust templates will be used.

The referring GP shall be communicated to appropriately (i.e. within 3 operational days) once the service user either leaves the service or is forwarded to another, explaining what course of action was taken within the service and respective outcomes. This includes a copy of any letter regarding onward referral.

The Provider shall work in ways that support national and local programmes and utilises IT in ways that maximise Service User care. The Provider shall have regard to:

- NHS Digital
- E-Referral
- Communication and use of E-Mail systems
- Participation in Commissioner audits and data collection.

The clinical models exercised within the service shall be expected to comply with NICE guidelines where appropriate and guidance issued by the Royal College of Obstetricians and Gynaecologists (RCOG).

#### **DNA (Access Policy)**

- A patient DNAs when they do not attend a planned appointment, (face to face or telephone call) and provide no advanced warning or arrive late to an appointment and are not able to be seen.
- Unable to Attend Appointment (UTA) Where a patient provides prior notice that they are unable to attend an appointment, they are recorded as being 'Unable to Attend'. This is also known as a cancellation.
- The provider shall use a risk and needs based approach in its response to DNAs which includes assessment in line with Adult Safeguarding Policies
- Where a patient has failed to attend an appointment they will be offered one further opportunity to attend before the provider returns the referral back to the referring GP.
- Where a patient DNAs an appointment there will be no payment made to the provider.

## **Discharge Criteria and Planning**

### **Discharge Criteria:-**

- In regard to DNA - Discharging the patient must not be contrary to the patient's best clinical interests. (or there is no prior knowledge of the patient having a lack of capacity to refuse or decline treatment)
- The Service User wishes to be discharged from the service
- The Service User requires a surgical intervention and has been treated by the Provider (e.g. Diagnostic tests)
- The Service User is been sent to another service (Community Physiotherapy, Mental Health, Continence Service, etc.)
- The Service User's treatment plan, goals or objectives have been achieved.
- The Service User does not comply with the treatment recommendations.
- The Service User does not attend for requested investigations.

### **Discharge Planning:-**

- The Service User has received knowledge of how to self-manage their condition through treatment and health promotion advice has been provided.
- Report is compiled and sent to the referring GP within 3 operational days
- Delivery of both clinic letters and discharge summaries to general practices must be via direct electronic transmission where possible. If not available, communication shall be shared with the service users registered GP via nhs.net secure email or post within 5 operational days
- Relevant advice and literature is given to Service Users /carers/relatives

Service Users shall be discharged with a detailed care plan for continued care and advice for primary care that will also support healthy lifestyle management and intervention

### **3.3 Population covered**

The service will provide care to all patients registered with a North Staffordshire, Stoke on Trent, Stafford & Surrounds and Cannock GP.

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

The service should be located within the geographical boundaries of North Staffordshire, Stoke on Trent, Stafford & Surrounds and Cannock. The provider should ensure that all facilities used are fully compliant with DDA regulations.

The service provider is required to identify the appropriate levels of capacity and setting to allow for communication, consultation and booking in / reception area.

Sites should have adequate patient parking and access be compliant with Disability and Discrimination Act 2005.

The Service Provider must ensure that the service is equitable and accessible to the local population and new comers.

**Locations** to demonstrate accessibility to main road networks and public transport for those patients where private transport is not an option. To be communicated as necessary and ensure information about physical access available accordingly.

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

Not applicable

### **3.6 Days and Hours of Operation**

The Provider shall ensure that services are delivered across 7 days of the week offering choice of appointments in the evenings and or at the weekends. The Provider shall be flexible in its approach to 7 day working.

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

#### **Referral Criteria**

Referral thresholds for the Gynaecology Community Service are that the Service User must be/possess:

- Routine GP referral only
- Age 18 years and over
- Service Users must be registered with a GP within North Staffordshire, Stoke on Trent, Stafford & Surrounds and Cannock
- Have a Gynaecological condition that the Provider has deemed suitable to treat in the community (see above conditions 3.2)
- Complex presentation of a condition that may require further investigation.

#### **Accessibility/acceptability**

- GP referral to first Service User appointment:- 15 operational days maximum
- Diagnostic tests: - as part of the first appointment for ultrasound and blood tests as a minimum
- Other diagnostic tests (e.g. CT/ MRI) shall be requested and reported back to the Provider within 10 operational days
- If referral to secondary care is deemed necessary at triage then the referral should be sent back to the Choice and Referral Centre (for North Staffs and Stoke patients only) within 24 hours. For SAS and Cannock patients onward referrals should be made via e-RS
- If onward referral for North Staffs and Stoke patients is deemed appropriate after being seen within the service, then the referral should be sent back to the Choice and Referral Centre in 2 operational days
- Follow up ratios are minimised due to the “one stop” approach of the proposed service. New : Follow up ratios should not exceed 1:1.2

#### **The following exclusion criteria applies to the Community Gynaecology Service**

- Service Users under 18 years of age
- Red flags. – (possible cancer, 2ww referrals)

- All service users not registered with a GP within the North Staffordshire, Stoke on Trent, Stafford & Surrounds and Cannock area
- Urgent GP referrals
- Suspected cancer
- Long acting contraception
- Infertility investigations/assessment and treatment
- Post-operative patients who are experiencing complications
- Self-referrals are not accepted within this service

#### **Response time & detail prioritisation**

- Referrals will be accepted from the Staffordshire ICB Choice and Referral Team and directly via e-RS for SAS and Cannock patients;
- Triage of all referrals within 48 hours of receipt;
- GP referral to first Service User appointment:- 15 operational days maximum
- Diagnostic tests: - as part of the first appointment for ultrasound and blood tests as a minimum
- Other diagnostic tests (e.g. CT/ MRI) shall be requested and reported back to the Provider within 10 operational days.

All Service Users being referred on to secondary care shall be offered a choice of Provider. The Provider shall have sufficient knowledge of local secondary care providers to support the patient to make an informed choice

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

The Gynaecology Service shall be expected to work alongside numerous partners including:

- General Practitioners
- Practice Teams
- Service Users
- Carers
- Commissioners
- Primary Care Rehabilitation Team
- Community Physiotherapy teams
- Other services e.g. nursing and therapy teams
- Secondary care providers and Consultants from a range of specialties,
- Choice and Referral Centre (Commissioner)

There are local networks that the service shall be expected to link into in order to maximise Service User effectiveness. E.g. voluntary sector. Where appropriate, Service Users shall be referred to either the voluntary sector for additional support with their condition(s).

### **IM&T and Information Governance**

The Provider shall comply with the Information Governance Framework for Health and Social Care and ensure that information relating to patients is safeguarded and taken account of in relation to:

- Patient confidentiality
- Caldicott Guardian Principles
- Consent to treatment and use of information
- NHS Standards for Information Security

The provider shall have robust and effective systems in place for handling information securely and confidentially, with appropriate information sharing agreements in place with all partner organisations. The Provider shall achieve and maintain a minimum of level 2 compliance of each component of the Information Governance Toolkit which will be submitted annually.

The Provider shall demonstrate compliance with relevant legal and regulatory standards regarding data protection and information governance and ensure that all staff contracted by them and who access NHS Information, documents, IT systems and networks are properly trained and authorised to do so.

The Provider will submit the relevant commissioning data set to SUS as per national data collection guidance.

### **Medicines Optimisation**

The Provider shall abide by any commissioning policies or positioning statements provided by commissioners.

The Provider shall conform and adhere where appropriate to NICE guidance.

The Provider shall request in writing, prior approval for any high cost excluded PbR drugs.

The Provider shall ensure that all clinicians and health care staff involved in enabling access to medicines are aware of the requirements of this section of the specification and abide by its terms.

The Provider shall develop and maintain organisational policies and procedures that reflect the standards of care and patient safety that might reasonably be expected from such a provider and ensure that policies and procedures are effectively communicated throughout the organisation. All policies and procedures must comply with the relevant regulations with regards to medicines including the Medicines Act 1968, Human Medicines Regulation 2012, the Misuse of Drugs Act 1971 (as amended), the Misuse of Drugs Regulations 2001 (as amended), the Misuse of Drugs (Safe Custody) Regulations (as amended), the Health Act 2006 and the Mental Health Act 2007.

Prescribing of any medication will be required for 28 days (or such shorter period for a full course of medication as appropriate) post discharge and will be provided as part of the service and will be included in the price. Any recommendation for continued prescribing in primary care must adhere to local ICB's formularies and guidelines.

The provider shall ensure that it has robust and auditable systems in place for procurement, storage, dispensing, prescribing and disposal of medicines. Electronic record keeping will be an integral component of these systems and it should be possible for records of medicines supplies and prescribing to be shared electronically with electronic medical systems in General Practice. Where electronic record keeping arrangements do not comply with Controlled Drugs Regulations, paper recording systems must be in place.

The service shall ensure that prescription forms (whether single sheets or pads) are stored securely and that robust and auditable systems are in place for use of prescription forms ensuring that each form can be accounted for.

All staff involved in supply or prescribing of medicines must have the relevant qualification to perform that role.

All medicines management activities should be covered by Standard Operating Procedures that meet current legislation, licensing and good practice.

The provider shall have appropriate written procedures in place for dealing with patient safety incidents and near misses involving medicines. Reporting of these incidents shall comply with both local and national systems. The provider shall undertake audits of reported incidents at intervals specified by the Commissioner with audit reports submitted to the Commissioner.

Commissioners will not support the use of unlicensed drugs where an appropriate licensed alternative is available.

### **Workforce**

A consultant-led service is a service where a consultant retains overall clinical responsibility for the service, care professional team or treatment.

All appointments will be delivered by a Consultant Gynaecologist. There is an expectation that the 'one stop' ultrasound activity will be undertaken by the Consultant Gynaecologist or by a suitably qualified Sonographer.

All staff providing the service must provide evidence to demonstrate their respective experience and competencies required.

The Provider shall be responsible for ensuring that (where relevant) their clinical and / or non-clinical staff:

- Are up to date with all statutory mandatory training as set out by the Provider
- Have relevant professional registration and enhanced Criminal Record and Barring checks undertaken prior to seeing patients alone
- Have maintained relevant professional registration whilst delivering services on behalf of the Provider. The Provider is required to conduct frequent registration audits to ensure compliance
- Have the appropriate Medical Indemnity Insurance and that their conduct is in line with the relevant terms and conditions set out in insurance as to not render that insurance invalid
- Undertake education events on topics to be agreed with the commissioner

The service shall be staffed by appropriately qualified health care professionals in sufficient numbers to deliver the needs of the service. All staff should meet the required clinical accreditation standards and competencies for delivery.

### **Equity and equality of access**

Equity of access and quality of care will be provided to all who need it regardless of age, gender expression, disability, sexual orientation, partnership status or ethnicity unless there is evidence that these factors affect the appropriateness or effectiveness of the intervention / treatment.

This specification recognises and respects diversity in gender identity and its expression. It recognises that there are other identities than the traditional (binary) identities associated with 'man' and 'woman', and that gender diverse people with such identities (and who are known by a variety of other names, including non-binary, trans-feminine, trans-masculine, Genderqueer, non-gender and others) must have access to treatment and the interventions described in this service specification that is equitable to the access available to people with binary identities.

### **4. Applicable Service Standards**

#### **4.1 Applicable national standards (eg NICE)**

- NICE Guidelines (CG44:Heavy Menstrual Bleeding, CG40: Urinary Incontinence, CG11:
- National Service Framework for Children, Young people and Maternity Services (2004b)
- Local and national Map of Medicine pathways for relevant Gynaecological conditions
- NHS Operating Framework
- Next Stage Review – Lord Darzi interim report
- Our Health, Our Care, Our Say (2006)
- DoH: Shifting Care Closer to Home: Gynaecology

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

Not Applicable

#### **4.3 Applicable local standards**

- Defining and supporting Core and Enhanced clinical competences of Primary Care clinicians in Commissioner:- Area 2: Gynaecological Problems and Sexual Health (Professor Mike Pringle and Professor Ruth Chambers).

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

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

The Provider will be expected to meet service user quality requirements with the experience of the service by patients and referrers required to be monitored and forming a part of the contract management obligations.

#### **5.2 Applicable CQUIN goals (See Schedule 4D)**

Not applicable

**6. Location of Provider Premises**

The Provider's Premises are located at:

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**7. Individual Service User Placement**

Not applicable

