

<b>Service Specification No.</b>	11X-40-V2
<b>Service</b>	Gynaecology Management Service
<b>Commissioner Lead</b>	As per the Particulars of the NHS Standard Contract
<b>Provider Lead</b>	As per the Particulars of the NHS Standard Contract
<b>Period</b>	01 April 2021 – 31 March 2024
<b>Date of Review</b>	October 2021

## 1. Population Needs

### National/local context and evidence base

- 1.1 Currently many patients requiring gynaecological assessment or diagnostics are referred to secondary care, with only some minor investigations or procedures such as fitting Mirena coils and Chlamydia screening offered in some GP practices.
- 1.2 The management of these patients can lead to disproportionate use of secondary care resources which, if more community based gynaecology management services were in place, could be used to focus on the prevention, treatment and management of more serious and complex gynaecological conditions.
- 1.3 Locally this has led to the development of a practice based Gynaecology Management Service (The Service) delivering a confidential 'one-stop-shop' service for those patients deemed clinically appropriate to be treated in a primary care setting.

## 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	
Domain 3	Helping people to recover from episodes of ill-health or following injury	✓
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

### 2.2 Local defined outcomes

- Improved clinical outcomes for patients,
- Reduced attendance at hospital for gynaecology related conditions,
- Increased ambulatory care capacity within Primary Care,
- A local cost-effective service.

### 3. Scope

#### Aims and objectives of service

3.1 The aim of this service is to provide a high quality, cost effective enhanced service to women in an environment which is sensitive to their needs, closer to home and will:

- help patients achieve improved quality of life, social function and dignity,
- promote patient's ability and confidence around self-management of gynaecology conditions,
- minimise the need for secondary care services and promote care closer to home for patients,
- minimise waiting times for gynaecological conditions that can be treated in a community setting,
- help work up patients who require advance treatment in secondary care as per National Institute for Health and Care Excellence (NICE) and Royal College of Obstetricians and Gynaecologists (RCOG) Guidelines (see section 4).

In doing this, the Service will aid with the:

- early identification, investigation and treatment of symptoms,
- safe, clinically effective prescribing of appropriate medications,
- reduction in the number of inappropriate outpatient and inpatient investigations,
- improved patient awareness of their conditions and an increase in self-management,
- improved access to specialist secondary care assessment.

#### Location/Access to service

3.2 Patients attend their GP with a gynaecological problem:

- The vast majority of gynaecological problems will be resolved with advice and simple treatment within primary care. A minority may require further investigation such as blood tests, swabs, smears which will be managed within the Service.
- Where the Gynaecology Management Service is unable to manage and treat the patient, the patient will be referred to the patient's choice of secondary care provider.

3.3 The patients GP will refer the patient to the in-house Service and the Provider will ensure that the patient is seen in clinic within two weeks of referral.

3.4 The Service will be provided by appropriately trained health care professionals.

3.5 Appointments will be offered on an ad hoc basis, and the length of appointment will be determined by gynaecological condition:

- 10 minute appointments will be offered to patients with menstrual disorders,
- 20 minute appointments will be offered to patients undergoing treatment for pelvic floor investigations and ring pessaries/pipelle biopsies.

#### **Service description/Care pathway**

3.6 The service complements the Provider's existing comprehensive contraception service and enables patients to be managed in practice by the Provider without the need for inappropriate secondary care onward referral.

3.7 The key elements of the service will include the assessment, investigation and management of patients with the following:

- Pelvic floor dysfunction,
- Female incontinence,
- Heavy/irregular menstrual bleeding,
- Non-cancer related post-menopausal bleeding, pre-sterilisation counselling,
- Undertaking of pipelle biopsy,
- Insertion/extraction of ring pessaries,
- Enhanced Provera prescribing,
- Enhanced Mirena prescribing and management.

#### **Clinical Assessment**

3.8 Patients should feel that they had been listened to, treated with respect and dignity and have positively contributed to their care planning.

3.9 Consideration should be given to patients' knowledge and skill to self-manage any conditions identified including their understanding of expected health outcomes.

#### **Infection control**

3.10 Providers must have infection control policies that are compliant with national guidelines and current handling protocols, including but not limited to The Health and Social Care Act 2008 Hygiene Code (refer to 4.1) and which takes into account:

- disposal of clinical waste
- needle stick incidents
- environmental cleanliness
- standard precautions, including hand washing

## **Consent**

- 3.11 In each case the patient should be fully informed of the treatment options, risks and the treatment proposed.
- 3.12 Where the patient treated is under 18 years of age, appropriate national guidelines or competencies should be considered in addition to the need to seek parental consent. These relate to the child's competency to understand and be able to give informed consent and should be used to determine whether the child's consent is sufficient or whether parental consent is needed.
- 3.13 If Providers have a specific query with regard to consent further guidance can be sought from the Somerset CCG Caldicott Guardian.

## **Reporting**

### **Significant/Adverse events**

- 3.14 The Department of Health emphasises the importance of collected incidents nationally to ensure that lessons are learned across the NHS. A proactive approach to the prevention of recurrence is fundamental to making improvements in patient safety.
- 3.15 The Provider should be aware of (and use as appropriate) the various reporting systems such as:
- The National Reporting and Learning System (NRLS). Reports to NRLS can be submitted electronically via the General Practice Patient Safety Incident report Form, or the national GP e-form. If using the GP e-form please check the box to share your report with Somerset CCG.
  - the Medicines and Healthcare products Regulatory Agency reporting systems for adverse reactions to medication (yellow card system), and accidents involving medical devices; and
  - the legal obligation to report certain incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
- 3.16 In addition to their statutory obligations, the Provider will notify the Commissioner within 72 hours of being aware of the hospital admission or death of a patient being treated by the Provider under this enhanced service, where such admission or death, is or may be due to, the Providers treatment of the relevant underlying medical condition covered by this specification via the email address below.
- 3.17 In addition to any regulatory requirements the CCG wishes the Provider to use a Significant Event Audit system (agreed with the Clinical Commissioning Group) to facilitate the dissemination of learning, minimising risk and improving patient care and safety. Providers shall:
- Report all significant events to the CCG within 2 working days of being brought to the attention of the Provider [somccg.significantevents@nhs.net](mailto:somccg.significantevents@nhs.net)
  - Undertake a significant event audit (SEA) using a tool approved by the CCG and forward the completed SEA report to the CCG within one month of the event via <https://www.somersetccg.nhs.uk/for-clinicians/general-practice-significant-event-sea-and-serious-incident-support/>

## **Audit and reporting**

3.18	The Provider will ensure appropriate systems are in place to measure the quality and performance of the service on a continuous basis.
3.19	<p>An annual report summarising the activity of the service will be produced. This will include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Waiting time including number of patients seen &gt; two weeks,</li> <li>• Number of patients seen by appointment type i.e. ring pessaries/pipelle biopsy, assessment of menstrual disorders and assessment of pelvic floor investigations,</li> <li>• Number and percentage of patients managed within the service without onward referral,</li> <li>• Number of patients fitted with contraceptive devices,</li> <li>• Number of any onward referrals and the reason for referral,</li> <li>• Any procedural complications and whether these were preventable (including infection rates).</li> </ul> <p><b>Service user and public involvement</b></p> <p>3.20 Patients will be involved in the decisions about their care and given high-quality information to enable them to make fully informed decisions regarding their ongoing care.</p> <p>3.21 The Provider will encourage, consider and report any Service User feedback (positive and negative) and use it to improve the care provided to Service Users, particularly if there are plans to alter the way a service is delivered or accessed.</p> <p><b>Payment</b></p> <p>3.22 Payment for this service is set out in Schedule 3 Part A.</p> <p><b>Population covered</b></p> <p>3.23 Females over the age of 16 registered with Penn Hill Surgery.</p> <p><b>Any acceptance and exclusion criteria</b></p> <p>3.24 Not applicable.</p> <p><b>Interdependence with other services/providers</b></p> <p>3.25 The service will require strong links with the local Sexual Health, urogynaecology services as well as awareness of wider specialist gynaecology services (such as Fertility and IVF for example) and local third sector organisations.</p>
<b>4.</b>	<b>Applicable Service Standards</b>
4.1	<p><b>Applicable national standards (eg NICE)</b></p> <p>NICE Clinical Guidance 30 Long Acting Reversible contraception (2019)  <a href="https://www.nice.org.uk/guidance/cg30">https://www.nice.org.uk/guidance/cg30</a></p> <p>NICE Clinical Guidance NG88 Heavy menstrual bleeding: Assessment and Management (updated 2021) <a href="https://www.nice.org.uk/guidance/ng88">https://www.nice.org.uk/guidance/ng88</a></p>

NICE Clinical Guidance NG123 Urinary Incontinence and Pelvic Organ Prolapse in Women: Management (June 2019 <https://www.nice.org.uk/guidance/ng123>)

NICE Quality Standard 47 Heavy Menstrual Bleeding: Investigation and treatment - September 2013 (Updated in 2020) <https://www.nice.org.uk/guidance/qs47>

Department of Health – Our health, our care, our say (2006)

The Health and Social Care Act 2008: Code of practice on the prevention and control of infection and related guidance. <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

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

- Royal College of Obstetricians and Gynaecologists Guidelines,
- National Institute for Health and Care Excellence (NICE),
- Care Quality Commission Essential Standards of Quality and Safety

**4.3 Applicable local standards**  
Not applicable.

## **5. Applicable quality requirements**

**5.1 Applicable Quality Requirements (See Schedule 4 Parts A&C)**

The Provider will help to reduce health inequalities and improve access to a range of gynaecological services by:

- Seeing >95% of patients within 2 weeks of referral,
- Managing >95% of patients within the service without onward referral to secondary care.

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

**The Provider's Premises are located at:**

As per the Particulars of the NHS Standard Contract