

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

*This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the Contract Technical Guidance.*

<b>Service Specification No.</b>	
<b>Service</b>	Gynaecology Referral Reduction Service
<b>Commissioner Lead</b>	Neil Wynne
<b>Provider Lead</b>	Queen Square Medical Practice
<b>Period</b>	01/04/2023 – 31/03/2024
<b>Date of Review</b>	Under Review

<b>1. Population Needs</b>		
<b>1.1 National/local context and evidence base</b>		
<p>This Service Specification sets out clear unified standards of care for patients with gynaecology conditions suitable for assessment and treatment within a community based setting as part of a Primary Care based Gynaecology Service (herein referred to as ‘the Service’). The Specification contains a range of requirements to ensure the delivery of local, effective, patient centered services.</p> <p>In line with the government’s aim to deliver increased amounts of care closer to patient’s homes, the overall aim in developing the Service is to provide cost effective assessment and treatment of defined gynecological conditions in the community setting, which equals or exceeds in quality that is provided in secondary care.</p> <p>The Service will meet the expectations of a high quality, safe, patient-centered, with a ‘no delays’ pathway and will also use resources more effectively.</p>		
<b>2. Outcomes</b>		
<b>2.1 <u>NHS Outcomes Framework Domains &amp; Indicators</u></b>		
<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>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	*

<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	*
<p><b>2.2 Local defined outcomes</b></p>		
<p>The following key outcome criteria must be met:</p>		
<ul style="list-style-type: none"> <li>• Reduce waiting times and waiting times of patients managed within a primary care setting will not exceed secondary care waiting times</li> <li>• Demonstrable cost savings</li> <li>• Services are not provided which duplicate those already commissioned from the host practice e.g. Family Planning or Fertility Services</li> <li>• Compliance with best practice</li> <li>• Avoidance of secondary care referrals, where primary care services are effective.</li> </ul>		
<p><b>3. Scope</b></p>		
<p><b>3.1 Aims and objectives of service</b></p>		
<p>The aim of the service is to provide a level 2 gynaecology service that is in addition to the level 1 services provided as part of the core contract for General Practice. The service will manage common gynaecology problems that are currently being managed in secondary care settings.</p>		
<p>The main objectives of the service are as follows;</p>		
<ul style="list-style-type: none"> <li>• To reduce the level of referrals to secondary care</li> <li>• To provide patients with a more local service</li> <li>• To provide patients with choice of provider</li> <li>• To support the better care better value indicators</li> <li>• To maintain low levels of follow up (0.5)</li> <li>• To ensure safe referral and booking management within the standards for timeliness</li> <li>• To have a cooperative working relationship with other providers as the need arises to ensure a seamless high quality experience for patients.</li> </ul>		
<p><b>3.2 Service description/care pathway</b></p>		
<p>The Service will provide a range of interventional diagnostic, therapeutic medication and treatments (not using general anaesthesia) which will include the following;</p>		
<ul style="list-style-type: none"> <li>• Abnormal Uterine Bleeding</li> <li>• Prolapse</li> <li>• Cervical Polyp removal</li> <li>• Complex Coil insertion and removal</li> <li>• Vulva Skin conditions</li> <li>• Other conditions not requiring secondary care management.</li> </ul>		

The service will be available for women registered with all practices that are part of South Cumbria and North Lancashire providing local management and treatment, accessed through the GP or Health Care Professional.

Referrals will be triaged by Queen Square Medical Practice to determine the length of appointment required and the patient will be appointed within 2-6 weeks.

Following the assessment and any diagnostic tests, an initial diagnosis will be established by the clinician and a plan of care identified.

The plan of care will include:

- An initial diagnosis
- Information about any biopsies taken and details of when results can be expected
- Details of any medication changes
- Details of any suggested lifestyle changes
- Details of any onward referrals, including referral to secondary care if appropriate.

The Service will provide options for conservative management of the specified conditions as above, including:

- Dietary management
- Lifestyle advice and guidance
- Medication
- Pain management

The plan of care will be documented in the patients records, communicated to the patient, and to relatives as appropriate.

Patients (particularly those who require ongoing care within the service) will be supplied with contact details for a named clinician who will be able to respond to queries and concerns and where necessary give clinical telephone advice.

### **Overview of Treatment**

Treatments will consist of a range of interventional diagnostic and therapeutic medication (not using general anaesthesia) including the following;

#### *Abnormal Uterine Bleeding (AUB)*

In most cases AUB can effectively be managed in a level 2 service by a GPwSI following NICE guidelines and local protocols. The use of medication, pipelle biopsy, TV scan and IUS may be used to aid management.

#### *Prolapse*

The use of conservative measures such as lifestyle advice, weight management, avoidance of constipation, plus pelvic floor muscle training and the fitting of ring

pessaries and gelhorn pessaries can be used to treat patients to effectively and avoid need for surgery.

#### *Cervical Polyp*

Cervical polyps can be removed and sent for histology without need for secondary care involvement. The incidence of cancer has been proved to be less than 1%.

#### *Complex Coil Insertion and Removal*

The service will see complex IUT procedures where the GP has either failed to fit or remove a coil, or the patient previously needed secondary care involvement. The level 2 service can also provide local anaesthetic block for coil procedures which some women may require for analgesia.

#### *Vulval Skin Conditions*

Such as LSA can be seen and monitored where the GP is unsure of the diagnosis or needs support.

#### **Pathology**

If unexpected serious pathology is suspected during diagnostic testing or if the routine pathology report reveals unexpected serious pathology, the Provider will:

- Discuss the findings with the patient and the need for further investigation within the secondary care setting
- Request urgent reporting of any sample taken by the pathology team
- Using an agreed referral pathway, refer the patient to the relevant acute trust for immediate entry onto a cancer pathway at the appropriate point, within 24 hours.

Negative test results may be given to patients over the telephone. Positive results will be given in a setting agreed with the patient at the initiating appointment i.e. face-to-face or telephone. Pathology reports for patients without a cancer diagnosis will be provided within 4-6 working weeks.

The Practice will be expected to devise and demonstrate a clear pathway for suspected cancer referrals to secondary care.

#### **Facilities**

The service will be delivered from a dedicated facility with a separate entrance and supported by a receptionist. The unit's design and layout should incorporate the following areas:

- A dedicated pre-procedure waiting area
- Private admission and consent area
- Private facilities for giving patient information
- Adequate toilets
- Adequate storage

The service currently operating a weekly clinic, will operate sufficient clinics to meet waiting times and to provide a timely service according to demand.

**Management of those seen and then referred onto secondary care**

Practices will be expected to keep records of any instances where patients will not have their treatment managed within the service. Referrals from the service to secondary care should be done within 48 hours of decision to refer on.

**Audit**

Full records of all referrals must be maintained in such a way that aggregated data and details of individual patients are readily accessible.

The practice should audit bi annually to analyse the following:

- Patient satisfaction (which will be obtained by survey)
- Serious Untoward Incidents
- DNAs
- Compliments/Complaints
- Referral to start of treatment time

Retrospective audit of all gynaecology referrals into secondary care from the Practice at end of each month to see if colleagues agree on any which could have been managed in house and feed into clinical practice meetings.

**Patient Survey**

A patient satisfaction survey should be completed at least annually and the results should be assessable to NHS Lancashire and South Cumbria ICB upon request.

**3.3 Population covered**

The service will be open to all patients registered with a General Practice in South Cumbria and North Lancashire

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

**Service Exclusions**

Local management and treatment will not be offered as any part of this service to the following patient groups:

- Colposcopy
- 2 week wait suspected including cancer referrals (guidance will be given should this change)
- Termination of Pregnancy
- Sterilisation
- Cervical lesions requiring colposcopy or cryo
- Infertility (a separate service exists).

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

Key interdependencies include:

- Contraception and Sexual Health Services
- Secondary care
- Gynaecology Services
- Obstetric Services
- Gynaecology surgical teams
- Histopathology departments
- Cancer MDT service
- Physiotherapy services.

The majority of patients seen will be returned to the care of their GP with minimal requirement for other service involvement. However, for a small number of patients serious pathology will be found and they will require onward referral to secondary care.

The provider will be expected to work and liaise with secondary care providers to ensure smooth and swift referral into their services where required as part of the overall patient pathway. The Service should develop close links with secondary care providers and work towards direct listing, not currently available, from the Service where possible.

## **4. Applicable Service Standards**

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

The service will operate in line with the established evidence based guidance as identified in relevant NICE and Royal College guidance.

### **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 Accreditation, Training & Supervision**

For the purpose of this agreement, a GPwSI is a GP with appropriate experience and accreditation who is able to deliver a specialist service independently, working in a clinical area outside the normal remit of general practice. More details can be found in the guidance on GPwSI accreditation in *Implementing care Closer To Home: Convenient Quality Care for Patients*.

The GPwSI will be accountable to the Clinical Chair, NHS Lancashire and South Cumbria ICB. The Clinical Chair will provide professional medical advice, leadership and strategic development ensuring the provision of high standards of care.

GPwSI is expected to maintain practice at the required standard and will need to be on the Performers List of NHS Lancashire and South Cumbria ICB, and must maintain full registration with the General Medical Council.

The clinicians providing the service will ensure that they are up to date and have demonstrated competency within the GP appraisal process and have provided all necessary information as part of the annual appraisal to demonstrate their competencies as a GPwSI.

The GPwSI must meet all the requirements of accreditation, including training, clinical appraisal, continued professional development and revalidation.

All GPwSI's providing the service must complete the assurance template embedded in the Reporting Requirement Section of the Contract.

The provider will:

- Ensure that clinicians assisting in the service will be appropriately trained and competent, taking into account their professional accountability.
- Maintain accreditation and comply with NHS Lancashire and South Cumbria ICB's requirements in respect of review visits by NHS Lancashire and South Cumbria ICB's Clinical Chair and/or his representative.
- Ensure any nurses assisting in the Gynaecology service are appropriately trained and competent, taking into account their professional accountability and the Nursing and Midwifery Council (NMC) guidelines on the scope of professional practice.
- Ensure that any clinician who is involved in performing or assisting in the Gynaecology Service has resuscitation and anaphylaxis skills.

The following will apply to all staff groups including temporary staff, e.g. NHS Bank, agency and any staff whose services are bought in through sub contract or service level agreement:

- Staff will be qualified and registered (where appropriate) in accordance with their anticipated scope of professional responsibility;
- Professional accountability must be formulated with an agreed governance structure;
- Staff will have a commitment to continuing professional development through the pursuit of relevant professional and academic study;
- Staff will participate in regular personal performance reviews including the development of a personal development plan;
- Appropriate supervision arrangements for all levels of staff will be in place, including induction and clinical supervision;
- All staff will be required to attend relevant mandatory training;
- All staff will be required to satisfy appropriate CRB checks;
- All staff will be appropriately trained/qualified and registered to undertake their roles and responsibilities.

As set out by the Care Quality Commission, registration documentation will be held on record by the provider for all medical staff and will be available for inspection. A

certification will be prominently displayed by the provider in all sites that the service is provided from.

Policies and protocols will be available with a system in place to ensure staff compliance.

An appropriately qualified and experienced medical lead from the service will be required with responsibility for overseeing the clinical governance framework and processes.

#### **4.3.2 Clinical Governance**

The provider will:

- Take overall responsibility for sterilisation and infection control within this service. Ensure compliance with the standards specified in the guidelines for General Practice issued by Cumbria and Lancashire Health Protection Unit.
- Notify NHS Lancashire and South Cumbria ICB of the method of sterilisation to be used. The provider is responsible for the effective operation and maintenance of sterilising equipment used in the provision of the service.
- Ensure that the service takes place in premises where a waste management contract is in place. Staff involved will be aware of waste standards and legislation.
- Have in writing infection control policies that are compliant with the guidelines including inter alia the handling of used instruments, excised specimens and the disposal of clinical waste.
- Ensure facilities are appropriate to enable the Gynaecology Service to be properly provided in line with NICE Guidelines and National Guidelines. Adequate and appropriate equipment shall be used for the provider to undertake the agreed range of procedures and must also include appropriate equipment for resuscitation.
- Ensure any equipment used in the provision of the service is regularly maintained, calibrated and that regular review and replacement of equipment is carried out as appropriate.
- Have an effective system of clinical governance in place and shall nominate a person who will have responsibility for ensuring the effective operation of the system of clinical governance. The person nominated shall be a person who performs or manages services under the contract.
- Ensure that the GPwSIs and the nursing support staff hold adequate insurance, at all times against liability arising from negligent performance of clinical services under this service.
- Ensure that NHS Lancashire and South Cumbria ICB is notified through the incident reporting system of events or near misses affecting this service.
- Notify NHS Lancashire and South Cumbria ICB complaints Manager of any complaints received in relation to this service.
- Take part in NHS Lancashire and South Cumbria ICB audit programme as required.
- Take part in service review as determined by NHS Lancashire and South Cumbria ICB.
- Adhere to best practice as defined by NICE and other evidence based papers
- Audit all surgical procedure.



**4.3.3 Equipment**

The provider will ensure that any equipment used in the provision of the service is regularly maintained, calibrated and that regular review and replacement of equipment is carried out as appropriate.

Where a service has been pump primed by the NHS Lancashire and South Cumbria ICB for the purchase of equipment in setting up a GPwSI service, the provider will notify the body responsible for commissioning local GPwSI services should that service cease. The future use and site of the service equipment will be agreed in consultation with the said commissioning body.

**4.3.4 Bought in Services – Staffing, Services, Equipment and Rooms**

The above contract conditions apply equally to staff and services directly provided by the GPwSI and to any bought in through a sub contract. This can include staff bought in via a service level agreement, services and equipment provided as part of room, rental and room rental/lease.

The GPwSI is responsible for ensuring that the rooms used to deliver this contract are fully accredited through CQC and meet all relevant control of infection and other appropriate standards.

**4.3.5 Other**

- NHS Lancashire and South Cumbria ICB Policies <https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/how-we-work/policies-and-procedures>
- Local guidance on Evidence Based Referrals
- <https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/how-we-work/policies-and-procedures>
- Value Based Commissioning procedures must be complied with
- Evidence based treatments as detailed in Map of medicine or equivalent system
- Infection control procedures (as specified in Department of Health. ‘The Health and Social Care Act 2008 – Code of Practice on the Prevention and Control of Infections and related guidance’.
- Our Health, Our Care, Our Say – A New Direction for Community Services, DH, 2006

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

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

**5.2 Applicable CQUIN goals (See Schedule 3E)**

**6. Location of Provider Premises**

<b>6.1</b>	<b>The Provider's Premises are located at:</b>
<b>7.</b>	<b>Individual Service User Placement</b>
<b>8.</b>	<b>Applicable Personalised Care Requirements</b>
<b>8.1</b>	<b>Applicable requirements, by reference to Schedule 2M where appropriate</b>

