

<b>Service Specification No.</b>	2.11
<b>Service</b>	Vasectomy Tier 2 Service
<b>Commissioner Lead</b>	Jackie Moran – Head of Contracting & Performance
<b>Provider Lead</b>	
<b>Period</b>	1 <sup>st</sup> April 2022 – 31 <sup>st</sup> March 2023
<b>Date of Review</b>	Annually

## 1. Population Needs

### 1.1 National/local context and evidence base

There is evidence from within the UK and abroad that minor surgical procedures carried out by general practitioners in community settings have high levels of patient satisfaction and are highly cost effective.

It is in the best interest and more convenient for patients if service that are offered in secondary care can be provided locally. The provision of vasectomy services is one such service that can be offered locally thereby reducing waiting times, offering easy access for patients, and reducing referrals into secondary care.

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	<b>x</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>✓</b>
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	<b>✓</b>

### 2.2 Local defined outcomes

By commissioning a community-based vasectomy service, it is intended the following outcomes will be achieved:

- To improve clinical outcomes for patients.
- To improve patients' experience of vasectomy services.
- To provide a local service that is cost effective.

- To give patients the choice to attend a local service and that all patients will have the same choices of providers and of locations.
- The no-scalpel technique offers:
  - less pain
  - reduced post-operative complications
  - speedier recovery
  - lower failure rate

### **3. Scope**

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

The aims of the Service are to:

- Extend the choice of contraceptive options available
- Provide an easily accessible community-based service
- Provide the option of a no-scalpel vasectomy procedure to the residents of West Lancashire.

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

The provider is required to deliver a community-based vasectomy service within West Lancashire for the total population of 112,000 and must be flexible in the times and days the service is delivered.

The Service will provide a no-scalpel vasectomy procedure and will offer the opportunity for health education related to testicular self-examination and sexually transmitted diseases.

The Service includes all aspects from referral to discharge following the procedure including:

- Receipt of referrals
- Contact with the patient
- Scheduling and booking of suitable appointments
- Pre-operative counselling
- Equipment and supplies associated with the procedure including maintenance
- Maintaining up to date and accurate patient records
- The no-scalpel procedure
- Discharge letter to GP suitable to be added to the lifelong patient record
- Semen analysis
- Follow up care if necessary
- Post-operative telephone help-line
- Patient information as required
- An appropriate room with adequate space and equipment for resuscitation
- An assistant to the surgeon
- Appropriate follow up for 'did not attends'

In each case the patient should be fully informed of the treatment options and the treatment proposed. The patient should give written consent for the procedure to be carried out.

## Finance

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## Referrals

The preferred route for referrals is via NHS e-Referral Service.

The provider must have a procedure in place for the safe and effective handling of referrals, onward referrals, and all communication.

In line with national requirements all patients must be treated within 18 weeks of the date on the referral letter.

## Review/Audit

The provider must ensure that all records relating to all surgical procedures are maintained in such a way that aggregated data and details of individual patients are readily accessible for lawful purposes and to facilitate regular audit and peer reviews.

The practice is required to submit an annual audit to the CCG detailing:

- Number of procedures performed in the preceding 12 months
- Complication rate with details
- Failure rate of procedure
- Patient satisfaction
- Waiting times

## Patient Records

The Service Provider must be able to produce accurate and comprehensive records for each patient referred into the Service. Information should comply with the

National Information Minimum Data Set and will include:

- Patients NHS Number
- Patients Date of Birth
- Ethnicity
- Referring clinician
- GP Practice
- The number of DNAs
- Patient outcomes
- Details of any adverse events associated with treatment
- Details of onward referrals to Secondary Care

For the retention period for storage of records, the provider must refer to National Guidance

The provider will also maintain a record, which will include:

- Date
- Patient ID
- Operating Clinician
- Nurse in attendance
- Actions

### **Staffing and Competencies**

The service provider will be required to provide sufficient qualified and appropriately trained staff to ensure that the vasectomy service is provided in accordance with the Service Specification.

Providers performing the no-scalpel vasectomy service must have completed accredited training for this procedure and be members of the British Association of No- scalpel Vasectomies. Evidence of accreditation and membership must be submitted to the CCG upon request.

### **Information/Data flows**

Monthly reports must be submitted to the Commissioners in a timely manner, which must include:

- Number of procedures performed – anonymised data
- Number of referrals received and source of referral
- Number of rejections and destination e.g., secondary care, back to GP
- Waiting time per patient from referral date to treatment
- Number of did not attends

The Provider will supply the Commissioner with any data required to assist the Commissioner in meeting its statutory duty to provide information on its performance.

The Provider will ensure that all data used to monitor performance is of a high quality, robust and timely. The Provider must put the necessary actions in place to bring about improvement on any data especially where either the Provider or the Commissioner has concerns.

### **3.3 Population covered**

All adult patients registered with a GP in West Lancashire will be eligible to receive services under this agreement.

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

The Service may not be provided to patients who have any of the following:

- Extensive varicocele
- History of testicular surgery
- Scrotal/testicular pathology
- Anticoagulation therapy
- Immunosuppression therapy
- Previous failed vasectomy

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

The service will routinely work closely with other providers in both primary and secondary care settings. Where a case is outside of the scope of the service, providers will work closely with acute hospital and primary care providers to ensure the appropriate care is provided to patients. The provider will ensure this is carried out in a timely fashion and does not delay treatment where treatment is required.

In addition, the service will be accessible to all clinicians and so will need to facilitate and develop robust two-way mechanisms for patients to move between different parts of the system when required.

## **4. Applicable Service Standards**

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

Providers shall be aware of and involved in the below networks and programmes as appropriate.

- Royal College of Obstetricians and Gynaecologist guidelines, (RCOG)
- Faculty of Sexual and Reproductive Healthcare (FSRH)
- Andrology

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

### **4.3 Applicable local standards**

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

### **5.1 Applicable quality requirements (See Schedule 4 Parts A-D)**

### **5.2 Applicable CQUIN goals (See Schedule 4 Part E)**

**6. Location of Provider Premises**

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

Sandy Lane Health Centre  
Sandy Lane  
Skelmersdale  
WN8 6DS

Locations of premises are required to be accessible by public transport and parking facilities.

Premises must demonstrate compliance with all relevant Building Regulations and requirements, DDA Compliance and must be fit for purpose, clean and comfortable.

**7. Individual Service User Placement**

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