

NHS Standard Contract - SCHEDULE 2 – THE SERVICES

Ring Pessary Enhanced Service: Initial Fit and Routine Change Service Specification

Service Specification No.	
Service	Ring Pessary Enhanced Service: Initial Fit and Routine Change
Commissioner Lead	Dr Avanthi Gunasekera, Strategic Clinical Executive
Provider Lead	As signed
Period	1st April 2020 to 31st March 2021 1 April 2021 to 31 March 2022
Date of Review	End of contract period or as necessary

1. Population Needs

1.1 National/local context and evidence base

Plain ring pessaries (not containing any hormonal or other substance) can be an effective symptomatic treatment for uterovaginal prolapse and are more acceptable to some patients than surgery. A suitably fitted Pessary requires changing every 3 to 6 months in order to reduce the risk of ulceration and infection. This specification ensures patients can receive treatment at their own practice, closer to home. Patient consultation has not taken place as this is an expansion of an existing service that supports both National and CCG priorities.

As per the NHS Rotherham CCG Quality Contract, if practices do not wish to deliver this service it must be sub-contracted to another practice following discussions with the CCG. All patients must have access to this service.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	N/A
Domain 2	Enhancing quality of life for people with long-term conditions	Yes
Domain 3	Helping people to recover from episodes of ill-health or following injury	N/A
Domain 4	Ensuring people have a positive experience of care	Yes
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Yes

3. Scope

3.1 Aims and objectives of service

Providing this service to Rotherham patients will help to reduce inequality of care and provide a convenient primary care location for all patients whilst offering choice. This service is intended to fund the initial fit and routine changing of ring pessaries by general practice staff, and does not cover pessary changes provided by other staff, such as District Nurses, not directly employed by the practice.

3.2 Service description/care pathway

Patients can be seen by the practice themselves or referred to a practice with which a sub-contract is held if applicable. If a sub-contract is in place, adequate arrangements must be made for the transfer of patient information and clear pathways of care must be in place to ensure all parties are aware of their responsibilities.

3.3 Population covered

This service specification covers all women who are eligible for ring pessaries and choose to have them fitted and changed in general practice.

3.4 Any acceptance and exclusion criteria and thresholds

Practitioners involved in the delivery of this service will be appropriately trained and competent. It is expected that the practitioner will have appropriate training and experience and be able to demonstrate ongoing activity in this field to maintain competency.

4. Applicable Service Standards

4.1 Patient Satisfaction

In order to ensure patients are satisfied with the Ring Pessary service, the CCG will undertake a rolling SMART survey to monitor patient satisfaction. GP practices will provide the patient with the appropriate link for completion.

4.2 Reporting Achievement

Practices will submit a quarterly data report to the CCG via the LES data worksheet when requested by the Primary Care Team. As a minimum, the dataset will include the numbers, and types of cases treated in the previous quarter.

4.3 Remuneration

Upon receipt of the quarterly activity report practices will be paid £43.37 per initial fit and per change.

Consequences for late submission of activity data:

- 1 – 7 days: 5% of payment
- 8 – 14 days: 10% of payment and payment won't be released until the next payment run
- 15 – 21 days: 50% of payment and payment won't be released until the next payment run
- Submissions received after 21 days (3 weeks) will receive no payment.

A reminder by email will be sent out at least one week prior to submission date. It is the responsibility of the practice to ensure that any changes to contact details for the Practice lead/ practice manager are notified to the GP Commissioning team.

In the event of unforeseen exceptional circumstances e.g. unplanned admission to hospital, there is scope for the CCG to process a payment without precedent. It is however a practice responsibility to put in place sufficient contingency arrangements to ensure activity is submitted by the date specified.

If the CCG makes a payment to a practice under the LES and :

- a) The practice was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment **or because the payment was calculated incorrectly** (including where a payment on account overestimates the amount that is to fall due);or
- b) the CCG was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money is already been paid,

then the CCG is entitled to repayment of all or part of the money paid.

Any suspicions of fraud will be referred to the CCG's Counter Fraud Specialist for further investigation. It is important to recognise that claiming for procedures that do not fall within the service specification may constitute fraud and will be referred to the CCGs Counter Fraud Specialist for further investigation.

4.4 Audit – Compliance with the Scheme

Practices will be selected at random for audit (and also if the GP for Primary Care identifies any potential irregularities). Practices selected for audit are required to work with the auditors to demonstrate to them that all parts of the scheme have been complied with.

4.5 Termination of agreement

This service forms part of the basket of enhanced services of the Rotherham Quality Contract, and is therefore subject to the terms outlined in the Quality Contract.

Following the recent publication of the 'Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan' the CCG acknowledges that further guidance may influence the future delivery of Local Enhanced Services.

All Local Enhanced Services will be subject to regular review in line with the development of Primary Care Networks (PCNs). Three months' notice will be given to Providers if services are to transfer to PCN delivery and/or payment.

The Practice and/or CCG may give three months written notice to terminate the service for reasons other than those outlined above.