

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1 – 4. Mandatory but detail for local determination and agreement
Optional headings 5-7. Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	Community Gynaecology Service 06/04/18
Service	Community Gynaecology Service
Commissioner Lead	
Provider Lead	
Period	
Date of Review	

1. Population Needs
<p>1.1 <u>National/local context and evidence base</u></p> <p>Over recent years, the NHS has been increasing its focus on improving the provision, access and quality of care provided outside of an acute hospital setting. The White Paper ‘Our Health, Our Care, Our Say’¹ outlined the ambition to create a fundamental shift of care from hospitals to more community-based settings and this was reiterated by Lord Ara Darzi in ‘Our NHS, Our Future’² with the principle to ‘localise where possible, centralise where necessary’.</p> <p>The drivers underpinning this need to transform services include:</p> <ul style="list-style-type: none"> ✓ The need to respond to the increased or changing demand for services as a result of an ageing society and an increased prevalence of long term conditions; ✓ Ensuring that services are centred around the patient; and ✓ Achieving clinical and financial sustainability. <p>The recent NHS England Guidance (2013) highlights that in order to meet the needs of our population, it is not possible to maintain the current duplication and fragmentation of care, which drains resources and does not offer consistently high quality and cost effective care. The guidance states that; ‘without transformational change in how services are delivered, a high quality, yet free at the point of use health service will not be available to future generations.’³</p> <p>While considering the above stated national drivers for change in a regional context, the following key challenges are evident for both NHS Harrow and NHS Brent CCGs, which mean that how health care in Harrow is delivered needs to change:</p> <ul style="list-style-type: none"> • The residents of Harrow and Brent have changing health needs, as people live longer and live with more long term and chronic diseases – putting pressure on health care provision. • Under our current model of care, we need to consider how we can meet the challenge of future demand in an economically suitable way. We need to have more planned and integrated care, provided earlier to our population in settings outside of hospital. Patients do not always need to receive hospital based care and alternative

¹ Department of Health (2006) Our Health, Our Care, Our Say

² Department of Health (2007) Our Health, Our Future

³ NHS England (2013) Planning and Delivering Service changes for Patients

community based services can often be delivered to a better standard and be more cost effective. This should provide better outcomes for patients, at lower cost.

- Capacity within our acute hospital providers is constrained and this is adversely impacting referral to treatment waiting times for patients,

Through the Planned Care Programme, NHS Harrow CCG are acting on national, regional and local strategic drivers for change to re-commission local outpatient services. The Community Consultant-Led Gynaecology Services will contribute to the CCG's Out of Hospital Strategy, which aims to develop services in the community and focus on self-care, early diagnosis with high quality management of long term conditions, and the diagnosis and treatment of those with ambulatory emergency conditions in the community when appropriate. This would enable acute hospitals to focus on patients who are critically ill and those who require specialist investigations and interventions.

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

2.2 Local defined outcomes

- Improving access and choice for patients
- Providing care closer to home
- Supporting care delivery

3. Scope

3.1 Service Vision

The Service Vision is for the residents of Harrow to have local access to a community consultant led Gynaecology service, the main features of which are listed below. These are essential requirements of the Service:

- All patients will be provided with a high quality, safe and effective service.
- Patients will be referred by their GP through to a single point of access with improved communication between GPs and the service.
- Waiting times will be less than 4 weeks for non-urgent referrals without impediment to urgent referrals.
- Patients will have a reduced duplication of diagnostic activity and assessment visits with unnecessary patient visits to the service minimised.
- Patients will be able to book their appointments with clinicians of the same gender on request (although this may extend the waiting time).
- GP referrals will be assessed (at the point of referral) by a consultant-led clinical team.
- The clinical team will have direct access to specialist consultant support, diagnostic facilities and physiotherapy.
- Clinical outcomes will be improved in the following ways:
 - Reduced time to assessment, diagnosis and treatment
 - Increased patient understanding of their conditions, treatment and after-care with the aim of improvement in self-care and management of chronic conditions resulting in patient centred care.

- Patient satisfaction with the service(s) will be high.
- GP referrers will be provided with full and detailed discharge letters within five days of discharge from the service (although changes in medication or new medication details should be advised on the same day).

3.2 Service aims

Patient Experience

- To deliver rapid access and streamlined care for patients with Gynaecology pathology
- To treat patients at the most appropriate location as close to home as possible, contingent on the availability of necessary diagnostic facilities
- To provide patients with relevant and up-to-date information to enable them to understand and manage their condition more effectively
- To manage patient flows through primary and secondary care to ensure appropriate and timely onward referral to specialist services where appropriate.
- To develop, where appropriate, capacity within primary care to offer a wider locally accessible care
- To provide quick and timely access, diagnostic tests and effective treatments for patients, reduce unnecessary referrals to secondary care.

Primary Care

- Working with existing local providers to provide a source of support and advice for GPs in managing Gynaecology conditions via the use of structured email and telephone support
- To ensure appropriate onward referral to other services
- To provide an on-going educational and training resource for GPs and other health professionals delivering the gynaecology service
- To reduce follow-up rates by amounts to be agreed during the life of this agreement
- To provide cost-effective services that maximises value for money throughout the health economy.
- To improve the patient care pathway for gynaecology conditions to deliver measurable benefits for patients
- To provide a single point of referral for Gynaecology patients
- To enhance the management of patients within primary care and actively manage the demand for secondary care services
- To ensure patients are seen by the right clinician at the right time
- To avoid unnecessary outpatient appointments
- To reduce waiting times for gynaecology conditions
- To promote self-management strategies for patients with gynaecology conditions

Community Gynaecology Service:

- Provide a gynaecology clinical assessment and treatment service within a community setting
- Enhance the management of patients presenting with gynaecological conditions within the community and actively manage the demand for secondary care services ensuring patients have timely and appropriate access to treatments
- Through a multi-disciplinary team approach, ensure early signposting to other services and the appropriate requesting of diagnostic tests
- Ensure onward referrals to secondary care and re-referrals are kept to a minimum and reduced in line with rates to be set during the life of this agreement
- Work in collaboration with GP member practices to develop referral guidance, support practices on request and provide data enabling consortia to monitor their demand
- Develop a strong clinical network
- Promote patients' understanding of their gynaecological condition and promotes self-care and management reducing recurrences of the conditions and increasing patient satisfaction
- Maximise the use of non-surgical interventions for patients where these are

- considered to offer patients optimal health gain
- Reduce outpatient attendances in secondary care through providing alternative community service.
 - Decrease the rate of outpatient attendances to surgery through more appropriate referrals to acute service Provider
 - Achieve a maximum waiting time of less than 4 weeks for patients referred into the gynaecology CAS service and maintain the target of a maximum 18 week period from referral to treatment
 - Improve patient access to gynaecology CAS service and improve the patient experience providing a patient-centred service with patient involvement and choice at each stage in the patient journey
 - Ensure patients are seen and treated in an environment most appropriate to their needs
 - Implement agreed models of care and work to update pathways for gynaecology conditions which are evidence-based
 - Support the development of robust clinical governance and clinical audit
 - To reduce treatments with low clinical value as outlined in the Planned procedures with a threshold and Individual funding requests policy.

3.3 Service model

The Service will provide a community-based service for patients with routine gynaecological conditions. The service will be provided by appropriately qualified clinical practitioners, including for example consultants, clinicians including GPs with special interest, nurse practitioners and administrators. This will be a consultant led service within the community..

3.4 Service Scope

The service will provide, at a minimum:

Gynaecology Conditions proposed for assessment/treatment in the Gynaecology Community Service:

- Menorrhagia
- Pre-menstrual symptoms /syndrome management
- Vaginal prolapse
- Difficult smears
- Complex contraceptive problems
- Menopause management
- Abnormal Uterine Bleeding
- Vulval problems
- Cervical Polyps- obvious and suspected
- Vaginal discharge
- Lower abdominal pain
- Dysmenorrhoea

The service will work with the CCG to develop point of care diagnostic testing for gynaecological conditions where available and provide a range of interventional diagnostic and treatment services including:

- ✓ Ultrasound scan
- ✓ Pipelle Biopsy
- ✓ Blood tests
- ✓ Complex IUCD insertion/ removal (including mirena or equivalent)
- ✓ Cervical polyp removal
- ✓ Ring pessary fitting service

The service must have access to:

- Histopathology
- Microbiology

- Radiology
- Phlebotomy/laboratory

The service will provide options for conservative management of the specified conditions including:

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

It is envisaged that whilst all of the above conditions should be available from the service the referrer will utilise referral guidance to ensure that where possible conditions that can be dealt with without recourse to further referral are dealt with in primary care.

The provider will work with the CCG to identify additional conditions/clinics that can be carried out in the community and support increasing capacity of community based gynaecological services to facilitate on-going service improvement and innovation.

3.5 Geographic coverage/boundaries

This service is being commissioned by NHS Harrow CCG. Activity and costs are calculated on the basis that referrals will come primarily from GPs within the boundaries of NHS Harrow CCG, and any patients who are registered with relevant practices. Patients not resident within the Borough and not registered with a Harrow GP may only be referred to the service where there is an undertaking on their local CCG to fund such a referral.

3.6 Location(s) of Service Delivery

In order to deliver care closer to home, the gynaecology clinical assessment and treatment service, including access to ultrasound and phlebotomy, will be delivered at location(s) which are convenient to patients. All locations/premises must meet statutory physical accessibility and DDA requirements.

3.7 Days/Hours of operation

The service should be offered dependent on demand and potential to expand to weekends (*to be confirmed, subject to contractual agreement*). The service will also need to be flexible to offer times outside of this to satisfy patient needs as far as reasonably possible.

Services will operate every week of the year unless agreed in advance with the Service Commissioner.

3.8 Referral route

All patients shall be sent a booking letter following triage within 2 working days of the referral being received by the service. This letter will include instructions for the patient to contact the service to book an appointment (central booking service) at a location, time and date convenient to the patient.

3.9 Exclusion criteria

This service shall not be available to patients whose needs are assessed as sitting outside the scope of the service or whose healthcare needs present complications or risks which require more specialised service intervention. These exclusion criteria will be applied by GP's and Healthcare Professionals able to refer to the Service who will be responsible for referral to other appropriate services. These exclusion criteria include, but not exclusively, the following:

- Patients not registered with an NHS Harrow or NHS Brent GP
- Patients who require emergency treatment
- Patients with suspected cancer
- Patients with post-operative or post traumatic complications
- Other Red Flag patients

3.10 Quality Standards and Clinical Governance

The Provider shall deliver the Services in accordance with Good Clinical Practice, Good Healthcare Practice, and shall comply with the standards and recommendations;

- contained in 'Standards for Better Health' July 2004; meeting the 24 'core' standards and have plans in place, shared with the provider, to achieve the 13 'developmental' standards
- issued by the National Institute of Clinical Excellence
- issued by any relevant professional body and agreed between the Parties
- from any audit and Serious Untoward Incident and Adverse Incident Reporting, including the reporting of such to the CCG
- included within locally or national tariff funded National Service Frameworks, agreed Integrated Care Pathways and agreed shared protocols and guidelines
- contained in 'Every Child Matters'

The Clinical Commissioning Group will monitor and manage performance against quality standards and key targets through quarterly performance meetings. The Provider will make available information required to support the monitoring and management process. Key standards will include but not be restricted to:

- Waiting time for first and follow up appointments
- Waiting time from first referral to treatment
- Turnaround time for receipt of clinic attendance letters
- Turnaround time for diagnostic and pathology results (*details to be confirmed, subject to local agreements*)
- Surgical infection rates
- Compliments and complaints register (including SUI register)

The provider will be expected to comply with the clinical governance framework of Brent CCG and to function under agreed operational and clinical policies.

The operational systems will support the following principles:

- Clear lines of responsibility and accountability
- A programme of quality improvement activities
- Clear policies aimed at managing risk and procedures to identify and remedy poor professional performance

The Provider will make arrangements to carry out patient satisfaction surveys in relation to the Service and will co-operate with such surveys that may be carried out by the Commissioner. In discharging its obligations under this Clause the Provider shall have regard to any Department of Health guidance relating to patient satisfaction surveys. The Provider will be expected to demonstrate evidence of having used the patient experience of using the service to make improvements to service delivery.

Satisfactory Facilities - The CCG will need to be satisfied that any locations carrying out the Services under this Specification have a facility for performing appropriate surgical and other procedures which as a minimum, comply with current national infection control guidance, and compliant with the registration held by the Provider with the Regulator.

Adequate and appropriate equipment should be available for the doctor to undertake the procedures chosen, and should also include appropriate equipment for resuscitation.

Sterilisation and Infection control – must at all times comply with current national and local Sterilisation and Infection control requirements. Use of disposable speculum and other equipment.

3.11 Training and Education

The service will provide a programme of on-going training and education for GPs, GP Registrars Practice Nurses, District Nurses and Health Visitors and secondary care

clinicians who may no longer be exposed to a sufficient number of the conditions referred under this specification to achieve/maintain a degree of clinical competence in those areas.

This will be developed in liaison with the CG education lead to ensure alignment with the wider programme for primary care.

The service Provider shall have an enhanced communications plan to ensure that all GPs and practices, community services and secondary care services are aware of the Gynaecology interface service.

3.12 Audit

A programme of audit and review will be undertaken at predefined intervals to monitor service standards, outcomes and patient satisfaction. These audits will be undertaken in compliance with current national and local audit requirements which will include the following:

- Monthly review of clinical decisions utilising existing review mechanisms
- Weekly peer review of patients with symptoms which may be indicative of a diagnosis of cancer
- Clinical risk management, under the aegis of the Quality Safety and Risk Management, which complies with current national and local requirements including incident reporting and never events

3.14 Service Description

The service component elements are as follows:

Gynaecology Clinical Assessment Service (CAS) – a comprehensive Gynaecology interface service incorporating the following:

- Demonstrable clinical leadership
- IT infrastructure, including the use of ERS, to support multi-disciplinary team working and allow Choose and Book referrals to and from the service, including a secure N3 connection
- EMIS web or the ability to seamlessly integrate with EMIS web
- Direct access to diagnostics
- Staffed by qualified gynaecology practitioners
- Regular multi-disciplinary team meetings.
- A broader range of services should also be available to provide alternative, non-acute assessment and treatment options including self-management and support groups
- Strong clinical governance arrangements
- Staff development and training supported by secondary care clinicians

Clinical Assessment & Treatment Service

- The scope of the service shall be to provide gynaecology triage and clinical assessment and treatment services within the agreed care pathway
- The service shall be delivered by registered clinicians appropriate to the scope and objectives of the service. This may include, but not exclusively, GPwSI, advanced practitioners and other health professionals drawing on a wide range of clinical assessment and treatment skills
- The gynaecology clinical assessment and treatment service shall have a designated clinical lead with Royal College Of Obstetricians and Gynaecologists and a higher relevant qualification. This may be a GPwSI or a Consultant lead from a relevant specialty who is working in the local service

Triage

- To provide a single point of access (SPA) for all patients presenting with Gynaecology pathology receiving gynaecology related referrals into triage.
- To provide expert multi-disciplinary opinions for patients with a gynaecology condition referred by GPs by offering an alternative to direct referral to an outpatient consultant clinic

- To provide an effective mechanism to monitor, direct and control gynaecology patient referrals from primary care into secondary care working with GP consortia during mobilisation to agree referral guidelines, demand management strategies and feedback mechanisms
- To provide triage and ongoing care based on the locally agreed pathways. The link below :

<https://www.healthiernorthwestlondon.nhs.uk/gynaecology>

Assessment

- The assessment shall include the nature of the condition, current and past treatment regimes and the severity and nature of any impairment
- Assessment will take the form of taking appropriate histories and appropriate improvement interventions
- Clinical interventions
- Identification and recommendation for appropriate physical, nutritional, communication or other relevant therapy
- The Provider shall establish appropriate clinical governance arrangements
- The Provider shall provide specified diagnostic investigations to this service.
- The Provider shall offer and provide a suitably qualified chaperone if requested by patients

Accessibility/Acceptability

- Service recipients shall be both patients that are registered with GP practices and unregistered patients within the boundary of NHS Harrow CCG. Those not meeting these criteria may be treated and the host authority recharged for the treatment.
- Service recipients shall be, at a minimum, aged sixteen years.
- All venues must be compliant with the Disability Discrimination Act
- The service shall deal with all eligible service users issues regardless of:
 - Age
 - Disability
 - Gender reassignment
 - Marriage and civil partnership
 - Pregnancy and maternity
 - Race
 - Religion and belief
 - Sex
 - Sexual orientation
- Sensitively demonstrating adherence to Equality and Diversity legislation. Where language/cultural issues are evident, the appropriate external sources must be mobilised, including but not exclusively, language and interpreting services.
- The service shall operate within organisational policies which are Impact Assessed to ensure equality and diversity issues are highlighted and monitored
- The Gynaecology interface service shall demonstrate the following values:
- Respect for the dignity, privacy, confidentiality and diversity of patients through an open and supportive organisation
 - Champion vulnerable people through equity and fairness
 - Be a good employer demonstrating commitment to staff development, involving and engaging the workforce
 - Play an active part in the development of the whole community ensuring services are approachable, accountable and inclusive for all members of that community
 - Ensure compliance with the NHS Harrow Safeguarding Adults and Children Procedures
 - Provision should be made for the choice of a female specialist especially with regard to patients from a conservative or deeply religious background.

Interdependencies

- Radiology/pathology departments
- Outpatient clinic staff
- General Practitioners
- Occupational Therapy

- Physiotherapy
- Secondary Care
- Incontinence services

Relevant networks and screening programmes

- Gynaecology Clinical Networks

Sub-contractors

Any part of this Service may be subcontracted to other Provider on the condition that NHS Harrow CCG is informed of the arrangement, including any novation which may take place during the duration of this Agreement.

4. Applicable quality requirements

This service shall be provided in line with all the latest guidance and standards pertaining to gynaecology services. These include the following:

- High Quality Care For All, DH, 2008
- Delivering Quality and Value – Focus on Gynaecology Interface Services, NHS Institute for Innovation and Improvement, 2009
- Delivering Care Closer to Home: Meeting the Challenge, DH, 2008
- Our Health, Our Care, Our Say – A New Direction for Community Services, DH, 2006
- Applicable National Service Frameworks (Long-term Conditions, Older People)
- The NHS Operating Framework for England, 2013/14, DH
- Care Quality Commission Core Standards

5. KPI's for Gynaecology CAS

	Description of KPI	Minimum Performance Standard	Method/Timing of Monitoring	Breach	Consequence of Breach/ Comments
1.	All routine referrals to be triaged as per local referral management process	All referrals appropriately recorded and assessed at triage and a letter sent out within 2 working days	Monthly Anonymised record of all referrals received with time to triage and next steps decision recorded for 100% referrals received	Less than 98% of referrals in any one month	Monitor and review with remedial action plan as appropriate
2	Outcomes of triage	Monthly report of outcomes	Activity figures to be shared monthly. Include the number of referrals received and the outcome, including number returned to GP (with a reason), number sent to secondary care, number accepted into the service		Monitor and Review with remedial action plan if appropriate
2	Use of ERS for referrals	100% referrals will be sent via ERS	Monthly	Less than 98% of referrals via ERS by Q2	Monitor and review. Underlying causes identified and action plan agreed with the CCG

2	Use of ERS for advice and guidance	ERS is used for advice and guidance. Requests for A&G are responded to within 2 working days	Monthly – activity requests and turnaround times.		Monitor and review. Underlying causes identified and action plan agreed with the CCG
3.	Activity within the service	Number of: -first appointments - follow up appointments - procedures	Activity figures to be shared monthly. Include a breakdown of the types of diagnostics ordered and procedures undertaken	Activity to be in line with agreed IAP	Monitor and Review with remedial action plan if significant deviation from agreed plan
4	Waiting Times for routine cases to be seen in CATS	All referrals to be seen within 4 weeks from referral date	Monthly	More than 98% of patients waiting longer than 4 weeks	Financial Penalty : TBC
6	Patient satisfaction with the service	90% satisfied with the service Minimum response 30% of patients who attend for triage	Quarterly Establish a regular programme of surveying the patients to elicit views about patient experience, service quality and barriers to attendance. Commissioners required to agree questionnaires in advance	Less than 90% satisfaction with the service. Less than 30% of patients attending triage with stretch target of 40% following review of 1st quarter submission.	Monitor and review with remedial action in collaboration with LINKs and Local HealthWatch
7	All patients to have a documented management action plan and agreed personalised goals from the CATS	100% with agreed management plan	Monthly	Less than 100%	Causes identified and action plan in place. If in breach for 3 or more consecutive months, penalties in line with GC6 apply
8	Onward referrals to secondary care following first appointment in the service	Less than 5% of patients should need an onward referral subsequent to an initial appointment	Monthly	More than 5%	Monitor and Review with remedial action plan
9	Audit of Diagnostic Gynaecology Services				

6. Location of Provider Premises

6.1 Services will be provided from locations across Harrow (and Brent) to provide ease of access to local communities as agreed between the Provider and the Commissioner following the procurement process through the following premises:

[details of premises to be inserted here following the procurement process

...

...

...]

Note: The CCG will seek to support the Provider to identify potential NHS or other estate provision within Boroughs, although this is not any guarantee and responsibility for the sourcing of appropriate premises remains at all times with the Provider. Providers

may enter into lease agreement(s)* with the CCG as landlord and work with the NHS Property Services to ensure that, along with other Providers, there is adequate provision in a variety of locations across the geographical area to meet patient needs.

*Providers must be aware they will be responsible for any legal costs incurred setting up the lease agreement

DRAFT