

SCHEDULE 2 – THE SERVICES

A. Service Specifications - DRAFT

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 NHS Standard Contract Technical Guidance.

Service Specification No.	
Service	Vasectomy Service
Commissioner Lead	Katie Chipping, Commissioning Support Manager, NHS Brighton and Hove Clinical Commissioning Group
Provider Lead	
Period	1 st October 2017
Date of Review	

1. Population Needs															
<p>1.1 National/local context and evidence base Vasectomy is an effective and permanent form of contraception. The operation is quicker, easier and more effective than female sterilisation. There is a very small failure rate. Sterilisation is only for people who have decided they do not want children, or further children in the future. It is considered a permanent method of contraception, as reversal is a complicated operation which is not always successful. In addition, reversal is not usually available on the NHS. Reference http://patient.info/health/vasectomy-male-sterilisation</p>															
2. Outcomes															
<p>2.1 <u>NHS Outcomes Framework Domains & Indicators</u></p> <table border="1"> <tr> <td>Domain 1</td> <td>Preventing people from dying prematurely</td> <td></td> </tr> <tr> <td>Domain 2</td> <td>Enhancing quality of life for people with long-term conditions</td> <td></td> </tr> <tr> <td>Domain 3</td> <td>Helping people to recover from episodes of ill-health or following injury</td> <td></td> </tr> <tr> <td>Domain 4</td> <td>Ensuring people have a positive experience of care</td> <td>✓</td> </tr> <tr> <td>Domain 5</td> <td>Treating and caring for people in safe environment and protecting them from avoidable harm</td> <td>✓</td> </tr> </table>	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	✓
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<p>2.2 Local defined outcomes</p> <p>Brighton and Hove CCG (B&H CCG) with High Weald Lewes and Haven CCG (HWLH CCG)</p>															

as an associate contractor have in place an NHS funded Vasectomy service available to patients who meet the eligibility criteria and who have undergone counselling to enable the patient to make an informed decision to undergo the procedure. This service provides for;

- A local community based Vasectomy service
- A service within provided within maximum waiting times
- A service that offers patients and partners advice, counselling and support
- A service supported by best practice and innovation to deliver a high quality service

3. Scope

3.1 Aims and objectives of service

Aims

The service will deliver high quality vasectomy under local anaesthetic, provided in a community setting, to all males over the age of 18 who; request it, are appropriate for this service in being able to give consent and are not acting under external duress and are registered with a GP in the B&H CCG area. For the purpose of this service specification 'appropriate' cases are where the surgeon is satisfied that the procedure is carried out in the patients best interest, with informed consent given by the patient.

Objectives

This community vasectomy service will deliver the following;

- Comprehensive pre surgery counselling sessions to include partners
- Assessment of each patient's fitness for a vasectomy procedure
- Surgical sessions to carry out procedures under local anaesthetic
- A service led by a surgeon experienced in pre vasectomy counselling and surgical procedures
- Requesting and tracking of semen samples to check for sterility and associated communications with patients
- Support for patients if they have issues or queries during the post-surgical period before discharge
- Provision of post surgical clinical examinations if necessary
- General administrative support functions; making of appointments, sending of appointment and discharge letters and advice leaflets
- Storage of records (including administrative and clinical) and maintenance of appropriate filing system compliant with data protection rules with access to records as required at a later date
- Maintenance of equipment
- Maintenance of the facilities including ensuring the facilities are compliant with a regular schedule of decontamination and has a cleaning schedule, with safe disposal of waste.

3.2 Service description/care pathway

Assessment Appointment, Support and Advice

The Provider will offer a pre-operative appointment for assessment and consultation within 4 weeks of receipt of referral. The patient's partner should be invited and encouraged to attend the pre-operative appointment.

Vasectomy should be discussed in detail with all men requesting sterilisation.

Pre-operative individualised assessment must include a process of counselling and informed consent. Counselling and advice on sterilisation will also include a full range of information about and access to other long term reversible methods of contraception. This should include information on the advantages, disadvantages and relative failure rates of each

method. (Reference: Royal College of Obstetricians and Gynaecologists Faculty of Sexual and Reproductive Healthcare Male and Female Sterilisation (2014)).

All verbal counselling will be supported by accurate and impartial printed or recorded information (in translation, where appropriate), which the person requesting vasectomy may take away and read before the procedure. (Reference: Royal College of Obstetricians and Gynaecologists Faculty of Sexual and Reproductive Healthcare Male and Female Sterilisation (2014)).

Counselling, at the minimum, should detail what the procedure entails, possible complications and side-effects, the permanent nature of the procedure, and potential failure.

Counselling should also take into account cultural, religious, psychosocial, psychosexual and other psychological issues some of which may have implications beyond fertility.

The operating doctor/surgeon will need to ensure that the counselling, information exchange, history and examination have been completed and be satisfied that the patient does not suffer from concurrent conditions which may require an additional or alternative procedure or precaution. (Reference: Royal College of Obstetricians and Gynaecologists Faculty of Sexual and Reproductive Healthcare Male and Female Sterilisation (2014)).

Patients should be informed that reversal operations have a relatively low success rate and vasectomy should be regarded as irreversible contraception.

Additional care will be taken when counselling patients that;

- Are under the age of 30 years
 - Have few or no children already (few usually relates to two or fewer)
 - Are not in a relationship
 - Not in a mutually faithful relationship or are in a crisis relationship
 - May be making the decision as a reaction to a loss of a relationship
 - Who may be at risk of coercion by their partner, family or health or social welfare professional

A history will be taken and an examination will be performed to ensure each patient's fitness for a vasectomy procedure. (Reference: Royal College of Obstetricians and Gynaecologists Faculty of Sexual and Reproductive Healthcare Male and Female Sterilisation (2014))

The Provider will offer a pre-operative appointment within 4 weeks of receipt of referral, then a minimum cooling off period of 4 weeks for the patient to have a chance to change his mind, and the procedure carried out within 18 weeks of referral. A shorter cooling off period is acceptable if this is requested by patient after careful consideration of the permanent nature of the procedure

Due to the permanency of the procedure, if there are concerns about a person's mental capacity to give informed consent, guidance from the Mental Capacity Act (2005) and Making Decisions- guide for people who work in Health and Social Care (2005) must be adhered to.

Evidence of the understanding of the counselling should be obtained from both parties.

Vasectomy Procedure

A bilateral vasectomy using a scalpel or non-scalpel technique (dependent on knowledge, skills and training of practitioner undertaking procedure) and local anaesthetic. The CCG expects non-scalpel procedures to be the norm (because of lower complication rates for instance), but is appreciated that in some circumstances a scalpel procedure may be required.

Division of the vas on it's own is not an acceptable technique because of it's failure rate Evidence suggests that fascial interposition (FI) provides lower failure rates (Cochrane Review). Therefore, the CCG expects every vasectomy to be done including FI. It is recognised that there may be some exceptional cases where FI is not possible for technical reasons. Diathermy is another method that B&H CCG expects to be employed in order to

achieve best possible outcomes. Reference:
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003991.pub4/abstract;jsessionid=14042111825765628CC58F90F1B85CA1.f03t01>

Clips should not be used for occluding the vas as failure rates are unacceptably high.

All vasectomies will be performed under local anaesthetic as recommended in the Royal College of Obstetricians and Gynaecologists Faculty of Sexual and Reproductive Healthcare Male and Female Sterilisation (2014) or in accordance with the most up to date guidelines available e.g NICE.

It is expected that single use disposable equipment will be used wherever possible. The clinic environment should be suitable for delivery of an invasive procedure.

The Provider will ensure that the patient signs an indemnity form (this may form part of the consent form) prior to the procedure. This relieves the Provider of any responsibility if the patient fails to comply with semenology testing and a pregnancy occurs.

Where the surgeon thinks it necessary, tissue removed will be sent for Histopathological analysis, the results will be tracked and the outcome reported to the patient. This does not need to be undertaken if the surgeon is satisfied that there are no queries.

Post procedure care

The Provider will ensure that post vasectomy advice, including emergency contact numbers (when and who to contact), pain relief, wound care, resuming normal activities including sexual intercourse, contraception prior to clearance and semenology testing is given to all patients.

The Provider will offer support for patients if they have issues or queries during the post-surgical period prior to discharge from the service. Patients should be given a telephone number to access this. If necessary, the Provider must be able to see a patient for post-surgical examination.

Men must continue to use effective contraception until azoospermia has been confirmed. Reference: *Royal College of Obstetricians and Gynaecologists Faculty of Sexual and Reproductive Healthcare Male and Female Sterilisation (2014)*

Semenology testing to be carried out at a recognised NHS laboratory testing provider.

The Provider will advise patients on how to comply with semenology testing and supply all necessary equipment.

The Provider will emphasise at each stage of the pathway that it is the patient's responsibility to arrange for semenology testing with the provider. The provider will be required, as a minimum standard, send 2 letters and make 2 phone calls to the patient requesting that the patient provide post vasectomy samples – at both 16 and 20 weeks.

The Provider must endeavour to undertake patient sperm counts at 16 weeks after the procedure, until rendered sterile, before advising the patient to abandon other methods of contraception.

Best practice is for the patient to provide two negative samples before being discharged from the Service. If by mutual agreement with the patient, only one negative sample is provided, the Provider/Clinician accepts full responsibility if the procedure fails.

The current guidance on post vasectomy samples suggests that the first sample should be after at least 20 ejaculations. The CCG expects this guidance to be complied with, but it is appreciated that there could be rare exceptional circumstances or a future change in this guidance.

If a patient fails to provide samples within the timeframe, the Provider must contact the patient to remind them to provide the sample.

If semen analysis remains positive after three consecutive tests the Provider will refer the patient to a secondary care provider of the patient's choice for further care.

In April 2016 the British Andrology Society issued new Post Vasectomy Semen Analysis Guidelines to replace the previous guidelines from 2002 .

<http://jcp.bmj.com/content/early/2016/04/15/jclinpath-2016-203731.abstract>

This guidance allows one negative sample to be acceptable in specific circumstances. This new guideline requires the pathology lab to be accredited to the international standard ISO 15189:2012. It stipulates the use of specific specimen pots, namely gamma-radiated and mouse embryo assay (MEA)-tested containers, and for samples to be processed within four hours of production, more than 12 weeks post surgery and after a minimum of 20 post-surgery ejaculates.

The 2002 Post-Vasectomy Semen Analysis Guidelines are still viewed by many worldwide as the basis document for assessment of a successful vasectomy procedure through semen analysis. They have recently been updated by the Society jointly with the ABA and BAUS (please see separate link above). **The 2002 guidelines should now only be read in association with the 2016 Guidelines. Reference**

<http://www.britishandrology.org.uk/resources/policy-guidelines/>

'Assessment of a single sample is acceptable to confirm vasectomy success if all recommendations and laboratory methodology are met and no sperm are observed'. Reference <http://jcp.bmj.com/content/early/2016/04/15/jclinpath-2016-203731.abstract>

It is a requirement that a register of failed vasectomies and any post-operative complications will be maintained by the Provider.

Reference: Royal College of Obstetricians and Gynaecologists Faculty of Sexual and Reproductive Healthcare Male and Female Sterilisation (2014)

Referral, Access and Acceptance Criteria

The Provider shall ensure that the service offered is respectful and does not discriminate on grounds of age, disability, sexuality, ethnicity or religion. Providers should be sensitive to the needs of clients whose first language is not English, and those with hearing, visual or other disability.

The chosen sites should be easily accessible by public transport and provide on-site/adjacent parking. All aspects of the service should be compliant with the Disability Discrimination Act; ensuring disabled clients are able to access the service. In general the service will be located in an area that is accessible by all members of the community and should have good public transport links.

All clients should be offered a chaperone for any examination. If the offer is declined this should be recorded in the client's notes. If a chaperone is present a record should be made of the identity of the chaperone.

Specific aspects of clinic acceptability, such as ease of access, privacy, comfort and "room for improvement" should be actively reviewed in consultation with service users on an annual basis.

Referrals into the service should be received via the NHS e-Referral system when possible. All other correspondence should be send using NHS.net.

Receipt and administration of all referrals will be the responsibility of the Provider.

Response Time

The Provider should complete an initial triage assessment of the referral to ensure the patient appears suitable for a community vasectomy service within 5 days of receipt of the

referral

Referrals not appropriate for a community service to be returned to source of referral within 5 days.

Offer a Pre-Operative appointment for an initial consultation within 4 weeks of receipt of the referral

If patient is appropriate for community vasectomy there should be a minimum 4 week "cooling off" period, and the procedure should be carried out within 18 weeks of referral.

The Provider will not cancel appointments except in exceptional circumstances.

Referral pathways

- GP referrals should be sent using the NHS e-Referral System
- The service will be listed as a Provider on the NHS e-Referral system and will accept all clinically appropriate referrals.
- All Providers will implement a standardised referral form, which will include specific patient focused health care questions that function as an initial triage system. (This should be made available on the B&H CCG website)
- Referrals which are not appropriate for a community service to be returned to source of referral within one week

Discharge processes

- The provider will issue a discharge report within 2 days of discharge to the referrer at the conclusion of the course of treatment, whether this is after counselling or after the procedure has been carried out. This will include patient details, assessment and details of whether this was for counselling only or counselling and procedure. The report should also include whether semen samples have confirmed sterility, whether the samples have not been received or whether the patient has been referred on to secondary care.

Other Key Enablers

Patient Safety

The Provider will comply with policies and procedures on:

- Infection Prevention and Control
- Complaints and compliments
- Management and reporting of all incidents, including serious untoward incidences (SUI's) and near misses
- Never Events occurrences
- Risk assessment and risk management
- Information Governance
- Meeting the duties of equality legislation
- Safeguarding Adults
- Data protection
- Patient Advice and Liaison (PALS)
- Quality Assurance/ maintaining good practice
- Faculty of Family Planning & Re-productive Health Care Standards
- Clinical and Professional Development (CPD), supervision and training

Staff and Training

A provider may be accepted for the provision of this service if it has a partner, employee or subcontractor, who has the necessary skills and experience to carry out the contracted procedures in line with national guidance e.g NICE Guidance Vasectomy occlusion techniques for male sterilization. Reference: <https://cks.nice.org.uk/contraception-sterilization#!scenario>

Clinicians performing vasectomies should be competent in resuscitation and, as for other areas of clinical practice, have a responsibility for ensuring that their skills are regularly updated. Doctors/surgeons carrying out vasectomies should demonstrate a continuing sustained level of activity, conduct regular audits, be appraised on what they do and take part in necessary supportive educational activities in accordance with the clinical governance requirements of this service.

- The provider will ensure that staff are appropriately trained and refresh their training and keep up to date with best practice.
- The provider must co-operate in providing opportunities for training of secondary care staff as requested.

Nursing support

Registered nurses can provide care and support to patients undergoing minor surgery. Nurses assisting in minor surgery procedures should be appropriately trained and competent, taking into consideration their professional accountability and the Nursing and Midwifery Council guidelines on the scope of professional practice

Facilities

The Commissioners should be satisfied that Providers have such facilities as are necessary to enable them to provide vasectomy services properly.

The operating theatre will need to have the following in place:

- A couch
- Oxygen supply for emergencies
- Suction appliance
- Patient Monitoring equipment i.e. pulse oximeter
- A selection of appropriate Guedel airways
- A panic alarm (all staff will be aware of the procedure if bell sounds)
- include appropriate equipment for resuscitation

Sterilisation and Infection control

Although minor surgery has a low incidence of complications, it is important that providers providing minor surgery operate to the highest possible standards. Providers should take advantage of any of the following arrangements:

- sterile packs from the local compliant decontamination service
 - disposable sterile instruments
 - approved sterilisation procedures that comply with national guidelines
- In addition;
- The provider is responsible for the effective operation and maintenance of equipment.
 - The provider must have infection control policies and procedures that are compliant with national guidelines including the handling of used instruments, excised specimens and the disposal of clinical waste.

The Provider will have a nominated Control of Infection Champion. The Provider will carry out an annual audit of compliance with best practice in infection control and of compliance with the minor surgery checklist.

The Provider must undertake annual infection control audits and provide evidence of any actions taken as a result of completed audits

Where the Commissioners believe that the Provider is not complying with the terms of the

contract it should invoke a remedial notice.

Confidentiality

The Provider will be expected to demonstrate that the collection, storage and transfer of information to other services, including that in electronic format is secure in accordance with Information Governance requirements under the NHS Contract.

Consent

The Provider will be expected to operate a policy for obtaining informed consent that complies in all respects with the requirements of National Minimum Standards and the Private and Voluntary Healthcare (England) Regulations 2001 and any other relevant guidelines.

Competent informed consent is understood in terms of the client's ability to understand the choices and their consequences, including the nature, purpose and possible risk of any treatment (or non-treatment). In assessing competence the Service Provider needs to refer to the Department of Health (DOH) Reference Guide to Consent for Examination or Treatment (2001).

Service User Experience

A patient comment card is to be available by the provider at any time.

A patient survey is to be completed and submitted annually to the CCG.

The Provider should put in place an effective Complaints Procedure and have systems in place to monitor the incidence and outcome of all complaints and investigations regarding the service. An aggregated complaints report should be provided to the Commissioners on a quarterly basis to show number and nature of complaints.

Clinical Governance

The service will be led by a surgeon experienced in pre vasectomy counselling and carrying out vasectomy procedures. Clinical governance should be provided by supervision by a Urology consultant, with a programme of clinical audit and a governance framework. Any surgeon working in the service must perform at least 30 vasectomy procedures per year in order to be deemed competent.

In accordance with the NHS standard contract, the provider will be required to evidence an effective system of clinical governance, and put in place appropriate and effective arrangements for quality assurance, continuous quality improvement and risk management.

The Provider should be able to evidence a robust clinical governance framework that includes:

- Evidence of links to specialist services for supervision, training and complex case management.
- System of risk assessment and risk reduction.
- Systems for monitoring complaints.
- Reporting procedures for adverse incidents and significant events.
- Their approach to continually monitoring and improving patient safety.
- The Provider shall ensure that all practitioners provide nationally acceptable evidence of competence.

Patient Information

Patients and carers will receive information on what they can expect from the provider, details of appointments, chaperone facilities, confidentiality issues and contact details for the

clinicians.

Patients and carers will be informed of the vasectomy procedure, the implications, the possible benefits and risks involved.

Patients will be informed of the rationale for all onward referrals ensuring patients maintain their right to make choices.

All information will be available in a variety of communication formats to ensure that all those with visual or hearing difficulties or whose first language is not English will not be disadvantaged. Professional interpreters will be used as appropriate.

Other

- The provider will provide all equipment necessary to provide the service and will ensure its proper maintenance
- The premises will be appropriate to the clinical activities being undertaken.
- The provider will establish the skill mix to ensure the optimal availability of appropriate staff to meet, assess, diagnose, treat and inform patients whilst providing a value for money service.
- The provider will pay all costs associated with the service; the commissioner will pay the provider only for activity at the local agreed tariff, which does not include payments for appointments where the patient does not attend (DNAs).

Days/hours of operation

- The service will run on a basis of at least 1.5 sessions per week, to maintain the waiting time standard as specified. Patients will be given a choice of appointments.

3.3 Population covered

The service will be available to all male patients, over the age of 18, who are registered with a GP in the B&H area.

3.4 Any acceptance and exclusion criteria and thresholds

Inclusion criteria:

All adult males over the age of 18 who request it, are able to give consent, not acting under duress and are registered with a GP in the B&H CCG area and do not have any exclusion criteria. It should be made clear to patients that the NHS, other than in exceptional individual circumstances, will NOT fund reversal of the procedure.

Surgery should be delayed if the following conditions are present, until they are resolved:

- Scrotal skin infection
- Active sexually transmitted disease
- Balantis
- Epididymitis
- Orchitis

Exclusion Criteria

- Self-Referral
- Lack of consent
- Clinically unsuitable for procedure in a community setting
- Patients with any of the following: previous scrotal injury, large varicocele or large hydrocele, cryptorchidism, inguinal hernia, coagulation disorder. Such patients should be referred to secondary care.

3.5 Interdependence with other services/providers

- BSUH Urology.
- Referral Management Service provided commissioned by B&H CCG.

<p>Whole system relationships</p> <ul style="list-style-type: none"> The service should have strong links with primary care services and secondary care services, especially those provided by Brighton and Sussex University Hospitals (BSUH).
<p>4. Applicable Service Standards</p>
<p>4.1 Applicable national standards (eg NICE) Reference: https://cks.nice.org.uk/contraception-sterilization#!scenario</p> <p>4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)</p> <p><i>British Andrology Society April 2016 Post Vasectomy Semen Analysis Guidelines</i> http://jcp.bmj.com/content/early/2016/04/15/jclinpath-2016-203731.abstract</p> <p>Post-Vasectomy Semen Analysis Guidelines 2002. These guidelines should now only be read in association with the 2016 Guidelines. Reference http://www.britishandrology.org.uk/resources/policy-guidelines/</p> <p>4.3 Applicable local standards</p>
<p>5. Applicable quality requirements and CQUIN goals</p>
<p>5.1 Applicable Quality Requirements (See Schedule 4A-C)</p> <p>5.2 Applicable CQUIN goals (See Schedule 4D)</p>
<p>6. Location of Provider Premises</p> <p>Location(s) of service delivery The service is to be provided in a community setting in Brighton and Hove..</p>
<p>7. Individual Service User Placement</p>

SCHEDULE 4 – QUALITY REQUIREMENTS

A. Local Quality Requirements

Ref	Key Performance Standard Indicator STAFF	Target Threshold	Method and frequency of Measurement	Consequences of Breach	Timing of application of consequence	Applicable Service Specification
Codes of Conduct						
KPI 1	All staff to receive comprehensive training as specified within the contract and to include mandatory training. Training plans and training records must be kept up to date and available for inspection.	100%	Report from Provider monthly	None other than General Condition 9		
KPI 2	All new staff must receive Induction training within 4 weeks of starting work.	100%	Report from Provider monthly	None other than General Condition 9		
KPI 3	All staff to have been extended CRB vetted and passed in accordance with the GP Practice Policies.	100%	Report from Provider Quarterly	None other than General Condition 9		

NHS STANDARD CONTRACT 2017/18 and 2018/19 PARTICULARS (Full Length)

KPI 4	Equality and Diversity All staff must be respectful to the privacy, dignity and religious and cultural beliefs of the patient. Any concerns regarding this should be reported to the Contract Manager immediately.	100% compliance against statutory obligations	Report from Provider Quarterly	None other than General Condition 9		
KPI 5	Positive treatment of people with learning disabilities	100% compliance against statutory obligations	Annual report showing progress, success, barriers and issues	None other than General Condition 9		
KPI 6	Safeguarding children and vulnerable adults	100% compliance with Inter-agency safeguarding	Annual report to CCG. Annual results of audit of medical records and named nurse procedures	None other than General Condition 9		
KPI 7	Dress Code The Provider will provide its staff with a full uniform, which must be worn at all times, together with an identification badge. Staff to display a high standard of dress and hygiene and attain professional health clearance prior to engagement in service delivery	100% staff properly and presentably dressed in appropriate uniforms and work wear (including protective clothing and footwear where required) and wear identification badges at all times while working in the premises.	Report from Provider Quarterly	None other than General Condition 9		

NHS STANDARD CONTRACT 2017/18 and 2018/19 PARTICULARS (Full Length)

KPI 8	The Provider shall employ sufficient number of trained and competent staff. Cover for all types of leave must be built in.	100% Compliance around the level of staffing which should be adequate to deliver the Service described in the Service Specification	Monthly reports to CCG. Any failures to provide a full Service due to sickness or annual leave will result in financial penalties being applied	None other than General Condition 9		
KPI 9	The Provider shall provide an organisational structure identifying clear lines of accountability including leadership and supervision and contract and/or quality assurance manager.	This should be available to Commissioners and Carers at all times	Monthly reports to CCG of any failures to provide a full Organisational Structure due to sickness, annual leave or vacancy	None other than General Condition 9		
Ref:	Key Performance Standard Indicator QUALITY	Target Threshold	Method and frequency of Measurement	Consequences of Breach		
Local Quality Requirements						
KPI 10	Patient Experience	Planning and redesign of services to involve patient groups: Completion of patient survey, including: Privacy & Dignity measures, perception of staff communication, perception of timeliness and quality of service.	Quarterly evaluation report detailing the results of the survey, the key themes that have emerged and an action plan to address concerns or issues raised by patients and service users. Evidence of active and continual patient involvement in the review and redesign of carer support provision.	None other than General Condition 9		

NHS STANDARD CONTRACT 2017/18 and 2018/19 PARTICULARS (Full Length)

KPI 11	Complaints	95% compliance (2010 Policy) with replies within 25 days. Evidence that learning has been identified and implemented across the organisation.	Monthly performance report. Quarterly complaints reports to CCG to include changes in practice. Information must be available for discussion at the Service Quality Review Meeting.	None other than General Condition 9		
KPI 12	Proportion of Serious Untoward Incidents closed within 60 days and implementation of learning across the organisation.	100% where action plan	MINAP reporting	None other than General Condition 9		
KPI 13	Infection Control Champion	100% Compliance	The Provider will have a nominated Infection Control Champion who will provide an Annual Audit on Infection Control Compliance and against the Minor Op Checklist	None other than General Condition 9		

NHS STANDARD CONTRACT 2017/18 and 2018/19 PARTICULARS (Full Length)

Performance and Productivity				
Ref:	Key Performance Standard Indicator QUALITY	Target Threshold	Method and frequency of Measurement	Consequences of Breach
KPI 14	Time from Referral to Treatment	Referral rates will be monitored against the 18 weeks maximum Referral to Treatment time	Time from Referral to Treatment will be monitored against the National 18 week RTT. Analysis of data submitted monthly	None other than General Condition 9
KPI 15	The Provider to have completed an initial triage assessment of the referral to ensure the patient appears suitable for a community vasectomy service within 5 days of receipt of the referral	100%	Report from Provider Monthly	
KPI 16	Referrals not appropriate for a community service to be returned to source of referral within 5 days	100%	Report from Provider Monthly	
KPI 17	Patients appointment booked for an initial consultation within 4 weeks of the receipt of the referral	95%	Report from Provider Monthly	
KPI 18	Procedure booked to allow patients to have completed a 4 week "cooling off" period prior to procedure being carried out.	100%	Report from Provider Monthly	

NHS STANDARD CONTRACT 2017/18 and 2018/19 PARTICULARS (Full Length)

KPI 19	The provider ensures that all premises and equipment meet the required standards for delivery of an invasive vasectomy service.	100%	Report from Provider Monthly	
KPI 20	Provision of post procedure advice including emergency contact details	100%	Report from Provider Monthly	
KPI 21	Percentage of semen samples completed between 16-20 weeks' time line within the quarter	95% Compliance. Evidenced through documented monitoring	Report from Provider quarterly	None, other than General Condition 9
KPI 22	Percentage of semen samples completed over 20 weeks' time line within the quarter	<5% tolerance	Report from Provider quarterly	None, other than General Condition 9
KPI 23	As a minimum standard, percentage of patients sent 2 letters and receive 2 phone calls requesting that the patient provide post vasectomy samples – at both 16 and 20 weeks.	100%	Report from Provider quarterly	
KPI 24	The provider must provide B&H CCG with quarterly data on the proportion of men who do not provide a post-vasectomy sample	<5% tolerance	Report from Provider quarterly	

NHS STANDARD CONTRACT 2017/18 and 2018/19 PARTICULARS (Full Length)

KPI 25	Completion of Vasectomy Care Pathway that each Patient will only be discharged (with a letter to the GP within 5 days) following 1 or 2 negative semen samples as agreed with the patient.	95% Compliance. Evidenced through documented monitoring and audit	Report from Provider Monthly	None other than General Condition 9
KPI 26	Patients referred onto secondary care with positive result after the 3 rd sample.	No more than 2%	Report from Provider Monthly	
KPI 27	All Pre & post-operative adverse events documented & reported to commissioner To include: <ul style="list-style-type: none"> • Excessive pain • Haematoma • Infection 	100%	Report from Provider Monthly	
KPI 28	Communication / Advice to the patient regarding Counselling.	100% compliance Evidence through documented monitoring and audit	Report from Provider Monthly	None other than General Condition 9
KPI 29	Patient's partner to be offered counselling as part of the Best Practice care pathway process	100% compliance Evidence through documented monitoring and audit	Report from Provider Monthly	

Comment [N1]: Is this an accurate assumption -2%?

Data Quality Improvement Plan

Ref	Performance Standard Indicator QUALITY	Target Threshold	Method and frequency of Measurement	Consequences of Breach
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NHS STANDARD CONTRACT 2017/18 and 2018/19 PARTICULARS (Full Length)

KPI 30	All reports submitted to the trust must be accurate and delivered in the agreed timeframe.	Evidenced through documented monitoring and audit	Minimal Monthly reporting to the CCG, however ad hoc reports may be requested at any time	None other than General Condition 9
KPI 31	The Provider will capture all DNA's of 2 or more as part of ensuring the Service Productivity is not compromised	Evidenced through documented monitoring and audit	Report from Provider Monthly	None other than General Condition 9
KPI 32	Audit	Robust evidence of the continuous cycle of improvement implemented within the Service as a result of audit activity	Annual audit calendar with an annual evaluation report detailing the key themes that have emerged.	None other than General Condition 9

