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**Service Specification for the Removal of Cervical Polyps**

**Period: 1st April 2017 to 31st March 2018**

**Date of Review: Annual**

**Introduction**

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients.

This specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services.

No part of the specification by commission, omission or implication defines or redefines essential or additional services.

**Background**

Cervical polyps can cause intermenstrual and post coital bleeding. Some are asymptomatic and found at a routine cervical smear. Best practice is to remove polyps to prevent symptoms and exclude malignancy, which is estimated at 1.7%.

Currently some practices provide this service to their own patients but other practices refer into secondary care. This specification allows practices to remove the cervical polyps of their own patients as well as the opportunity to offer this service to all patients registered with a GP in Doncaster.

This specification will offer a primary care based service for patients, which will reduce referrals into secondary care for procedures that are suitable to be performed in a primary care setting.

**Aims**

Providing this service in a primary care setting will:

* Reduce inpatient and outpatient waiting times
* Provide an alternative to secondary care to all Doncaster patients (choice)
* Equity of care across Doncaster – all patients able to choose treatment in a primary care setting in a convenient location
* Provide a cost effective service

**Service Outline**

This service is intended to provide within primary care, the facility to remove cervical polyps.

The service provider must be able to demonstrate its ability to deliver the activity agreed and show that this will not be detrimental to essential or additional services provided to their registered patients.

The service provider must be able to demonstrate appropriate training and experience, have premises, which fully meet the required standards for treatment rooms as specified by the CCG.

Patients will be offered an appointment within 4 weeks with a service provider who will carry out the initial assessment to establish each referral is clinically appropriate before the procedure is performed.

The patient will attend the referring practice for any aftercare unless suitable arrangements have been made with the practice providing this service.

Referrals for non-registered patients must include as a minimum details of the referring GP, patients name, DOB, NHS number, contact details. The attached referral forms should be used for each referral and as a clinical record.

The service provider must supply the referring practice details of the assessment and treatment within 1 week of completion.

The service provider must ensure that all histology reports are copied back to the referring practice to action accordingly with a recommendation regarding any further course of action that would be appropriate.

Patients should be fully informed of the treatment proposed.

The patients should give written consent for the procedure to be carried out and the consent form filed by the provider with the ‘referral and clinical record’.

#### Accreditation

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 of working in a Gynaecology Unit and demonstrate on-going activity in this field to maintain competency.

In accordance with Good Medical Practice Guidelines those interested to provide this service need to self-certify that they have the appropriate training and experience and that they will abide by the good medical practice guidelines and ensure that they keep their knowledge and skill up to date throughout the time that they are providing this service.

**Performance and Payment**

Activity data should be submitted on a monthly basis to the CCG

The practice will be required to submit audit information on request.

Activity should be submitted within 14 days of month end for activity undertaken in month.

Activity for March 2018 should be submitted within 7 days of month end. DCCG reserve the right to withhold payment on activity not received within these time scales

**Referral and Clinical Record for Removal of Cervical Polyps**

###### Referrer to complete

Patent Details Referrer Details (use Stamp)

Surname ………………………………. Name

Forename ……………………………….. Surgery

Date of Birth…………………………….

NHA No …………………………………

Address………………………………….

…………………………………………… Contact No

Post Code…………………

Telephone………………………

Provider to complete

Assessment Notes

Procedure Notes

**Request form for histological examination must contain referring GPs details**.

Aftercare Notes

**Details of Items Used in Procedure**

Non Disposable (including Pack ID and sterilisation sequence and cycle audit trail)

Disposable (Including product or drug batch number and details)

Following completion of treatment a COPY of this form should be returned to the referring practice. The original should be retained by the Provider with the consent form