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**Service Specification for Routine Ring Pessary Change**

**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**

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 procedure has traditionally been carried out in hospital gynaecology departments which are less convenient for patients and less cost effective than provision in primary care.

**Aims**

Providing this service to all patients registered with a Doncaster GP would:

* Help reduce inequality of care across Doncaster
* Provide convenient primary care locations for all patients
* Offer choice for all patients
* Provide a cost effective alternative to secondary care supporting national and local CCG priorities and ensuring value for money

# **Service Outline**

This service is intended to fund the routine changing of ring pessaries by general practice staff once the patient is happy with the treatment and a suitable size has been established and fitted by a clinician with specific gynaecology experience or training. This specification does not cover pessary changes provided by staff, such as district nurses, not directly employed by the practice.

A check of the ring pessary after fitting is suggested at 6 weeks and thereafter annually.

#### Accreditation

Practitioners involved in the delivery of this service will be appropriately trained and competent and, as per Good Medical Practice, 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