

Local Enhanced Service Specification:

Ring Pessary

Service Specification No.	
Service	Vaginal pessary for pelvic organ prolapse
Commissioner Lead	Lancashire and South Cumbria ICB
Provider Lead	GP Practices in Lancashire and South Cumbria
Period	1 st May 2025 – 31 st March 2026
Date of Review	To be reviewed annually

1. Population Needs and Background

NHS Lancashire and South Cumbria ICB covers 196 GP Practices and has a total registered population of 1,853,016 (as of Jan 2024) patients.

The scope of this specification will cover all 196 practices and registered patients that live within the geographical area of Lancashire and South Cumbria.

The ambition of the commissioner is to secure the highest quality and most responsive services for local people that are clinically effective and safe but also importantly are consistent and equitable to the population that we serve.

This specification describes the Local Enhanced Service (LES) for Ring Pessary to be provided within primary care. A vaginal ring pessary is an effective treatment for utero-vaginal prolapse and is more appropriate for some patients than surgery. The procedure is suitable for primary care provision. This specification is intended to cover the enhanced aspects of clinical care of the patient, which are beyond the scope of GMS essential services and the quality and outcomes framework.

All practices are expected to provide essential and those additional services they are contracted to provide to all their registered patients. This Local Enhanced Service (LES) specification for Ring Pessary outlines the more specialised services to be provided.

The ICB wishes to ensure that Vaginal Ring Pessary (insertion and ongoing management) services are readily available in Primary Care. A practice-based service will provide more convenient and timely care to the patient.

It has been recognised that the provision of a Vaginal Ring Pessary service (insertion and on-going management) in primary care has significant benefits to patients which include:

- Greater patient convenience
- Timely service
- Treatment and management that is compliant with UK National Pessaries guidelines
- Minimal travel

- Available expertise already present in primary care
- Holistic approach to patient care.

The following principles underpin the service:

- Most of the care should take place as close to the patient's home as possible.
- Practices can work in partnership to provide a comprehensive local service.
- Where GP practices do not wish to provide the service, other providers will be available to provide in their area.

To ensure locally enhanced services (LEs) are accessible to as many patients in Lancashire and South Cumbria as possible:

- Practices may choose to put buddying arrangements in place, in agreement with another practice (or practices) where it is appropriate to do so.
- Practices may choose to deliver services at PCN level (with the agreement of the other practices in the PCN).

No part of this specification by commission, omission or implication defines or redefines essential or additional services. This service must be provided in a way that ensures it is equitable in respect of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

2. Scope & Service Standards

The aim of the service is to deliver a universal enhanced offer to patients in Lancashire and South Cumbria, setting out the services that General Practice are expected to deliver to their registered patients under this specification.

This service aims to improve access to ring pessaries in primary care and reduce the need for patients to attend secondary care.

2.1 Aim

The purpose of this service is to provide an alternative to surgical treatment for patients with symptomatic vaginal prolapse that is provided in Primary Care. The service will be provided in the following:

- Permanent use in patients in whom surgery is contraindicated or patients who refuse surgery.
- Temporary use in patients who are awaiting surgical intervention or in patients whose prolapse is likely to resolve spontaneously, e.g. pregnant patients.

The aim of the specification is to ensure that:

- A comprehensive primary care based vaginal ring pessary (insertion and ongoing management) service is provided that is an alternative to surgery.
- Pressure on secondary care services is relieved
- A much more convenient service is provided for patients
- There is equity of patient access to this service

2.1.1 Data Collection and Record Keeping

The provider must ensure that details of the patients monitoring as part of this service is included in his or her lifelong record. If the patient is not registered for primary medical services with the provider of this service, the provider must send this information to the patients registered General Practitioner for inclusion in their lifelong medical record. The Provider will report on a quarterly basis the number of patients undergoing procedures using the appropriate codes provided by the commissioner.

2.2 Service Description/Care Pathway

This Practice based service will ensure that clinical assessments of patients, including pelvic examination and the initial fitting of the ring pessary, along with the provision of appropriate advice to the patient.

Arrangements are in place for short term follow up appointments to deal with any immediate complications:

- A follow up appointment at 4-6 weeks after a first fit to check/review is recommended as per UK National Pessary Guidelines
- Long term follow up appointments to include a review of any side effects and including a vaginal examination to exclude local complication
- Regular removal for cleaning and / or regular replacement of the ring pessary at intervals no longer than 6 months
- A record of patients to whom this service is provided
- A register of all patients with a ring pessary in situ using the SNOMED codes provided by the commissioner
- A review of patients treated within the service who have not attended for follow up appointments
- A service being provided during core opening times for the practice (as detailed in the regulations) or during hours agreed by the Commissioner for example extended hours surgeries
- Provide the patient with information regarding vaginal ring pessaries insertion and ongoing management and who to contact with any queries
- Fit, monitor, check and remove ring pessaries as appropriate
- Provide regular 3-6 monthly assessments, where the pessary is removed, washed and reinserted, and the vagina examined. Each pessary may be re-inserted up to four times
- Offer an annual review for those patients who are self-managing pessaries
- Provide information about follow-up

If a practice provides the service for another practice's patients then the referring practice should provide the relevant completed request form containing patient information etc.

The Provider must notify the detail of the service being provided to the Practice where the patient is registered

2.3 Population covered

NHS Lancashire and South Cumbria ICB covers 196 GP Practices and has a total registered population of 1,853,016 (as of Jan 2024) patients.

The scope of this specification will cover all 196 practices and registered patients along with temporary residents (where appropriate) that live within the geographical area of Lancashire and South Cumbria.

Patients must meet the acceptance criteria of the service

2.4 Any acceptance and exclusion criteria and thresholds

Exclusions:

- Any patient not registered with a ICB GP
- Patients under 18
- Patients deemed inappropriate for use of pessaries to manage prolapse as determined by recommendations for assessment, management and treatment in NICE Guideline (NG123) as above

Acceptance:

- Patients who require ring pessary services

2.5 Interdependence with other services/providers

The provider is expected to work with future pelvic health services/providers.

2.6 Applicable national standards (e.g. NICE)

This specification intends and expects compliance with the relevant standards of quality and safety across all provided regulated activities. This will be through registration with the Care Quality Commission. The new system is focused on outcomes and places the views and experience of people who use services at the centre. The new regulations are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009 and the Care Quality Commission (Registration) Regulations 2009. These regulations replace:

- 1) National Minimum Standards, and
- 2) Standards for Better Health

2.7 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

[UK Clinical Guideline for best practice](#)

2.8 Applicable local standards

2.8.1 Facilities

Providers must have policies in place that comply with current national guidelines. This should include:

- Provision of an appropriate room fitted with a couch
- Infection Prevention

- Disposal of clinical waste
- Provision of an appropriate room fitted with a couch and adequate space for resuscitation
- Equipment for resuscitation
- Provision of sterile surgical equipment and other consumables

2.8.2 Staffing

The provider will ensure that its employees and agents comply with all relevant legislation; codes of practice and regional and national Guidance; and when required provide evidence of such compliance and the providers documentation. The Provider will be responsible for employing adequate numbers of suitably trained and qualified staff to execute this contract and involve continuing professional development and registration.

2.8.3 Protocol

The contractor should have in place a protocol which outlines the actions and systems necessary to undertake the vaginal ring pessary (insertion and ongoing management) service. This should define the roles and responsibilities of each individual involved in the programme and the timescales for delivery and should be in line with UK National Pessary Guidelines.

2.8.4 Accreditation and Training:

GPs and practice nurses who have previous experience of fitting ring pessaries and who satisfy at appraisal and revalidation that they have the required continuing medical experience, training and competence as is necessary to enable them to provide this service shall be deemed professionally qualified to do so.

3. Applicable Quality Requirements and CQUIN goals

3.1 Applicable Quality Requirements

Practices which take part in the scheme must demonstrate that service provision is of high quality, evidence based, safe and effective, with robust governance systems and safeguards in place, staff have received appropriate training and equipment is maintained to the highest standard. Practices may be required to provide commissioners with assurance that services provided are within the criteria of the contract general conditions, service conditions and particulars.

The Service Provider will notify the ICB Quality Services Team of all serious incidents. These must be reported by the service provider within one working day of the information becoming known to them.

The service provider will participate in a review of any serious incidents notified to the Head of Quality Services and demonstrate that any learning from the incident is acted upon to minimise future risk.

4. Location of Provider Premises

It is the obligation of the provider to secure premises for service delivery. The

provider has the opportunity to use their own facilities within a practice or access current NHS accommodation in Lancashire and South Cumbria managed and accessed through NHS Property Services.

5. Finance

Payment

- First fit £55.47
- Removal/change £47.22 per wash and reinsertion (max of 4 visits per 12-month period).
- Additional visit will be made when clinically assessed.
- Information to be provided in monitoring.
- Inter-practice patients £10.00
- Domiciliary visit £64.79

The provider will need to submit monthly claims stating the number of items detailed above that have been provided to patients under this specification.

Fraud Policy

In the event of suspected fraud or other illegality being uncovered at any stage the ICB will implement the ICB Fraud Policy and will investigate.

Information supporting reported activity and monitoring information must be made available to the ICB or its representatives upon request. Failure to provide this information, or the provision of incomplete or inaccurate information, may result in suspension of payments or clawback, as well as further investigation by the ICB and its representatives.

6. Contract and Monitoring Arrangements

The provider must supply the ICB with such information as it may reasonably request for the purposes of monitoring the provider's performance of its obligations under this service level agreement.

As a minimum this will include:

- Details of activity on all services in line with claims made. Activity should be recorded using the appropriate READ/SNOMED codes and an appropriate Data Quality Template will be supplied by the commissioner to support automated extraction, where possible.
- All details regarding data quality and submission of data can be found in the supporting Technical Guidance Document.