

FAQs for Ring Pessary Fitting

Q: What training will be available for Fitting and management of Ring Pessaries?
A: Ring Pessary Training is currently being developed, and when this is available details will be shared with practices as soon as possible
Q: What supporting guidance is available for fitting and management of Ring Pessaries?
A: UK National Pessary Guidelines (endorsed by many professional bodies). Comprehensive guidance and information - uk_pessary_guideline_final_april21.pdf
Q: What patient information is available?
A: Comprehensive patient advice and information - uk_pessary_guideline_final_april21.pdf
Q: What evidence of training do I need to provide if I am already fitting, and have been doing so for a number of years?
Certificate of Attendance at approved in person Ring Pessary Training Course (which is in line UK Clinical Guideline for best practice in the use of vaginal pessaries for pelvic organ prolapse) or evidence of supervised clinical practice/training Attendance at training within a year of commencement of LES would be good practice
Q: Will it be possible to receive training to fit other types of pessary/complex fits?
A: Complex pessary fitting training is available from national professional bodies
Q: If our Practice does not have trained fitters, where will our patients access ring pessary fitting?
A: Practices will be able to arrange an Inter-Practice referral to another Practice for patients
Q: If a new fit patient needs multiple visits to get a fit and sizing correct, will we be paid for all activity?
A: Yes
Q: How many trained fitters should we ideally aim to have at our Practice?
A: 2 to avoid single point of failure where this is possible.
Q: Can a 4–6-week check be held as a telephone appointment, if the patient is fully able to self-manage?
A: National guidance that will be added to the spec states face-to-face, however it should be offered, and will unlikely mandated, but is being reviewed currently and finalised with the spec.
Q: Can the LES incentivise the most sustainable option – which is patient self-management. Otherwise, it is likely women will be encouraged to attend for the maximum claimable times per year. Milex pessaries are licensed for 3 years of use and there is good evidence and lots of support for patient self-management. As well as helping the environment, this would be likely to ake significant savings for the ICB and have already been tried in other ICBs
A: Many women who require ring pessaries will be unable to self-manage, but this is possible for a limited cohort. There are alternative types of pessaries that women can self-manage more easily (I.E cube).

Q: If a patient has had ring pessary insertion or removal done and it was not in primary care (ie in a clinic) -how should these be coded so that they are not included in the searches/claims?

A: The searches exclude anybody seen in gynaecology, inbound documents, scanned documents or externally entered note. It includes GP Surgery, Face to Face or Enterprise Consultations only.

Q: Is there a document with written instructions on how to work out the numbers for example for ring pessaries for guidance?

A: There is information in the technical guidance for more details contact your Data Quality Specialist

Q: Do the searches include Care Home visits and Home Visits or are they relying on the Remote care monitoring box being ticked?

A: The remote care monitoring needs to be ticked on the same date as any of the ring pessary procedure codes to indicate that this has been completed as a domiciliary visit.