

SCHEDULE 2 – THE SERVICES

DRAFT : Version 2

A. Service Specifications (B1)

Mandatory headings 1-4. Mandatory but detail for local determination and agreement
Optional heading 5-7. Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	02_GMS_57
Service	Vasectomy
Commissioner Lead	General Medical and Surgical CCP
Provider Lead	Review Design and Delivery (West/Medical and Surgical)
Period	1 ST April 2014 to 31st March 2016
Date of Review	30th September 2015

1. Population Needs

1.1 National/local context and evidence base

Discussion of sterilisation is a routine part of contraceptive advice offered by health professionals. Vasectomy is indicated when a man wishes to make a permanent and irreversible decision that they should never subsequently conceive a child of their own. It is a voluntary act with the request coming from the man wishing to be rendered.

The Office of National Statistics indicates that 14% of couples (where the woman is younger than 50) use male sterilisation (vasectomy) as the permanent means of contraception. During 2012/13 there were 149,000 men who attended NHS community contraceptive clinics, a decrease of 11 per cent (18,000) on 2011/12 (167,000).

Royal College of Obstetricians and Gynaecologists' (RCOG) Male and Female Sterilisation evidence-based clinical guideline number 4 2004: <http://www.rcog.org.uk/womens-health/clinical-guidance/sterilisation-women-and-men-what-you-need-know>. This specification should be amended in line with any future guidance produced by the College.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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	

2.2 Local defined outcomes

- Provide community based Vasectomy Service
- Deliver care closer to home
- Reduce the number of vasectomies undertaken in the acute setting.

3. Scope

3.1 Aims and objectives of service

The aim of the service will be to provide male patients, registered with a Dorset general practice, above the age of 18 with a permanent¹ means of contraception when required.

The intention of the service is to manage patients within primary care, where appropriate, ensuring that patients are transferred to secondary care only when treatment needs secondary care services.

This service will include responsibility for ensuring that patients have received appropriate pre-treatment counselling and written information including details of other forms of long term reversible methods of contraception. The doctor performing the procedure is responsible even when discussion, examination and consent are undertaken by other healthcare professionals and will need to ensure that these have been carried out satisfactorily. The vasectomy procedure will be carried out in line with RCOG guidance.

The provider is expected to provide essential and those additional services they are contracted to provide to all their patients. Focused on the more specialised services to be provided this specification is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services and the Quality and Outcomes Framework or funded under other Enhanced Service provision. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

3.2 Service description/care pathway

Access to the service shall be via referral from the patients registered General Practitioner.

Services should be provided where clinically appropriate. In the first instance eligibility will be agreed if the patient is above the age of 18 years and registered to an NHS Dorset CCG practice.

Service design and delivery will reflect evidence-based practice and adhere to prevailing national or local clinical guidelines and protocols and such additional guidelines as set by the NHS Dorset CCG. Specific attention is drawn to The Royal College of Obstetricians and Gynaecologists (RCOG) produced guidance on Male and Female Sterilisation evidence based clinical guidance number 4 2004 <http://www.rcog.org.uk/womens-health/clinical-guidance/sterilisation-women-and-men-what-you-need-know>

The service shall carry out vasectomies via the no scalpel technique under local anaesthetic as recommended in the above guidance.

The service is specifically intended to offer vasectomies for patients that do not require secondary care. The service is not suitable for patients requiring specialist management. All referrals will be screened for suitability, and those that clearly require specialist management will be returned to the referring GP for referral to the appropriate service.

The provider shall offer advice on contraception and Chlamydia testing. In each case, patients will be fully informed about the procedure proposed including possible complications. The patient should give written consent for the procedure to be carried out and the completed NHS consent form should be filed in the patient's record.

Discharge planning will be as recommended by the Royal College of Obstetricians and Gynaecologists (RCOG) Male and Female Sterilisation evidence-based clinical guideline number 4 2004.

The provider shall ensure that service users receive verbal and written information on discharge, which explains the likely course of recovery. Symptoms indicating deviations from the normal course of recovery must be explained and the service users must be advised how and when to seek medical help. Service Providers will ensure that service users understand the information they have been given.

On completion of the procedure the Provider should ensure that the patient's GP is informed in writing of the date of vasectomy, noting any complications and any follow up instructions and that the patient is discharged appropriately back into the care of their GP. The Provider must send a discharge letter to the referring practice within five working days of completion of the procedure.

The Provider shall maintain good links with local secondary care providers to ensure that patients can be transferred smoothly between services when appropriate and should this be necessary.

The Provider shall ensure the patient receives the necessary specimen container, form for follow up semen analysis and written information/guidance regarding aftercare.

Post operative semen analysis will be carried out in line with guidance from the British Association of No Scalpel Vasectomists. One negative semen sample only at 16 weeks post operatively being required (Badrakumar, Gogoi & Sundaram 2000).

The Provider shall have procedures in place to ensure that pathology results are received, checked and followed up consistently and in a timely manner; including communication with the patient.

The Provider must ensure an appropriate record of activity is developed and maintained for audit and payment purposes and which meets the requirements of this specification.

Each episode must be recorded in the lifelong patient record.

Care Pathway:

See Appendix A: "Care Pathway for Vasectomy Service"

3.2 Any acceptance and exclusion criteria and thresholds

Patients explicitly excluded are:

- Any patient not registered with a NHS Dorset Clinical Commissioning Group General Practitioner
- Any patient below 18 years of age
- Any patient requiring specialist management
- Any patient with additional pathology requiring treatment i.e. Hydrocele or varicocoele
- Any patient where previous surgery could cause technical difficulty i.e. orchidopexy

3.5 Interdependence with other services/providers

General Practitioners (GPs)
 Secondary care vasectomy service providers
 Accredited andrology services
 Sexual Health and Contraceptive Clinic (SHACC)
 Genito-Urinary Medicine (GUM)

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

Providers shall be aware of and involved in the below networks and programmes as appropriate;

Royal College of Obstetricians and Gynaecologist guidelines, (RCOG)

Faculty of Sexual and Reproductive Healthcare (FSRH)

Andrology

The provider shall demonstrate compliance with the following national guidance

Code of Practice for the Prevention and Control of Infections and related guidance

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216227/dh_123923.pdf

NICE Clinical Guideline 2. Infection Control (2003) - Prevention of healthcare-associated infection in primary and community care

<http://www.nice.org.uk/nicemedia/pdf/cg2fullguidelineinfectioncontrol.pdf>

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

British Association for Urological Surgeons (2012) – Information for patients

<http://www.baus.org.uk/Resources/BAUS/Documents/PDF%20Documents/Patient%20information/Vasectomy.pdf>

The service design and delivery will reflect evidence-based practice and adhere to prevailing national or local clinical guidelines and protocols and such additional guidelines as set by the PCT. Specific attention is drawn to The Royal College of Obstetricians and Gynaecologists (RCOG) produced guidance on Male and Female Sterilisation evidence based clinical guidance number 4 2004 <http://www.rcog.org.uk/womens-health/clinical-guidance/sterilisation-women-and-men-what-you-need-know>

4.3 Applicable local standards

The service shall have an appropriate staffing structure in terms of skill, experience and numbers and shall be delivered by appropriately qualified and trained individuals.

The Provider will ensure that clinical staff are:-

- appropriately trained and experienced
- meet the CPD requirements of their professional and regulatory bodies
- are competent to deliver the service
- have regularly update their skills
- have access to appropriate supervision, mentorship and advice
- are registered with the relevant UK professional and regulatory bodies.

Clinicians 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.

Ensure that staff providing the service are suitably qualified and competent and that there are in place appropriate arrangements for maintaining and updating relevant skills and knowledge and for supervision

Ensure that lines of professional and clinical responsibility and accountability are clearly identified;

Ensure that all premises and equipment used for the provision of the enhanced service are at all times suitable for the delivery of those services and sufficient to meet the reasonable needs of patients or clients.

Demonstrate a robust information service/source for patients and review regularly based on patient feedback;

Ensure that patients are able to contribute to the planning of their own care and that opportunities for feedback are easily available;

Ensure that treatment, care and information provided is culturally appropriate and is available in a form that is accessible to people who have additional needs, such as people with physical, cognitive or sensory disabilities, and people who do not speak or read English.

Each episode must be recorded in the lifelong patient record.

The Provider must ensure an appropriate record of activity is developed and maintained for audit and payment purposes

The service should be available during the practices contracted hours (i.e. 8.00am to 6.30pm) for 52 weeks of the year and evidence should be provided that appropriate plans have been devised for cover of leave (both anticipated and unanticipated) and succession planning for staff turnover.

The Provider must inform NHS Dorset CCG at the earliest opportunity, if there is a significant disruption to the service in order that continuity can be maintained through an alternative provider.

The provider shall provide quarterly activity data to NHS Dorset CCG within one calendar month following the end of each quarter during the year. Activity data will include:

- Number of procedures performed for practice patients
- Number of procedures performed on behalf of another practice and name of referring practice.

The provider will audit annually:

- Service quality including provision of advice, any failure rates, infection rates and other complications
- Patient and referrer feedback/satisfaction
- DNA rates
- Any other performance measure as mutually agreed or nationally required

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

N/A

6. Location of Provider Premises

The Provider's Premises are located at:

7. Individual Service User Placement

ⁱ Royal College of Obstetricians and Gynaecologists 2004 states 1:2000 may result in a pregnancy.