

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification No.</b>	001
<b>Service</b>	Elective care services, including pre-operative and post-assessment care.
<b>Commissioner Lead</b>	Katie Rimmer
<b>Provider Lead</b>	Tracy Jackson
<b>Period</b>	2021 / 2023
<b>Date of Review</b>	July 2022

#### 1. Population Needs

##### 1.1 National/local context and evidence base

The creation of clinical pathways and specifications will be made where possible against published evidence based documents or systems. Furthermore, the provider shall undertake the review and update of specifications routinely on an annual basis or sooner if there is a change in regulation or evidence of best practice.

Where the provider wishes to use alternative evidence-based pathways or systems, these will be submitted to the commissioner and the provider shall demonstrate the methodology and provenance of the alternative system.

The intention is that the provider should be able to state their variance to that agreed pathway or system and should provide the supporting evidence for that variation or the rationale in support of the variation, which will be negotiated with the commissioner via the contractual process.

The Lancashire and South Cumbria Integrated Care System (L&SC ICS) is working towards place based commissioning principles; right care, right place, right time; in which there is a requirement to establish place based “systems of care” in which they collaborate with other organisations to address the challenges and improve the health of the population it serves.

This reflects the intention of the L&SC ICS and the Integrated Care Partnership (ICP) as the traditional CCG footprints and neighbourhood provision start to develop.

There is an expectation that the provider will adhere to any national and local clinical guidance /evidenced base practice in relation to services provided.

Any changes to such policies during the term of the contract will be managed under a contract variation in line with the contract guidance.

There is a requirement for a standardised approach to service delivery across all providers and a commitment to providing care closer to home by offering services in community settings which embraces the latest technology, maintains quality and strives to improve the patients experience and outcomes.

Providers need to ensure that clear and formal accountability processes and structures are in place to ensure a safe, effective and integrated continuity of clinical care for all patients.

It is the intention of the commissioner to allow the provider freedom to introduce innovation but for this to be systemised and measurable. Thus, the focus will be mainly on the differences and not conformity of the norm.

## 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

The provider will deliver a quality service which delivers better patient outcomes:

- The NHS patient can expect to experience an improvement of their clinical condition and pre-operative symptoms.
- Whilst undergoing treatment, the NHS patient will benefit from high quality patient centred care, resulting in a positive patient experience and measurable high satisfaction with the care that they receive.
- Levels of elective care services provision are maintained across the health economy.
- The delivery of the service will remain within agreed budgetary parameters.
- NHS patients will benefit from the choice of a named consultant-led team for elective care where clinically appropriate.
- Where in line with best clinical practice and where the NHS patient's general health allows, day case (as opposed to In-patient surgery) is performed.

## 3. Scope

### 3.1 Aims and objectives of service

The Clinical Commissioning Group (CCG) wishes to commission elective care services to maintain the provision of capacity provided previously under the Extended/Free Choice Network and E05 agreement(s). To deliver high quality, value for money elective care services in accordance with good clinical practice in respect of clinical services and in addition, good industry practice in respect of services other than clinical services.

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To maintain capacity that supports the indicative commissioned activity of the commissioner, thus ensuring delivery of the agreed referral to treatment times.

To maintain access to a range of elective care services thereby improving service users free choice of provider and control over their care and treatment.

To provide the service users with the choice of named consultant-led team for elective care where clinically appropriate.

To ensure the provision of safe and effective elective service provision to service users.

To continually improve the quality and value of care for service users in-line with current good clinical practice.

To achieve the agreed referral to treat waiting times.

To achieve and wherever possible, improve upon elective care services clinical pathways.

To maintain levels of capacity of elective care services for service users.

Management of the 18-week RTT is paramount to the delivery of service expectations and in line with national standards. The provider will work in collaboration with the commissioner to manage demand effectively and efficiently. This will be supported by performance reporting in line with commissioner expectations and highlighting areas of concern

*Source: Equity and excellence: Liberating the NHS, Gateway 14385, July 2010*

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### **3.2 Service description/care pathway**

The provider must be able to offer the full patient pathway for elective care services from the first outpatient appointment to completion of treatment. However, providers will also be required to accept referrals where the service user has already undergone an assessment and been diagnosed for treatment. Under such circumstances, the provider should continue with the agreed pathway for these referrals accepting the results of any prior diagnosis/assessment and testing, in order to prevent unnecessary duplication of said procedures. Under such circumstances, the provider will be expected to demonstrate that any duplication of said procedures was clinically necessary and evidenced in the patients notes.

The provider will ensure effective discharge home /community services in line with the principles of supporting early discharge and reduced length of stay.

The clinical objectives are for the provider to deliver high quality clinical services, that:

- a. Help People to Stay Healthy
- b. Empower Patients
- c. Provide the Most Effective Treatments; and
- d. Keep Patients as Safe as Possible

Facilities from which patients are treated must be appropriately registered by the Care Quality Commission (CQC) and meet all statutory requirements and be fit for purpose as required under the Care Standards Act 2000, and any other legislation that affects the nature of the accommodation for the type of services to be provided.

The services should be delivered in accordance with the guiding principles of the NHS, to provide a comprehensive service, available to all, free at the point of care, based upon need not ability to pay. The services should:

- e. Put patients at the heart of everything that the NHS does
- f. Focus on continually improving the things that really matter to service users – the outcome of their healthcare; and
- g. Empower and liberate clinicians to innovate with the freedom to focus on improving healthcare services

Source: *Equality and Excellence: Liberating the NHS*, DH Gateway ref: 14385, July 2010.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213823/dh\\_117794.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213823/dh_117794.pdf)

This specification promotes service user choice and aims for elective care services to be delivered from a range of accredited providers. It establishes an indicative case mix and volume of activity which is to be delivered as clinically appropriate, under sedation, local anaesthetic and general anaesthetic; and it allows for the associated pre and post-operative services necessary for good clinical practice to be delivered as part of a seamless pathway of NHS patient care.

For clarity, the term provider within this specification refers to each individual site from which an organisation wishes to provide services and each site must be compliant with the specification and each site will be expected to comply with all aspects of the contract at site level.

Specialities to be provided but not limited to are:

- a. ENT
- b. General Surgery (Including Vascular, Breast)
- c. Gynaecology
- d. Orthopaedics
- e. Ophthalmology
- f. Plastic Surgery
- g. Urology
- h. Gastroenterology
- i. Neurosurgery
- j. Pain Management
- k. Direct Access to Diagnostics
- l. Spinal Surgery

The contract is for the provision of services to patients who have been referred for planned secondary care services and whose clinical acuity is suitable for treatment in a standalone unit without intensive or high dependency care facilities.

All services will include, as required:

- a. Pre-treatment – referral processes; triage/clinical assessment; diagnostics; consultation; pre-treatment assessments and/or work-up
- b. Treatment – outpatient/ambulatory/in-patient treatment; joint assessments
- c. Recovery – therapeutic environment; therapy and service aids to recovery; self-care education to aid recovery
- d. Discharge – holistic assessment expected (as detailed within the Transfer and Discharge Policy Reference CN040 (Patient Journey Policy) within the contract) including psychological, physical and self-care capacity
- e. Follow-Up – specialist support post discharge, referrals to other general or specialist services such as GP or District Nurse, self-care requirements

**Efficient and Productive Service provision:**

- a. Ensuring efficient use of resources and avoidance of unnecessary appointments or services.

- b. Ensuring optimum use of available capacity through robust planning of clinics and minimizing of DNA rates.
- c. Provision of a high-quality workforce with knowledge and skills to manage the care of patients
- d. Access to services within agreed timeframes and effective triage processes
- e. Increased reported levels of satisfaction from GPs referring into the service

### 3.3 Population covered

The population to be covered should include all patients registered with a GP practice for which the host commissioner or any of its associates is the responsible commissioner.

Patients who fall out outside of the above scope may be seen, with the respective responsible commissioner invoiced separately under NCA (Non Contracted Activity) arrangements.

### 3.4 Any acceptance and exclusion criteria and thresholds

The commissioner or patient's GP may refer any NHS patient to the provider for the provision of clinical services, in line with the Terms and Conditions of this contract.

The commissioner or patients GP may refer any NHS patient to the provider's facility for the provision of clinical services, in line with the Terms and Conditions of this contract.

The provider will be expected to provide the clinical services in a manner consistent with the NHS Constitution.

Where the provider determines that the NHS patient is not suitable for receiving treatment in the provider's facility, the provider, acting in accordance with Best Clinical Practice shall:

- a. Refer the NHS patient back to the referring clinician if the proposed intervention is:
  - b. Not required in the opinion of the healthcare professional assessing the NHS patient
  - c. Not within the scope of the services to be provided by the provider in accordance of the agreement
  - d. Within one of the following exemptions listed within this specification, which includes but is not limited to the following
    - I. An excluded NHS patient
    - II. An excluded procedure
    - III. The referring clinician is not approved under the scheme referral protocol
- e. Following receipt of permission from the commissioner

Where at any point in the care pathway the provider determines in accordance with Best Clinical Practice that the NHS patient is not fit for surgery anywhere, the provider's obligation to comply with the referral to treat waiting times (RTT) shall cease in respect of that NHS patient and activity, upon the provider referring the NHS patient back to the NHS patient's GP and/or referring clinician (if different) with an explanation of why the NHS patient is not fit for surgery anywhere.

The referral to treat waiting times (RTT) continues if the patient still requires surgery but needs this doing elsewhere.

#### **Exclusion Criteria**

There should be no discrimination on the grounds of age, sexuality, gender, ethnicity or disability except for the following agreed exclusions

Exclusions:

The provider shall reject any referred service users during any period where:

- a. The physical status of the service user is not ASA1, ASA2, or ASA3 (stable) where the procedure is to be undertaken with general anaesthetic, save where the service user will not require general anaesthetic, or where clinical judgement suggests it is not in the patient's best interests to treat on clinical grounds.
- b. the service user has a body mass Index of more than forty (40)
- c. The service user is under the age of eighteen (18).
- d. At any time from the receipt date until two (2) business days prior to the date of the first out patient appointment, if the provider becomes aware that service user falls within any of the circumstances set out above the provider may, acting in accordance with Good Clinical Practice, reject the referral of the service user.
- e. The patient has an active psychiatric disease
- f. The patient has dementia

Where the provider rejects a referral, for the reasons set out, the provider shall within two (2) operational days of becoming aware of the circumstances, refer the service user back to the relevant referring clinician (or NHS Patient's GP if different) giving details of the reasons for rejection and record such reasons in the service user's records.

The provider will ensure effective referral management via robust triage and speciality allocation; this will be supported by a proactive approach to addressing poor referral detail; directly and via education of referrers.

The provider must follow the local agreed pathway in place with the local Trust if a cancer is detected during a patient's pathway.

**Procedure Exclusion Group:**

The following procedure groups are excluded from this Agreement:

- a. Clinically urgent procedures (being NHS Patients that require surgery within 10 days for a clinical reason).
- b. Procedures related to the treatment of malignant diseases
- c. Procedures related to transplant surgery
- d. Procedures related to maternity services
- e. Termination of pregnancy
- f. Surgery indicated to be for cosmetic reasons
- g. Any procedure that is likely to require critical care, unless the appropriate critical care facilities that meet the "Levels of Critical Care for Adult Patients" Standards and Guidelines (Intensive Care Society 2009) are available
- h. In vitro fertilisation treatment for an NHS patient
- i. The procedure or treatment is one of those highlighted within the current (and future) Prior Approval Policies which includes evidence-based interventions and thresholds for other procedures as published by the commissioner
- j. Any procedure or treatment for patients with dementia as the clinical infrastructure (i.e. nursing staff) to support this type of patient is not currently available

**Unsuitability:**

If the provider determines in accordance with Best Clinical Practice that the activity for which the NHS patient has been referred is:

- a. Not required in the opinion of the healthcare professional assessing the NHS patient
- b. Not within the scope of the services of the provider under this Agreement

The provider shall refer the NHS patient back to the referring clinician with an explanation of why the NHS patient is not suitable for the treatment by the provider.

### **Referral process**

The provider shall accept referrals through:

- a. The web-based interactive system, eRS
- b. Inter-provider Transfers from other NHS Providers of healthcare
- c. Written referrals from approved referral sources

Any patients requesting a transfer of pathway on a Private basis to NHS will need to be transferred across to the NHS provider. The referral to treatment (RTT) clock start will commence on the day the patient is received by the NHS provider. It is the provider responsibility to feedback this information to patients. However, if a suspected cancer or urgent cardiac issue was diagnosed this would indicate a consultant clinical decision for the transfer to NHS care and the GP informed.

The information will comply with national guidance on service user data requirements and the disclosure of such data. The following information will be made available to the provider for each service user referred into the service:

- a. Clinical Minimum Data Set:
  1. Presenting complaint
  2. Pertinent clinical information including indications, pertinent history, results of any diagnostic investigations and provisional diagnosis if available
  3. Current symptoms including duration
  4. Details of any previous treatment including medications given to the NHS Patient for the condition
  5. Relevant past medical history
  6. Details of current medications and any other known allergies (e.g. allergies to intravenous contrast)
  7. Details of any matter which the referrer considers could affect the nature of the service provided including social and local authority services
  8. Any special needs (e.g. interpreter required, disabilities requiring special handling, carer support)
  9. Body Mass Index
  
- b. Administrative Minimum Data Set:
  1. Basic contact information for the NHS patient including: full name (and title), sex, NHS Number, date of birth, address and postcode, home and daytime telephone number, evening telephone number
  2. Name, address, and telephone number of the referring clinician and any other health professionals who are to receive copies of the discharge summary
  3. Date of referral
  4. Any relevant factors influencing the NHS Patient's ability to receive and respond to communications including without limitation lack of fluency in english, visual or auditory impairments, etc
  
- c. Information appreciated at point of referral if known:
  1. Ethnicity
  2. Mobile telephone number for patient and email address
  3. Marital Status
  4. Blood pressure reading
  5. Referral CCG code, referring clinician practice code
  6. Name, address, and telephone number of the patients next of kin

## 7. Marital or civil partnership status

### 3.5 Interdependence with other services/providers

The level of responsibility of the stakeholders for the service user will change as the service moves through the care pathway. Initially, The GP will have a higher level of responsibility to ensure NHS patients enter the care pathway. This responsibility will change at the point of entry into the providers care pathway thereafter the provider will take the majority of responsibility for the NHS patient's care until final discharge occurs at the post-operative follow up assessment.

The provider will be expected to maintain an appropriate set of clinical protocols and guidelines to support the operational management of the service, which the commissioner will have access to and agreement on content. These should be reviewed on an annual basis or as required in line with development of best practice.

The clinical protocols and guidelines should include all services which will be provided to the provider and by the provider. These should specify the services and NHS patient pathways that could be used if the need arises, including referral on, with responsible persons and contact numbers, in order that all parties in the pathway, are aware of the arrangements that are made for:

- a. Access criteria including the commissioner's prior approval policy
- b. Care pathways
- c. Transferring of acutely ill NHS patients, including clinical emergencies
- d. Discharge arrangements
- e. Requests to follow up NHS patients
- f. Estates management
- g. Complaints procedure

The provider will be required to co-operate effectively with other relevant providers in the local health economy to provide seamless care for patients including but not limited to participating Clinical Commissioning Groups, Strategic Health Authorities, National Commissioning Board (NCB), community healthcare providers, social services, acute trusts and local GPs.

## 4. Applicable Service Standards

### .1 Applicable national standards (e.g. NICE)

- NICE Quality Standards and Guidance ([www.nice.org.uk/guidance](http://www.nice.org.uk/guidance))
- Code of Practice for the International Recruitment of Healthcare Professionals (December 2004) – applicable for overseas recruitment ([www.nhsemployers.org](http://www.nhsemployers.org))
- Developing medical regulation: A Vision for the future. Proposals for the licensing and revalidation of doctors in GMC publication ([www.gmc-uk.org](http://www.gmc-uk.org))
- NHS Constitution ([www.gov.uk/government/publications/the-nhs-constitution-for-england](http://www.gov.uk/government/publications/the-nhs-constitution-for-england))

The Royal College(s) and professional bodies published guidelines for the associated healthcare professionals involved in the delivery of elective care services, including:

- The Royal College of Surgeons – [www.rcseng.ac.uk](http://www.rcseng.ac.uk)
- The Royal College of Anaesthetists – [www.rcoa.ac.uk](http://www.rcoa.ac.uk)
- The Royal College of Obstetricians and Gynaecologists – [www.rcog.org.uk](http://www.rcog.org.uk)
- The Royal College of Nursing – [www.rcn.org.uk](http://www.rcn.org.uk)

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



Providers will be required to treat patients in accordance with Referral to Treatment (RTT) Standards, and any additional waiting time targets or measures as set out in the NHS Operating Framework.

The provider is required to comply with the relevant statutory bodies and competent authorities responsible for registration and monitoring of clinical activities. The provider will only be able to offer elective care services and any subsequent re-admissions relating to the original treatment or procedure that fall within the scope of services within their CQC registration and AQP accreditation for a particular facility.

The provider is expected to adhere to NICE Quality Standards to ensure that patients understand what service they can expect from their health provider, and commissioners have assurance that the services they are commissioning are high quality and cost effective.  
(<http://www.nice.org.uk/guidance>)

The provider is expected to be compliant with relevant NICE Technology Appraisals (TAG) where this is agreed and funded as part of the contract. This includes TAGs covering:

- Medicines
- Medical devices (e.g. hearing aids/inhalers)
- Diagnostic techniques (tests used to identify diseases)
- Surgical procedures (e.g. repairing hernias)
- Health promotion activities (e.g. ways of helping people with diabetes manage their condition)

The provider will be expected to comply with the recommendations contained within the relevant NICE Clinical Guidelines where treatment is part of an NHS PbR tariff as NICE and the Department of Health's tariff setting team identify the impact of guidance and adjust the tariff accordingly.

For NICE non PbR activity the provider and commissioner will need to calculate the financial implications and agree changes to service level agreements or contracts where necessary.

The provider will be required to provide discharge letters to patients on discharge and ensure they are sent to the patients GP practice within 24 hours as per clause 17 and Section C, Part 6.

The provider is required to operate robust clinical governance processes and procedures to ensure that services are delivered in accordance with Best Clinical Practice. The provider must demonstrate that clear lines of medical, clinical and managerial accountability operate at a corporate and facility level.

The provider will be expected to deal with clinical emergencies safely and effectively, with access to specialist trained staff supported by suitable equipment and emergency drugs in compliance with the Resuscitation Council (UK) Critical Care Guidelines

Source: *Equity and Excellence. Liberating the NHS. Gateway 14385, July 2010*

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### **4.3 Applicable local standards**

Ensure that sufficient staff with appropriate skill, training and competence are available to maintain patient safety at all times when patients are in the facility.

NHS referred patients should not be asked to provide credit card details, unless the patient has requested additional hotel facilities provided by the provider, which will be charged to the patient on a cost per case basis in the medium that the patient chooses.

Where a patient does not have debit or credit card, then this will not deter their clinical treatment, only the option of access to non-medical (hotel services) available from the hospital.

The provider is required to deliver elective care services in accordance with the Health and Social Care (Community Health Standards) Act 2003, the NHS Standard Contract; the NHS Operating Framework; Good Clinical Practice, Good Industry Practice and Good Health and Social Care Practice in such a way as to meet National and Quality Standards.

Providers will be required to comply with any changes in standards and legislation as set out in the NHS Standard Contract.

## 5. Applicable quality requirements and CQUIN goals

### 5.1 Applicable Quality Requirements (See Schedule 4A-D)

### 5.2 Applicable CQUIN goals (See Schedule 4E)

## 6. Location of Provider Premises

### The Provider's Premises are located at:

Spire Fylde Coast Hospital, St Walburgas Road, Blackpool, Lancashire, FY3 8BP

Garstang Health Centre, Kepple Lane, Garstang, Preston PR3 1PB

In respect of North East and North Cumbria ICB only: Spinecare  
Penrith Hospital, Bridge Lane, Penrith, Cumbria, CA11 8HX

## 7. Individual Service User Placement

<b>Service Specification No.</b>	002
<b>Service</b>	Diagnostic MRI for patients registered with a Blackpool or Fylde & Wyre general practice
<b>Commissioner Lead</b>	Katie Rimmer
<b>Provider Lead</b>	Tracy Jackson
<b>Period</b>	2022 / 2023
<b>Date of Review</b>	February 2023

## 1. Population Needs

### 1.2 National/local context and evidence base

The service provided offers a GP/MSK open access MRI scanning service to improve the management of patients with joint symptoms. The service offers MRI scan and report for the following:-

Blackpool Practices

- Knee
- Foot and ankle
- Hand and wrist
- Elbow
- Shoulder
- Achilles tendon
- Head
- Spine

Fylde and Wyre Practices

- Knee
- Head

## 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

- Shorter waiting time for patients requiring MRI joint scan
- Reduction in referrals to secondary care
- Maintain 6-week diagnostic target
- Maintain 18-week referral to treatment target

## 3. Scope

### 3.1 Aims and objectives of service

- Provide a GP/MSK direct access MRI scanning service to support them with the on-going management of patients with joint symptoms, within a primary care setting.
- Provide consistency across Blackpool / Fylde & Wyre GP practices with regard to the care of patients with joint symptoms.
- Provide Blackpool / Fylde & Wyre patients with the most appropriate service to support them in the management of their condition.
- Reduce referrals to secondary care.
- Reduce waiting times.
- To speed up turnaround times from referral to receipt by GP.
- To provide a safe environment for patients.
- To ensure the patient is as relaxed and comfortable (to ensure exactness of scan) as possible.
- A much-improved patient journey.
- To reduce costs elsewhere in the future pathway of the patient (to refer on or not)
- To providing the highest possible standards of care.
- To adhere to Department of Health and NICE Guidelines and be registered with the Care Quality Commission.
- To provide patients with the necessary information regarding their Magnetic Resonance Imaging scan and ensure that:
  - The patient's privacy, common dignity and confidentiality are always respected.
  - The patient can discuss health care matters with health care professionals of the same sex where possible. A chaperone is offered for all intimate examinations.

### **3.2 Service description/care pathway**

The provider is required to provide magnetic resonance imaging to patients who have been referred via their GP or MSK clinicians. This allows for diagnosis before the necessity of being treated conservatively or being referred onto a consultant.

The provider may only accept GP direct referrals for the areas outlined in 1.1, all other referrals will be filtered through the Musculoskeletal Electronic Triage and Clinical Assessment and Treatment service and referred by a GPwSI or ESP Physiotherapist.

MRI depicts (or excludes) injuries to soft tissues (muscles, tendons, ligaments, cartilage, and menisci) as well as revealing the extent of any bony injury. This obviously aids diagnosis, allowing the appropriate treatment to be commenced.

In cases where patients are unable to be scanned at the local clinic due to extreme claustrophobia, the European Scanning Centre service based in Manchester can be referred to. Pre-authorisation for such scans must be sought from the named commissioning lead at the ICB and invoicing should be made separately to the standard monthly invoicing process.

#### **3.2.1 General Overview**

Spire Healthcare LTH is committed to providing the highest possible standards of care. The clinicians work to Department of Health and NICE Guidelines and regularly monitor, assess and audit their service quality. The aim is to maintain high standards and implement improvements.

#### **3.2.2 Service Model**

- Open access MRI diagnostic scanning and reporting service for Blackpool / Fylde and Wyre patients suffering from joint symptoms including pain and restricted movement.
- Paper proforma completed by GP/Extended Scope Practitioners detailing patients' symptoms and joint to be scanned.

- Provider contacts patient by phone and agrees appointment within 3 weeks.
- If contact is not made by phone provider writes to patient requesting them to contact the provider.
- If no contact is made within 2 weeks, the provider will inform the referrer.
- Provider sends information to patient explaining scanning process, location of premises, directions (including car parking and public transport). The likely duration of scan, preparation the patient should make before attending, including suitable attire and any restriction of patient activities following the scanning process.
- Patients are required to complete a magnetic resonance safety questionnaire prior to scanning to identify contra indications to MRI.
- Appointment agreed within 3 weeks of referral date.
- Information transfer upon discharge is 10 working days.
- Patients informed that result of MRI scan in the form of a radiologist's report will be forwarded to the patient's NHS referrer within the 10 working days immediately following the completed MRI scan.
- Information given to patient regarding restriction of activities post scan when appointment is agreed.

### **Clinic Team**

The provider will ensure all staff are qualified to their role and are actively supported and encouraged through continued educational development. The consultant radiologists practicing from Spire Healthcare Ltd are required to be on the Specialist Register of The General Medical Council to satisfy stringent criteria and to be able to practice, whilst working in partnership with the clinic staff to develop and deliver high quality medical care.

Continued registration and accreditation to be maintained.

The provider will ensure that its workforce is able to meet the needs of the service including taking account of:

- Professional registration
- Criminal Records Bureau checks
- Appropriate skills and qualifications
- Mandatory training
- Training and development plans
- Making sure the clinical workforce can meet the needs of the patient
- Induction training for staff is in place
- HR policies are in place
- There is an appraisal system in place

### **Communication**

The provider is required to communicate effectively and regularly with service users, patient forums and key stakeholders.

The provider will make arrangements to carry out a referrer survey to ensure satisfaction with the service and will act upon any service improvements identified.

### **Quality Standards and Governance**

Please see matrix for full reporting requirements

### **Evidence Base**

- NICE
- Care Close to Home

### **Information Technology**

The provider will work in ways that support national and local programmes and utilises IT in a way that maximises patient care. The provider will have regard to:

- Implementation of a fully integrated IT system – N3 Compliant
- Connecting for Health
- eRS
- Communication and use of email systems
- Participation in PCT audits and data collection
- PACS System

### **Record Keeping**

Full records of all scans shall be maintained in such a way that aggregated data and details of individual service users are readily accessible. Records also to be kept on a suitable IT system to ensure all reporting requirements within this specification are achieved.

### **3.2.3 Care Pathway**

- 'Urgent and significant findings pathology pathway' to be implemented where clinically appropriate
- All patients receive an explanatory leaflet by post and are asked to contact Spire Healthcare Ltd to make an appointment at a time and date of their choosing.
- Numerous evening and weekend slots are available for persons in full-time work. Elderly patients are given appointment times which will allow them to complete their journey in day-light hours.
- On initial phone contact, patients are taken through a checklist to make sure they have no contraindications to MRI and any queries they may have regarding the MRI scan are answered.
- On attendance patients are asked to fill in and sign a formal checklist to ensure that they have no MRI contraindications. They are asked to remove any metallic objects and credit cards which are placed in a locker. The patient keeps the non-metallic key which may be taken into the exam room.
- A relative or friend may accompany the patient throughout the process – including going into the examination room. In such a case this guest must also fill in an MRI checklist.
- There are no special preparations either before or after the examination, so for example, the patient can eat and drink normally, take medication as per usual, drive immediately afterward.
- After the scan, the patient is asked to complete a satisfaction survey.
- A written report is sent to the referrer by nhs.net email.
- The written report gives indications as to whether the examination has been normal, abnormal but treated conservatively or to be referred on to a consultant.
- Feedback on certain examinations is asked for completeness

### **3.3 Population covered**

The target group is any resident who is registered with a Blackpool or Fylde and Wyre practice.

### **3.4 Any acceptance and exclusion criteria and thresholds**

This service is available to all patients who meet the referral criteria and accepts all clinically appropriate referrals without prejudice.

The target group is any resident who is registered with a Blackpool / Fylde and Wyre GP practice.

The service aims to reflect the needs of the patient and be delivered without discrimination of age, race, disability, gender or cultural and lifestyle differences, in a considerate and informed manner. There are policies and procedures in place to safeguard the well-being of both patients and staff.

**The following exclusions apply:-**

- Children under 16 years of age.
- General anaesthetic or parenteral sedation required
- Violent patients

**The following are contra indications to MRI:-**

- Patients with a known history of violence
- Pregnancy during the first 12 weeks
- Cardiac pacemaker
- Cochlear implant
- Cerebral aneurysm clips
- Metallic foreign body in the orbit of the eye
- Certain bio-metallic implants and neuro stimulators
- Metallic implants (most are safe but all will require safety validation)
- Programmable hydrocephalus shunts
- Haemostatic clips (most are safe but all will require safety validation)
- Heart valves (most are safe, but all will require safety validation)
- Cardiac stents (most are safe, but all will require safety validation)

Note – the provider shall ensure that an appropriate assessment is completed for all patients prior to an MRI scan to ensure that the presence of any of the above is both understood, and the risks assessed to determine whether an MRI scan should or should not proceed.

Unsuitable case-mix

Axial imaging, including:

Cardiac MRI

Interventional MRI, including MRI arthrography

Contrast enhanced angiography

Oncology patients

Liver imaging with ferrous contrast agents (e.g., Endorem)

Spines

### **3.4.1 Whole System Relationships**

The MRI scan is the tool used to diagnose the injuries that the partners (referrers) could be unsure as to the exact nature of. A report could include the need to refer on to either orthopaedics, rheumatology or physiotherapy clinics.

The success of this service will depend on the provider developing good relationships with general practitioners, local acute hospitals and established community services/ non acute service providers.

### **3.5 Interdependence with other services/providers**

See 3.2 and 4.3.

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (eg NICE)**

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

### **4.3 Applicable local standards**

#### Patient Contact

Upon receipt of a written referral, the provider shall attempt to contact the patient by telephone on at least three different occasions, each occasion being on different days and at different times of day.

The provider shall attempt to contact patients within 5 business days following receipt of referral. If unsuccessful in contacting a patient by telephone, the contractor shall post a letter to the patient within one week following receipt of referral.

#### Appointments

The provider shall provide patients with a mutually agreed appointment date and time which shall be scheduled within 3 weeks following receipt of referral unless the patient expressly requests a later date of appointment.

#### Patient Facilities

The provider shall always ensure that, the patient reception, waiting and all other amenities provided to the patient are maintained in a clean, safe and secure condition.

The premises of the provider shall be clearly identifiable to arriving patients.

Accessibility to and within the provider's premises shall comply with all relevant legislation including the Disability Discrimination Act 1995 including any and all subsequent amendments.

#### Waiting Times

The provider shall ensure that no patients shall be kept waiting on the provider's premises prior to being seen by the provider for more than 30 (thirty) minutes from their scheduled appointment time. The expectation would be for the majority of patients to be seen within 10 (ten) minutes of their scheduled appointment time.

#### Safety Screening

The provider shall ensure that a patient MRI safety questionnaire is completed and signed for by every patient proceeding for an MRI scan.

#### Managing Patient Expectations

The provider shall ensure that every patient is informed prior to leaving the provider's premises of the maximum time that will be taken by the provider to return a radiologist report to the patient's referrer.

#### Turnaround of Radiologist Report

The provider shall ensure that all radiologist reports are dispatched to referrers within 10 days following completion of the MRI scan, being accompanied with acquired MRI images where and in the form as requested.

#### Radiologist Reports

The provider shall ensure that the following information is provided in all radiologist reports issued to referrers:

- Demographics
- Referrer's name and address
- Clinical indications from referral form



- Scans and sequences undertaken
- Detailed findings
- Conclusion
- Reporting radiologist's name, contact details

#### Images

The provider shall ensure that the acquisition of images is kept secure in electronic format and that back-up copies are maintained daily.

#### Patient confidentiality, privacy and dignity

The provider shall at all times maintain the highest levels of patient confidentiality, complying with the NHS confidentiality code of practice.

The provider shall at all times aim to ensure the highest levels of privacy and dignity of all patients. The provider shall at all times respect the individuality and humanity of all patients referred through this agreement.

At all times, all patients will be treated by the provider in a courteous and professional manner. Appropriate consideration will be given to patients social, cultural and spiritual needs.

The provider shall ensure that all personal information pertinent to their examination is discussed with the patient in a confidential manner taking account of the appropriateness of the facilities in the setting.

Where possible, patients shall have their personal details discussed with them by a person of the same gender. The provider shall enable a family member or a friend to provide personal support to the patient during the examination where appropriate and considered desirable by the patient. No information will be passed to any third party by the provider within the express permission of the patient.

The provider shall at all times comply with data protection legislation including the requirements of the data protection 1984 including any and all subsequent amendments.

#### Complaints

The provider shall ensure that all patients are made aware of the complaint's procedure, ensuring that the process for making formal complaints is made clear to the patient.

Written complaints received by the provider shall be acknowledged in writing to the complainant within 2 business days and responded to in full within 20 business days.

#### Patient Satisfaction

The provider shall conduct patient satisfaction surveys in real time and information shall be available to commissioners.

#### Referrer Satisfaction

The provider shall ask a minimum of 50% of referrers to complete an annual referrer satisfaction survey, which will be made available to commissioners.

## **5. Applicable quality requirements and CQUIN goals**

### **5.3 Applicable Quality Requirements (See Schedule 4A-D)**

### **5.4 Applicable CQUIN goals (See Schedule 4E)**

## **6. Location of Provider Premises**

**The Provider's Premises are located at:**

Spire Fylde Coast Hospital, St Walburgas Road, Blackpool, Lancashire, FY3 8BP

Garstang Health Centre, Kepple Lane, Garstang, Preston PR3 1PB

In respect of North East and North Cumbria ICB only: Spinecare  
Penrith Hospital, Bridge Lane, Penrith, Cumbria, CA11 8HX

## **7. Individual Service User Placement**