

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification No.</b>	
<b>Service</b>	Community Gastroscopy Service
<b>Commissioner Lead</b>	NHS Lancashire and South Cumbria ICB
<b>Provider Lead</b>	
<b>Period</b>	1 <sup>st</sup> April 2021 – 31 <sup>st</sup> March 2024
<b>Date of Review</b>	1 <sup>st</sup> September 2021

#### 1. Population Needs

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

Over 1.5 billion diagnostic tests are undertaken every year and feature in four in every five patient pathways. Capacity in diagnostic services has not kept pace with the growth in demand with the number of patients referred for diagnostic tests rising by over 25% over the last five years.

It is in the best interest and more convenient for patients if services that are offered in secondary care can be provided locally. The provision of gastroscopy is one such service which if offered locally reduces waiting times, offers easy access for patients and reduces referrals into secondary care.

#### 2. Outcomes

##### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	<b>✓</b>
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	<b>x</b>
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	<b>x</b>
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	<b>✓</b>
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	<b>✓</b>

##### 2.2 Local defined outcomes

By commissioning a community-based gastroscopy service, it is intended the following outcomes will be achieved:

- To improve clinical outcomes for patients
- To improve patients' experience of gastroscopy services
- To provide a local service that is cost effective

- Reduction in number of endoscopy procedures performed in hospital setting
- Reduction in waiting times resulting in national targets being met
- Improved patient experience with unnecessary waiting times/follow up appointments
- Reduction in late presentations for diagnostics resulting in earlier diagnosis and treatment
- Reduction in first and follow up appointments
- Improved triage of patients into secondary care
- That a significant proportion of patients with the specified gastroscopy needs will be managed in the community
- To give patients the choice to attend a local service and that all patients will have the same choices of providers and of locations;

### **3. Scope**

#### **3.1 Aims and objectives of service**

The aim is to provide an effective, accessible and appropriate gastroscopy service within a local community Setting.

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

The provider is required to deliver a community based gastroscopy service within West Lancashire and must be flexible in the times and days the service is delivered.

This service will include:

- The undertaking of appropriate investigations and the diagnosis of conditions.
- The development of evidence-based protocols and patient pathways for common conditions/ procedures, which clearly demonstrate good outcomes for patients, in conjunction with other relevant professionals.
- Where relevant refer the patient to the appropriate professional for ongoing management of their condition/treatment, in line with current policies and guidelines and the agreed patient pathway.

The provider will take an active role in the education of GP's and other relevant professionals in the management of patients with gastrological conditions. This will be facilitated by the ICB with presentations at GP Learning events.

#### **Strategic Leadership**

The provider will:

Provide strategic leadership for gastroscopy to GP's and ICB.

This will include:

- Gaining an understanding of the relevant national and local priorities and policies.
- Representing the CCG in gastroscopy networks, where appropriate.
- Advise the CCG on all matters pertaining to gastroscopy services.
- Participate in CCG commissioning and modernisation processes.
- Development of agreed referral guidelines.
- Development of Primary Care component of patient care pathways.
- Informing practices of changes in relation to gastroscopy

## **Clinical Governance**

The provider will:

- Liaise with the relevant prescribing team and advise on the implementation of national and local guidance in relation to the relevant therapeutics.
- Develop and participate in frameworks for the clinical audit and evaluation of the service, ensuring the provision of relevant data.
- Cooperate with any audit on performed by primary or secondary care.
- Lead in the implementation of relevant national guidelines.

## **Referrals**

The route for referrals is via NHS eReferrals. The provider must have a procedure in place for the safe and effective handling of referrals, onward referrals, and all communication.

All referrals will follow the pathway attached in Appendix 1.

## **18 weeks**

The provider will be expected to comply with any 18 weeks requirements as necessary.

## **Patient consent**

The provider will ensure in each case the patient is fully informed of the treatment options and the treatment proposed. The patient should give written consent for the procedure to be carried out by completing the NHS consent form prior to the procedure taking place. The completed NHS consent form should be filed within the patients notes.

## **Histology**

Histology samples should be sent to Southport & Ormskirk Hospital NHS Trust.

Providers need to:

- Provide written notification to the Referrer of the outcome of the consultation or treatment.
- Routinely send all tissue removed for histological examination unless there are exceptional or acceptable reasons for not doing so.
- Contact the patient to notify of the histology outcome and any necessary follow up action.

## **Patient Discharge Information**

Information should be given to the patient on discharge, which explains the likely course of recovery, including any pain and bleeding which may occur. Symptoms indicating deviations from the normal course of recovery must be explained and patients advised how and when to seek medical help. This should be supported by written information.

A written report should be sent to the patients GP within 3 weeks of discharge to confirm attendance, treatment and outcome.

## **Patient Experience Monitoring**

All patients receiving treatment should be asked to complete an anonymous post satisfaction survey. The completed surveys should be collated and results forwarded to the

Commissioner on a quarterly basis so that they can be used to improve quality and further service development. The Provider will be expected to demonstrate evidence of having used the patient experience of using the service to make improvements to service delivery. The information gathered by the patient satisfaction survey should be taken into account when reviewing standards as part of clinical audit.

### **Review/Audit**

The provider should undertake audit and peer review of their gastroscopy work at least annually or at the request of the commissioner. Possible topics for audit include:

- Clinical outcomes;
- Rates of infection;
- Follow up rates;
- Referral rates of patients to specialists by the provider;
- Other topics as requested by the commissioner

The provider will develop and implement an action plan to address the findings of the audit. The results of all audits and associated action plans should be forwarded to the commissioner on completion of the audit and development of the action plan.

### **Patient Records**

The Service Provider must be able to produce accurate and comprehensive records for each patient referred into the Service. Information should comply with the National Information Minimum Data Set and will include:

- Patients NHS Number
- Patients Date of Birth
- Ethnicity
- Referring clinician
- GP Practice
- The number of DNAs
- Patient outcomes
- Details of any adverse events associated with treatment
- Details of onward referrals to Secondary Care

For the retention period for storage of records, the provider must refer to National Guidance

Providers must ensure that relevant entries and details of the patients monitoring are included in his or her lifelong record.

### **Staffing and Competencies**

The service provider will be required to provide sufficient qualified and appropriately trained staff to ensure that the service is provided in accordance with the Service Specification.

The practitioner within the gastroscopy service must:-

- Be a regional Consultant Gastroenterologist
- Maintain a logbook of clinical experience / personal development portfolio
- Be a member of a recognised medical defence union and ensure coverage to include the procedures undertaken within the Gastroscopy Service.
- Remain up to date professionally and pursue a programme of continuous professional development in relevant endoscopy practice.

- Attend at least 3 hours per year of local or regional audit meetings and contribute to local clinical audits at least once a year.
- Be competent and qualified in resuscitation, attend compulsory annual Basic Life Support/Anaphylaxis training, and provide certification
- Ensure that relevant certificates are available to be viewed by the Commissioner upon request
- The provider must be reaccredited by September 2020, a self-assessment must be prepared by the provider for re-accreditation which includes:-
  - A statistical summary of the service provided
  - Clinical audit data of the work of the individual provider and resultant actions of follow up and also data that has been collected to audit patients experience of the service (one audit per year for the 3 year reaccreditation period must be carried out)
  - Data that has been collected to audit patients experience of the service
  - A critical re-appraisal of the way in which the role of the individual practitioners within the service had initially been described, with a view to identifying any ways in which the quality of the clinical service they provide could be further improved in future.
  - A strategy for further improving the quality of the service through the next accreditation term, identifying explicitly the parameters within which the individual practitioners would work.
- Any additional training or development requirements.

### **Information/Data flows**

The Provider will supply the Commissioner with any data required to assist the Commissioner in meeting its statutory duty to provide information on its performance.

The Provider will ensure that all data used to monitor performance is of a high quality, robust and timely. The Provider must put the necessary actions in place to bring about improvement on any data especially where either the Provider or the Commissioner has concerns.

Services must be advertised in a sensitive, clear and professional manner. Information should be provided at the main referral points. Any information supplied to patients should indicate times, locations and range of services available.

### **Sterilisation and Infection control**

The service will comply with the national guidance for the decontamination of surgical instruments and take advantage of any of the following arrangements:

- Sterile packs from an accredited Sterile Service Department
- Disposable sterile instruments

The provider is responsible for adhering to the ICB infection prevention and control policies/procedures and disposal of waste policy/procedure.

The provider must comply with CQC guidance and the Department of Health's, Health Technical Memorandum 01-01: Decontamination of reusable medical devices.

### **Comments, Compliments and Complaints**

All comments, compliments and complaints relating to services provided by the Tier 2 Gastroscopy Service should be sent c/o Gastroscopy Service 70 Chorley New Road, Lostock, Bolton, BL6 4AL

Any complaint relating to the service will be dealt with in line with the NHS Complaints Procedure and will co-operate with the NHS Independent Review process used by the Healthcare Commission.

All complaints relating to the function of commissioning of the Primary Care Gastroscopy Service should be referred to the ICB Complaints Manager.

Each party will co-operate with any Independent Review process and will inform the other of any complaints relating to the Tier 2 Gastroscopy Service and their outcome.

### **3.3 Population covered**

All patients registered with a GP in West Lancashire will be eligible to receive services under this agreement.

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

#### **APPROPRIATE FOR THIS SERVICE**

- Routine and urgent cases
- Age range 18-80yrs
- Able to understand the procedure and consent for themselves (i.e. deemed to have mental capacity by the referring GP)
- Patients willing to have their procedures without sedation, i.e. Local Anaesthetic spray only
- Patients should be ambulant (mobile)
- Patients on warfarin and Novel Oral Anticoagulants (NOACs) can be accommodated though NOACs need to be omitted for 24 hrs, and those on warfarin should have an INR that is in therapeutic range

#### **NOT APPROPRIATE FOR THIS SERVICE**

- Age <18 yrs or age >80 yrs
- Patients on warfarin with a supra-therapeutic INR. This will be checked on the day of the procedure and documented via a Point of Care Test (POCT)
- Patients with a history of haematemesis or melaena
- Patients with known or suspected Chronic Liver Disease
- Patients with thrombocytopenia (platelet levels <100)
- Patients with severe anaemia (Hb <70g/L)
- Patients with inherited bleeding disorders e.g. Haemophilia, von Willebrand disease etc.
- Those who lack mental capacity and need delegated consent

The Provider shall ensure that the service offered is respectful and must not discriminate on grounds of age, gender, sexuality, ethnicity or religion. The service should be sensitive to the needs of patients whose first language is not English and those with hearing, visual or learning disabilities.

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

The service will routinely work closely with other providers in both primary and secondary care settings. Where a case is outside of the scope of the service, providers will work closely with acute hospital and primary care providers to ensure the appropriate care is provided to patients. The provider will ensure this is carried out in a timely fashion and does not delay treatment where treatment is required.

The majority of patients will be referred by and then returned to the care of their GP with minimal requirement for other service involvement. However, for a small number of patients serious pathology will be found and they will require onward referral to secondary care.

In addition, the service will be accessible to all clinicians and so will need to facilitate and develop robust two-way mechanisms for patients to move between different parts of the system when required.

#### **4. Applicable Service Standards**

##### **4.1 Applicable national standards (e.g. NICE)**

The provider will adhere to the following guidance:

- All relevant NICE guidance relating to gastroscopy.

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

The provider will follow the following guidance:

- Royal College of Physicians guidance;
- Royal College of Surgeons guidance;
- CQC Provider Registration

##### **4.3 Applicable local standards**

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

##### **5.1 Applicable quality requirements (See Schedule 4)**

##### **5.2 Applicable CQUIN goals (See Schedule 3)**

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

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

Alimentary Solutions Limited (ASL)  
Address: Charter House Pittman Way,  
Fulwood,  
Preston,  
Lancashire,  
PR2 9ZD

##### **All correspondence should go to:**

Alimentary Solutions Limited  
70 Chorley New Road, Lostock  
Bolton, BL6 4AL

**Service delivery is located at the following premises:**

Sandy Lane Health Centre  
Sandy Lane  
Skelmersdale  
WN8 8LA

Locations of premises are required to be accessible by public transport and parking facilities.

Premises must demonstrate compliance with all relevant Building Regulations and requirements, DDA Compliance and must be fit for purpose, clean and comfortable.

The provider must ensure that all premises have such facilities that are necessary to enable them to provide an efficient high quality gastroscopy service.

**7. Individual Service User Placement**

N/A



**APPENDIX 1**

**PATIENT PATHWAY**



