

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

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

All subheadings for local determination and agreement

<b>Service Specification No.</b>	1
<b>Service</b>	Non-Obstetric Ultrasound Services
<b>Commissioner Lead</b>	Dr Marianne Holmes, Dr Gary Free Jane Chapman
<b>Provider Lead</b>	
<b>Period</b>	3 years
<b>Date of Review</b>	1 <sup>st</sup> September 2018

<b>1. Population Needs</b>	
<b>1.1 National/local context and evidence base</b>	
1.1	<p>The NHS supports the need to develop improved access to diagnostic tests as part of the drive to reduce waiting times and improve choice options for Patients. The need to develop community based diagnostic services is supported by the Royal College of Radiologists and Royal College of General Practitioners as part of a service strategy to improve access to tests and ensure these tests are delivered at the right stage of the Patient care pathway. The overarching aims of the service are:</p> <ul style="list-style-type: none"><li>• To ensure Patients receive the right test at the right time and in the most clinically appropriate local setting;</li><li>• To ensure diagnostic testing is integrated across pathways of care, that the report and images follows the Patient and that there is no unnecessary duplication of investigation;</li><li>• To enable Patients and referring clinicians to access a choice of provision according to Patient choice, clinical need and relevant care pathway; and</li><li>• To ensure diagnostic tests are appropriate, necessary, clinically correct, of high quality, with timely access and reporting.</li></ul>
1.2	To develop local service provision as part of a diagnostic commissioning plan

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which aims to improve access and choice for Patients.

## 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

- 2.2.1 Patients reporting a high level of satisfaction of the service.
- 2.2.2 Reduced referral to secondary care and improved conversion rate – as proxy for increased appropriateness of referrals.
- 2.2.3 Improved targeting of referrals to right secondary care clinic first time – fewer Consultant to Consultant referrals

## 3. Scope

### 3.1 Aims and objectives of service

- 3.1.1 The aim of the service is to aid early diagnostics and avoid the need for unnecessary referral to secondary care, or to support the shift of activity in to a primary care setting, where this will improve access. Where there are clear secondary care clinical pathways with ultrasound as a core component, it is more appropriate for this diagnostic to be undertaken as an integral part of the clinical pathway.

### 3.2 Service description/care pathway

#### Referral

- 3.2.1 Referral shall be via the Choose and Book system. As a minimum referrals should be sent by secure email. The Provider shall be expected to be connected to the Choose and Book system (directly or indirectly bookable) at the earliest opportunity.
- 3.2.2 It is anticipated that the majority of referrals will be direct from General Practitioners or the Clinical Assessment Services. Some referrals may be received from secondary care following specific agreement with local Commissioners.
- 3.2.3 The Provider shall provide literature for GPs and referrers to assist them in the

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decision making processes associated with the most suitable type of diagnostic test for the Patient and presentation that will achieve the best and quickest diagnostic outcome;

3.2.4 The Provider shall contact Service Users within a maximum of [5] working days of acceptance of the referral;

3.2.5 The Service User shall be offered a choice of day and time of appointment that is convenient to them; (3 appointments on different days and times).

3.2.6 The Provider shall ensure Service Users have an adequate understanding of the proposed ultrasound scan before the appointment and any particular preparations that they will need to make, by providing written information in advance that explains the purpose of the ultrasound scan, what it involves and when and how they can expect to receive the results. This information should be reinforced on arrival at the appointment, consistent with the written information already received;

3.2.7 The Provider shall not discriminate between or against Patients or Carers on the grounds of gender, age, ethnicity, disability, religion, sexual orientation or any other non-medical characteristics. The Provider shall provide appropriate assistance and make reasonable adjustments for Patients and Carers who do not speak, read or write English or who have communication difficulties.

#### Assessment

3.2.8 The Provider shall provide triage of referrals to meet referral criteria and provide information within 1 working day where a referral does not meet the established criteria for examination;

3.2.9 The Provider shall undertake scanning within 10 working days of acceptance of referral and at an absolute maximum of 20 working days (4 weeks);

3.2.10 A minimum of verbal consent should be obtained for all Patients and should be recorded in the ultrasound report;

3.2.11 Service Users shall be offered the option of chaperone provision for the examination. The definition of intimate or invasive ultrasound may differ between individual Patients for ethnic, religious or cultural reasons and should be considered by the clinician.

3.2.12 The Provider will not usually provide the result of the diagnostic test at the time of the investigation, but will explain that a report will be sent without delay to the referrer. However, where the patient requests further information the operator will use their knowledge and discretion to determine the appropriateness of imparting the result within their scope of practice.

The Provider should be aware of the weight limit for various examination couches and ensure the appropriate equipment is available or make suitable alternative arrangements.

#### Report

3.2.13 A written clinical report shall be sent to the referrer (and the GP if this is not the same individual) within 2 working days following the examination and

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	maximum of 5 working days. The information should be communicated electronically via a secure network.
3.2.14	The Provider shall ensure that the Diagnostic Report is produced according to the guidance set out within the document 'Standards for the Reporting and Interpretation of Imaging Investigations' as published by the Royal College of Radiologists and as updated from time to time in the form agreed with the Authority, as a minimum;
3.2.15	The report will provide the referrer with a differential diagnosis wherever possible – This will be based upon the presenting complaint described in the referral and the objective findings of the scan;
3.2.16	If the sonographer requires input from a Consultant Radiologist, this shall be available within 24 hours of the investigation. This should be provided by a Radiologist with expertise and current involvement in Ultra Sound.
3.2.17	Patients with a suspected cancer are specifically excluded from this service. However, there will be occasions when a diagnostic study identifies a serious and/or unexpected pathology. The Provider will need to have a clear Patient pathway for this group of Patients, which will ensure that the referrer is made aware of the potential diagnosis and the report is expedited for onward communication and that the diagnostic images are immediately available for review within the secondary care institution. This would include an immediate telephone conversation with the referrer, in line with guidance set out within the document 'Standards for the communication of critical, urgent and unexpected significant radiological findings', RCR;
3.2.18	GPs or other clinical staff wishing to discuss individual cases shall be provided access to the reporting individual through a central contact number, this will be to offer the opportunity to identify the most appropriate examination and discuss clinical finds if required.
3.2.19	The Provider shall submit detailed protocols governing sonographer performance of ultrasound procedures; Evidence that these have been developed in concert with a radiologist expert in ultrasound shall be provided and that there is a programme of constant review of the examination protocols; sonographer will be expected to undertake regular audit and revalidation in keeping with the SCoR.
3.2.20	A clearly defined pathway for the images to be reviewed by a radiologist in concert with the sonographer where there is uncertainty about the findings or for example, when further imaging investigations are required;
3.2.21	The image and report is stored in electronic format, in accordance with The Royal College of Radiologist 'Retention and Storage of Images and Radiological Patient Data' publication ideally via a Picture Archiving and Communications System (PACS) system; and The image and report is forwarded, at no charge, to other Providers of NHS funded treatment applicable to the Patient care pathway, within a maximum of a 5 working days of the request and sooner if necessary to correspond with patient care needs. This will require connection to the National Image Exchange Portal (IEP).
3.2.22	Repeat requests for images and reports will be made available at no extra charge for the life of this contract.

### 3.3 Population covered

- 3.3.1 The Provider shall provide services to all Service Users registered with a General Practitioner in Stafford & Surrounds CCG, Cannock Chase CCG, East Staffordshire CCG South East Staffordshire & Seisdon Peninsula CCG.

### 3.4 Acceptance and exclusion criteria and thresholds

#### Acceptance

- General abdominal – includes assessment of the aorta, biliary tract, gallbladder, inferior vena cava, kidneys, liver, pancreas, retroperitoneum and spleen;
- Gynaecology – including transabdominal and transvaginal;
- Renal / bladder / prostate;
- Scrotal / testicular;
- Musculoskeletal; and
- Vascular – includes suspected DVT.

- 3.4.1 The referring clinicians should consider the appropriateness of the referral based upon the integral nature of the diagnostic and the clinical pathway, in their deliberations with the Patient, in their choice of Provider.

- 3.4.2 The Provider must offer assurance that the Professional performing the examination has sufficient module based training to undertake the particular scan. It is acknowledged that much of the practical and academic training of sonographers is module based. It is critical that the training and experience of the sonographer is relevant to the nature of the examination being performed.

#### Exclusions:

- Cancer – any Patient with suspected cancer should be referred through the two week wait referral pathway;
- Ultrasound guided procedures
- Obstetric care;
- Scans for: Breast; Cardiac Imaging; Chest; Ophthalmology; Superficial masses or lumps in the neck, axilla or groin; and Thyroid.
- Children under the age of 18; and
- Non-NHS Patients;
- Investigations of any potential clinically urgent or pathology (not cancer related).

#### DNA's and Patient Cancellations

- 3.4.3 Commissioner policy is that a patient who has failed to attend their first appointment on one occasion will be discharged and referred back to the GP.

Providers at all times shall ensure that:

- There is a Access, Booking and Choice policy in place
- Patients have been offered choice of appointment
- Patients are aware of the DNA rule when booking appointments
- the appointments were clearly communicated to the patient
- that discharging the patient is not contrary to their best clinical interest

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- the clinical interests of vulnerable patients (e.g. children and adults with learning disabilities) are protected.

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

- 3.5.1 The Provider shall develop their relationships with other Providers to become an integral member of the Health and Social Care Community. This includes third sector organisations providing help and support for Patients.
- 3.5.2 The development of local clinical networks will be encouraged with the aim of providing parallel services which provide complementary services allowing for further clinical services to be offered closer to home and within the community. The role of service users as key stakeholders will be an important component of this development and Providers should ensure effective mechanisms for their involvement and develop a positive relationship with the local involvement network (Healthwatch).
- 3.5.3 The Provider may need to develop relationships within the Health Community to enable fulfilment of the Quality Assurance requirements.
- 3.5.4 The Provider will be required to be involved in local care pathway work and discussions, ensuring the best and most efficient means of treating patients are adopted, including the movement of the relevant clinical information (i.e. images and clinical output report)

## **4. Applicable Service Standards**

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

- Ultrasound Equipment Evaluation Project (UEEP) recommendations as published from time to time – MHRA.
- Right Test, Right Time, Right Place - Royal College of Radiologists and Royal College of General Practitioners (2006).
- Making the Best Use of a Department of Radiology, 6th edition (MBUR6) - Royal College of Radiologists (2007).
- Standards for Ultrasound Equipment - Royal College of Radiologists (2005).
- Ultrasound Training, Employment and Registration – Society and College of Radiographers (2010).
- Guidelines for Professional Working Standards: Ultrasound Practice – United Kingdom Association of Sonographers (2008). UKAS merged with the SCoR on 01/01/2009.
- Standards for the communication of critical, urgent and unexpected significant radiological findings - Royal College of Radiologists (2008).
- Society and College of Radiographers suggested documents:
- <http://doc-lib.sor.org/scope-practice-medical-ultrasound>
- <http://doc-lib.sor.org/ultrasound-training-employment-and-registration>
- <http://doc-lib.sor.org/profession-standards-independent-practitioners>
- <http://doc-lib.sor.org/guidelines-profession-working-standards-ultrasound->

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**practice**

- Industry Standards for the Prevention of Work Related Musculoskeletal Disorders in Sonography – Society of Radiographers (2006).
- Prevention of Work Related Musculoskeletal Disorders in Sonography - Society of Radiographers (2007).

**4.2 Applicable local standards**

- Staffing – the provider shall ensure that this includes a sufficient number of examinations to maintain competence in every area(s) of ultrasound that the practitioner is to undertake.
- UK registered radiologists on the GMC Specialist Register undertaking sufficient current clinical practice within that modality. For example, a consultant radiologist must have undertaken planned regular clinical ultrasound sessions within their current job plan.
- Sonographers who are either; currently employed within the Health & Care Professionals Council (HCPC) or the Nursing & Midwifery Council (NMC) and have performed regular sessions of relevant ultrasound examinations in the last 12 months
- or hold one or more of the following and have performed regular sessions of relevant ultrasound examinations in the last 12 months:
  - o a postgraduate certificate or diploma in medical ultrasound, approved and validated by a UK Higher Education Institution and accredited by the Consortium for the Accreditation of Sonographic Education (CASE);
  - o the Certificate / Diploma of the College of Radiographers in Medical Ultrasound,
  - o an equivalent level of qualification in medical ultrasound (for example if trained overseas) or individual accreditation from the Society for Vascular Technology

☐ It is recommended that all sonographers who are not otherwise statutorily registered are registered on the Public Voluntary Register of Sonographers (PVRs), administered by the College of Radiographers. (Information on the PVRs can be <http://www.sor.org/practice/ultrasound/register-sonographers>).

☐ All staff maintain their Continuing Professional Development in accordance with professional body guidelines

☐ All Staff must meet the relevant specification set out in the 'National Occupational Standards for Imaging' for the anatomical area to be scanned (<https://tools.skillsforhealth.org.uk/competence/show/html/id/1208/> particularly Cl.C: 'Acquire, interpret and report ultrasound examinations');

☐ Staff will have English as a first language or have passed a suitable English language examination to the level of requirement set out on the Health Professions Council website

☐ (<http://www.hcpc-uk.org/apply/international/requirements>).

**4.3.1 Equipment**

The Provider shall provide equipment that meets or exceeds the following:

- Complies with the latest guidance from the National Imaging Clinical Advisory Group and Professional Bodies;
- Transducers that ensure good visualisation at sufficient depth of image without significant loss of accurate spatial resolution; and
- Be capable of flow imaging and measurement.

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☐ Electrical Safety Testing is required annually with regular maintenance and quality assurance testing;

- Details of maintenance contracts to include regular and emergency service cover must be provided; and
- Replacement schedule must be available with the maximum age of equipment of 7 years.

**4.2.2 IM&T**

Where data is transferred from the Ultrasound Scanner to the provider, PACS or image store the removable media device must have encryption software. Standard operating procedures for handing the data will be implemented as required by the commissioner.

Provision of Digital Data between the Provider PACS systems should be through the Image Exchange Portal or other data sharing systems to other providers as specified by the commissioner, or in clinical circumstances that require the transfer of the image to support the safe treatment of the patient.

In the event of cancellation of the contract (for whatever reasons), the Provider will be required to maintain systems to allow continued access, in a timely manner, to all of the patient information, images and associated patient records.

**4.2.3 Facilities**

Whilst it is anticipated that the service will be provided from a number of locations. Each site must meet the minimum requirements of:

- ☐ A room, which is at least 12 sqm and supports wheelchair access;
- ☐ Includes a hand washbasin and adjustable lighting;
- ☐ Have adequate provision for patient privacy – sound-proofing, lockable doors etc.
- ☐ Is supported by a staffed reception area and waiting area; and
- ☐ Has access to toilet facilities, which include disabled access.

Musculoskeletal disorders are the most common work-related illness in Britain and represent a significant potential risk. There are guidance documents, which focus upon preventing, and controlling musculoskeletal disorders for radiographers, other health care professionals engaged in Sonography, and Providers must be aware of and abide by this advice.

**4.2.4 Quality Assurance**

Ultrasound services are very operator dependent. It is therefore necessary for a clear and stringent quality assurance process to be an integral requirement of the service, at individual operator level. Whilst independent practice is appropriate, working in isolation is not and this must be addressed by Providers. This is an important governance issue and is addressed in the document “Team Working in Clinical Imaging” jointly produced by the Royal College of Radiologists and the Society and College of Radiographers 2012.

(<http://www.rcr.ac.uk/publications.aspx?PageID=310&PublicationID=373>)

The proposed Quality Assurance process should include, as a minimum:

- Ongoing 5% audit of ultrasound examinations to include the technical quality of the examination, the quality of static images captured, and the structure and content of clinical reports; with trigger values set for detailed review of service/performance mechanisms to be agreed with Commissioner;
- Annual assurance of competency and up to date continuous professional development
- Participation by all clinical staff in ‘local errors meetings’ or similar clinical governance process.
- The recall rates for patients (annual report) and reasons.



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- The Provider must follow The British Medical Ultrasound Society (BMUS) safety guidelines and demonstrate understanding of the 'As Low As Reasonably Achievable' (ALARA)<sup>1</sup> principle, and have an effective system in place to ensure awareness of recent safety publications by national and international bodies.

**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)**

**6. Location of Provider Premises**

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

The Provider's Premises are located at: