

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	SS1
Service	Relevant Diagnostic Procedures (MRI)
Commissioner Lead	NHS Cannock Chase CCG Representative
Provider Lead	TBC
Period	Mid 2019 – Mid 2021
Date of Review	Mid 2020

1. Population Needs

1.1 National/local context and evidence base

Appropriate Diagnostic Procedures as specified by the referring GP are carried out within two calendar weeks following referral, with full diagnostic reports made available to referring GP and other providers as necessary within 1 calendar week of the procedure.

Provision of direct access Diagnostic Procedures to reduce unnecessary acute elective referrals and assist GPs in the diagnosis of Patient conditions.

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

Accurate diagnosis available to GP and other providers as necessary within three calendar weeks of referral. (I.e. each Patient shall be offered an appointment no later than two calendar weeks after the date that the Provider received the relevant referral, and a written report regarding the test results must be provided to the Referring Clinician and other providers as necessary within one calendar week of the test taking place).

The Provider will ensure the Patient (and their Carer as appropriate) is kept fully apprised of their recommended treatment pathway.

The Provider should give relevant information to Patients as to what services to access should a treatment complication arise outside of normal working hours.

For the purpose of this contract, normal working hours shall be as set out below, or as varied by the Provider, subject to the normal daily working hours not falling below the number of twelve hours per day Monday to Sunday, excluding bank holidays.

Monday	07:00 - 19:00
Tuesday	07:00 - 19:00
Wednesday	07:00 - 19:00
Thursday	07:00 - 19:00
Friday	07:00 - 19:00
Saturday	08:00 - 20:00
Sunday	08:00 - 20:00

The Provider will make available to its Patients an agreed procedure for Booking Appointments and the DNA policy for this service, which will be agreed with the CCGs as stipulated in section 3.6.

Such information will be made available in different languages and in formats.

3. Scope

3.1 Aims and objectives of service

- Provision of timely, appropriate Diagnostic Procedures as requested by GP
- Provide direct access to timely Diagnostic Procedures with full reporting function to GPs
- Patient records available for the life of the Patient.

3.2 Service description/care pathway

Provision of diagnostic services for Patients registered at a practice within the boundaries of NHS Cannock Chase CCG, NHS Stafford and Surrounds CCG, NHS East Staffordshire CCG or NHS South East Staffordshire and Seisdon Peninsula CCG, referred to the service by GPs via e-RS.

The results of such diagnostics procedures to be stored safely by the Provider and made available via electronic means to the GP whenever required. Full reporting processes must be in place to provide the GP with a written report regarding the test results within 1 calendar week of the test taking place.

3.3 Referrals

- a) All Referring Clinicians who refer Patients to the provider for a Diagnostic Procedure, or otherwise arrange for Patients to undergo any Diagnostic Procedure at a facility, must be fully qualified and registered with their relevant professional body and any such referrals must be in accordance with such individual's scope of professional practice. The Provider shall not be obliged to accept referrals from any Referring Clinician who does not comply with this paragraph.
- b) Prior to the date of the relevant Diagnostic Procedure, the Referring Clinician shall provide the Provider with a completed, legible, referral form for each Patient that is referred to the Provider for a Diagnostic Procedure, containing as a minimum the following information:
 - i. Full name of Patient;
 - ii. Address and postcode of the Patient;
 - iii. Date of birth of the Patient;
 - iv. Patient's NHS Number;
 - v. The preferred daytime contact telephone or mobile number for the Patient;
 - vi. The Diagnostic Procedure requested;
 - vii. Relevant clinical information of the Patient including any medication if appropriate;
 - viii. Any contraindications relevant to the Diagnostic Procedure, for example, cardiac pacemaker, aneurysm clips, metal foreign bodies in the eye in relation to any Diagnostic Procedure involving MRI;
 - ix. The name, address, email address, fax number and contact telephone number of the Referring Clinician; and
 - x. An alternative contact point for the Referring Clinician e.g. secretary or practice manager for urgent result feedback.
- c) The provider is expected to ensure that any investigations undertaken are appropriate for Primary Care. As such, all referrals of Patients to the Provider for a Diagnostic Procedure shall comply with:
 - i. The standards set out in iRefer <https://www.rcr.ac.uk/clinical-radiology/being-consultant/rcr-referral-guidelines/about-irefer> formerly referred to as 'Making the best use of clinical radiology services' (MBUR), published by the Royal College of Radiologists, eighth Edition, or as updated from time to time; or
 - ii. Such other standards as specified by the Provider and notified in writing to the Commissioners from time to time.
- d) If contrast is deemed necessary for the relevant Diagnostic Procedure, prior to the date of the procedure, the Referring Clinician shall provide the Provider with the following documents and information for each Patient that has a clinical

history of any renal disease or other condition relevant to such a contrast injection:

- i. A copy of any relevant medical history of the Patient;
 - ii. A copy of the results of any renal function test performed in the six (6) weeks prior to the date of the relevant referral or, if such results are unavailable or if no such test has been performed, the Referring Clinician shall arrange such a test and provide the provider with a copy of the relevant results; and
 - iii. Such other documents or information as the Provider may reasonably request to enable the Provider to perform the relevant Diagnostic Procedure, for example, details of recent creatinine levels and use of metformin for any Patients being referred for any procedure involving MRI with contrast.
- e) The provider shall not be obliged to perform a Diagnostic Procedure for any Patient:
- i. That is not referred in accordance with section 3.3 of this specification; or
 - ii. That is referred by any third party.

All referrals under this contract will be initiated by a GP; **referrals will be communicated with the Provider via e-RS.**

3.4 Booking Process

- a) The Provider shall make all appointments for Patients to attend a Facility directly with the relevant Patient following a written referral from the Referring Clinician and shall answer all referral and appointment enquiries received in writing from the Referring Clinician in respect of any such appointment.
- b) The Provider shall:
 - i. Book all Patient appointments at the Facilities; and
 - ii. Offer each Patient an appointment date which shall be no later than 2 calendar weeks after the date that the Provider received the relevant referral; and
 - iii. Offer each Patient an appointment in writing. Each Patient will be asked to telephone to confirm their appointment. Any Patient not telephoning to confirm their appointment will be contacted by telephone to ensure that they will be attending. On contact, should they be unable to attend, each Patient shall be offered a choice of alternative appointments.
- c) The provider will inform the Referring Clinician if a Patient does not accept an appointment that has been offered in compliance with paragraph 3.4b of this Schedule. The provider shall offer such Patient a replacement appointment, the date of which shall be no later than 3 calendar weeks after the date that the Provider received the relevant referral. The Provider shall inform the Referring Clinician if a Patient does not accept any such replacement appointment and the Provider shall not be obliged to offer such Patient any further replacement appointments.
- d) Subject to paragraph 3.4e of this Schedule, the Provider will provide each Patient with a patient information letter containing the information set out below after the

time, date and location of the Patient's appointment has been confirmed by the Provider and the relevant Patient:

- i. The Diagnostic Procedure to be performed and its duration;
 - ii. Any preparation required by the Patient prior to the Diagnostic Procedure;
 - iii. Any potential complications that may be relevant to the proposed Diagnostic Procedure;
 - iv. The location of, and directions to, the facility;
 - v. A contact telephone number for the Provider that is staffed during normal working hours (Clause 2.2 of Schedule 2A);
 - vi. Confirmation of the date and time of the Patient's Diagnostic Procedure; and
 - vii. Information to enable a Patient to cancel or rearrange their appointment.
- e) The Provider shall not be obliged to provide a Patient with a patient information letter as set out in paragraph 3.4d of this Schedule if the Provider decides, acting reasonably, that there is insufficient time prior to a Patient's appointment to allow such a letter to be delivered to such Patient by post, and in which case, the Provider will communicate the information described in paragraph 3.4d of this Schedule to the relevant Patient by telephone to the extent that this is practical.

3.5 Patient Screening

- a) The Provider will screen all relevant Patients by means of a telephone questionnaire prior to their attending a Facility for a Diagnostic Procedure to determine if such Patients have any symptom or condition that makes a Diagnostic Procedure of such Patient inadvisable in accordance with Good Clinical Practice, including any of the following:
- i. Patients who require general anaesthetic or sedation for a Diagnostic Procedure;
 - ii. Patients who have any absolute contraindication to the proposed Diagnostic Procedure; or
 - iii. Patients who are abusive, violent or threatening or who are barred from receiving NHS services.
- b) The Provider will repeat the screening process referred to in paragraph 3.5a ii) of this Schedule at a time when each Patient attends a Facility for their Diagnostic Procedure.
- c) Any referrals of Patients that the Provider considers inappropriate pursuant to paragraph 3.5a of this Schedule will be notified and returned to the Referring Clinician outlining the reasons for such rejection together with details of suggested imaging tests. The Provider will not be obliged to perform any Diagnostic Procedure in respect of such Patients.
- d) Without prejudice to Paragraph 3.5c) of this Schedule, should the Provider believe a Patient requires an orbital x-ray before any other Diagnostic Procedure involving MRI is performed the Provider shall inform the Referring Clinician. The Provider shall then refer the Patient for an orbital x-ray. This service will be responsible for obtaining the Patient's x-ray results. Once the results are

available to the Provider, the Provider shall book the MRI scan in accordance with this specification.

3.6 Patient non-attendance

- a) The provider shall work collaboratively with the CCGs to develop and agree a DNA policy. This will make additional provision for any patients who are deemed to be vulnerable.
- b) The Commissioners will not be obliged to pay the Provider for any costs or expenses incurred by the Provider in relation to Patients who DNA a Facility after arranging an appointment for a Diagnostic Procedure.
- c) The provider shall ensure that the relevant Referring Clinician receives a letter in respect of each Patient who does not comply with the DNA policy. The Provider shall also notify Referring Clinician if the Provider decided not to offer a Patient an appointment on the basis of prior DNA.

3.7 Patient Cancellations

- a) The Provider shall offer a Patient a rearranged appointment if such Patient cancels an appointment in advance and such cancellation is notified to the Provider. A choice of times / dates shall be offered to the Patient.
- b) If a Patient cancels any rearranged appointment made pursuant to paragraph 3.7a:
 - i. The Provider shall not be obliged to offer such Patient any appointment (including any further rearranged appointment) at any time in the future unless the Provider has been informed by the relevant Referring Clinician that such Patient requires urgent medical treatment or such Patient will be placed at clinical risk if the relevant Diagnostic Procedure is not performed by the Provider; and
 - ii. The Provider shall offer such Patient a rearranged appointment and liaise with the relevant Referring Clinician as required if such a Patient does require urgent medical treatment.

3.8 Diagnostic Reports

- a) The Provider shall procure that a Reporting Radiologist produces a Diagnostic Report for each Diagnostic Procedure performed at a facility and each such Diagnostic Report shall include:
 - i. A relevant description and interpretation of the key findings with a differential diagnosis where appropriate and details of any drugs or injections administered;
 - ii. Full name of the Patient, date of birth, or other relevant identification details;
 - iii. Address and postcode of the Patient if known;
 - iv. Patient NHS Number;
 - v. Name of any relevant Referring Clinician;

- vi. Name of the Reporting Radiologist or, in relation to ultrasound, the advanced practitioner as applicable;
 - vii. Name and type of the Diagnostic Procedure; and
 - viii. Date of the relevant Diagnostic Procedure.
 - ix. Provide advice if the requirement for onward referral is identified.
- b) Each Diagnostic Report shall be securely delivered by the Provider so as to preserve confidentiality of Patient records irrespective of the method of delivery of the Diagnostic Report.
 - c) The provider shall ensure that the relevant Referring Clinician and other providers as necessary received a Diagnostic Report in respect of each Patient who receives a Diagnostic Procedure at a Facility within 1 calendar week after the date of the relevant Diagnostic Procedure.
 - d) All Diagnostic reports shall be sent to the Referring Clinician electronically to an email address notified to the Provider by the Referring Clinician from time to time.
 - e) For Patients referred for GP Direct Access diagnostics, in the event that the GP makes an onward referral, the Provider will be expected to supply digital images to the receiving Provider where requested in whatever format is required.

3.9 Urgent Outcomes

- a) There will be occasions when a diagnostic study identifies a serious and/or unexpected pathology. The Provider will need to have a clear Service User pathway for this group of Service Users, 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. Found at: <https://www.rcr.ac.uk/standards-communication-critical-urgent-and-unexpected-significant-radiological-findings-second>
- b) If, following a Diagnostic Procedure at a Facility, a Patient requires emergency treatment, the provider will refer directly.
- c) If, following a Diagnostic Procedure at a Facility, a Patient requires urgent onward referral, the provider shall:
 - i. Provide a report and inform the Referring Clinician no later than five (5) Operational Days after the Diagnostic Procedure, of the outcomes of such procedure including any recommended urgent referral onto secondary care;
 - ii. Provide copies of any diagnostic images produced during a Diagnostic Procedure to any onward third party provider before the Patient attends such third party provider; and
 - iii. Be available to liaise or provide further information or communication for subsequent appropriate multi-disciplinary team meetings with such third party provider.

- d) The Provider will provide Patients who undergo a Diagnostic Procedure with clear information and feedback on how to receive the results of their Diagnostic Procedure and any procedure relevant to any follow-up.

3.11 Records

- a) The Provider will maintain records containing the following information as a minimum:
- i. Number of Patients referred for a Diagnostic Procedure at each Facility;
 - ii. Number of Patients that received a Diagnostic Procedure;
 - iii. Number of 'Did Not Attend' (DNAs);
 - iv. Number of cancellations by Patients;
 - v. Monthly average waiting time for each Patient between date of referral to the provider and performance of the relevant Diagnostic Procedure;
 - vi. Numbers of any of the following, together with brief details:
 - 1. Clinical incidents;
 - 2. Serious untoward events;
 - 3. Complications; and
 - 4. Emergency referrals.
 - vii. Number and nature of complaints from Patients relating to the Services;
 - viii. Summary of any clinical audit performed by the Provider relating to the Services provided; and
 - ix. Summary of feedback from patient satisfaction questionnaires.
- b) The Provider will be expected to provide electronic and hard copy monthly back up information. This will contain the following information as a minimum:
- i. Patient Pseudonymised NHS Number
 - ii. Patient date of birth
 - iii. Registered GP Practice
 - iv. Referring Clinician
 - v. Diagnostic undertaken
 - vi. Cost.

3.12 Population covered

The service shall accept GP referrals for any patients registered at a practice within the boundaries of NHS Cannock Chase CCG, NHS Stafford and Surrounds CCG, NHS East Staffordshire CCG or NHS South East Staffordshire and Seisdon Peninsula CCG.

3.13 Any acceptance and exclusion criteria and thresholds

Follow iRefer guidance as detail under section 3.3 C i.

3.14 Interdependence with other services/providers

The Provider will be required to work in cooperation with:

- Local General Practitioners
- Other Diagnostic Services
- Local Acute Providers, including specialist centres
- Local NHS Community Service Providers
- Independent and Third Sector Providers
- Commissioners
- Local Authority Social Services Providers.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

<https://www.nice.org.uk/Search?q=Magnetic+resonance+imaging>

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

Provider's Policies and Procedures shall at all times be compliant with the Health and Safety Executive (HSE) guidance:

http://www.hse.gov.uk/foi/internalops/ocs/500-599/oc559_8.htm

The College of Radiographers Safety in Magnetic Resonance Imaging documents:

<https://www.sor.org/learning/document-library/safety-magnetic-resonance-imaging-1>

The College of Radiographers good clinical guidance:

<http://www.sor.org/practice/cross-sectional-imaging/mri>

The Provider will be monitored on the national standards and key performance indicators as set out in Schedule 4.

4.3 Applicable local standards

The Provider will be monitored on the local standards and key performance indicators as set out in Schedule 4 C and Schedule 6 A-C.

5. Applicable quality requirements and CQUIN goals

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

Refer to Schedule 4 A-D

5.2 Applicable CQUIN goals (See Schedule 4E)

Not applicable

6. Location of Provider Premises

The Provider's Premises are located at:

Services are to be based and delivered from locations that are accessible for patients in the areas described in each of the procurement lots.