



**Staffordshire and
Stoke-on-Trent**
Integrated Care Board

Our Ref: PW/TLR/FOI/1224/1106

Stafford Education & Enterprise Park
Weston Road
Stafford
ST18 0BF

7th January 2025

Sent by email

Telephone: 0300 123 1461

Dear

FOI-1224-1106

Your request for information under the Freedom of Information Act 2000

Thank you for your request for information received on Tuesday 10th December 2024. We can confirm that the Staffordshire and Stoke-on-Trent Integrated Care Board can provide the following information.

An anonymised copy of this response will be made publicly available on the ICB website.

Please see our responses in blue below:

I would be most grateful if you would provide me, under the Freedom of Information Act, details in respect to the contract below.

CMT1066 - Non-Obstetric Ultrasound Services (NOUS):

The details we require are:

What are the contractual performance KPI's for this contract?

Please see attached for [Schedule 4A, Local Quality Indicators](#).

Suppliers who applied for inclusion on each framework/contract and were successful & not successful at the PQQ & ITT stages

[Not applicable. This contract was a Direct Award Process C, under Provider Selection Regime \(PSR\).](#)

Actual spend on this contract/framework (and any sub lots), from the start of the contract to the current date

[£53,732.09](#)

Start date & duration of framework/contract?

[CONTRACT TERM: 1 year, 2 months, 14 days commencing 18 October 2024.](#)

Could you please provide a copy of the service/product specification given to all bidders for when this contract was last advertised?

[Please see attached for Schedule 2, Service Specification for awarded contract.](#)

Is there an extension clause in the framework(s)/contract(s) and, if so, the duration of the extension?

[There is no option to extend.](#)

Chair: David Pearson MBE

Chief Executive Officer: Peter Axon

Has a decision been made yet on whether the framework(s)/contract(s) are being either extended or renewed?

A decision will be made as part of the commissioning review process. This will be done in advance of the contract due to expire.

Who is the senior officer (outside of procurement) responsible for this contract?

Paul Brown, Chief Finance Officer.

Should you require any further information or clarification regarding this response please do not hesitate to contact us. If you are dissatisfied with the response, you are entitled to request an internal review which should be formally requested in writing and must be within two calendar months from the date this response was issued.

To request an internal review

You can request an internal review by contacting the Staffordshire and Stoke-on-Trent ICB FOI team by emailing; staffsstokeFOI@staffsstoke.icb.nhs.uk or by post to the address at the top of this letter within 40 working days of the initial response.

If you are not content with the outcome of your internal review, you may apply directly to the Information Commissioner's Office (ICO) for a decision. Generally, the ICO cannot make a decision unless you have exhausted the Staffordshire and Stoke-on-Trent Integrated Care Board's FOI complaints procedure.

The ICO can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

www.ico.gov.uk

Yours sincerely

Paul Winter
Associate Director of Corporate Governance

Enc

A. Service Specifications

Service Specification No.	NOUS 2024/25
Service	Community Non-Obstetric Ultrasound Services (AQP NOUS)
Commissioner Lead	
Provider Lead	Harmonic Medical Sonography Limited
Period	18 October 2024 – 31 December 2025
Date of Review	Reviewed July 2024 and updated (timescales and processes/requirements where a diagnostic test identifies possible cancer). Next review December 2025 or in line with changes to national/local guidance.

1. Population Needs

1.1 National/local context and evidence base

- 1.1.1 The NHS supports the need to develop improved access to diagnostic tests, including Non-Obstetric Ultrasound (NOUS), 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 care pathway.
- 1.1.2 NHS England 2024/25 priorities and operational planning guidance sets out that recovery plans for elective care include to improve diagnostic standards and that 95% of all patients referred for a diagnostic test (specifically to acute trusts) receive this within six weeks by March 2025.
- 1.1.3 It adds that timely access to diagnostics is critical to providing responsive, high-quality services and early cancer diagnosis and that services should ensure GP direct access to diagnostics for patients with symptoms that may suggest cancer but do not meet the threshold for an urgent suspected cancer referral, wherever possible, and ensuring a maximum 10-day turnaround time from referral to report for urgent suspected cancer patient.

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. 95% of patients reporting a high level of satisfaction of the service.
- 2.2.2. Referrals shall be triaged upon receipt and inappropriate and/or non-eligible referrals shall be returned to the referral source within 1 operational day of receipt.

- 2.2.3. 95% of patients shall be contacted within 5 operational days following receipt of the referral to confirm receipt and to offer a choice of day and time for their appointment.
- 2.2.4. 98% of patients shall be offered an appointment within 20 operational days from the date the Provider received the referral (if non-urgent) and 5 operational days (if urgent).
- 2.2.5. 95% of written clinical reports shall be sent to the referral source and the patient GP within 5 operational days of the scan taking place (for non-urgent referrals) and 2 operational days (for urgent referrals).
- 2.2.6. Where Consultant Radiologist input is required, this shall be obtained within 24 hours of the scan.
- 2.2.7. Reduced referral to secondary care and improved conversion rate – as proxy for increased appropriateness of referrals.
- 2.2.8. 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 overarching aims of this service are:

- To ensure patients receive the right diagnostic test at the right time and in the most clinically appropriate local setting.
- To ensure diagnostic testing is integrated across pathways of care, that the report(s) and image(s) follow the patient and that there is no unnecessary duplication of investigation.
- To enable patients and referring clinicians to access a choice of provision according to patient choice, clinical need and relevant care pathway.
- To ensure diagnostic tests are appropriate, necessary, clinically correct, of high quality, with timely access and timely reporting.

3.1.2. The service shall aid early access to diagnostics and avoid the need for unnecessary referrals to secondary care and/or to support the shift of activity into a community/primary care setting where this will improve access.

3.1.3. **NOTE:** Where there are clear secondary care clinical pathways with NOUS as a core component, it is more appropriate for this diagnostic to be undertaken as an integral part of that clinical pathway.

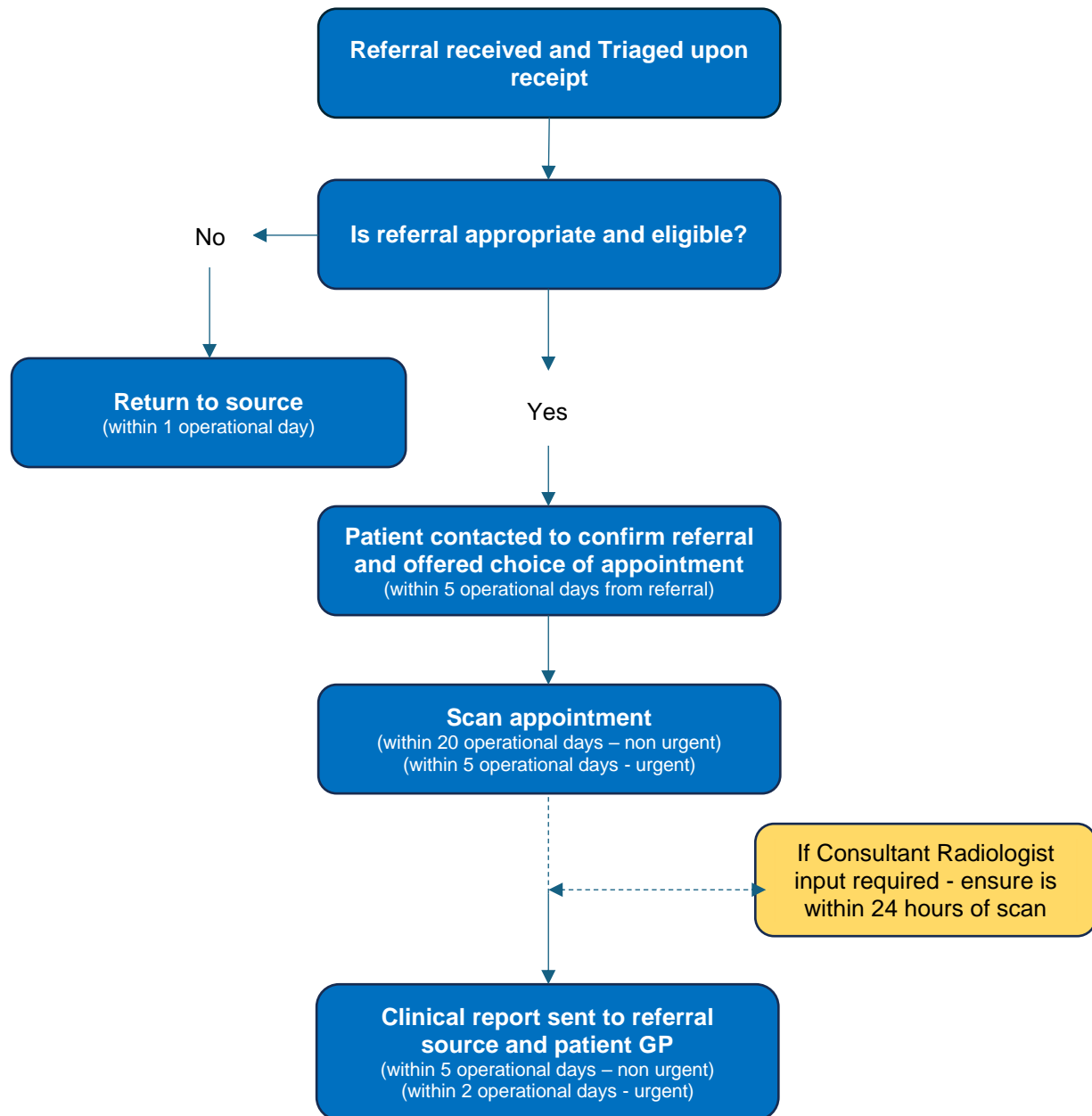
3.1.4. The Provider shall offer and provide clinics which meet the needs of patients. This shall include a flexible range of appointment times being available including evening and weekend appointments at a variety of venues.

3.1.5. Two types of scans shall be offered - those taking <20 minutes and those taking >20 minutes to complete.

3.1.6. Where a patient is referred for a reason whereby more than one area is scanned to support diagnosis, the Provider shall only charge one tariff per patient which shall be determined by the length of the total scan time taken with that patient.

3.1.7. For clarity, in the event that a patient has two (or more) areas scanned as part of the same referral and the total scan time equates to 40 minutes, the Provider shall charge the SSOT ICB for just one ultrasound scan >20 minutes and not two (or more) ultrasound scans <20 minutes.

3.2. Service Care Pathway



3.3. Referral

- 3.3.1. Referrals shall be sent to the Provider by secure email or via eRS from the referring organisation/health professional.
- 3.3.2. The majority of referrals shall be direct from General Practitioners (GPs) or the Clinical Assessment Services. Some referrals may be received from secondary care following specific agreement with the SSOTICB.
- 3.3.3. The Provider shall provide literature for GPs and referrers to assist them in the 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. The Provider shall submit copies of such literature to the SSOTICB annually or as and when required.

- 3.3.4. The Provider shall contact patients within 5 Operational Days of receipt of the referral to confirm receipt and offer a choice of date and time for their appointment.
- 3.3.5. Patients shall be offered a choice of date and time for their appointment which is convenient to them but must be within 20 operational days (if non-urgent) or 5 operational days (if urgent) from receipt and acceptance of the referral. The only exception to this is when patients are unable to meet the dates and times offered and choose an appointment date and time outside of these timescales. In this instance, the Provider shall be as flexible as is reasonably possible to stay as close to these timeframes as they can.
- 3.3.6. The Provider shall ensure patients have an adequate understanding of the proposed ultrasound scan before their appointment and any particular preparations that they will need to make. This shall include 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.
- 3.3.7. 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 offer appropriate assistance and make reasonable adjustments for patients and carers who do not speak, read or write English or who have communication difficulties.

Assessment

- 3.3.8. The Provider shall triage referrals and return any referrals which do not meet the eligibility criteria within 1 operational day of receipt.
- 3.3.9. The Provider shall undertake scanning within 5 operational days of receipt of an urgent referral or within 20 operational days of receipt of a non-urgent referral.
- 3.3.10. The Provider shall ensure the appropriate consents from all patients which shall be recorded in the ultrasound report.
- 3.3.11. Patients shall be offered the option of a chaperone 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.
- 3.3.12. The Provider shall not provide the result of the diagnostic test at the time of the investigation but shall explain that a report will be sent, without delay, to the referrer. However, where the patient requests further information the clinician will use their knowledge and discretion to determine the appropriateness of imparting the result within their scope of practice.
- 3.3.13. The Provider shall be aware of the weight limit for various examination couches and ensure the appropriate equipment is available or make suitable alternative arrangements available at no extra cost to the SSOTICB.

Report

- 3.3.14. A written clinical report shall be sent to the referrer (and the Patient's GP if this is not the same referrer) within 5 operational days of the examination (if not urgent) and 2 operational days if urgent. The report shall be communicated electronically via a secure network.
- 3.3.15. The Provider shall ensure that the report is produced according to the guidance set out within the document 'Standards for interpretation and reporting of imaging investigations' published by the Royal College of Radiologists and as updated from time to time in the form agreed with the Authority. See 3.3.20 for links to this guidance.

- 3.3.16. The report shall provide the referrer with a differential diagnosis wherever possible. This shall be based upon the presenting complaint described in the referral and the objective findings of the scan.
- 3.3.17. If the sonographer requires input from a Consultant Radiologist this must be available within 24 hours of the investigation. The Consultant Radiologist shall have expertise and current involvement in ultrasound.
- 3.3.18. Patients with a suspected cancer (defined as patients meeting the national or local referral criteria for an urgent cancer referral) are specifically excluded from this service.
- 3.3.19. Patients with low risk of cancer who do not meet the criteria for an urgent cancer referral but where risk of a cancer diagnosis is low but not zero are NOT excluded from this service. There will be occasions when a diagnostic study identifies possible cancer or a non-cancer serious and/or unexpected pathology. The Provider shall 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. The diagnostic images must be immediately available for review within any relevant secondary care institution (via an appropriate electronic system).
- 3.3.20. Where the diagnostic study identifies possible cancer, for example suspected soft tissue sarcoma, the report must be explicit in this respect and use language that mirrors the language seen in relevant national guidance e.g. "ultrasound scan findings that are suggestive of soft tissue sarcoma or ultrasound findings are uncertain and soft tissue sarcoma remains a possible diagnosis." The report should be specific about cancer or possible cancer diagnosis to support immediate onward referral into a cancer diagnostic pathway and to ensure that secondary care cancer services will accept that referral. This would include an immediate telephone conversation with the referrer, in line with guidance set out within the following:
- <https://www.rcr.ac.uk/our-services/all-our-publications/clinical-radiology-publications/recommendations-on-alerts-and-notification-of-imaging-reports/>
- https://www.rcr.ac.uk/media/yiglbn35/rcr-publications_standards-for-interpretation-and-reporting-of-imaging-investigations-second-edition_march-2018.pdf
- 3.3.21. Similarly, where the diagnostic study identifies a serious and/or unexpected pathology not suspicious of cancer, the report must similarly be explicit regarding the suspected serious pathology. The author of the report should be mindful that the report will need to ensure that the referrer is able to make an onward referral into the most appropriate urgent pathway be that a cancer pathway or a non-cancer pathway. See guidance per 3.3.20.
- 3.3.22. 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 findings if required.
- 3.3.23. The Provider shall submit detailed protocols governing Sonographer performance of ultrasound procedures. Evidence that these have been developed with a radiologist expert in ultrasound shall be provided and that there is a programme of constant review of the examination protocols. The Sonographer will be expected to undertake regular audit and revalidation in keeping with the Society and College of Radiographers (SCoR).
- 3.3.24. The Provider shall ensure there is a clearly defined pathway in place for images to be reviewed by a radiologist, in partnership with the sonographer and where there is uncertainty about the findings or, for example, when further imaging investigations are required.
- 3.3.25. The image and report shall be stored in electronic format in accordance with The Royal College of Radiologist guidance via a Picture Archiving and Communications System (PACS) system.

- 3.3.26. If requested, the image and report shall be forwarded, at no charge, to other providers of NHS funded treatment applicable to the patient care pathway within a maximum of 5 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).
- 3.3.27. Repeat requests for images and reports will be made available at no extra charge for the life of this contract. Where a repeat image is required, the provider will ensure that they organise, and inform both the patient and the referrer of the outcome. The provider shall follow up if this does not occur.
- 3.3.28. If a repeat scan is required the provider will ensure that they organise, inform the patient and the GP and follow up if this does not occur.

3.3. Population Covered

The Provider shall provide the Services to patients referred to the Provider who are registered with a GP within the geographical areas of:

- Cannock Chase
- East Staffordshire
- South East Staffs and Seisdon Peninsula
- Stafford & Surrounds

3.4. Any acceptance and exclusion criteria and thresholds

3.4.1. Acceptance Criteria:

- General abdominal – includes assessment of the aorta, biliary tract, gallbladder, inferior vena cava, kidneys, liver, pancreas, retro peritoneum and spleen and not exclusive to other general abdominal issues;
- Neck lumps – not related to thyroid conditions;
- Pelvis and gynaecology – including transabdominal and transvaginal;
- Renal/bladder/prostate;
- Scrotal/testicular;
- Musculoskeletal; and
- Vascular – includes suspected Deep Vein Thrombosis (DVT).

This list is not exhaustive but is typical of presentations for Community NOUS (see exclusion criteria in 3.4.4).

3.4.2. 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.

3.4.3. 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.

3.4.4. Exclusion Criteria:

- Cancer – any Patient with suspected cancer meeting the clinically agreed cancer referral criteria should be referred as an urgent cancer referral;
- 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;
- Non-NHS Patients; and
- Investigations of any potential clinically urgent or pathology (not cancer related).

3.5. DNAs and Patient Cancellations

- 3.5.1. Any Patient who has failed to attend their first appointment on one occasion will be discharged and referred back to the GP or referring clinician.
- 3.5.2. Where a Patient does not attend their planned appointment, no charge will be payable by the Commissioners
- 3.5.3. Providers at all times shall ensure that:
- There is an 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
 - The clinical interests of vulnerable Patients (e.g. Children and adults with learning disabilities) are protected.

3.6. Interdependence with other services/providers

- 3.6.1. 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.
- 3.6.2. 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 patients 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).
- 3.6.3. The Provider may need to develop relationships within the Health Community to enable fulfilment of the Quality Assurance requirements.
- 3.6.4. The Provider will be required to be engaged 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).

3.7. Equipment

- 3.7.1. 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.
- 3.7.2. 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.

3.8. Information Management and Technology (IM&T)

3.8.1. 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 handling the data will be implemented as required by the commissioner

3.8.2. 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

3.8.3. 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.

3.9. Facilities

3.9.1. Whilst it is anticipated that the service will be provided from a number of locations, at the providers cost, each site must meet the minimum requirements of:

- A room, which is at least 12m² 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 and changing facilities (where the Patient is required to wear a gown), which include disabled access.

3.9.2. 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.

3.10. Quality Assurance

3.10.1. 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>

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

3.10.3. The provider must where necessary be prepared to engage positively with acute secondary care providers in the event that specialist clinical teams in those secondary care teams query or comment on the findings or report generated following diagnostic studies. For example if a report suggests a possible cancer, but the specialist team in a hospital disagrees, it might be appropriate for a clinician to clinician forum or other form of dialogue. Regardless of format, the provider must review and learn from any examples that highlight scope for improvement.

4. Applicable Service Standards

4.1. Applicable National Standards (e.g. NICE) and Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

- Standards for the provision of an Ultrasound Service:
[https://www.rcr.ac.uk/system/files/publication/field_publication_files/BFCR\(14\)17_Standards_ultrasound.pdf](https://www.rcr.ac.uk/system/files/publication/field_publication_files/BFCR(14)17_Standards_ultrasound.pdf)
- Ultrasound Equipment Evaluation Project (UEEP) recommendations as published from time to time – MHRA
- Recommendations on alerts and notification of imaging reports <https://www.rcr.ac.uk/our-services/all-our-publications/clinical-radiology-publications/recommendations-on-alerts-and-notification-of-imaging-reports/>

Standards for interpretation and reporting of imaging investigations

https://www.rcr.ac.uk/media/yigln35/rcr-publications_standards-for-interpretation-and-reporting-of-imaging-investigations-second-edition_march-2018.pdf

- Right Test, Right Time, Right Place - Royal College of Radiologists & 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). (Nb. 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://www.sor.org/learning/document-library/scope-practice-medical-ultrasound>
<http://www.sor.org/learning/document-library/ultrasound-training-employment-and-registration>
<http://www.sor.org/learning/document-library/profession-standards-independent-practitioners>
<http://www.sor.org/learning/document-library/guidelines-profession-working-standards-ultrasound-%20practice>
- 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

4.2.1.	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.
4.2.2.	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.
4.2.3.	<p>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:</p> <ul style="list-style-type: none"> • 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); • the Certificate/Diploma of the College of Radiographers in Medical Ultrasound; • an equivalent level of qualification in medical ultrasound (for example if trained overseas) or individual accreditation from the Society for Vascular Technology
4.2.4.	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 found at: http://www.sor.org/practice/ultrasound/register-sonographers)
4.2.5.	All staff maintain their Continuing Professional Development in accordance with professional body guidelines
4.2.6.	All Staff must meet the relevant specification set out in the ‘National Occupational Standards for Imaging’ for the anatomical area to be scanned particularly CI.C: ‘Acquire, interpret and report ultrasound examinations’. https://tools.skillsforhealth.org.uk/competence/show/html/id/1208/
4.2.7.	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/

5. Applicable quality requirements

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

6. Location of Provider Premises

The Provider shall ensure the service is provided at premises/locations that meet the needs of the ‘population covered’ and are in accordance with the requirements of this specification. The Provider shall ensure premises/locations offer fair and equitable access for all patients referred to the service and that these are within easy reach from their permanent residence e.g. 30 minutes driving distance from a patient’s permanent residence. The Provider shall use data from analytics to review suitability and accessibility of premises/locations, e.g. from patient feedback, rate of DNAs and, where required, shall make changes in response to this.

SCHEDULE 4 – LOCAL QUALITY REQUIREMENTS

Ref	Quality Requirement	Threshold	Method of Measurement	Applicable Service Specification
LQR01	The Provider shall contact the Service User within five (5) Operational Days following the receipt of the referral to confirm receipt and offer a choice of day/time for their appointment.	95%	CMT-1210 NOUS SQPR (SQPR Worksheet)	NOUS 2024/25
LQR02	The Provider shall triage the referral and return it to the referral source within one (1) Operational Day of receipt in the event that the Service User does not meet the eligibility criteria set out in this contract.	95%	CMT-1210 NOUS SQPR (SQPR Worksheet)	NOUS 2024/25
LQR03	Non-urgent Referral: the Provider shall offer each Service User an appointment within twenty (20) Operational Days of the date the referral is accepted.	98%	CMT-1210 NOUS SQPR (SQPR Worksheet)	NOUS 2024/25
LQR04	Urgent Referral: The Provider shall offer each Service User an appointment within five (5) Operational Days of the date the referral is accepted.	95%	CMT-1210 NOUS SQPR (SQPR Worksheet)	NOUS 2024/25
LQR05	The Provider shall treat 80% of the patients referred that month within 15 working days of the referral being accepted.	80%	CMT-1210 NOUS SQPR (SQPR Worksheet)	NOUS 2024/25
LQR06	The Provider shall forward a written clinical report to the referring clinician (and the Service User's GP if this is not the same individual) within five (5) Operational Days of the examination (for non-urgent referrals). The information shall be communicated electronically via a secure network.	95%	CMT-1210 NOUS SQPR (SQPR Worksheet)	NOUS 2024/25
LQR07	The Provider shall forward a written clinical report to the referring clinician (and the Service User's GP if this is not the same individual) within two (2) Operational Days of the examination (for urgent referrals). The information shall be communicated electronically via a secure network.	95%	CMT-1210 NOUS SQPR (SQPR Worksheet)	NOUS 2024/25
LQR08	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 Ultrasound.	95%	CMT-1210 NOUS SQPR (SQPR Worksheet)	NOUS 2024/25
LQR09	Service Users reporting a high level of satisfaction of the service; reporting either 'likely' or 'very likely' to recommend the service.	95%	Patient Satisfaction Survey CMT-1210 NOUS SQPR (SQPR Worksheet)	NOUS 2024/25
LQR10	Percentage of referrals not completed due to DNA or late cancellations (by patient).	<2.5%	CMT-1210 NOUS SQPR (SQPR Worksheet)	NOUS 2024/25
LQR11	Provider cancellation of appointment for non-clinical reasons either before or after patient arrives for investigation.	<2.5%	CMT-1210 NOUS SQPR (SQPR Worksheet)	NOUS 2024/25

