Service Specification No.	**02/GMS/0007**
Service	**Diagnostic Services – Direct Access Community Endoscopy Service**
Commissioner Lead	**General Medical & Surgical CCP**
Provider Lead	
Period	
Date of Review	

1. Population Needs

1.1 National

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 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 pathway. The overarching aims of the service are:

- To ensure patients receive the right 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 and images follows 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; and
- To ensure diagnostic tests are appropriate, necessary, clinically correct, of high quality, with timely access and reporting.

1.2 Local Context and Evidence Base

The main providers of endoscopy services currently within Dorset are the three acute Trusts; Dorset County Hospital NHS Foundation Trust, Poole Hospital NHS Foundation Trust and The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. In addition there is a small amount of activity owned by the community services (Dorset Healthcare University NHS Foundation Trust) which takes place in Swanage Community Hospital and The Royal Victoria Hospital in Wimborne. There is also some sessions undertaken at the Yeatman Hospital in Sherborne by Yeovil Hospital.

The increase in activity over the past years and the need to accommodate Bowel Cancer Screening has raised the issue locally of sustainability of diagnostic capacity across the county. This has presented its self as an inability to meet diagnostic waiting times in some parts of the county.

The commissioner therefore requires a responsive and local model for diagnostic endoscopy that works within and with the overall clinical network, providing routine, clinically appropriate diagnostic procedures (oesophogastroduodenoscopies, flexible-sigmoidoscopies and Colonoscopies) that support general practitioners to manage a range of common conditions in primary care.

The objective of this service specification is to describe a community based direct access diagnostic endoscopy service for a range of specified conditions for the GP registered populations of Bournemouth and Poole Primary Care Trust and Dorset Primary Care Trust.

The service shall deliver the commissioners expectations of a high quality, integrated safe and patient centred pathway.

NHS Dorset and NHS Bournemouth and Poole serve a registered population of approximately 751,000 people set within practice based Localities as shown in Table 1.

Table 1: Registered Population by Locality as at June 2011

Locality	Age Band 0-16	Age Band 17+	Total
Christchurch	8,460	45,201	53,661
Compass	33,406	164,277	197,683
East Dorset	10,960	53,361	64,321
North Bournemouth	3,055	14,231	17,286
North Dorset	15,072	62,595	77,667
Parkstone	6,225	25,316	31,541
Poole Bay	4,713	33,356	38,069
Poole Central	4,971	24,915	29,886
Poole North	9,434	42,029	51,463
Purbeck	4,641	25,018	29,659
West Dorset	14,375	71,640	86,015
Weymouth and Portland	13,036	60,945	73,981
TOTAL	**128,348**	**622,884**	**751,232**

The estimated activity suitable for a primary care community diagnostic endoscopy service as detailed in this service specification has been identified using 2010/11 and forecasted 2011/12 data from patients aged over 18 years, referred by a GP or elective-planned care, who underwent a GI endoscopy with the primary procedure code defined within HRG FZ03A and FZ26A and the following OPCS codes:

- H251, H259 (Flexible Sigmoidoscopy)
- G451, G459 (OGD)
- H221, H229 (Colonoscopy)

This activity was then mapped against the new 2012/13 HRGs to identify the activity within the six diagnostic codes. In total this identified a subset of activity 16,448 attendances. This includes 7.5% expected growth based on Sir Bruce Keogh 's letter to Trust Chief Executives in August 2011 (Gateway ref 16390) suggesting that GI endoscopy rates will increase between 5 and 10% for the next five years.

Modelling for 2012/13 indicates that the potential activity available for the community diagnostic endoscopy service is around 40% of the activity within this subset (including current community activity). Broken down by procedure is as follows:

- Colonoscopy –1,591 (22%)
- OGD – 1,570 (21%)
- Flexible Sigmoidoscopy – 4,156 (57%)

2. Scope

2.1 Aims and objectives of service

The Commissioner requires a direct access community diagnostic endoscopy service with staff qualified to appropriate levels of skill and experience, using endoscopy equipment and within facilities that comply with and/or have achieved JAG accreditation, connection to NHS information and image transfer solutions, the ability to integrate with the Choose and Book system, robust performance management systems and stringent levels of clinical governance.

The care pathway being commissioned is pre-appointment communication (in part to determine appropriateness for service) with patients (including discussion about bowel prep), the diagnostic investigation, treatment, where appropriate and a report being sent to the referrer which covers not only the description of the investigation and the findings but also where appropriate covers any recommendations for further investigation and advice on management.

Structured reporting will be encouraged to support local referrers in their options for further clinical management.

The service shall need to be fully quality assured, validated and supported by the local commissioners.

2.1.1 Service Aim

The aim of the service is to aid early diagnostics and avoid the need for unnecessary referral to secondary care, and to support the shift of activity into a primary care setting where this will improve access.

Where there are clear secondary care clinical pathways with endoscopy as a core component , it is more appropriate for this diagnostic to be undertaken as an integral part of the clinical pathway (for example Iron Deficiency Anaemia Clinics).

Additional aims of the service include:

- To operate to evidence based pathways covering the defined presentations and conditions delivering safe, person centred care;
- To ensure referrals are available on choose and book using agreed local templates;
- To offer patients a choice of location, as close to their home as possible;
- To work with commissioners and other providers to ensure an integrated network of services;
- To collect and publish audit data on a variety of performance, service user and quality criteria and works collaboratively with the commissioners to implement service development as a consequence of the feedback;
- To work collaboratively with other providers to ensure that transfer of care protocols are developed and followed which ensure that service users have a seamless pathway.

2.1.2 Service Objectives

By commissioning a community based Diagnostic Endoscopy Service it is intended that:

- the majority of patient requiring uncomplicated diagnostic endoscopy within Dorset will be managed in the community;
- the service quality and outcomes will be comparable with or better than other similarly accredited services;
- waiting times will be managed within the nationally set access targets;
- to contribute to the training and development of the Primary Care workforce through the provision of advice and guidance on appropriateness of referrals and further treatment advice;
- the service achieves A or B scores in all appropriate categories of the Global Rating Scale and achieves JAG accreditation within 12 months;
- patients shall receive a quality service which is measurable and reportable to the commissioners.

2.2 Service Description/Care Pathway

The provider is responsible for the costs associated with delivering the service except where stated within the specification.

2.2.1 Clinical Responsibility

For the avoidance of doubt the Patient's GP shall remain the most responsible person within the overall care pathway. Once a referral has been accepted medical responsibility for the Patient's care during the procedure will transfer to the Endoscopist employed by the provider, whether directly or through sub contractual agreement.

2.2.2 Service Description

The community diagnostic endoscopy service will provide local access for symptomatic patients who are referred by their GP. As well as diagnostic procedures the service will also be able to remove polyps of <1cm, where accessible and patient tolerance allows.

General eligibility criteria include:
- Patients must be over 18 years of age;
- Patients must have been assessed (by telephone) as not requiring acute hospital care;
- Cancer is **NOT** thought to be the most likely diagnosis (patients with suspected cancer must follow the 2 week cancer pathway).

The service shall offer assessment, diagnostic tests and some treatments for patients presenting with the following conditions:
- Dyspepsia
- Reflux
- Abdominal Pain
- Diarrhoea
- Constipation
- Change in bowel habit
- Rectal bleeding

The service shall provide the following list of diagnostic services;
- OGD (Oesophagastroduodenoscopy)
- Colonoscopy
- Flexible Sigmoidoscopy
- Polypectomy

The service should have access to the following:
- Histopathology

2.2.3 Exclusion Criteria

Suspected malignancy will not be included in the service but it is recognised that some malignancies may be identified or suspected once assessment has taken place.

Specific exclusion criteria include;
- Suspected cancer diagnosis;
- Removal Polyps >1cm (these should be photographed and tattooed before sending to a secondary care service);
- Patients with NYHA class 4 heart failure and/or severe renal failure is contra-indicated.

Where complex non-urgent assessment or treatment is required, the patient will be referred back to the GP for onward referral with a choice of provider.

2.2.4 Referral

Referral should be via the Choose and Book system. Providers would be expected to be connected to the Choose and Book system as an indirectly bookable service, at the earliest opportunity with patients being given a telephone appointment slot to be assessed for appropriateness before being accepted by the service.

It is anticipated that the majority of referrals will be generated/referred by and then returned to the care of their General Practitioners; however provider activity will be driven by patient choice;

Only referrals made using the mandated referral form will be accepted by the provider. Incomplete referrals or those made without the mandated form will be rejected and returned to the referring GP. This is vital as the mandated from will reflect the GPs views about suitability for any bowel preparation which is a national requirement.

Some referrals may be received from secondary care following specific agreement with local commissioners, for example planned (surveillance) patients.

Providers must provide literature for General Practitioners 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.

Patients will directly contact the service to book an appointment and they should be offered choice regarding the day and time of appointment that is most convenient to them.

The Provider should ensure patients have an adequate understanding of the proposed endoscopic procedure before the appointment and that they understand the particular preparations that they will need to make, by providing written information about the purpose of the procedure, what it involves and how they can expect to receive results. This should be reinforced on arrival at the appointment, consistent with the written information already received.

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 characteristic.

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, in order to:

- Minimise clinical risk arising from inaccurate communication;
- Support equitable access to healthcare for people for whom English is not a first language;
- Support effectiveness of service in reducing health inequalities

Providers shall supply to Commissioners detailed referral information to allow refinement of the clinical pathway, data will include:

- Name and role of referrer;
- Referring organisations
- DNA's.

DNA's

- Patients who refuse three reasonable appointment offers should be discharged back to their GP.
- If a patient DNA's (does not attend their appointment without previously notifying the provider) the provider should not offer an alternative appointment without first receiving a re-referral from their GP. The provider will not be paid for appointments where the patient has failed to attend a booked appointment.
- The commissioner does NOT pay for patients who DNA their appointment.

2.2.5 Patient Preparation

The Provider should ensure patients have an adequate understanding of the proposed endoscopic procedure before the appointment and that they understand the particular preparations that they will

need to make before attending on the day, with specific regard to medications, bowel preparation and fasting as appropriate.

Any patient prescribing must remain consistent with the Primary Care Trust prescribing policies. All medicines administered including bowel preparation and sedation will be done in accordance with all relevant regulations and guidance.

The provider shall ensure that NPSA/2009/RRR012 – Reducing risk of harm from oral bowel cleansing solutions (published in February 2009) are followed

2.2.6 Assessment

Endoscopy should be undertaken within 20 working days of acceptance of referral and at an absolute maximum of 25 working days (6 weeks) in order to ensure achievement of the national access targets.

Written consent must be obtained for all patients having an endoscopic procedure in compliance with General Medical Council standards.

The service provider should ensure that all patients are assessed on arrival by a competent and suitably trained clinician.

This assessment is used to identify suitability of any patient attending the service for a procedure.

The assessment for procedures should be conducted with the patient and recorded and include as a minimum:

- Patient demographics
- Appropriate medical history
- The patient understanding of the procedure to be carried out and consent to it
- Any contraindications
- Medical condition on arrival
- Mental capacity
- Adequate preparation
- Appropriate discharge arrangements
- Baseline observations and abnormalities
- Sedation requirements
- Moving and handling risk assessment

Patients must be offered the option of a chaperone for the examination. The definition of intimate or invasive may differ between individual patients for ethnic, religious or cultural reasons.

The provider should be aware of the weight limit for examination couches and trolleys and ensure that the appropriate equipment is available or make suitable alternative arrangements when necessary.

- The provider shall 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 clinician will use their knowledge and discretion to determine the appropriateness of imparting the result within their scope of practice.

2.2.7 Discharge Planning

Patients attending for Endoscopy will be discharged home on the day of attendance.

Plans for care on discharge should be discussed with the patient on booking the appointment and again on the day of the procedure.

Patients without suitable discharge care **should not** undergo the procedure until the situation is resolved.

For the small number of patients requiring admission to secondary care the service provider should ensure that the patient is transferred to the appropriate speciality and that transfer documentation, including test results are complete so as to prevent unnecessary duplication or delays in the overall pathway of care.

2.2.8 Referral to other Services

The Provider shall be expected to work and liaise with secondary care providers for referral into their services where required. However, the Provider shall avoid referring to another provider any non-urgent or routine treatment without first referring the matter to the Patient's GP.

The Provider shall demonstrate appropriate mechanisms for the emergency transfer of patients suffering complications of procedures.

2.2.9 Transfer of Care

The Service Provider must ensure robust processes are in place for the rapid transfer to specialties within Secondary Care where the patient's condition warrants this transfer. These protocol's must be agreed between the service provider and the secondary care provider and attached to the contract.

The Service Provider must ensure the unit and all clinical staff are trained and competent to manage patients in the event of cardiac arrest, respiratory arrest, perforated bowel or anaphylaxis.

2.2.10 Patients with suspected Cancer

Following the procedure patients with suspected cancer or unexpected cancer on histology must be referred to the cancer Multidisciplinary team immediately.

The provider must ensure robust pathways are in place between themselves, the GP's and Secondary care to facilitate this.

The expected pathways are set out in Appendix A2-A3

2.2.11 Pathology

The service provider must contract with an accredited histopathology provider and ensure appropriate sample turnaround times.

Negative test results may be given to patients in writing. Positive results will be given in face to face appointments with the appropriate healthcare professional. Patients should be advised of their results at the earliest opportunity.

If unexpected serious pathology is suspected at endoscopy, the provider will:

- Discuss the findings with the patient and the need for further investigation within the secondary care setting;
- Complete an endoscopy initial report detailing the findings and the subsequent discussions with the patient. Send this to the referring GP either electronically or via safe haven fax on the day of the procedure;
- Request urgent reporting of the sample by the pathology team;
- Using an agreed referral pathway with the Local Multi-Disciplinary Team, (on the day the patient is seen) contact the relevant clinician for immediate entry onto the cancer pathway, it is expected that this will be a Consultant within the Multi-disciplinary team;
- Send a copy of the endoscopy initial report, including any photographic images to the GI/Colorectal Cancer MDT coordinator at the relevant acute Trust;
- Inform the appropriate nurse specialist;
- Ensure that the Endoscopist who carried out the procedure (and the histopathologist if service not contracted from the local secondary care pathology Department) is available to discuss the case either in person or by telephone at the relevant MDT meeting;

- Providers shall be expected to devise and demonstrate a clear pathway for suspected cancer referrals to local acute Trusts.

If the routine pathology report reveals unexpected serious pathology the provider will;

- Arrange for the patient to have a face to face appointment with the appropriate health care professional to discuss the findings and the need for further investigation within the secondary care setting;
- Send the pathology report and planned referral pathway to the referring GP either electronically or via safe haven fax on the day the report is received;
- Using an agreed referral pathway with the Local Multi-Disciplinary Team, contact the relevant clinician for immediate entry onto the cancer pathway, it is expected that this will be a Consultant within the Multi-disciplinary team;
- Send a copy of the endoscopy initial report, including any photographic images to the GI/Colorectal Cancer MDT coordinator at the relevant acute Trust;
- Inform the appropriate nurse specialist;
- Ensure that the Endoscopist who carried out the procedure (and the histopathologist if service not contracted from the local secondary care pathology Department) is available to discuss the case either in person or by telephone at the relevant MDT meeting;
- Providers shall be expected to devise and demonstrate a clear pathway for suspected cancer referrals to local acute Trusts.

The provider follow agreed Pan Dorset protocols for referral of patients with complex pathology (not cancer) to ensure a seamless transition between services that ensures patients are seen quickly.

2.2.12 Report

A written clinical report should be sent to the referrer (and GP if this is not the same individual) within [2] working days following the procedure with the maximum being [5] working days. The aim should be to deliver this information electronically by a secure network

The provider shall ensure that a diagnostic report is produced and as a minimum it shall provide the referrer with:

- An initial diagnosis;
- Information about any biopsies taken and details of when results can be expected;
- Details of any medication changes advised
- Details of any suggested lifestyle changes
- Details of any onward referrals, including referral to secondary care if appropriate

The report must be documented in the patients records, communicated to the patient, the GP and to relatives/carers as appropriate, and should form part of any onward referral to secondary care.

A final report should be sent following any biopsy results as set out in Appendix A1.

2.2.13 Locations of Service and Facilities

The service is intended to provide equitable access to a community based diagnostic endoscopy service for the residents of Dorset and should normally be within 20-30 minutes drive radius of the patients' GP practice.

The Provider shall ensure the service has sufficient onsite parking to accommodate patients and is accessible by public transport.

Patients will be managed within single sex facilities as set out in the NHS Constitution.

Facilities will have a suitable recovery area available to allow patients adequate time, where necessary to recover following any procedure.

Attention should be given to the location of endoscopy rooms in relation to decontamination or

recovery areas. There must be a dedicated decontamination area with:

- Automated Endoscope Reprocessing machines (AER) that are compliant with HTM-01/ISO 15883 standards;
- a one way flow for endoscopes;
- separation of dirty/clean/storage; and
- Adequate ventilation and extraction to ensure that staff and patients are not exposed to hazardous chemicals.

Providers should describe how they will comply with the standards set but the national Endoscopy team in the publication Decontamination Standards for Flexible Endoscopes (March 2008)

The Provider shall be responsible for ensuring they are registered with the Care Quality Commission to provide the service from their chosen location(s).

Where the service is being provided within another organisations facility, it is the provider's responsibility to ensure that the facility being used is JAG accredited and to show how the service integrates into the overall governance structure of the organisation.

2.2.14 Days/Hours of Operation

The provider shall ensure the service has sufficient clinics to meet waiting times. Opening times and days maybe flexed to meet demand and support patient choice.

The service shall provide a telephone contact number for patients to call if they have any problems post endoscopy.

2.2.15 Workforce/Training and Education/Research

It is the responsibility of the provider to recruit/provide suitable personnel and as such the provider will determine the exact person specification. However the following guidelines will apply to all staff groups including temporary staff, e.g. NHS bank and agency:

- Staffing levels will be consistent with the British Society of Gastroenterologists standards for best practice;
- Staff will have appropriate clinical and managerial qualifications for their role;
- Staff will be qualified and registered (where appropriate) in accordance with their anticipated scope of professional responsibility;
- Professional accountability must be formulated within an agree governance structure;
- Staff will have a commitment to continuing professional development through the pursuit of relevant professional and academic study;
- Staff will participate in regular personal performance reviews including the development of a personal development plan
- Appropriate supervision arrangements for all levels of staff will be in place, including induction and clinical supervision;
- All staff will be required to attend relevant mandatory training;
- All staff will be required to satisfy appropriate CRB checks;
- All staff shall be appropriately trained/qualified and registered to undertake their roles and responsibilities.

As set out by the Care Quality Commission, registration documentation will be held on record by the provider for all medical staff and will be available for inspection. A certificate of registration will be prominently displayed by the provider in all sites that the service is provided from.

Policies and protocols will be available with a system in place to ensure staff compliance.

An appropriately qualified and experienced medical lead for the service will be required with responsibility for overseeing the clinical governance framework and processes.

2.2.16 Endoscopists

The service provider shall be responsible for ensuring that Endoscopists are competent , hold current professional registration and indemnity insurance and who also meet the following criteria;

- be fully certified by the Royal College Special Advisory Committee, following assessment by the Joint Advisory Group (JAG) on colonoscopy and flexi Sigmoidoscopy;
- perform more than 200 endoscopic procedures, of each type per year;
- annually undertake an observed 'appraisal list' with an approved assessor;
- undertake annual peer supervision;
- maintain a professional development logbook, recording number (by type) of endoscopic procedures per year, practical supervision received, courses attended and other related further education
- be in receipt of feedback on performance

2.3 Population covered

Patient using the service will be registered with a GP practice within either NHS Dorset or NHS Bournemouth and Poole.

2.4 Interdependencies with other services

The majority of patients will be referred by and then returned to the care of their usual GP.
A small number of patients may have serious pathology identified and they will require onward referral to secondary care.

Key interdependencies include;

- GPs
- Secondary care
- Endoscopy Units
- Gastroenterology Services
- Gastrointestinal Surgical teams
- Histopathology Services
- Pain services
- Patient Contact Centre
- Community Hospitals

2.5 Other

2.5.1 Management and Leadership

There is a contractual requirement for the provider to satisfy the commissioner that they have an organisational structure that clearly identifies responsibilities and accountabilities in the following areas:

- Managerial leadership
- Professional leadership
- Clinical leadership
- Clinical governance
- Corporate governance

The service should be provided in line with the patient and public rights and the values set out within the NHS Constitution[6]

1. www.dh.gov.uk/en/Publicationsandsstatistics The NHS Constitution (January 2009)

2.5.2 Quality and Safety

The provider shall be expected to fully comply with the relevant elements of the British Society of Gastroenterologists (BSG) Quality and Safety markers for endoscopy and the BSG guidance on sedation and analgesia.

The provider shall have a framework that assures patient and staff safety and is supported by a range of policies and strategies including as a minimum:

- Incident and serious incident reporting
- Risk management
- Clinical governance strategy
- Health and safety policy
- Chaperone policy
- Policy for the protection of vulnerable adults
- Emergency and contingency procedure policies

2.5.3 Global Rating Scale (GRS)

The service Provider shall be expected to complete the Global Rating Scale assessment on a six monthly basis (April and October) and consistently achieve a score of 'A' or 'B' across all domains (i.e. consent process including patient information, Safety, comfort, Quality of procedure, Appropriateness, Communicating results to referrer) in their existing service. The assessment covers the following areas:

- Timeliness
- Staffing
- Clinical quality
- Quality of patient experience
- Workforce
- Training
- Unit design and layout
- Decontamination

2.5.4 Governance

The Provider shall have an established Clinical Governance programme which as a minimum covers the following:

- Patient, public and carer involvement;
- Risk management, including incidents and complaints;
- Staff management and performance, including recruitment, workforce planning and appraisals;
- Education, training and continuous professional development;
- Clinical effectiveness and audit;
- Information governance;
- Communication both internal and external; and
- Leadership at all levels of the organisation.

The provider shall share key clinical governance information with commissioners and through them the local acute Trust.

The provider shall act on any recommendation in any Care Quality Commission report that the Independent Regulator requires to be implemented or is otherwise agreed by the parties to be implemented. Results and recommendations from annual Care Quality Commission audits will be built into a programme of continual improvement.

2.5.5 Information Governance

The Provider shall identify an Information governance lead.

The Provider shall have in place a completed NHS Information Governance Statement of Compliance (IGSoC) process, comprising:

- IGSoC signed by the most senior executive in the organisation, and sent from that individuals mailbox (usually the CEO) to igsoc@nhs.net;
- Logical Connection Architecture – a description of the applying organisations network

infrastructure;
- Sponsorship letter from the NHS organisation to whom you provide services.

All IGSoC processes will have to be approved via Connecting for Health IGSoC Team. http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/igsoc

The provider must complete and provide evidence that they have achieved minimum of level 2 scores for their organisations Information Governance Toolkit http;/www.igt.connectingforhealth.nhs.uk/

The Provider shall comply with all relevant national information governance and best practice standards including:
- NHS Security Management – NHS Code of Practice;
- NHS Confidentiality – NHS Code of Practice;

The Provider shall participate in additional Information Governance audits agreed with the Commissioner.

2.5.6 Patient Satisfaction and Complaints

Patients must at all times be respected and treated in a kind and considerate manner by staff who should at all times demonstrate a professional and patient friendly attitude.

The provider shall conduct a six monthly patient satisfaction survey using a questionnaire agreed with the commissioner. The sample should be drawn from patients seen during the six month period and should represent at least 10% of the activity.

The Provider shall participate in commissioner led patient satisfaction surveys in addition to the six monthly surveys with prior notice from the commissioner in support of developing care across the whole health community.

The provider shall operate a complaints procedure that is in line with existing NHS Complaints standards, and shall promote this to patients, providing clear details of who to contact and how to escalate complaints to the commissioner if they do not feel their concerns have been addressed.

In addition to providing the commissioner with a monthly summary of complaints received, the service provider shall keep appropriate records of all complaints (verbal and written), which shall be available for audit.

The commissioner expects the service provider to comply with national policies and local arrangements for notification and investigation of Serious Untoward Incidents (SUIs) and Never Events as set out in the body of the contract..

2.5.7 Patient Consent

The Provider shall ensure that written informed consent is provided for all endoscopic procedures carried out, in compliance with GMC standards.

If English is not the first language, the patient is supported by a translator from a service provider recognised by the Commissioner.

The Provider shall send the necessary procedure information and consent forms to patients ahead of the appointment so the patient is prepared for their appointment and postal consent can be obtained. The clinician will nonetheless give the patient a clear explanation of the procedure, the after effects and risks at their appointment before undertaking the procedure.

2.5.8 Subcontracting

The service Provider shall ensure that no part of the service outlined in this specification may be subcontracted to any other party than the approved provider without prior agreement and approval of

the commissioner.

Any sub contracting agreements must meet the requirements of the standard NHS contract as published by the Department of Health.

2.5.6 Medicines Management

The service provider shall ensure that any prescribing follows the current recommendations of the commissioner and shall ensure the safe and legal storage, dispensing, disposal of medicines and prescriptions are adhered to.

The service provider shall ensure that where medications are used and prescriptions are written they conform to the commissioner's drugs formulary. Bowel preparation must conform with agreed

The provider has full responsibility for the cost of any drugs prescribed within the service.

2.6.9 Protection of Vulnerable Adults

The provider shall ensure that concerns are reported to Social Services direct or the relevant local team and the Policy for Vulnerable Adults adhered to. It will then be the responsibility of the social services team to take the matter forward via an investigation or planning process.

The Police shall also be contacted where it is thought a criminal act may have been committed.

3. Applicable Service Standards

3.1 Applicable national standards e.g., NICE, Royal College

In providing a Community Diagnostic Endoscopy Service the Provider is expected to fulfil the recommendations of the following National and local policies and guidelines as set out within this specification, including:

- Care closer to home[1]
- Joint Advisory Group for gastrointestinal endoscopy[2]
- NICE guidance for Gastrointestinal endoscopy including
    - The Cancer Strategy – CG 27 on referral for suspected cancer[3]
    - CG17 NICE Clinical Guidance Dyspesia[4]
- British Society of Gastroenterology[5]
- Pan Dorset referral and practice guidelines.

1. Our Health, our care, our say: a new direction for community services
2. http://www.thejag.org.uk
3. http://guidance.nice.org.uk/CG27
4. http://www.nice.org.uk/nicemedia/pdf/CG17NICEguideline.pdf
5. http://www.bsg.org.uk/clinical/general/guidelines.html

3.2 Applicable local standards

CQUIN will be applicable to this service at 2.5% and details will be set out within Section B Part 9.2 of the 2012/12 NHS Standard Contract.

4. Key Service Outcomes

4. Key Service Outcomes

- The majority of patients requiring uncomplicated diagnostic GI endoscopy in Dorset are managed in the community;
- Reduction in attendances to secondary care;
- Patients have their diagnostic procedure in a locally accessed environment which meets legislative requirements;
- Waiting times will be managed within the nationally set access targets with the majority of patients being seen within 4 weeks and within a 6 week maximum;

5. Location of Provider Premises

The Provider's Premises are located at:

[Name and address of the Provider's Premises **OR** details of the Provider's Premises **OR** state "Not Applicable"]

6. Individual Service User Placement

[Insert details including price where appropriate of Individual Service User Placement]