# SCHEDULE 2 – THE SERVICES A. Service Specifications

Service Specification No.	03/CVDS/0007
Service	Echocardiology Service
Commissioner Lead	CCP for Cardiovascular Disease & Stroke
Provider Lead	Rebecca Jones
Period	1 April 2013 to 31 March 2014
Date of Review	To be Agreed

#### 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	

#### 1. Purpose

#### **1.1 Aims**

Toprovide a safe, high quality and cost effective echocardiographyservice in the community by a suitably qualified provider, with demonstrable clinical skills and competencies, training and experience for the diagnosis and reporting on results of Echocardiogram measurement of non-urgent patients living in Poole in line with the agreed referral criteria.

#### 1.2 Evidence Base

- Implementing Care Closer to Home: Convenient quality care for patients
- Transforming Community Services, DH, January 2009
- High Quality Care for All, NHS Next Stage Review Final Report, DH, June 2008
- NHS Next Stage Review, Our Vision for Primary and Community Care, DH, July 2008
- Right Test, Right Time, Right Place Royal College of Radiologists and Royal College of GP's 2006

#### 1.3 General Overview

Dorset Healthcare University NHS Foundation Trust supports the need to develop improved access to diagnostic tests as part of the 18 week RTT process. This ensures, where possible, patients are able to access appropriate diagnostic tests as early as possible in their pathway to inform commencement of treatment.

The need to develop diagnostic services is supported by the Royal College of Radiologists and Royal College of General Practitioners as part of a service strategy to improve access to tests and ensure these tests are delivered at the right stage of the patient care pathway.

Diagnostic access is an integral part of many treatment pathways and is a key performance indicator for the

delivery of referral to treatment delivery times and stage of treatment milestones.

Some patients will be able to access diagnostics in the community as part of their primary care treatment. Others may need access to diagnostics as part of Consultant led care.

Echocardiology has become a common diagnostic test in cardiac care. It aids diagnosis allowing patients to then receive treatment which may include medical or surgical care, inpatient or outpatient care.

#### 1.4 Objectives

The objectives of the service are:

- to provide safe, high quality, cost effective non invasive cardiac diagnostic information
- to promote patient independence through evidence based practice including health promotion programmes; promoting ongoing health education including keeping individuals mobile and independent;
- to develop and inform local care pathways and protocols, ensuring an integrated and effective approach to cardiology issues;
- to provide a responsive service achieving national and local waiting time targets;
- to reduce 'inappropriate' referrals to secondary care;
- to plan service improvements in collaboration with patients, their carers and other appropriate health and social care professionals.
- To ensure patients receive the right test at the right time and in the most clinically appropriate setting
- To ensure diagnostic tests are of high quality, with timely access and reporting.
- To develop local service provision as part of a diagnostic commissioning plan which aims to improve access and choice for patients.
- To enable the early identification of patients with heart failure and subsequent management of these patients within primary care.
- To reduce demand and waiting times for secondary care echocardiography services to assist the achievement of 18 week pathways.
- To provide a community echo service which is closer to home for patients
- To improve the quality of GP referral and management of cardiology within primary care.

#### 1.5 Expected Outcomes

- Accurate and timely echocardiogram results
- · Accurate and timely reporting systems
- Safe data handling in line with DHUFT policy
- Reductions in inappropriate referrals to secondary care:

#### 2. Scope

#### 2.1 Service Description

The service will be provided by an accredited provider offering echocardiology assessment, for patients with suspected cardiac conditions referred by local GPs including:

Patients with suspected cardiac failure, adults with asymptomatic heart murmur for routine investigation and adult patient with atrial fibrillation

Patients under 18 years of age access the cardiac services through Poole or Royal Bournemouth Hospitals

The service is for people aged 18 and above.

#### 2.2 Accessibility/acceptability

Echocardiology Referral Guidelines (Appendix A)

#### 2.3 Whole System Relationships

Poole GPs

Poole Hospital NHS Foundation Trust

#### 2.4 Interdependencies

Hospitals Cardiology services to provide some specialist advice where appropriate.

General Practitioner Commissioning groups/local commissioning services

#### 2.5 Relevant networks and screening programmes

Acute based cardiology services local to this service.

#### 3. Service Delivery

#### 3.1 Service model

The service will:

- ensure that all referrals are dealt with in a quick efficient manner with an assessment date being offered for patients within national No Delays (RTT) targets
- offer a choice of appointments wherever possible;
- demonstrate that clinical activities undertaken will be evidence based and delivered according to local and national clinical guidance including NICE;
- provide education and advice to GPs, practice nurses, health visitors, Sure Start staff and district nurses;
- provide any interpreting and communication support services necessary, either by direct provision or by contract with a third party, 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 services in reducing health inequalities.

#### **SERVICE QUALITY**

Processes in place for promoting high standards to include:

- appointing appropriately qualified and experienced clinicians;
- training, supervision and appraisal of all staff:
  - all staff have a personal CPD programme;
  - all staff are supervised by an appropriate mentor
  - an annual appraisal PDR process in place;
- clinical audit;
- incident reporting: the service works to the standard Dorset HealthCare University Foundation Trust system;
- monitoring and learning lessons from complaints / patient experience.

#### 3.2 Care Pathway(s)

### 4. Referral, Access and Acceptance Criteria

#### 4.1 Geographic coverage/boundaries

Poole GP area

#### 4.2 Location(s) of Service Delivery

Poole NHS Health Care Centre

Days/Hours of operation08.00 to 17.00 Monday.

#### 4.3 Referral criteria & sources

Dorset HealthCare University Foundation Trust Echocardiology Referral (Appendix A)

General Practitioners referrals to the service

Other sources to be agreed with commissioners

#### 4.4 Referral route

General practitioners (Via Choose & Book / RMS)

Other clinicians to Nursing service

#### 4.5 Exclusion criteria

#### 4.6 Response time & detail and prioritisation

The access criteria are to be defined by Dorset Healthcare University Foundation Trust. Echoservices will ensure patients are seen within Framework for Scheduled Care targets.

#### 5. Discharge Criteria and Planning

#### Not applicable

#### 6. Prevention, Self-Care and Patient and Carer Information

## Not applicable

#### 7. Continual Service Improvement/Innovation Plan

Description of Scheme	Milestones	Expected Benefit	Timescales	Frequency of Monitoring
Work towards reducing triage and increase education in Primary care	To be agreed	Reduction inappropriate referrals to secondary care services	To be agreed	To be agreed

#### 8. Baseline Performance Targets – Quality, Performance & Productivity Frequency of Performance Indicator Indicator Threshold Method of Monitoring Measurement 99% of patients whose referral to -A fine of 2% of diagnostic is within national Diagnostic 99% monthly contract target of 6 weeks Monthly value will be Monthly Score Card applied if any <1% of patients should wait six weeks or 1% breaches occur. more for a diagnostic test (of total patients

waiting)		
Access		
Additional Measures for Block Contracts:-		
Staff turnover rates		
Sickness levels		
Agency and bank spend		
Contacts per FTE		

## 9. Activity

#### 9.1 Activity

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Activity Performance Indicators	Method of	Baseline	Threshold	Frequency of
	measurement	Target		Monitoring
	Activity Report			Monthly

## 9.2 Activity Plan / Activity Management Plan

Monthly activity reports Monitoring recommended as follows:

## 9.3 Capacity Review

## 10. Currency and Prices

## 10.1 Currency and Price

Basis of Contract	Currency	Price	Thresholds	Expected Annual Contract Value
Block/cost &volume/cost per case/Other*		£		£
Total		£		£

<sup>\*</sup>delete as appropriate

## 10.2 Cost of Service by Commissioner

Total Cost of Service	Co-ordinating Commissioner Total	Associate Total	Associate Total	Associate Total	Total Annual Expected Cost
£	£	£	£	£	£