

**SCHEDULE 2 – THE SERVICES**  
**A. Service Specifications (B1)**

<b>Service Specification No.</b>	04/MSKT/0011
<b>Service</b>	Radiology Department – Diagnostic X-ray-Swanage and Wimborne Hospital
<b>Commissioner Lead</b>	CCP for Musculoskeletal & Trauma
<b>Provider Lead</b>	Norma Lee / Cara Southgate / Sally O'Donnell
<b>Period</b>	2013/14
<b>Date of Review</b>	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**

- To Provide a high quality, cost effective diagnostic X-ray service
- To carry out diagnostic X-ray examinations in accordance with IRMER 2000 (medical exposure), Royal College of Radiologists guidelines and local policies and protocols.
- To carry out diagnostic X-ray examinations in accordance with the ALARP principle (i.e. keeping patient doses “as low as reasonably possible”).
- To carry out diagnostic X-Ray examinations within a community hospital setting for patients within the local community and surrounding areas who are referred by their G.P, and other hospitals.
- To carry out diagnostic X-ray examinations for patients referred by Victoria Hospital, Wimborne and Swanage hospital Minor Injuries Unit, Out Patient Department, Ward and Theatre.

**1.2 Evidence Base**

- All relevant NICE guidance and National Service Frameworks.
- Royal College of Radiologists guidelines.
- IRMER 2000 (medical exposure)

**1.2 Objectives**

To offer the local community an easily accessible and local diagnostic X-ray service, which provides the benefits of local knowledge of the community and therefore providing a more personal service with caring, friendly and polite staff whose primary objective is the care of their patients and making the patient experience a positive one.

**1.3 Expected Outcomes**

Delivery of a service which

- Meets the patients needs offering a range of appointment times based on patient choice.
- Supports carers.
- Works with other professions and agencies to ensure optimum outcome for patients.
- Has high patient satisfaction ratings.
- Ensures all patients are offered an appointment within 7-10 days from the date of referral from their G.P and that all hospital referrals are carried out on the day of referral whenever possible.
- All diagnostic X-Ray reports are returned to the referring clinician within 10 days of the patients appointment.
- Reports for urgent referrals for Diagnostic X-ray are returned to the referring clinician within 3 days of the patients appointment.
- Respects equality and diversity.
- Produces high quality diagnostic images for interpretation by the Radiologist.
- High standards of cleanliness and infection control.
- High level of quality control achieved by regular quality assurance tests being performed on equipment and a regular preventative maintenance schedule.

Regular clinical and IRMER audits are carried out to ensure that the above outcomes are met.

## 2. Scope

### **2.1 Service Description**

Radiographers work closely with other members of a multidisciplinary team such as MIU nurses, local G.P.'s, visiting consultants and Radiologists at Poole hospital, to ensure that a high quality diagnostic service is delivered to patients.

### **2.2 Accessibility/acceptability**

- Based at community hospital.
- Arrangements are made for patients who may have difficulty accessing the service due to disability such as arranging transport to and from hospital.
- All referrals are appointed within 7-10 days of referral date.
- All urgent referrals are appointed within 3 days of referral date and where possible the diagnostic examination is carried out on the same day.
- The service aims to meet all SHA targets including RTT.
- Service is aware and responsive to age, culture, disability and gender sensitive issues.

### **2.3 Whole System Relationships**

The service works closely with local G.P's, consultants in the Out Patient Department, ward staff, minor injury unit staff, theatre staff, hospital and community physiotherapists and maintains a strong link and working relationship with the radiology department at Victoria hospital, Wimborne and radiologists and radiographers at Poole General Hospital, and staff from the Medical Physics Department at Poole Hospital.

### **2.4 Interdependencies**

Orthopaedic, Urology, Rheumatology, Cardiology and other Out Patient clinics at Victoria Hospital, Wimborne, Swanage Hospital. MIU. Wards. G.P's at local and surrounding area surgeries such as Swanage, Corfe Castle, Wareham, Broadstone, Corfe Mullen, Verwood Cranborne and Ferndown

## **2.5 Relevant Clinical Networks and Screening Programmes**

N/A

## **2.6 Sub-contractors**

Radiologists at Poole General Hospital are contracted for the purpose of interpretation of images.

## **3. Referral, Access and Acceptance Criteria**

### **3.1 Geographic coverage/boundaries**

NHS Dorset patients

### **3.2 Location(s) of Service Delivery**

Radiology Department, Swanage Hospital.

Radiology Department, Victoria Hospital, Wimborne

### **3.3 Days/Hours of operation**

Swanage Monday – Friday 9am – 1pm

Victoria Hospital, Wimborne Monday-Friday 8.30am-5pm

### **3.4 Referral criteria & sources**

Patients of all ages requiring diagnostic imaging for a wide range of musculoskeletal and medical complaints whose referrals comply with the guidelines set down by the Royal College of Radiologists.

Referrals considered to be urgent are:-

- Those designated as urgent by the referring clinician.
- Patients severely disabled by their complaint and which is causing considerable discomfort and deterioration to their quality of life.
- All referrals for chest X-Rays.
- All referrals from Minor Injuries Unit and wards.
- All referrals for query bony injury.
- All referrals for query or known metastatic disease/cancer.
- All children ( 18 years and under).

This is not an exhaustive list of referrals which may be considered in need of an urgent appointment. Each referral is considered for urgency on it's own merits and may be done in consultation with the referring clinician and Radiologist.

### **3.5 Referral route**

Referrals are currently accepted by internal mail, external mail, fax, telephone-not accepted by phone at Wimborne and by hand. Where telephone referrals are made we request that paper copies of the referral are sent, faxed or brought to the appointment by the patient.

### **3.6 Exclusion Criteria**

Those referrals for diagnostic X-Ray examination that do not comply with the Royal College of Radiologists Guidelines.

### **3.7 Response time and prioritisation**

All patients are seen within 2 weeks of patient referral unless by patient choice such as unavailable due to work or holidays. Patients are typically seen within one week of referral and often sooner than this. Patients referred as urgent are seen within 3 days and often on the same day.

## 5. Discharge Criteria & Planning

For G.P referrals, patients are informed that their G.P should receive the report within 10 days of their appointment, sooner for urgent requests, and that the G.P will contact the patient if the report indicates that further treatment is necessary. Patients are requested to contact their G.P if they are at all concerned about their health in the interim.

Patients referred from MIU are told to return to that department and the images will be interpreted radiographer, using the “red dot system” and the referring nurse jointly and the patient treated accordingly. The Radiologist report will be made available to the referring nurse within 10 days of the diagnostic X-ray being carried out in order to cross check diagnosis.

For referrals from OPD the patient is referred back to that department and either the consultant interprets the images or another appointment is made for the patient when the radiologists report is available.

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

Patients or their carer are given clear instructions as to when and how to access their results of the diagnostic X-ray examination.

Details of appointment times are either given verbally over the telephone, which enables more patient choice on time and day or via letter – if not able to contact by phone or a patients disability dictates that appointment by letter would be optimum way of communication.

A clear, concise explanation is given to the patient/carers about the diagnostic procedure which is to be carried out and any necessary instructions given and verbal consent obtained. The patient is given time to express any concerns or ask any questions about the proposed procedure.

Questions in the services annual patient satisfaction survey consistently confirm that patients felt that they were given satisfactory information about their X-ray examination and that they felt comfortable and able to ask any other questions that they may have.

<i>7. Quality and Performance Indicators</i>	<i>Quality and Performance Indicator(s)</i>	<i>Threshold</i>	<i>Method of Measurement</i>	<i>Consequence of Breach</i>
HCAI Control	<b>See schedule 3 part 4a</b>			
Service User Experience				
Improving Service Users & Carers Experience				
Unplanned admissions				
Reducing Inequalities				

Reducing Barriers				
Improving Productivity				
Access				
Personalised Care Planning				
Outcomes				
Additional Measures for Block Contracts:-				
Staff turnover rates				
Sickness levels				
Agency and bank spend				
Contacts per FTE				

### 8. Activity

<i>Activity Performance Indicators</i>	<i>Threshold</i>	<i>Method of measurement</i>	<i>Consequence of breach</i>

#### Activity Radiology Swanage

##### 2009 Ultrasound ----- 2010

Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	January	Feb	March
93	108	90	105	98	97	122	107	92	86	88	96

##### 2009 Xrays ----- 2010

Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	January	Feb	March
268	262	309	287	237	253	265	257	239	226	259	335

##### 2010 Ultrasound ----- 2011

Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	January	Feb	March
113	83	96	106	94	85	124	97	97	86	77	

##### 2010 Xrays ----- 2011

Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	January	Feb	March
298	308	318	290	295	272	262	247	193	249	269	

#### Activity Radiology Wimborne

2009 Ultrasound										----		2010	
Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	January	Feb	March		
442	438	425	478	385	472	463	456	418	413	383	409		

  

2009 Xrays										-----		2010	
Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	January	Feb	March		
705	711	758	660	583	655	723	634	580	611	566	724		

  

2010 Ultrasound										-----		2011	
Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	January	Feb	March		
412	458	418	441	370	518	383	585	436	497	427			

  

2010 Xrays										-----		2011	
Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	January	Feb	March		
672	634	705	676	552	681	693	707	454	528	712			

  

9. Continual Service Improvement Plan

  

10. Prices & Costs

### 10.1 Price

Basis of Contract	Unit of Measurement	Price	Thresholds	Expected Annual Contract Value
Block Arrangement/Cost and Volume Arrangement/National Tariff/Non-Tariff Price_____*		£		£
2009 Quality Payment				
Total		£		£

\*delete as appropriate

### 10.2 Annual Contract Value by Commissioner

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