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|  | All District Health Boards |
| **SPECIALIST MEDICAL AND SURGICAL SERVICES-****COMMUNITY RADIOLOGY- (HOSPITALS)****SERVICE SPECIFICATION** |
| **Status:**This nationwide service specification describes the national minima of services to be funded or provided by a DHB.  |  |
| Review History | Date |
| Published on NSFL | **2004** |
| Amendment: defined Relative Value Unit, updated legislation references and Ethnicity Data Protocols for the Health and Disability Sector. | **January 2013** |
| Amendment: Added reference to the National Criteria for Access to Community Radiology (2015) | **April 2015** |
| Consideration for next Service Specification Review | **within five years** |

**Note:** Contact the Service Specification Programme Manager, National Health Board Business Unit, Ministry of Health to discuss the process and guidance available in developing new or updating and revising existing service specifications. Web site address Nationwide Service Framework Library: <http://www.nsfl.health.govt.nz/>

**SPECIALIST MEDICAL AND SURGICAL SERVICES -**

**COMMUNITY RADIOLOGY (Hospitals)**

#### SERVICE SPECIFICATION

**CS01001**

# SERVICE DEFINITION

The Community Radiology Service (the Service) provides diagnostic imaging services funded by District Health Boards to individuals referred by community-based practitioners[[1]](#footnote-1).

Diagnostic imaging services provide images of bodily structure and function to aid diagnosis and treatment. The range of diagnostic services includes the following procedures:

* conventional “plain film” X-ray with or without contrast
* diagnostic non maternity ultrasound
* fluoroscopy
* nuclear medicine
* diagnostic mammography for symptomatic women
* diagnostic mammography for asymptomatic women regardless of age who have:
* had a previous breast cancer
* a mother or sister with pre-menopausal breast cancer or bi-lateral breast cancer, or a breast histology demonstrating an at risk lesion
* a breast histology demonstrating an at risk lesion (for example, a typical hyperplasia.

Where community referred computerised tomography (CT scanning) and Bone Densitometry services have historically been provided by the District Health Board (DHB), they will continue to be provided under this service specification.

# SERVICE OBJECTIVES

## 2.1 General

Provision of community diagnostic imaging services as part of an integrated community based health service that:

* provides patients with quality and cost-effective services based on established professional and quality management standards and codes of practice
* encourages best use of resources in the aid of diagnosis in accordance with best clinical practice and the Radiology National Referral Guidelines
* improves the health of Māori which includes targeting services to best meet Māori need
1. provides timely reporting of results to referrers
2. provides specialist advice as required to ensure optimal patient management
3. ensures patient and staff safety at all times.

**2.2 Māori Health**

Refer to tier one Specialist Medical and Surgical Services service specification for Māori Health Objectives. In addition, the provider will develop and implement an annual plan that outlines how it will contribute to Māori Health Gain for the services contained in this service specification.

The plan should include the following objectives (as a minimum):

* how the provider will ensure that Māori utilisation is targeted to meet need
* how links with primary health care – Primary Health Organisations, general practice, community providers, Māori providers – are maintained and enhanced for Māori health gain
* how the links with the DHB Quality Plan and other contractual quality specifications, especially consultation with Māori, are established, and
* how these objectives will be monitored and measured for Māorihealth gain.

The Service will be delivered in a supportive manner, that respects the dignity, rights, needs, abilities and cultural values of the client, and their family/whanau.

# SERVICE USERS

The client group comprises eligible people [[2]](#footnote-2)who have been referred by General Practitioners, private medical specialists or other health practitioners approved for the purpose by the Ministry of Health.An Occupational Health Nurse may refer specifically for asbestos screening.

# ACCESS

## 4.1 Entry and Exit Criteria

The National Criteria for Access to Community Radiology (2015)[[3]](#footnote-3) although not mandatory, have been developed to assist primary care practitioners to manage radiology patients effectively in the community and to provide DHBs with a minimum benchmark of service provision. DHBs local access criteria are developed and defined in co-operation with referrers.

Access to the Service will be managed in such a way that priority is based on acuteness of need and capacity to benefit, in particular related to Māori.

**4.2 Time**

You will specify and publish the usual hours of operation, and arrangements for after hours and urgent services, prior to the commencement of this agreement.

Urgent diagnostic imaging services to assist in diagnosis and treatment in a primary care setting shall be provided as soon as practicably possible but be available to 70% of eligible people within 4 hours of an urgent referral.

# SERVICE COMPONENTS

## 5.1 Processes

You will ensure that all processes consider and meet the needs of Māori and are reviewed in conjunction with your requirements to consult with Māori and to agree a plan with us for implementation by yourselves. Accordingly, the above principle applies to all of the following clauses:

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| --- | --- |
| **Service Component**  | **Description** |
| Provision of diagnostic examinations | Preparation of patient, including provision/administration of any services, substances and supplies incidental to the procedure, and undertaking of the examination/procedure. |
| Reporting of examinations and other procedures | Provision of a written report to the referring practitioner within five working days unless required sooner on the findings /outcomes and other advice as appropriate. |
| Clinical advice and education | Advice to referring practitioners, including advice on the appropriateness of examinations. |

## 5.2 Settings

Provision of diagnostic imaging services conveniently located for the majority of residents. You will advise us of locations where services are usually provided by you, and the usual service hours. You will give us written notice if you propose to change these hours or locations.

## 5.3 Key Inputs

This service specification includes provision and administration of any services, substances and supplies incidental to the procedure.

# SERVICE LINKAGES

The Service will develop relationships with services / agencies to facilitate open communication, continuity of care, smooth referral and follow-up processes to ensure that the following principles are acknowledged:

* a continuum of care from primary health care services through to hospital and back to primary services, including those services funded via other funding streams
* safety for at risk patients
* regional linkages and co-ordination of services to ensure clients access appropriate services
* clinical consultation and referral services that support clinical pathways
* emergency management and disaster response is available and appropriate across the continuum
* linkages with other funders and providers, including community and social services, support a seamless service delivery and continuity care is maintained.

Linked services include but are not limited to:

1. primary care medical and nursing services, including Primary Health Organisations
2. Māori primary and community care services
3. Pacific Peoples primary and community care services
4. private specialists
5. midwifery services
6. hospital medical and surgical services
7. paediatric services
8. obstetric and gynaecology services
9. mental health services
10. accident and emergency services
11. intensive care units
12. operating theatre and anaesthetics
13. BreastScreen Aotearoa.

# EXCLUSIONS

This Service does not include:

1. Diagnostic imaging services provided for dental purposes, life insurance, superannuation or similar purposes, for visa or migration permits, for obtaining certificates of health or ascertaining a person’s condition of health for employment purposes, and for other purposes excluded in the Social Security (Diagnostic Imaging Services) Regulations 1991 and subsequent amendments.
2. Diagnostic imaging services provided as part of another agreement with us such as Medical/Surgical Services and BreastScreen Aotearoa services. Such services are covered under those agreements and are excluded from this agreement. (This includes diagnostic imaging services for individuals under treatment by DHBs in (or referred by) Emergency Departments, in outpatient departments, or as inpatients)
3. Diagnostic imaging services for people eligible for direct funding under the Accident Compensation Act 2001.
4. Community referred Magnetic Resonance Imaging (MRI)
5. Community referred Angiography
6. Community referred Computerised Tomography (CT) where this service has not been provided historically
7. Ultrasound examinations in relation to maternity services performed pursuant to notices issued under Section 88 of the Health & Disabilities Act 2000, or which are the subject of a separate purchase agreement. Primary referred ultrasound scanning will be provided and claimed under the Section 88 Maternity Notice.
8. Diagnostic imaging services, which are the subject of a separate purchase agreement.
9. Services provided without any substantial diagnostic justification.

# QUALITY REQUIREMENTS

## 8.1 General

The Service must comply with the Provider Quality Standards described in the Operational Policy Framework[[4]](#footnote-4) or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements. The following specific quality requirements also apply.

Community diagnostic imaging services must be delivered in accordance with professionally agreed codes of practice such as International Accreditation New Zealand (IANZ), and the Code of Practice for the use of X-rays in Medical Diagnosis - NRLC5 (Revised 2010). Providers should be accredited by IANZ (or equivalent body) to IANZ (or equivalent) standard or be in the process of working towards the accreditation.

You will have documented protocols for the following:

1. patient management including confidentiality and informed consent
2. equipment management
3. imaging procedures
4. post-imaging follow-up and referral
5. transfer and retention of patient records.

There shall be sufficient staff, with appropriate qualifications and training to conduct the Service’s work.

You will ensure that a hard copy of the results is made available to the referring medical practitioner within a maximum of one week after providing a diagnostic imaging service*.* Electronic reporting of results may be used also. In urgent cases a verbal report may be required. In such situations, results will be made available to the referring medical practitioner within a maximum of twenty four hours after providing a diagnostic imaging service.

All films or other diagnostic records shall be kept for a period of seven years, unless they are delivered to the patient, medical practitioner or DHB concerned with the subsequent management of the patient.

The copy of the report, films, plates, other diagnostic records, and/or where appropriate records of their delivery, shall be available for inspection by the accreditation body approved by the Ministry of Health for assessment purposes.

A copy of the referral form will be kept for a minimum of two years.

## 8.2 Access

1. Waiting times are maintained at an agreed rate
2. Access criteria are defined in the National Criteria for Access to Community Radiology (2015)[[5]](#footnote-5) and in line with the local access criteria. The DHB’s community radiology access criteria will be made available to referrers, and waiting times will be communicated clearly to referrers each 6 months
3. A booking system will be used for all referrals.

## 8.3 Acceptability

* Acceptability to Māori should be included in the review conducted by the provider in conjunction with Māori.
* Support services to Māori requiring community referred radiology services should be proactively offered and available.

## 8.4 Safety and Efficiency

1. All equipment is licensed with the National Radiation Laboratory (NRL)
2. The Service has the expertise and facilities to cope with acute anaphylactoid episodes.
3. All radiology examinations must be performed and reported by appropriately qualified staff.
4. Interpretation of results other than Nuclear Medicine scans must be undertaken by a Radiologist recognised by or registered with the Royal Australasian College of Radiologists.
5. Interpretation of Nuclear Medicine scans may be undertaken by a Physician in Nuclear Medicine registered with the Royal Australasian College of Physicians, or a radiologist appropriately licensed by the National Radiation Laboratory.
6. The results from any non urgent diagnostic image shall be made available to the referring medical practitioner within one week of the image being taken unless the practitioner requires the results sooner.
7. The results from any urgent diagnostic image shall be made available to the referring medical practitioner within 24 hours of the image being taken.

## 8.5 Facilities

1. You shall provide services from safe, well-designed, equipped and maintained premises which meet the legal and operational requirements which currently apply as set out in:
2. the Social Security (Diagnostic Imaging Services) Regulations 1991 and
3. the Ministry of Health’s Code of Safe Practice for the use of X-rays in medical diagnosis (NRLC5 1994) and
4. the Ministry of Health’s Code of Safe Practice for Nuclear Medicine (NRLC3 1994).
5. Equipment used shall be licensed, safe and maintained to comply with safety and use standards.
6. You will have in place a regular programme of equipment safety inspections. This must ensure that equipment is ready for use when required. Your equipment must be adequate to fulfil the requirements of this agreement.

# PURCHASE UNITS & REPORTING REQUIREMENTS

* 1. Purchase Units are defined in the joint DHB and Ministry’s Nationwide Service Framework Purchase Unit Data Dictionary. The following Purchase Units apply to this Service.

| **Purchase Code**  | **PU Description** | **PU Definition** | **PU Measure**  | **National Collections**  |
| --- | --- | --- | --- | --- |
| CS01001 | Community Radiology | Diagnostic imaging referred by a general practitioner or private specialist. | Relative Value Unit | National Non Admitted patient Collection (NNPAC)  |

* 1. The following table indicates the reporting units and the service specific performance indicators you will provide for all of the service categories in the Community Radiology sub-output.

|  |  |
| --- | --- |
| **PU****Measure** | **Reporting Requirements** |
| Frequency | Reporting Unit |
| Relative Value Unit (RVU) | Monthly | * Total number of RVU.

RVU is an individual operative/diagnostic/assessment procedure completed according to the Royal Australian and New Zealand College of Radiologists definition for RVUs and codes. |
|  | Quarterly | Number of procedures by RVU* by type (plain film, non maternity ultrasounds, fluoroscopy, diagnostic mammography, CT, nuclear medicine, other)

Number of clients* by ethnicity (NZ Māori, Pacific Island, Other)

Average waiting time* by type (plain film, non maternity ultrasounds, fluoroscopy, diagnostic mammography, CT, nuclear medicine, other)
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## Quality Measures

Specific quality measures for radiology services will be included among the quality measures reported. These are the waiting times for each procedure. These measures are defined as:

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| **Quality Measure** | **Definition** |
| Waiting time for a procedure | The average of the length of time from the date of referral to the date of procedure for each procedure |

## Service planning information

You will report annually to the Funder on planning and implementation of processes, which improve the responsiveness of your services to Māori as outlined above.

The following information will be collected for all patients and be made available to the Ministry of Health on request.

* Patient Name
* Patient NHI
* Patient Date of Birth
* Patient Gender
* Patient Ethnicity
* Referring Practitioner Name
* Referring Practitioner Registration Number
* Date of referral
* Date of procedure
* Type of procedure
* Site of Procedure (ie, lower limb, chest etc) as specified in the Schedule
* Date report provided to referrer

Ethnicity will be collected and reported according to the ‘Ethnicity Data Protocols for the Health and Disability Sector – 2004’ [[6]](#footnote-6) at Level 2.

1. Community Based practitioners are: General Practitioners, private medical specialists or other health practitioners approved for the purpose by the Ministry of Health. [↑](#footnote-ref-1)
2. The Eligibility Direction describes the groups of people who are eligible for publicly funded (ie, free or subsidised) health and disability services in New Zealand http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/eligibility-direction [↑](#footnote-ref-2)
3. The National Criteria for Access to Community Radiology (2015) is published at: https://www.health.govt.nz/publication/national-criteria-access-radiology-community [↑](#footnote-ref-3)
4. The current Operational Policy Framework is updated annually and published on http://www.nsfl.health.govt.nz/apps/nsfl.nsf/menumh/Accountability+Documents [↑](#footnote-ref-4)
5. [↑](#footnote-ref-5)
6. http://www.health.govt.nz/publication/ethnicity-data-protocols-health-and-disability-sector [↑](#footnote-ref-6)