

# Our iRefer Story: Implementing CDS in Primary Care

## Case Study

*'A journey you will not regret!'*

### BACKGROUND

The University Hospitals of North Midlands NHS Trust conducts 50,000 examinations monthly. In February 2023, they received funding from NHS England under the Diagnostics Digital Capability Programme to integrate the **iRefer Clinical Decision Support Tool (CDS)**, offered by **MedCurrent**, into their existing Clinisys ICE solution for electronic order communications.

After a pilot program in four GP practices in November 2023, the system was effectively introduced to all GP practices within the Integrated Care System (ICS).

### Key Metrics

From Primary Care (since launch  
(mid Dec-2023 – Early March 2024)



**3%**

Terminated by the Referrer



**4.9%**

Referrals were changed by the GP

### BENEFITS



1

#### Demand Managed by Referrers Themselves

Between December and March, a total of **1028 requests were terminated by the referrer**. This meant referrals did not enter the radiology system.

2

#### Reduced Number of Rejected Requests

The original request from the GP were **modified 1698 times**, reducing the number of rejections and therefore time taken in the imaging department.

3

#### Referrers Access to Optimal Patient Pathways

The digitisation of key guidance ensures best practice, **improving the quality of referrals** and access to imaging to optimal patient pathways.

### CHALLENGES



- Ensuring vetting staff know what to expect/how to interpret CDS findings and applying pre-existing protocols to walk-in requests.
- Radiographers should be engaged at an earlier stage to aid their understanding. Demos proved very helpful.
- Important to get the mapping of key blood results right so iRefer could make them available to referrers in CDS.
- Small delays due to supplier availability and trouble shooting
- Ability to ignore/override recommendations from iRefer.
- Ensuring that all referee's electronic profiles on orders comms are enabled to use the requesting CDS and that this list includes all medical and non-medical referrers.





## GP Engagement

To ensure the long-term use of i-refer, GP Liaison is crucial, promoting engagement before and during the process

Pilot sites selection should focus on practices where referral frequency is high and where engagement is high.

A dedicated radiology based GP Liaison role can ensure best practice through effective communication and education

Demonstrations on the system are essential to constructive engagement with referring clinicians



## Implementation

The project was made easier by the technical implementation team having an excellent understanding of GP referrals process, ICE Order Comms configuration and RIS HL7 requirements

Try to get this knowledge in your implementation team even if it requires multiple technical staff

## NEXT STEPS

- 1 Review of Processes for Rejecting**  
Funding is required to enable the digitisation of rejection, DNA, and cancellation processes, which are currently manual and not aligned with the digital advancements in the department.
- 2 Review clinical pathways**  
Analysing Medcurrent stats and CRIS data, reviewing examinations lacking an assigned decision support rating, while alternative recommendation options were accessible for the specific clinical scenario.
- 3 Understand the learning gained by referrers**  
Referrals changed went from 4.9% to 4.3% and abandoned request rate from 3% to 2.8% over 3 months, possibly due to enhanced understanding. Further analysis is required with additional data.
- 4 6 and 12 Month Audit**  
Ongoing audit ensures there are benefit realisations to help support revenue business cases, and to identify additional requirements for training and pathway modifications
- 5 Add CDS to EPR for internal referrals**  
System C to make Medway compatible with CDS tools facilitating roll out to wider referral portals including secondary care.

- Jan 23  
**Business Case Submitted**  
Engage with 1° care/suppliers
- 25th Jan  
**Governance Began**  
DPIA & DTAC
- 13th Feb  
**Finance Released**  
DPIA & DTAC
- 23rd Mar  
**Contract Signed**  
DPIA & DTAC
- Jul 23  
**Project Team Identified**  
Engage with 1° care/suppliers
- 29th Nov  
**Pilot Go Live**  
Engage with 1° care/suppliers
- 11th Dec  
**Full Go Live**  
Engage with 1° care/suppliers

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