

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

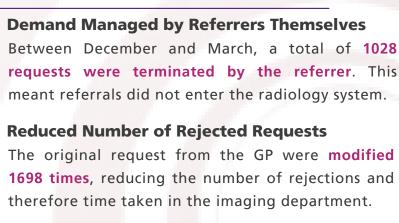
From Primary Care (since launch (mid Dec-2023 – Early March 2024)

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3% Terminated by the Referrer

4.9% Referrals were changed by the GP

BENEFITS



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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 aide 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.

LESSONS LEARNT







<u>GP Engagement</u>

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

NEXT STEPS



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.

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.

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.

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

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.





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

> Jan 23 Business Case Submitted Engage with 1° care/suppliers

25th Jan

Governance Began

13th Feb

Finance Released

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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For more information about this case study or about the Network please contact: <u>dgft.wmimagingnetwork@nhs.net</u> <u>https://wmidsimagingnetwork.nhs.uk/</u>