GIRFT Radiology Report: Recommendation Updates

Executive Summary

Almost four years after the first Getting It Right First Time (GIRFT) radiology report was published, the West Midlands Imaging Network (WMIN) alongside the Trusts, undertook a review of how the 15 Trusts within the West Midlands Imaging Network have implemented these recommendations.

In the original report, Trusts within the network were highlighted as carrying out examples of good practice, including the Radiographer-led discharge in Walsall Healthcare NHS Trust, and the Black Country Integrated Care Board (ICB) collaborative approach for delivering interventional radiology services.

The survey identified a wide variance in uptake of the recommendations across the network, with no recommendation yet fully implemented in the region. WMIN found areas where even changes at a relatively small cost had not been implemented despite there being proven significant impact on improving efficiency. This included providing dedicated admin support to Radiologists for MDTM planning.

Whilst the recommendations are based on visits from 5 years ago, the vast majority are still relevant to service improvement today and have been backed up by more recent guidance from professional bodies and NHS England reports. In 2024, Trusts will undergo another round of visits from GIRFT reviewers, with a focus on interventional radiology this time. At the same time, the GIRFT team will also visit imaging networks.

Introduction

The GIRFT programme is designed to improve the care of patients through in-depth reviews of services across England. The Radiology National Specialty Report was published in November 2020 following a series of these visits. Twenty recommendations were made to a number of different organisations, such as NHS England (NHSE), Imaging Networks, GIRFT itself and to NHS Trusts.

Almost four years later, WMIN has undertaken a survey of our 15 member organisations to look at progress made against the relevant recommendations, with the aim of looking at compliance, gaps, benchmarking and potential opportunities. Two surveys were carried out; looking at the clinical and digital elements of the report. Questions and their equivalent GIRFT recommendations can be found in Appendix 1. Between March and June 2024, WMIN received 100% response rate for the clinical survey, which was completed by either the Clinical Director in Radiology or Service Manager for each department. Complete responses for the

digital survey were received a few months later. This was primarily completed by PACS managers.

WMIN also analysed the regional NIDC data from 2022/23 and 2023/24 to consider all other available and relevant information.

Operational

Job planning

The GIRFT reviewers stated,

"Trusts need to improve their recording of current activity, so they have a clear picture of how the different team members contribute"

In 2022, the Royal College of Radiologists (RCR) published guidance on job planning for Consultants to compliment this finding. We therefore asked whether Trusts were adhering to this guidance. The majority of Trusts' planning included setting SMART goals, annual job plan reviews and ensuring all work is allocated within PAs. Birmingham Women's and Children's NHS Foundation Trust and University Hospitals of North Midlands NHS Trust did not cover that level of detail but have planned to include it in the next phase of annual staff reviews. All Trusts, with the exception of The Royal Orthopaedic Hospital NHS Foundation Trust, formally included allocated time in job plans to review images/findings prior to MDT meetings.

The GIRFT report also talked about other staff working in radiology including AHPs. This network data was collected as part of the National Imaging Data Collection in March 2023. It was clear that job planning was not as embedded for these staffing groups as only 38% of Advanced or Consultant Radiographers/Sonographers had job plans (Appendix 2).

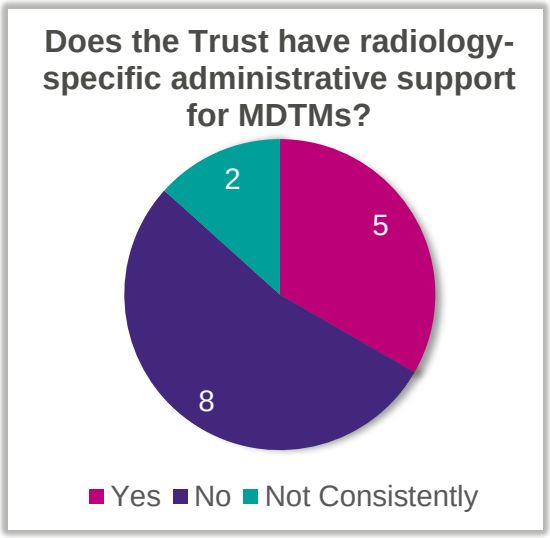
Multidisciplinary Team Meetings (MDTMs)

The reviewers examined the impact of MDTMs on radiology workloads. It is well documented that there has been a rapid growth in MDT working, with other non-cancer MDTMs becoming common place. The GIRFT report went on to recommend that,

"Trusts should review the efficiency and management of MDTs in line with national guidance."

The RCR went on to publish its updated Standards for Cancer MDTMs in December 2023. Standard 1 and 4 goes on to support these GIRFT recommendations.

Our survey found that only one Trust (Walsall Healthcare NHS Trust) had a formally documented process for pre-MDTM triage. An area where there was clear variance in MDTM provision was the availability of radiology-specific administrative support. An interesting finding is that those that have been able to implement this, are the smaller Trusts within the network. This could be an area where



good practice could be shared, such as sharing business cases, processes and training between Trusts within the network.

To help address the increasing demand on radiology to support MDT's NHSE published guidance for Streamlining Multi-Disciplinary Team Meetings. This guidance states,

"…policy will increase the transparency and consistency of care by agreeing the treatment or care any patient should expect to receive across Cancer Alliances".

This is being supported by Standards of Care (SoCs) developed by the West Midlands Cancer Alliance's Expert Advisory Groups. These include specialties such as urology, gynaecology and Upper GI.

An important issue for radiology is ensuring there is timely image and report sharing within and between MDTs. It is commonplace with cases where a patient with a complex cancer pathway may be reviewed across different Trusts. Within our network in 2023, we shared 600,000 images across the image exchange portal (IEP), many of which will be used for MDTMs. This labour-intensive process for the handling of image transfer and the chasing of images is one of the key problem statements that WMIN will address in the ambitious digital (PACS/RIS) convergence programme.

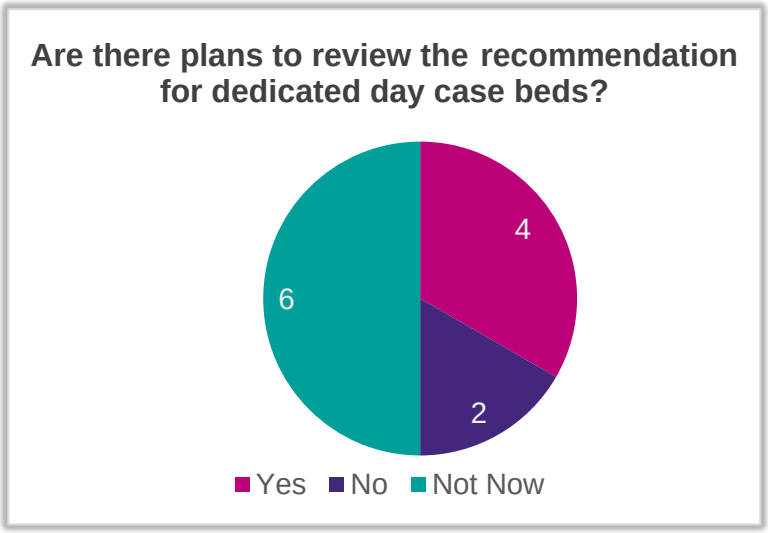
Interventional Radiology

Within the network, there are 3 specialist neuro and 1 specialist paediatric interventional departments, that act as tertiary centres nationally. As of March 2023, WMIN had 46 Interventional and 10.5 Neuro-Interventional Radiologists in post according to the NIDC data. It is well documented that there are not enough Interventional Radiologists being trained to keep up with this rapidly growing modality.

One area highlighted by the GIRFT report that is limiting IR capacity, is the access to day beds. The RCR Census Report 2023 stated that

"one in four IR teams had no access to either inpatient or day case beds".

In our survey we looked out how Trusts were tackling this issue.



Some Trusts have dedicated day case facilities within their departments (3 with a further 3 approved). Other Trusts have ringfenced beds, or no recurrent barriers to obtaining day case beds outside their departments. Responses to the survey showed 9 out of 15 Trusts had discussed the recovery options with management, but many found there were limitations to expanding.

The development of robust 24/7 access to interventional radiology cover should be a priority for all acute hospitals according to the RCR's Provision of Interventional Radiology services published in 2019. Due to the limitations in staffing, the GIRFT report made a recommendation to support the network model for delivering a 24/7 service.

"Trusts and networks to develop robust and documented pathways for all interventional and other 'hands on' procedures, to cover:

- *arrangements for transfers to the relevant network partner or specialist provider;*
- *automatic acceptance of patients;*
- *transfer of clinical responsibility;*
- *transfer of any relevant imaging and reports; and*
- *repatriation post-procedure*."

We asked Trusts whether they had these in place (excluding the 3 specialist Trusts (Birmingham Women's and Children's NHS Foundation Trust, The Royal Orthopaedic Hospital NHS Foundation Trust, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust):

Trust	Response
Worcestershire Acute Hospitals NHS Trust	No
George Eliot Hospital NHS Trust	No
Walsall Healthcare NHS Trust	Yes - With City and Sandwell, WHT and Black Country Alliance.
The Dudley Group NHS Foundation Trust	Yes we have a BCA regional IR on-call policy for emergency on-call transfers
The Royal Wolverhampton NHS Trust	Yes
University Hospitals Birmingham NHS Foundation Trust	No
Wye Valley NHS Trust	No good relationships within foundation group for organising this.
The Shrewsbury and Telford Hospital NHS Trust	No struggling with this - trying for years to get SLA with Stoke for O of O intervention
South Warwickshire University NHS Foundation Trust	Yes within the system we have this arrangement if capacity issues arise
Sandwell and West Birmingham NHS Trust	IR on call service shard with other Black Country Providers
University Hospitals Coventry and Warwickshire NHS Trust	No A number of conversations and efforts have been made over the years with no official or structured SLAs to support the local IR service across the network. This has been identified as an issue and further work is ongoing to try and progress however the only robust service in Warwickshire will be when >/= 8 substantive consultants are on the UHCW IR rota and appointing the extra three needed has been problematic for many years.
University Hospitals of North Midlands NHS Trust	No - this is a risk for our Trust and cross-trust discussions have started, this is a work in progress.

The responses show areas for improvement in building relationships within the region. It was pleasing to see the Black Country ICS highlighted in the report as an exemplar in good practice for its agreements for 24/7 cover. From conversations held, there is a clear appetite to set up an Interventional Radiology special interest group in the network. This group will

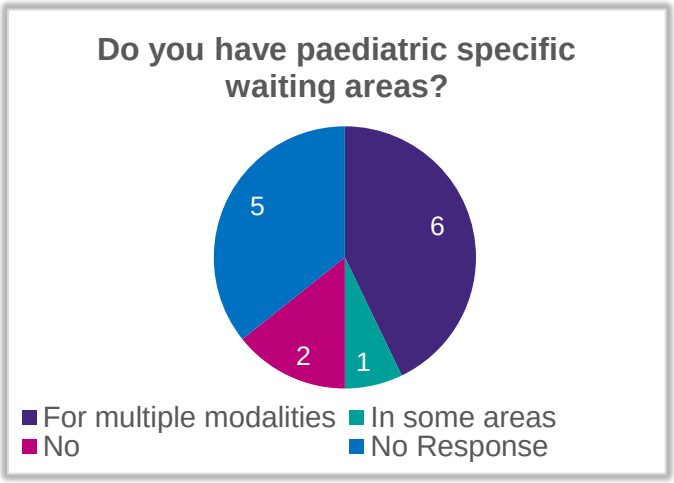
look at sharing good practice, re-establishing more formal pathways via a programme of work whilst developing and cultivating relationships.

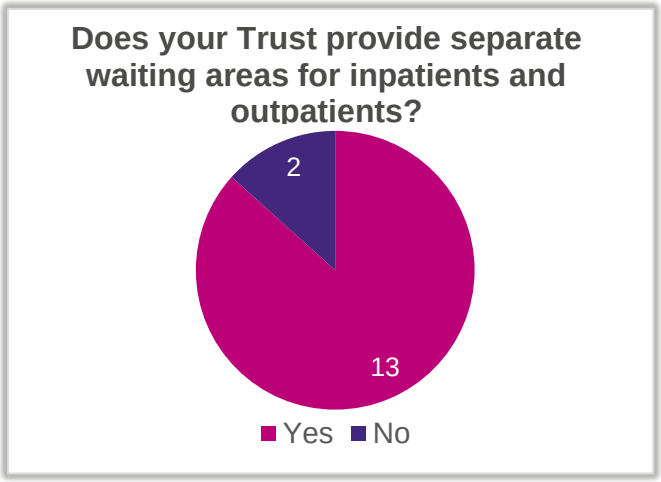
Patient Care

Delivering patient-centred care should be the basis for all decisions made in healthcare. However, restrictions with staffing, finances and facilities frequently impact upon the services' ability to do so. All but 1 Trust (Wye Valley NHS Trust) collected radiology-specific patient feedback. The GIRFT reviewers stated,

"On a recurring basis throughout our visits, we found radiology teams providing a high-quality service in a low-quality environment".

We therefore asked what was in place to support patient's dignity and respect.





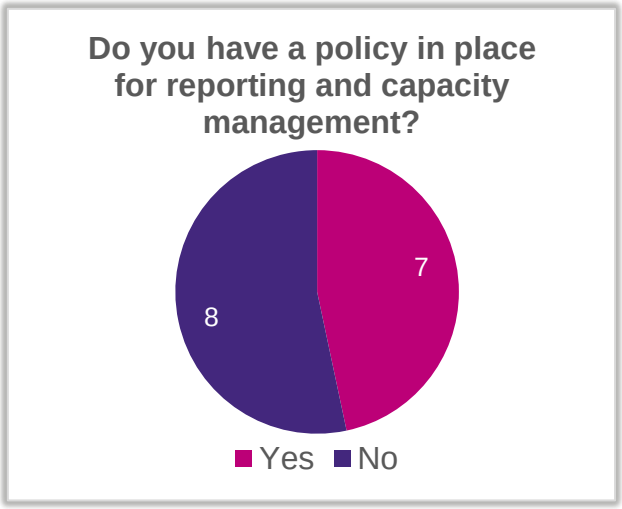
The GIRFT report went on to discuss the use of *"hot and cold"* site models. This is very much in line with Prof. Sir Mike Richard's Diagnostics: Recovery and Renewal – Report, where he recommends the establishment of Community Diagnostic Centres (CDCs). Within this network, there is a mixture of CDC types, with The Dudley Group NHS Foundation Trust having a hub and spoke model, The Royal Wolverhampton NHS Trust have a CDC on their Cannock Hospital Site, University Hospitals Coventry and Warwickshire NHS Trust have acquired a closed hospital site in their city centre to convert to a large CDC, and Wye Valley NHS Trust and University Hospitals of North Midlands NHS Trust are in the process of building bespoke buildings in their region.

When looking at patient choice, the GIRFT reviewers did not find any providers offered patients the ability to book appointments online. As of March 24, we saw that this had not changed within our network (NIDC, 2023/24). However, The Dudley Group NHS Foundation Trust and Birmingham Women's and Children's NHS Foundation Trust did have plans to roll it out over the next two years.

Managing Demand and Capacity

Recommendation 15 stated,

"All Trusts should anticipate and proactively manage their demand and capacity for both image acquisition and reporting, and for interventional radiology."



Some of our Trusts do this well and have a data analytics team/individual within their imaging departments. However, some organisations do not have the specialist resource to support this activity. Templates such as the one linked below are available for Trusts to implement.

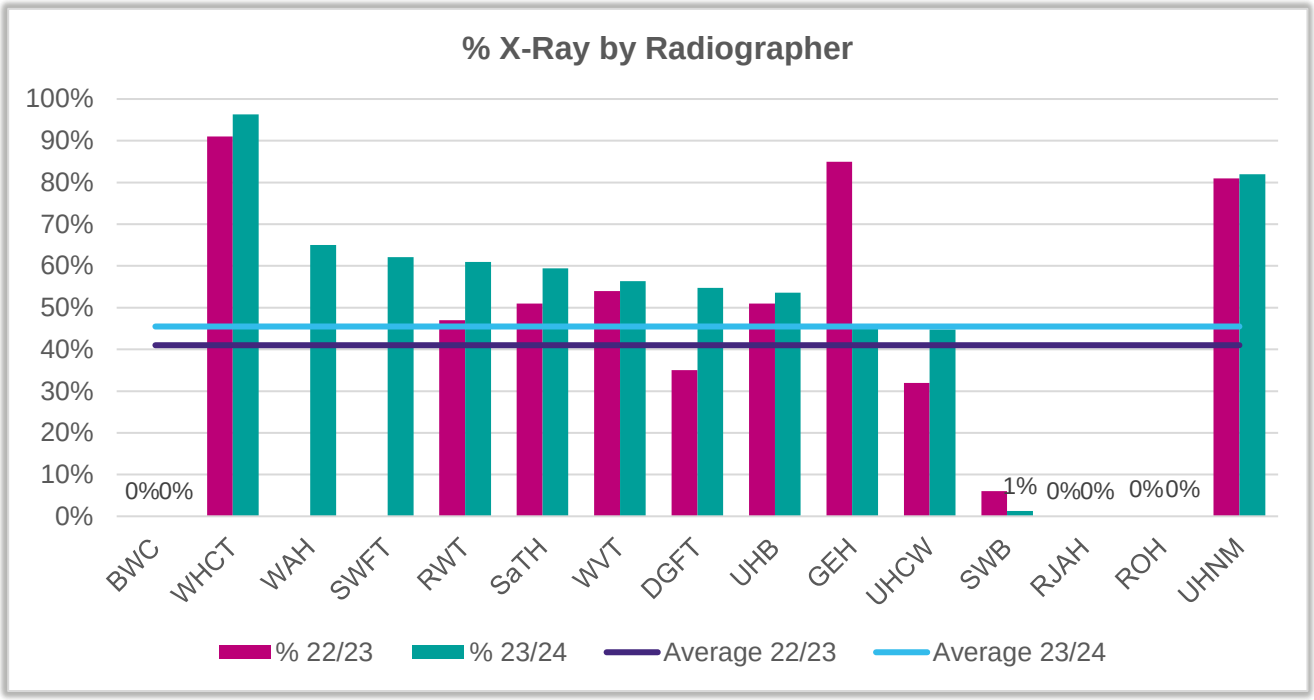
There is a network desire to create a region-wide Dashboard in order to support Trust and region planning i.e. prediction of backlogs and where mutual aid would be most beneficial. As part of the Converged Digital Imaging Platform project, the requirements have been adapted to include Business Intelligence as an option. WMIN aims to work collaboratively with other networks such as Cheshire and Merseyside Imaging Network to develop a network view of activity.

Demand and capacity planning and management is something that NHSE would like to encourage Trusts to use routinely. They have made some templates and webinars available for this purpose such as NHS England » Diagnostic imaging capacity and demand tool .The RCR is planning to review reporting figures every 4 years. The latest report from 2022 Is available here: Radiology reporting figures for service planning 2022 | The Royal College of Radiologists (rcr.ac.uk).

Extended Practice

When comparing the percentage of X-ray reports by Radiographers to figure 12 in the 2020 report, we still see a variation across the network. Using the NIDC data from 2022/23[1], we have found an average of 41%. This is the same number the GIRFT reporters found in their 2020 report. However, the average increased to 43% when you omit the specialist Trusts, which do not have reporting radiographers in their services. In 2023/24 the average number increased to 45% and 47%.

[1] Note – Data incomplete for WAH and SWFT for 22/23



The NIDC data (23/24) showed that other areas of extended practice did occur across the network but was sporadic. We found Radiographers reported 15% of CT Colonographies at University Hospitals Coventry and Warwickshire NHS Trust, 35% of Nuclear Medicine exams at The Dudley Group NHS Foundation Trust, 9% of MRIs at George Eliot Hospital NHS Trust, 76% of Static Fluoroscopy examinations at University Hospitals of North Midlands NHS Trust.

The GIRFT report went on to highlight an example of good practice at Walsall Healthcare NHS Trust on how they have implemented extended practice, with Radiographer-led discharge for ED patients (GIRFT report; page 35).

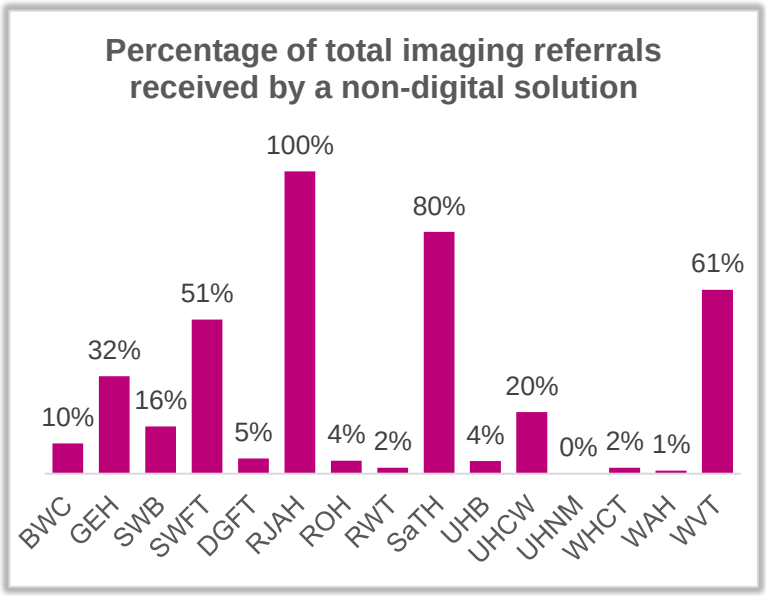
Digital

Order Comms

The GIRFT report stated the use of Order Comms can,

"can save time and effort at both the radiology department and the referring clinician, whether in primary or secondary care, as well as improving workflow and planning."

The 23/24 NIDC data showed hand-written, emailed and faxed referrals were still commonplace in many Trusts. These are labour intensive for both referring clinicians, radiology departments and introduce opportunities from



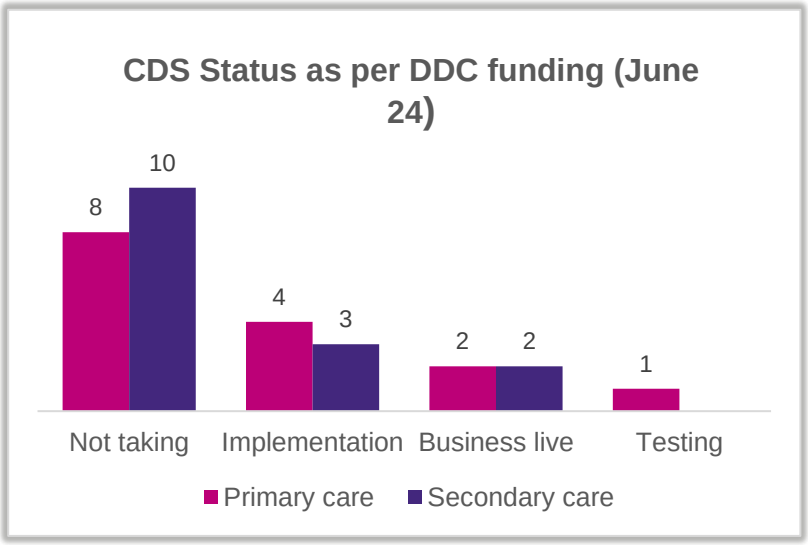
transposition and human errors. The need for a true order comms is important to support Clinical Decision Support Software (CDS).

A network published case study by University Hospitals North Midlands NHS Trust reported many benefits from the first 3 months of their CDS going live in primary care. These included:

- Improved demand management by referrers themselves, with 3% of referrals terminated by the referrer. This meant 1028 referrals did not enter the radiology system
- Reduction of number of rejected requests, with 5% of requests modified by the referrers.
- Referrers have access to optimal patient pathways, where new evidence and guidance can be added automatically ensuring consistency against best practice.

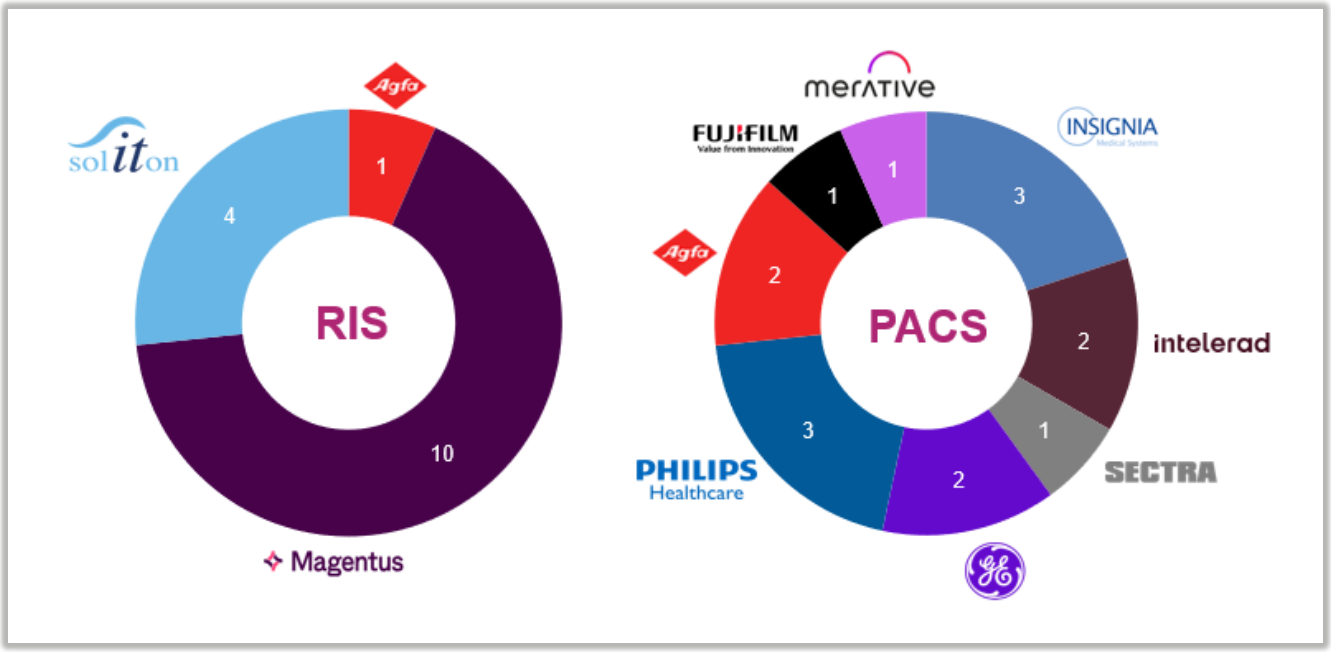
This strongly supports evidence provided from other sources.

7 Trusts had taken advantage of funding from NHSE's Diagnostic Digital Capability Fund and are in the process of implementing or carrying out benefit realisation reviews. Of those that were not currently using available DDC funding, three were specialist Trusts who would see limited benefit to the system.



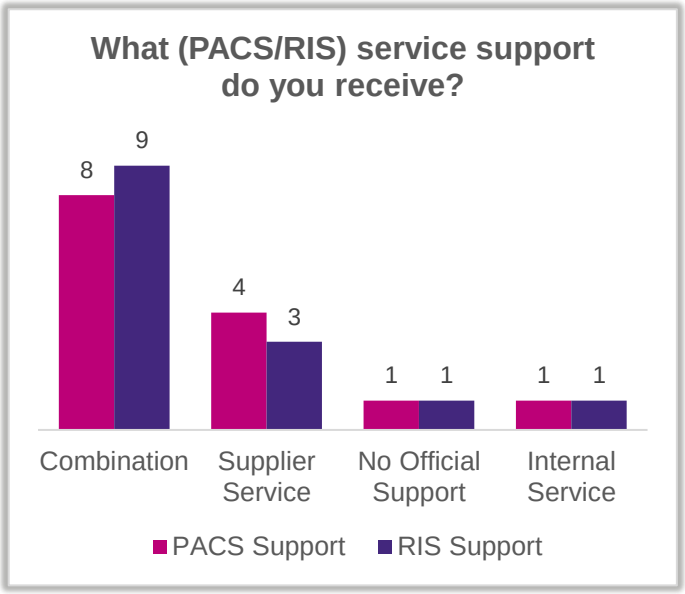
PACS/RIS Systems

Our ongoing Converged Digital Imaging Platform (CDIP) is an ambitious programme of work looking at how images and reports can be shared across the 15 NHS Trusts within the network. At present we have a wide range of PACS and RIS systems across the network.



One benefit of this programme is to look at reducing administrative costs. The GIRFT reviews found,

"…fewer than 30% of Trusts have 24/7 support for systems that are necessarily in use around the clock. There was also a notable lack of formal cover – a concern, given the specialist nature of these systems."



Three Trusts did not have a 24/7 support in place for RIS, with 2 Trusts also not having 24/7 PACS support.

By having a converged digital platform, we can explore a network model to address this, and provide more specialised support across the region. An agreement where this showed it was possible was where South Warwickshire University NHS Foundation Trust's 24 hrs support was provided by University Hospitals Coventry and Warwickshire NHS Trust who hosted their RIS.

We found 12 Trusts had full voice recognition systems available to all staffing groups, with one Trust having the system available to all but Sonographers. One Trust stated they were not able to comply due to the limitations of their RIS functionality.

Imaging Networks

In the GIRFT report, there was much support for the establishment of imaging networks such as the West Midlands Imaging Network (recommendation 18).

"This [National Imaging Strategy, 2019] represents an important reconfiguration of radiology services and a major opportunity for change. Networks – where Trust resources are pooled and ways of working standardised – offer a more effective way to deliver many of the recommendations we make."

WMIN has some way to go to fully realise the benefits laid out in the National Imaging Strategy, most importantly, the inability to share images and reports between Trusts, and the benefits which follow. However, there are examples of where network working, as recommended by the GIRFT report, have been implemented. These included the example outlined above with interventional radiology services being delivered as a collaborative across the Black Country ICB. There are also examples where the specialist hospitals are sharing their expertise widely (recommendation 18d) through the WMIN Musculoskeletal and Paediatric Special Interest Groups.

With 443k reports outsourced (both out of hours and in) costing around £13m in 2022/23, there are opportunities to procure these services as a network. Thirteen out of 15 of the Trusts would consider this in the future. This would provide consistency in radiology reporting services and bring the benefits by ensuring quicker turnaround times via improved staff modelling and reducing the variation of pricing.

Next Steps

As a network we will:

1. Continue running our clinical special interest groups (Paediatrics, Gynae, AI, Medical Physics, Musculoskeletal, Ultrasound, Nuclear Medicine, MRI) whilst highlighting other valuable national groups (CT group, CT Head and Neck reporting group for Reporting Radiographers) to the Trusts.
2. Proceed with the PACS/RIS Converged Digital Imaging Platform at pace, now the 15 Trusts are on board.
3. Identify any areas where Trusts seek assistance, with the network facilitating peer to peer support in quality improvement. Site visits take place routinely across the region, therefore identification of successes, best practice, issues and challenges are obtained regularly.
4. Set up an Interventional Radiology special interest group – particularly utilising networking for pathways. This means a vast amount of experience to draw upon within the region that can be called upon to support regional and national priorities.
5. Set up a Data special interest group where demand and capacity monitoring tools are discussed and developed, preferably using automated data collection. The intention being to support regional and local data analysis and benchmarking
6. Provide feedback to the GIRFT radiology team ensuring that recommendations, whilst acknowledged may be no longer considered a priority for services within our region due to the length of time between the report and the review

Appendix 1: Questions

Clinical Survey Question	Associated GIRFT Recommendation
Does the Trust provide separate waiting areas for inpatients and outpatients to protect the dignity of inpatients?	1.a - All trusts to provide separated waiting areas for inpatients and outpatients, to protect the dignity of inpatients.
(Previous survey) Do you have paediatric specific waiting areas?	1.b - Trusts to introduce dedicated waiting areas for paediatric radiology patients.
Does your Trust gather radiology-specific feedback from patients and their families?	1.b - All trusts to gather radiology-specific feedback from patients, service users and their families.
Over the last 12m, has your Trust adhered to the guidance in this document relating to medical job planning, for example setting SMART goals, annual job plan reviews and ensuring all work is allocated within PAs? Document: Clinical radiology job planning guidance for consultant and SAS doctors 2022 | The Royal College of Radiologists (rcr.ac.uk)	4.b - Trusts to include dedicated time for learning and CPD in job plans for all staff.
There should be time allocated in the job plan for radiologists or other relevant clinicians to review images prior to MDT meetings. Is this adhered to at the Trust?	
NIDC 3.6. Job plan by AHP category	
Do you have a documented process for pre-MDT triage?	7.a - All trusts to introduce a defined triaging process for adding patients to an MDT
Does the Trust have radiology-specific administrative support for MDTs?	7.b - Trusts to provide radiology-specific administrative support for MDTs
Are you aware of the GIRFT recommendations for ring-fencing day case beds for interventional cases?	11. - All radiology services should have access to dedicated facilities to admit and discharge day case patients for interventional procedures.
If Yes have you had discussions with Management in your Trust regarding implementation of the recommendations?	
If Yes what was the managements response?	
If Yes has the recommendation been followed ie. day case beds been allocated	
If No/Not now do you have any plans in the future to follow recommendation?	
Do you have a policy to ensure robust processes are in place for reporting and capacity management?	14. - All trusts should anticipate and proactively manage their demand and capacity for both image acquisition and reporting, and for interventional radiology
Would your Trust consider procuring outsourcing services jointly with other organisations within the network?	17.b - Trusts to consider procuring outsourcing services collaboratively with their NHS imaging network partners to drive best value for money.
The recommendation suggests that Trusts and networks develop robust and	18.c - Trusts and networks to develop robust and documented pathways for all

documented pathways for all interventional and other "hands on" procedures to cover arrangements for: •Transfers to the relevant network partner or specialist provider •Automatic acceptance of patients •Transfer of clinical responsibility •Transfer of any relevant imaging and reports • Repatriation post-procedure. Do you have any existing documented arrangements with other providers?	interventional and other 'hands on' procedures, to cover: arrangements for transfers to the relevant network partner or specialist provider; • automatic acceptance of patients; • transfer of clinical responsibility; • transfer of any relevant imaging and reports; and • repatriation post-procedure.

Digital Survey Question	Associated GIRFT Recommendation
Does your Trust provide 24/7 IT support?	9.a - All trusts/networks to provide 24/7 IT support for PACS and RIS.
Is this an internal service, a supplier service or combination?	
Does your Trust use Order Comms for imaging requests from primary/secondary care?	9.b - All trusts to make Order Comms the standard method for imaging requests from primary care and within the hospital.
If you answered YES, please tell us which supplier/version provides primary/secondary care Order Comms	
What percentage of primary/secondary orders are received via order comms?	
Please tell us does your Trust have voice recognition systems available to all reporting staff including Sonographers?	9.d. Trusts to ensure that voice recognition systems are available to all reporting staff, including sonographers.
Does the Trust use clinical decision-making tools to improve the appropriateness of referrals, such as CDS-enabled iRefer for primary/secondary care referrals?	15. All referrers should adopt robust clinical pathways supported by clinical decision-making tools such as the RCR's CDS-enabled iRefer.

Appendix 2

NIDC March 23 – Do the following staffing groups have job plans?

	Advanced Practitioner	Advanced Practitioner - Sonographer	Consultant Radiographer	Consultant Sonographer	Radiographer - Reporting
BWC	No	No	No	No	No
GEH	NULL	NULL	NULL	NULL	NULL
SWB	No	No	No	No	No
SWFT	NULL	NULL	NULL	NULL	NULL

DGFT	Yes	Yes	No	No	Yes
RJAH	No	No	No	No	Yes
ROH	No	Yes	No	No	No
RWT	No	No	Yes	Yes	Yes
SaTH	No	No	No	No	No
UHB	Yes	Yes	Yes	No	Yes
UHCW	Yes	Yes	Yes	NULL	Yes
UHNM	Yes	Yes	Yes	No	Yes
WHCT	No	No	No	No	No
WAH	Yes	Yes	Yes	NULL	Yes
WVT	No	No	No	No	No

Appendix 3 –

Has the recommendation for allocated day case beds been followed?	If no/not now, do you have any plans in the future to follow recommendation?
Not yet	Yes
No	Yes, in future maybe
IR is only done at the BCH site. The above questions are not particularly relevant to us and have answered yes on the proviso that we have the ability to book day cases beds as and when they are required for IR procedures. For some of our more complex IR cases the patient is admitted under the relevant specialty.	N/A
1 bed in day case	-
We don't seem to have problems getting beds on surgical DCU	Would love to have DCU in radiology if there is space but there isn't any
No	Yes
Still awaiting solution, Imaging are being persistent and the benefit will improve efficiency and provide better patient care	Yes - will continue to request this as improvements will provide better patient care
We have very different situations across our group of hospitals. Some sites have dedicated day case beds and others don't	Discussions ongoing with sites that do not have day case beds ringfenced.
No	We have had a business case accepted for our own recovery beds in the radiology department. 3 beds in total
N/ A	yes, with new HTP project in 3 years
No	Yes
Not at present. Dedicated day case area at MMUH Approx. 10 beds	Not at present. Dedicated day case area at MMUH Approx. 10 beds

N/A	As a specialist Orthopaedic Trust whose work is principally elective, ring-fencing beds for interventional radiology day cases is not necessary
Yes - IR day case facility - 7 bedded area for day case and inpatients, currently 2-3 beds are used for IR day case each day based on current workforce capacity.	No - Will need to be explored with Day Surgery Unit (DSU)
Yes - we are fortunate we have a radiology day case unit with 8 beds at Royal Stoke. At County we have ring fenced day case ward beds.	Yes