

# Scottish Radiology Transformation Programme

## Demand Management (CDS) Workshop

Lead: Dr Raj Burgul

The aim of the workshop was to:

- Update stakeholders on the Clinical Decision Support (CDS) project.
- To fill information gaps and test the appetite for a CDS solution in Scotland.
- To engage with the radiology community and gather ideas around expectations on what a CDS solution should deliver.

Dr Raj Burgul provided a presentation by setting the scene and providing an update from the SRTP CDS project, which was then followed by a discussion.

Discussion points for each are summarised below and will be used to shape and inform the project.

Thank you to everyone who participated in the workshop.

Topic	Discussion Points
<b>Guidelines</b>	<ul style="list-style-type: none"><li>• CDS can only work if good guidelines are in place and there is acceptance of that guidance.</li><li>• There might be an opportunity to standardise guidance across Scotland, however this will need to be managed.</li><li>• Scotland could, in theory, develop its own guidelines – however there will be capacity issues developing new guidance.</li><li>• What level of customisation on a local level would be allowed if there were national guidelines?</li><li>• Guidelines need to be managed on a local level.</li><li>• Local guideline management groups should be established.</li><li>• Guidelines need to be thorough in scope.</li></ul>
<b>The role of Vetting &amp; Justification</b>	<ul style="list-style-type: none"><li>• With the use of CDS software, new rules around vetting &amp; justifications will be required.</li><li>• If there is confidence in the CDS system, vetting &amp; justification by</li></ul>

	<p>exception might be possible.</p> <ul style="list-style-type: none"> <li>• Will there be vetting if the number of incoming requests is reduced?</li> </ul>
<b>Technical Capability</b>	<ul style="list-style-type: none"> <li>• CDS software will need to be fully integrated. It was however noted that not all boards have order comms systems available yet.</li> <li>• There has been interest in how the CDS software looks like from a referrer's perspective and what questions are being asked.</li> </ul>
<b>Educational Aspect</b>	<ul style="list-style-type: none"> <li>• Hope that the use of CDS software will empower clinicians.</li> <li>• There is an expectation that there will be an educational effect, which might be especially beneficial for young referrers.</li> <li>• How should the data of clinicians' behaviour be used, in terms of who follows guidance and who does not?</li> <li>• If the data was published, it might encourage clinicians to try to get the number of unnecessary referrals down.</li> </ul>
<b>General Expectations / Comments</b>	<ul style="list-style-type: none"> <li>• The use of CDS should not take away clinical freedom.</li> <li>• A CDS solution should be clinically driven.</li> <li>• There is an expectation that referral rates will go down.</li> <li>• There are concerns that there might be risks around additional information not being picked up in scans if CDS is in place.</li> </ul>