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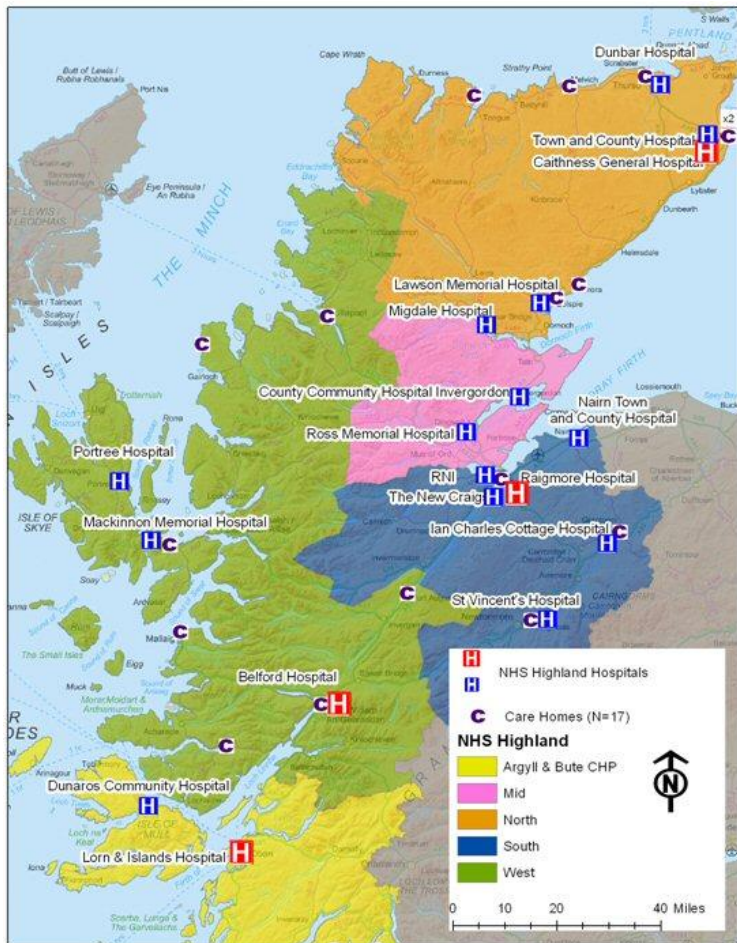


# **NHS Highland Approach to Future Service Provision**

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# NHS Highland challenges



- Radiologist vacancy
- Increasing demand
- OOH fragility
- Deteriorating time to report
- IR provision
- Dispersed population & geography
- £££+++

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Inverness Courier -> News

Published: 10/09/2017 07:00 - Updated: 08/09/2017 12:47

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## Radiologist crisis leads to quit call

Written by Emma Crichton



A NORTH MSP has called for Scotland's health secretary to resign over NHS Highland's radiologist crisis.

More than 50 staff of Raigmore Hospital in Inverness have signed a letter saying the situation has reached "critical" levels as imaging examinations have increased by 250 per cent in the last decade – while the number of full-time radiologists

has dropped by four.

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### NHS Highland gives assurances on radiologists

🕒 30 May 2018



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There is a Scotland-wide effort to recruit radiologists

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# Last radiologist?

## Last radiologist to go

A HEALTH board is set to lose its last radiologist - despite a global recruitment campaign.

**NHS Highland** has until August to replace its interventional radiologist - based at Raigmore Hospital, Inverness - sparking fears patients may have to travel to other areas for surgery.

The concerns were raised at Holyrood yesterday by Tory Highlands and Islands MSP Edward Mountain.

Health Secretary Shona Robison said: 'Patients within NHS Highland will continue to get those services.'

Mr Mountain said: 'She failed miserably to say who will deliver it and where this will be delivered.'

# 'Highly motivated' radiologist recognised with Trainer Award



The Press and Journal (Moray) 2 Jan 2018

An NHS Highland consultant radiologist has been recognised for her outstanding contribution to radiology teaching and training.

Dr Barbara Flont, who is based at Raigmore Hospital in Inverness, has been awarded the Trainer Award, voted for by the junior radiologists' forum of the Royal College of Radiol-

ogists.

She was one of nine nominations received from trainees across the country.

Trainees described her as an "exceptional trainer" who deserved recognition for her inspiring support of a doctor in difficulty, as well as being a "highly motivated trainer"



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**So...what's the plan?**

# Initiatives

- Focus on local radiologist recruitment
- Reporting radiographers
- Acceleration of MRI replacement
- IR SLWG established
- **SG review**
  - establish capacity & shortfall
  - review of admin processes
- **Production board**
- **Radiology strategy SLWG**



# **SG access support team/NHSH review**

- Recommendations relating to:
  - booking & admin processes
  - RIS information & management reports
  - access performance
  - radiographer staffing
  - radiologist rotas
  - duty radiologist role
- Analysis of reporting demand vs capacity

# Production board

CT	4/9	11/9	18/9	25/9	2/10	9/10	16/10	MRI	4/9	11/9	16/9	25/9	02/10	9/10	16/10
TOTAL WAITING FOR CT	649	660	657	662	657	674	724	Total Waiting For MRI	1373	1375	1398	1422	1424	1444	1467
Referrals Received Per Week	115	108	142	125	128	116	127	Referrals Received Per Week	169	164	152	167	143	150	145
Exams Refused								EXAMS Refused							
RAIGMORE	285	245	252	296	227	186	225	In Patient	20	32	30	32	22	18	20
INPATIENT	98	74	78					Outpatient	141	131	144	177	153	124	138
OUTPATIENT	136	100	105					A+E AND OUT OF HOURS	0	2	1	4	2	1	0
OUT OF HOURS	95	49	51					TOTAL	161	165	175	213	177	143	158
A+E	16	12	18	28	50	32	31	W&I Additional Activities Projected							
Referral	51	49	32												
INPATIENT	11	8	6												
OUTPATIENT	31	29	18												
OUT OF HOURS	5	6	6												
A+E	4	6	2												
CAITHNESS															
INPATIENT	35	26	56	35	47	39	37								
OUTPATIENT	10	6	14												
OUT OF HOURS	17	10	27												
A+E	8	1	10												
TOTAL	341	320	340	369	324	257	293								
Reports Done								REPORTS DONE							
Locum	0	0	0	0	0	35	82	LOCUM	0	0	0				6
Outsourced Radiologist	139	124	121	133	107	87	87	RRO	54	91	71	104	60	68	88
TOTAL	232	195	216	271	218	235	126	RADIOLOGIST	99	59	117	135	71	95	70
TOTAL	374	319	339	404	325	355	295	TOTAL	153	150	188	239	131	163	161
C. waiting for report								MRI Waiting for Report							
HIGHLAND	257	281	321				198	RAIGMORE	252	252	266				230
RRO	14	22	31				27	RRO	8(6)	15(8)	18(3)				38
TOTAL	271	303	321	258	280	215	225	TOTAL	260	267	284	230	277	261	268

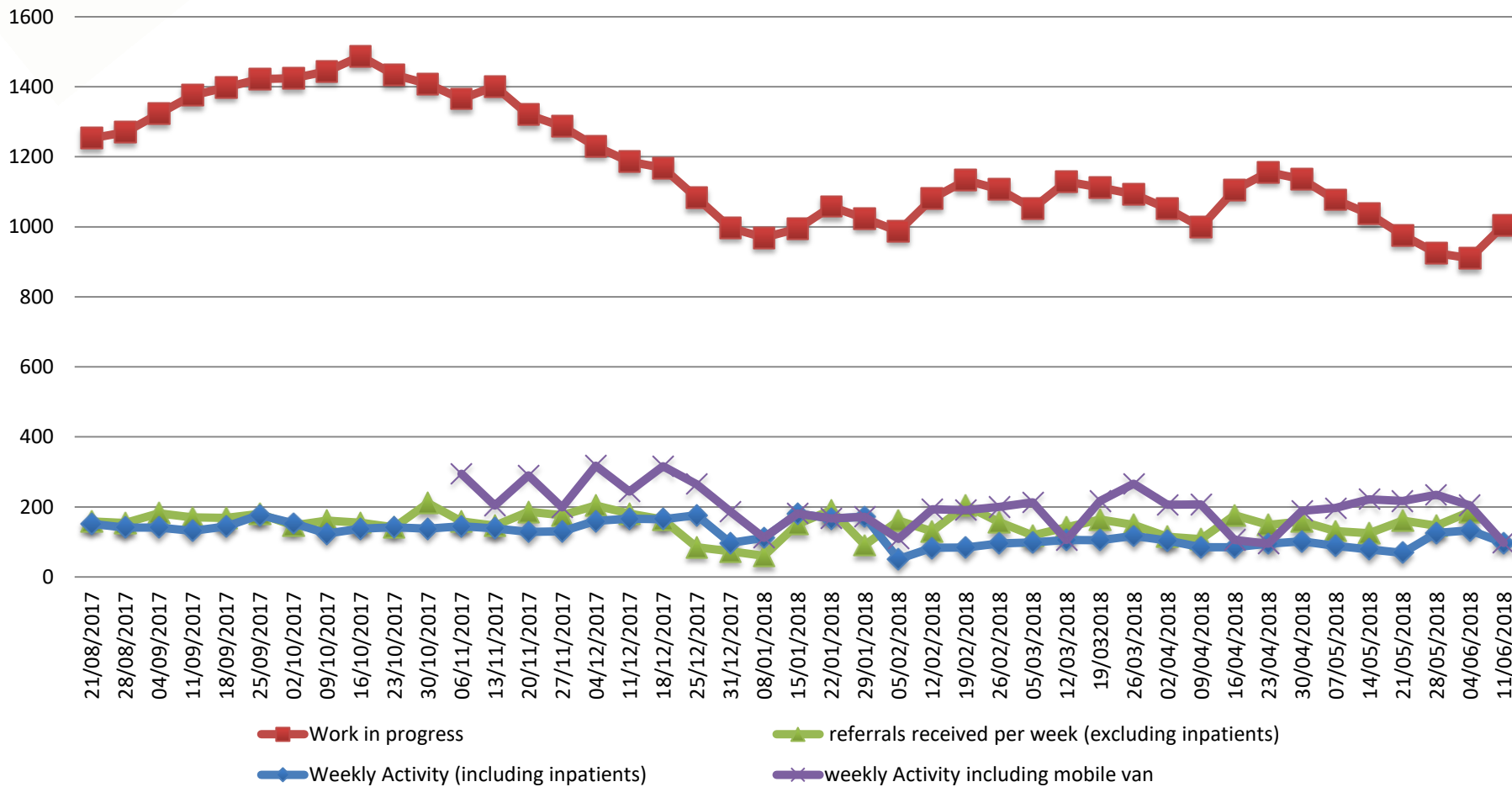
# Production board

CT PRODUCTION BOARD - RAICMORE ~~ASH~~

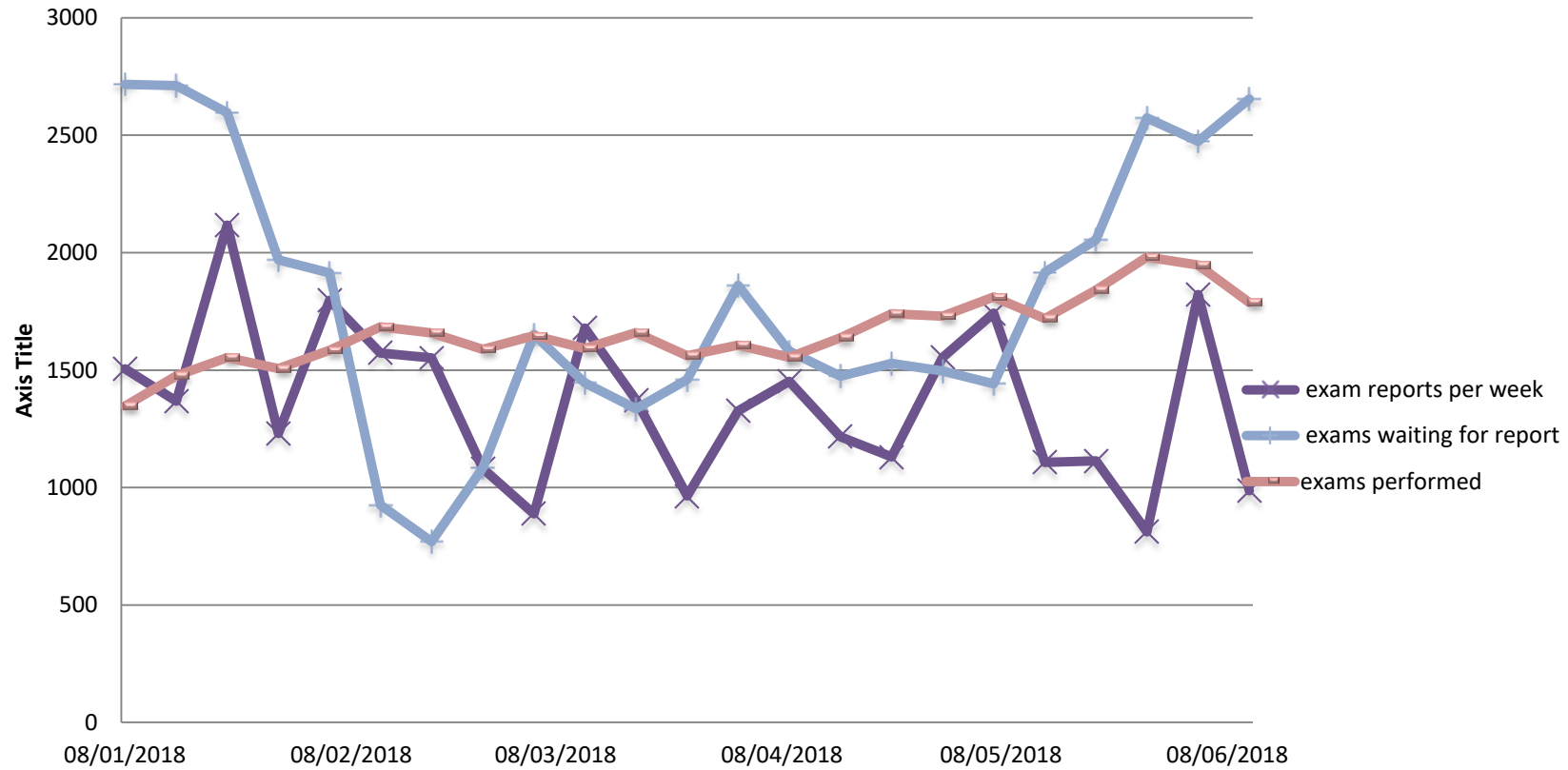
MR

	17/7	24/7	31/7	7/8	14/8	21/8
NUMBER OF SCANS WAITING	385	546	299	325	314	327
Received into Pending	122	91	89	121	92	86
SPECIFIC WAITS	16	36	16	20	15	31
HOLDS						20
NUMBER OF CT SCANS PERFORMED	239	264	253	264	224	250
INPATIENTS SCANNED	79	96	82	88	76	72
OUTPATIENTS SCANNED	90	95	80	100	64	109
A+E SCANNED	18	9	10	11	12	13
G.P.s SCANNED	1	1	1	0	1	2
OUT OF HOURS SCANNED	29	27	40	44	31	27
GTT SCANNED	22	36	40	21	20	29
NUMBER OF CT REPORTS DONE	369	389	425	392		305
LOCAL REPORTS	42	53	52	90	0	0
RRO REPORTS	41	137	97	95	87	124
RADIOLOGIST REPORTS	236	199	276	207	271	181
Number Waiting For Report	204	208	179	142	124	164
Patients with PRO (count with RAS)					30 (1)	39 (6)

## MRI Production Board



## Plain Film Reporting Production Board 2018



# Radiology Strategy

## SLWG: aims

- Strategic, long term sustainable vision meeting needs of local patients and clinicians
  - specify the range of services required
  - specify standards for service delivery
  - define key performance metrics
  - identify key additional requirements
- Develop potential models of service delivery
- Identify requirements from patient & service user perspective

# **SLWG membership**

- Board MD (co-chair)
- Non exec director (co-chair)
- Clinical service users
  - Primary care
  - Acute medicine
  - ED
  - Acute surgery
  - Outpatient dept.
  - Rural General Hosp.
- Radiographer
- Radiologists x2-3
- Divisional general manager
- Partnership rep
- Patient booking rep
- eHealth rep
- SRTP prog director
- Project officer

# SLWG phases

- Phase 1

Consider individual components of the service stratified by requestor location, imaging modality & urgency. Define timescale standards for requesting, image acquisition & reporting. [workshops x 4]

- Phase 2

Develop models for delivery of the service specified in phase 1 taking account of opportunities for regional & national working. Identify preferred model and current barriers to implementation.



# Specification of service range

Service Type	Modality	Location	Urgent Within 24 Hours	Planned	In Hours &/or Out of hours
Hospital receiving major trauma or tertiary care (Trauma Unit)	Plain X ray	On site	Yes	Yes	24 hours
	CT		Yes	Yes	24 hours
	Ultrasound		Yes	Yes	24 hours
	Interventional radiology		Yes	Yes	In hours only*
	MRI		Yes	Yes	Within 12 hours
Fluoroscopy	Yes	Yes	24 hours		
Community Hospital (planned & unscheduled admissions)	Plain X Ray	On site	Yes	Yes	Available daily
Minor Injuries Unit	Plain X Ray	On site	Yes	N/A	During opening hours
Acute Hospital (Emergency Receiving / Minor Trauma)	Plain X ray	On site	Yes	Yes	24 hours
	CT		Yes	Yes	24 hours
	Ultrasound		Yes	Yes	Within 12 hours

# Access & service delivery standards

Modalities	Inpatient & Emergency			Outpatient			Primary Care		
	Booking	Acquisition	Reporting	Booking	Acquisition	Reporting	Booking	Acquisition	Reporting
<b>Plain Film</b>									
<b>Emergency</b>	5 minutes	15 minutes	40 minutes	5 minutes	15 minutes	40 minutes	N/A	N/A	N/A
<b>Urgent</b>	5 minutes	1 hour	2 hours	5 minutes	30 minutes	30 minutes	N/A	N/A	N/A
<b>Elective</b>	5 minutes	4 hours	4 hours	5 minutes	30 minutes	30 minutes	1 hour	1 week	24 hours
<b>CT</b>									
<b>Emergency</b>	5 minutes	20 minutes	1 hour	5 minutes	10 minutes	1 hour	N/A	N/A	N/A
<b>Urgent</b>	5 minutes	3 hours	1 hour	1 day	1 week	4 hours	N/A	N/A	N/A
<b>Elective</b>	2 hours	8 hours	4 hours	1 day	2 weeks	8 hours	1 hour*	1 week*	24 hours*
<b>MRI</b>									
<b>Emergency</b>	5 minutes	1 hour	30 minutes	5 minutes	10 minutes	1 hour	N/A	N/A	N/A
<b>Urgent</b>	5 minutes	3 hours	1 hour	1 day	1 week	1 hour	N/A	N/A	N/A
<b>Elective</b>	2 hours	8 hours	4 hours	1 day	2 weeks	1 day	N/A	N/A	N/A

# Define key performance metrics

## KPI [Example]

**Plain Film / Urgent / Inpatient: Reporting Frequency Weekly by week of request**

### **Requesting to Acquisition Measure**

The % of films acquired within the **65 mins of request**

99<sup>th</sup> percentile for interval from request to acquisition

% of requested examinations for which an image has been acquired

### **Acquisition to Reporting Measure**

The % of films reported within **120 mins of acquisition**

the 99<sup>th</sup> percentile for interval from acquisition to reporting

% of examinations for which an image has been reported



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# **SLWG: additional requirements identified**

- Fully electronic booking & processing
- Trusted professional relationships
- Input to MDT meetings
- Automated notification of reports

# **SLWG: phase 2 topics**

- Minimisation of paper
- Clinical decision support
- Advisory discussions with imaging expert
- MDT – value, waste, workflow, streamline
- Duty radiology team
- Regional duty radiology framework
- Workforce



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# **Patient experience**

- **Feedback questionnaire**
  - Variety of sites
  - Sample full range of services/modalities

# Patient feedback questionnaire

3. Thinking about your experience today, please indicate your agreement with the following statements

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
I understood what was going to happen to me					
I was given an opportunity to ask questions					
I was given enough time					
I was treated with compassion and understanding					

- Perspective on length of waiting time
- Communication of result
- Travel time/distance
- What went well?
- Suggestions for improvement



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# **SLWG: potential barriers**

- Supply of radiologists
- Funding models
- Co-working with other boards
- Capacity to train new roles
- Change not welcome





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# **Coordination with regional & national programmes**

# SLWG process: reflections

- Progress sometimes slow
- Facilitation expertise essential
- Good mix and range of service users
- Primary care input valuable
- Clear outcomes for each workshop
- Range of other issues uncovered along the way
- Phase 2 detail, development of service models = more challenging