SUMMARY OF THE ROYAL COLLEGE OF RADIOLOGISTS REPORTING BACKLOG SURVEYS AND ASSESSMENT OF POTENTIAL CAUSES AND SOLUTIONS.

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BACKGROUND

- Delayed reporting of diagnostic imaging threatens effective service delivery.
- Unreported studies generate diagnostic & treatment delays, risking avoidable patient anxiety & harm & departmental reputational & financial cost.
- The Independent Cancer Taskforce has proposed a 28 days to diagnosis target3. Timely reporting of radiological imaging is critical to cancer diagnosis.
- The RCR use snapshot surveys to quantify reporting backlogs.
- Here, we evaluate the results, & suggest contributing factors & potential solutions.

METHODS

- In February & September 2015 & February 2016, the RCR surveyed Radiology Clinical Directors of 155 NHS Acute Trusts.
- The primary question was: ‘On [date] please state how many studies [X-rays, CT and MRI] in your picture archiving & communications systems (PACS) were unreported for 31 days or more?’
- Reports had to be typed up and verified to be defined as being reported.
- A study was counted as a single examination, e.g. a CT chest and abdomen performed in one sitting count as a single examination. Results were collated and evaluated by RCR.

CONTRIBUTING FACTORS

Increased demand
- Population led demand
- Practice driven demand
- Improved tasks and extended follow-up
- Lower thresholds for imaging
- Replacing of simple with complex studies
- New and extended screening programmes

Limited supply
- Workforce deficit
- Consultant vacancies
- Limited increases in trainee numbers
- Retirement, early retirement and attrition
- Increased work intensity
- Move towards 7 day services
- Increased flexible working

Altered working patterns
- Limited increases in supportive services
- Reduced hours due to limited resources

POTENTIAL SOLUTIONS

Short term
- Maximise productivity
  - Act to improve morale and appreciation of radiologists
  - Avoid unnecessary duplication of reporting
  - Identify reporting & workflow solutions
  - Recruitment from outside of UK
  - Consider skills risk (but appreciate limitations)
  - Use in & outsourcing prudently
- Increase reporting
  - Increase in radiology training places

Medium and long term
- Increase & maximise workforce
  - Target training places in skills and geography
  - Subspeciality networks to manage temporal and geographical variation
  - Build evidence based imaging (especially cancer pathways)
  - Share best practice from trusts with low backlogs

Image well

REFERENCES