Introduction

First an apology for the hiatus in communications between the College and you, and the consequent considerable delay in feeding back the results from last year’s MRI audit. Thank you for your continuing patience.

The College Audit Officer, Mr Chris Squire, retired in May, which has left a significant hole. Obviously, he was unable to finish all the work in progress before he left, but his successor, Mrs Elizabeth Summers has now been appointed, and is due to start around September. I will take this opportunity to thank Chris for all his hard work for the College over the last 13 years.

In order to inform you of what is happening, I’ve put together a Newsletter, myself. Hopefully, we will soon be in a position to distribute this by email.

The majority of the rest of the document is given over to the report of the MRI audit. As you will see, this confirms the impressions of the Audit Commission report, but some departments are doing very well, and may have some lessons for us all.

Head Injury Audit

Many of you attending the Audit Leads’ Workshop in January felt that it would be desirable to perform an Audit into the effects that the NICE Head Injury Guidelines would have on Radiology Departments across the UK. The Clinical Radiology Audit Sub-Committee feels likewise, and such an audit is planned for later this year. For this audit, we hope to try electronic submission of data, using an emailed Excel spreadsheet. Paper submission will also be permissible, but we are trying to make things as easy as possible for participating departments. Look out for details during September.

Nephrostomy Audit

Continuing the theme of electronic submission, the RCR and BSIR have been working on a national audit of nephrostomy insertion. Data for this audit will be collected using a web-based toolkit, with links from both the RCR and BSIR websites. Participating Trusts will receive a password, and will be able to log on directly to input data. This toolkit has been produced by a team at NatCanSAT under Dr Brian Cottier, so thanks to him and his team. I have used a trial version of the toolkit, and it is very easy to use, with data entry taking three minutes or so (lots of drop down menus, very little free typing).

Although the BSIR have been involved in planning the dataset, it is important to emphasise that this audit is not only for Interventionalists, but also for any radiologist who inserts nephrostomies. We want to get an accurate representation of what is happening across the UK. Please take part!

Dr Julian Tawn

RCR National Audit of Provision of MRI Services
Clinical Radiology Audit Sub-Committee

Introduction

In the Audit Commission Report, “Review of Radiology Services” (August 2002), MRI provision was noted to be patchy, with unequal access to services, and a wide variation in waiting times. The report quoted a median wait of 20 weeks, with 25% of patients waiting more than 34 weeks. MRI was responsible for over a half of the total waiting time for imaging. The Department of Health has responded by announcing a further tranche of investment in 50 MRI scanners, in addition to the 42 already installed since the Cancer Plan was published four years ago.

The Audit Sub-Committee felt that it would be appropriate to analyse the current position across the UK with a National Audit.

Standards

In an ideal world all patients needing MRI would have prompt investigation. However it is recognised that due to the overall lack of provision of MRI scanners, and their unequal distribution, there is a wide variation in waiting times. To keep it as simple as possible, two standards for the interval between receipt of request and issuing the report were adopted for this audit, involving two categories of patients.

(i) Urgent MRI, e.g. staging uterine cancer: within 14 days (10 working days);
(ii) Routine MRI, e.g. sciatica: within 13 weeks. This standard comes from a strategic plan for the development of MRI in the West Midlands, published in 2000; it was the consensus opinion of local radiologists. It was also adopted by health care planners in Ontario and was the mean wait reported by Canadian Neurologists in 1996.
**Targets**

These standards were simplified to the following targets:

**A: Cancer staging**
*From request to report to be less than 14 calendar days in 95% of cases.*

**B: Routine orthopaedic cases**
*From request to report to be less than 13 weeks in 50% of cases.*

**Method**

Data was collected for all patients in categories A and B, who were scanned during the month of October 2003. This involved recording the date the request was received, the date of the scan, and the date the report was issued. Departments involved in the audit returned the following data for each category: (1) the number of cases, (2) the number meeting the standard, (3) the percentage success rate, (4) the mean and median time to scan interval, and (5) the mean and median scan to report interval.

Departments were also asked to supply information concerning equipment, how the department runs, and demand and capacity figures.

**Results**

300 departments were invited to participate. The College received 98 returns for the cancer staging waits, and 709 returns for the routine orthopaedic waits.

**Cancer staging waits** (n = 1446):

- The median of the Departmental median waits 'request - scan' = 11 days.

**Routine orthopaedic** (n = 7449):

- The median of the Departmental median waits 'request - scan' = 12 weeks.

**Conclusions**

1. Target not achieved for Cancer MRI
2. Nationally within target for routine orthopaedic scans
3. National mean waiting times are longer than recommended waiting times for both Cancer and Orthopaedic MRI.
4. There is huge common cause variation nationally
   - Implies need for process improvement
   - Survey Group A departments to identify areas of good practice which could be applied elsewhere
5. Consider local need & funding for:
   - Newer, higher field strength magnet
   - Trained radiographers
   - Radiologists’ time
   - Extended working hours

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The mean % reported <= 14 days = 62%: there is a wide range and no central tendency, so performance is very variable. However, this is below the target, nationally.

The mean % reported within 13 weeks = 66%; 32/107 (30%) scored >= 95%; 25/107 (23%) scored between 35% and 55%; 9/107 (8%) scored <= 5%.
References


Julian Tawn
July 2004

Thought for the day:
If you can keep your head, when all about you are losing theirs, it is possible that you have not fully grasped what is going on!