

*From the Office of the President
Dr Giles Maskell MA FRCP FRCR*

19/01/2016

Ms Natalie Pink
National Institute of Health and Care Excellence
Level 1A, City Tower
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Manchester
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Dear Ms Pink

NICE: Diagnostic Services: short survey on current practice

Please find the response to the 'Diagnostic Services: short survey on current practice' from the Royal College of Radiologists (RCR). The response relates to imaging services.

The traditional and most widely implemented model of delivery of diagnostic imaging services is that of a radiology service organised around a single provider (usually an acute Trust in England). A group of consultant radiologists ranging from around 6 to more than 50 (depending on the size of the provider organisation) are employed to provide services to patients under the care of that provider and also to primary care in the surrounding area. The services provided include the acquisition and interpretation of diagnostic imaging in a range of modalities including X-Ray, ultrasound, Computed Tomography (CT) Magnetic Resonance Imaging (MRI), and nuclear medicine, sometimes including hybrid modalities such as Positron Emission Tomography – CT (PET-CT). Interventional radiology services (image-guided diagnostic and therapeutic procedures ranging from biopsy and drainage to endovascular procedures, haemorrhage control and advanced cancer therapies) are usually provided by specialists within the same team.

Due to a sharp increase in demand for out-of-hours (overnight and weekend) imaging, there has been an increasing tendency for smaller – and some larger- providers to out-source overnight CT reporting, in particular to private companies. This has the advantage of improving daytime availability (and productivity) of local radiologists but also has a number of disadvantages. These include cost, inefficiency, duplication and a reduction in the possibility of communication between radiologist and clinician, which may be to the detriment of patients.

The RCR has proposed a new model of networking of radiology services, in which services are provided to a population greater than that served by an individual provider. This has the potential to maximise the use of the scarce resource of consultant radiologist manpower and improve access to specialist image interpretation for populations which are currently poorly served. The proposal was first set out in our response to the Dalton review in 2014 in a paper entitled "Radiology services in the UK – the case for a new service model" found

here: https://www.rcr.ac.uk/sites/default/files/RCR_Clinical_Radiology_response_to_Dalton_Review.pdf

This paper sets out the ambition and some of the challenges.


Examples of the early development of radiology networks are given in the paper "Sustainable future for diagnostic radiology" series published in 2015:

https://www.rcr.ac.uk/sites/default/files/publication/bfcr1512_sustainable_network.pdf

In the meantime, the East Midland Radiology (EMRAD) consortium, which is listed amongst these examples, has received Vanguard status in NHS England's New Care Models programme. Implementation is still at an early stage and evaluation of the outcomes is not yet possible, but will follow.

With kind regards,

Yours sincerely

A handwritten signature in black ink, appearing to read "Giles Maskell", with a horizontal line underneath it.

Dr Giles Maskell
President
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