

Getting it Right First Time in imaging

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Declarations

- none

outline

- Background and overview of the GIRFT programme
- The GIRFT radiology national report
- Current radiology GIRFT activities
- How can an ultrasound service support the principles of GIRFT?

Getting It Right First Time

A clinically-led programme,
reducing unwarranted variation
and improving outcomes



Introducing GIRFT

- Led by Professor Tim Briggs, GIRFT is now part of the NHS England Transformation Directorate.
- GIRFT is designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change.
- The programme is part of an aligned set of programmes within NHSE and has the backing of the Royal Colleges and professional associations.



What we do

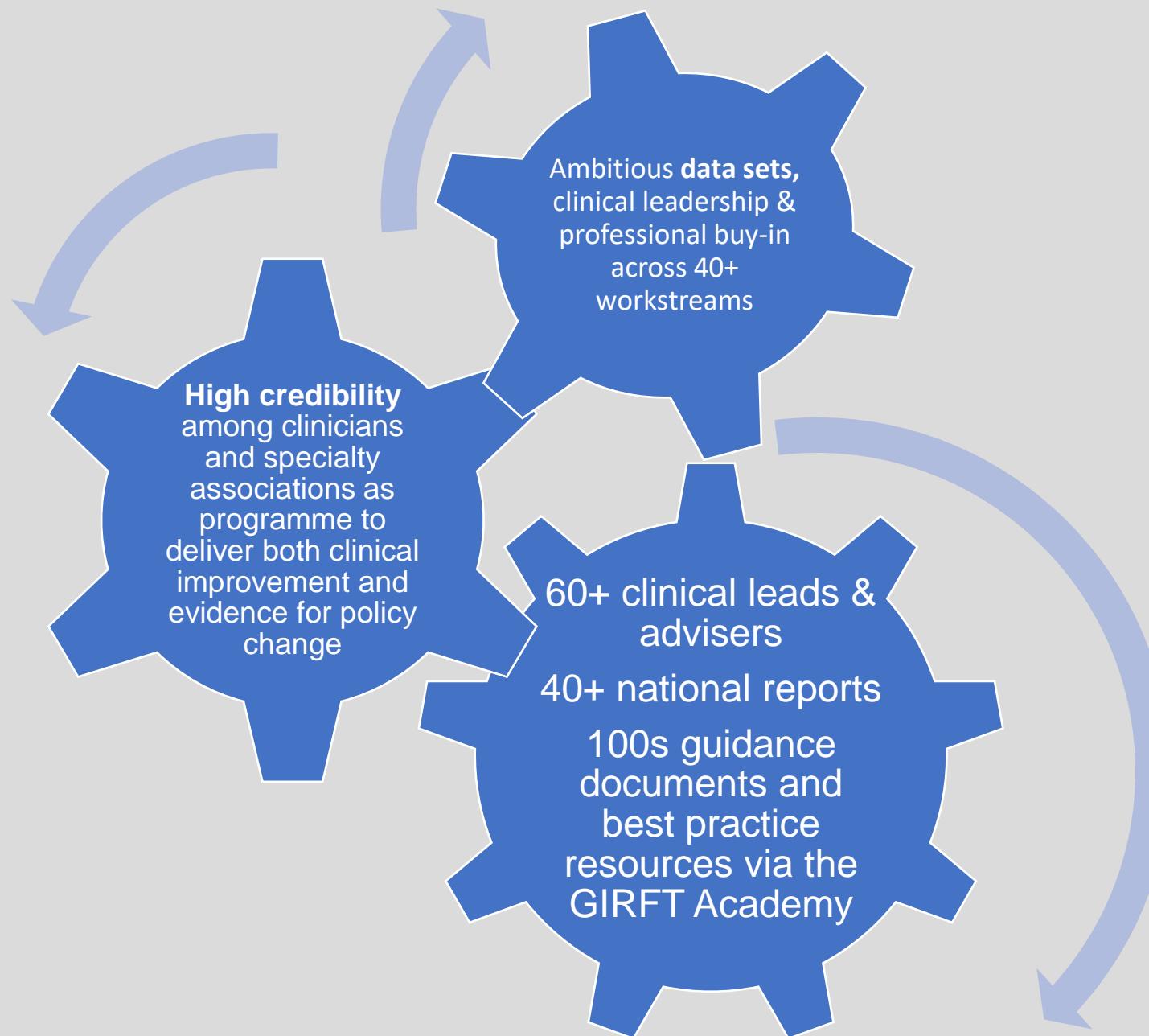
- **Specialty peer reviews** leading to national reports and clinical guidance.
- Workstreams led by **frontline clinicians** and experts in the areas they are reviewing.
- **GIRFT Academy**: mapping out what ‘good’ looks like for standardised pathways of care and **sharing best practice** and knowledge.
- Work with providers, systems and regions to support NHS recovery, and improving access to services via **surgical hubs and theatre utilisation**.
- Delivering the **Further Faster Programme** to transform patient pathways, reduce unnecessary appointments and improve access and waiting times for patients.
- **Data curation and analysis** with GIRFT dashboards on the Model Health System (MHS) and outcomes data on the National Consultant Information Portal (NCIP).



How we do it

By tackling variations in the way services are delivered across the NHS, GIRFT:

- identifies changes that will help improve care and patient outcomes;
- delivers efficiencies and cost savings;
- reduces unnecessary procedures; and
- shares best practice across the NHS.



Radiology

GIRFT Programme National Specialty Report

by Dr Katharine Halliday, Clinical Lead
Dr Giles Maskell, Senior Clinical Advisor
Lucy Beeley and Elaine Quick, Radiology Advisors

November 2020



List of Recommendations

Delivering a patient-centred service

1. Trusts should review facilities and processes to ensure that patients are safe and are treated with dignity and respect at all times.
2. Imaging should be arranged at a time and place to suit patients and ensure their safety.
3. Reporting should be carried out expeditiously and at the point at which it will have maximum impact on the patient's care.

Maximising capacity

4. All radiology services should review their workforce requirements to ensure their establishment is correct. All services should maximise recruitment and retention and all staff should be supported to work to the top of their licence.
5. The RCR should produce standardised definitions for radiologist activities for job planning. This should also include expected volumes of activity.
6. The RCR and SoR should produce standardised competencies for reporting, so that once a trainee/radiographer has proved their skills, they are permitted to report independently, wherever they work.
7. Trusts should review the efficiency and management of MDTs in line with national guidance.
8. Standardised protocols should be introduced for imaging of common conditions for trusts and independent sector providers to adopt.
9. All trusts must meet the RCR standards for the use of IT.
10. Every trust or imaging network must have a sustainable plan for the purchase and/or replacement of capital equipment, PACS and RIS, to meet anticipated patient needs and increase capacity.
11. All radiology services should have access to dedicated facilities to admit and discharge day case patients for interventional procedures.

Making data work harder

12. National bodies should review coding in radiology.
13. All trusts should be supported to standardise the submission of data to national data collections and access radiology data, linked to HES, whenever they wish to, for benchmarking and planning.
14. All trusts should anticipate and proactively manage their demand and capacity for both image acquisition and reporting, and for interventional radiology.

Managing increasing demand

4. E – All references should relate to adult patients unless otherwise specified by clinical context, unless otherwise stated or the DCD's CDS



Transforming imaging services in England: a national strategy for imaging networks

November 2019

DIAGNOSTICS: RECOVERY AND RENEWAL

Report of the Independent Review of
Diagnostic Services for NHS England

October 2020

1.10 Alongside improvements in outcomes and convenience for patients, implementation of the recommendations in this report will deliver major efficiency gains. These include:

- reductions in capital costs of CT and MRI scanners through bulk buying
- reduced installation costs on non-acute sites
- avoidance of duplication of imaging between hospitals through IT networking
- reduced cost of outsourcing of image acquisition and reporting (estimated at over £160 million per annum)
- improved patient throughput through separation of acute and elective imaging
- skill-mix initiatives across all diagnostics
- reduced length of stay through imaging always being undertaken on day of request
- increased use of same day emergency care through improved access to diagnostics in A&E departments

Background to Imaging Networks

The [NHS Long Term Plan](#) committed the NHS to establishing Imaging networks across England by 2023. [The National Imaging Strategy](#), outlined the case for change and the Imaging Network proposal, highlighting the formation of networks will:

- maximise the use of existing imaging capacity across all trust settings
- improve access to specialist opinion
- make efficiencies and deliver economies of scale

Operating as networks, imaging services will be better placed to manage resources effectively and optimise the access to, and quality of, care for all patients served by the network



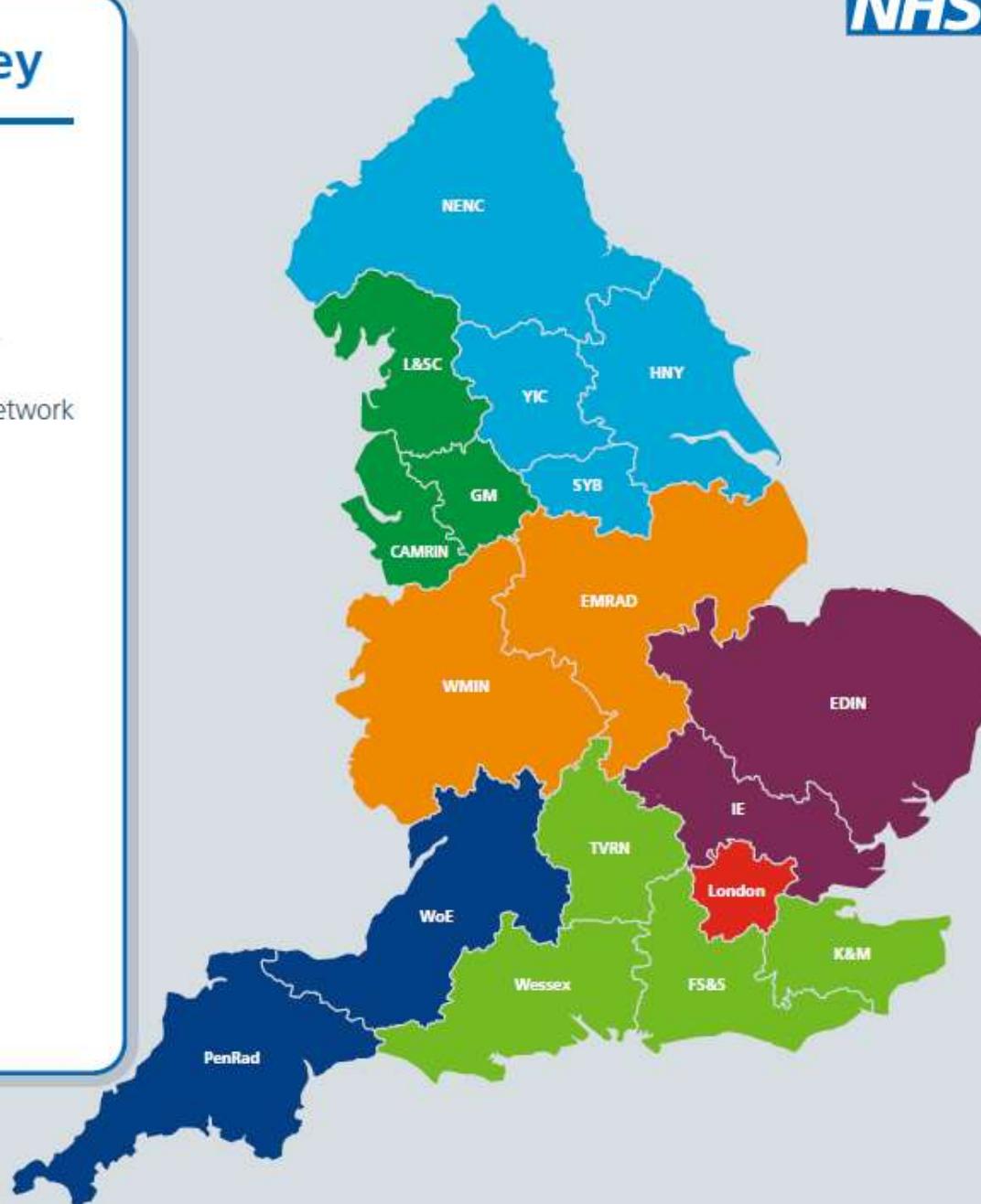
September 2014

Radiology in the UK – the case for a new service model

Radiology services in the UK are in crisis. The ever-increasing role of imaging in modern clinical care has led to a relentless increase in demand, particularly for complex imaging including CT and MR scans which has far outstripped the ability of current services to cope. This is compounded by a failure to recruit to consultant radiologist vacancies in almost all parts of the UK. The results of this crisis are increasing delays in the reporting of imaging tests with delayed diagnosis of cancer and other serious conditions, and a damaging impairment of the central role played by clinical radiologists in supporting high quality patient care.

Imaging Network Acronym Key

HNY:	Humber & North Yorkshire
NENC:	North East & North Cumbria
SYB:	South Yorkshire and Bassetlaw
YIC:	Yorkshire Imaging Collaborative
CAMRIN:	Cheshire & Merseyside Radiology Imaging Network
GM:	Greater Manchester
L&SC:	Lancashire & South Cumbria Diagnostic Imaging Network
EMRAD:	East Midlands Imaging Network
WMIN:	West Midlands Imaging Network
EDIN:	Eastern Diagnostic Imaging Network
IE:	ImageEast
NEL:	North East London
NWL:	North West London
NCL:	North Central London
SEL:	South East London
SWL:	South West London
FS&S:	Frimley, Surrey & Sussex
K&M:	Kent & Medway
TVRN:	Thames Valley Radiology Network
Wessex:	Wessex
PenRad:	Peninsula Imaging Network
WoE:	West of England



GIRFT for imaging networks

- Visits to 22 imaging networks in England to be conducted (20/22 so far completed)
- Presentation of data gleaned from national sources – MH, DiD, etc
- Discussion centred on 5 key questions
- Identification of common themes and sharing best practice

The key topics and/or questions

1. To what extent can you share images and reports across the network?
2. To what extent are the constituent radiology departments working together?
3. How are the network structures being used to
 - a. improve equity and speed of access?
 - b. improve quality and patient outcomes?
 - c. improve efficiency?
 - d. support research and innovation?
4. What have been the major challenges?
5. What benefits have been realised so far, what are anticipated and what are your plans for future sustainability including funding?

What can an Ultrasound service do to support the GIRFT principles?

- Referral guidelines
- Patient-centred practice
- Coding
- Harmonise protocols
- Think pathways
- Training
- Integration
- Avoid duplication

An example - avoiding duplication

- Have you got access to the patient's full imaging history?
- Has the patient had this ***or any similar*** test before?
- Does the patient have co-morbidities which might affect a decision to undertake further testing?
- Should the patient be involved in that decision?

Final thoughts

- Focus on diagnostics greater than ever before
- Opportunities as well as challenges
- Data is our friend but we don't make the most of it
- Think “network first”



Thank you very much

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