



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

STRATEGIC FRAMEWORK FOR IMAGING SERVICES IN HEALTH AND SOCIAL CARE

Consultation Response Questionnaire

October 2017

CONSULTATION RESPONSE QUESTIONNAIRE

You can respond to the consultation document by e-mail, letter or fax.

Before you submit your response, please read Appendix 1 about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

Responses should be sent to:

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Responses must be received no later than 22 December 2017

I am responding: on behalf of an organisation
(please tick a box)

x

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Contents

SECTION	Page No
Background	4
Part A – Feedback on recommendations	5
Part B – Equality Implications	26
Appendix 1 – Confidentiality of Consultations	28

Background

In 2013 the then Minister for Health Social Services and Public Safety commissioned a review of Health and Social Care (HSC) imaging services in Northern Ireland in response to public concern at delays in the reporting of plain x-ray images in a number of HSC Trusts. Following a comprehensive scoping exercise the Department established a formal project board to take forward the review, which met for the first time in February 2014.

The clinically led review of HSC imaging services was aimed at enhancing and improving the delivery of radiological imaging in Northern Ireland. The objective of the review was to produce recommendations for service development and configuration which would form the basis of a 10-year strategy for imaging services.

The resulting overarching draft Strategic Framework for Imaging Services in Health and Social Care (called 'the framework' throughout this questionnaire) was published by the Department of Health in October 2017. It sets out a vision for imaging services with eight key guiding principles to underpin the configuration and delivery of services and 19 key recommendations to ensure these services are safe, effective and sustainable. The 19 key recommendations are structured into five important themes affecting imaging services and have been condensed from a greater overall number of individual recommendations outlined in the review's clinical reports. The framework and supporting documentation can be accessed at:

<https://www.health-ni.gov.uk/consultations>

Purpose

This questionnaire seeks your views on the recommendations arising from the review and should be read in conjunction with the Strategic Framework for Imaging Services in Health and Social Care available at the link above. The questionnaire provides an opportunity to answer questions relating to specific proposals and/or to provide general comments on the proposals. It also provides an opportunity for respondents to give additional feedback relating to any equality or human rights implications of the proposals.

The consultation questionnaire

The questionnaire can be completed by an individual health professional, stakeholder or member of the public or it can be completed on behalf of a group or organisation.

Part A: provides an opportunity to answer questions relating to the framework recommendations and/or to provide general comments on those recommendations.

Part B: provides an opportunity for respondents to give additional feedback relating to any equality or human rights implications of the recommendations.

Part A

Feedback on Recommendations

It is recommended that you refer to the relevant recommendation and supporting information in section 2 of the Strategic Framework for Imaging Services in Health and Social Care when responding to the following questions.

Recommendation 1: Theme - Workforce

It is recommended that the HSC takes urgent action to close the unfilled vacancy positions in the radiology workforce. This should include:

- **further increases in the total number of national training places in radiology in the NI Radiology Training Scheme up to 46 by the intake of August 2017, increasing to 54 by 2020;**
- **an international recruitment campaign commencing in year 1 of the framework aimed at filling at least 15 clinical radiology posts over the next 4 years;**
- **by 2017 the HSC should develop local and regional workforce retention strategies to promote and facilitate recently retired radiologists to continue to work on a reduced basis following their retirement. This should aim to deliver on average 3 PAs per week per radiologist for at least 3 years after their retirement.**

This recommendation focuses on the radiology component of imaging services. The framework states that “a key thematic focus of the imaging review has been on its workforce, primarily clinical radiologists and radiographers who are principally responsible for the delivery of imaging services.

This analysis has shown significant workforce pressures across the spectrum of imaging services which are mirrored across the UK and wider. Acute problems have been identified in sub-specialty areas such as paediatric, interventional and breast radiology however these challenges are part of a larger workforce deficit in clinical radiology posts across the province.

Over the period of the review the number of unfilled vacancies in clinical radiologist posts has risen from 21 to 42. This means that over that time approximately 25-30% of all clinical radiologist posts in Northern Ireland were vacant and there has been a significant reliance on locums. This is an unsustainable situation.”

In relation to this recommendation the Department took action to increase radiology training posts by two in 2015, three in 2016 and four in 2017; therefore since August 2017 the number of doctors in national training places for radiology has risen from 37 to 46 in Northern Ireland in line with recommendation 1.

Q1. Do you agree that radiology training places should be increased?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

Figure 4 in radiology paper 1 shows that demand for imaging services has been growing steadily. It has increased faster than the growth in the radiology workforce. Radiology training places should be increased to meet future clinical demand and in line with best practice. As it takes at least five years for an individual to complete their training, it is important that planning an increase of training places is regularly reviewed to look ahead to contextual changes in clinical practice and the population.

We would advise consulting with clinical guideline and policy makers (such as NICE or the UK National Screening Committee) and professional bodies such as the

Society and College of Radiographers (SCOR), Institute of Medical Physicists (IPeM) and The Royal College of Radiologists (RCR) to establish the appropriate number of trainees needed to keep up with imaging demand. This could outline where changes; e.g. in technology, referral guidelines or the introduction of a new screening programme; might lead to a shift in demand for imaging and understand the knock-on impacts on other professions. Medical research organisations such as Cancer Research UK would be able to provide advice on potential future changes in clinical practice research. The gap analysis is helpful as a starting process but the gap analysis needs to be a continuous process going forward.

Q2. Do you agree that an international recruitment campaign is needed in an effort to close the unfilled radiology vacancies? If so, do you have any suggestions which might assist with this campaign?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

International recruitment is needed to fill the immediate shortages in radiology, as those who have joined the expanding number of training places will not complete their training for some time.

International recruitment efforts may need central coordination to overcome shared issues, such as arranging visas and best practice examples to encourage international recruits to settle in.

It would also be beneficial to seek input from the RCR. We would recommend working with professional bodies and other health organisations who have run international recruitment campaigns as they would be able to make suggestions on successful campaigns. Health Education England, for example, run a Global Health Exchange: <https://hee.nhs.uk/our-work/attracting-recruiting/international-office/global-health-exchange>

Q3. Do you agree with the proposal to develop retention strategies for recently retired radiologists?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

Due to the current vacancy rate in radiology in Northern Ireland and the projected number of those who plan to retire by 2021, it is essential that imaging services retain recently retired radiologists. We would recommend working with professional bodies who will be able to advise on the best ways to retain staff.

We recommend that other solutions are also explored to help retain current staff, such as telereporting so staff have the ability to work from home. This could assist Health and Social Care Trusts who have difficulties in recruiting.

It is also unclear if there has been an exploration of the number of qualified radiologists who are currently not working in the health service – whether this is because of a career change or because they are employed privately. This could be another potential source of radiologists who could return to practice relatively quickly.

Recommendation 2: Theme - Workforce

HSC Trusts should put in place the necessary arrangements to ensure that there is a clear understanding of the deployment, education and training of radiographers at all levels, together with the associated resources and implications.

- This should include a structured career progression pathway for radiographers, through locally available specialist training in specific areas and at all levels to promote and optimise skill mix opportunities within imaging teams.
- Building on the progress made with fluoroscopy and ultrasound reporting, the HSC plan should include working towards ensuring that between 20-40% of plain film examinations are reported by radiographers by 2020.

This recommendation focuses on the radiography component of imaging services. The framework identifies *“pressures include the changing professional roles of the radiologist, radiographer, ultrasonographer and specialist nurse as they continue to adapt to the pace of change in modern medical practice. This manifests itself in the form of increasing levels of specialisation and sub-specialisation of practice as well as in new roles in the multi-disciplinary care and clinical management of patients”*

“Within radiography there are shortages of specialist staff in key modalities which restrict skill mix optimisation, as well as a lack of locally based opportunities for training advanced practitioners.”

Q4. Do you agree that the structured career progression pathway for radiographers should be implemented with the aim of optimising skill mix opportunities? If so, should this pathway be managed at Trust level or at a regional level?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

There should be a clear pathway to becoming a reporting radiographer. There must be comprehensive guidance to skills mix approaches so there is widespread and safe use of radiographer reporting. Professional bodies have guidance on skills mix approaches and the training pathway to becoming reporting radiographers.

Growth in the number of diagnostic radiographers has not been sufficient to keep up with demand in imaging so Northern Ireland must commit to train and employ more diagnostic radiographers.

Guidance for the pathway into advanced roles for reporting radiographers must be developed at a Northern Ireland-wide level. Delivery should be overseen at a trust level. Each trust has the ability to optimise radiographer reporting in line with the demand on their imaging services. All trusts should feedback to the Department of Health on the numbers of diagnostic radiographers who are reporting on images to allow for more accurate future workforce planning at a Northern Ireland-wide level.

Q5. Do you agree with the plan that radiographers should be trained to report up to 40% of plain film examinations (where it is safe and effective to do so)?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

Having a target is valuable, and we are pleased to see a skills mix approach being encouraged. We cannot comment on the appropriateness of the target being set at 40%, but trust it is based on clinical safety and effectiveness.

Recommendation 3: Theme – workforce

The HSC should put in place the necessary training and workforce planning mechanisms to ensure that sufficient numbers of cardiac physiologists and medical physics staff are available to meet the needs of service with respect to functional imaging techniques and medical physics support for imaging services including ultrasound.

The review found that “*Outside of radiology, the workforce challenges in functional cardiac imaging, obstetric imaging and medical physics continue to reduce the effectiveness and efficiency of the services which we need to provide to our patients. Whilst the particular causes of each of these problems may be different and specific to the individual relevant clinical area, there are fundamental and underlying reasons and issues behind them.*”

Q6. This recommendation focuses on the cardiac physiology, ultrasonography and medical physics workforce as areas outside radiology. Do you agree with this recommendation?

Strongly agree **Agree** Neither Disagree Strongly disagree

Comments:

We cannot comment on the cardiac physiology or obstetric workforce.

Medical physicists are essential to providing high quality imaging so we are pleased to see this being addressed.

Q7. Apart from radiology, cardiac imaging, obstetric imaging and medical physics, do you agree that the review has fully considered the workforce needs of diagnostic imaging services? If not, which areas need to be further considered?

Strongly agree Agree **Neither** Disagree Strongly disagree

Comments:

We have not been able to conduct detailed modelling on the projected demand for imaging in relation to suspected cancer, which would help establish whether the gap analysis and workforce commitments will be sufficient to deliver the best possible imaging services in future. However, we want to ensure that future imaging services will have sufficient capacity to deliver reported images for people whose symptoms need investigation in case they have cancer, or investigate people within pathways from potential screening programmes. For example, it would be helpful if it's made clear that these changes could allow Northern Ireland to follow NICE's suspected cancer recognition and referral guidelines, which we understand are currently not being utilised, due to concerns for the impact on diagnostic services.

Recommendation 4: Theme – Networks of Care

The HSC should put in place a regional hub and spoke network model for the delivery of interventional radiology services in Northern Ireland by 2018/19.

The interventional radiology workstream report concluded that *“the extent and persistence of the workforce challenges in that sub-specialty means a regional hub and spoke network model is the most effective way to deliver safe and sustainable services to the people of Northern Ireland.”*

Q8. Do you agree that a hub and spoke model for interventional radiology is the most effective way to deliver a safe and sustainable service for the population of Northern Ireland?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

N/A

Recommendation 5: Theme – Networks of Care

The HSC should put in place appropriate clinical pathways and supporting network models to ensure children can access safe clinical paediatric radiology services, in and out of hours.

The framework notes that *“In paediatric radiology similar challenges in maintaining safe and effective in-hours services in some Trusts and out-of-hours services regionally means that the HSC must consider an increased role for regional network solutions.”*

Q9. Do you agree that clinical pathways supported by regional networks, such as hub and spoke models, will provide safe and effective paediatric radiology services in the future?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

N/A

Recommendation 6: Theme – Networks of Care

The HSC should build on the work of the Modernising Radiology Clinical Network in prioritising the development of specialist reporting networks for key radiology modalities including:

- regional plain x-ray reporting network by September 2018
- MRI regional reporting network by end 2019
- CT regional reporting network by end 2020

The framework identifies the move towards models of care that are ‘wrapped around’ the patient and designed to maximise access to services and notes *“Central to this vision, is the expansion of network solutions which support the delivery of care for patients”* and references a key paper published by the Royal College of Radiologists in September 2014 which *“outlined the case for a new service model for imaging services in the UK. They noted that as imaging procedures increased in complexity, it was becoming challenging for individual hospitals to deliver the range of specialist support in a timely fashion across all clinical presentations. This was most evident in relation to out of hours services. The RCR proposal was that existing radiology services should collaborate to form networks of expertise serving much larger populations”*

Q10. The first phase of this recommendation, regional plain x-ray reporting network, has been piloted, with an expanded pilot to be considered subject to pilot evaluation. Do you agree with the proposed model?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

A Northern Ireland-wide approach to reporting imaging is welcomed. It is crucial that the government ensure that the infrastructure is in place to share patient data safely. This network should also include the ability to share patient’s imaging across Northern Ireland as it is crucial for cancer patients who require radiotherapy and surgery as part of their treatment. Patients may move between Health and Social Care Trusts after their initial imaging tests so it is crucial that staff have easy access to their previous imaging scans and results.

Recommendation 7: Theme – Networks of Care

The HSC should establish a regional obstetric imaging clinical network to take forward the development of a new service model for obstetric imaging and ensure regional uniformity in the quality and provision of care.

The framework comments that “Networks of care solutions apply equally to clinical areas outside of radiology. The work of the obstetric imaging workstream has identified the need for both local and regional network solutions to ensure appropriate levels of scanning for all expectant mothers. These linked local networks supported by regional professional networks will be critical in the delivery of effective obstetric imaging services.”

Q11. Do you agree with the recommendation that a clinical network should be established and a new service model developed for obstetric imaging?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

N/A

Recommendation 8: Theme – Networks of Care

The HSCB should finalise the implementation of local service models for cardiac magnetic resonance and echocardiography by 2017. The planning estimates for these services should be reviewed on a yearly basis.

The framework notes that *“The cardiology workstream has also identified the key service benefits to be achieved through the use of hub and spoke models in cardiac magnetic resonance imaging (CMR) and in echocardiography.”*

Q12. Do you agree with this recommendation?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

N/A

Recommendation 9: Theme – Networks of Care

The HSC should put in place enhanced pathways for patients with chest pain which include early access to imaging investigations in line with the regional model developed by the cardiology workstream.

In addition to Recommendation 8 relating to cardiac CMR and ECG, the framework comments that *“Considerable work has also been undertaken by the workstream to develop enhanced local pathways for patients presenting with chest pain. These pathways aim to maximise the clinical benefits afforded by early access to appropriate imaging investigations, and will benefit from effective local access arrangements for CT.”*

Q13. In relation to chest pain imaging investigations do you agree with this recommendation?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

N/A

Recommendation 10: Theme – ICT

The HSC should aim to put in place a single regional Northern Ireland Picture Archiving & Communication System (NIPACS) solution across all sites in Northern Ireland with sufficient integration with the Electronic Care Record (ECR) system so that both images and reports can be reviewed on ECR alongside other patient information.

The framework discusses the background and need for a single RIS/PACS system to fully develop networks and create a single solution imaging service to *“improve efficiency and patient safety through the elimination of workflow impediments, reduction of unnecessary requests, avoid duplication of examinations and enhanced resiliency of services. It is particularly relevant to note that until this is achieved, the radiotherapy centre in Altnagelvin and the Cancer Centre in Belfast will be operating different PACS systems.”*

Q14. Do you agree that a single NIPACS solution should be implemented?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

It is vital that there is a single NIPACS system as the two radiotherapy centres treat patients from across Northern Ireland. It is crucial that patient records can be transferred easily between Health and Social Care Trusts to ensure consistency of care. One system would allow an archive for teaching trainees and during MDT's. It would be valuable to use the NIPACS to extract the images into a dataset like the Diagnostic Imaging Dataset in England. The dataset should be published and include referral sources(?), demographic information and the waiting times for each test - from time of test through to reporting. This would give the Department of Health up-to-date data on imaging demand across Northern Ireland, which is helpful for research.

Q15. Do you agree that NIPACS should be integrated with the NIECR which is being rolled out across HSC?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

Cancer patients must receive the treatment they need, such as radiotherapy, even when they transfer between trusts. Therefore, it is crucial that patients' notes are transferrable across Health and Social Care Trusts and integrated with their imaging records to ensure efficient delivery of treatment. The imaging data collected should have the ability to be linked with the Regional Information System for Oncology and Haematology (RISOH).

Recommendation 11: Theme – ICT

NIPACS should also be expanded to include the administration, storage, processing and viewing of all appropriate medical images in obstetrics, cardiology and other appropriate fields.

The framework notes that the review identified significant benefits from expanding access to a single RIS/PACS solution for obstetrics, cardiology and other relevant specialties.

Q16. Do you agree with this recommendation? If so, do you have any view on timescale and/or appropriate field which could be considered for expansion?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

N/A

Recommendation 12: Theme – Investment

Proposals for the future development of the imaging needs of the population of must be considered in line with the guiding principles outlined in section 1 of the framework.

Section 1 of the framework describes eight guiding principles for the development of any and all imaging services. These guiding principles provide support for decision making processes to ensure safe and effective imaging services.

Q17. Do you agree that the eight guiding principles will effectively underpin safety and quality for imaging services in Northern Ireland?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

Detailed modelling of the projected demand for imaging, in relation to suspected cancer, must be conducted. This would help establish if the gap analysis and workforce commitments will be sufficient to deliver the best possible imaging services. Workforce will be essential to achieve these guiding principles, so we are pleased that due recognition has been given to the need to adequately staff services. Resource planning should be based on clinical demand and best practice, not on affordability.

Q18. Having considered the eight guiding principles do you believe that any further guiding principles are necessary? If so, please comment in the box below.

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

N/A

Recommendation 13: Theme – Investment

Recurrent funding should be made available so that imaging services can provide the required level of examinations and reports to meet current and projected demand and address backlogs where they exist. This will include optimising use of the imaging equipment base, promoting skill mix, and ensuring that requirements for 7 day access to services and out of hours arrangements are able to be delivered.

The framework comments that workforce capacity issues, advances in clinical practice and annual increases in demand which will require new models of care to be developed to address the current and future demand for imaging services and facilitate increased access for patients and referrers as part of the strategy to deliver 7-day access to services. To achieve this it is important that *“all aspects of service provision are effectively quantified and funded appropriately to ensure out of hours, unscheduled care and extended access to service is secured.”*

Q19. Do you agree that recurrent funding is required to maximise the potential for imaging services to provide the required level of service now and into the future?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

It is projected that by 2034, that there will be over 14,000 people diagnosed with cancer in Northern Ireland each year. Cancer incidence varies across Northern Ireland, with a higher incidence in the most deprived areas. Diagnostics services will therefore need to cope with the increase and variation in demand. We want to ensure that future imaging services will have sufficient capacity to deliver reported images for people whose symptoms need investigation in case they are cancer, or investigate people within pathways from potential screening programmes. It is important that Northern Ireland creates a long-term plan to maximise the imaging services and provide the recurrent funding needed to make service changes based on clinical demand and best practice, not on affordability.

Recommendation 14: Theme – Investment

HSC Trusts should continue to implement the strategic planning framework for major diagnostic imaging equipment. There should be regional oversight and co-ordination of the capital base to ensure that imaging assets are utilised effectively.

The framework comments that the Department's Strategic Asset Management of Medical Devices (SAMMD) initiative resulted in significant improvements in the age profile and the technology utilised in a range of diagnostic imaging modalities and that *"scheduling of replacement and the investment in new equipment needs to be carefully planned to ensure service continuity, balanced against the opportunities for achieving further value for money through regional procurement, leasing arrangements or consideration of a regional/cluster Managed Equipment Service (MES) programme which would need to be explored as part of the business case process."*

To assist HSC Trusts a strategic planning framework for major diagnostic imaging equipment such as MRI and CT scanners has been developed to meet the objective of maintaining the equipment age profile within acceptable limits. Its successful implementation will require the co-ordinated approach of all stakeholders including regional and local planning teams, Trust Directors of imaging services and imaging professionals."

Q20. Do you agree that the strategic planning framework (which replaced SAMMD) will meet the capital equipment needs of the imaging service in the future? If not, what arrangements need to be considered?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

We welcome a strategic planning framework for capital equipment needs of the imaging service in the future. It is projected that by 2034, that there will be over 14,000 people diagnosed with cancer each year. Diagnostic equipment will therefore need to cope with the increase in demand and should be replaced in line with the safety guidelines. Detailed modelling on the projected demand for imaging in relation to suspected cancer would help establish the capital equipment needed to deliver the best possible imaging services in future.

Recommendation 15: Theme – Governance

The HSC should develop and implement a regional phased programme of imaging accreditation by year 1 of the framework with all HSC Trust sites accredited by December 2019.

The framework comments that “Accreditation is an important quality indicator, both for HSC Trusts as providers and for the HSC as a whole. It is also a vehicle for ensuring that there is an appropriate level of standardisation in practice regionally. This consistency of approach, both clinically and organisationally, will be an important supporting component to networks of care. Accreditation can also provide an evidentiary mechanism for ensuring services are planned and provided in line with our strategic guidelines.”

Q21. Do you agree that a regional accreditation programme for diagnostic imaging should be put in place?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

HSC should consult with both the RCR and the SCoR when developing a programme of accreditation, as both the RCR and SCoR developed the national Imaging Service Accreditation Scheme (ISAS). This accreditation of professional standards is supported by the health service in Northern Ireland and therefore it may be unnecessary to develop another imaging accreditation scheme.

Recommendation 16: Theme – Governance

Where regional or local networks of care are established they must be accompanied by robust clinical guidance and appropriately agreed care pathways.

The framework discusses the benefits of networks of care in terms of risk mitigation, quality improvement and service resilience. The development of referral guidelines and clinical pathways for imaging procedures are considered an essential governance component of these network approaches.

Q22. Do you agree with this approach?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

Most patients who are diagnosed with cancer will have visited their GP. Evidence-based diagnostic pathways should be developed and adopted. A range of several different pathways must be created to allow GPs to refer patients onto the correct pathway. This will allow secondary care to prioritise those who must have a more urgent need for investigation to be seen sooner. NICE guidance on the recognition and referral for suspect cancer – NG12 – should be adopted so patients with suspected cancer are referred by their GP for investigation as early as possible according to evidence-based risk thresholds. GPs should have direct access to the right diagnostic imaging test to help them diagnose or exclude cancer at an earlier stage. Guidance and pathway approaches must be developed for primary care staff on how to refer patients who have vague symptoms.

Recommendation 17: Theme – Governance

HSC Trusts in collaboration with an imaging network board (see recommendation 19) should undertake detailed local consultation with primary and secondary care imaging referrers to ensure robust referral pathways are in place including appropriate methods of results acknowledgement.

The framework notes that “evidence suggests that further development of clinical pathways within appropriate clinical environments has the potential to deliver significant quality improvements including increased decision support for referrers, appropriate and timely primary care access to complex imaging and greater multi-disciplinary working.”

Q23. Do you agree that working in partnership with referrers will ensure robust referral pathways and that clinicians should comply with requirements relating to results acknowledgement?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

Most patients who are diagnosed with cancer will have visited their GP. NICE guidance on the recognition and referral for suspect cancer – NG12 – should be adopted so patients with suspected cancer are referred by their GP for investigation according to evidence-based risk thresholds. GPs should have direct access to the right diagnostic imaging test to help them diagnose or exclude cancer at an earlier stage. Guidance and pathway approaches must be developed for primary care staff to refer patients who have vague symptoms.

Evidence-based diagnostic pathways should be developed and adopted. A range of different pathways must be created to allow GPs to refer patients onto the correct pathway. This will allow secondary care to prioritise those who must have a more urgent need for investigation to be seen sooner.

Recommendation 18: Theme – Governance

HSC imaging services should foster a research culture with close integration between clinical and research departments.

The framework comments that “...research is an important indicator of good clinical governance in imaging services. The evidence suggests that patients who receive care in research-active institutions have better health outcomes than patients who are treated in a non-research environment. Participation in research has also been shown to give patients a better understanding of their condition, improve patient satisfaction and allow all of us as service users to give something back to our NHS by contributing to the development of better treatments. Research also raises much needed funds to help sustain critical services.

By embedding research in imaging services therefore we can drive up the standard of healthcare for our patients, improve the patient experience and leverage income for the HSC.”

Q24. Do you agree that a research culture should be fostered in imaging services?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

Great progress has been made in cancer clinical research over the last decade. Our report, 'Every Patient A Research Patient', identifies a range of constraints in the NHS which squeeze out the time to conduct research. To provide a research-active culture in the NHS it is important that leadership at all levels within drives and maintains a research agenda. It also requires the ability of people to commit to research especially with the current and future demand in imaging services.

We would recommend that Trust's work with the professional bodies, on how best to foster clinical research in imaging departments and ensure consultant contracts are in line with guidance to allow for protected research time.

Recommendation 19: Theme – Governance

The Department should establish a regional medical imaging network or ‘imaging board’ to oversee implementation of the recommendations of the review to provide continuing professional advice and support on issues such as workforce, equipment and strategic planning.

The review has concluded that there is a compelling case for the establishment of a regional imaging board for Northern Ireland. This body would fulfil a range of governance roles and functions which will be vital to achieving the vision in this framework, including:

- working at regional and local planning levels to deliver a 5 year workforce and investment plan for imaging services which takes account of the recommendations of this review;
- working at regional and local planning levels to support the establishment of appropriate regional networks of care across the region, including adult, paediatric and interventional radiology, cardiology and obstetrics networks;
- overseeing the development of appropriate clinical guidance and regional patient imaging pathways to support networks of care;
- advising on quality and safety of imaging services including service accreditation;
- encourage collaborative research to enhance evidence-based practice and its rapid diffusion into clinical practice;
- providing professional leadership for, input to and influence over imaging services and development at policy, strategic and operational levels;
- planning and implementing cross-professional training and education.

Q25. Do you agree that a regional ‘imaging board’ should be introduced to focus on the delivery imaging services for the population of Northern Ireland? If so, do you have any comments you wish to make on suggested membership or functions of the proposed ‘imaging board’?

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

We believe that the introduction of an imaging board is a good idea. To encourage transparency and ensure this board functions well, it would be useful for there to be representatives from outside of government and the health service – potentially representatives for professional bodies. It is also essential to have patient and public voices represented on the group, potentially through third sector organisations. It should publish a short report annually on progress in delivering the recommendations of the review.

General Comments

Please use the box below to insert any general comments you would like to make in relation to the recommendations or wider content of the strategic framework.

Comments:

It is projected that by 2034, that there will be over 14,000 people diagnosed with cancer in Northern Ireland each year. Cancer incidence varies across Northern Ireland with a higher incidence in the most deprived areas. Diagnostics services will therefore need to cope with the increase and variation in demand. We want to ensure that future imaging services will have sufficient capacity to deliver reported images for people whose symptoms need investigation in case they are

Key points

- Detailed modelling of the projected demand for imaging in relation to suspected cancer must be conducted. This would help establish if the gap analysis and workforce commitments will be sufficient to deliver the best possible imaging services.
- The gap analysis is helpful as a starting process but needs to be a continuous process going forward.
- Resource planning should be based on clinical demand and best practice, not on affordability.
- NICE guidance on the recognition and referral for suspected cancer – NG12 – should be adopted so patients with suspected cancer are referred by their GP for investigation as early as possible according to evidence-based risk thresholds. We understand that these are not being utilised due to concerns for the impact on diagnostic services.

Part B

Equality Implications

Section 75 of the Northern Ireland Act 1998 requires the Department to “have due regard” to the need to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; between men and women generally; between persons with a disability and persons without; and between persons with dependants and persons without. The Department is also required to “have regard” to the desirability of promoting good relations between persons of a different religious belief, political opinion or racial group.

The Department has also embarked on an equality screening exercise to determine if any of these recommendations are likely to have a differential impact on equality of opportunity for any of the Section 75 groups. We invite you to consider the recommendations from a section 75 perspective by considering and answering the questions below. Answering these questions will contribute to the completion of the Department's Screening template and the screening outcome.

Q1. Are the actions/proposals set out in this consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998? If yes, please state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated in the proposals.

Yes ☐ No ☐

Comments:

Q2. Are you aware of any indication or evidence – qualitative or quantitative – that the actions/proposals set out in this consultation document may have an adverse impact on equality of opportunity or on good relations? If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.

Yes ☐ No ☐

Comments:

Q3. Is there an opportunity to better promote equality of opportunity or good relations? If yes, please give details as to how.

Yes ☐ No ☐

Comments:

Q4. Are there any aspects of these recommendations where potential human rights violations may occur?

Yes ☐ No ☐

Comments:

Please return your response questionnaire to:
Email: ImagingReviewConsultation@health-ni.gov.uk
Post: Imaging Review Consultation Responses,
Room 1, Annex 1, Castle Buildings
Stormont, BT4 3SQ

Responses must be received no later than 5pm on 22nd December 2017

Thank you for your comments.

Appendix 1

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided
- the Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature
- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at:

<http://www.informationcommissioner.gov.uk/>).

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