



Gloucestershire  
Care Services  
NHS Trust



Gloucestershire Hospitals  
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# Community Radiology HCOSC update, May 2019

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Agenda Item 7

# Diagnostics Programme Board

Why do we need one?

- Significant growing volume (some modalities)
- NHS LTP suggests further significant growth to support improved clinical outcomes
- Emerging national plans for radiology and pathology
- Significant workforce challenges (particularly radiologists and radiographers)
- Emerging technological opportunities (e.g. genomics, point of care testing)
- Major equipment replacement programme required
- Difficulties in sustaining community x-ray services
- Diagnostic elements of Gloucestershire One Place Programme (Centres of Excellence, UTCs)

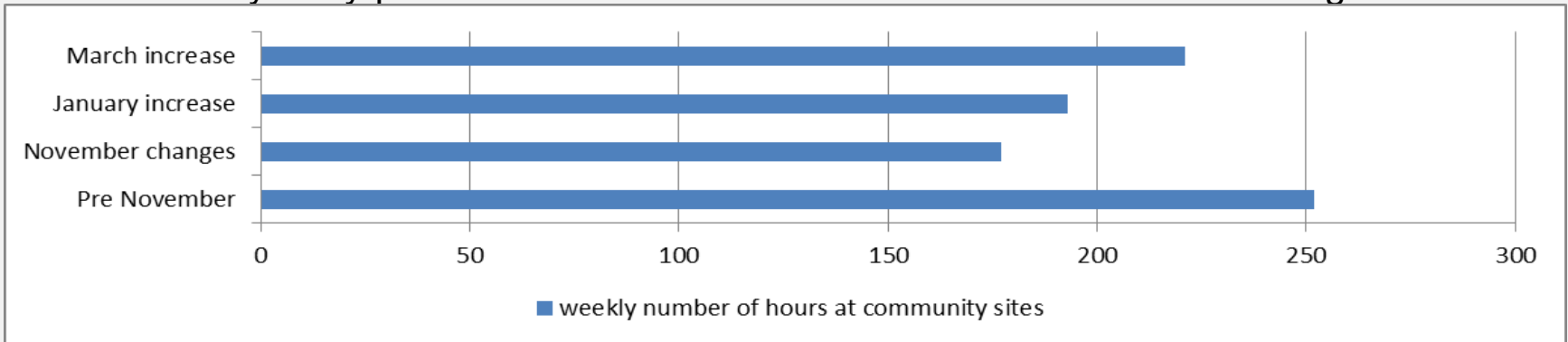
# Diagnostics Programme Board

- Chaired by Paul Roberts on behalf of the ICS Executive
- First meeting February 2019
- Membership: clinicians, patient representatives, managers, commissioners and providers
- To develop a Diagnostic **strategic framework** for Gloucestershire addressing the issues previously listed by March 2020
- Scope:
  - Imaging (X-ray, MRI, CT, Ultrasound, Interventional Radiology)
  - Pathology
  - Endoscopy
  - Point of care testing
- Reporting into the ICS via the Clinical Variation Boards.
- Operational issues addressed by providers directly or through the Radiology and Pathology groups.
- Initial priorities:
  - Community x-ray
  - Workforce
  - One Place Programme
  - Point of Care Testing
  - Managed Equipment (replacement) Programme GHFT

# Summary

## Summary of progress since January 2019 update:

- Community x-ray provision has increased since the November 2018 changes



- Hours re-instated include fixed days and ad-hoc, which is dependent on agency staff.
- Additional 2.5% of MIU patients having to go elsewhere for x-ray
- Moving to a sustainable Interventional Radiology rota has enabled us to provide **emergency life and limb interventions for x10 patients** and **urgent intervention for x17 patients**.
- Before the change these patients would have either been transferred to Oxford or Birmingham or received more invasive surgery.
- **Impact** on waiting times for GP patients should be offset by efficiency through improvements within the booking process.

# Recruitment update

## Substantive recruitment:

- In the period 18<sup>th</sup> November to 28<sup>th</sup> February 2019, **9.6 wte Radiographers recruited**
- **5.7 wte are from our cohort of year 3 students** and will qualify in June/July 2019.
- Turnover rate consistent at **15%** so new starters are being offset by leavers
- As at end of February 2019 **we employ 109.2wte Radiographers** a decreased of **1.5 wte** from November 2018 position.

## Agency recruitment:

- We have been **successful in the recruitment of agency Radiographers**
- Equivalent of **5.7wte worked in February 2019** compared to 1.61wte in November 2018.

## Key actions in progress:

- **Increase the number of Trainee Assistant practitioner** - 6 places recruited to for September 2019 start.
- **Working with Universities** to improve recruitment of student Radiographers, links to other in- county providers.
- **Overseas and regional recruitment plans.**

# Community provision update

Additional **44 hours of community provision added** since November 2018, comprising fixed and ad-hoc.

## Additional fixed provision:

Revised opening	*Stroud	Vale (X-ray only)	Lydney (X-ray only)	*Dilke	Tewk (X-ray only)	N.Cots (X-ray only)	*Ciren
Mon	9am-5pm		9am-5pm	9am-5pm	9am-5pm		9am-6pm
Tue	9am-5pm	9am-5pm		9am-5pm			9am-6pm
Wed	9am-5pm		9am-5pm			9am-5pm	9am-6pm
Thu	9am-5pm			9am-5pm		9am-5pm	9am-6pm
Fri	9am-5pm	9am-5pm	9am-5pm				9am-6pm
Sat	-						10am - 4pm
Sun / bank holidays	10am -2pm						10am - 4pm
Total Hours per Week	44	16	24	24	8	16	57

## Additional ad-hoc provision (dependent on availability of agency staff):

Site	Ad-hoc hours per week	Covered by
Vale	8 hours per week	Variable bank hours (usually Weds)
Tewkesbury	16 hours per week	Variable bank hours
North Cotswolds	8 hours per week	Variable bank hours

# Patient impact - onward referrals

Monitoring the number of patients attending an MIUs that need to be referred elsewhere due to the lack of x-ray provision.

(Activity reviewed for 80 days either side of the 18th November 2018 change)

## Key observations:

- No significant increase in patients attending MIU with onward referral to GHFT A&E
- **80 Patients** who attended an MIU without on-site x-ray were referred onto another MIU site with x-ray provision (**avg. 1 per day**)
- **141 Patients** who attended an MIU without on-site x ray were referred direct to GHFT x-ray department (**avg. <2 per day**)
- Cirencester lowest number of onward referrals (3), Tewkesbury highest (56)

Period	Discharged and referred to A&E	No X-ray Available on Site Referred to Another MIU	No X-ray Available on Site Referred to X-ray GHT
80 days before 18/11/18	829	Not Coded	Not Coded
80 days post 18/11/18	858	82	141

# GP Waiting Times

Monitoring wait times for GP referred patients to receive at X-ray:

Site	Average wait time (days) pre change (April to 17 <sup>th</sup> Nov 2018)	Average wait time (days) post change (18 <sup>th</sup> Nov to 28 <sup>th</sup> Feb 2019)
Cirencester	7	6
Stroud	6	7
Dilke	13	15
Lydney	9	11
Vale	6	12
North Cotswolds	8	12
Tewkesbury	9	16
Cheltenham	8	9
Gloucester	9	10



# Solutions we are working on

## Immediate term

- Continue to actively work to **recruit new graduates**, and work with existing clinicians to **retain** them
- Continue to secure **agency workforce to provide a consistent offer** to the sites with greatest reduction in hours
- Continue to offer **bank shifts to existing workforce**, recognising the limitations this creates in terms of both the local population and GPs being aware when the service is available.
- Consideration needs to be given on **how to communicate this variable offer** in a more proactive way particularly to primary care practices.

## Longer term

- GCS has completed an external review of the community radiology services which will be used to inform the **wider ICS Diagnostic strategy and programme**, covers both workforce, equipment and governance elements
- The ability to create **Extended clinical practitioners** has been investigated but will not be a quick solution – 2 year training programme required.

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