



Gloucestershire
Care Services
NHS Trust



Gloucestershire Hospitals
NHS Foundation Trust

Temporary Change to Radiology Service Provision

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Drivers For Temporary Change

- **Workforce challenges** in local radiography services have now reached a tipping point and the delivery of safe services across the county is at risk
- The service currently has a **24% vacancy rate** in the radiographer staff group
- The complexity and volume of specialist radiology work has reached a point where **the current workforce model is no longer safe or sustainable** and needs to be revised urgently
- To ensure that all services are safe pending an improvement in the supply of radiographers, **the available workforce now needs to be redistributed across the county** which results in a temporary reduction of the workforce available to community x-ray pending an improvement in the supply of radiographic staff.

Introduction: Radiology service overview

Location	X-Ray	CT	MRI	Ultrasound	Interventional Radiology
Cheltenham General Hospital	✓	✓	✓	✓	✓
Gloucestershire Royal Hospital	✓	✓	✓	✓	✓
Cirencester Hospital	✓	✗	✗	✓	✗
Dilke Hospital	✓	✗	✗	✓	✗
Lydney Hospital	✓	✗	✗	✗	✗
North Cotswolds Hospital	✓	✗	✗	✗	✗
Stroud General Hospital	✓	✗	✗	✓	✗
Tewkesbury Hospital	✓	✗	✗	✗	✗
The Vale Hospital	✓	✗	✗	✗	✗

What is Interventional Radiology (IR)?

- Comprises a team of interventional radiologists, radiographers and nurses
- Using radiographic images to guide instruments to deliver life and limb saving procedures, including:
 - Stopping Haemorrhage (e.g. Trauma, bleeding, post-partum haemorrhage)
 - Thoracic Aortic Aneurysm
 - Acute Peripheral and Visceral ischaemia
 - Managing Sepsis
 - Draining complex intra-abdominal & intra-thoracic abscess
 - Colonic stenting
 - Nephrostomy to drain infected Pelvicaliceal system.

The benefits of Interventional Radiology include:

- Reduced length of stay, risk, morbidity and mortality
- Reduced need for open and keyhole surgery.

Challenges

- **Volume and complexity of IR work** no longer sustainable through current rota provision
- Unsustainable **over-reliance on staff goodwill** which now needs to be addressed to avoid ongoing non-compliance with national standards
- 2017 **CQC 'must do' action** to develop a plan to for a 24/7 sustainable IR service
- Evidence of **increasing patient delays** to treatment with associated risks to patient safety – morbidity and mortality and unacceptable risks for staff
- **Unsustainable level of staff vacancies**
 - 34/143 Radiographer gaps - 17% Radiographer vacancy rate in South West, 24% in Gloucestershire
 - Future supply set to worsen not improve due to age profile or community workforce
- Currently only **8 of our 109 Radiographers trained to support IR** (training for a further 4 underway)
- **Ad-hoc cancellations** to community provision – 147 hours lost between January and October 2018
- **Reached a tipping point** in the safe and sustainable provision of IR which must be addressed urgently

Temporary service change

- Need to pull our trained IR Radiographers (x3 people) onto our acute sites to establish a 24/7 IR rota
- Need to move community radiographers to acute CT and MRI services due to loss of above staff from these services
- A reduction in community X-ray provision from 252 hours per week to 177 hours per week (still across all seven locations)
- GP Direct access maintained across all sites, but with material service reduction at three community sites
- Commitment to supplement revised provision whenever opportunities arise e.g. additional bank hours secured
- Pathways in place to manage patients where provision is affected - approximately 130 patients per week.

Principals used to design service change

- Consistent opening hours to ensure a clear public message
- Longer days to support shift planning and efficient use of scarce workforce
- Every community hospital has some provision
- Schedule designed to ensure radiology is availability to support outpatient clinics that require access - to ensure continuity of provision
- Stroud and Cirencester (our 2 larger community units), have more hours.

Emergency service change

Current community provision:

** X-ray & ultrasound*

Day	*Stroud	Vale	Lydney	*Dilke	Tewk	N.Cots	*Ciren
Mon	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-1pm	9am-6pm
Tue	9am-5pm		9am-5pm		9am-5pm	9am-5pm	9am-6pm
Wed	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-1pm	9am-6pm
Thu	9am-5pm		9am-5pm		9am-5pm	9am-5pm	9am-6pm
Fri	9am-5pm	9am-5pm		9am-5pm	9am-5pm	9am-1pm	9am-6pm
Sat	11am - 2pm						10am - 5pm
Sun/ BH	11am - 2pm						10am - 4pm
Hrs per wk	46	24	32	24	40	28	58

Proposed community provision:

Day	*Stroud	Vale	Lydney	*Dilke	Tewk	N.Cots	*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-6pm
Fri	9am-5pm	9am-5pm	9am-5pm				9am-6pm
Sat							10am - 4pm
Sun/ BH							10am - 4pm
Hrs per wk	40	16	24	24	8	8	57

** Ultrasound provided unaffected by these changes*

Actions we are taking to resume service

Recruitment:

- **New service model** (particularly for community) to include alternative roles to reduce reliance on qualified radiologists
- **Recruitment open days** - talks and tour of department with input from radiographers and radiologists
- **Placements for students** training in local universities
- Ensure adverts, roles and remuneration are **attractive and competitive**
- **Return to practice programme** - 1 recruited and 2 more in the pipeline

Retention:

- **Flexible rotas** tailored to individual needs
- **Advanced skills training** e.g. Radiographic reporting, Ultrasound, CT Colon and Cardiac
- **Separate training rotas** to stop staff being pulled to cover service gaps
- **Career structure** - band 2 radiographic care assistant to qualified radiographer and on to advanced roles.



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Thank you