

Diagnostic Radiology Data Quality

This workstream is working towards standardisation of language (on systems) and standardisation of coding to then carry out capacity and demand analysis. We are:

- Gaining a clear understanding of current activity.
- Addressing the risk of drawing inaccurate conclusions from data which is not accurate, is not comparable and does not reflect reality.
- Working with data leads in each trust using the national NHSi data submission as a starting point.

Diagnostic Radiology Digital Integration

This workstream is working towards integration of IT/systems and using technology across L&SC to:

- Transform image storage, image sharing and enable universal system access. The vision is to have integrated systems to enable sharing/reporting of images from any site to improve care for patients and improve working lives for staff .
- Enable remote working. Building on work in individual trusts we are focussing on remote/home reporting and working to develop a L&SC approach/minimum specification to procure a single solution agreed by all trusts in future.
- Introduce Artificial Intelligence solutions. We are preparing to pilot some AI software which enables rapid reading and reporting of brain CT scans for stroke patients. This will facilitate faster diagnosis and transfer of patients who require intra-arterial thrombectomy at the specialist neuro centre.

Diagnostic Radiology Workforce & Training

This workstream is working to build a picture of the full radiography/radiology workforce across L&SC which will help us to consider options for different ways of working/ training /new roles to address capacity pressures. This includes:

- Scoping current workforce using NHSi data as a starting point
- Linking with HEE re opportunities for training and new roles.
- Scoping Out of Hours systems used in all 4 trusts for both image acquisition and emergency reporting.



Diagnostic Radiology Standardised Pathways & Collaboration

This workstream is working towards standardisation of pathways and greater consistency across acute trusts. We have:

- Reviewed the RCR iRefer guidelines and acute trust CEOs have agreed to us rolling these out, initially within the acute trusts. These consist of 264 guidelines which help referrers decide appropriate imaging for a range of clinical presentations.
- Reviewed nationally recommended timed pathways for urgent conditions e.g. cancer, stroke, cauda equine and collated all pathways with radiology timescales. These will be taken into account as part of capacity and demand modelling.
- Carried out a drainages and biopsies survey and collated the results. This will help with future workforce and service planning.

In addition, we are working with the Cancer Alliance to design and deliver rapid diagnostic pathways to achieve full coverage of all two week wait pathways by 2024.

Diagnostic Radiology Procurement

This workstream is working towards the development of a procurement strategy which supports the immediate needs of Trusts as well as identifying opportunities for collaborative procurement of radiology equipment to support integrated diagnostics services in the future. We are:

- Building a L&SC picture of equipment/age/potential need for replacement to support the targeting of limited capital resources.
- Developing a process for collaborative development of equipment business cases.

Endoscopy

This workstream includes a number of priorities to support the development of a future model of endoscopy services that improves timely patient diagnosis, is safe and sustainable, reduces variation in access, and is consistent with national guidance and best practice. The initial priorities are:

- Undertaking capacity and demand modelling.
- Developing a L&SC network non-medical training approach to support the development of a sustainable endoscopy workforce.



Interventional Radiology Pathways

During 2019 a number of IR pathways were developed and agreed by the Lancashire and South Cumbria Diagnostic Steering Group (which includes Acute Trust Medical Directors) for use across Lancashire and South Cumbria. These are to enable clearer systems of care for patients requiring IR intervention in urgent situations. The pathways include:

- Trauma in and out of hours.
- Urology in and out of hours.
- Vascular in and out of hours.
- Gynae and Obstetrics in and out of hours.
- Upper GI Bleed out of hours.
- Iatrogenic injury out of hours.

These can be found on the Diagnostic Programme page of the [Healthier Lancashire and South Cumbria website](#)

Pathways are in development for Iatrogenic injury in hours and Lower GI Bleed out of hours.

Clarification has been requested from specialised services commissioners for super specialist pathways for TIPPs, Paediatrics and Lung embolisation

Interventional Radiology Workforce

Work has been undertaken to scope out the current IR workforce across L&SC, divided into vascular and non vascular activity. The aim is to specifically identify gaps in provision across L&SC and look towards a collaborative approach in meeting patient need. This also links to future vascular collaboration discussions.

Questions and Queries

This briefing is for use within your own organisation and across your local system, for discussion and information.

Please feel free to include it on meeting agendas and circulation lists as you see fit.

If you have any questions or queries, please contact lsc.diagnosticsprogramme@nhs.net and we will endeavour to respond as soon as possible.

Previous editions of this key messages briefing can be found on the Diagnostics Programme page of the [Healthier Lancashire and South Cumbria website](#)

