

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

VISIT TO RADIOLOGY DEPARTMENT, RVI, 30th OCTOBER 2008

Report Purpose:	<input type="checkbox"/>
Decision / Approval	<input type="checkbox"/>
Discussion	<input type="checkbox"/>
Information	<input checked="" type="checkbox"/>

Brief description of the item and any significant issues:

This busy department is one of ten across the Trust. There will be significant transformation of service upon the move into the RVI new build. Demand is accelerating and new ways of working continue to be introduced as the first response to these pressures, rather than necessarily adding to the equipment inventory.

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GOVERNOR'S VISIT RVI RADIOLOGY 31ST OCTOBER 2008.

We were looking at Diagnostic Units; Governors have previously visited the Treatment Unit at the General Hospital, now in the process of moving to the new build at the Freeman Hospital.

Dr Andrew Chippindale, the Clinical Director and Nicola Bruce gave the presentation and escorted us around the Department we visited.

Radiology is an essential part of all specialties within the Trust as a vital diagnostic aid.

Dr. Chippindale is extremely enthusiastic and obviously a bottomless pit of knowledge regarding the Directorate and answered a myriad of questions, not only regarding the clinical aspects but also the details pertaining to Administration and Finance.

There are ten units. The R.V.I. has units in both the Victoria and Leazes wing. The General Hospital has Main, CT and Neurological.

The Freeman has main, CT, Neurological and Musculo Skeletal units.

There are outreach units at Walkergate and the drop in centre in Molineaux Street and plans for units in the envisaged 'Darzi' units.

NCC also has screening facilities.

They have been part of various teams seeking 'Bench Marks' in Radiology, however this venture appears to have been discontinued; also McKinley came to look at aspects of their work.

The number of Radiologists has increased from 24 to 27

Other Clinical Staff (Radiographers) from 151 to 155

Administrative Staff reduced by 14 to approximately 6.

This is due to the change to Digital Radiography and increased throughput.

They no longer have problems getting Staff, turnover of staff is small and sickness rate below average, about 1.8% against 3% for the whole Trust.

The Directorate spends approximately £17 million annually.

M.R.I Scanners cost a minimum of £1million, with a life cycle of about 10 years, each generation of machines are able to demonstrate more and more of the finer details of anatomy and physiology. It is therefore more cost effective to have the more expensive version as they can pin point so much more to aid the diagnosis of lesions or disease.

The New Build is to have the Unit on Level 3. At the planning stage 2 rooms were allocated for M.R.I. with a 3rd as a possible extra. The thinking now is to site machines in outreach locations also, both Brown and Greenfield sites, perhaps at 'Drop In' centres or on the NGH site. Plans are being formulated to have Radiological units adjacent to or in Primary Health Care Units; the essential element is that there are adequate electricity supplies and IT support. The PACS system (Picture Archive & Communication System), is used to send digital radiographs down the line to a centre for reporting; all done at the touch of a button. It is anticipated M.R.I. scans will increase by more than 10,000 per annum.

It will cost in excess of £100,000 to fit an x-ray room in the Community.

M.R.I scans have to a large extent superceded other diagnostic screening processes, e.g. IVPs, Barium Meals and Enemas. This also removes the risk of patients reacting to any contrast materials which could in extreme circumstances result in death. At the moment waiting times for non urgent examination is 5 weeks with a target to reduce this to 2 weeks, for emergency referrals, 24-48 hours. All radiological request forms are still on paper, when the wonderful 'E' system is live it will reduce the chances of referrals being mislaid or request forms missing when patients arrive for examination. Plans are in hand to standardise techniques on all sites for ease of consistent reporting.

MRI's will be reported on between 1 and 7 days,

Ultrasound immediately.

CT's within 24 hrs.

The extra activities and the desire to reduce waiting times and unnecessary delays has given rise to the intention to extending day length and operating a 7 day week, this is in addition to the Out of Hours Emergency Service that Radiology has always had. Constant thought is given to improving the service and patient satisfaction, also every effort is made to ensure dignity and privacy, however the latest digital cassettes are extremely sensitive and will show clothing and hair, this may obscure vital parts of the radiograph and it is necessary to remove clothing and put hair under a cap. Requests for treatment to be delivered by staff of a specific gender are looked at sympathetically, however Out of Hours there is only 1 Radiographer on duty.

A problem occurred when the RVI imaging went down, they diverted the PACS system to the other sites, only to have a power failure at the Freeman Hospital, they had to revert to the 'old fashioned' tapes, they now have a bigger back up system, although it slows the system down slightly it does ensure service.

Breast Screening: We are all aware of the mobile units that tour the whole area from the Scottish border to the Cumbrian and Durham borders. These Trailers are approaching the end of their life, Dr. Chippindale would prefer static units, this would provide a more pleasant experience for patients, however it needs much thought, whatever is decided they need to update to digital technology. Uptake is good and above the National average.

We visited the department in the Basement of the Victoria wing; we were unable to view the MRI room as it was in use. We saw the Plain X-ray room and the Fluoroscopy room.

Plain room: New technology enables the patient's name and image request to appear on the machinery, also the cassettes are downloaded directly, the Radiographer does not leave the room and the patient is not left alone, this means 2 Radiographers can use the room alternately and stay with the patient at all times thus speeding up the process. This room cost £250,000 to equip, state of the art, not only faster but means a reduction in the amount of radiation the patient is exposed to.

Fluoroscopy: used e.g. for angiograms and bowel examinations, the whole examination is stored on disk with individual pictures put into PACS. There is a bank of computers in the control area. These rooms cost between £250,000 and £500,000.

The Waiting room is well lit and nicely furnished with chairs suitable for patients with restricted mobility, as elsewhere in the Trust children are provided with suitable aprons etc.

Our thanks to Dr. Chippindale and all his team for a very pleasant and extremely informative visit; we appreciate the time they gave, and the trouble they went to, to make us feel so welcome

Heather S. Abrahams October 2008.