

Scottish Radiology Newsletter

July 2006

The Diagnostics Collaborative Programme is aimed at supporting NHS Boards deliver the 9 week access standard for 8 key tests by December 2007. The 8 key tests are MRI, CT, Barium Enemas, Ultrasound, Upper Endoscopy, Colonoscopy, Sigmoidoscopy and Cystoscopy. The Collaborative was officially launched in April 2006.

Message from Dr Liz Robertson – National Clinical Lead for the Diagnostics Collaborative

National Learning Workshop 1 15-16 June 2006

We had a successful National Learning Workshop in Dunblane in June. Many of you were able to be there and, between bouts of the World Cup, met other colleagues involved in the Collaborative to compare notes as to where you were and how you were doing. The general buzz of conversation and the feedback indicate that this was useful in sharing experience and ideas at this early stage of the Collaborative life, and promises a fruitful future.

Now I am aware that it was not possible for everybody to get away and the idea of the Newsletter is to keep you posted on what has happened and what is planned in the near future. Also, as you are aware, the Collaborative methodology is about you being in control of local direction and development based on local evidence, developed and collected locally and therefore which you respect.

Richard Steyn Master Class

We were fortunate to have Richard Steyn, a cardiothoracic surgeon from Birmingham, who had worked with the Modernisation Agency in England to give us a Master Class on Capacity and Demand. He has a very persuasive style based on sound mathematical principles and pragmatic experience. In short, he has been involved, has seen it work and is a convert to this way of working. He was able to bring that experience, together with examples, to the interactive session. His session was filmed and will be available on CD-ROM for those who missed it. We were lucky that he was able to stay on and comment on the good practice and different approaches to redesign which were presented from Glasgow, Borders and Tayside. All the presentations are on the CCI website so you have not completely missed the opportunity! www.cci.scot.nhs.uk

National Team Update

Chris Stirling, National Programme Manager, and Colin Lauder, Project Director of the Diagnostic Delivery Team, gave us updates and a national perspective. Again, this information is on the website to enable you to see how it all fits with the national agenda.

Drop-in Clinic

The drop-in “Clinic” for radiology clinicians went well. We had a large attendance and all of us had an opportunity to input what was going well in our area and what was challenging. This interactive session allowed others to contribute a variety of solutions which had worked or which had been tried and the cross fertilisation was very stimulating. Leadership can be a bit lonely and peer support from others in the same position is welcome.

It was also interesting to see where everybody was in terms of process mapping and information gathering and which initiatives had been tried in which locality when key constraints had been identified. Perhaps unsurprisingly, different areas were at very different stages. This should not be seen as an indictment but an opportunity. Those who have gone ahead have rich experience to share (good and bad!) and those who follow can learn from this. We had been introduced to the concept of early adopters, early majority, late majority and laggards in all spheres of change. The examples that were mentioned were mobile phones, texting and internet shopping. Most of us could relate to that and saw the benefits of moving at speed of comfort but accepting that others' experience was helpful in delivering when we had deadlines to meet.

Actions from Dunblane

The following actions for local project teams were identified at the end of the workshop:

- Continue to communicate and engage with colleagues locally to raise awareness of the work and aims of the Collaborative.
- Complete process maps for all the 8 key tests by the end of August 2006. It is recognised that staff need to be released to do this and that can put pressure on the day-to-day running of the department, but only local staff know the local system, so it is critical that they are involved in redesign of their service. Remember all staff have a valid contribution to make. Results of process maps should be visible, so staff who were not involved have a chance to comment on them.
- Demand, Capacity, Activity, Queue (DCAQ) data collection from July 2006. A toolkit to enable DCAQ information to be collected has been distributed to information leads by Bev Dodds, the National Information Manager. If you have any queries about this contact Bev.Dodds@scotland.gsi.gov.uk
- Collection of Local Project Measures for improvement on a structured template (distributed to Project Managers and Information Managers) will show how local teams are progressing over time and these have now been finalised.
- You can influence the content of the next Learning Workshop. E-mail suggestions to your Regional Manager and put the date in your diary. It will be in Edinburgh **5-6th October 2006** at the Carlton Hotel. For more booking information contact Richard.snowden@shsc.csa.scot.nhs.uk
- Prepare to share your DCAQ data at the October event, sharing your insights and the changes you have made as a result of this. The Plan Do Study Act (PDSA) cycle model is encouraged and encouraging to others; this will allow modification of your local process maps.
- Explore involvement with your local CHPs. There are benefits in terms of referral and demand management as Dr George Barlow made us aware from Primary Care.
- Patient involvement in process mapping has been very fruitful and Richard Steyn was encouraging us all to do this at an early stage.
- ASK FOR HELP. You are not alone in this. There are other Collaborative Programmes operating in your area and therefore experience of the methodologies locally. There are other local project teams and, of course, there is the [National Team](#). All of whom can help and support you.

Radiology Improvement in England

The Radiology Improvement Programme in England has supplanted the Modernisation Agency www.radiologyimprovement.nhs.uk

Their website (see above) gives detail of many things that have tried and have led to local improvement. What works in each locality will depend on local circumstance, so it is worth having a look at the range of methods that have been employed. Examples of generic principles include:

- patient focussed booking
- single queues where possible
- eliminating duplication
- unnecessary steps in processing

However, some specific areas of redesign to consider are:

- staggering lunch hours to increase slots
- ensuring that cannula placement occurs outside the scanning room
- radiographer vetting of CT requests to protocol for certain categories of request
- uninterrupted reporting time.

The converse of this is, of course, access to radiological opinion. In some centres this is being managed on a 'surgery' model where there is access to a radiologist for an hour in the morning and afternoon. Between this, unless dire emergency, senior radiographers interact with clinicians. This is a development which needs local adaptation and discussion before adoption but is an opportunity for improvement.

National Radiology Dataset

A national data set of Radiology Information is being worked on. The aim would be to eliminate retrospective *ad hoc* requests for information, and to gather all information electronically as a by product of running the service. So that all stakeholders' needs would be anticipated and their data needs factored in. ISD is involved in this exciting development as an element of the National Dataset Development Programme. For more information please contact Liz Robertson e.m.robertson@arh.grampian.scot.nhs.uk

There are a number of other current information developments as part of the overall Radiology agenda. These include:

- The development of the Diagnostic Monthly Monitoring Information (DMMI). This is being developed by ISD to record waiting time performance to report to the National Waiting Times Unit (NWTU) of the SEHD against the 8 key diagnostic tests. Margaret Sherwood is leading this work margaret.sherwood@isd.csa.scot.nhs.uk
- The Capacity, Demand, Activity, Queue data collection tool. This is being developed by the Diagnostics Collaborative Programme, and will help local departments examine their service to match existing capacity against actual demand. It will identify the key constraints to also support the development of business cases as well help completion of the DMMI. Use of Capacity and Demand information is something which the National Diagnostic Delivery Team is looking for in Local Delivery Plans for Capital and Revenue bids from Health Boards.

It is worth having a look at the [Diagnostics Collaborative Programme website](#). It will give you a more detailed update and links to others who you can contact. Please also feel free to contact your Regional Manager for an update and any of the National Team for assistance.

On-line Improvement Tool

The National Team is keen to establish a baseline for the current progress with radiology redesign across each Health Board in Scotland. This will help identify who is doing what and whether progress is being made. The method that has been chosen to undertake this work is by using the Radiology On-Line Improvement Tool which has been developed by colleagues in England. The intention is that an assessment is completed for each Health Board area.

The tool can be accessed at <http://www.radiologyimprovement.nhs.uk/RSIAT/> and you are free to log-on yourself and see how you are faring. The tool generates a score against a number of indicators and helps sign-post areas to focus on.

Knowledge Exchange – ask a question!

Another interactive opportunity is available in the form of the Diagnostics Collaborative Knowledge Exchange. This allows an on-line Q and A forum with responses from the National Team who will try and find answers if they are not immediately apparent. It is necessary to register for this and you need an Athens password to do so. Access the [Diagnostics Collaborative Programme Home page](#) and scroll to the Knowledge Exchange section beneath “News” to find a Knowledge Exchange User Guide.

Radiographers and Redesign

A meeting was held on 14 June at QIS, organised by Claire Tester claire.testerscotland@gsi.gov.uk (Lead AHP in Cancer at SEHD) and June Wylie (QIS) june.wylie@nhshealthquality.org, NES and Society of Radiographers with several radiography managers from departments across Scotland. Chris Stirling and Colin Lauder were present to provide an opportunity to discuss the Diagnostic Collaborative Programme and answer questions and concerns from managers. Some key messages from the radiography managers about involvement in the Collaborative were raised:

- It is difficult to release staff for work on the Collaborative as it is not always possible to provide backfill with staff of the same set of skills. However, for sustainable change to occur in the long term, there may be some short-term disruption. Experience from other Collaborative programmes have shown that enabling staff to have time on activities like process mapping is very valuable in helping to improve services
- The more staff involved in the redesign work, the better the outcome, so as to make sure everyone's experience is used. All the different groups of staff who work in the department should be represented (including porters) along with patients. Once the process maps are produced, they should be put up on the wall in the department so they can be looked and commented upon at by those who couldn't attend for comment and shared discussion.
- When changes and improvements do occur after staff have been involved, it is exciting and motivating. It can act as a spur for more suggestions e.g. in NHS Highland waiting times have fallen after some early redesign work which involved a broad range of staff. Now more staff are contributing suggestions for improvement spontaneously. In this way staff concerns can be shared, heard and acted upon.
- Changing the culture and making improvements sustainable takes time and is hard work. The benefits are worthwhile for staff and for patients.

Katherine Sutton (NHS Highland) put forward the suggestion that there should be a radiology quality tool which assesses the quality of the service a radiology department delivers to patients in the same way that the Global Rating Scale (GRS – www.grs.scot.nhs.uk) does for Endoscopy. The Radiology On-line tool mentioned above is a possible starting point. A small working group will be formed to review any existing tools and recommend a way forward. If you have an interest in this please contact june.wylie@nhshealthquality.org or michelle.richmond@nhshealthquality.org.

“Valuing Radiographers” Event – Saturday 23 September 2006

A national radiography event, 'Valuing Radiographers' will be held in conjunction with the Scottish Council of Radiographers, SEHD, NES, and the Society and College of Radiography at Heriot-Watt University on Saturday 23 September 2006. The day will include news on role development with regards to consultant and assistant practitioner roles, how to progress your career, clinical effectiveness, and opportunities to discuss treatment modalities. There will be accredited CPD points for the event. The Society and Council of Radiographers AGM will take place in the afternoon.

For more information see the August edition of *Synergy*, or contact Claire Tester at the Scottish Executive claire.testerscotland.gsi.gov.uk or Evelyn Neilson (Chair of Scottish Council) Neilsonervie@aol.com.

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