



SCIN Direct Access to CT of Chest/Abdomen/Pelvis for Patients with Unidentified Suspected Malignancy - Post Implementation Review.

The Scottish Government's Healthcare Quality Strategy lays out a blueprint for patient care in Scotland, with safety, equity, efficiency and timeliness at its heart.

A lack of a defined pathway for patients who presented in Primary Care with an with unidentified suspected malignancy, was leading to inequity of access and delay in a referral to the correct treatment pathway.

In 2014 SCIN in collaboration with Primary Care colleagues, developed "A Scottish Imaging Pathway for Primary Care Direct Access to CT of Chest/Abdomen/Pelvis for Patients with Unidentified Suspected Malignancy".

The Direct Access to Imaging Pathway enables GPs to request a CT scan of chest/abdomen/pelvis for this patient group to enable an accurate and quicker diagnosis and treatment and alternatively provide GP's with the more information on how to treat and manager patients within Primary Care if the scan did not show a cancer indication.

In 2015 SCIN produced a document outlining a pathway developed by the network for this specific group of patients. The document makes recommendations for its implementation. The group developed a paper and an electronic referral form, for services to use for this pathway. It was anticipated that the pathway would be implemented in NNHS Scotland to prevent inequity of access as well as provide a universal pathway for patients and services.

[Link to the document](#)

Recommendations for Radiology Services and for Primary Care

- a. Each radiology service should ensure that adequately staffing and resources are in place or are put in place to support this new pathway to avoid adverse impact on the existing service
- b. Radiology services should consider the institution of a Duty Radiology system to support this pathway if not already in place.
- c. All requests for this service should be vetted – the request should be queried or refused if deemed inadequate information or not meeting referral criteria and this information fed back to the referrer in a timely fashion.
- d. Radiology services should consider appointing a Primary Care Lead radiologist as the liaison between radiologists and general practitioners. This individual would have responsibility for coordinating contact between these two groups of professionals, audit and education.
- e. Each radiology service should set up a regular meeting with GP representation to follow up on issues with this service
- f. Each Radiology service should audit the referral patterns for this pathway

- g. Each radiology service should engage in regular training sessions for local GPs on referral for complex imaging
- h. Radiologists should specifically word their reports to aid the referring GP
 - By emphasising what issues would require onward referral and to which specialty.
 - By give guidance on relevance of benign radiological findings
- i. If trainee Radiologists are available within your board area (post exam years 3/4/5) they should be involved in the local system of dialogue with primary care referrers as part of their training.
- j. Larger Health Boards with multiple acute hospitals should consider setting up a single centralised point of contact into Radiology for Primary care colleagues if this is deemed a more efficient use of resources

Following the publication of the above report, SCIN sought to audit against the implementation of recommendations. A questionnaire was circulated to the Boards requesting feedback on the aforementioned recommendations.

There were 6 respondents in total, out of the 14 NHS Boards 4 Boards responded with varying feedback. The 4 responding Boards are detailed in figure 1.

Respondents were requested to detail if their Board/ Hospital permitted direct GP access for CT prior to the SCIN recommendation. NHS Borders, Forth Valley and a site in Lothian advised that they did accept GP imaging referrals prior to the SCIN report. Two other sites in NHS Lothian and a site in NHS Grampian cited that they did not previously accept direct access GP referrals for CT.

Out of the sites that advised the previously did not accept direct access GP referrals for CT NHS Grampian is the only Board that has permitted direct access GP referrals following the SCIN report. Both sites in NHS Lothian advised that they could not currently accommodate this change due to capacity issues.

Of the four sites that accept direct access GP referrals for CT it was cited that there was no adverse effects on the Board CT waiting times.

Sites in NHS Borders, Grampian and Lothian have audit data that they can share with SCIN

The Boards who participated in the post implementation audit provided additional comment with regards to the recommendations:

- NHS Forth Valley- “Forth Valley already had the suggested system in place. However the SCIN project has ensured fair and equitable access across NHS Scotland.”
- NHS Lothian- “We have recognised pathways for specific cancers-I suspect this GP access will address a need for a pathway for patients with weight loss.”
- NHS Lothian- “NHS Lothian is supportive of the concept, but concerned about the impact on capacity if inundated with referrals. Data from Grampian suggests there won't be a deluge of requests. We are hopefully about to secure funding for a 3 month pilot.”
- NHS Lothian- “Direct access is for CT Head scans only, not body scanning”
- NHS Grampian- “Volume remains low. GP find it a very useful resource prior to onward referral.”

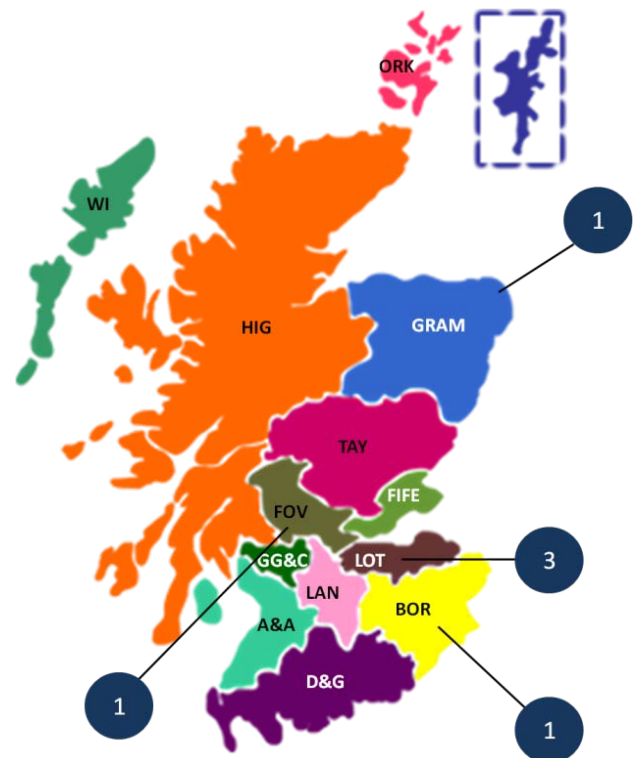


Figure 1: NHS Board respondents

Conclusion

The report for direct access GP referrals for CT in imaging in Scotland outlines the importance direct access for GPs to CT scanning of chest/abdomen/pelvis for this group of patients which could enable a cancer diagnosis to be made directly from primary care and aid more appropriate onward secondary care referral.

The aim of the questionnaire that SCIN shared around the Boards was to glean a current snapshot of the current 'as is' state of practice if direct access GP referrals for CT throughout Scotland and to establish the degree to which recommendations outlined in the SCIN "Direct Access to CT of Chest/Abdomen/Pelvis for Patients with Unidentified Suspected Malignancy" report have been undertaken.

Indeed, the Boards that responded have provided useful feedback on the recommendations that SCIN has made. However Due to the limitations of the number of NHS Boards which have engaged and provided responses to this report, we are unable to draw accurate conclusions from this data. Evidence of change cannot be measured with a response rate of only 28.6%.

Next steps

For SCIN to present the findings to the DSG to seek guidance on what the next steps should be for the network