**Provision of a 24-hour diagnostic radiology service [QSI Ref: XR-601]**

**Descriptor:**

An audit of the service provided by a department with regard to out of hours (OOH) access.

**Background:**

The current economic, demographic and cultural environment has resulted in a number of initiatives which will influence the way clinical radiology services are provided, including a move towards seven-day working. The delivery of clinical radiology services over a 24-hour period has become integral to patient care resulting in the necessity for well formulated clear pathways and protocols.

Every acute service within a Trust has a fundamental duty of care to ensure that adequate and robust arrangements are available for such patients admitted under the care of its clinicians and to provide clear, unambiguous arrangements for patients requiring imaging out of hours which is not provided on site.

## The Cycle

**The standard:**

• There should be a formal agreement with Trust management as to which aspects of the service are available on a 24-hour basis

• Comprehensive cover by appropriately trained staff is required for all aspects of the diagnostic radiological services which are detailed as available on a 24-hour basis

• These 24-hour services should be led by a named consultant radiologist(s) as part of a formal rota basis and supported by a team of radiographic and health care staff

• There should be provisions in place for Radiology IT support 7 days a week

• There should be clear documentation of any clinical guidelines/inclusion criteria for access to 24-hour Radiology services where appropriate (examples: MEWS score threshold for nephrostomy insertion, Trauma CT head scan guidelines)

• There should be clear documentation of how to access those services that are provided by an institute but not available on-site on a 24-hour basis for example specialised interventional radiology, or those which are outsourced for example some CT reporting out of hours

• There should be formalised service agreements in place for those Radiology services not available on a 24-hour basis and not reliant on an ad-hoc system

• There should be clear documentation of formal arrangements for sedation, analgesia and anaesthesia as these are integral aspects of a safe 24-hour clinical radiological service

**Target:**

100% compliance in all areas.

## Assess local practice

**Indicators:**

Percentage of the service which adhere to the standards.

**Data items to be collected:**

1. Questionnaire to be completed for each aspect of the radiological service offered; e.g. plain films, fluoroscopy, CT, US, MRI and intervention.

The following are suggested as a minimum:

   • OOH diagnostic services available and details on how these are provided (e.g. registrar + consultant rota/outsourcing)

   • Details of all staff groups available to provide these services OOH on a formal on-call rota.

   • Determine how clear and transparent the details of the personnel providing the 24 hr diagnostic radiology service are to the medical referrer

   • Details of diagnostic services not available OOH

   • Details of the systems that are in place to deal with Radiology services not available on-site OOH (e.g. agreed protocols for referral to tertiary centre)

2. Multisource feedback obtained from the service users as to the consistent availability of the diagnostic service available. (Note:  Continued under suggested number)

**Suggested number:**

1. Information on all diagnostic service provision, for all departments, in all hospitals, within a trust.

2. Multisource feedback obtained from the service users as to the consistent availability of the diagnostic service available. In particular knowledge of:

   • OOH diagnostic services available

   • Details of when diagnostic services are not available OOH and what is done in these situations

   • Details of all staff groups available to provide these services OOH on a formal on call rota

**Suggestions for change if target not met:**

Any deficiency in service provision should be brought to the attention of trust management. Mechanisms for appropriate improvements should be undertaken and immediate contingency arrangements put in place. Formal contracts with other trusts may be required to support good medical practice if appropriate facilities not routinely available locally.

• Clinical teams should be made explicity aware as to what diagnostic services are available 24 hours and how to access them at all times, and if not available 24 hours, what the agreed alternative is

• Locally agreed protocols have the potential to avoid confusion. Protocols should be evidence-based and formally agreed with relevant clinical teams

• Individual radiologists should keep their range of skills and routine practice under review. Maintenance of clinical competencies is an essential requirement for providing a trust-wide diagnostic radiological service. Subspecialty skills may be required for specific rotas as determined by the size of the acute trust and the variety of clinical specialties provided within the trust.

**Resources:**

The clinical lead for the radiological department or a nominated deputy should complete the relevant questionnaires and obtain multisource feedback from clinical service users. The information from these sources should be fed back to the trust via its clinical governance management team.

Diagnostic radiology is a dynamic interactive clinical specialty and the radiological team should be prepared to change their practice to improve clinical care as evidence to support service changes is accumulated. At a minimum, an annual review of the diagnostic radiological service provided is suggested. Clinical governance considerations and audit-derived data will facilitate discussion with other clinicians and trust management. Changes in practice will inevitably depend on the Radiology personnel currently present in the department and may require alterations in the resources made available to the radiology department by trust management.

**References:**

1. Standards for providing a seven-day acute care diagnostic radiology service. . London: The Royal College of Radiologists, 2015 BFCR(15)14

<https://www.rcr.ac.uk/system/files/publication/field_publication_files/bfcr1514_seven-day_acute.pdf>

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**Published Date:**

Thursday 19 March 2009

**Last Reviewed:**

Tuesday 26 July 2022