Gloucestershire NHS
Health Community

BRIEFING PAPER

Temporary Change to the Radiology Service in Gloucestershire

1. Introduction

The purpose of this paper is to update the Health and Care Overview and Scrutiny Committee (HCOSC) on the planned temporary changes to the provision of radiographic services in the county and most notably a reduction in the service hours of routine plain x-ray in a number of community settings.

The key driver for this temporary change is an unsustainable level of staff vacancies within the service which is jeopardising the safe provision of specialist interventional radiology services delivered from the acute hospital sites.

2. Summary

Gloucestershire Hospitals NHS Foundation Trust provides routine and specialist radiology services throughout the county including provision at both acute hospital sites and seven community hospitals. Whilst local services are recognised as being of high quality, recruitment into the service has not kept pace with staff turnover and the Trust is now facing an unsustainable position whereby it cannot provide the full range of services whilst guaranteeing their safety. This shortage of radiographic staff reflects a national picture but is now more acute in Gloucestershire than elsewhere in the South West Region with a vacancy rate of 24% compared to the regional average of 17%.

In order to ensure the safety of all services, and particularly the high risk interventional radiology service, temporary changes to provision are now required. The changes planned have been carefully considered and have been developed on the basis of the impact on patient safety, patient experience and workforce impact. The proposal will result in the reduction of service hours in the community hospital settings from 252 hours per week to 177 hours (30%). Importantly, to support patients with limited access to transport, services will be provided at each location every week as a minimum. Additional capacity will also be created, through service redesign initiatives, to ensure there is no overall loss of service capacity across the nine sites in order to ensure that overall waiting times do not increase.

These changes will ensure that the Trust is able to respond to the Care Quality Commission's (CQC) 'must do' recommendation in respect of interventional radiology services and also meet the Royal College Of Radiologists national service standards which require the provision of formal 24/7 staffing rotas for IR services.

3. Context

NHS services across England can be subject to temporary closures, In Gloucestershire the requirement to make a temporary closure, affecting Gloucestershire residents, has not occurred previously. It has recently become clear that a temporary change affecting the general radiology service in Gloucestershire is required to ensure the safe provision of more specialist services at the acute hospital sites. This will require the reallocation of staff across the county resulting in reduced access to some community provision.

Changes can be made temporarily under regulation 23(2) of the s.244 Regulations (National Health Service Act 2006[1]) because of a risk to safety or welfare of patients or staff. In these circumstances it may not be possible to undertake any public involvement or consultation with the Local Authority. The local NHS should try to undertake as much engagement as possible in the time available and discuss with NHS England and NHS Improvement how this can be assured.

A Joint Working Protocol (2017)[2] has been developed by NHS England and its partners to give guidance to organisations when a hospital, service or facility closes unavoidably at short notice.

When an NHS or independent hospital service or facility closes at short notice, it is important that all parties take action in a timely way. Organisations should work together to prevent the closure of services. The Joint Working Protocol clarifies the roles of partner organisations (Partner organisation roles are set out in Appendix 1) and is intended as guidance with which organisations can work together and in accordance with the four principles:

- The needs of people using services must be at the heart of everything we do
- Prevention is better than closure
- Where closure is unavoidable and/or in the best interests of residents, all partners need to know what to do and to work effectively together
- Communication must be maintained throughout with patients and their families and carers and with partner agencies and the media

4. Drivers For Change

The key driver for this temporary change is an unsustainable level of staff vacancies within the service which is jeopardising the safe provision of specialist interventional radiology services delivered from the acute hospital sites.

[1] National Health Service Act 2006
https://www.legislation.gov.uk/ukpga/2006/41/section/244

[2] The Joint Working Protocol 2017
https://www.england.nhs.uk/publication/joint-working-protocol-when-a-hospital-services-or-facility-closes-at-short-notice/

4.1 What is Interventional Radiology?

An Interventional Radiology (IR) service comprises a team of interventional radiologists (IR), radiographers and nurses, using a range of techniques which rely on radiological image guidance to precisely target therapy, performing a number of different life and limb saving procedures including:

- Stopping Haemorrhage (e.g. Trauma, GI bleeding, post-partum haemorrhage
- Thoracic Aortic Aneurysm
- Acute Peripheral and Visceral ischaemia
- Managing Sepsis
- Draining complex intra-abdominal & intra-thoracic abscess
- Colonic stenting
- Nephrostomy to drain infected Pelvicaliceal system

Images are used to guide catheters and instruments to the exact area where the procedure or treatment is to be performed. The benefits of Interventional Radiology include:

- Reduced need for open and keyhole surgery
- Reduced length of stay, risk, morbidity and mortality.

4.2 Why we need to reconfigure radiology now

IR is at the forefront of modern medical practice. Evidence indicates that minimally invasive techniques reduce risk, morbidity and mortality in emergency care and reduce length of stay and complications in elective care. In January 2017, the Royal College of Radiologists published standards for the provision of 24/7 interventional radiology services which GHNHSFT cannot currently meet due to staffing constraints. The July 2017 CQC inspection report included a ‘must do’ action to ensure the development of a plan to deliver a 24/7 sustainable IR service which these changes will address.

GHNHSFT has operated a limited IR service between 8am and 6pm Monday to Friday for a number of years. Out of hours, there are no established rotas for doctors, nurses or radiographers and cases during these hours rely upon the availability and goodwill of staff and on the occasions when this is not possible, the transfer of patients to other specialist centres or more invasive (open) surgery at GHNHSFT. Recently there has been evidence of increasing delays to IR emergency treatment due to the current unsustainable manner in which staffing is arranged jeopardising the safety of patients. In addition, as new interventional radiologists have joined the Trust it is increasingly clear that the complexity of work now being undertaken at the Trust cannot be sustained safely through ad hoc rota provision. Positively, the development of these services in the county means that patients who would otherwise require care outside of Gloucestershire, or be exposed to more invasive, higher risk surgery can now be managed locally providing the staffing model is addressed.

4.3 Impact on other Radiology services

In order to ensure safe staffing of the IR provision within the county, there is an immediate need to increase staffing resource allocated to the 'out of hours' IR service. Increasing IR provision will result in fewer radiographers being available to support other general radiology services (plain x-ray) as a consequence of the work force challenges already facing the service which means there is no 'spare' capacity in the service to absorb this change. This will require the move of three radiographers out of community provision to the IR rota which in turn will result in a reduction in hours from 252 hours per week (across seven community locations) to 177 hours per week (still across seven locations).

The proposal to establish a formalised 'out of hours' rota for IR, necessitates that IR trained radiographers will need to be pulled from their 'other duties'. This creates gaps in CT and MRI provision, which in turn requires radiographers to be moved from community plain film service, to backfill acute rotas. An adequately staffed interventional rota requires a minimum of 12 trained radiographers (ideally 20). The Trust currently has eight with training for a further four underway.

4.4 Radiographer workforce position

There are recognised national and regional shortages in the training and supply of radiographers and radiologists.

SW regional Radiographers Group has confirmed the following information regarding the general radiographer workforce (includes all hospitals within the SW with the exception of two major Devon hospitals):

- 766.05 WTE posts
- 133.39 WTE vacant
- Vacancies = 17% of workforce

There are also multiple gaps within the private sector which increase the total number of vacancies significantly,

The latest information from educational institutions serving the South west indicate that 112 students are likely to qualify in summer 2019 as below

- University of West of England (UWE) – 49
- Exeter University – 63
- Normal intake for UWE and Exeter is 128 per year. However, there is an attrition rate with students dropping out.

Having tracked the regional picture on workforce for some time, GHNHSFT now has a significantly higher vacancy rate compared to the South West; this reflects both a rising turnover rate and difficulty in recruiting to lower banded vacancies. This year, the department has been operating with 34 vacancies against a full establishment of 143 – a vacancy rate of 24%.

A proactive approach to recruitment in 2017 resulted in a large number of radiographic graduates being recruited. However, in 2018 the department has not been successful in recruiting sufficient newly qualified staff to reach establishment and just 49 students graduating this summer will be sought after by Trusts in Weston, Bristol, Bath and Swindon.

The table below sets out the local position compared to the national picture, for radiographers and radiologists.

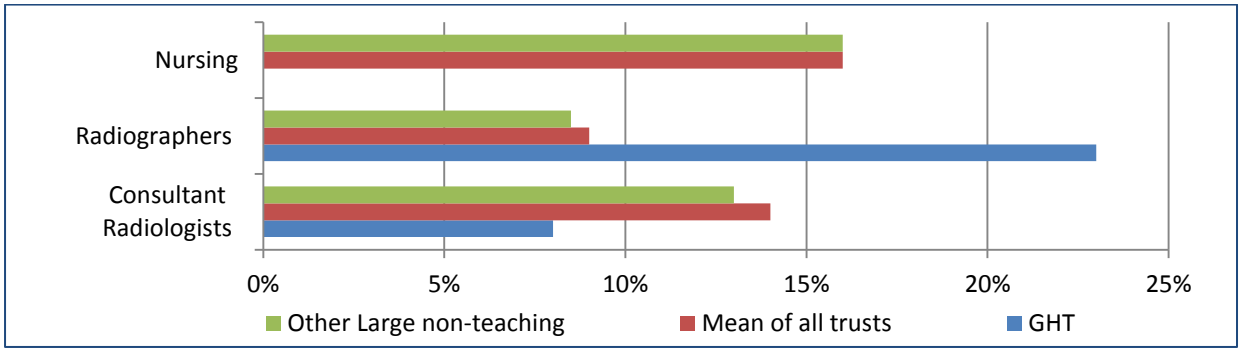

Chart 1 Staffing Vacancies NHS Benchmarking Report 2018

The table below sets out the ad hoc service reductions which have been experienced this year due to staff shortages.

Month	Site	Hours lost
January 2018	Tewkesbury	8
February 2018	Vale	4
March 2018	North Cotswolds	8
April 2018	Tewkesbury	4
	North Cotswolds	4
	Vale	4
May 2018	Tewkesbury	4
June 2018	Tewkesbury	4
	Vale	11
	North Cotswolds	12
July 2018	Tewkesbury	12
August 2018	North Cotswolds	4
September 2018	North Cotswolds	4
October 2018	Tewkesbury	48
	Vale	12
	North Cotswolds	4

Table 1 Ad hoc Cancellations of Radiology Service Hours

5. Proposal: Temporary service change

Organisational partners have now concluded that the current arrangements cannot be sustained. The immediate priority is to establish safe IR services out of hours which meet national standards, while safeguarding community activity as much as possible within the existing constraints. The following steps have now been agreed and will be implemented from 19th November 2018:

- To relocate 3 radiographers onto our acute sites
- 24/7 radiographic IR rota established
- GP Direct access to be maintained across all sites but with service reduction at some community sites will lead to increased activity at remaining community and acute sites.
- Clear pathways in place to manage patients requiring x-ray at sites were provision is affected; these have been designed to limit impact on patients. It is estimated that approximately 130 patients per week from the Vale, North Cotswold and Tewksbury will be required to travel to a neighbouring community site, or acute site of their choice.

These realignments are set out in Tables 1 and 2 below. Working in close partnership with Gloucestershire Care Services NHS Trust and NHS Gloucestershire CCG, the following principles to community service change have been agreed:

- Consistent opening hours to ensure a clear public message
- Longer days to support shift planning and efficient use of scarce workforce
- Every community hospital has some provision – and the schedule is based on ensuring that there is radiology availability for appropriate outpatient clinics already scheduled to ensure continuity of provision in the local communities

Current opening	*Stroud	Vale (X-ray only)	Lydney (X-ray only)	*Dilke	Tewk (X-ray only)	N.Cots (X-ray only)	*Ciren
Mon	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-1pm	9am-6pm
Tue	9am-5pm		9am-5pm		9am-5pm	9am-5pm	9am-6pm
Wed	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-1pm	9am-6pm
Thu	9am-5pm		9am-5pm		9am-5pm	9am-5pm	9am-6pm
Fri	9am-5pm	9am-5pm		9am-5pm	9am-5pm	9am-1pm	9am-6pm
Sat	11am - 2pm						10am - 5pm
Sun/bank holidays	11am - 2pm						10am - 4pm
Total Hours per Week	46	24	32	24	40	28	58

Table 2 Current provision Plain film (x-ray) services

Revised opening	*Stroud	Vale (X-ray only)	Lydney (X-ray only)	*Dilke	Tewk (X-ray only)	N.Cots (X-ray only)	*Ciren
Mon	9am-5pm		9am-5pm	9am-5pm	9am-5pm		9am-6pm
Tue	9am-5pm	9am-5pm		9am-5pm			9am-6pm
Wed	9am-5pm		9am-5pm			9am-5pm	9am-6pm
Thu	9am-5pm			9am-5pm			9am-6pm
Fri	9am-5pm	9am-5pm	9am-5pm				9am-6pm
Sat							10am - 4pm
Sun / bank holidays							10am - 4pm
Total Hours per Week	40	16	24	24	8	8	57

Table 3 Revised provision of Plain film (x-ray) services

* Ultra-sound also provided but provision unaffected by these changes

6. Next steps

Staff have been engaged and to ensure a smooth transition a Standard Operating Procedure (SOP) is in development which will be shared and briefed into clinical colleagues in advance of the temporary change go-live date. The new service arrangements are effective from Monday 19 November 2018. This is a temporary measure while further work is done on exploring a longer term solution to the issues outlined above.

Unfortunately, due to the factors which are largely outside the Trust's control i.e. national shortage of radiographic staff, it is not possible to say at what point services will be restored to former levels. It is proposed the HCSOC is further briefed in three months' time with an update on progress to address the constraints.

6.1 Communicating the temporary changes

Key Stakeholders and Community Partners within Gloucestershire such as: GP Locality Executive, Hospital League of Friends, County and District Council Leaders, Health & Wellbeing Board, Healthwatch Gloucestershire and out of county commissioners and providers have been advised of the temporary change.

A detailed Communications Plan has been drawn up to ensure members of the public have clear information available to them in order to make informed choices about where to access services during this temporary change. This will include information on websites, social media, posters in healthcare settings and articles in the local press & media.

6.2 Actions we are taking to resume service

Organisational partners are developing plans to design a new service model for Community provision as part of wider Diagnostic Work Programme, establishing a safe and sustainable radiology service post the temporary change. We are continuing to attempt to recruit into radiographer vacancies but are also looking at a new model of service which will enable a different skill mix within the IR workforce which is less reliant on qualified radiographers.

Recruitment and retention initiatives already underway include

Recruitment

- Recruitment open days where we invite students and members of the public to visit the department. We organise talks and tour of department with input from radiographers and radiologists.
- Placements for students training in local universities to engage prospective radiographers at an early stage in their careers.
- Continual review of approach to recruitment to ensure adverts, roles and remuneration are attractive and competitive (incorporating feedback from students in 2017 and again this year)
- Return to practice programme in place for radiographers who have been out of the workplace for some time (1 recruited and 2 more in the pipeline)

Retention

- Flexible rotas tailored to individual needs
- We offer access to training across all modalities
- Training opportunities to develop advanced skills e.g. Radiographic reporting, Ultrasound, CT Colon and Cardiac
- For this year we have developed training rotas to stop staff being pulled to cover service gaps
- Career structure which allows staff to progress from band 2, radiographic care assistant to qualified radiographer and on to advanced roles.

Conclusion

Finally, as set out above, it is recognised by the Trust, local strategic partners and other clinical stakeholders that resolving workforce issues in radiology services to enable the delivery of a safe and sustainable service is important and we will continue to discuss and involve stakeholders as part of that journey.

Mark Walkingshaw, Deputy Accountable Officer/Director of Commissioning, NHS Gloucestershire Clinical Commissioning Group

Simon Lanceley, Director of Strategy & Transformation, Gloucestershire Hospitals NHS Foundation Trust

Candace Plouffe, Chief Operating Officer, Gloucestershire Care Service NHS Trust

7 November 2018

Appendix 1: Partner organisation roles as set out in The Joint Working Protocol 2017

https://www.england.nhs.uk/publication/joint-working-protocol-when-a-hospital-services-or-facility-closes-at-short-notice/

Commissioning body:

The commissioning body (Clinical Commissioning Group) will take the lead in the following actions:

- Ensure appropriate interim measures are put in place to keep people safe after the identification of concerns or issues.
- Decide on a single commissioning body to lead the process (when multiple commissioning bodies are involved)
- Establish a team with the specialist skills to oversee the closure, including assessment
- and communications staff, and lead on arranging meetings/consultations with all system partners
- Undertake assessments of the people using the service to ascertain their needs and preferences, this should be done by individuals know to the patient or by those brought in for their specialist skills.
- Provide details of alternative providers who could provide services, including any details on the quality of the service and make contact with them
- Maintain ongoing consultative relations with people using the service, their families and other system partners to ensure they are kept informed at each step of the process
- Commission new services and arrange people to move and resettlement, including a review of the placement after a reasonable timeframe
- Identify a lead to coordinate communications

Local Authorities:

Councils will not be involved as commissioners as they do not commission hospital services. However they will have safeguarding responsibilities and may be involved with individuals before, during or after admission through social work services or the assessment for care. They will:

- Assist with ensuring appropriate interim measures are put in place to keep people safe after the identification of concerns if appropriate
- Assist the commissioning body with staffing the specialist team overseeing the closure if appropriate
- Assist the commissioning body and other partners in fully evaluating any proposed moves for people if appropriate

- Assist the commissioning body in the ongoing consultative relations, in particular those with people using the service and their families if appropriate

Provider/Service:

- Assist with ensuring appropriate interim measures are put in place to keep people safe after the identification of concerns.
- Assist the commissioning body with the assessment of and communication with residents and their families to ascertain their needs and preferences
- Assist the commissioning body in the ongoing consultative relations, in particular those with people using the service and their families
- Assist the commissioning body with arrangements helping people to move

Care Quality Commission:

- Provide any information held about the quality of the current service
- Provide any information held about the quality of alternative services being considered, including the model of care used
- Provide any information on other providers likely to be involved in the provision of care to people at the new service
- Consider bringing forward inspection or other evaluative activities for alternative providers where only limited quality information is available (lead role)

Other local Health and Social Care providers currently involved with the service or likely to be involved with future provision to people currently using the service: in this case: Gloucestershire Care Services NHS Trust

- Assist the commissioning body and other partners in fully evaluating any proposed moving of people, including what other providers need to be involved the care of the people moving and the capacity to provide this at the new service