

Choice of Scan: Phase 2

Guidance

Introduction

1. This paper provides updated guidance on Choice of Scan and has been developed with NHS stakeholders at Trust, PCT and SHA levels.
2. Reducing waiting times for diagnostics is central to reducing overall access times for the benefit of patients. We have promised that by December 2008 no patient will have to wait more than 18 weeks from GP referral to the start of hospital treatment¹. Choice of Scan will contribute to this and will support achievement of 18 weeks' planning milestones and assumptions, i.e. that diagnostic waits should be less than:
 - 26 weeks for Magnetic Resonance Imaging (MRI) and Computerised Tomography (CT) scans by March 2006
 - 13 weeks for all diagnostic tests by March 2007
 - 6 weeks for all diagnostic tests by March 2008
3. The Operating Framework 2006/07² identifies clear service priorities for the year ahead; diagnostic imaging is a key factor in many of them:
 - Reducing health inequalities by 10% by 2010
 - Sustaining delivery of cancer 31-day and 62-day maximum waiting times
 - 18 week maximum wait by 2008
 - Year on year reductions in MRSA levels
 - Patient choice and booking – every patient is to be offered a choice of at least four providers
 - Sexual health and Genito-Urinary Medicine clinic maximum waiting times by 2008
4. Choice of Scan will speed up access to diagnostic imaging tests and improve the patient experience by eliminating unnecessary waits where another provider of NHS services can provide these diagnostic imaging tests more quickly.
5. **Patients waiting for urgent diagnostic imaging tests, e.g. for those with known or suspected cancer, will continue to be treated with priority as now.** Choice of Scan is intended to help reduce waiting times for urgent and non-urgent imaging tests by focusing NHS Providers on validating waiting lists and improving scheduling.

1 For further information on 18 weeks refer to www.18weeks.co.uk

2 Refer to the DH website at www.dh.gov.uk under publications and statistics

Scope of Choice of Scan

6. In 2005, the Secretary of State announced³ that under Choice of Scan patients facing long waits for scans will be offered the choice of going to another hospital to have their scan more quickly. There are two phases to Choice of Scan:
- **Phase 1** – since 30 November 2005, hospitals have been offering patients waiting for an MRI or CT scan who did not have an appointment scheduled within 26 weeks, the choice of having an MRI or CT scan at another provider within a maximum of 26 weeks from their original referral.
 - **Phase 2** – from 30 April 2006, hospitals will be offering patients waiting longer for all diagnostic imaging tests who do not have an appointment within 20 weeks, the choice of having their scan at another provider within a maximum of 20 weeks from their original referral.
7. **Phase 2 covers patients waiting for diagnostic imaging tests, eg. ultrasound, MRI, CT.** This includes radiology departments and other clinical specialties (such as cardiology and urology), regardless of referral route (e.g. direct access) or professional or department involved. For example, the following departments may carry out diagnostic imaging tests and are included within Phase 2:

Radiology services:

- Radiology (e.g. ultrasound, MRI, CT)
- Nuclear Medicine (e.g. PET, Bone Scan)

Physiological measurement services:

- Cardiology (e.g. echocardiography)
- Vascular technology (e.g. duplex scanning)
- Urology (e.g. ultrasound)
- Ophthalmology (e.g. photography, imaging of the optic nerve head)
- GI Physiology (e.g. ano-rectal ultrasound)

Endoscopy services:

- Endoscopic ultrasound (EUS)

3 http://www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT_ID=4116422&chk=LnZqUv

8. Please bear in mind that “scanning” is not necessarily the term that is recognised for many of the clinical areas identified above and, therefore, this is not an exhaustive list and there may be other departments that undertake diagnostic imaging tests.
9. Choice of Scan is not mandatory for NHS Foundation Trusts as Originating Providers⁴ but NHS Foundation Trusts can accept patients from other providers where waiting times for their own patients are below the Choice of Scan threshold.
10. The following applies to Choice of Scan:
 - there are no clinical exceptions
 - there are no exceptions on account of geography (if patients cannot be offered a local Alternative Provider, the Originating Provider should seek to make a reasonable offer from a wider network of Alternative Providers)
 - it excludes therapeutic, interventional or planned cases
 - patients may decline an offer of Choice of Scan (see section 22 below for more details)

How Does Choice of Scan Work?

11. Choice of Scan is based on the same principles as the national diagnostics data collection⁵. For example, waiting time starts when the request for a test is made and waiting time ends when the imaging test is completed. Originating Providers must also agree timescales on completing reports as this is a clinical governance issue and will impact on delivering an 18 weeks referral to treatment patient pathway.
12. For patients referred to Tertiary Trusts for a diagnostic imaging test, clock start operates as follows. Where an Originating Provider:
 - accepts a patient onto their waiting list but is unable to carry out the test within the Choice of Scan guidelines and the Tertiary Trust agrees to be an Alternative Provider – the clock starts at GP referral and the Originating Provider remains responsible for managing the waiting time
 - does not accept a patient on to its waiting list and refers the patient onto a Tertiary Trust for a specialist test – the clock starts at GP referral and the Tertiary Trust is responsible for managing the waiting time. In these circumstances, the Originating Provider must ensure that patients are referred without delay

4 In this paper the term *Originating Provider* refers to those providers needing to offer choice to their patients. The term *Alternative Provider* refers to providers who can provide capacity to facilitate the choice.

5 <http://www.18weeks.nhs.uk/public/default.aspx?load=ArticleViewer&ArticleId=448> or email MB-PPRT-diagnostics@dh.gsi.gov.uk

- refers a patient on to a Tertiary Trust for a further specialist test – a new clock starts at referral to the Tertiary Trust and the Tertiary Trust becomes responsible for managing the waiting time
13. It is recognised that when Phase 2 of Choice of Scan goes live from 30 April 2006, some organisations may have patients who will have already waited over 20 weeks. These patients should be offered the choice of having their diagnostic imaging test as quickly as possible. Up to a maximum of 16 weeks, it is for Originating Providers to decide at what point they contact patients to offer choice as long as they are scanned before 20 weeks.
 14. The number of separate queues should be minimised with the ideal being no more than two queues i.e. urgent and non-urgent/routine to maximise capacity and reduce carve-out. It is critical that patients waiting for urgent diagnostic imaging tests, such as those with known or suspected cancer and other urgent patients continue to be treated as a priority. In the long run, it is intended that Choice of Scan will help to reduce waiting times for both urgent and non-urgent/routine diagnostic imaging tests.

Roles

15. Patient safety, quality, continuity and integration of care must be maintained whether diagnostic imaging tests are undertaken in the NHS or independent sector. It is for Providers, PCTs and SHAs to ensure that Choice of Scan is being delivered safely and effectively in their respective areas.
16. Arrangements for offering Choice of Scan are determined locally by health economies and by Originating Providers needing to offer choice. PCTs should work closely with Originating and Alternative Providers to ensure adequate provision is made for patient transfers to and from the Alternative Provider. Originating Providers and PCTs are responsible for working together to identify Alternative Providers who can be either NHS Providers including NHS Foundation Trusts or independent sector organisations who:
 - have waits already below 20 weeks
 - have spare capacity
 - can ensure the imaging test and report can be transmitted effectively back to the Originating Provider

17. **Originating Providers** are responsible for ensuring patient care is not compromised or delayed and for:
- having systems in place to identify patients to be offered Choice of Scan from their waiting lists who would otherwise wait more than a maximum of 20 weeks for a diagnostic imaging test
 - contacting and offering patients choice no later than 16 weeks to allow Alternative Providers sufficient time to give patients their imaging test within a maximum of 20 weeks
 - informing patients added to a waiting list that they are entitled to the offer of at least one alternative diagnostic provider if they have to wait in excess of 20 weeks from April 2006
 - informing patients of the Choice of Scan process including how long they will have to wait if they choose not to accept the offer of having a diagnostic imaging test with an Alternative Provider and that they (the Originating Providers) remains responsible for patient care once the test is completed
 - the patient's waiting time throughout the process – this is different from Choice at 6 Months where waiting time responsibility transfers to the Alternative Provider
 - determining with whom they contract and at what price (see finance issues below). New Alternative Providers can contact Originating Providers or PCTs directly to discuss contracts for Choice of Scan
 - contracting with Alternative Providers and agreeing any specific operational details and requirements (e.g. format for transmission of tests and reports, turnaround times, transmission of any relevant past diagnostic images and reports, and any minimum guarantee on numbers)
 - notifying their PCTs and SHA if an Alternative Provider has failed in its duties
18. **Originating and Alternative Providers** should agree responsibility for patient transport under Choice of Scan following rules they have locally for offering transport.
19. **Alternative Providers** will need to notify Originating Providers of the following to ensure that the patient's waiting list record can be accurately maintained:
- date the diagnostic imaging test is booked
 - dates of completion and report availability
 - "did not attend" (DNAs) and cancellations

The Alternative Provider will also be responsible for ensuring the diagnostic imaging test and report are completed within the timescale contracted for with the Originating Provider.

20. **PCTs** should work with Originating Providers to identify and share lists of Alternative Providers so that at least one Alternative Provider can be offered to all patients waiting who do not have a date scheduled within 20 weeks. PCTs are responsible for ensuring Choice of Scan is being offered where patients are referred to independent sector hospitals. PCTs are also responsible for auditing the provision of Choice of Scan at each NHS Provider. PCTs may contact some patients to audit this.
21. **SHAs** ensure PCTs, Originating Providers and Alternative Providers undertake their respective responsibilities.
22. **Patients** can choose not to accept an offer of Choice of Scan at an Alternative Provider. PCTs and Originating Providers will need to review such cases to ensure that patients are being given reasonable offers of Choice of Scan and also to agree how these patients will be given their tests as quickly as possible.

Finance Issues

23. There is no new money for Choice of Scan and the funds associated with diagnostic imaging tests follow the patient between providers. Responsibility for funding transferred activity rests with Originating Providers.
24. Where the Wave 1 fast track Alliance Medical mobile MRI contract is used, these costs are already covered centrally and, therefore, are at no extra cost for Providers wishing to use their services.
25. From late 2006, there will be additional imaging modalities commissioned from the independent sector in the Wave 2 independent sector procurement. The exact specification and range of modalities differ between SHA areas but these will include MRI, CT, X-ray, DEXA and Non Obstetric Ultrasound and in some SHAs, echocardiography. Providers will need to discuss financial arrangements for Wave 2 with their PCTs.

Choice of Scan Assurance

26. As part of assuring delivery of Choice of Scan the Department of Health is:
 - using the new diagnostic data collection and bi-annual census to collect information on activity and waiting times for diagnostic imaging tests
 - speaking to existing forums, groups and development sites (e.g. 18 week pioneer sites, 8 physiological measurement sites) to explore progress

- working with a small number of sites to gain a more detailed qualitative analysis on the impact of Choice of Scan
27. The management of waiting lists that impact on achieving Choice of Scan are critical to achieving the 18 week patient pathway by December 2008 which will require the entire patient journey between referral and treatment to be recorded. Annex A contains a checklist of example actions suggested by the NHS for dealing with diagnostics waiting list management. The DH will not require any new data or information specifically on Choice of Scan.

Contact details at the Department of Health

For further information on Choice of Scan or the 18 weeks referral to treatment patient pathway please refer to the 18 weeks website at www.18weeks.nhs.uk

Department of Health
March 2006

Annex A: Choice of Scan Checklist

The following information has been provided by NHS Providers and provides a list of suggestions to assist with implementing Phase 2 of Choice of Scan.

1. Work with PCTs/SHA and other local Trusts to share ideas/knowledge and contact the Trust waiting list management team for assistance (many Trusts now have these specialists)
2. Validate waiting lists (clinically and clerically) for diagnostic imaging tests by:
 - identifying patients being on more than one waiting list at a time eg. both outpatient and inpatient, duplicate entries, unusually long waiters
 - identifying urgent and non-urgent/routine cases
 - reduce the number of waiting list queues to either two queues for urgent and non-urgent/routine or one queue so all patients are treated within urgent timescales
 - separating therapeutic/interventional/planned/screening cases from waiting lists
 - introducing clock start and stop measurement
 - clarifying policy on full or partial booking where appropriate
 - ensuring ability to capture patient details, NHS numbers, addresses
3. Ensure all staff are aware of Choice of Scan eg. hold staff workshops, regular planning meetings, encourage involvement and improvement ideas
4. Share results such as falling waiting lists with staff (celebrate success)
5. Analyse both equipment and human resource capacity and demand, and prioritise resources within departments as necessary
6. Know alternative provider details and capability
7. Work with other local NHS Providers to manage waiting lists e.g. for specialist diagnostic imaging tests

8. Look at workforce options, examples include:
- extending days and weekend sessions
 - reviewing staff working practises
 - extending and/or redesigning job roles
 - using a reporting service for reporting diagnostic imaging tests

For background information and general case studies on reducing diagnostic waiting lists refer to:

- General waiting list management such as Clinically Prioritise and Treat (CPaT) – www.wise.nhs.uk [select access then CPaT]
- Other general waiting list tools – www.grs.nhs.uk [select knowledge base then No 8 timeliness – includes getting started, CPaT and Primary Targeted Lists (PTLs)]
- Radiology for service improvement tools and cases – www.radiologyimprovement.nhs.uk
- Urology such as Action on Urology – www.wise.nhs.uk [select clinical themes then urology then Improving diagnostic services together]
- Cardiology such as Rapport – www.wise.nhs.uk [select clinical themes then heart disease]
- Endoscopy for service improvement and case studies – www.endoscopy.nhs.uk
- Further good practice guidance as it emerges from the NHS Institute (expected Sept 06)
- For toolkit examples refer to www.diagnosticsfutures.com/index.htm