INTERVENTIONAL RADIOLOGY PROVISION IN 2014
A SURVEY OF ENGLISH NHS TRUSTS

Carried out by NHS Improving Quality in conjunction with the British Society for Interventional Radiology
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Thanks also to all of those who took the time to complete the survey.

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FOREWORD

Interventional radiology (IR) provides an essential and often life-saving service and patients that need it should be able to access safely seven days a week. The latest data published here is as a result of the fourth survey of IR departments and demonstrates several areas where services have improved across the working week.

IR requires specialist expertise and a team of specifically trained radiologists, nurses and radiographers. Achieving this skilled workforce at full complement is a challenge for most, if not all, hospitals. The impact of this challenge is, as the survey shows that not all patients yet have seven day access to IR in the most effective way and a number of hospitals depend on informal and ad-hoc arrangements to deal with their out-of-hours emergencies. There is a real and pressing need to consider how to deliver IR so that patients can receive safe and effective care seven days a week, both for planned and emergency care; this may mean not all hospitals deliver all services over seven days. It is likely that new and extended roles will need to be developed and that network solutions across geographical areas are sought.

Over the last five years we have strived for more effective accessible IR for the NHS, and we will continue to do so using these data to help support departments as they develop plans to ensure access to IR for all patients.

Professor Erika Denton
National Clinical Director for Diagnostics

Professor Duncan Ettles
Consultant Radiologist
President of BSIR
This survey focused specifically on services for nephrostomy, embolisation for general haemorrhage, embolisation for postpartum haemorrhage and endovascular interventions. Responses were received from 93 acute trusts out of a possible 156. This number of responses provides enough data to describe the picture of interventional radiology provision across England in 2014 and to indicate how this has changed since 2013.

There has been an overall improvement in formal provision of out-of-hours IR over the four year period of the surveys. The questions are not directly comparable but broadly it is possible to conclude that formal out-of-hours provision of IR in 2011 was 21%, and was 68% in 2014. A more direct comparison can be made between 2013 and 2014 where there was a national increase in out-of-hours IR provision for nephrostomy (66% vs 63%), postpartum embolisation (60% vs 49%) and endovascular intervention (78% vs 60%). National availability of general embolisation services out-of-hours has slightly reduced from 72% in 2013 to 67% in 2014.

Of the acute trusts which responded in both surveys for 2013 and 2014, there was an overall improvement in provision of interventional radiology services. 17% of out-of-hours nephrostomy services observed an improvement in provision and 11% a decline. In-hours provision of postpartum embolisation increased in 9% of sites and reduced in 4%. Out-of-hours provision of postpartum embolisation increased in 21% of sites and reduced in 10%. Out-of-hours endovascular intervention service provision increased by 19% but 4% saw a decline.

Provision of general embolisation (GI haemorrhage and trauma) appears to have declined with only 6% improving their level of provision whereas in 15% of sites there has been a reduction in availability.

Reasons for lack of provision of weekend and out-of-hours services was considered by respondents to be primarily due to the need for more interventional radiologists, interventional nurse rotas and the need for a network approach to service delivery.

Availability of emergency round-the-clock cover for interventional radiology services ranged from 56% of sites for postpartum haemorrhage to 72% of sites for endovascular intervention. Of those who said that their site’s cover was less than 24/7, the most prevalent answers given for how patients who needed these services would be managed was ad-hoc or informal cover arrangements.
INTRODUCTION

The NHS Improving Quality seven day services programme team undertook a fourth annual survey of all English hospitals to assess the level of weekend and out-of-hours of access to interventional radiology (IR) services. The survey was designed and undertaken in collaboration with NHS England, the National Clinical Director for Diagnostics, and the British Society of Interventional Radiology. Data from this survey will, as in previous years, be used to inform the interventional radiology indicators for the Atlas of Variation in Healthcare.

The surveys over the four years have changed slightly in that clinicians were asked to RAG rate their IR services generally in the first two years and in the latter two to provide an overview of specific provision of four IR services. Provision of out-of-hours IR has generally improved.
In the 2013 survey, 113 of the 116 respondents (97.4%) indicated that in-hours nephrostomy was provided at their hospital site or with a formal pathway to another provider.

In the 2014 survey, all 93 respondents (100%) indicated that in-hours nephrostomy was provided at their hospital site or with a formal pathway to another provider. However, there were 34 sites that responded in 2013 but did not provide a response in 2014.

No respondent has identified that provision has declined, though there are a number of sites who provided information in the 2013 survey, but have not done so in 2014. These are identified on the map by the white areas of the marker.
In the 2013 survey, 62.9% (73 of 116) of respondents indicated that out-of-hours nephrostomy was provided at this hospital on a formal rota or a formal pathway to another provider. A further 21.6% indicated that they had plans to provide this within the next 12 months, with the remaining 15.5% having no plans to do so.

In the 2014 survey, 65.6% (61 of 93) of respondents indicated that out-of-hours nephrostomy was provided at this hospital on a formal rota or a formal pathway to another provider. A further 22.6% indicated that they had plans to provide this within the next 12 months, with the remaining 11.8% having no plans to do so.

Of the 82 sites that responded in both years, 14 (17.1%) saw an improvement in their provision whereas 9 (11.0%) saw a decline in provision.

63.4% of respondents indicated that emergency cover for nephrostomy was provided 24/7. Of those who responded that cover was less than 24/7, the most prevalent answers given were ‘ad-hoc’ or ‘informal cover arrangements’.

For those respondents not delivering the service, the responses given to the question ‘what would be required for provision’ (in prevalence order) were:
- Interventional radiologist appointments (71.4%)
- Interventional nurse rota (57.1%)
- Interventional radiographer rota (53.6%)
- Network approach to service delivery (46.4%)
- Interventional nurse appointments (46.4%)
- New interventional radiology facility (5.4%)
In the 2013 survey, 96 of the 116 respondents (82.8%) indicated that in-hours embolisation for haemorrhage (general) was provided at their hospital site or with a formal pathway to another provider. A further 5.2% had plans to provide this within the next 12 months, with the remaining 12.1% having no plans to do so.

In the 2014 survey, 83 of the 92 (90.2%) respondents indicated that in-hours embolisation for haemorrhage (general) was provided at their hospital site or with a formal pathway to another provider. A further 4.3% had plans to provide this within the next 12 months, with the remaining 5.4% having no plans to do so. However, there were 35 sites that responded in 2013 but did not provide a response in 2014.

Of the 81 sites that responded in both years, 5 (6.2%) saw an increase in the level of their provision whereas 3 (3.7%) saw a reduction in provision.
In the 2013 survey, 71.9% (82 of 114) of respondents indicated that out-of-hours service provision for embolisation for haemorrhage (general) was provided at this hospital on a formal rota or a formal pathway to another provider. A further 11.4% indicated that they had plans to provide this within the next 12 months, with the remaining 16.7% having no plans to do so.

In the 2014 survey, 67.4% (62 of 92) of respondents indicated that out-of-hours service provision for embolisation for haemorrhage (general) was provided at this hospital on a formal rota or a formal pathway to another provider. A further 22.8% indicated that they had plans to provide this within the next 12 months, with the remaining 9.8% having no plans to do so.

Of the 81 sites that responded in both years, 5 (6.2%) saw an improvement in their level of provision whereas 12 (14.8%) saw a decline.

60.6% of respondents indicated that emergency cover for embolisation for haemorrhage was provided 24/7. Of those who responded that cover was less than 24/7, the most prevalent answer given was ‘ad-hoc’.

For those respondents not delivering the service, the responses given to the question ‘what would be required for provision’ (in prevalence order) were:
- Interventional radiologist appointments (76.4%)
- Network approach to service delivery (58.2%)
- Interventional nurse rota (58.2%)
- Interventional radiographer rota (56.4%)
- Interventional nurse appointments (54.5%)
- New Interventional radiology facility (12.7%)
In the 2013 survey, 85 of the 116 respondents (73.3%) indicated that in-hours embolisation for postpartum haemorrhage was provided at their hospital site or with a formal pathway to another provider. A further 6.9% had plans to provide this within the next 12 months, with the remaining 19.8% having no plans to do so.

In the 2014 survey, 74 of the 92 (80.4%) respondents indicated that in-hours embolisation for postpartum haemorrhage was provided at their hospital site or with a formal pathway to another provider. A further 5.4% had plans to provide this within the next 12 months, with the remaining 14.1% having no plans to do so. However, there were 35 sites that responded in 2013 but did not provide a response in 2014.

Of the 81 sites that responded in both years, 89.9% saw an increase in the level of their provision whereas 5 (3.7%) saw a reduction in provision.
In the 2013 survey, 49.1% (57 of 116) of respondents indicated that out-of-hours service provision for embolisation for postpartum haemorrhage was provided at this hospital on a formal rota or a formal pathway to another provider. A further 22.4% indicated that they had plans to provide this within the next 12 months, with the remaining 28.4% having no plans to do so.

In the 2014 survey, 59.8% (55 of 92) of respondents indicated that out-of-hours service provision for embolisation for postpartum haemorrhage was provided at this hospital on a formal rota or a formal pathway to another provider. A further 20.7% indicated that they had plans to provide this within the next 12 months, with the remaining 19.6% having no plans to do so.

Of the 81 sites that responded in both years, 17 (21%) saw an improvement in their level of provision whereas 8 (9.9%) saw a decline.

56.5% of respondents indicated that emergency cover for embolisation for postpartum haemorrhage was provided 24/7. Of those who responded that cover was less than 24/7, the most prevalent answer given was ‘ad-hoc’.

For those respondents not delivering the service, the responses given to the question ‘what would be required for provision’ (in prevalence order) were;
  - Interventional radiologist appointments (67.3%)
  - Interventional radiographer rota (54.5%)
  - Interventional nurse appointments (50.9%)
  - Interventional nurse rota (50.9%)
  - Network approach to service delivery (47.3%)
  - New interventional radiology facility (14.5%)
127 sites responded to this question in either 2013, 2014 or both years, with 116 in 2013 and 90 in 2014.

In the 2013 survey, 99 of the 116 respondents (85.3%) indicated that in-hours endovascular intervention was provided at their hospital site or with a formal pathway to another provider. A further 2.6% had plans to provide this within the next 12 months, with the remaining 12.1% having no plans to do so.

In the 2014 survey, 85 of the 90 (94.4%) respondents indicated that in-hours endovascular intervention was provided at their hospital site or with a formal pathway to another provider. None had plans to provide this within the next 12 months, with the remaining 5.6% having no plans to do so. However, there were 37 sites that responded in 2013 but did not provide a response in 2014.

Of the 83 sites that responded in both years, 5 (6%) saw an increase in the level of their provision whereas 1 (1.2%) saw a reduction in provision.
MAP 8

- 127 sites responded to this question in either 2013, 2014 or both years, with 116 in 2013 and 90 in 2014.
- In the 2013 survey, 60.3% (70 of 116) of respondents indicated that out-of-hours service provision for endovascular intervention was provided at this hospital on a formal rota or a formal pathway to another provider. A further 18.1% indicated that they had plans to provide this within the next 12 months, with the remaining 21.6% having no plans to do so.
- In the 2014 survey, 77.8% (70 of 90) of respondents indicated that out-of-hours service provision for endovascular intervention was provided at this hospital on a formal rota or a formal pathway to another provider. A further 13.3% indicated that they had plans to provide this within the next 12 months, with the remaining 8.9% having no plans to do so.
- Of the 79 sites that responded in both years, 15 (19%) saw an improvement in their level of provision whereas 3 (3.8%) saw a decline.
- 71.6% of respondents indicated that emergency cover for endovascular intervention was provided 24/7. Of those who responded that cover was less than 24/7, the most prevalent answer given was ‘ad-hoc’.
- For those respondents not delivering the service, the responses given to the question ‘what would be required for provision’ (in prevalence order) were:
  - Interventional radiologist appointments (73.2%)
  - Interventional nurse rota (58.5%)
  - Interventional nurse appointments (56.1%)
  - Interventional radiographer rota (53.7%)
  - Network approach to service delivery (48.8%)
  - New interventional radiology facility (19.5%)