16 January 2018

Strategic framework for imaging services

Dear Sir/Madam

The British Medical Association (BMA) is an apolitical independent trade union and professional association representing doctors and medical students from all branches of medicine across the UK. Our mission is we look after doctors so they can look after you. BMA Northern Ireland welcomes the opportunity to comment on the strategic framework for imaging services in health and social care. Our comments are outlined below.

General comments

We believe that the impact Brexit will have on various aspects of imaging services has not been addressed in this consultation. Of immediate concern to BMA Northern Ireland is the absence of any reference to all-island healthcare with regards to imaging. This is surprising as there are currently two major services being delivered on an all-island basis - paediatric cardiac services at Our Lady’s Children’s Hospital in Dublin and the cancer services at the radiotherapy centre in Altnagelvin. The continuance and indeed survival of these all-island services is brought into question by Brexit but has not been taken into account.
Likewise, the requirements of the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER) also need to be factored into the future of imaging services in Northern Ireland post Brexit. It is vital that these issues are addressed immediately.

Of particular concern is how this will affect the procurement process, access to Euratom and how Brexit will impact on the workforce, not only on the rights of EEA doctors to work here and freedom of movement across the border but also the general attractiveness of working in the UK after Brexit.

Finally, there are a number of major developments that are in development and given the centrality of imaging services to the provision of healthcare, it is vital that this strategy links in with these and vice versa. For example, developments such as the trauma network or stroke services need to be factored in and vice versa.

Guiding principles

BMA Northern Ireland welcomes and agrees with the guiding principles as outlined.

Workforce

Workforce issues have been a concern of BMA Northern Ireland across all specialities and we welcome that this is central to these proposals. Our comments are below:

Vacancies

We welcome the proposal to close the unfilled vacancies and the department are aware of our concerns over the definition and the way data is collected in relation to this. Defining a vacancy when the post is being actively recruited is inappropriate. We believe that this is an opportunity to define what a vacancy and to collect accurate and up-to-date data to enable a true picture to emerge on the state of the medical workforce across all specialities.

- We are seeking clarification on where the figure of increasing the number of training places to 54 was arrived at?
- In addition, due to the changing nature of doctors in training, training 54 radiologists will not result in 54 trained radiologists. This needs to be factored into training numbers and we would suggest that this would need to increase
substantially. We understand from our members that the Clinical Imaging Specialist Committee 20 years ago advised a minimum of 56 trainees.

- Relying on the international recruitment campaign is rather optimistic as to date this has not produced the number of radiologists as expected.
- The document suggests that early retired radiologists may wish to work on average 3 PAs per week. The consequence of recent pension reforms may make this an unattractive offer for this group of clinicians.
- The department needs to action the learnings of the e:locum pilot to ensure that such work is attractive to radiologists in Northern Ireland.
- The department needs to enable trusts make use of recruitment premia to attract and retain radiologists in certain areas of Northern Ireland.

Education and training

- BMA Northern Ireland is of the view that we are simply not training enough radiologists and therefore relying on radiographers to do the work of a consultant. This is unique to the UK and is not replicated elsewhere in the developed world. The proposed volume of reporting by radiographers will result in considerable reduced training opportunities and lead to longer waits for patients.
- We welcome the intention to put in place training to reflect the increasing specialism within radiology.

Networks of care

BMA Northern Ireland welcomes the intention to develop networks of care across Northern Ireland and would suggest that this includes all island healthcare where appropriate and recognising best practice. It is important that the Modernising Radiology Clinical Network (MRCN) is not Belfast centric and that the autonomy and participation of all radiologists are considered, particularly those outside Belfast. It is important that simple procedures are available at local level, including biopsy and drainage.

Radiologists should be able to steer elements of the service which results in better care for patients. The regional backlog pool is an example of this. This was working effectively but a change in the approach without engaging with consultants has resulted in this pilot stalling.
We welcome the commitments outlined in recommendations 7, 8 and 9 and it is important that a regional approach is adopted throughout.

**ICT**

The use of NIPACs as a single system with integration with the electronic care record is to be welcomed. We understand that the systems in the RVH and Belfast City Hospital are private finance initiatives with different contractual timeframes. We are unclear how this will interact with the commitment to rolling out NIPACS. We would be grateful for some clarification on this.

We also welcome the expansion of NIPACS to the administration, storage etc but would recommend that this should be expanded to become the image depository for all specialities. For example, dermatology, ophthalmology, pathology etc.

Considering our comments earlier on working across the island of Ireland, we believe that consideration needs to be given to the IT interface with NIMIS in the Republic of Ireland.

**Investment**

BMA Northern Ireland welcomes the commitment to invest in imaging services. This has two components – the workforce and capital for equipment. This must be long term and sustainable, as relying on in-year monitoring rounds is not appropriate. It is important that contingency and back-up is built into the system, particularly in hospitals providing 24/7 services such as trauma or stroke and having to rely on a single CT scanner.

**Governance**

BMA Northern Ireland welcomes in principle the establishment of an imaging board, but further detail would be required for us to make an informed decision on how this would operate and function. It is vital that this imaging board has a clear defined role with the necessary representation. Consideration also needs to be given to whether this board has budgetary decision-making powers.

I hope you find our comments helpful and if you need any further clarification on any of the issues raised, please do not hesitate to contact, Judith Cross, Head of policy and committee services, on 02890269687 or jcross@bma.org.uk.
Yours sincerely

Dr John D Woods
BMA NI council chair