

# Interventional Radiology in the East of England

## Clinical Senate Assembly 2017

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# What is Interventional Radiology?



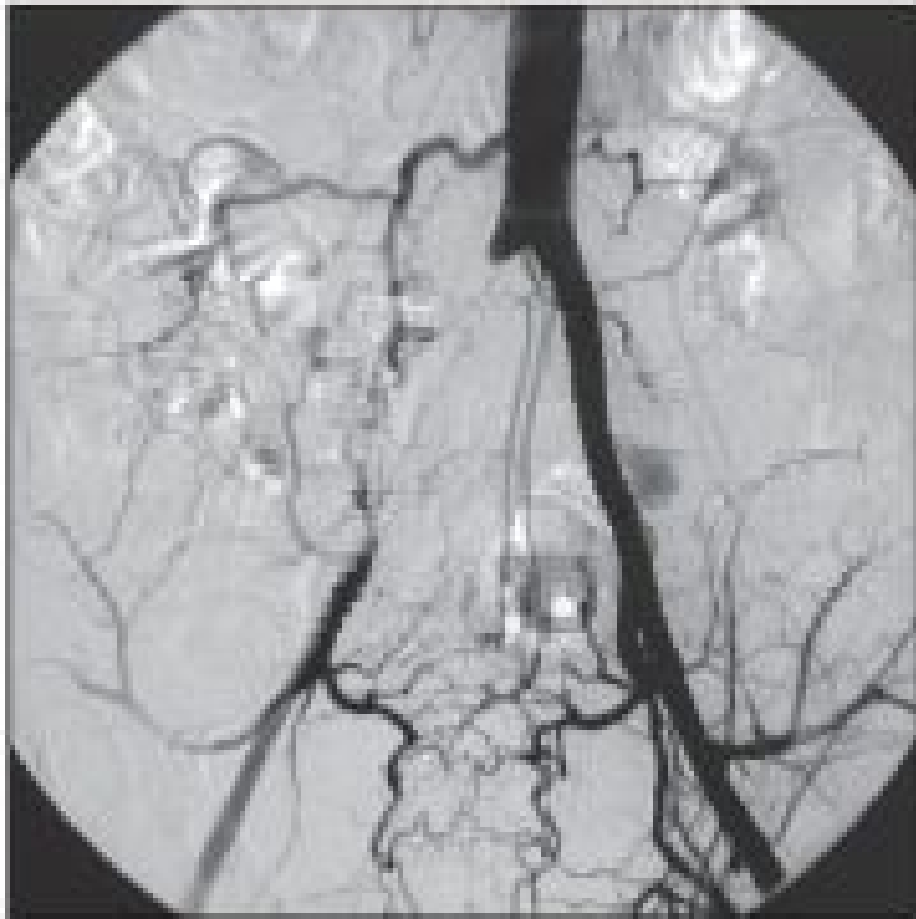
# What is Interventional Radiology?

- Interventional radiology (IR), sometimes known as vascular and interventional radiology (VIR), is a medical subspecialty which provides minimally invasive techniques in order to minimise the risk to the patient.
  - Wikipedia

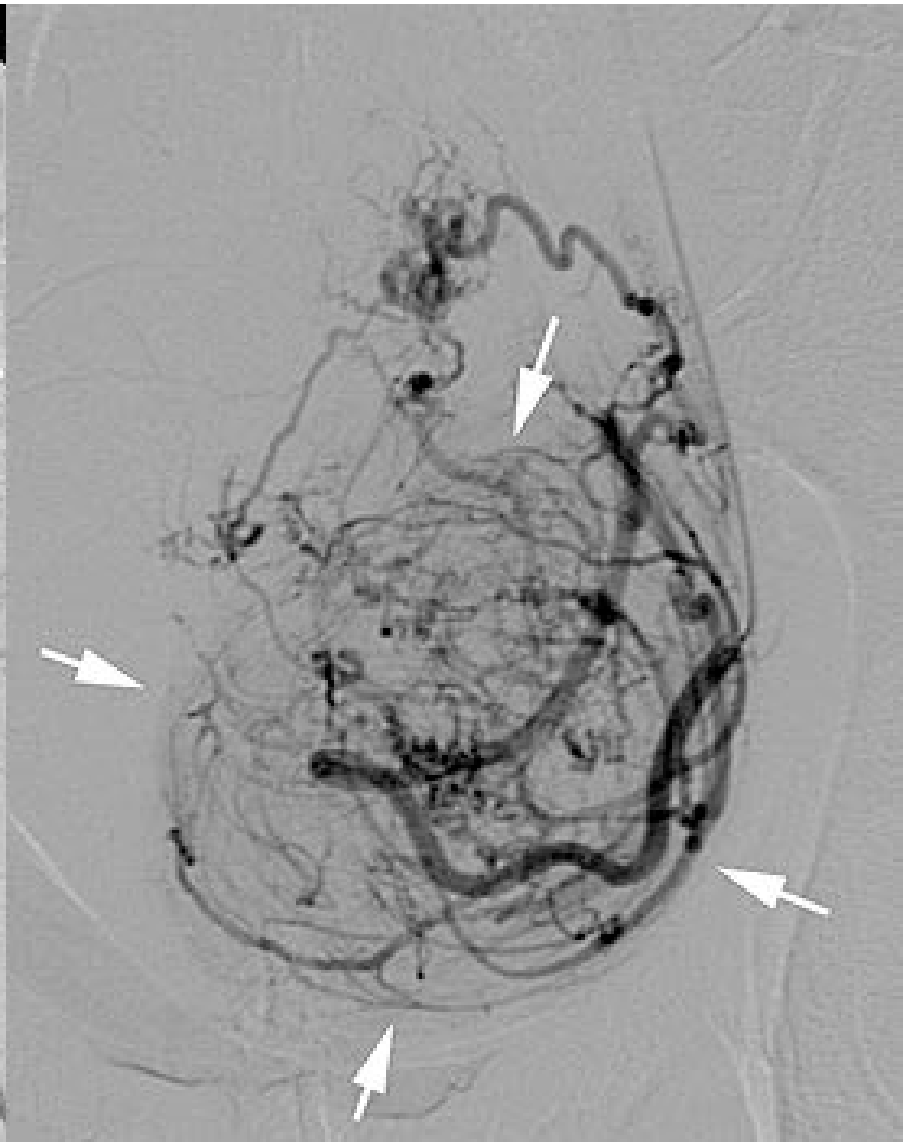




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**Right iliac stenting for iliac artery occlusion**



# IR in the East of England

- Request from the Medical Directors' Forum of the EoE
- Collaboration between the EoE Clinical Senate and Public Health England





Board of the Faculty of Clinical Radiology

# Standards for providing a 24-hour interventional radiology service



**NHS**  
NHS Improvement  
Diagnostics

NHS Improvement - Diagnostics  
Towards best practice in interventional radiology  
June 2012



# Providing access to interventional radiology services, seven days a week



# Interventional Radiology: Guidance for Service Delivery

*A Report from the National Imaging Board*





# Nephrostomy OOH 2013

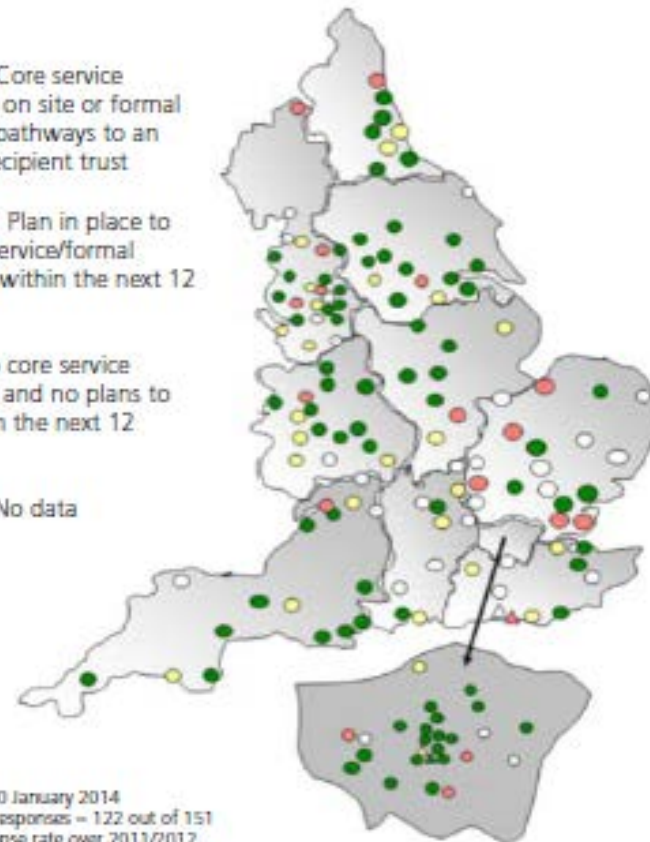
## KEY

**GREEN:** Core service provision on site or formal national pathways to an agreed recipient trust

**AMBER:** Plan in place to provide service/formal pathway within the next 12 months

**RED:** No core service provision and no plans to provide in the next 12 months

**WHITE:** No data



Data as at 10 January 2014  
Number of responses – 122 out of 151  
100% response rate over 2011/2012



# Aim first phase

- Build on the work already done
- Review in hours & out of hours (OOH) provision of IR 2016
- Specific to this region
- Inform decisions regarding the future direction of IR services
- Provide high level recommendations
- Potential for further work after initial report



# 2016 Survey

- 18 trusts contacted
  - Medical Director
  - Clinical lead for Radiology / IR
- Online survey
- Background
  - Number of Interventional radiologists
  - Facilities



- Provision of IR services in hours
- Provision of services OOH
  - Nephrostomy
  - Endovascular intervention (stent/lysis/angioplasty)
  - Embolisation (general haemorrhage – e.g. GI bleeding / trauma)
  - Embolisation (post partum haemorrhage)
  - TIPSS (for variceal bleeding and portal hypertension)
  - EVAR (Endovascular Aneurysm Repair)
  - TEVAR (Thoracic Endovascular Aortic Repair)
  - UFE (Uterine Fibroid Embolisation)
  - Renal dialysis access intervention



- Nephrostomy
- Endovascular intervention
- Embolisation
  - If provided at the trust was it 24/7 cover?
  - In not provided at the trust?
    - Were there any plans to provide this in the next 12 months?
    - What were the obstacles?



# In hours

Procedure	Provided on site	Formal Referral Pathway	Not provided & No Formal Referral Pathway
Nephrostomy	15	3	0
Endovascular intervention	15	3	0
Embolisation	11	4	3
TIPPS	1	6	11
EVAR	10	8	0
EVAR (rupture)	8	9	1
TEVAR	6	7	5



# Out of hours (OOH)

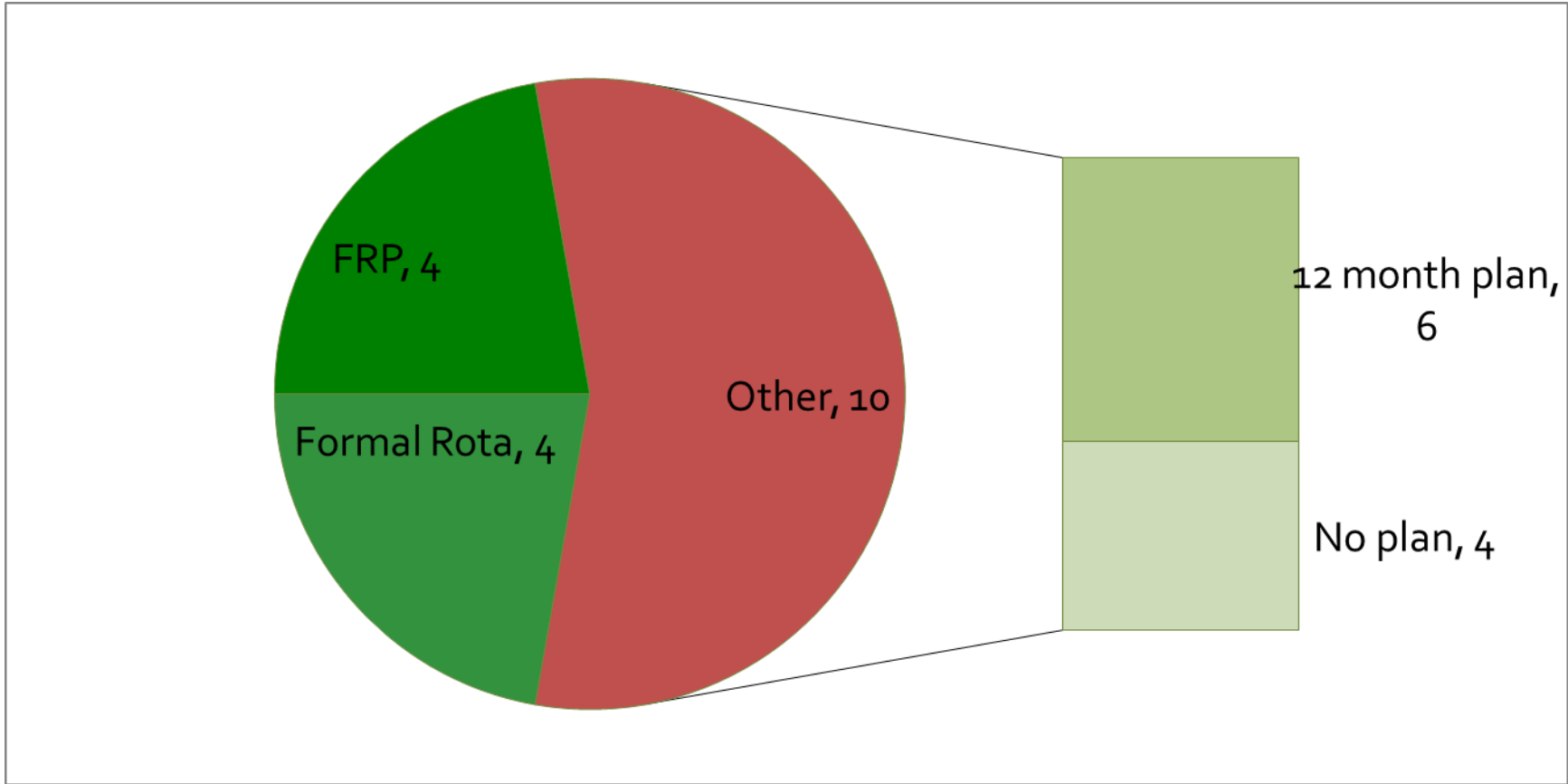
Procedure	Formal rota on site	Formal Referral Pathway	Not provided & No Formal Referral Pathway
Nephrostomy	4	4	10
Endovascular intervention	4	4	10
Embolisation	4	4	10
TIPPS	1	5	11
EVAR	4	7	6
EVAR (rupture)	5	6	6
TEVAR	2	6	9

- **In hours**
  - 15 provided
  - 3 Formal referral pathway (FRP)





# Nephrostomy – OOH



# Nephrostomy – OOH

## **Formal rota:**

- Norfolk and Norwich University Hospitals
- Cambridge University Hospitals
- Ipswich Hospital
- Colchester Hospital

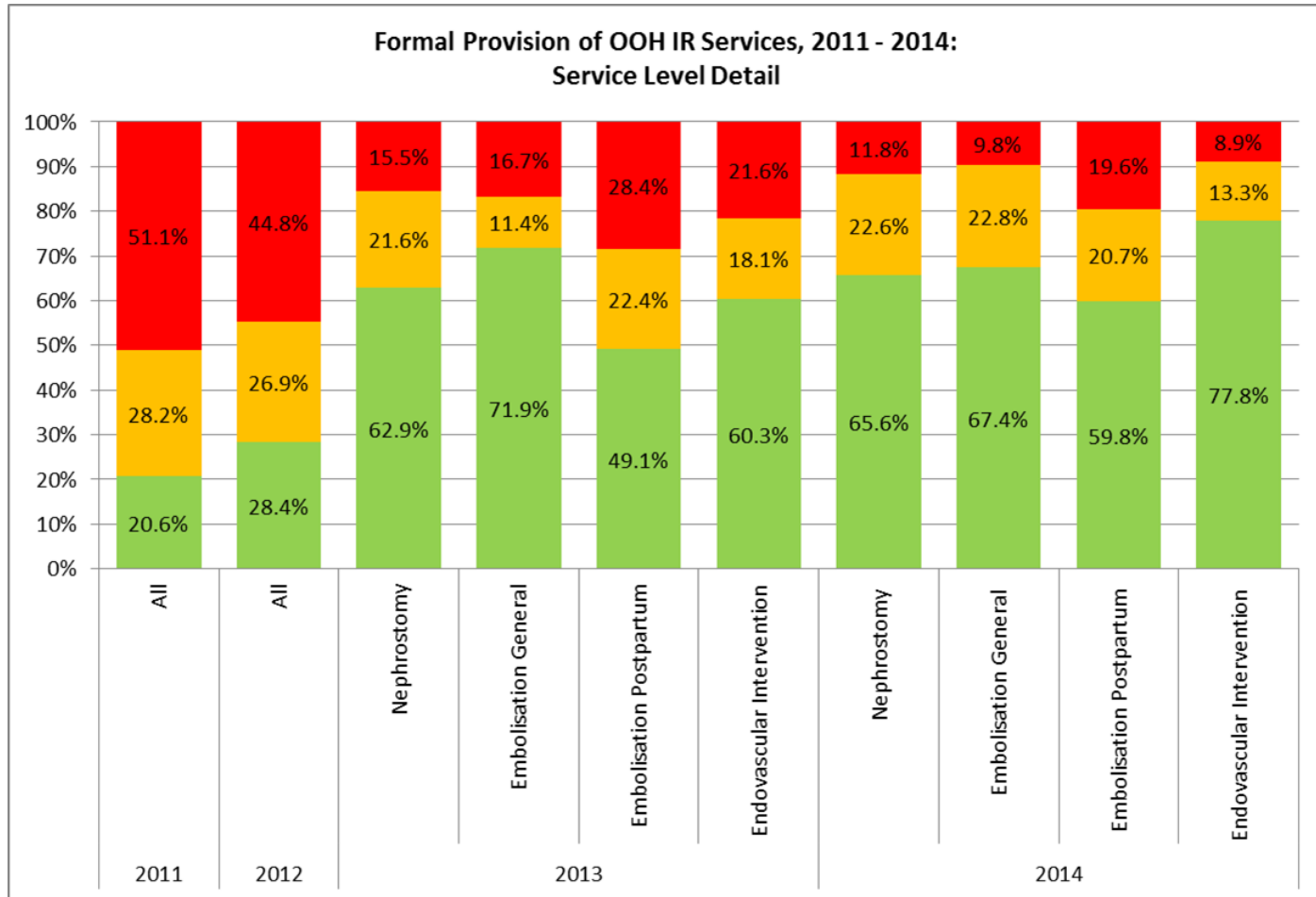
## **Formal referral pathways:**

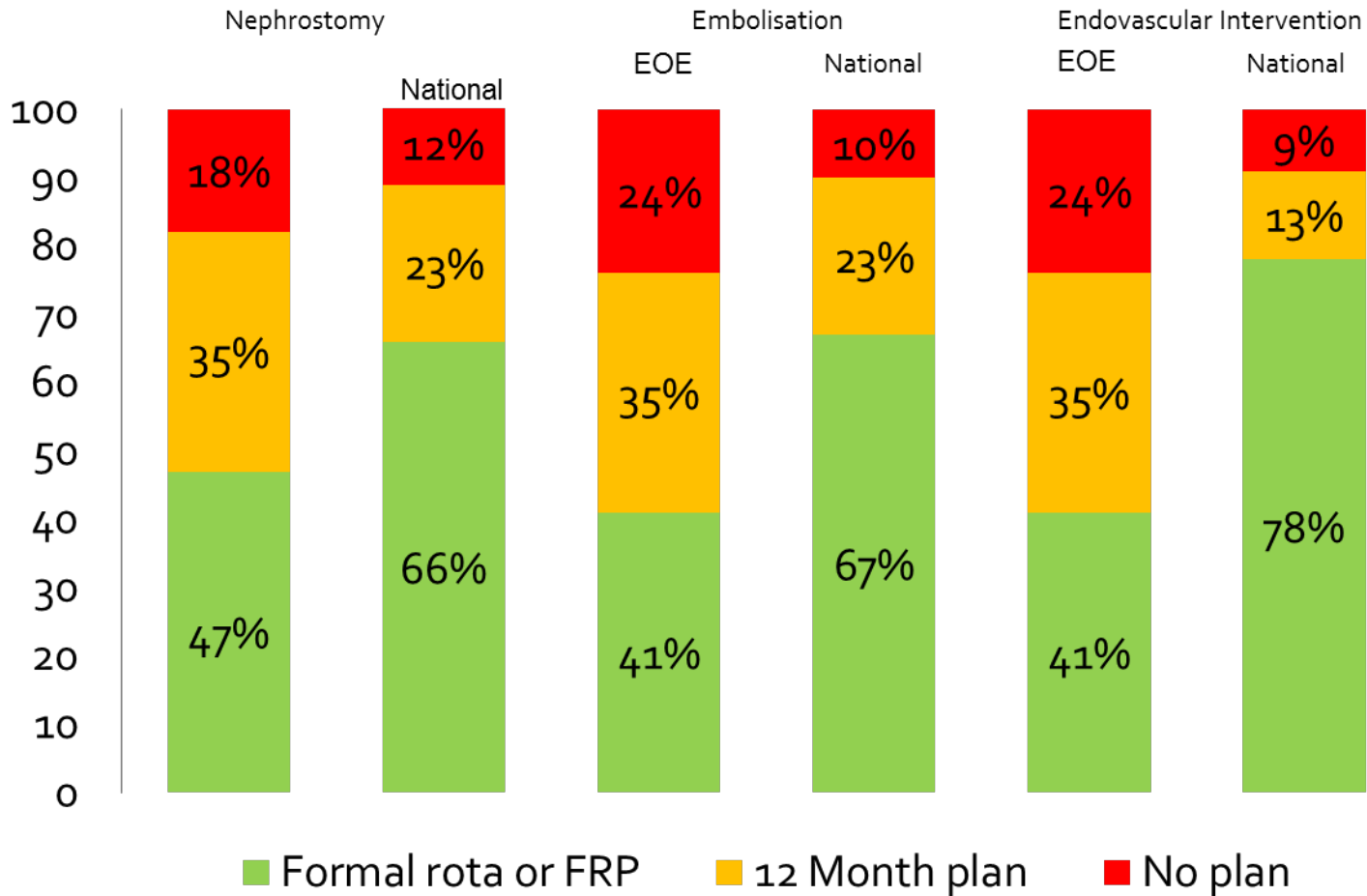
- The Princess Alexandra Hospital (to UCH)
- Papworth Hospital (to CUH)
- James Paget University Hospital (to NNUH)
- Hinchingsbrooke Hospital (to CUH)



- 6 sites – Network plans
  - 3 x New Success Regime (Southend, Basildon, Mid Essex)
  - 2 x Network planning in progress (EN Herts, Bed)
  - 1 x Business case being developed (West Herts)
- 4 sites – No planned Network solution
  - 1 x 24/7 ad hoc cover (West Suffolk)
  - Peterborough, Luton, Queen Elizabeth Kings Lynn
    - Networks, facilities







# Conclusion

- Existing OOH cover less than seen in other regions
- Existing informal network arrangements
- New formal networks in the pipe-line
- Still sites without formal referral pathway OOH

**Current situation not good enough for patients**



# Recommendations (1)

- **Commissioners and STPs**

1. Current networks should be encouraged and supported
2. Commissioners and STP leads should seek solutions to ensure that funding streams support appropriate IR provision
3. STP teams should seek resolutions to service provision gaps and liaise with neighbouring STPs
4. IR plans within each STP footprint should take into account the endovascular procedures performed by vascular surgeons within the existing vascular networks, where applicable, to achieve a collaborative approach in accordance with local needs.
5. Network approaches should consider the role of the DGH interventional radiologist (role in and out of hours)
6. Patient groups should be involved in the design of future services



# Recommendations (2)

- **NHS England and Health Education England**
  7. An IR workforce strategy needs to be developed
- **Interventional Radiology Departments and NHS Trusts**
  8. Prospective data collection on service provision out of hours is required including endpoint data
  9. IR departments need to engage with the National Vascular Registry (enabling outcomes to be published)





# Recommendations (3)

- **Clinical Senate and Public Health England**

10. Clinical Senate, Clinical Networks, EAHSN, and Public Health England should offer to facilitate developmental workshops
11. Repeat the data collection in 12 months time
12. Share the report with MDs' forum, Acute Trusts, CCGs, STPs and NHS England Specialist Commissioning



# Questions

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