

# RISP

This animation provides : a brief background

Developments in Radiology in the past decades have revolutionised almost every aspect of medicine.

However, sharing of radiology reports and images among healthcare providers, particularly between acute Trusts, remains a challenge

...basis had experienced difficulty accessing images and reports at some time.

## Sending images and reports to external organisations

Many trusts and health boards still rely on manual processes requiring administrative support when sharing images and reports. Only 28% of survey respondents had electronic systems in place to seamlessly send images and reports from their local PACS to PACS in external organisations, and some 86% stated that this information had to be imported into their local PACS by administrative staff. Out-of-hours emergency and urgent care are particularly affected by this arrangement when administrative staff are not normally at work, making it difficult for clinicians to access vital information.

Length of time to access external images and reports

### 1. Main findings

#### Accessing external radiology images and reports

Across the UK, only 52% of clinical oncologists and radiologists responding to the survey had online access to picture archiving and communication systems (PACS) in organisations external to their own. Access to external PACS is important given that patients are often scanned and subsequently their images and results are held at a different hospital to that of the clinician making diagnosis or treatment planning decisions. Of those who had online access, 54% reported experiencing difficulties searching for and retrieving images from external PACS. There was a wide regional variation, with all respondents in Wales experiencing these difficulties compared to 18% in Scotland. For radiotherapy planning, multidisciplinary team meetings (MDTMs) and follow-up image reporting, between 87% and 96% of survey respondents had experienced difficulty accessing images and reports at some time.

#### Sending images and reports to external organisations

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#### Length of time to access external images and reports

Only 25% of clinical oncologists and radiologists responding to the survey had instant access to external images and reports. Instant access is important when providing emergency care. For many respondents, external images were often not accompanied by a report or the reports took longer to access than the images. Some 47% of respondents said it took them one day or more to access external reports compared to only 33% for images.

#### Impact on clinical work

Non-availability of external images and reports can affect the work of clinicians in three important domains: productivity, efficiency and quality. This conclusion is drawn from the free-text comments made by respondents to the survey. Instances were given where clinicians were required to work with incomplete information, work was being duplicated, scans were being unnecessarily re-scanned and patients were being subjected to repeat imaging and other medical (including invasive) procedures. Discussions, decision-making and treatment planning during multidisciplinary team meetings (MDTMs) were particularly affected, resulting in process delays, time wastage and postponement of patient cases. If instant access to external images and reports was available, nearly all respondents agreed that it would prevent clinicians' time being wasted, reduce healthcare costs and lead to improvements in the image-reporting process and subsequently quality of reports.

#### Impact on patients

In some parts of the UK nearly all clinical oncologists and radiologists responding to this survey were concerned about the length of time it took to access external images and reports in the context of providing care to patients. Just over half of those responding stated that there had been at least one instance where patient care had suffered in the past 12 months as a result of the length of time taken to access external images or reports. The nature of these concerns is that a lack of access to images and reports creates clinical risks, has adverse effects on patient care, results in the recall of patients, delays treatment of cancer and impacts on out-of-hours and urgent and emergency care.

#### Areas of good practice

The survey identified a number of areas of good practice in the sharing of images and reports. The need to balance patient confidentiality with the clinical benefits of sharing information is recognised. Good working relationships between health service providers will facilitate co-operation and collaboration when sharing information. Scotland has a national PACS which (although not perfect) has greatly facilitated the sharing of information. It is notable that respondents in the North West and South West of England where regional PACS/radiology information systems (RIS) have emerged, noted fewer instances of patient care suffering and concerns about the length of time it takes to access external information in the context of patient care, compared to their colleagues in other parts of England.

Immediate access to reports and images is essential for emergency care.

In 2016 the Royal College of Radiologists produced a report, 'It's good to share' highlighting that most Trusts in the country still rely on manual processes requiring administrative support when sharing Images and reports with other Trusts.

...patients had experienced difficulty accessing images and reports at some time.

## Sending images and reports to external organisations

Many trusts and health boards still rely on manual processes requiring administrative support when sharing images and reports. Only 28% of survey respondents had electronic systems in place to seamlessly send images and reports from their local PACS to PACS in external organisations, and some 86% stated that this information had to be imported into their local PACS by administrative staff. **Out-of-hours emergency and urgent care are particularly affected by this arrangement when administrative staff are not normally at work, making it difficult for clinicians to access vital information.**

Length of time to access external images and reports

In addition, the information then needs to be imported to the local PACS system by administrative staff.

Out of hours emergency and urgent care are particularly affected by this arrangement when administrative staff are not normally at work, making it difficult for clinicians to access vital information.

## 1. Main findings

### Accessing external radiology images and reports

Across the UK, only 52% of clinical oncologists and radiologists responding to this survey had online access to picture archiving and communication systems (PACS) in organisations external to their own. Access to external PACS is important given that patients are often scanned and subsequently their images and results are held at a different hospital to that of the clinician making diagnosis or treatment planning decisions. Of those who had online access, 54% reported experiencing difficulties searching for and retrieving images from external PACS. There was a wide regional variation, with all respondents in Wales experiencing these difficulties compared to 18% in Scotland. For radiotherapy planning, multidisciplinary team meetings (MDTMs) and follow-up image reporting, between 57% and 96% of survey respondents had experienced difficulty accessing images and reports at some time.

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### Length of time to access external images and reports

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### Impact on clinical work

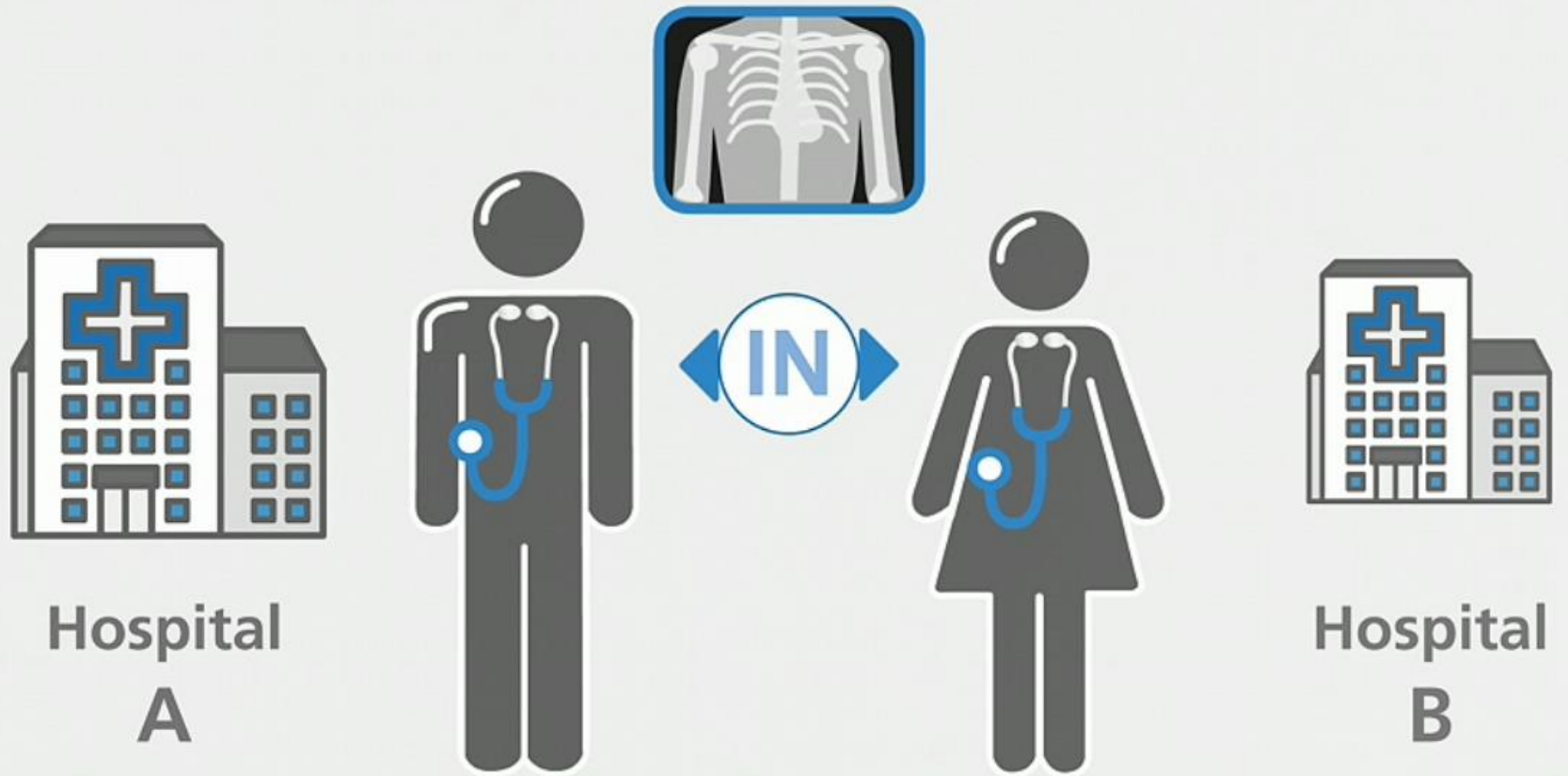
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### Impact on patients

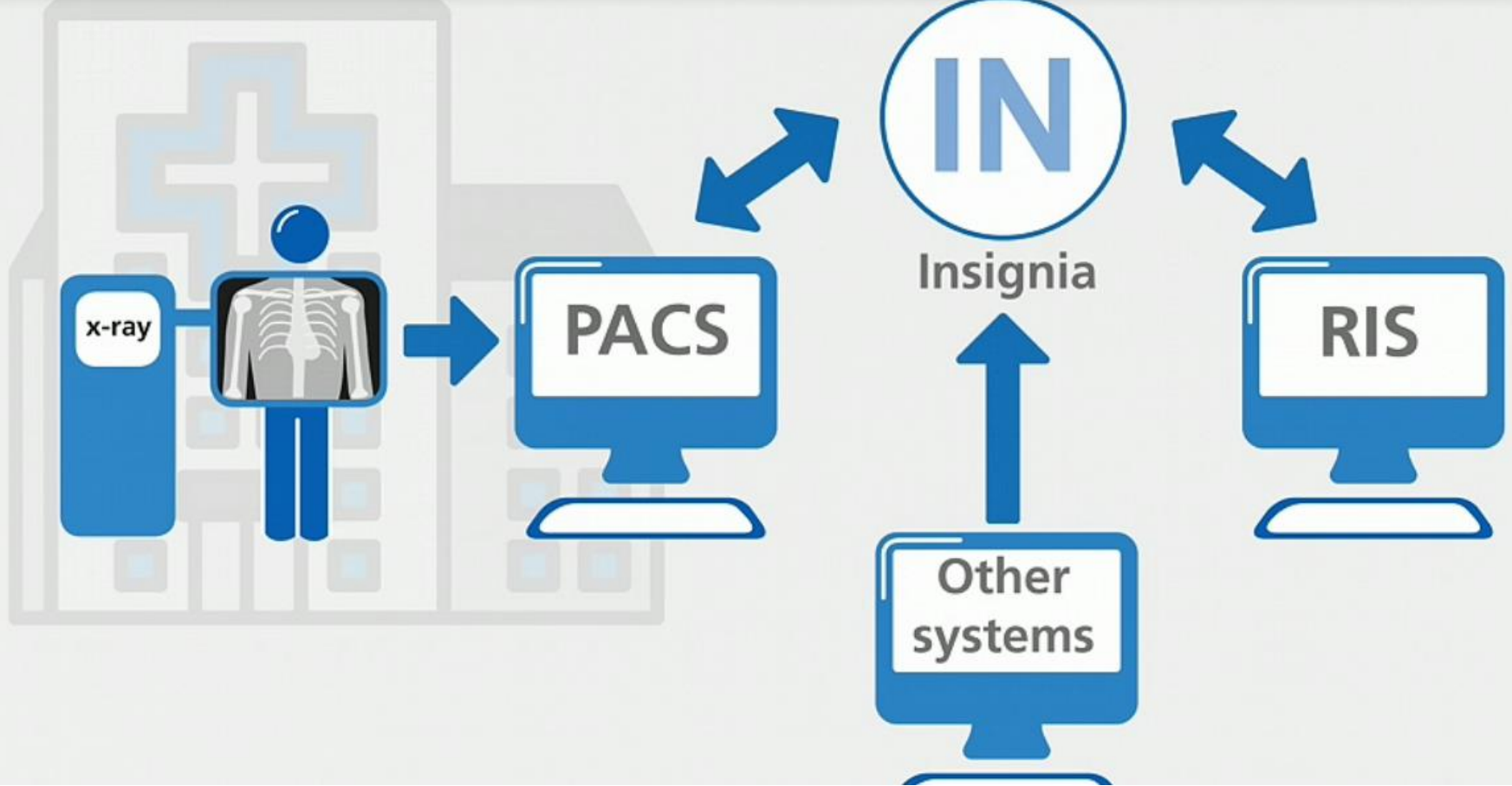
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### Areas of good practice

The survey identified a number of areas of good practice in the sharing of images and reports. The need to balance patient confidentiality with the clinical benefits of sharing information is recognised. Good working relationships between health service providers will facilitate co-operation and collaboration when sharing information. Scotland has a national PACS which (although not perfect) has greatly facilitated the sharing of information. It is notable that respondents in the North West and South West of England, where regional PACS/radiology information systems (RIS) have emerged, report fewer instances of patient care suffering and concerns about the length of time it takes to access external information in the context of patient care, compared to their colleagues in other parts of England.

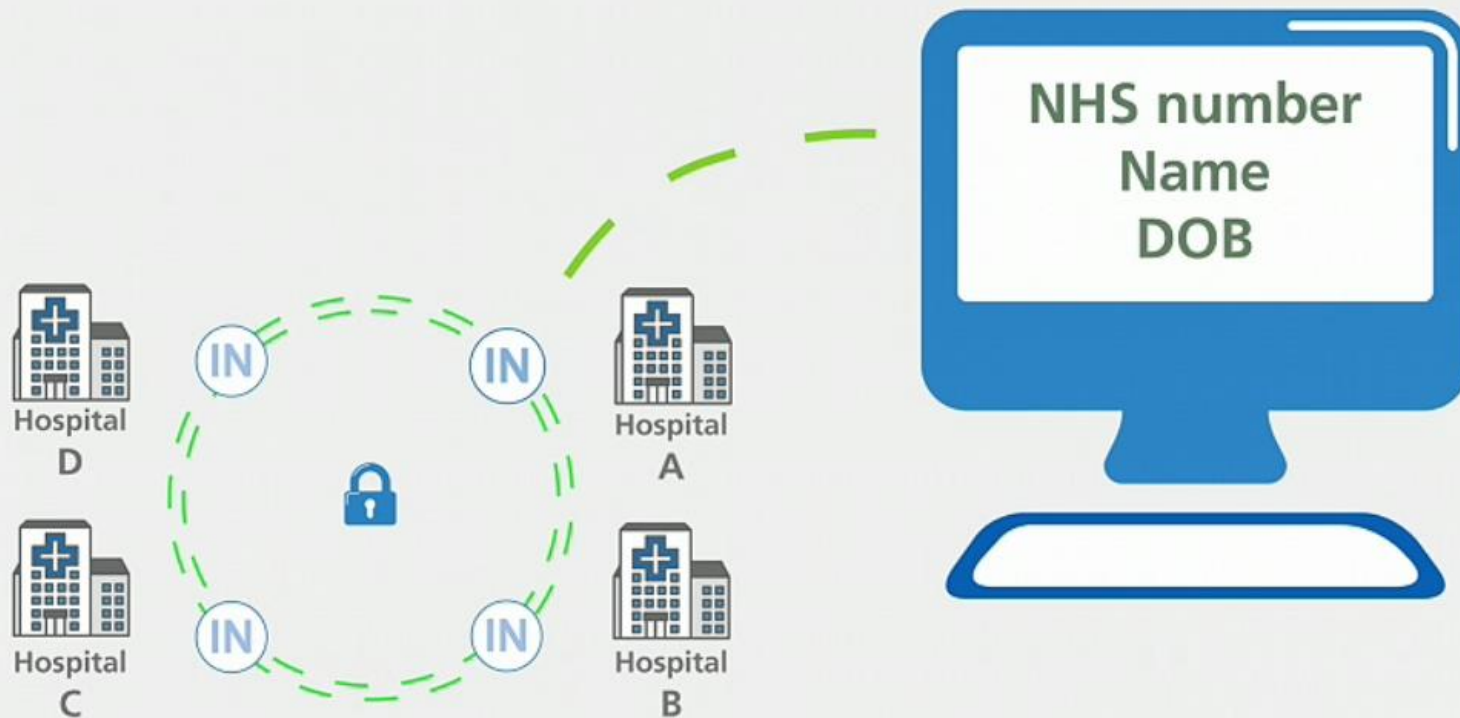


RISP aims to reduce clinical risk, and improve patient safety, by enabling you to access regional radiology information for your patients



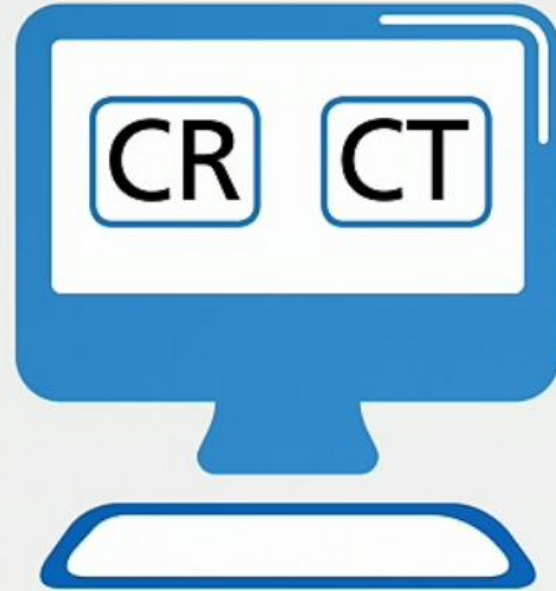
A RIS server has been installed at your Trust which receives electronic messaging from your clinical systems to work out which patients you are caring for.

This server is securely connected with a similar server at each of the other Trusts which connects to their PACS and Radiology system



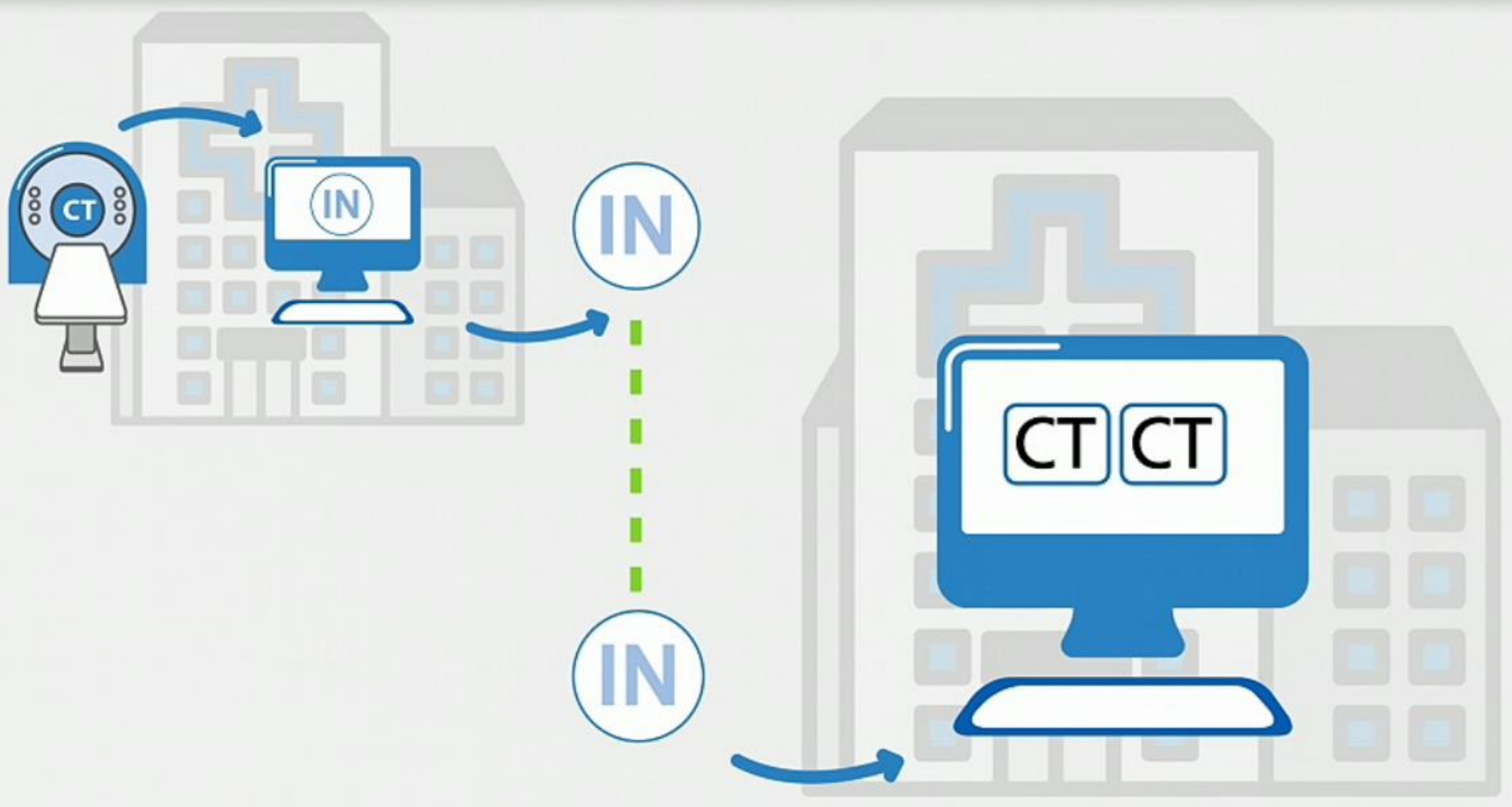
So, when you search for a patient using a simple NHS number or Name & Date of Birth search, you are presented with the entire regional radiology history and clinical reports for the patient.

This may sometimes be sufficient for you



However, if you would like to view the associated images of any of these studies to aid your clinical decision, RISP allows you to retrieve these as well.

Image retrieval speed is dependent on a number of factors but generally, you could expect to retrieve CRs in a few minutes and a 1000 slice CT in about 15 minutes



RISP also allows you to refer a radiology studies to a clinician at another Trust. This makes the patient searchable at the destination Trust.

As you have already sent the images, the clinician at the other end does not need to retrieve them.





RISP has strong Information Governance principles embedded into its design. A GDPR compliant Data Sharing Agreement has been signed by your Caldicott guardian.

It defines the basis of data sharing using RISP, how patients will be informed and the responsibilities of Trusts and system users.



## Responsibilities

**You are required..**

**To adhere to your Trusts' information governance policies such as Trust IG training**

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