

## CONFERENCE ABSTRACT

### Improving GP access to U/S – a multidimensional approach in collaboration with the Primary Care Division

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**Summary:** Ultrasound imaging is a vital diagnostic tool for an increasing number and range of clinical conditions, leading to an ever increasing number of requests from both the Primary Care sector and from within the hospital setting (1). In Ireland, increasing demand for ultrasound services and inadequate resources have led to long waiting lists and the increase in demand has not been matched by resources and there is a well-documented shortage of Radiologists and Sonographers. A strong, responsive and comprehensive Primary Care healthcare system integrated with secondary and community care will increase access and reduce inequality. Several options are examined in this paper to improve patient access to ultrasound services. Amongst these is the provision of ultrasound services outside conventional ultrasound departments.

**Introduction:** Difficulties have been identified in the delivery of ultrasound (US) examinations at all levels throughout the healthcare system in Ireland. There is insufficient capacity to meet steadily increasing demand for US across the system. A direct undesirable result is inadequate access to US examinations, particularly at primary care level for General Practitioner (GP) patients. US traditionally has been provided in hospital-based Radiology Departments. Hospitals have tended to prioritise access to their US equipment for hospital in-patients and out-patients. This is understandable, but it has exacerbated the issue of sub-optimal access to US for GP patients.

The ICGP (2013) report which explores GP access to radiological and endoscopic diagnostics in general practice (sample of 292 GPs surveyed with a response rate of 58.4%), states that more than 20% of GPs do not have access to either abdominal or pelvic ultrasound in the public system (2). GP access to US is now 50% worse than it was 10 years ago (3). Lack of access to radiological investigations impedes the ability of GPs to play a full clinical role in the management of their patients.

There are a number of ways in delivering GP access to diagnostics, and the increasing availability of low cost scanners means that more GPs are investing in US machines.

**Context:** There is increasing momentum in providing access to diagnostic services for primary care to support patients at home and in their community thus avoiding unnecessary referrals to secondary care. This will help in the long-term to ease pressure on acute services in hospitals. Access to imaging services will be essential for the development of new flexible models of healthcare delivery within rural or primary care settings. GP direct access to radiology services can be provided in a number of different formats including ring fenced time in an in-patient hospital radiology department, an outreach service in primary care centres with governance provided by the in-patient hospital radiology department and an outsourced service to a private provider.

Several options have been examined to improve patient access to ultrasound services:

Capitalising on latent capacity in the system – insourcing. Hospitals could provide scans from 5-7pm in the evenings.

Direct provision of scans at new primary care centres (PCCs): Radiographers will be split between hospitals and Primary Care Centres (PCCs) and will involve split funding of posts (Primary Care and Acute hospitals). Governance will be provided by hospital group.

Outsourcing: GP can refer adult patients that hold a medical card or GP Visit Card for ultrasound scans. This is delivered by a private provider.

For all of the above options, clinical governance needs to be defined and agreed with input from GP colleagues.

The UK Royal College of Radiologists, the Royal College of General Practitioners (RCGP) and the Society and College of Radiographers (SCoR) collaborated to produce a document that would act as a good practice guide to develop collaborative practices between diagnostic imaging departments and primary care providers for the benefit of patients (4). This guide indicates that there are 5 key quality areas that require focus in order to provide effective GP access to clinical imaging services. These are:

Patient access – geographic & timeliness

Patient information: GP/Referrer access – forum for clinical discussion/advice, clinical guidance/protocols & clear requesting process

Clinical appropriate imaging

Integration into pathways of care

Aim and theory of change:

Increased access to diagnostics will lead to a reduction in diagnostic delay, a reduction in the number of referrals to both emergency and out-patient departments, a reduction in unnecessary admissions and an improvement in the quality of referrals overall. This in turn will lead to more effective use of the hospital services and improve the quality of service for Irish patients (2).

Targeted population and stakeholders: Our population needs a strong and effective Primary Care system supported by secondary and community care to improve health outcomes.

**Sustainability:** Integration of services is imperative meaning that all service provision should be aligned in regard to (a) patient care pathways (b) seamless provision of other radiological investigations and (c) IT infrastructure, meaning that the service is fully linked to NIMIS or alternative PACS system. The quality of service provided must be closely monitored and adequate standards maintained (5).

**References:**

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