



NEW MODELS OF CARE IN PRACTICE

ACUTE CARE COLLABORATION

EMRAD – EAST MIDLANDS RADIOLOGY CONSORTIUM

The East Midlands Radiology Consortium (EMRAD) aims to deliver timely and expert radiology services to patients across the East Midlands, regardless of where they are being treated. Radiology services include imaging tests like x-rays and scans.

The EMRAD network and its new way of working can save money as well as improve the clinical care offered within urgent services such as major trauma and stroke and in regional acute surgical centres. It also improves the support available to smaller hospitals and outpatient facilities around the region.

The vanguard's work is taking place in two phases. The first is the new technical platform which is used across all of the seven hospitals involved. The EMRAD vanguard has worked with a major international healthcare technology supplier, to create an innovative and scalable radiology IT system, capable of handling millions of patient events.

By working together on the joint procurement of a new shared radiology record, the seven trusts which form the EMRAD network have saved £3 million each year, and expect to save £30 million over the lifetime of the contract.

The new shared technical system allows clinicians to access the complete radiology imaging record for all patients across the East Midlands including scans, reports and clinical opinions, regardless of where they are based. This helps more clinicians provide more care closer to patients' homes and allows clinical expertise to be used flexibly to better match capacity and demand.



KEY FACTS IN NUMBERS

- EMRAD covers over six million patients.
- Joint procurement of a new shared radiology record means the seven trusts which form the EMRAD network have saved £3 million each year and expect to save £30 million over the lifetime of the contract.
- Sharing (rather than selling) supporting documentation will see each subsequent site avoid approximately £170,000 in resource costs.
- Initial evidence suggests that reporting done for EMRAD is being done at a more efficient rate than The Royal College of Radiologists benchmark rates.

Phase two, offers radiology clinicians an alternative way of working remotely in, non-core hours, across different organisations and sharing their expertise rather than working only within their own trusts.

These new ways of working include allowing remote access to patient data meaning that radiologists can work from home. This has improved patient care, as specialist assessment is available more quickly, as well as improving the working lives of radiologists.

The network will also allow the trusts involved to provide services which make best use of capacity, and help to support both large and small trusts to recruit and retain staff through the formal sharing of expertise.

This use of technology has allowed flexible use of the radiologist workforce, resulting in additional capacity. For example one member of staff (whole time equivalent) was generated by six staff working in this way. This allows NHS staff to undertake work that would previously have been carried out outside the NHS. Initial results show a saving of 25 per cent compared to work carried out outside the NHS.

Further information: To learn more about the work of the vanguards and the new care models programme visit www.england.nhs.uk/vanguards or join the conversation on Twitter using **#futureNHS**

A RADIOLOGIST'S STORY

“On extremely busy days it has allowed me to get home in reasonable time and not have to stay on site until 9-10pm preparing for multidisciplinary teams as I can now prepare from home.

“I am more easily available to give opinions or help colleagues when needed. For example, last Friday evening (prior to another trust ‘go live’ and so a planned system downtime) I was able to help the on-call team from home when we had a major trauma with six to eight trauma cases, including two children. I was called by the operational management team lead by the MRI manager as he was concerned about the two children being brought in with trauma.

“Although I was not on call that night as I have a workstation at home, it meant that I could reassure him that between him, the on-call consultant radiologist and me, we could cope with this. I reported on the head (brain) scans for the trauma cases while they could concentrate on the body imaging.”

