Robert.Milner@rothgen.nhs.uk
@RobMilner3

Non-Medical (AHP) Consultancy: A Local Experience

Robert Milner
Consultant Radiographer
The Rotherham Foundation NHS Trust

Background

- Non-medical allied health consultant role first announced in 1999 for nurses
  - By 2004 approx. 500 roles created
- Other AHP consultants
  - <60 roles appointed to in first 4 years
- 83 consultant radiographers registered with the SCoR in first 10 years

The four-tier model

- Four-tier radiography model agreed at a Downing Street Cancer Summit in 1999
  - Drivers include;
    - Extension of NHS breast screening programme
    - Commitment to reduce waiting times for cancer diagnosis and treatment

- Designed to improve services for patients;
  - Assistant practitioner
  - Practitioner
  - Advanced practitioner
  - Consultant practitioner

What is an AHP consultant?

- Consultant practitioner definition;

  'Providing clinical leadership within a specialism, bringing strategic direction, innovation and influence through practice, research and education'

- DoH core functions;
  - Expert clinical practice
  - Professional leadership & consultancy
  - Education, training & development
  - Practice & service development, research & evaluation

- Cost effectiveness
- Improve outcomes for patients

The local scenario

- Two consultant radiologists leave in quick succession
- Failure to recruit
- Increasing reliance on locums and outsourcing
- Struggle to meet targets
- Is a consultant radiographer the answer?

My role

- **Expert clinical practice**
  - Reporting backlogs reduced
  - Targets consistently met
  - Increasing scope of practice of existing team

Commenced post

		QTR 4 2016			QTR 1 2017			QTR 2 2017			QTR 3 2017			QTR 4 2017	
	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov
Av. Report Turnaround - Plain Film Outpatients	10D 22H	8D 19H	6D 21H	9D 03H	8D 19H	6D 21H	9D 03H	5D 09H	4D 18H	5D 04H	1D 23H	3D 09H	5D 13H	4D 04M	
No of Reports Issued	481	573	342	270	573	342	270	548	632	585	1393	568	599	655	
No of Reports Issued within 1 week	177	251	245	130	251	245	130	369	459	421	1391	503	420	529	
% Reports Issued within 1 week	37%	44%	71%	48%	44%	71%	48%	67%	73%	78%	100%	89%	70%	81%	
Qtr Av for % Patients Reported within 1 Week		54%			54%			73%			86%				
Av. Report Turnaround - X-Ray Inpatients	168hrs	252hrs	70hrs	240hrs	252hrs	70hrs	240hrs	72hrs	63hrs	65hrs	68hrs	50hrs	63hrs	64hrs	
No of Reports Issued	895	917	726	810	917	726	810	901	992	1067	953	926	783	989	
No of Reports Issued within 72 Hours	304	168	463	213	168	463	213	569	649	657	538	712	476	592	
% Reports Issued within 72 Hours	34%	18%	64%	21%	18%	64%	21%	63%	65%	62%	56%	77%	61%	60%	
Qtr Av for % Patients Reported within 1 Week		34%			34%			63%			65%				
Av. Report Turnaround - Plain Film GP	153hrs	118hrs	101hrs	120hrs	118hrs	101hrs	120hrs	47hrs	35hrs	56hrs	47hrs	28hrs	29hrs	31hrs	
No of Reports Issued	1197	1363	1242	1541	1363	1242	1541	1161	1322	1248	1400	1311	1381	1967	
No of Reports Issued within 48 Hours	403	544	559	302	544	559	302	1034	1306	744	772	1082	1037	1569	
% Reports Issued within 48 Hours	34%	40%	44%	20%	40%	44%	20%	89%	99%	60%	55%	83%	75%	80%	
Qtr Av for % Patients x-rayed within 48 Hours		35%			35%			83%			71%				
Av. Report TAT - Plain Film ED - Target 48hours								40hrs	32hrs	39hrs	35hrs	30hrs	39hrs	41hrs	
No of Reports Issued								2758	3136	3091	2974	2948	2954	2918	
No of Reports Issued within 48 Hours								1953	3131	2192	2230	2351	2057	1900	
% Reports Issued within 48 Hours								71%	99.8%	71%	75%	80%	70%	65%	
Qtr Av for % Patients x-rayed within 48 Hours								81%			75%				

- **Professional leadership & consultancy**
  - Establish new links with other AHP leads around the Trust
  - Chair reporting and discrepancy meetings
    - Discrepancies, interesting cases, learning points & best practice

My role

- Education, training & development
  - Mentor to 3 trainee advanced practitioners
  - Formal teaching of radiology SpR's
  - Regular in-house teaching of other AHP's & medical staff within the Trust
    - Physiotherapists, ED doctors, ENP's, physician associates, podiatrists
  - Lecture at two local universities
  - Regular CPD evenings for junior radiographers

- Practice & service development, research & evaluation
  - Capacity vs demand exercise
  - Establishment of a monthly audit and peer review programme for all advanced practitioners
  - 2 x publications in peer reviewed journals
    - A third hoping to be submitted before Christmas

How do we conform to local strategies?

- Building on existing networks and developing new ones
- Engaging all staff
- Leading change
- Further developing AHP skills
- Evaluating and evidencing the impact of AHP's contribution
- Recruiting, retaining and developing a flexible AHP workforce

Summary

- Support for consultant AHP roles may be mixed
- Development of new, more efficient pathways
- Close relationships between AHP groups
- Research & evidence based practice is key
- Current advanced practitioners need to gain exposure to all 4 core functions

Thanks for listening

Any questions?

Robert.Milner@rothgen.nhs.uk
@RobMilner3

Radiographer Reporting Academy: an overview

James Harcus BHSc (Hons) MSc PgCert PgCHE FHEA

Radiography Clinical Educator

Working Together Partnership ACC Vanguard

Background

- Workforce emerged as a key theme of WTP review of Radiology services

- Reporting capacity gap
- Variation in skill mix utilisation
- Training challenge

- Collaborative strategy

The model

- Collaborative approach
- Sharing resources
- Standard approach

- Utilise existing academic programme
- Intensive, accelerated clinical support

The practicalities

- A home
- Equipment
- Clinical governance arrangements
- Trainees
- Clinical educator
- Evaluation strategy

A trainee journey

- Image interpretation only part of it…
  - Clinical skills
    - Expert practice
    - Clinical assessment and history taking
  - Leadership
  - Education
  - Research

- Quality improvement project already initiated
- Service evaluation/audits planned

Outcomes

- Advanced Practitioners
- Educated to Masters

- Peer support
- Pastoral support

- Clinical placement
- Clinical mentor

The academy is…

- A pilot
- Collaborative
- Supporting clinical departments
- Utilising information technology
- An adjunct to clinical mentor support

- A challenge to traditional thinking

The academy is not…

- Doing anything new
- Removing autonomy from clinical departments
- Reducing the need for radiologists
- The finished product

Longer term vision

- Potential for future collaboration with radiology academies?
- Hub and spoke model?
- Other modalities?
- Other professions esp. ACPs or PA?

Acknowledgements

The trainees

Clinical sites

The Rotherham Foundation Hospital NHS Trust

Health Education England (Y&H)

University of Bradford

Contact

B.snaith@bradford.ac.uk

J.harcus@nhs.net