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| <b>Radiology Department SOP</b> | Guidance on creating alerts for critical, cancer and incidental imaging findings for tests requested from primary care. |
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| Review Date             | Reviewed by             | Changes   |
| 01/12/2021              | Ricky Chana             | Added - Management of Frimley CCG General Practice Generic Emails Directory |
| 08/12/2021              | Emily Woodward-Stammers | Added 1.4.1.3 and section 'information for general practice'                |
| 10/01/2022              | Susie Gasson            | Added minor changes using track changes                                     |
| 12/05/2022              | Stephen Perrio          | Added 5.2.7 and 5.2.8 around TWW expectations following feedback at CIC     |
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## 1. Introduction

### 1.1. Scope and Purpose

- 1.1.1. The purpose of this Standard Operating Procedure is to ensure appropriate alerting of critical imaging findings, imaging findings of a new malignancy and incidental imaging findings warranting further investigation from radiology.
- 1.1.2. This guidance applies to all diagnostic imaging studies requested from primary care settings and all individuals reporting these studies.
- 1.1.3. It is recognised that a complete list of imaging findings requiring alerting in each category is impossible to produce and the clinical expertise of the reporting individual will play an important part in deciding what to alert.

### 1.2. Responsibility

- 1.2.1. It is the responsibility of the radiology governance team, in concert with the patient safety team, to ensure there is an appropriate process to alert abnormal findings on imaging studies.
- 1.2.2. It is the responsibility of the individual reporting a study to assess the need for an alert to be produced and generate any relevant alert as set out in this SOP.
- 1.2.3. It is the responsibility of the requesting clinician to ensure alerts are acted upon in a timely fashion.
- 1.2.4. It remains the responsibility of the referring clinician to ensure all imaging studies requested in their name are reviewed whether an alert is generated or not.

### 1.3. References

- 1.3.1. 'Failures in communication or follow-up of unexpected significant radiological findings.' Independent report by the Healthcare Safety Investigation Branch. July 2019
- 1.3.2. 'Standards for the communication of radiological reports and fail-safe alert notification' Royal College of Radiologists. 2016.
- 1.3.3. NPSA 16

### 1.4. GP Directory management process (see Appendix 1 for full details)

- 1.4.1. Management of Frimley CCG / ISC General Practice Generic Emails Directory (The Directory)
- 1.4.2. The Directory will be owned by the Frimley CCG Primary Care Contracts Team, who will formally request practices to validate the directory every 6 months. The contracts team will alert FHFT of any changes via the FHFT Primary Care Interface Support Team. The interface team will then update the FHFT intranet site.

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- 1.4.3. If FHFT staff become aware of any invalid email addresses, they are to notify the FHFT Primary Care Interface Support team who will notify the Frimley CCG Primary Care Contracts Team and update the master Directory.
- 1.4.4. In addition, practices will be encouraged by Frimley CCG to contact the Frimley CCG Primary Care Contracts Team should there be any changes to their email addresses.
- 1.4.5. Primary Care Contracts Team email address:  
[frimleyccg.primarycarecontracts@nhs.net](mailto:frimleyccg.primarycarecontracts@nhs.net).
- 1.4.6. FHFT Primary Care Interface Support Team email address:  
[fhft.gpcommunications@nhs.net](mailto:fhft.gpcommunications@nhs.net).

## 2. Principle and purpose of the procedure

- 2.1. The guiding principle of this SOP is that imaging studies demonstrating significant pathology should be alerted to an appropriate clinician in a timely fashion to ensure patient safety.
- 2.2. At present an automated alerting solution with robust two stage electronic communication is not available between primary and secondary care systems
- 2.3. This SOP aims to provide a robust interim process for communicating imaging alerts for studies requested in primary care.
- 2.4. It is recognised that a complete list of imaging findings requiring alerting does not exist and the decision to alert a finding or not will rely on the reporting individuals clinical experience.

## 3. Personnel permitted to undertake the procedure

- 3.1. All individuals reporting imaging studies across the trust are permitted to undertake this procedure.

## 4. Equipment and supplies

- 4.1. Access to IT systems allowing review of diagnostic quality images.
- 4.2. Access to IT systems allowing creation of a formal imaging report via PACS.
- 4.3. Access to NHS.net email account and an up-to-date list of group email contacts according to -referring GP practice (see Appendix 1).

## 5. Procedure

- 5.1. Critical findings
  - 5.1.1. Any findings suggestive of a 'life or limb threatening pathology' requires direct verbal communication with a clinician responsible for the patients' onward care.
  - 5.1.2. For GP and outpatients this is dependent on the type of critical finding.
    - 5.1.2.1. If there is a surgical abnormality communication will be to the on-call surgical/urology/orthopaedic registrar.

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5.1.2.2. If there is a medical abnormality the radiologist should contact AECU at FPH or WPH via switchboard. Out of hours they should contact the medical registrar).

## 5.2. Imaging features of new cancer

- 5.2.1. All imaging studies with features to suggest a new cancer should be alerted regardless of referral source or imaging modality.
- 5.2.2. The alert will be in the form of an email to the cancer unit fph-tr.cancerunitfph@nhs.net for FPH and fph-tr.MDTCoordinatorsWX@nhs.net (WPH) and to the referring GP group email.
- 5.2.3. Sending the alert should be documented in the imaging report (e.g. cancer unit and referring clinician emailed)
- 5.2.4. The email should include patient name, hospital or NHS number and date of birth and be titled 'Radiology Alert'
- 5.2.5. Where possible the alert email should specify the likely primary.
- 5.2.6. If imaging appearances are of metastatic disease without a definite primary this can be stated in the email and discussion in CUP meeting advised.
- 5.2.7. Although the patient has been highlighted to the cancer unit a completed clinical TWW referral from the treating GP is still required if this is clinically appropriate.
- 5.2.8. If referral is appropriate the GP should inform the patient a referral is being made.

## 5.3. Incidental findings

- 5.3.1. Incidental imaging findings on GP requested studies warranting further investigation or treatment will be alerted via email to the referring GP group email.
- 5.3.2. Sending the alert should be documented in the imaging report.
- 5.3.3. The email should include patient name, hospital or NHS number and date of birth and be titled 'Radiology Alert'

## 6. Limitations

- 6.1. Where imaging findings are alerted via a different route this may negate the need for further alerting.
- 6.2. If this is the case alternate communication must be documented clearly in the imaging report to include when, how and to whom the report has been alerted.
- 6.3. For example, if an urgent finding is discussed directly with the referring GP this would negate the need for an email but would need to be documented in the report.

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## 7. Implementation

- 7.1. This process will be highlighted to all individuals responsible for producing imaging reports via the radiology Consultants group and modality lead radiographers.
- 7.2. This process will also be highlighted to the radiology secretarial teams on each site.

## 8. Quality control / Audit

- 8.1. Adherence to the alerting policy will be audited 12 monthly to ensure alerts are generated appropriately and documented in the imaging report.

## Appendix 1 - Information for General Practice

Overview of the Radiology Alerting Process (please see full details within SOP above)

### Purpose of the document:

- To formalise current practice and ensure processes are robust

### Purpose of the alert:

- To quickly alert the GP of a cancer, critical and urgent radiological clinical findings to enable the GP to act on the finding.

### Section 1: Overview of the Alerting Process / SOP:

1. In line with this radiology SOP (above), FHFT teams will be alerting abnormal/concerning clinical findings including: cancer, critical and urgent alerts to GPs via a specified generic email address. This is deemed the safest method to transfer patient identifiable data and is also fully auditable. *Nb. In the future the aim will be to automate the process with a system called 'Radalert' allowing an electronic 'handshake' for confirmation of receipt of alerts (as recommended by the NPSA and RCR).*
2. Please note, these procedures provide an interim method for fail-safe alerting of unexpected cancers and significant unexpected findings and do not replace the referring clinician's responsibility to ensure all imaging reports are reviewed and acted upon in a timely fashion.
3. To allow easy identification of the email the subject heading of the email will be **'RADIOLOGY ALERT.'**

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4. In line with current practice, all reports will continue to be returned via ICE / EMIS.
5. The practice will monitor their generic **inbox daily** (Monday to Friday) and have robust cover arrangements in place to alert the relevant GP.

*NB. Primary care may wish to have their own SOP re: management of these inboxes.*

## **Section 2: Overview of management of the GP e-directory (as per 1.4):**

1. The generic email addresses will be available on the FHFT intranet site at: <https://ourplace.xfph-tr.nhs.uk/media/20140/primary-care-contact-information-august-2021-merged-list.pdf>
2. The directory will be owned by Frimley CCG Primary Care Contracts Team\* who will formally request practices to validate the directory every 6 months and alert the Frimley CCG Primary Care Team of any changes. Any changes will be communicated to FHFT Primary Care Interface Support team who will update the FHFT intranet site: <https://ourplace.xfph-tr.nhs.uk/media/20140/primary-care-contact-information-august-2021-merged-list.pdf>
3. If the FHFT clinical team receive any undeliverable messages they will alert the FHFT Primary Care Interface support team\* who will liaise with Frimley CCG Primary Care Contracts Team\* to resolve.
4. In addition, practices will be encouraged by Frimley CCG to contact the Frimley CCG Primary Care Contracts Team should there be any changes to email addresses

\*CCG Primary Contracts Team: [frimleyccg.primarycarecontracts@nhs.net](mailto:frimleyccg.primarycarecontracts@nhs.net)

\*FHFT / GP interface development Team: [fhft.gpcommunications@nhs.net](mailto:fhft.gpcommunications@nhs.net)





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