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Service Delivery in the UK - Competition Between the NHS and the Private Sector

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Despite technological advances, radiology faces unprecedented challenges related to the ability of radiology to deliver what the consumer wants. Service delivery has become a buzz word at radiology scientific meetings. In the UK, the Labour government has placed an emphasis on improving the National Health Service (NHS). Due to deficiencies in service provision, radiology was suddenly thrust into the limelight. Capital investments have resulted in improvements in the number of patients scanned and in patient throughput. Nevertheless, due to manpower problems, collaboration with the private sector was needed to meet targets.

In some situations, the private sector has risen admirably to the challenge of providing the volumes of imaging investigations required, some of which are not able to be met by local NHS resources. In places this has been achieved by leasing arrangements with the private sector. Elsewhere, numerous companies have bid for this outsourced work and as such, provisions are somewhat fragmented and varied throughout the country.

More recently, large block contracts have been awarded to private companies in the UK to deliver a certain number of imaging investigations. This has been a political initiative designed apparently to provide the patient with a choice of venue for their investigations. Several problems have been encountered. These include the disequilibrium of local services, which are now seen to be competing with each other for patients. As this will inevitably result in some departments being winners and others losers, it may damage radiological provisions and service planning in certain hospitals with consequent adverse outcomes for the local population.

Problems Encountered with Private Imaging

The status of radiologists varies considerably throughout Europe and in many European countries radiologists have not had a good working relationship with their clinical colleagues and hence have had little influence on patient management and imaging strategies. In the UK, radiology has had a long tradition of being a clinical field and radiologists are not just technicians but provide a clinical opinion. Radiology here is about helping the clinician make a diagnosis of a patient and requires dialogue and communication in clinical groups.

This has been achieved in the last ten years with a proliferation of multidisciplinary meetings. More specialties now meet regularly with not just radiologists, but other important personnel such as pathologists, nurses, clinicians, surgeons, oncologists, etc., and it is at these meetings that everybody provides an input into patient care and the management pathway. Robbed of this opportunity, with just a piece of paper providing a report, this may result in a deterioration of healthcare at the point of delivery. It is important that with outsourcing, these values of British radiology are not compromised. In addition there may be medico-legal implications of outsourced imaging reports where clinicians are not able to discuss the nuances of phrasing with their radiology colleagues and these may result in inappropriate action being taken.

How Can Public and Private Concerns Work Together?

Careful scrutiny needs to be kept on the quality of the scanning performed and also the quality of the reporting produced. Rigorous audit is necessary to make sure standards of imaging are kept as high as possible and doctors and other personnel need to be appropriately regulated.

Provision of outsourcing and the involvement of the private sector in imaging needs to be a collaborative approach with due regard taken about the local needs and demands of the patient population. Unilaterally imposed, these policies will be detrimental to patient care in the long run. Local radiologists must be involved in planning the service delivery of the local area. Appropriate resources, be they private or government-financed, must be present if a satisfactory level of service is to be provided.

As countries get wealthier, more and more imaging is required driven by medico-legal considerations as well as by consumer expectations. Radiology will have to rise to the challenge of delivering timely investigations with prompt and accurate radiological reporting conveyed easily to the referring clinicians. With digital imaging and PACS, this will hopefully be achievable with the appropriate infrastructure in situ.

Conclusion

Local radiologists must engage with their local private providers to offer a complete imaging service in their area. The demand for imaging is likely to grow but if the market is flooded by private companies there will be problems. Therefore planning is required to see what the demands are and to provide resources accordingly. It is important that the collaboration between industry, radiology and the private sector continues to be a progressive one rather than one which results in the destruction of adequate service provision for all.

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