



## NON-STANDARD MRI SCANS

### Document History

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### Consultation

Consultee	Date
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Imaging leads/ stakeholder group (representation from UDHB and CRH)	July 2018 – February 2019
Derbyshire Affiliated Commissioning Committee	February 2019
Has the consultation included patient representatives?	Yes/No

### Policy sign off

Reviewing body	Review date	Version no

### Document Status

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## **1. EQUALITY STATEMENT**

Erewash, Hardwick, North Derbyshire and Southern Derbyshire Clinical Commissioning Groups (Derbyshire CCGs) aim is to design and implement policy documents that meet the diverse needs of the populations to be served and the NHS workforce has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. are is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equality of opportunity for all. This document has been designed to ensure that no-one receives less favourable treatment owing to their personal circumstances

## **2. DUE REGARD**

In carrying out their functions, the Derbyshire Affiliated Commissioning Policy Committee made up of Erewash, Hardwick, North Derbyshire and Southern Derbyshire, Clinical Commissioning Groups are committed to having due regard to the Public Sector Equality Duty. This applies to all the activities for which the CCGs are responsible, including policy development and review.

## **3. INTRODUCTION**

This policy document aims to ensure equity, consistency and clarity in the commissioning of treatments/procedures by CCGs in the Derbyshire area by :

- reducing the variation in access to treatments/procedures.
- ensuring that treatments/procedures are commissioned where there is acceptable evidence of clinical benefit and cost-effectiveness.
- reducing unacceptable variation in the commissioning of treatments/procedures across
- promoting the cost-effective use of resources, and reducing system waste.

## **4. BACKGROUND**

Increasing rates of obesity in the general population, and the increasing availability of different types of scanner, coupled with an increase in general MRI demand, has led to an increase in requests for non-conventional MRI scans.

It is therefore the aim of the policy to target use of non-conventional MRI scans to those patients who will derive the most benefit.

## 5. DEFINITIONS

### Exceptionality

Individual characteristics, which make them significantly different to others with a similar medical condition, and as a result of that difference, are deemed to derive a greater benefit from the intervention or treatment than what would be expected from others with the same condition.

### Individual Funding Request (IFR)

A process to allow commissioning decisions to be made, where it is deemed an individual does not meet the scope of a commissioning policy, but demonstrates exceptionality

### Modern standard/ wider bore MRI

The wider bore design of this MRI scanner is intended to give larger mass/ claustrophobic patients

### MRI

A type of scan that uses strong magnetic fields and radiowaves to produce detailed internal images of the patient

## 6. FULL DETAILS OF POLICY

<b>Principles</b>	<p>MRI scans should <u>only</u> be undertaken when the result will make a difference to the clinical management of the patient.</p> <p>Every effort should be made to ensure that patients can receive the standard service. There are excellent models of care locally that can facilitate this.</p> <p>Open and Upright MRI scanners may provide a lower quality image than standard MRI scanners as the strength of the magnet is lower. Although this may provide sufficient clinical information for scans of e.g. large joints, it is unlikely that the quality will be sufficient for detailed scans e.g. examinations of the white matter.</p> <p>The referrer needs to be aware of the limitations (eg resolution of the resulting image impacting on the quality of the scan result) for each type of scanner being considered before referring for a non-standard scan, and discuss with the Imaging Department.</p> <p>This policy applies to adults only.</p>
<b>Inclusion Criteria</b>	<p><b>a) Claustrophobia (open scan)</b></p> <p>Local pathways should be followed for these patients. Liaison between Burton, Chesterfield and Derby Hospitals is encouraged to ensure that the benefits of local pathways are maximised for Derbyshire patients (eg utilising wide bore/ modern standard MRI scanners, available at UHDB)</p> <p>The majority of patients should be referred for a standard MRI in the normal way. However, if they are unable to undergo the scan, then the following interventions should be trialled: -</p> <ul style="list-style-type: none"><li>• Standard scanning under oral sedation should be tried in the first instance, unless clinically contraindicated. It is expected that GPs should facilitate prescription of sedatives in this instance to avoid undue delay/ wasted appointments at the initial imaging appointment.</li></ul>

- Environmental modifications, eg noise cancelling headphones, visual distraction, scanning feet first
- General anaesthetic (GA) (**only** when full back up is available to manage any complications from anaesthesia)
- Wide bore (modern standard) MRI scanner, plus all the interventions outlined above.

If **all** of the above interventions have been trialled and despite local arrangements, a scan is not possible due to claustrophobia then funding for an open MRI scan will be considered through a Prior Approvals Process

### Information to support the application

The application should outline :

- Rationale for requesting the scan
- Management decision that will be made following scan
- Attempts to scan to date and outcome
- Reasons why sedation/ GA are clinically inappropriate (if applicable)
- Patient's preferred alternative provider (please check that these providers accept NHS patients with approved funding prior to submission of the request)

### Process

- **Secondary care to inform GP of failed initial appointment**
- **Secondary care to establish patient's preferred location**
- **Secondary care to submit prior approval to CCG**
- **Once Prior approval application is approved, secondary care to check referral requirements of chosen provider (note the provider website will usually outline the referral process and/or include their own bespoke referral form)**

### b) Obesity

Modern standard MRI scanners now have an increased weight limit and wider bore than previous standard models. If these scanners are not available within the relevant acute trust, then referral should be made to another provider (eg UHDB).

Older standard scanners have a diameter of 23.5 inches (60cm), with a weight tolerance of 159kg/ 350lb

Modern standard scanners have a diameter of 27.5 inches (approx. 69.85cm, giving a circumference of 86 inches/ 216cm)

The weight limit is 250kg/ 39st 4lb/ 550lb

Where patients contact the department to arrange a suitable appointment, the provider should confirm the patient will fit the standard/ modern standard MRI, to increase efficiency through avoiding wasted appointments.

**Direct access referrals from the GP should capture the following information :**

- **Shoulder width**
- **Hip width**
- **Patient girth (at widest point)**
- **Patient weight**
- **Justification as to why a scan is needed – ie what bearing the outcome will have on patient management**

Where a patient has arrived at a provider where a wider bore MRI scanner is not available, the imaging department should make an onward referral to a provider which does have such facilities.

Despite local provision, if a modern standard MRI scan is still not possible due to obesity, then funding for an open/ upright MRI scan will be considered via a Prior Approval application :

**Information to support the application**

The application should outline :

- Rationale for requesting the scan
- Management decision that will be made following scan
- The patient's weight/ girth/ hip/ shoulder width as appropriate
- Attempts to scan to date and the outcome OR
- If a scan was not attempted as it was evident the patient would not fit, confirmation of this is included from the imaging department and submitted with the prior approval application
- Patient's preferred alternative provider (please check that these providers accept NHS patients with approved funding prior to submission of the request)

**Process**

- **Secondary care to inform GP of failed initial appointment**
- **Secondary care to establish patient's preferred location**
- **Secondary care to submit prior approval application to CCG**
- **Once CCG funding approval received, secondary care to check referral requirements of chosen provider (note the provider website will usually outline the referral process and/or include their own bespoke referral form)**

**c) Other clinical reasons:**

There may be patients who do not meet the above criteria but, for a clinical reason,

	cannot access standard MRI scanners. These patients should be referred for consideration under the Individual Funding Request process.
<b>Exclusion Criteria</b>	<ul style="list-style-type: none"> <li>• Treatment/procedures undertaken as part of an externally funded trial or as a part of locally agreed contracts / or pathways of care are excluded from this policy.</li> <li>• Upright scans used to examine a joint in the weight bearing (upright) position are not routinely commissioned, for several reasons, including limited data being available on the diagnostic utility of standing/ upright/ positional MRI. Submission of an IFR will be required where it is deemed clinically necessary by the <b>referring consultant</b> (either radiologist or clinical specialist) due to the radiologist/ specialist having sight of the specific imaging requirements needed, and the anticipated change in management from a positive scan result.</li> </ul>
<b>Providers of Open MRI scanners</b>	<p>This is neither an exhaustive list, <u>nor an inducement to recommend certain providers</u>, but is included to give clinicians an indication of the geographical spread of providers available.</p> <ul style="list-style-type: none"> <li>• <a href="http://www.securescanners.com">www.securescanners.com</a></li> <li>• Heath Lodge Clinic, Solihull, B93 9LW</li> <li>• Cobalt Cheltenham, GL53 7AS</li> <li>• InHealth Croydon, Croydon University Hospital CR7 7YE</li> </ul>

## 6. REFERENCES

This policy has been developed, with regard to similar commissioning intentions from Greater Manchester CCG, and acknowledgement is thus given to Greater Manchester CCG in this policy's creation.

## 7. MONITORING AND REVIEW

Erewash, Hardwick, North Derbyshire & Southern Derbyshire CCGs, has deemed commissioning of non-standard MRIs to be a low priority for current and continued Commissioning intentions will be reviewed periodically, to ensure affordability against other services commissioned by the CCGs.