



Ultrasound examination times and appointments

Responsible person: Nigel Thomson

Published: Wednesday, July 22, 2015

Summary

SCoR issues this updated guidance on ultrasound examination times and appointments (first published March 2013) which includes updated weblinks. SCoR is aware that sonographers working for some NHS Trusts, Health Boards or other Imaging Service Providers are coming under increasing pressure to reduce the time allowed for ultrasound examination appointments. In addition, there have also been instances where extra appointments have been added prospectively to a booked list as a way of compensating for patients who do not attend (DNA).

Introduction

The Society and College of Radiographers (SCoR) is aware that sonographers working for some NHS Trusts, Health Boards or other Imaging Service Providers are coming under increasing pressure to reduce the time allowed for ultrasound examination appointments. In addition, there have also been instances where extra appointments have been added prospectively to a booked list as a way of compensating for patients who do not attend (DNA).

SCoR Policy

A sonographer has a professional responsibility to ensure that the time allocated for an examination is sufficient for it to be carried out and reported on competently and for critical and urgent findings to be dealt with appropriately. This is vital for safe patient management.

It is not acceptable in terms of patient safety or staff safety to attempt to manage or compensate for possible DNAs by prospectively over-booking an ultrasound list. If there is a DNA problem, it should be addressed as indicated in the guidance below.

SCoR Guidance

Ultrasound examination times

The SCoR is often asked how much time should be allowed for an ultrasound appointment. The question arises most frequently in relation to requests for general medical ultrasound examinations and growth scans in obstetrics.

It is difficult to give a simple answer as there are so many varying factors that can affect how long a

Ultrasound examination times and appointments

Published on Society of Radiographers (<https://www.sor.org>)

'general abdominal' ultrasound examination will take. These include the nature of the local protocols for such examinations, departmental resources, referral source, patient mobility, support available for the scanning session and for how long a particular intensity of work can and should be maintained. The experience of the sonographer is also a factor and newly qualified sonographers will need longer than experienced staff. Additional time will be required if the sonographer is to teach trainees effectively; some providers have successfully introduced dedicated training lists to help facilitate this.

It is recommended that where there is concern about the times allocated for ultrasound appointments, a valid and agreed assessment of ultrasound examination times is undertaken, taking into account the above requirements and the nature, range and scope of examinations carried out in a standard list for the department concerned. All aspects of the examination should be included from the initial patient greeting and consent through to the completion of the final verified report. This should enable reasonable and sustainable examination times to be established in the light of given local circumstances, including the health and safety considerations relating to sonographer Work Related Musculo-Skeletal Disorders (WRMSD). NHS Improvement has previously published a method of assessing examination times in radiology which can be adapted for ultrasound. Details are provided in Appendix 3. This information is now archived but can still be obtained.

In the absence of a valid and agreed assessment of examination times for general medical ultrasound examinations or obstetric growth scans that fully takes into account the local circumstances, the SCoR advises that a minimum of 20 minutes per examination is allocated.

NHS England has published service specifications (2017-2018) for commissioners relating to fetal anomaly screening. The relevant service specifications are Nos. 16 (combined test) and 17 (18w to 20w 6d fetal anomaly scan)

<https://www.england.nhs.uk/wp-content/uploads/2017/05/serv-spec-16.pdf>

Page 10: To complete the ultrasound component of this screening strategy, the scan appointment should allocate time to incorporate pre-scan counselling, the ultrasound examination, post-scan counselling and reporting. The time allocation for appointments to meet these requirements is a minimum of twenty (20) minutes.

<https://www.england.nhs.uk/wp-content/uploads/2017/05/serv-spec-17.pdf>

Page 12: The ultrasound scan appointment should incorporate pre scan counselling, the ultrasound examination, post scan counselling and reporting. The time allocation for appointments to meet these requirements for a singleton pregnancy is a minimum of thirty (30) minutes and for a multiple pregnancy is forty five (45) minutes.

The National Institute for Health and Clinical Excellence (NICE) has published recommendations for multiple pregnancy (growth) ultrasound examinations. 'Multiple pregnancy: The management of twin and triplet pregnancies in the antenatal period' (2011). CG129. These can be found at:

<http://www.nice.org.uk/guidance/cg129/chapter/1-Guidance>

Section 1.3.3.4 Thirty minutes is recommended.

The SCoR expects these service specifications and recommendations to be adhered to.

One of the factors that can affect appointment times allowed by providers for ultrasound examinations is the NHS standard tariff. This has only two codes relating to payment to the provider organisation, either an examination of 20 minutes or less or one of more than 20 minutes. Any Qualified Provider (AQP) contracts will specify increases in tariff arising from local market forces and innovative service delivery as well as any other local variations that apply.

The role of the sonographer is, of course, much wider than undertaking ultrasound examinations and includes the daily management of the ultrasound sessions, reviewing requests, clinical audit (including Screening Support Sonographer duties where applicable), participation in multidisciplinary team meetings, reporting discrepancy meetings¹, service development, contributing to research and teaching. These activities as well as the scanning itself need to be included in the workplan of each sonographer, and all will impact on the scheduling of appointments.

The timings for ultrasound examinations and the workplans for sonographers also need consideration in relation to the safety of the workforce. There are significant implications for the health and safety of the sonographer workforce if examination times are reduced without assessment of the risks to the workforce of developing or exacerbating work related musculo-skeletal disorders.

Doubling up appointment slots

Where an ultrasound service is experiencing a problem with patients failing to present for their appointments, it should be managed using other methods such as choice of booking for a patient at a time convenient for them, pre-appointment telephone calls or reminder text messaging. These have been shown to be successful in minimising DNAs and, as a result, patients arriving for their appointments are not penalised by having to wait to be seen because of prospective over-booking of appointments. The latter can lead to complaints, adding to the stresses involved in managing the over-booked list. Routine over-booking also makes it more difficult to examine patients who may be referred urgently at short notice and who sonographers need to accommodate.

Advice has previously been available from NHS Improvement on how radiology services (including ultrasound) can be designed and managed to deliver high quality and efficient services, avoid a mismatch between capacity and demand and improve flow. If this is not done effectively it can lead to situations where inadequate times are allowed for examinations and unacceptable practices such as 'double booking' are introduced in order to compensate for DNAs.

Raising concerns

If there are concerns about ultrasound examination times, these should be raised with management. The SCoR has produced guidance on raising concerns

at: <https://www.sor.org/learning/document-library/raising-concerns-workplace-guidance-sor-members>

References

1. Royal College of Radiologists. Standards for the reporting and interpretation of imaging investigations- second edition (2018)

<https://www.rcr.ac.uk/publication/standards-interpretation-and-reporting...>

Appendix 1: Further Information

The Society and College of Radiographers Work related musculo-skeletal disorders (sonographers). SCoR, 2014

<https://www.sor.org/learning/document-library/work-related-musculo-skeletal-disorders-sonographers>

The Society and College of Radiographers Ultrasound examination lengths survey analysis. SCoR, 2012

<http://www.sor.org/learning/document-library/ultrasound-examination-lengths-survey-analysis>

Public Health England (2013) Fetal anomaly screening programme (FASP)

England:

<https://www.gov.uk/topic/population-screening-programmes/fetal-anomaly>

Scotland:

National Services Division:

<http://www.pnsd.scot.nhs.uk/>

Wales:

Antenatal Screening Wales:

<http://www.antenatalscreening.wales.nhs.uk/public/home>

Northern Ireland:

A second trimester fetal anomaly scan is offered to all pregnant women in Northern Ireland although it is not part of a formal screening programme.

Health and Safety Executive (2012) Risk management of musculoskeletal disorders in sonography work:

<http://www.hse.gov.uk/healthservices/management-of-musculoskeletal-disorders-in-sonography-work.pdf>

Joint RCR/SCoR document (2014) Standards for the provision of an ultrasound service.

<https://www.rcr.ac.uk/publication/standards-provision-ultrasound-service>

Royal College of Radiologists (2012) Standards for the communication of critical, urgent and unexpected significant radiological findings, 2nd edition. London: RCR

<http://www.rcr.ac.uk/publications.aspx?PageID=310&PublicationID=375>

Appendix 2

Subject to local variation, an ultrasound examination consists of:

Greeting patient and sonographer introduction

Explanation of procedure

Obtaining consent (usually verbal)

Preparing patient and assisting onto couch as necessary

The examination itself including extending the scope of the examination if found to be clinically necessary and recording images to PACS

Assisting patient off examination couch

Responding to questions from the patient, and explanation as to when and where results can be obtained

Aftercare and closing comments

Preparing and verifying the report

Acting on critical or urgent findings as necessary.

Some factors that may affect ultrasound examination times:

Experience of the sonographer

Teaching others (good quality teaching will require extra time)

Whether the support of an assistant is available or not

NHS standard tariff

Patient mobility, age of patient

Familiarity with equipment (if new to the sonographer)

Quality of the equipment

Room design

Availability of support from other experienced sonographers, or an ultrasound radiologist

Clinical questions asked (e.g. is a full upper abdominal and pelvic scan including transvaginal scan likely to be needed?)

Local examination protocols

Overall pattern of bookings during the session

Working methods (e.g. two sonographers scanning alternate cases; a single sonographer with an assistant; a single sonographer working alone)

How long a particular intensity of work can be maintained

Sonographer work-related musculo-skeletal disorder avoidance practices.

Appendix 3: NHS improvement. Examination times assessment tool

This is an archived 'NHS Improvement' document. To access go to:

<http://webarchive.nationalarchives.gov.uk/20130221101407/http://www.improvement.nhs.uk/diagnostics/RadiologyImprovement/tabid/55/Default.aspx>

Click on *Improvement Toolkit* in the 'Radiology pages' list on the right.

A link to four PDFs will open up.

Challenge Number Four is in Radiology Section A, page 16.

Appendix 2 in the Radiology Appendices provides a suitable evaluation pro-forma.

The example given is for CT but can be adapted for ultrasound.

Appendix 4: Information from Scotland on DNAs

Case studies

<http://www.scotland.gov.uk/Publications/2008/02/25091928/12>

<http://www.scotland.gov.uk/Publications/2007/03/22084426/37>

“Patient Focussed Booking Implementation Guide” (2006)

<http://www.scotland.gov.uk/Publications/2006/05/08092113/6>

“Managing waiting times: a good practice guide”.

<http://www.scotland.gov.uk/Publications/2003/09/18035/25476>

(all Web links accessed 19th July 2015)

Publication history

First published March 2013

Updated weblinks and information July 2015

Updated weblinks and information May 2018

Source URL:

<https://www.sor.org/learning/document-library/ultrasound-examination-times-and-appointments-0>