

SETTING UP AN ULTRASOUND GUIDED FNA SERVICE

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Why Consider Setting Up a Sonographer Led Ultrasound FNA Service?

- ▣ x2 Radiologists at ULHT perform ultrasound guided FNA's
- ▣ Role development
- ▣ NHS England
- ▣ Training a specialist Head and Neck Sonographer will increase availability for FNA's
- ▣ Improve the quality of the plain ultrasound head and neck scans and reports as the specialist knowledge can be disseminated

Anyone Interested?

- ▣ Sonographer
- ▣ Radiologist willing to train a Sonographer
- ▣ An Ultrasound Manager willing/able to release a Sonographer to train
- ▣ Head and Neck Team Support

Creating a Business Case for Managers



- Beneficial & Cost Effective
- Process mapping of current system
- Included audit results of Adequacy Rates

Sample Area	Thyroid	Submandibular	Parotid	Palpable neck lump
ENT blind	45%	26%	73%	71%
Radiologist	85%	100%	92%	92.6%
Sonographer (Year 1)	74%	100%*	100%**	79%
Sonographer (Year 3)	84%	75%	80%	85%

- (*Only Performed 5 SMG FNA's ** only performed 11 parotid FNA's)

Creating a Business Case for Managers

- ▣ Predictions for a change in service
 - The number of ultrasound guided FNA referrals would significant increase
 - Less time between presentation and diagnosis
 - Less time between diagnosis and treatment
 - The number of problem solving CT and MRI referral would decrease
 - Increase in patient satisfaction
 - Meet NICE guidelines

“The ideal diagnostic pathway is a balanced between missing carcinomas of potential clinical aggressiveness and reducing the number of unnecessary operation whilst keeping an eye on the cost” (Jones et al 2007 pg 28)

One Stop Vs. Rapid Access

- ▣ NICE 2004
- ▣ Increasing Patient Demands and Expectations
 - One Stop: multi-modality evaluation during the same visit the majority leaving with a diagnosis and booked for further follow up or discharge.
 - Rapid Access: Fast access to a specialist clinic to a multi modality evaluation but re-attendance for results within 1-2 weeks

One Stop Vs. Rapid Access

- ▣ One size does not fit all!
- ▣ Hidden shortcomings of both models
- ▣ Witcher, Williams and Howlett (2007) took the approach of evaluating the well established set up of the breast lump clinics



However.....

- ▣ Head and Neck Lumps are often found in the “worried well”
- ▣ This patient group get the most benefit from the One Stop approach
- ▣ One Stop complies with NICE
- ▣ One Stop is more cost effective
- ▣ The majority of patients often perceive the one stop approach as “a better service”

What Did ULHT Decide?

- ▣ Change was necessary
- ▣ Needed to train a Sonographer to meet demand
- ▣ Went to spend time at other hospital with systems in place
- ▣ Initial process maps at ULHT were found to be wasteful and complex
- ▣ One Stop Clinic met the service and patient needs at ULHT

What We Do Now

- ▣ Patient attends clinic within two weeks of presentation
- ▣ Clinical examination by Consultant or SpR
- ▣ Referred to Ultrasound
- ▣ +/- FNA – patient takes a report back to clinic
- ▣ Cytology
- ▣ Patient has blood tests whilst waiting if necessary
- ▣ Results
- ▣ Discharge
- ▣ Or Follow discussion with Consultant and/or CNS

Is It Working ?

- ▣ We are now meeting 96% of our 2ww patients and the majority are seen in the one stop clinic
- ▣ Patients are undergoing fewer FNA attempts
- ▣ The number of follow up outpatient attendances per patient has reduced.
- ▣ Clinicians and Patients value the service

Is It Working ?

- ▣ 2010-13: 182 Ultrasound Guided FNA's were performed by Radiologists
- ▣ Started Sonographer training in 2011.
- ▣ First FNA one stop clinic May 2012
- ▣ 307 cases to date.
- ▣ 121 so far this year.....
- ▣ Weds am Session : 8am – 1pm. Approx 15-20 patients per session, half will undergo ultrasound guided FNA.
- ▣ Immediate feedback directly from path lab
- ▣ Further follow up gained from MDT attendance
- ▣ At a recent regional peer review session we received commendation for our excellent lumps and bumps service



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