Heart of England NHS
NHS Foundation Trust

FOI REQUEST NUMBER: 5810

1. **The nomenclature and classification of disc pathology both degenerative or trauma related that is guiding radiologists when looking at MRI scan and making a report, in plain words exact guideline that radiologist need to follow when assessing whether a MRI scan of a patient show no degeneration, a bulging disc and how-to determinate it, a protruding disc and how-to determinate it, an extruding disc and how-to determinate it, migration of nucleus pulpous UP or DOWN and how-to determinate it**

   The radiologists and radiographers are trained to report on MRI scans of the spine and the department does not prescribe how to report scans. The reporting styles are variable but we expect the reports to be clinically relevant.

2. **What is now and what was in between November 2015 and December 2017 waiting time for Pain Clinic appointment after referral and what's and what was in date range described above waiting time for follow up after MRI scan that Pain Clinic requested, and report was received by Pain Management.**

   The current waiting time is now 7 weeks.

   The average waiting time from Referral to Clinic appointment was just over 12 weeks in November 2015. In by the end of December 2017 the average wait time for an appointment was just over 9 weeks.

3. **Is there appropriate route that is specified by Heart of England NHS Foundation Trust, which GP should take when dealing with patient that came to see GP after an Accident involving trauma to Cervical spine, Pain and a GP was patients first contact with NHS after accident. In this case should a referral for an MRI be made and how soon such referral should be completed.**

   Acute referrals should be made by a GP to Emergency Department, for assessment, imaging and further treatment plans. If the GPs are able to assess and communicate with us it is possible to arrange urgent imaging. We are dissuading direct referral to Imaging from primary care /GPs to ensure the standard pathways for disc problems are followed.

4. **What is now and what was in between November 2015 and December 2017 waiting time for psychology and physiotherapy appointment after referral.**

   75% of non –routine patients are seen within 4 weeks

5. **Is there a guideline in place that provide patients of Heart of England NHS Foundation Trust, with protection when it comes to overmedicating patients? In simple words if a**

patient is being prescribed large amounts of medications that can cause damage to liver and other internal organs – cause death, should a patient that is taking this medication be scheduled for blood tests to keep an safe approach and to see whether this medications don't cause to much of a damage internally – so should a patient be sent for blood tests sometime after starting large dose of medications and if so when such blood test should take place – how often if regularly. Finally if such discovery took place and patient liver is showing dysfunction how often should a patient be checked by blood test a specially when no tablets has been stopped.

Monitoring requirements are generally guided by the BNF, and the Summary of Product Characteristics for the individual medication. Frequency of monitoring will be determined by these resources, clinical experience, and the individual patient. NICE Clinical Guidelines and NICE Clinical Knowledge Summaries may also be used to guide monitoring requirements for specific medications, or different classes of medications. There may also be specific monitoring criteria defined in NICE Technology Appraisals, which are usually for individual, high-cost medications. The Trust has a few Standard Operating Procedures which define the monitoring requirements for some specific medications, e.g. biologics.

6. **How much blood tests - liver function tests cost Heart of England NHS Foundation Trust.**

   The Trust does hold this information. However, we are withholding this information, under exemption 43 (commercial interests) of the Freedom of Information Act: The Information is exempt information if its disclosure under this Act would, or would be likely to, prejudice the commercial interests of any person (including the public authority holding it).

   The Trust's Laboratory Service operates within a commercially sensitive environment, and whilst stringent measures are in place to ensure services are maintained and compliant with all relevant Governance / Information schemes, releasing the cost of a laboratory test and the prices of a laboratory test could potentially disadvantage the Laboratory Services, thereby affecting hospital patients and local community patients accessing the Laboratory Service via their General Practitioner and compromising patient care.

   In using this exemption we have considered the public interest test. Release of this information could detrimentally affect the public, including patients.

7. **When a GP is requested to provide a health report to DWP how detailed the report should be – is there a guide that covers such circumstances. Can a GP that seen a patient only once to add missing drug to repeated prescription write such report and what should this GP do to make sure that this report is complete and 100% accurate.**

   Not Applicable

8. **Are following findings important enough to record them in patient medical records by GP and should they be recorded in Summary Care Records so any Health Professional have clear access to them and they are clearly visible to all that need to for example create a**

health report to government and third parties : C3-C4 Moderate Disc Protrusion, Cervical lordosis not existent – straightening of cervical spine, Bulging discs Down from C4 to C7, Dysfunctional Liver, Hepatosplenomegaly enlargement of liver and spleen, extreme tiredness – sleeping 2 to 4 times a day, exhaustion, Lack of concentration, brain fog, Medication induced Gynaecomastia in both breasts, High Cholesterol 6.6, Low testosterone 5.6, High Blood pressure, Sudden weight gain of 30 KG in 4 months – stopped now current weight 135kg, Chronic Widespread Pain, hypersensitivity, incontinence episodes, Mobility issues – power chair user, Numbness in left leg and left hand, ringing in left ear, headaches, anxiety, stress, feeling trapped,

If any of them are not important enough can you explain it please how this is being decided – is there a guide for it.

We do not have written guidelines for this process, it would be determined on a case by case basis.

9. **Is a patient with Chronic Widespread Pain – neuropathic pain due to nerve damage being withhold from treatments that patient in same position but without this diagnosis is offered. In such case what is the reason for such action. Please tell me what is being withhold from such patient – which treatments.**

   The medications used to treat both chronic widespread pain and neuropathic pain are identical. As such no treatment is withheld just because there is a co-incidental diagnosis of chronic widespread pain.

10. **Is a smoking Patient being withhold from treatments due to the smoking factor, which treatments are being taken away from such patient if he is suffering from prolong cough and respiratory tests shown that he is blowing in the region of 60% of his lungs capability, and 75% after administration of asthma inhaler which was given only for test purposes, dose smoking affect possibility of any treatments in relation with trauma to cervical spine?**

    No

11. **What is official Heart of England NHS Foundation Trust, prognosis for a patient with Severe Chronic Widespread Pain after trauma to cervical spine without neurosurgery interference and why.**

    No official prognosis – dependent upon patient. Cervical spine injuries managed at UHB.

12. **What is the procedure if there is one when during an MRI process scanner stop working correctly and images produced are clearly showing that there is something wrong with scanner or it software as blurs, blemishes, smug, and image disturbances are visible. In such case should this MRI session be rescheduled and repeated. If so how quickly and who should take care of it.**

    Radiographers and Radiologists constantly assess image quality and modify the scanning protocols. They would encourage patients to stay still for the scans or arrange for patients to be recalled for the scans. There is regular quality assessment checks carried out on all our equipment by the regional radiation protection society. There are no written guidelines on

how quickly we recall patients, but we are aware that the treatment cannot progress without diagnostic quality images.

13. **What is appropriate position in which patient should be positioned when lumbar MRI scan is performed to investigate Spine degeneration and nerve impingements. Would you please explain why and how different position would change the accuracy of MRI findings.**

    Our equipment only allows patients to be scanned with the patients lying on their back

14. **Is there a reason why an Neurosurgeon would take MRI scan of cervical spine that is in 0.5 Tesla quality done privately not for diagnostic purposes and is unclear over a MRI pictures from 1.5 Tesla scanner based in Solihull hospital that belongs to the Heart of England NHS Foundation Trust, and clearly show C3-4 Disc annulus fibrosis tear and extrusion of nucleus pulpous 18mm in length that migrated up and down and compressing spinal canal from 9.2mm to 4.7mm – simply is that what Heart of England NHS Foundation Trust, say that Neurosurgeons should do.**

    We are unable to comment upon the practice of Neurosurgeons. The 0.5 Tesla scanner is a scanner has a more open configuration which is less claustrophobic and also allows dynamic imaging of the spine. This could be the reason why a surgeon would still accept lower resolution images compared to the ones from a 1.5 Tesla scanner.

15. **In case there is no guidelines for all or any of above points – question raised – who should and how they should make a decision, or what they (GP and other medical specialists dealing with this problem) advise be to patient at that point. Is there an official Heart of England NHS Foundation Trust, position on such issues.**

    No