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Specialist Paediatric Imaging Service (excluding neuroimaging) (Aged up to 16 years)

Service Specification: SS161

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Abbreviations

A&E	Accident & Emergency
ALARP	As low as reasonably practical
ARSAC	Administration of Radioactive Substances Advisory Committee
AWMSG	All Wales Medicines Strategy Group
AXR	Abdominal X-Ray
C&V UHB	Cardiff & Vale University Health Board
CPD	Continuous Professional Development
CHfW	Children's Hospital for Wales
CT	Computerised Tomography
CTA	Computerised Tomography Angiography
CXR	Chest X-Ray
DEXA	Dual energy X-ray absorptiometry (Bone Density Scan)
DMSA	Dimercaptosuccinic acid
DSD	Disorders of sex development
GI	Gastro-Intestinal
GJ	Gastrojejunostomy
HB	Health Board
HIDA	Hepatobiliary iminodiacetic acid
IPFR	Individual Patient Funding Request
IT	Information Technology
KUB	Kidneys, Ureter and Bladder
MAG-3	Mercaptoacetyltriglycine
MCUG	Micturating Cystogram
MIBG	Metaiodobenzylguanidine
MRE	Magnetic Resonance Elastography
MRI	Magnetic Resonance Imaging
NG	Naso-Gastric
NJ	Naso-Jejunal
NWJCC	NHS Wales Joint Commissioning Committee
PACS	Picture Archiving & Communication System

PET	Positron Emission Tomography
SKS	Skeletal Survey
UGI	Upper Gastro-Intestinal
USS	Ultrasound Scan
WB MRI	Whole Body Magnetic Resonance Imaging

Statement

NHS Wales Joint Commissioning Committee (NWJCC) will commission the service of specialist paediatric imaging for children (aged up to 16 years) in accordance with the criteria outlined in this specification. Neuroradiology is not covered in the remit of this service specification.

In creating this document, NWJCC has reviewed the requirements and standards of care that are expected to deliver this service.

Welsh Language

NWJCC is committed to treating the English and Welsh languages on the basis of equality, and endeavour to ensure commissioned services meet the requirements of the legislative framework for Welsh Language, including the [Welsh Language Act \(1993\)](#), the [Welsh Language \(Wales\) Measure 2011](#) and the [Welsh Language Standards \(No.7\) Regulations 2018](#).

Where a service is provided in a private facility or in a hospital outside of Wales, the provisions of the Welsh language standards do not directly apply but in recognition of its importance to the patient experience, the referring health board should ensure that wherever possible patients have access to their preferred language.

In order to facilitate this, NWJCC is committed to working closely with providers to ensure that in the absence of a Welsh speaker, written information will be offered and people have access to either a translator or 'Language-line' if requested. Where possible, links to local teams should be maintained during the period of care.

Decarbonisation

NWJCC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities. Where possible and taking into account each individual patient's needs, services are provided closer to home, including via digital and virtual access, with a delivery chain for service provision and associated capital that reflects the NWJCC commitment.

Disclaimer

NWJCC assumes that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this document.

This document may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to

the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, or Local Authority.

NWJCC disclaims any responsibility for damages arising out of the use or non-use of this policy.

1. Introduction

This document has been developed as the Service Specification for the planning and delivery of specialist paediatric imaging for children (aged up to 16 years) resident in Wales. This document does not cover the provision of neuroimaging, which will be the subject of a separate specification. This service will only be commissioned by the NHS Wales Joint Commissioning Committee (NWJCC) and applies to residents of all seven Health Boards in Wales.

1.1 Background

Paediatric Imaging is the radiological sub-specialty that covers all the imaging of children. Key aspects of the sub-specialty are described in *The Gentle Way – The Art of Paediatric Imaging*¹ as:

“Imaging children provides distinct challenges to radiology departments. The presentation of disease and pathology is unique to children and varies with the age of the child. Effective examination is dependent upon gaining the co-operation of the child, is age dependant and sedation or anaesthesia may be required. The needs of parents or carers should also be understood and addressed when considering any paediatric service.

Equipment and facilities for children ranging from premature infants to adult sized teenagers is required and these are often different to those used for adults. Imaging needs to be child focused and specific to the age of the child. Radiation protection and safeguarding are paramount concerns for this age group. Children must be considered in their own right and imaging techniques should not be compromised by using techniques akin to imaging small adults.”

1.2 Current Paediatric Imaging Services in Wales

Health Boards (HBs) across Wales are responsible for all radiology services for children in their area with specific services commissioned as specialist tertiary services. Most centres outside of Cardiff and Vale University Health Board (C&VUHB) have limited provision of paediatric imaging mainly due to the limited number of consultant paediatric radiologists, and reducing skills for infrequent procedures. The Children’s Hospital for Wales (CHfW) in C&VUHB provides several specialist tertiary services for south Wales many of which require specialist paediatric imaging.

The paediatric population of north Wales have their tertiary services provided by Alder Hey Children’s Hospital in Liverpool, this includes the provision of a 24/7 paediatric imaging service. North Wales has a similar situation for the local hospitals as those in south Wales; they provide basic paediatric imaging with very limited consultant specialist

¹ [The Gentle Way - The Art of Paediatric Imaging, European Society of Radiology, October 2015](#)

provision. This is a resourced and funded agreement and considered effective by the radiology and clinical teams.

The population of Powys receive their tertiary level services from the CHfW, Alder Hey Children's Hospital and Birmingham Children's Hospital, as in the case of North Wales this includes the provision of 24/7 paediatric imaging services, with the exception of C&V UHB.

In 2023, Welsh Government published the Diagnostics Recovery and Transformation Strategy for Wales 2023-2025² that outlines how diagnostics will support the recovery of NHS services and prepare for future need.

Significant work has taken place across the south Wales region to agree a model, which principally supports the following critical clinical requirements:

- A 24/7 on call rota for paediatric imaging for the region, located at the Children's Hospital for Wales (CHfW).
- A hub and spoke provision of daytime services, increasing capacity on a regional basis as well as providing the appropriate clinical expertise regionally.
- Patients receiving timely access to diagnostic requirements without the need to transfer to English centres.

Paediatric imaging services are organised in 3 levels of care:

- Level 3 – Local Centres:
 - provide paediatric friendly facilities
 - provide paediatric-imaging pathways
 - meet all the standards for hospital services as identified in the Children's National Service Framework
 - provide x-ray projection radiography and ultra-sound
 - support minor injury units
 - have robust IT and PACS links to Level 1 and 2 centres.

Level 3 Centres do not require a resident paediatric radiologist, however, a Service Level Agreement should be in place to ensure appropriate access when required.

- Level 2 - Regional Centres:
 - provide the same service as a Level 3 centre but with the addition of CT as a minimum
 - have sufficient radiographers trained in a recognised paediatric-imaging centre that provide services at all times

² [Diagnostic Recovery Transformation Plan for Wales](#)

- have at least one radiologist with an interest in paediatric radiology
 - have equipment optimised for paediatric use and specific paediatric protocols
 - provide non-complex paediatric imaging e.g. barium meals and Ultrasound (US)
 - provide specialist services such as, neuro or nephro-urological imaging, if there is appropriate local service provision with suitably trained staff following agreed protocols and have been peer reviewed within the local network
 - provide network specialist services e.g. complex neuro or nephro-urological imaging and interventional procedures
 - offer complex paediatric services, dependant on the clinical services supported and the skills of the radiologists, radiographers and sonographers available. This would include imaging for general practitioners, Accident & Emergency (A&E), outpatients and inpatients and may include neonatal services
 - provide imaging for suspected non-accidental injury beyond plain radiography required for initial management.
- Level 1- Specialist Paediatric Imaging Centres
 - meet the entire requirements of a Level 2 and 3 Centre
 - reside in a children's hospital or major teaching centre
 - are able to provide anaesthesia for children, including those weighing less than 10kg.

Paediatric radiology is not ordinarily considered as a specialised service, however, due to the key interdependencies with Specialised Services, the NWJCC have taken the decision to commission the services offered within the setting of a Level 1, Specialist Paediatric Imaging Centre.

Local Health Boards have responsibility for the planning and funding of Level 2 and 3 paediatric radiology services.

1.3 Aims and Objectives

The aim of this service specification is to define the requirements and standard of care essential for delivering Level 1, specialist paediatric imaging services for children in Wales.

The objectives of this service specification are to:

- detail the specifications required to deliver a Specialist Paediatric Imaging centre for children who are residents in Wales
- ensure equitable access to specialist paediatric imaging services
- identify centres that are able to provide specialist-imaging services for Welsh children

- improve outcomes for children accessing specialist paediatric imaging services.

1.4 Relationship with other documents

This document should be read in conjunction with the following documents:

- **NHS Wales**

All Wales Policy: [Making Decisions in Individual Patient Funding requests](#) (IPFR).

- **NHS Wales Joint Commissioning Committee policies and service specifications**

- [Children's Epilepsy Surgery Services, CP174, August 2022 v1.0](#)
- [Specialised Paediatric Rheumatology Service, CP172, November 2021, V1.0](#)
- [Paediatric Nephrology, CP169, March 2021, V1.0](#)
- [Cleft Lip and/or Palate including Non-Cleft Velopharyngeal Dysfunction: All Ages, CP186 July 2020 v1.0](#)
- [Sickle Cell Disorders, Thalassaemia Disorders and other rare hereditary Anaemias: all ages, CP179, December 2020](#)
- [Bleeding Disorders Services: all ages, CP77, June 2022](#)
- [Paediatric Endocrinology, SS163, June 2024, V2.0](#)
- [Circumcision for Children, CP34, March 2019, V3.0](#)
- [Major Trauma Centre CP188 February 2021 V1.0](#)
- [Spinal Services Operational Delivery Network CP241 June 2022 V1.0](#)
- [Specialised Paediatric Gastroenterology, Hepatology and Nutrition \(PGHAN\) CP211 May 2023 V1.0](#)
- [Services for Children with Cancer SS86 December 2024](#)
- [Positron Emission Tomography \(PET\) CP50](#)
- [Positron Emission Tomography \(PET\) SS50](#)

- **National Institute of Health and Care Excellence (NICE) guidance**

- [Sedation in under 19s: using sedation for diagnostic and therapeutic procedures \(CG112\) December 2010](#)
- [Fractures \(non-complex\): assessment and management \(NG38\) February 2016](#)

- **NHS Wales Welsh Government guidance**

- [NHS Wales Performance Framework 2022-2023 June 2022](#)
- [Diagnostics Recovery & Transformation Strategy for Wales 2023-2025 April 2023](#)
- [National Clinical Framework: A learning Health and Care System \(2021\)](#)
- [imaging-statement-of-intent.pdf 2019\(gov.wales\)](#)

- **Relevant NHS England policies**

- [Transforming imaging services in England: a national strategy for imaging networks \(2019\)](#)
- **Other published documents**
 - [Practice Standards for the imaging of Children and Young People July 2009](#)
 - [Interventional Radiology: Guidance for Service Delivery: A report from the National Imaging Board \(2010\)](#)

2. Service Delivery

The NHS Wales Joint Commissioning Committee will commission the service of Level 1 specialist paediatric imaging for children (aged up to 16 years) in line with the criteria identified in this specification.

2.1 Access Criteria

The service will accept referrals for children aged up to 16 years that require specialist imaging (in and out of hours) from secondary care or tertiary care clinicians.

2.2 Service description

In addition to the standards required within the Contract, specific quality standards and measures will be expected. The provider must also meet the standards as set out below.

A specialist Paediatric Imaging Centre should provide the following Level 1 services:

- paediatric friendly facilities
- paediatric-imaging pathways
- the following imaging modalities: x-ray projection radiography, ultra-sound, CT, MRI, fluoroscopy, nuclear medicine
- robust IT and PACS links
- sufficient radiographers trained in a recognised paediatric-imaging centre to provide services 24 hours, 7days a week
- a sustainable rota of paediatric radiologists/radiologists with paediatric expertise 24 hours/day, 7 days/week
- access to Play therapists
- equipment optimised for paediatric use and specific paediatric protocols
- the ability to support the range of paediatric specialist services offered by the organisation, with radiologists, radiographers and sonographers who have the skills to support these services
- support to level 2 and level 3 imaging departments across the region:
 - with the development of clear pathways and protocols for imaging and reporting
 - provision of advice and opinion on difficult cases with a point of contact 24/7
 - provision of virtual outreach to level 2 centres
 - delivery of an onsite support and development programme to equip radiologists and radiographers/sonographers at the level 2 centres with the skills supported by the ongoing remote support to ensure consistency and standardised imaging services across sites.
 - ongoing virtual access to clinical-radiological meetings and MDTs to support professional development across the region

- work with HEIW to support the training of Radiologists, Radiographers, Sonographers and Nuclear Medicine Technologists, in Wales in Paediatric imaging
- provide anaesthesia for children including those weighing less than 10kg.

The Centre will have excellent communication links between it and the Level 2 and 3 centres to include robust and high-quality image and report sharing.

Facilities

A specialist Level 1 Paediatric Imaging Centre should provide imaging services for:

- emergency and scheduled paediatric cross-sectional imaging with CT and MRI
- intussusceptions reduction
- upper & lower contrast gastro-intestinal examinations
- micturating cysto-urethrography & voiding cystometry
- paediatric interventional radiology, vascular and non-vascular interventional procedures e.g. biopsy and drainage skills
- cancer imaging including arrangements for PET provision (PET Policy and Service specification available in section 1.4)
- complex nuclear medicine.

The specialist Level 1 Paediatric Imaging Centre should ensure they have:

- dedicated paediatric-imaging rooms for plain radiography, ultrasound and fluoroscopy
- dedicated paediatric-waiting areas with specific areas suitable for both young children and adolescents
- mobile radiography, fluoroscopy and ultrasound equipment available at all times
- facilities for the safe administration of sedation and general anaesthesia.

Equipment

The specialist Level 1 Paediatric Imaging Centre should ensure they have equipment designed specifically for imaging children, including:

- Low dose imaging systems using digital detection components, optimised for paediatric use to facilitate dose reduction. Techniques and equipment employed to minimise the need for sedation.
- A co-ordinated approach to quality assurance of equipment for imaging across specialities to ensure all local equipment such as ultrasound scanners and x-ray based imaging modality units (e.g. CT and projection X-ray units) are providing optimum performance and calibration for paediatric use. This is of particular importance for imaging of small anatomical structures.
- Image exchange and transfer systems to facilitate double reading and audit processes. The systems should provide both image viewing and the ability to allow transfer to PACS and dedicated workstations.

Staffing

The specialist Level 1 Paediatric Imaging Centre should be staffed appropriately for the size of the population, and have:

- sufficient paediatric radiologists/ radiologists with paediatric experience to provide continuous service 24 hours/day, 7 days/week supported through job planning
- paediatric trained radiographers and sonographers at all times of the day including a limited out of hour's provision
- a lead paediatric radiographer at Superintendent, Consultant or Advanced practitioner level with appropriate post graduate qualifications
- access to play therapists (from the tertiary services)
- sufficient staff to provide an on-call paediatric imaging service with a documented process for referrals from Levels 2 and 3 centres.

Staff Training

The specialist Level 1 Paediatric Imaging Centre should ensure:

- all paediatric imaging staff have Level 3 safeguarding training
- the Centre acts as the centre for training and Continuous Professional Development (CPD) for paediatric imaging services across the region.

Protocols and Procedures

The specialist Level 1 Paediatric Imaging Centre should implement protocols on the principles of:

- optimising visualisation with ALARP (As Low as Reasonably Practical) principles
- robust justification processes be implemented to ensure imaging is only undertaken where appropriate
- children should not be imaged in adult designed facilities wherever possible
- providing dedicated CT, MRI and Nuclear Medicine facilities or defined paediatric CT, MRI allocated sessions sufficient to cover both planned and emergency care
- no inappropriate use of adult CT imaging protocols e.g. for investigation for trauma or abdominal pain
- child appropriate protocols should be documented and adhered to for all modalities
- access to radiation protection services and advice specific to paediatric imaging.

Anaesthesia

The specialist Level 1 Paediatric Imaging Centre should ensure that the anaesthetists who care for children have received appropriate training, and that at annual appraisals

competence in anaesthesia and resuscitation is deemed adequate for the cases undertaken by the individual^{3,4}.

The specialist Level 1 Paediatric Imaging Centre will be expected to follow the Royal College of Anaesthetists Chapter 10: Guidelines for the provision of paediatric anaesthesia services 2025⁵.

2.3 Interdependencies with other services or providers

Specialist imaging services should support regional paediatric service, which should include:

- Neurosciences
- Oncology, including PET imaging
- Nephro-urology
- Surgery
- Neonatal care (including surgery)
- Paediatric Intensive Care
- Non-Accidental Injury and safeguarding specialist opinion
- Ear, Nose and Throat services
- Burns and Plastic Surgery
- Cystic Fibrosis and other respiratory services
- Trauma and Orthopaedics
- Gastroenterology/digestive diseases
- Vascular services, including paediatric interventional imaging
- Paediatric endocrinology
- Paediatric Haematology
- Cardiology and cardiac services
- Transplant services
- Ophthalmology
- Rheumatology.

2.4 Exclusion Criteria

This service specification applies only to the Level 1 Specialist Imaging Centres. All other paediatric radiology services (Level 2 and 3) remain the responsibility of the Local Health Boards and referrals for imaging that can be carried out locally will be returned. Details of the capabilities required in level 2 and 3 imaging centres are detailed in Annex i.

³ [Royal College of Anaesthetists 2021 Anaesthetics Curriculum](#)

⁴ [The Good medical practice framework for appraisal and revalidation GMC 2013](#)

⁵ [Chapter 10: Guidelines for the Provision of Paediatric Anaesthesia Services 2025](#)

2.5 Acceptance Criteria

The service outlined in this specification is for patients ordinarily resident in Wales or otherwise the commissioning responsibility of the NHS in Wales. This excludes patients who whilst resident in Wales, are registered with a GP practice in England, but includes patients resident in England who are registered with a GP practice in Wales.

2.6 Transition Arrangements

Transition arrangements should be in line with [Transition from children's to adults' services for young people using health or social care services NICE guidance NG43 and the Welsh Government Transition and Handover Guidance](#).

Transition involves a process of preparation for young people and their families for their transition to adulthood and their transition to adult services. This preparation should start from early adolescence 12-13 year olds. The exact timing of this will ideally be dependent on the wishes of the young person but will need to comply with local resources and arrangements.

The transition process should be a flexible and collaborative process involving the young person and their family as appropriate and the service.

The manner in which this process is managed will vary on an individual case basis with multidisciplinary input often required and patient and family choice taken into account together with individual health board and environmental circumstances factored in.

2.7 Patient Pathway

Pathways for specialist Level 1 paediatric imaging may include:

- acute referral from A&E department, general paediatric service or other specialty service e.g. orthopaedics, cardiology and oncology
- referral from Level 2 and 3 centres for specialist, routine and emergency tertiary services and some routine services which are not provided or available locally out of normal working hours
- GP or paediatric referral for initial assessment, diagnosis, specialist intervention or shared care based on agreed local protocols and guidelines.

2.8 Service provider/Designated Centre

Level 1 Specialist Paediatric Imaging Service Providers:

South Wales

Children's Hospital for Wales
University Hospital of Wales
Heath Park Way

Cardiff
CF14 4XW

North Wales

Alder Hey Children's Hospital
East Prescott Road
Liverpool
L14 5AB

Powys

Birmingham Children's Hospital
Steelhouse Lane
Birmingham
B4 6NH

2.9 Exceptions

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The All Wales IPFR Panel will then consider the request.

If the patient wishes to be referred to a provider outside of the agreed pathway, an IPFR should be submitted.

Further information on making IPFR requests can be found at [Individual Patient Funding Requests](#)

3. Quality and Patient Safety

The provider must work to written quality standards and provide monitoring information to the lead commissioner. The quality management systems must be externally audited and accredited.

The centre must enable the patients, carers and advocates informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties and for children, teenagers and young adults.

3.1 Quality Indicators (Standards)

The [Diagnostic Recovery & Transformation Strategy for Wales 2023-2025](#) provides an overview of the standards applicable to the planning and delivery of diagnostic imaging services in Wales at local, regional or national levels as appropriate.

In addition, radiology and radiography standards have been devised and published including:

- [British Society of Paediatric Radiology \(BSPR\) and Radiography Paediatric Special Interest Group \(RPSig\)](#)
- [The European Guidelines on Quality Criteria for Diagnostic Radiographic Images in Paediatrics](#).
- The Royal College of Radiologists have produced guidance for '[Making Best Use of a Radiology Department](#)' 8th Edition. The paediatric section gives evidence-based guidance for referrers, which should be followed.
- [Guidelines for the use of PET-CT in Children from the UK PET CT Advisory Board](#).
- NICE guidelines including [Urinary Tract Infection in Children](#) which identify specific imaging requirements.
- Specific radiology guidelines are regularly updated by the BSPR and are available on their website. These should be implemented to ensure consistency of approach across common examinations and between institutions.
- Guidelines for sedation, analgesia and anaesthesia in the radiology department

The specialist Level 1 Paediatric Imaging Centre should work with colleagues from referring hospitals to develop agreed pathways.

3.2 Other quality requirements

- the provider will have a recognised system to demonstrate service quality and standards
- the service will have detailed clinical protocols setting out nationally (and local where appropriate) recognised good practice for each treatment site

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- the quality system and its treatment protocols will be subject to regular clinical and management audit
- the provider is required to undertake regular patient surveys and develop and implement an action plan based on findings.

4. Performance Monitoring and Information Requirement

4.1 Performance Monitoring

NWJCC will be responsible for commissioning services in line with this policy. This will include agreeing appropriate information and procedures to monitor the performance of organisations.

For the services defined in this policy, the following approach will be adopted:

- Service providers to evidence quality and performance controls
- Service providers to evidence compliance with standards of care

NWJCC will conduct performance and quality reviews on an annual basis.

4.2 Key Performance Indicators

The providers will be expected to monitor against the full list of Quality Indicators derived from the service description components described in Section 2.2.

The provider should also monitor the appropriateness of referrals into the service and provide regular feedback to referrers on inappropriate referrals, identifying any trends or potential educational needs.

In particular, the provider will be expected to monitor against the following target outcomes:

Safe
• A yearly assessment of the service against the service specification
• Monitor and report incidents/complaints and demonstrate a culture of learning and continuous improvement
• Categorisation of monthly incidence of incidents and complaints into themes and trends (as a percentage of activity)
• Never events
• Safe staffing levels
• All staff have appropriate training, supervision and access to CPD
• HIW Reports
• Staff well-being
• Evidence of risk management
• All equipment is optimised for paediatric use and use of paediatric software
Timeliness
• Waiting lists
• Delayed admissions
• Delayed procedures
• Cancelled procedures
• Access to diagnosis

Effective
• IP&C
• Local Audits
• National Audits
Efficient
• Activity data
• Patient flow
• Use of temporary staffing
• Optimisation of the delivery model
• Maximisation of team skills
Patient Centred
• Patient/family experience (surveys/patient stories/complaints)
• Demonstrate responsiveness to patients experience, in line with the local and any national feedback from families and children accessing the service
• Collaborative approach to care, ensuring children have integrated and co-ordinated care across the whole pathway
• PREMS/PROMS
Equitable
• Equitable access and provision of service across the area served, regardless of HB of residence
• Raise concerns regarding lack of equitable provision with commissioners

4.3 Date of Review

This document is scheduled for review every three years, unless information is received which indicates that the policy requires revision.

If an update is carried out, the policy will remain extant until the revised policy is published.

5. Equality Impact and Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable NHS Wales Joint Commissioning Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

6. Putting Things Right

6.1 Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for [NHS Putting Things Right](#). For services provided outside NHS Wales, the patient or their representative should be guided to the [NHS Trust Concerns Procedure](#), with a copy of the concern being sent to NWJCC.

6.2 Individual Patient Funding Request (IPFR)

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The All Wales IPFR Panel will then consider the request.

If an IPFR is declined by the Panel, a patient and/or their NHS, clinician has the right to request information about how the decision was reached. If the patient and their NHS

clinician feel the process has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the patient's Local Health Board. The grounds for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR) must be clearly stated.

If the patient wishes to be referred to a provider outside of the agreed pathway, an IPFR should be submitted.

Further information on making IPFR requests can be found at [Individual Patient Funding Requests](#)

Annex i Capabilities required in level 1, level 2 and level 3 imaging centres

Level 1 imaging service – supports services available at a Children’s Hospital

Level 2 imaging service - supports a District General Hospital Paediatric service with both inpatient and outpatient provision

Level 3 imaging service – supports a minor injury facility

X-ray projection radiography

X-ray projection radiography should be available at all centres in and out of hours

	Level 3	Level 2	Level 1	Notes
CXR/AXR	Y	Y	Y	
Neonatal plain films		Y	Y	
Axial skeleton	Y	Y	Y	
Appendicular skeleton	Y	Y	Y	
Dysplasia work			Y	Tertiary level service

	Level 3	Level 2	Level 1	Notes
DEXA scan (Bone density scan)		Y	Y	<u>Currently available in level1 centres, but could be supported in level2 centres as part of a network arrangement</u>

USS

Body and soft tissue USS should be available in and out of hours at level 1 and 2 centres. Undertaking CT scans in preference to USS (and reported via outsourcing), due to the unavailability of suitably trained staff in some level 2 centres is not appropriate given the radiation burden.

	Level 3	Level 2	Level 1	Notes
Abdo	Y	Y	Y	Some Level 3 units have this capability and should continue
KUB		Y	Y	
Chest		Y	Y	Including USS for empyema
Neck		Y	Y	
Soft tissue		Y	Y	
Scrotal/testes		Y	Y	
DSD imaging			Y	

Development Dysplasia of the hips		Y	Y	
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Fluoroscopy

Basic fluoroscopy - UGI, MCUG and imaging for feeding tubes should be available at all level 1 and 2 centres. Out of hours, there should be provision for UGI study and imaging assessment for feeding tubes. Level 2 centres who do not currently have this capability, need to put an action plan in place to address this, supported by the level 1 centre.

	Level 2	Level 1	Notes
UGI meal/swallow	Y	Y	
Lower GI studies		Y	
MCUG	Y	Y	
NG/NJ imaging	Y	Y	
NJ manipulation		Y	Some larger centres have availability for NJ manipulation and should continue as part of a network arrangement
GJ insertion/manipulation		Y	Some larger centres have availability for NJ manipulation and should continue as part of a network arrangement
Intussusception reduction		Y	
Videofluoroscopy	Y	Y	

CT

CT should be able to performed in all level 1 and 2 centres. Exceptions would be infants referred via fetal medicine/paediatric respiratory or more complex paed surgery/nephrology requiring CT angiography.

	Level 2	Level 1	Notes
Chest	Y	Y	Apart from complex tertiary referrals agreed with the tertiary centre
Abdo/pelvis	Y	Y	
Trauma	Y	Y	
KUB	Y	Y	
CTA		Y	Depends on region

MRI

Although Torso MRI can be performed in non-tertiary centres in many cases, the differing protocols and scanners make review and follow up difficult when referred subsequently to tertiary service/tertiary MDT.

	Level 2	Level 1	
Torso	Y	Y	Some may need to be done at level 1 centre if require paediatric anaesthesia due to age or co-morbidity
Oncology Imaging		Y	Imaging could be performed locally and reported at level 1 centre, but differing protocols make interpretation more difficult
MRE	Y	Y	
Complex Endocrine/surgical		Y	Imaging could be performed locally and reported at level 1 centre, but differing protocols make interpretation more difficult
WBMRI	Y*	Y	*For MSK indications only
Genetic cancer screening		Y	
Liver iron measurement		Y	Currently referred to NHSE providers Could be delivered in Wales, pending appropriate training

Intervention

Interventional radiology is mainly performed in tertiary centres

	Level 1	
Biopsy	Y	
Chest drains	Y	
Nephrostomy	Y	
Aspiration	Y	
Vascular intervention	Y	Pathway for South Wales needs to be developed

Nuclear Medicine

Provision will vary due to expertise and ARSAC licence, but basic studies should be performed at local level 2 centres.

	Level 2	Level 1	
DMSA	Y	Y	
MAG 3 Renogram	Y	Y	
MAG 3 indirect	Y	Y	
Bone scan	Y	Y	
MIBG		Y	
PET		Y	
Thyroid	Y*	Y	*If the centre has an Administration of Radioactive Substances Advisory Committee (ARSAC) licence.
HIDA	Y*	Y	*If the centre has an Administration of Radioactive Substances Advisory Committee (ARSAC) licence

Child protection Imaging

Skeletal Surveys and CT head scans should be available at all level 2 centres. Post mortem work should be done at a level 1 centre.

	Level 2	Level 1	Notes
SKS	Y	Y	May require additional opinion from level 1 centre
CT Head	Y	Y	
Post mortem		Y	Ideally level 1 but Imaging may be able to be performed locally but reported at level 1 centre

Annex ii Glossary

Glossary

Computerised tomography (CT)

A CT scan uses x-rays and a computer to create detailed images of the inside of the body and are sometimes referred to as CAT scans. They can be used to diagnose conditions, guide further tests or treatments and monitor conditions.

Individual Patient Funding Request (IPFR)

An IPFR is a request to NHS Wales Joint Commissioning Committee (NWJCC) to fund an intervention, device or treatment for patients that fall outside the range of services and treatments routinely provided across Wales.

Magnetic resonance imaging (MRI)

An MRI scan is a painless procedure that lasts 15-90 minutes, depending on the size of the area being scanned and the number of images taken.

NHS Wales Joint Commissioning Committee (NWJCC)

NWJCC is a joint committee of the seven local health boards in Wales. The purpose of NWJCC is to ensure that the population of Wales has fair and equitable access to the full range of Tertiary Services. NWJCC ensures that services within our portfolio are commissioned from providers that have the appropriate experience and expertise. They ensure that these providers are able to provide a robust, high quality and sustainable services, which are safe for patients and are cost effective for NHS Wales.

Nuclear medicine

Nuclear medicine is a specialised area of radiology that uses very small amounts of radioactive substances to examine organ function and structure in the diagnosis and treatment of disease.

Contact Us

If you have a question related to this document you can contact us using one of the methods outlined below.

If you would like this document in an alternative format and/or language, please contact us for assistance.

Email:

NWJCC consultation mailbox – nwjccconsultation@wales.nhs.uk

Telephone:

General Enquiries – 01443 433112

Website:

[Contact us - NHS Wales Joint Commissioning Committee](#)

Writing:

If you wish to contact the NHS Wales Joint Commissioning Committee, you can write to us at one of our locations below, we welcome correspondence in Welsh or English:

South Wales Offices

Unit 1, Charnwood Court, Heol Billingsley, Nantgarw, CF15 7QZ

Unit G1 The Willowford, Main Avenue, Treforest Industrial Estate, Pontypridd, CF37 5YL

North Wales Offices

Unit 3, Media Point - Unit 3, Mold Business Park, Mold, CH7 1XY

Preswylfa, Hendy Road, Mold, CH7 1PZ