

Standard Operating Procedure for Urgent Access Pathway for GP-referred Chest X-rays

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V3	12/2025	General Radiography Lead	Clarification on mobile pathway and taking of obs

Previous Titles for this Document:

Previous Title/Amalgamated Titles	Date Revised
None	Not applicable

Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

Consultation

The following were consulted during the development of this document:

Standard Operating Procedure for Urgent Access Pathway for GP-referred Chest X-rays

Chief of Imaging
Lead Chest Radiologist
Deputy General Radiography Leads
Deputy IT manager (Radiology)
ED Consultant and Matron
Respiratory Consultant team
Deputy Chief Operating Officer
Associate Medical Director, Primary Care Liaison & System Integration Clinical Director
Radiation Safety Lead Radiographer
Transformation team

Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is a standard operating procedure applicable to NNUH.

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1. Introduction

1.1. Rationale

Provision of a fast track pathway for GP-referred CXR to Radiology is essential to ensure quick imaging and diagnosis of patients with acute presentations such as suspected pneumothorax and suspected acute pleural effusion, in order to avoid admissions to ED and the Trust.

1.2. Objective

To provide a fast track pathway for same working day CXR imaging for acute presentations at Norfolk and Norwich (imaged at NNUH or CDC). This SOP excludes Cromer Hospital. Referrals will also be accepted for imaging to be undertaken via the Mobile X-ray car in the event of frailty or vulnerability preventing patients from attending the Department. The Radiographer and GP should discuss appropriateness for such patients prior to agreement that the Mobile car will be deployed – the preference is that patients attend the Department for imaging due to inherent limitations of the mobile imaging kit.

1.3. Scope

GP-referred examinations for CXR, with the following clinical suspicions – for Departmental CXR:

- Suspected pneumothorax
- Suspected acute pleural effusion
- Suspected pneumonia

GP-referred examinations for CXR, with the following clinical suspicions – for Mobile Community CXR:

- Suspected pneumonia only

Exclusions

- Mobile Community CXR: suspicion of lung cancer/history of smoker. These patients must be imaged in Department.

1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
ED	Emergency Department
CXR	Chest X-ray

2. Responsibilities

General Practice Referrers – refer patients for CXR, ensuring adequate and appropriate clinical information is included to enable the Radiographer to justify the request in line with the scope of this protocol and general IR(ME)R principles. Call Radiology to book same/next working day appointment.

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Deputy Lead Radiographers and Radiographer Coordinators – take calls from patients and allocate same calendar day/next calendar day appointments.

Radiographers – image patients, send RIS message for reporting to the Hot Reporter Radiologist, CT IP reporting Consultant or CXR Reporting Radiographer. Refer any patients requiring immediate onward management in accordance with the Quick Reference section.

3. Processes to be followed

Processes should be followed as per the Quick Reference section on Page 4.

4. Monitoring Compliance

Compliance with the process will be monitored through the following:

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
Audit of request to acquisition time, and request to report time	Monthly audits via Power BI	General Radiography Lead	Radiology Clinical Governance	Monthly

The audit results are to be discussed at Radiology governance meetings to review the results and recommendations for further action.

5. Appendices

Appendix 1: Ambulatory Management of pneumothorax.

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6. Equality Impact Assessment (EIA)

Type of function or policy	New
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Division	DCSS	Department	Radiology
Name of person completing form	Emma Key-Yeomans	Date	27.03.24

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race			None	No
Pregnancy & Maternity			None	No
Disability			None	No
Religion and beliefs			None	No
Sex			None	No
Gender reassignment			None	No
Sexual Orientation			None	No
Age			None	No
Marriage & Civil Partnership			None	No
EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?				

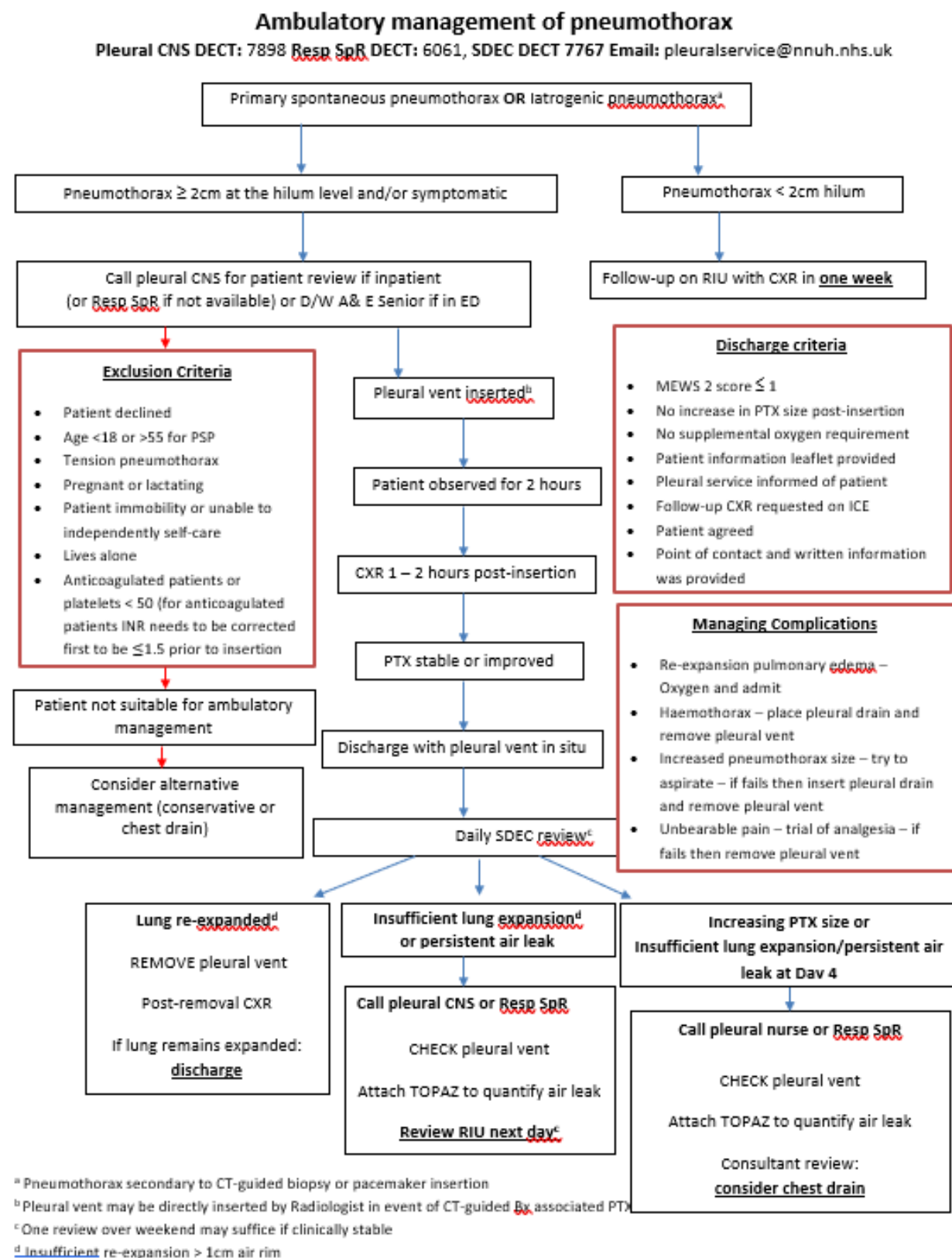
- A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty
- Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service
- The policy or function/service is assessed to be of high significance

IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.

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Appendix 1:



Document name	Standard Operating Procedure for Urgent Access Pathway for GP-referred Chest X Rays 2
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Revision summary

Clarification on mobile pathway and taking of observations

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Approval Steps

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Approvals required	1
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