

Part 1 – Description of MRI Imaging Equipment Base

Q1. Please provide the total number of the manufacturer, the model number(s), and the emplacement type of each individual MRI scanner used in the last year by your trust.	Modality:	Example on How to Fill In the Form	MRI scanner							
	Machine #:	#1	#1	#2	#3	#4	#5	#6	#7	#8
	Manufacturer & Model:	Siemens Avanto 1.5T	Siemens Aera	Philips 1.5T Achieva						
	Emplacement Type ⁽¹⁾ :	Static	Static	Static						
<p>(1) Emplacement Type – Please indicate if the equipment is a:</p> <ul style="list-style-type: none"> o Static scanner (e.g. installed equipment within hospital building) o Mobile scanner (e.g. equipment in a truck, situated on parking lot) o Modular scanner (e.g. equipment in semi-permanent modular building, situated on parking lot) 										
Q2. For each of the individual MRI scanner above, in which year was it purchased (or contracted), what was the purchase method, and the scheduled replacement year.	Modality:	Example on How to Fill In the Form	MRI scanner							
	Purchase Year:	2010	2013	2012						
	Purchase Method ⁽²⁾ :	Trust	Trust	Trust						
	Name of Provider (if Lease, MES or Full-Service):	Siemens	Siemens	Philips						
	Replacement Year:	2020	2020	2019						
<p>(2) Purchase methods include:</p> <ul style="list-style-type: none"> o Trust Purchase – trust outright bought the machine and is sole owner. o Lease – trust pays an annual rental fee to the equipment manufacturer (e.g. OEM such as Siemens, Philips, GE, etc.) o Managed Equipment Services (MES) – Single contract with an MES provider including leasing and maintenance of the equipment, but excluding the actual provision of the service (i.e. excluding staff and scanning activity) (e.g. OEM such as Siemens, Philips, GE, or specialist MES such as Asterol, MESA, etc.) o Full Service Provider – Single contract with a third party provider including leasing, maintenance, and operations of the equipment (i.e. including scanning activity and provision of radiographers, with or without reporting) (e.g. Alliance Medical, InHealth, etc.) o Charity Purchase – donated by an associated charity. o Private Finance Initiative (PFI) – purchase is financed by a PFI scheme. o National Lottery funding 										
Q3. For each of the individual MRI scanner above, please provide the maintenance provider (if applicable).	Modality:	Example on How to Fill In the Form	MRI scanner							
	Maintenance Provider Type ⁽³⁾ :	OEM	OEM	OEM						
	Name of Maintenance Provider:	Siemens	Siemens	Philips						
<p>(3) Maintenance Provider Type include:</p> <ul style="list-style-type: none"> o Original Equipment Manufacturer ("OEM") (e.g. Siemens maintenance for a Siemens MRI machine). o Third party - maintenance specialist ("Specialist") (not undertaking the scanning service). If so, please state the provider name (e.g. Asterol, MESA, etc.). If no listed maintenance provider, please state so. o Third party - full service provider ("Full-Service") (providing leasing, maintenance, and operations of the equipment). If so, please state the provider name (e.g. Alliance Medical, InHealth, etc.). If no listed maintenance provider, please state so. o In-house maintenance 										
Q4. Please provide the total number of MRI scanners in your trust (static sites only, excluding any mobile scanners), as well as the total number of days during which a MRI Mobile Scanner was used / contracted in your trust annually, for the period from financial year 2005/06 until 2015/16. Where the number of static MRI scanners changed during a financial year, please list the number of static scanners in operation on 31st March for the year in question.	Modality:	Example on How to Fill In the Form	MRI scanners							
	Emplacement Type:	Static (# of Scanners) Mobile (# of Days Used)	Static (# of Scanners)	Mobile (# of Days Used)						
	2005/06	1 2	1	0						
	2006/07	1 3	1	0						
	2007/08	1 4	1	0						
	2008/09	1 5	1	0						
	2009/10	1 6	1	0						
	2010/11	1 7	1	0						
	2011/12	1 8	2	0						
	2012/13	1 9	2	0						
	2013/14	2 10	2	0						
	2014/15	2 11	2	0						
	2015/16	2 12	2	0						

Part 2 – MRI Imaging Activity

Q5. Please provide the number of MRI scans/procedures performed by external providers (3rd party providers, such as Alliance Medical, InHealth, etc.) on behalf of the trust over the same period. How much was paid per scan/procedures on average, every year over the same period? Please list by external provider name.	Modality:	Example on How to Fill In the Form			MRI Scans		
		# of Scans	Price per Scan	Name of Provider	# of Scans	Price per Scan	Name of Provider
	2005/06	-	£200	InHealth			
	2006/07	100	£200	InHealth			
	2007/08	200	£200	InHealth			
	2008/09	300	£200	InHealth			
	2009/10	400	£200	InHealth			
	2010/11	500	£200	InHealth			
	2011/12	600	£200	Alliance Medical			
	2012/13	700	£200	Alliance Medical	353	Not known	Alliance Medical
	2013/14	800	£200	Alliance Medical			
	2014/15	900	£200	Alliance Medical			
	2015/16	1,000	£200	Alliance Medical			

Part 3 – Description of Facilities

Q6. Please detail the normal staffed hours of operation for each individual MRI scanner. In addition, please note which (if any) of the MRI scanners is available for emergency and urgent scanner (e.g. referrals from A&E or medical assessment unit).	Modality:	Example on How to Fill In the Form	MRI scanner							
	Manufacturer & Model (see Q1):	Siemens Avanto 1.5T	Siemens Aera	Philips 1.5T Achieva						
	Staffed Hours Scanner per Planned-Elective Care (e.g. Mon - Fri, 8am - 6pm):	Mon - Fri, 8am - 6pm	Mon & Wed 8am-8pm Tues & Thurs 8am-8pm Fri 9am-5pm	Mon - Thurs 8am-8pm Fri 9am-5pm						
	Available for Emergency and Urgent Scanning?	Yes	Yes	Yes						
Q7. Please provide the number of staff employed in your Imaging Department (FTEs = Full Time Equivalent), for each site you may operate, and whether the operation of the scanner(s) and the reporting are done in-house, partly outsourced to a third party provider (supplementing in-house staff) or fully outsourced to a third party provider.	Site:	Example on How to Fill In the Form	Site 1	Site 2	Site 3	Site 4				
	Radiographers Activity ⁽⁴⁾ :	Partly Outsourced	In-House (no Agency)							
	Number of Radiographers Employed (FTEs):	10	10.4							
	Reporting Activity ⁽⁴⁾ :	In-House (no Agency)	In-House (no Agency)							
	Number of Radiologists Employed (FTEs):	6	15							

(4) Radiographers Activity / Reporting Activity include:

- o In-house (with no / minimal use of agency staff to cover gaps)
- o In-house (with agency staff used to cover gaps)
- o Partly outsourced to third party provider
- o Fully outsourced to third party provider

Q8. Please describe the availability of free space you currently have within the radiology / imaging sites of your trust, and whether it would be sufficient to add an additional MRI scanner (assuming an increase in demand would require one additional scanner).	Site:	Example on How to Fill In the Form	Site 1	Site 2	Site 3	Site 4
	Free Space Available within Existing Radiology / Imaging sites (approximately, in square meters)	25	0	0	?	0
	Sufficient Physical Space for Additional Scanner? (Yes/No)	No	No	No	Yes	No

Part 4 – Use of Private Provision in Other Areas

Q9. Please provide the list of activities (clinical and non-clinical areas) for which your trust (partly) relies on the use of third party providers, and whether those activities have been outsourced to a third party provider outside the hospital ground or within the existing premises.	Within vs. Outside Hospital:	Example on How to Fill In the Form: Fully Outsourced – On Hospital Ground	Not Outsourced	Partly Outsourced – On Hospital Ground	Fully Outsourced – On Hospital Ground	Partly Outsourced – Outside Hospital
	Catering:	Yes	No			
	Cleaning:	Yes	No			
	Car Parking	Yes	No			
	Security	Yes	No			
	Pathology Labs:	No	Yes			Yes
	Imaging:	No	No			
	Pharmacy:	No	No			
	Catheter Labs:	No	No			
	Surgery:	No	No			
	Other:	N/A	[Open Text]	[Open Text]	[Open Text]	[Open Text]