

Part 1 – Description of MRI Imaging Equipment Base

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|--|---|--------------------|-----------|-----------|-----------|-------------|-----------------|-----------------|-----------|
| 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: | MRI scanner | | | | | | | |
| | Machine #: | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 |
| | Manufacturer & Model: | GE 1.5 Signa | GE 750 3T | GE 750 3T | GE 1.5 | Siemens 1.5 | Philips Achieva | Philips Achieva | |
| | Emplacement Type ⁽¹⁾: | Static | Static | Static | Static | Static | Static | Static | |

(1) Emplacement Type – Please indicate if the equipment is a:
 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)

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|--|--|--------------------|-------|-------|-------|-------|-------|-------|--|
| 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: | MRI scanner | | | | | | | |
| | Purchase Year: | 2006 | 2009 | 2009 | 2008 | 2006 | 2007 | 2007 | |
| | Purchase Method ⁽²⁾: | Trust | Trust | Trust | Trust | Trust | Trust | Trust | |
| | Name of Provider (if Lease, MES or Full-Service): | | | | | | | | |
| | Replacement Year: | 2015 | 2018 | 2018 | 2017 | 2015 | 2016 | 2016 | |

(2) Purchase methods include:
 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, 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

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|---|--|--------------------|-----|-----|-----|---------|---------|---------|--|
| Q3. For each of the individual MRI scanner above, please provide the maintenance provider (if applicable). | Modality: | MRI scanner | | | | | | | |
| | Maintenance Provider Type ⁽³⁾: | OEM | OEM | OEM | OEM | OEM | OEM | OEM | |
| | Name of Maintenance Provider: | GE | GE | GE | GE | siemens | Philips | Philips | |

(3) Maintenance Provider Type include:
 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

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|--|--------------------------|-------------------------------|--------------------------------|
| 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: | MRI scanners | |
| | Emplacement Type: | Static (# of Scanners) | Mobile (# of Days Used) |
| | 2005/06 | 4 | records not available |
| | 2006/07 | 5 | records not available |
| | 2007/08 | 5 | records not available |
| | 2008/09 | 7 | records not available |
| | 2009/10 | 8 | records not available |
| | 2010/11 | 8 | records not available |
| | 2011/12 | 8 | records not available |
| | 2012/13 | 8 | records not available |
| | 2013/14 | 8 | 0 |
| | 2014/15 | 8 | 0 |
| | 2015/16 | 7 | 13 |

Part 2 – MRI Imaging Activity

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|---|------------------|-----------------------|-----------------------|-------------------------|
| 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: | MRI Scans | | |
| | | # of Scans | Price per Scan | Name of Provider |
| | 2005/06 | records not available | | |
| | 2006/07 | records not available | | |
| | 2007/08 | records not available | | |
| | 2008/09 | records not available | | |
| | 2009/10 | records not available | | |
| | 2010/11 | records not available | | |
| | 2011/12 | records not available | | |
| | 2012/13 | records not available | | |
| | 2013/14 | - | | |
| | 2014/15 | - | | |
| 2015/16 | 126 | £140 | Diagnostic Healthcare | |
| 2015/16 | 113 | Awaiting invoice | Oxford University | |

Part 3 – Description of Facilities

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|---|---|--------------------|-------------|-------------|-------------|-------------------------|--------------------|----------------------|--|
| 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: | MRI scanner | | | | | | | |
| | Manufacturer & Model (see Q1): | GE 1.5 Signa | GE 750 3T | GE 750 3T | GE 1.5 | Siemens 1.5 T-Sumshotou | Philips Achieva 3T | Philips Achieva 1.5T | |
| | Staffed Hours Scanner per Planned-Elective Care (e.g. Mon - Fri, 8am - 6pm): | 8-8, 7 days | 8-8, 7 days | 8-8, 7 days | 8-8, 7 days | 8-8, 7 days | 8-8, 7 days | 8-8, 7 days | |
| | Available for Emergency and Urgent Scanning? | Yes | Yes | Yes | Yes | 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: | Site 1 | Site 2 | Site 3 | Site 4 |
| | Radiographers Activity ⁽⁴⁾: | In-House (with Agency) | Partly Outsourced | In-House (with Agency) | |
| | Number of Radiographers Employed (FTEs): | 8 | 8 | 8 | |
| | Reporting Activity ⁽⁴⁾: | In-House (no Agency) | In-House (no Agency) | In-House (no Agency) | |
| | Number of Radiologists Employed (FTEs): | 7 | 7 | 8 | |

(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: | Site 1 | Site 2 | Site 3 | Site 4 |
|--|--|--------|--------|--------|--------|
| | Free Space Available within Existing Radiology / Imaging sites (approximately, in square meters) | none | none | none | |
| | Sufficient Physical Space for Additional Scanner? (Yes/No) | No | No | Yes | |

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: | Not Outsourced | Partly Outsourced – On Hospital Ground | Fully Outsourced – On Hospital Ground | Partly Outsourced – Outside Hospital |
|--|------------------------------|----------------|--|---------------------------------------|--------------------------------------|
| | Catering: | | | | |
| | Cleaning: | | | | |
| | Car Parking | | | | |
| | Security | | | | |
| | Pathology Labs: | Yes | | | |
| | Imaging: | | | | Yes |
| | Pharmacy: | No | | | |
| | Catheter Labs: | Yes | | | |
| | Surgery: | Yes | | | |
| | Other: | [Open Text] | [Open Text] | [Open Text] | [Open Text] |