NHS
Dorset
Clinical Commissioning Group

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Open/Upright MRI

Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

OPEN/UPRIGHT MRI
CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

1.1 MRI is a widely used diagnostic imaging technology and is particularly useful in detecting soft tissue damage and disease. The patient undergoing imaging is placed in a gradient magnetic field delivering radiofrequency pulses to the patient and processing the electromagnetic signals emitted from the region being examined. (CADTH) The standard (Closed/high-field) method of MRI requires the patient to be horizontal and stationary.

1.2 Magnetic resonance imaging (MRI) uses a strong magnetic field and radio waves to produce detailed, usually 2-D, images of the inside of the body. MRI scans can show muscles, joints, bone marrow, blood vessels, nerves and other structures within the body and are commonly used to examine the brain, spine, abdomen and pelvis.

1.3 There are two main types of MRI. Open (or low-field) MRI has a typical magnetic field strength of around 1.0 tesla (T), while Closed (or high-field) MRI is the more powerful at around 1.5 or even 3T**.**

Open MRI Scanners

1.4 Open MRI scanners are an alternative to the traditional closed MRI scanners, and can offer a more comfortable experience to those patients who suffer from claustrophobia and therefore cannot tolerate being in a closed environment for the duration of the scan.

1.5 There is much more space in comparison with a cylindrical MRI. Open MRI scanners are also more comfortable for patients with limited body movement or for patients with a higher BMI.

1.6 Open MRI scanners have a typical magnetic field strength of about 1 tesla (T), whereas closed MRI scanners are more powerful. Closed MRI scanners generally provide superior quality images, and require less time to complete a scan.

Upright MRI

1.7 Standing or positional MRI (uMRI) is a type of vertical open MRI that has been developed in recent years. Such systems are open at the front and top, with the magnetic poles placed on either side of the patient and allow for vertical (upright, weight bearing), horizontal (recumbent) positioning, and dynamic kinetic flexion and extension manoeuvres.

1.8 Current uMRI scanners generally use medium field magnets of 0.5T or 0.6T; uMRI here refers to any system of 0.5T or greater that allows for scanning in various positions, regardless of manufacturer. By comparison, the most advanced standard MRI scanners have a magnet strength of at least 1.0T and up to 3.0T, allowing for the greatest

resolution generally in a shorter amount of time. With 0.6T magnets, uMRI scanners require more time to obtain images with lower resolution.

1.9 Slower imaging times with uMRI may create difficulty for patients who are unable to remain still while in a standing or sitting position; are not comfortable secondary to pain; or are unstable in such positions.

2. DEFINITIONS

2.1. Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

3. ACCESS CRITERIA

3.1. The CCG will only fund open and uMRI of the specific anatomy requested.

3.2. Open MRI:

- Patients who suffer from claustrophobia where an oral prescription sedative has not been effective (flexibility in the route of sedative administration may be required in paediatric patients as oral prescription may not be appropriate)

  Or

- Patients who are obese and cannot fit comfortably in conventional MRI scanners as determined by a Consultant Radiologist/Radiology department policy

  Or

- The broadness of a patients shoulders means they would not fit the standard MRI scanning machine available

3.3. Upright MRI:

- Patients who cannot lie properly in conventional MRI scanners because of severe pain.

4. EXCLUSIONS

4.1. There are no exclusions.

5. CASES FOR INDIVIDUAL CONSIDERATION

5.1. Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

5.2. The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:

- significantly different to the general population of patients with the particular condition; and
- they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition

5.3. In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG
Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

6. CONSULTATION

6.1. Prior to approval from the Planned and Specialist Clinical Delivery Group, this Protocol was reviewed by the Individual Patient Treatment Panel which includes commissioners, clinicians and other relevant stakeholders.

6.2. An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

7. COMMUNICATION/DISSEMINATION

7.1. Following approval each Criteria Based Access Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

8. IMPLEMENTATION

8.1. Following review of this Criteria Based Access Protocol it was agreed there were no new aspects to be included in this version and therefore no requirement for an implementation plan.

9. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

9.1. This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

FREQUENTLY ASKED QUESTIONS

N/A

APPENDIX B

GLOSSARY

N/A

A	DOCUMENT DETAILS
Procedural Document Number	121
Author	Jenny Jones, Programme Officer
Clinical Delivery Group (recommending group)	Planned and Specialist
Date of recommendation by CDG	14/09/2016
Date of approval by CDG	14/09/2016
Version	1.0
Review frequency	3 Years
Review date	June 2019

B	CONSULTATION PROCESS		
Version No	**Review Date**	**Author and Job Title**	**Level of Consultation**
V1.0	June 2019	Jenny Jones, Programme Officer	Planned and Specialist CDG, IPT Panel

C	VERSION CONTROL				
Date of recommendation	**Version No**	**Review date**	**Nature of change**	**Approval date**	**Approval Committee**
14/09/2016	1.0	June 2019		14/09/2016	CDG

D	ASSOCIATED DOCUMENTS

- Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group
- Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group

E	SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES	
Evidence	**Hyperlink (if available)**	**Date**
Claustrophobia, NHS Choices	http://www.nhs.uk/conditions/claustrophobia/pages/introduction.aspx	13/06/2016
Obesity, NHS Choices	http://www.nhs.uk/Conditions/Obesity/Pages/Introduction.aspx	13/06/2016

G	DISTRIBUTION LIST		
Internal CCG Intranet	**CCG Internet Website**	**Communications Bulletin**	**External stakeholders**
✓	✓	✓	✓