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	Philips Achieva							
Emplacement Type (1):	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)

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	2006							
Purchase Method (2):	Trust	Trust							
Name of Provider (if Lease, MES or Full-Service):	Siemens	Philips							
Replacement Year:	2020	2017							

(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, or specialist MES such as Asteral, 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							
Name of Maintenance Provider:	Siemens	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. Asteral, 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	5
2006/07	1	3	1	5
2007/08	1	4	1	5
2008/09	1	5	1	5
2009/10	1	6	1	5
2010/11	1	7	1	5
2011/12	1	8	1	5
2012/13	1	9	1	5
2013/14	2	10	1	6
2014/15	2	11	1	6
2015/16	2	12	1	7

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	not readily available		Alliance Medical
2006/07	100	£200	InHealth	not readily available		Alliance Medical
2007/08	200	£200	InHealth	1,200	commercially sensitive (price agreed)	Alliance Medical
2008/09	300	£200	InHealth	1,200	commercially sensitive (price agreed)	Alliance Medical
2009/10	400	£200	InHealth	2,000	commercially sensitive (price agreed)	Alliance Medical
2010/11	500	£200	InHealth	2,300	commercially sensitive (price agreed)	Alliance Medical
2011/12	600	£200	Alliance Medical	3,400	commercially sensitive (price agreed)	Alliance Medical
2012/13	700	£200	Alliance Medical	5,000	commercially sensitive (price agreed)	Alliance Medical
2013/14	800	£200	Alliance Medical	5900	commercially sensitive (price agreed)	Alliance Medical
2014/15	900	£200	Alliance Medical	6,600	commercially sensitive (price agreed)	Alliance Medical
2015/16	1,000	£200	Alliance Medical	6,800	commercially sensitive (price agreed)	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	Philips Achieva	Philips Achieva						
Staffed Hours Scanner per Planned-Elective Care (e.g. Mon - Fri, 8am - 6pm):	Mon - Fri, 8am - 6pm	Mon- Fri 8am - 7pm Sat & Sun 8am - 1pm							
Available for Emergency and Urgent Scanning?	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	11.8			
Reporting Activity (4):	In-House (no Agency)	Partly Outsourced			
Number of Radiologists Employed (FTEs):	6	11.9			

(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	None			
		Sufficient Physical Space for Additional Scanner? (Yes/No)	No	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		Yes		
		Security	Yes	No			
		Pathology Labs:	No	No			
		Imaging:	No		Yes		
		Pharmacy:	No		Yes		
		Catheter Labs:	No	No			
		Surgery:	No	No			
		Other:	N/A	[Open Text]	[Open Text]	[Open Text]	[Open Text]