NHS
Cheshire and Merseyside

Clinical Commissioning Policy

CMICB_Clin080
Open MRI

Category 2 Intervention - Only routinely commissioned when specific criteria are met

Contents

Last Reviewed: March 2024

This policy statement will be reviewed 5 years from the date of the last review unless new evidence or technology is available sooner.

1. Policy statement

1.1 Open MRI scanning is not routinely commissioned except in the following circumstances:

- Patient is clinically obese and is unable to fit comfortably into a conventional MRI scanner or is unable to fit comfortably for another clinical reason such as limited mobility.

OR

- patients with claustrophobia who have refused or been unable to tolerate conventional MRI scanners despite a trial of an oral or parenteral sedative.

2. Exclusions

2.1 None.

3. Core Eligibility Criteria

3.1 There are several circumstances where a patient may meet a 'core eligibility criterion' which means they are eligible to be referred for this procedure or treatment, regardless of whether they meet the policy statement criteria, or the procedure or treatment is not routinely commissioned.

3.2 These core clinical eligibility criteria are as follows:

- Any patient who needs 'urgent' treatment will always be treated.
- All NICE Technology Appraisals Guidance (TAG), for patients that meet all the eligible criteria listed in a NICE TAG will receive treatment.
- In cancer care (including but not limited to skin, head and neck, breast and sarcoma) any lesion that has features suspicious of malignancy, must be referred to an appropriate specialist for urgent assessment under the 2-week rule.
  NOTE: Funding for all solid and haematological cancers are now the responsibility of NHS England.
- Reconstructive surgery post cancer or trauma including burns.
- Congenital deformities: Operations on congenital anomalies of the face and skull are usually routinely commissioned by the NHS. Some conditions are considered highly specialised and are commissioned in the UK through the National Specialised Commissioning Advisory Group (NSCAG). As the incidence of some cranio-facial congenital anomalies is small and the treatment complex, specialised teams, working in designated centres and subject to national audit, should carry out such procedures.
- Tissue degenerative conditions requiring reconstruction and/or restoring function e.g. leg ulcers, dehisced surgical wounds, necrotising fasciitis.
- For patients expressing gender incongruence, further information can be also be found in the current ICB gender incongruence policy and within the NHS England gender services programme - https://www.england.nhs.uk/commissioning/spec-services/npc-crg/gender-dysphoria-clinical-programme/

4. Rationale behind the policy statement

4.1 The number of patients who are unable to tolerate a conventional MRI scanner can be reduced to a minimum by using quieter, modern scanners with a short bore, keeping the scanning times to a minimum and by using good communication techniques.

4.2 Should a patient move during the scan, the resulting image will be poor.

4.3 The open MRI scanner, therefore, is restricted to those patients who either cannot physically move themselves into the correct orientation or are so anxious that they are unable to keep still inside a conventional scanner.

4.4 There is good evidence that many patients with claustrophobia can be managed in a conventional scanner if they have been suitably prepared beforehand through good communication and appropriate use of a sedative.

5. Summary of evidence review and references

5.1 Statistics on imaging and radiodiagnostic activity for 2013/14 released by NHS England indicate there were 2.7 million MRI scans for that year. [1] The volume of MRI scans had increased by 220% over the previous 10 years and this represents an average growth of 12.3% per annum. Understandably, commissioners may be concerned by the increased growth of these scanners in general and in particular any costs associated with the more specialist and more expensive equipment.

5.2 An early survey (2013) indicated that whilst the overall experience with MRI scans is generally neutral or pleasant in the vast majority of cases, a small proportion (3%) of participants described their encounter as unpleasant. [2] Caraiani described situations encountered in daily clinical practice where MRI isn't feasible or is unable to provide the required amount of information. These include: 1) situations where MRI isn't feasible due to claustrophobia or absolute contraindications such as the presence of metallic foreign bodies or devices and 2) situations where MRI offers incomplete information due to inadequate imaging. In this context, examples include presence of metallic artefacts, uncontrolled breathing or patient movement which leads to image degradation. In addition lack of patient comfort due to a closed tube or too high acoustic noise may also lead to a decrease in image quality.[3]

5.3 Even if not a contraindication, claustrophobia or anxiety reactions may lead to a failure of imaging. Rates reported for failed examination because of anxiety varies from 0.7% – 20%. However, it has also been reported that the proportion of patients unable to complete an MRI procedure can be reduced to 0.7% by using good communication techniques, quieter modern scanners with a shorter bore and keeping scanning times to a minimum.

5.4 Open scanners can significantly contribute to a reduction in claustrophobia sensations.

5.5 It has previously been shown that a scanner with 97% acoustic noise reduction and a short bore reduced the incidence of claustrophobia by a factor of 3. [4] Unsurprisingly, analysis of questionnaires of 160 patients at high risk for claustrophobia showed that the majority preferred the upright open and open panoramic styles of machine. [5]

5.6 Finally, de Bucourt investigated the performance of open MRI at its conceptual limits by examining excessively obese patients who had been unable to receive adequate scans. Twenty-six patients were studied with an average BMI in excess of 35 kg/m². The author concluded that the open MRI system has great potential in this context but it offered lower (yet adequate) image quality.[6]

5.7 In conclusion, despite the modern design of today's equipment, there will be some patients who consistently feel so anxious, they are unable to remain still which will affect image quality and potentially negate the whole scan. The open MRI is an option and may help but these are not routinely available on the NHS.

REFERENCES

1. NHS imaging and radio diagnostic activity. London: NHS England, 2014.
2. Versluis MJ, Teeuwisse WM, Kan HE, et al. Subject tolerance of 7 T MRI examinations. *Journal of magnetic resonance imaging : JMRI* 2013;**38**(3):722-25. doi: 10.1002/jmri.23904
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6. de Bucourt M, Streitparth F, Wonneberger U, et al. Obese patients in an open MRI at 1.0 Tesla: image quality, diagnostic impact and feasibility. *European radiology* 2011;**21**(5):1004-15. doi: 10.1007/s00330-010-2005-2

6. Advice and Guidance

6.1 **Aim and Objectives**

- This policy aims to ensure a common set of criteria for treatments and procedures across the region. This is intended to reduce variation of access to NHS services in different areas and allow fair and equitable treatment for all patients.

- This policy relates to the commissioning of interventions which optimise clinical effectiveness and represent value for money.

- This document is part of a suite of policies which the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy is a separate public document in its own right but should be considered alongside all the other policies in the suite as well as the core principles outlined.

- At the time of publication, the evidence presented per procedure/treatment was the most current available.

- The main objective for having healthcare commissioning policies is to ensure that:
  - Patients receive appropriate health treatments
  - Treatments with no or a very limited evidence base are not used; and
  - Treatments with minimal health gain are restricted.

- Owing to the nature of clinical commissioning policies, it is necessary to refer to the biological sex of patients on occasion. When the terms ‘men’ and ‘women’ are used in this document (unless otherwise specified), this refers to biological sex. It is acknowledged that this may not necessarily be the gender to which individual patients identify.

6.2 **Core Principles**

- Commissioning decisions by ICB Commissioners are made in accordance with the commissioning principles set out as follows:

  - Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment.
  - Commissioners require clear evidence of cost effectiveness before NHS resources are invested in the treatment.
  - Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment.

- Commissioners will balance the needs of an individual patient against the benefit which could be gained by alternative investment possibilities to meet the needs of the community.
- Commissioners will consider all relevant national standards and consider all proper and authoritative guidance.
- Where a treatment is approved Commissioners will respect patient choice as to where a treatment is delivered, in accordance with the 'NHS Choice' framework.
- Commissioning decisions will give 'due regard' to promote equality and uphold human rights. Decision making will follow robust procedures to ensure that decisions are fair and are made within legislative frameworks.

6.3 Individual Funding Requests (Clinical Exceptionality Funding)

- If any patients are excluded from this policy, for whatever reason, the clinician has the option to make an application for clinical exceptionality. However, the clinician must make a robust case to the Panel to confirm their patient is distinct from all the other patients who might be excluded from the designated policy.

- The ICB will consider clinical exceptions to this policy in accordance with the Individual Funding Request (IFR) Governance Framework consisting of: IFR Decision Making Policy; and IFR Management Policy available on the C&M ICB website: https://www.cheshireandmerseyside.nhs.uk/your-health/individual-funding-requests-ifr/

6.4 Cosmetic Surgery

- Cosmetic surgery is often carried out to change a person's appearance to achieve what a person perceives to be a more desirable look.

- Cosmetic surgery/treatments are regarded as procedures of low clinical priority and therefore not routinely commissioned by the ICB Commissioner.

- A summary of Cosmetic Surgery is provided by NHS Choices. Weblink: http://www.nhs.uk/conditions/Cosmetic-surgery/Pages/Introduction.aspx and http://www.nhs.uk/Conditions/Cosmetic-surgery/Pages/Procedures.aspx

6.5 Diagnostic Procedures

- Diagnostic procedures to be performed with the sole purpose of determining whether or not a restricted procedure is feasible should not be carried out unless the eligibility criteria are met, or approval has been given by the ICB or GP (as set out in the approval process of the patients responsible ICB) or as agreed by the IFR Panel as a clinically exceptional case.

- Where a General Practitioner/Optometrist/Dentist requests only an opinion the patient should not be placed on a waiting list or treated, but the opinion given and the patient returned to the care of the General Practitioner/Optometrist/Dentist, in order for them to make a decision on future treatment.

6.6 Clinical Trials

- The ICB will not fund continuation of treatment commenced as part of a clinical trial. This is in line with the Medicines for Human Use (Clinical Trials) Regulations 2004 and the Declaration of Helsinki which stipulates that the responsibility for ensuring a clear exit strategy from a trial, and that those benefiting from treatment will have ongoing access to it, lies with those conducting the trial. This responsibility lies with the trial initiators indefinitely.

7. Monitoring and Review

7.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance or other national directive relating to this intervention, or to alternative treatments for the same condition.

7.2 This policy can only be considered valid when viewed via the ICB website or ICB staff intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one published.

7.3 This policy may be subject to continued monitoring using a mix of the following approaches:
- Prior approval process
- Post activity monitoring through routine data
- Post activity monitoring through case note audits

7.4 This policy will be kept under regular review, to ensure that it reflects developments in the evidence base regarding effectiveness and value.

8. Quality and Equality Analysis

8.1 Quality and Equality Impact Analyses have been undertaken for this policy at the time of its review.

9. Clinical Coding

9.1 **Office of Population Censuses and Surveys (OPCS)**

U21.1 Magnetic resonance imaging NEC

9.2 **International classification of diseases (ICD-10)**

E66 Obesity
F40.2 Specific (isolated) phobias

Document Control

Ref:	CMICB_Clin080 – Open MRI
Version:	1
Supersedes:	Previous Clinical Commissioning Group (CCG) Policies
Author (inc Job Title):	Consultant in Public Health, NHS Midlands and Lancashire
Ratified by: **(Name of responsible Committee)**	ICB Board
Cross reference to other Policies/Guidance	N/A
Date Ratified:	March 2024
Date Published and where (Intranet or Website):	March 2024 - (Website)
Review date:	March 2029
Target audience:	All Cheshire & Merseyside ICB staff and provider organisations

Version History
Version 1 – March 2024 – Policy ratified by NHS Cheshire & Merseyside ICB