

HCC Ultrasound Surveillance: Workforce Survey

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HCC Ultrasound Surveillance

- HCC is the most common liver cancer
- HCC fastest rising cause of cancer related deaths in UK
- HCC Surveillance aims to identify cancers early to allow cancer treatment at curative stages
- NICE guidance recommends 6 monthly US for individuals at risk of developing HCC





National Standards for Liver Ultrasound Workforce

NHS
England

NHS England Working Group was established in 2024 to create standards for delivering HCC US surveillance.

Little known about the current workforce and services in the NHS

Study design

Aims:

Understand the current delivery of HCC US surveillance in the UK.
Objective to focus on staffing, training, protocols and quality assurance

Methods:

Online survey for ultrasound managers and service leads
March - May 2024
Questions focused on department protocols, training and staffing
Survey piloted by 3 departments prior to final dissemination

Analysis:

Descriptive statistics



Survey findings

Responses from 43 NHS Trusts

38 (88%) England

3 (7%) Scotland

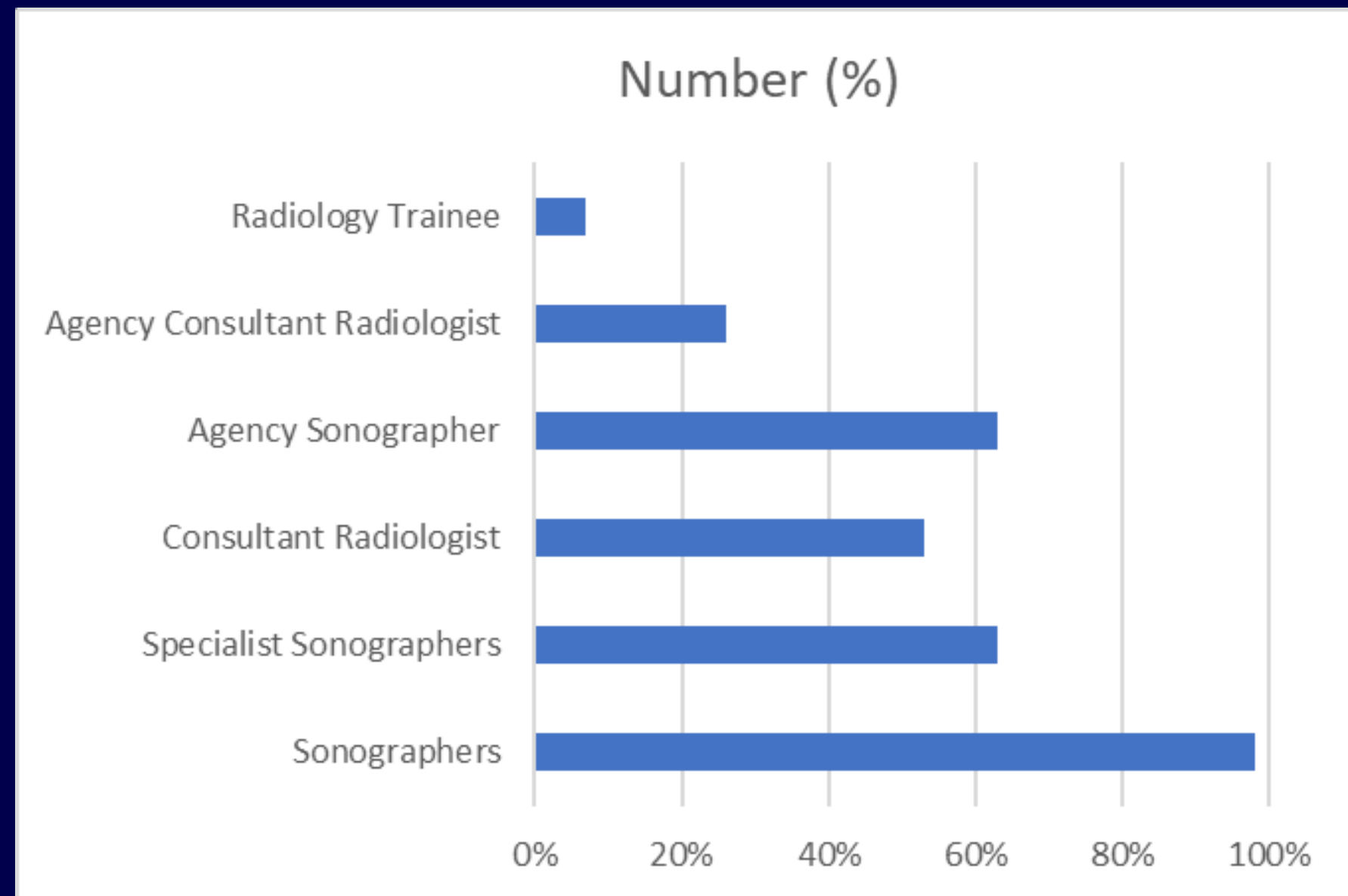
2 (5%) Wales



Staffing

HCC US workforce in NHS departments

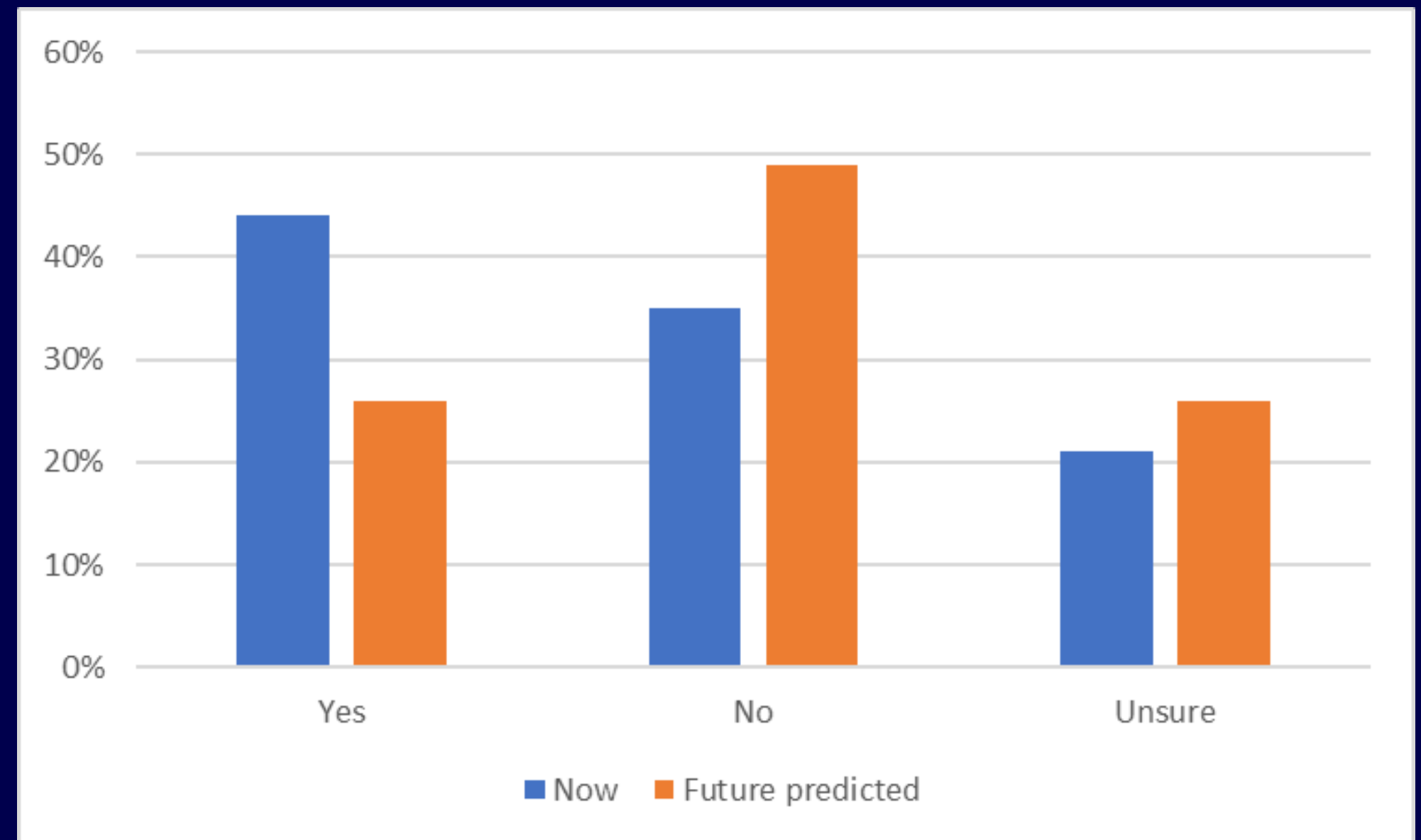
What type of ultrasound practitioner independently performs and reports HCC US surveillance in NHS departments?



Staffing

HCC US workforce in NHS departments

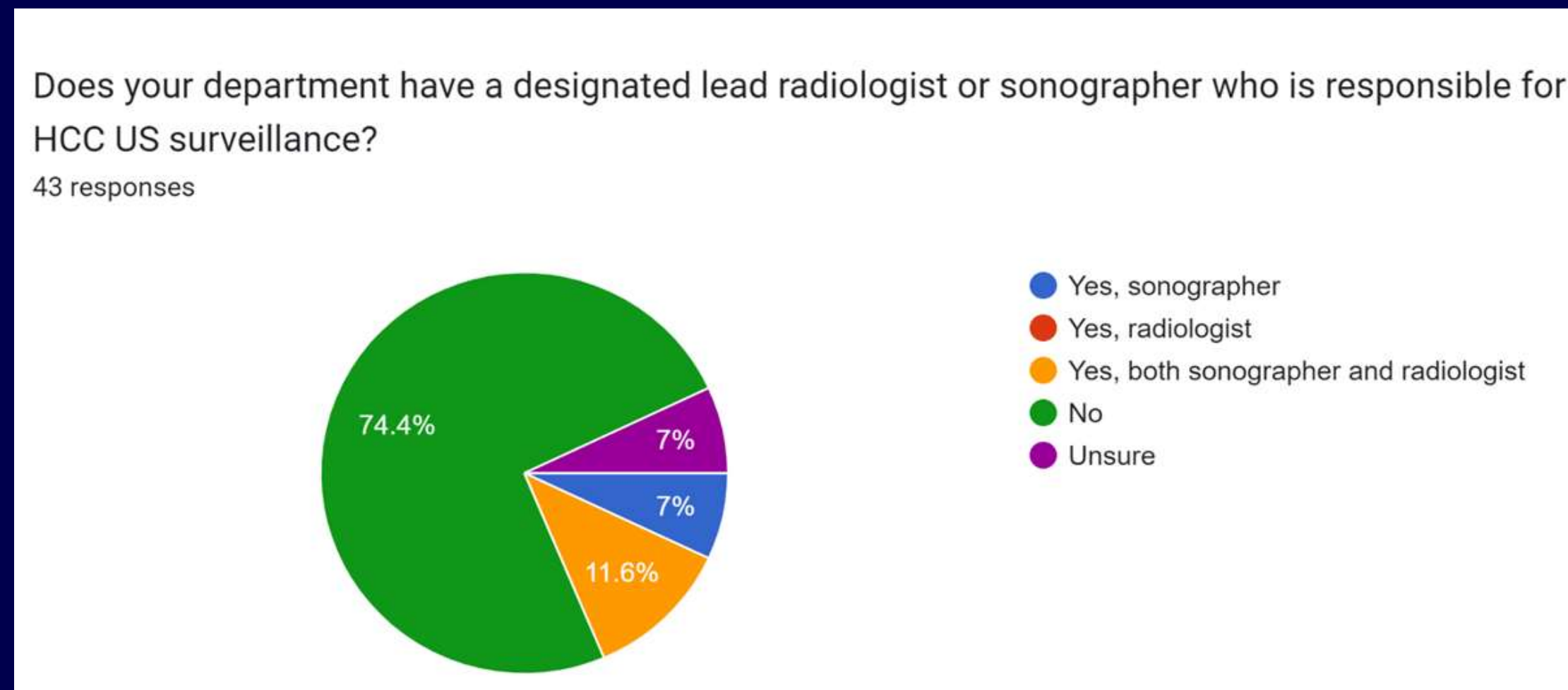
Do you have enough staff with expertise in HCC ultrasound to cover the workload?	Now	Future predicted
Yes	44%	26%
No	35%	49%
Unsure	21%	26%



Staffing HCC US workforce in NHS departments

Lead sonographer or radiologist

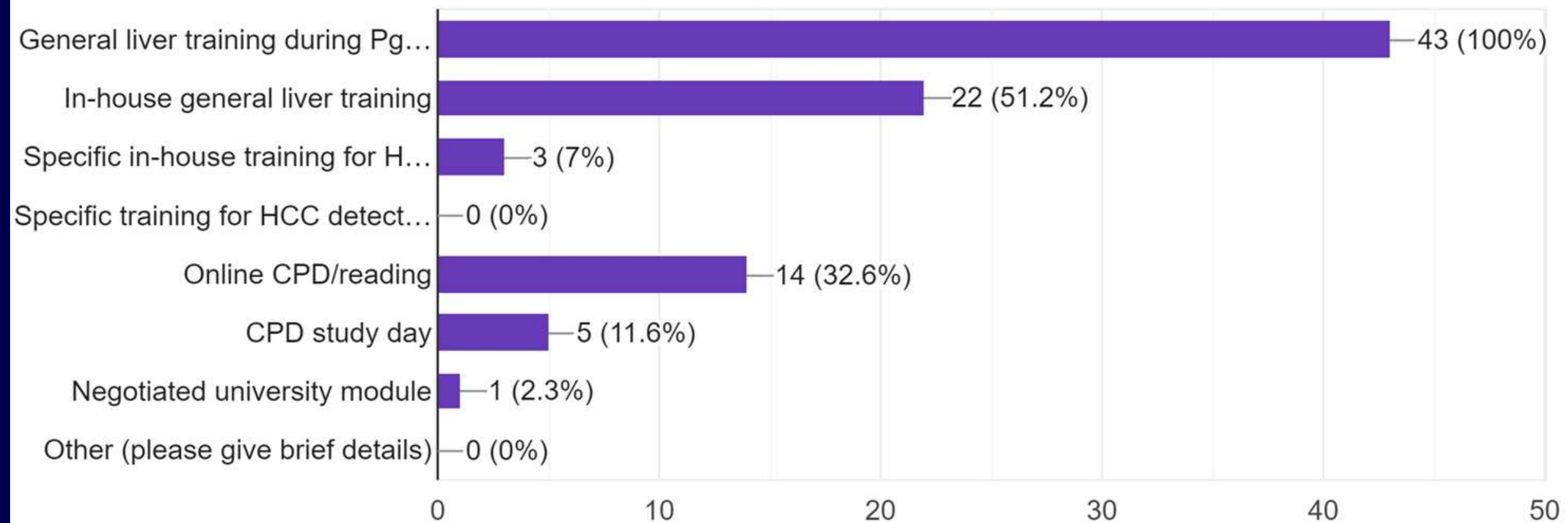
74% had none



Training

What training related to HCC surveillance have the ultrasound practitioners in your department undertaken (tick all that apply)?

43 responses



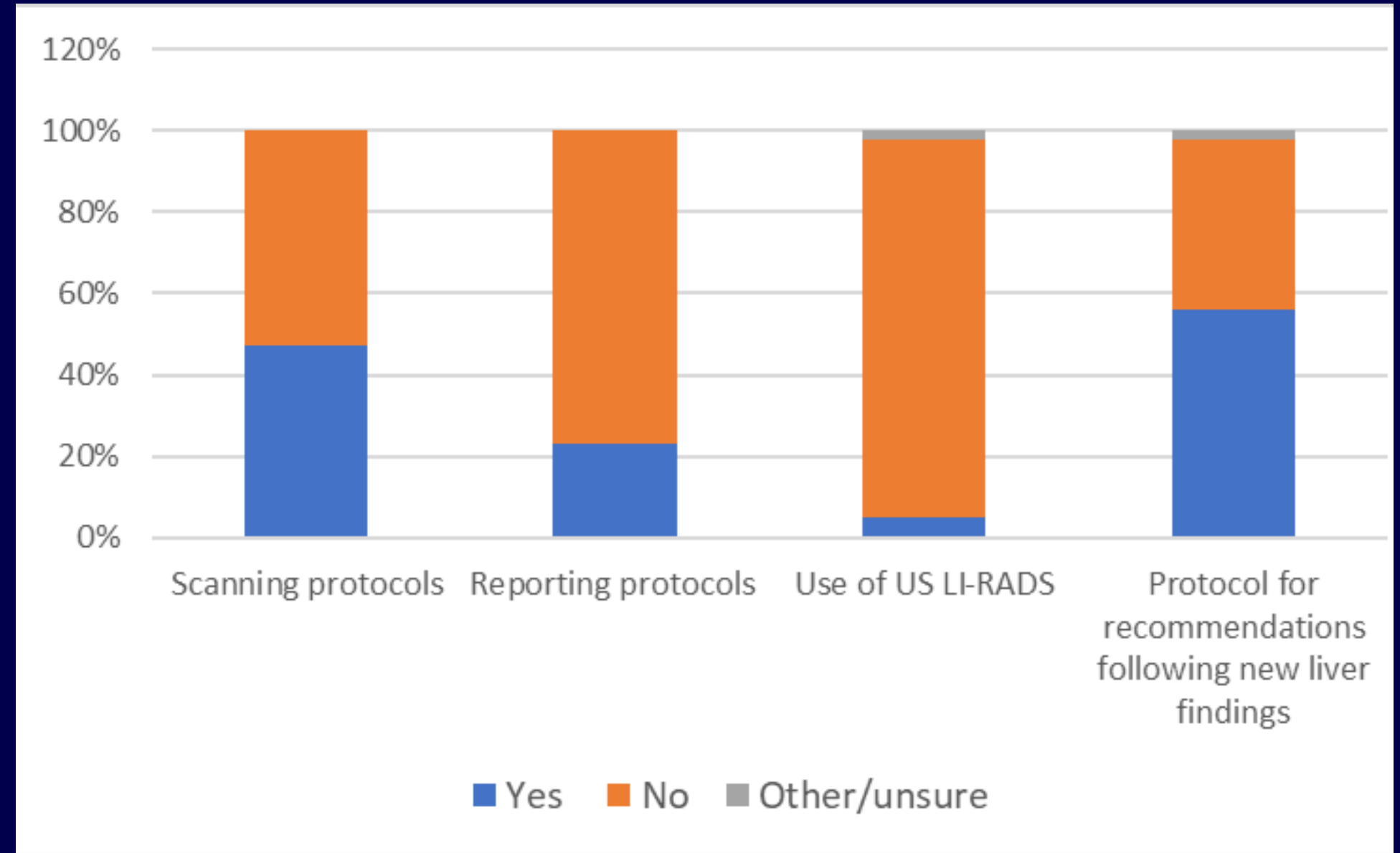
Protocols

Scanning protocols 53% had none

Reporting protocols 77% had none

US LI-RADS reporting 5% used

Standardised recommendations for new liver findings 42% had none



Protocols

Standardised recommendations for new liver findings

42% had none

Recommendations following positive liver finding on ultrasound in HCC surveillance	Number of participating departments (%)
LI-RADS recommendations	2 (4%)
Review findings with consultant radiologist/sonographer	4 (9%)
Recommend further imaging characterisation (CEUS, MRI or CT depending on local preference)	4 (9%)
Alert sent to referrer of significant findings	6 (14%)
Not provided	27 (64%)

Quality Assurance

MDT & REALM attendance

	yes sonog	no sonog	occassionally	only lead	unsure sonog	all radiologist in HCC	lead HCC radiologist	unsure rad	occassionally rad	no rad
REALM	12%	60%	23%	2%	2%	42%	9%	44%	2%	2%
MDT	0%	79%	12%	7%	2%	37%	21%	33%	7%	2%

Audit

Yes	28%
No	60%
Unsure	12%

Examples of audit:

- Report quality
- Follow up of lesion detection
- RADIANT national audit
- Peer review general audit
- DNA rate

Summary

Currently a wide variation in who performs the scan, how findings are managed and how service quality is monitored.

2024 Minimum standards guidance by NHS England:

- Process for notification of positive findings
- Structured reporting
- Trained workforce for HCC surveillance
- Lead Radiologist & Sonographer in departments
- Governance



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Thank you

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