POLICY – HANDLING DUPLICATE IMAGING WITHIN THE NATIONAL IMAGING REGISTRY (NIR)

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Status: Revised draft for further Clinical Working Group review
Applies to: Organisations participating in the National Imaging Registry (NIR)

1. Purpose

This policy sets out the National Imaging Registry (NIR) policy position on the handling of duplicate imaging created through cross-organisational sharing. It is intended to support consistent local practice, reduce avoidable storage growth and clinical confusion, and minimise the risk that imported external imaging is re-shared as though it were a new primary local study.

The policy recognises that duplicate imaging already exists in many local and network workflows outside NIR. NIR does not create that underlying issue, but wider and easier discovery of prior imaging can increase the scale and visibility of it if organisations do not apply clear local controls.

2. Scope

This policy applies to imaging studies and associated reports (hereafter referred to as imaging) discovered via NIR:

- Export
  - Measures to prevent both historic and future imported external imaging being returned to NIR as though it were newly created local imaging.
- Import
  - Handling of imported external imaging, exams and reports retrieved through NIR.
  - Local controls used to identify both historic and future imported external imaging within receiving systems.
  - Clinical and operational considerations where imported external imaging is reviewed, retained, annotated or incorporated into the local record.

This policy does not define supplier-specific implementation, replace local information governance or records management policies, or override local clinical judgement and local operational governance.

2.1 Intended audience

- PACS teams, imaging IT teams and PACS/RIS administrators.
- Radiology service managers and operational imaging leads.
- Information governance, clinical safety, digital and service management leads.
- Clinical users who need to understand why imported external imaging may be presented differently within local systems.

3. Policy position and principles

NIR enables discovery and retrieval of the wider patient imaging history. It does not change data controller responsibilities for locally held information, and it does not in itself determine whether imported external imaging should be retained, incorporated into the local record, or used to support onward sharing.

For the foreseeable future there will remain legitimate clinical scenarios in which organisations hold local duplicate copies of externally sourced imaging following **permanent import**. The policy objective is therefore not to eliminate all duplication immediately, but to ensure that NIR does not introduce additional risk, particularly through the uncontrolled circulation of such copies nationally.

- Patient safety and clinical usability take precedence.
- Imported external imaging must be identifiable within local systems through local technical and operational controls.
- Imported external imaging must not be returned to NIR as though it were a new primary local study.
- Where local copies are created or retained, organisations remain responsible for their management in line with local policy.
- Any local handling of imported external imaging must be auditable in line with the organisation's usual controls for locally sourced imaging.
- This policy is primarily forward-looking and is intended to improve future-state handling of imaging retrieved via NIR; it does not retrospectively resolve historic duplicate data already held locally.

3.1 Interpretation of requirements

- 'Must' indicates a mandatory requirement for organisations using NIR.
- 'Should' indicates strong expected practice where local implementation may vary.
- 'May' indicates local discretion within existing governance arrangements.

4. Information governance and data protection

Organisations using NIR must operate in accordance with the NIR Data Protection Impact Assessment (DPIA), relevant data sharing arrangements, and their own local governance framework.

Once data has been retrieved and held locally, the receiving organisation is responsible for handling that information in accordance with its own legal, information governance, records management and clinical governance obligations.

Audit of access to imported external imaging should be managed in line with the organisation's established arrangements for locally sourced imaging. This policy does not prescribe a separate national audit model for local systems, but local processes must be capable of evidencing access and handling decisions where required.

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5. Imaging retrieval and retention

5.1 Retrieval via NIR

- NIR enables the discovery and retrieval of imaging from external organisations.
- Decisions to retrieve imaging remain a matter of local clinical judgement and local organisational policy.
- Organisations should ensure retrieval is proportionate to clinical need and does not result in routine unnecessary local ingestion of external imaging.

It may be helpful to consider the following types of imaging retrieval/retention:

- Transient viewing – Although technically feasible to “stream” imaging data which is deleted immediately after viewing, this is unlikely to be commonplace in the short term.
- Temporary import – The retrieved data is stored within the local PACS, often in a segregated area which is subject to different lifecycle management from local imaging (eg short-term retention).
- Permanent import – The study is “converted” to a local one, often through the creation of an episode/event in the local record held in RIS and/or PACS. In this way it is incorporated into the local permanent patient record and becomes subject to standard lifecycle policy.

5.2 Clinical retrieval practice

NIR makes external imaging easier to locate and review than many existing (often manual) processes. Organisations should therefore review local workflows so that ease of access does not lead to avoidable repeat retrieval, unnecessary permanent import, or unmanaged local duplication.

Organisations must provide training to all end users, with a specific emphasis on the increased need to review the provided imaging history in order to identify duplicate records.

Where local systems retain imported external imaging for a period of time, organisations should make that imaging searchable to reduce unnecessary repeated retrieval from NIR, provided that:

- The imaging remains clearly identifiable as imported external imaging;
- The approach supports clinical clarity and does not increase the risk of confusion with locally originated studies; and
- The organisation’s local governance arrangements explicitly cover the workflow.

5.3 Local retention

This policy does not seek to create a new national retention rule for imported external imaging. Organisations should follow their existing local policies for externally sourced clinical data, including any local rules on transient viewing, short-term retention or incorporation into the permanent patient record.

Where temporary imports are stored locally, this should be for a period of time which balances:

- Fast clinical access
- Additional storage costs
- Excessive network utilization through repeated data retrieval

The optimum period will likely depend upon local system functionality, clinical needs and many other factors. NIR does not seek to mandate a blanket retention period, but suggests that a period of at least 1 month is appropriate initially.

5.4 Annotations, reports and incorporation into the local record

Imported external imaging may on occasion need to be incorporated into the local record in a more durable way, for example where local annotations, measurements, workflow actions or associated reports become clinically material to care. In this event:

- Original source image data should not be overwritten.
- Locally created annotations, measurements and reports should be treated as clinical information attributable to the receiving organisation and specific end user.
- The local workflow and rationale must be governed by existing local policy rather than by NIR alone.

The Clinical Working Group recognises that there are current technical limitations in consistently identifying, separating and, where appropriate, onward-sharing locally modified derivatives of imported external imaging. For that reason, this policy does not mandate a fully standardised annotation-return model at this stage.

Until national standards and supplier capability mature further, organisations should prioritise safe local handling, clear identification, and prevention of inappropriate re-sharing of imported external imaging. Any future capability to support more structured propagation of clinically relevant updates back to source organisations will require separate design, governance and standards work.

6. Identification and presentation of imported external imaging

Imported external imaging must be clearly identifiable within local systems, both for system workflow purposes and for end users reviewing the record.

- Identification may be achieved through accession prefixes, local patient identifier prefixes, ODS-based identifiers, local exam administration values, workflow markers, or any other reliable local system flag.
- The exact method for labelling imported external imaging may vary by supplier and local configuration, but organisations must ensure this can be clearly distinguished from locally originated imaging.
- Terminology should be applied consistently. Within this policy, ‘imported external imaging’ is preferred to the ambiguous term ‘copy’ except where the distinction between a local duplicate and an original source record is specifically being discussed.

7. Presentation back to NIR and onward sharing

- Similarly, the identification of external imports is necessary to support local rules that prevent imported external imaging from being re-shared via NIR as though it were a new primary local study. Receiving organisations must apply local controls so that imaging retrieved from another organisation through NIR or other routes is not re-exposed through NIR as part of a further onward sharing loop.
- Where supplier functionality allows, local system logic should use the imported-status indicator or equivalent local flag to suppress re-sharing.
- This requirement is particularly important as a future-state control for NIR-enabled workflows, even where historic local duplicate data may already exist and cannot be fully remediated retrospectively.

Where organisations create a new permanent local record around imported external imaging for local workflow reasons, they must ensure that the presence of that local record does not, by itself, cause the originally imported external imaging to be treated as a new source study for NIR sharing purposes.