

CBCT Support Limited

CBCT Support

Inspection report

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Date of inspection visit: 16 August 2022
Date of publication: 28/09/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Inspected but not rated	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Overall summary

We have not inspected this service before. We rated it as good because:

- The service had enough staff. The registered manager and radiographers working under practicing privileges had training in key skills and managed safety well. The registered manager assessed risks and acted on them. The service managed safety incidents well and learned lessons.
- The registered manager monitored the effectiveness of the service and made sure those working under practicing privileges were competent. The service had access to good information. Services were available to support timely care.
- Referrers could access the service when they needed it and received reports within agreed timeframes.
- The registered manager ran services well using reliable information systems. The service had a clear vision and values. The registered manager was clear about their role and accountabilities. The service engaged well with referrers. The registered manager was committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic and screening services

Rating

Good



Summary of each main service

We have not inspected this service before. We rated it as good because:

- The service had enough staff. The registered manager and radiologists working under practicing privileges had training in key skills and managed safety well. The registered manager assessed risks and acted on them. The service managed safety incidents well and learned lessons.
- The registered manager monitored the effectiveness of the service and made sure those working under practicing privileges were competent. The service had access to good information. Services were available to support timely care.
- Referrers could access the service when they needed it and received reports within agreed timeframes.
- The registered manager ran services well using reliable information systems. The service had a clear vision and values. The registered manager was clear about their role and accountabilities. The service engaged well with referrers. The registered manager was committed to improving services continually.

Summary of findings

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Summary of this inspection

Background to CBCT Support

CBCT Support is operated by CBCT Support Limited and has been registered with the CQC since October 2019. The service undertakes reports of dental Cone Beam Computed Tomography (CBCT) scans. CBCT systems are used by dental and medical professionals to capture images of the teeth, mouth, jaw, neck and the ears, nose and throat. Dental scans are completed at other locations by other providers and the service reviews the images and produces a report or expert opinion. Scans are not completed by this service. The service has no direct contact with patients and does not provide direct patient care.

The location is registered to provide the following regulated activities:

- Diagnostic and screening procedures

The registered manager is a radiologist and the sole employee. The service has had a registered manager since October 2019. The service works with two additional consultants who report on images on the service's behalf using practicing privileges.

The registered manager provides the reporting service and manages referrals, report communication and information governance.

This is the first time we have inspected this location.

How we carried out this inspection

We spoke with the registered manager during the inspection and viewed employment records, reports and images. We also looked at the IT systems used by the registered manager and reviewed a number of policies, audits and a survey.

The inspection was undertaken by a lead CQC inspector and a team CQC inspector with specialised knowledge of diagnostic imaging. The inspection was overseen by Catherine Campbell, Head of Hospital Inspection.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Outstanding practice

We found the following outstanding practice:

- The registered manager was working with an external company to develop their own electronic portal system to remove the need for any image retention.

Summary of this inspection

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should review safeguarding policies, update them in line with current legislation and ensure they outline procedures to follow in the event of a safeguarding concern being highlighted. (Regulation 13)
- The service should ensure all electrical equipment has up to date electrical safety testing certificates. (Regulation 12).
- The service should risk assess and minimise the need to retain patient images. (Regulation 17).

Our findings





Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Not inspected	Good	Good	Good
Overall	Good	Inspected but not rated	Not inspected	Good	Good	Good

Diagnostic and screening services

Good 

Safe	Good 
Effective	Inspected but not rated 
Responsive	Good 
Well-led	Good 

Are Diagnostic and screening services safe?

Good 

We have not inspected safe before. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

The registered manager received and kept up to date with their mandatory training. The registered manager was also employed as a consultant within the NHS. They had received training as part of their substantive role and kept records to show compliance. The registered manager also used an external training package to ensure they kept up to date with training. We viewed records which showed the percentage of training that had been completed over a five year period. This was in line with target completion dates.

The mandatory training was comprehensive and met the needs of staff. The registered manager informed us radiologists were provided with training to use the electronic image transfer portals and dictation software used by the service.

Managers monitored mandatory training and alerted staff when they needed to update their training. The registered manager monitored the mandatory training undertaken by consultants working for the service through practicing privileges. The manager kept records of training completed and had oversight of the training completed by those working on behalf of the service.

Safeguarding

Staff had training on how to recognise and report abuse and they knew how to apply it.

The registered manager had received level three training in safeguarding. They ensured all staff had received safeguarding training and monitored this via annual appraisal documentation.

The service had a safeguarding policy which was in review date and identified the responsibilities of the registered manager as the lead person responsible for child and adult safeguarding. However, the policy referred to terminology that had been superseded by the Care Act 2014.

The safeguarding policy did not explicitly advise staff on how to report safeguarding concerns with the Local Authority. The policy did not refer to the process they told us they used to alert referrers to potential non-accidental injuries.

Diagnostic and screening services

The registered manager would contact the referrer to inform them if they had concerns. The service would contact the referrer if they identified or suspected non-accidental injuries, and escalation would occur through the referrers local escalation procedure. The registered manager informed us they would confirm receipt of any urgent emails to ensure the referral had been made. We were told of examples where incidental findings were made and reported to the referrer.

Environment and equipment

The environment was suitable for the reporting of imaging services and there were processes to maintain its equipment both locally and remotely.

The registered manager (who was also a radiologist) used a computer and a specialist single screen reporting monitor which conformed to the Royal College of Radiologists (RCR) guidance on primary reporting workstation compliance. The two other radiologists working under practising privileges signed a declaration to state their own reporting equipment was compliant with Royal College of Radiologist requirements.

The service carried out safety checks of specialist equipment. We saw equipment was suitable for its purpose and properly maintained. Twice monthly checks were performed which complied with Royal College of Radiologist guidelines. Monitors ran self-checks which included pattern testing, greyscale and luminescence testing. We viewed a calibration audit from May 2022 which demonstrated at least twice monthly testing for the period May to August 2022. A report was generated which was reviewed by the registered manager. If a monitor failed any of the tests the radiologists did not continue to report until compliant. The service had a warranty agreement with the monitor supplier.

At the time of the inspection the service did not have records to verify the last time electrical equipment had been checked for safety. We were told portable appliance testing (PAT) had taken place in March 2021. Electrical testing was completed shortly after the inspection on the 30 August 2022 and records were provided to show this had taken place.

The reporting radiologists used their own equipment and had the training, competency and skills needed to correctly and safely use the equipment. The registered manager had records showing each radiologist had signed a declaration to state their own reporting equipment was compliant with national guidance and requirements. We saw training records which showed the two radiologists working under practising privileges had received training to use the image transfer portals including how to manipulate and store images, issue a report and add an addendum. An addendum is a description of revisions made to an earlier signed report or record.

Risk assessments were completed to ensure staff safety when using equipment. Display screen equipment risk assessments were completed by the reporting radiologists.

The office where the reporting equipment was stored, was protected with a heavy-duty code lock to prevent any unauthorised access.

All computers, reporting software and image portals were password protected.

The service sometimes received images for reporting on a CD. Once the images had been reported, the CDs were sent for secure disposal. While waiting for collection, all CDs were stored in the locked office.

The maintenance and use of equipment kept staff safe. The registered manager had performed a workstation assessment and because there was a sole user, the equipment and chair positioning did not change. A declaration was submitted by the two radiologists working under practising privileges to confirm their stations had also been assessed.

Diagnostic and screening services

Assessing and responding to patient risk

The service prioritised reports when needed urgently. Staff identified and quickly acted upon report findings which were unexpected.

The service did not provide direct scanning or diagnostic services to patients. The service had a contract with an NHS hospital, private healthcare organisations and dental surgeries. This meant compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 17). medical exposure of ionising radiation regulations was the responsibility of the referrer. The IRMER 2017 is a legislative framework intended to protect patients from the harm associated with ionising radiation.

The service provided the diagnostic report of patients' images and therefore only completed part of the medical pathway for the patient. The service did not deal directly with patients regarding abnormalities or risk factors that may require additional support or intervention or changes to patient's care or treatment. There was a significant findings pathway to alert the referring provider of unexpected or significant discoveries from diagnostic reports. Unexpected, significant or urgent findings were managed by the registered manager who confirmed they forwarded the information to the appropriate referring provider by an e-mail and followed up with a telephone call with the referring clinician.

If the reporting radiologist required further information prior to reporting on images, the service had an established process to request previous imaging or further relevant clinical history for the patient from the referrer. The referrer could contact the reporting radiologist to discuss any report findings or queries when required.

The service had a process for the secure transfer and review of images and, where necessary, storage of patient data. The data transfer was password protected to maintain security and patient confidentiality. All staff were trained to ensure patient information was protected.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to provide reporting services.

The registered manager was the sole employee of the service. Two radiologists also worked for the service through the use of practicing privileges. The registered manager was also a consultant and clinical director within the NHS. However, they had reduced their commitment to their substantive position in order to focus on the needs of the service.

The registered manager had considered the risks associated with being a sole provider and this was included on their risk register.

Records

Records were kept secure and were only accessible to authorised staff, to maintain confidentiality. Records were clear, up to date and easily available to all staff providing the report.

Records were comprehensive and all staff could access them easily. Reporting radiologists had access to the same patient information as they would in the referring hospital or clinic and could request previous imaging or reports if required. The service had an established process to request further clinical information or images from the referrer.

Images were sent for reporting and returned electronically by using either the electronic portal or secure file transfer. Reports were comprehensive and contained all information about the need for the scan, the referrer details, report and where required reconstructed images and measurements.

Diagnostic and screening services

Records were stored securely. The service had a data protection policy which assured confidentiality from initial enquiry to final review. All radiologists used a secure remote login system to access patient information and images to read and report scans. However, once reports had been uploaded and sent back to the referrer, a copy was also stored on the desktop in case a future addendum was needed. The reports were deleted after three months. Following our inspection, the registered manager was reviewing this process.

Reports to the referrer were password protected and the password was sent independently to the images. The electronic portals included a facility for radiologists to attach an addendum. The referrer would be informed by the registered manager if an addendum was added to a report. We saw office computers were locked when not in use. This prevented unauthorised access and protected patients' confidential information.

Medicines

The service did not see patients or manage their care.

The service did not store or administer any medicines or controlled drugs.

Incidents

The service managed and recorded safety incidents. The registered manager investigated incidents and shared lessons learned with referrers and radiologists working under practicing privileges.

The service had an incident management policy which was within review date. The policy outlined the registered manager, as governance lead, was responsible for investigating incidents and was the named incident manager. The policy noted all incidents were to be investigated and given a rating, management outcome and reflection to ensure learning.

The safety of the service was monitored by a peer review audit of reporting. Ten percent of reports provided for one service were peer reviewed.

There was evidence changes had been made as a result of feedback. Through the peer review audit process two reports were highlighted as having errors. These were investigated and noted as being due to human error. Once informed of the findings an addendum was added to the report and reflections documented. As a result of these errors the registered manager had produced a "PAUSE" document to support minimising human error when reporting images. We viewed this document and saw it was based on the Society of Radiographers 'pause and check' advice for operators in clinical imaging.

The service had a business continuity plan to ensure there were processes to continue to operate the service with minimum disruption. In the event of an IT failure there was access to a specialist IT service.

Are Diagnostic and screening services effective?

Inspected but not rated 

We currently inspect but do not rate this domain.

Evidence-based care and treatment

The service provided diagnostic reporting services based on national guidance.

Diagnostic and screening services

Policies and procedures were reviewed and updated, in line with national guidance. We reviewed eight policies and saw the date of review was clearly documented, however there was no future review date recorded. Following our inspection, the registered manager updated all policies to include an annual review date and produced a document to keep track of when reviews were needed.

Policies were referenced against national guidance to ensure the service worked in line with legislation, standards and evidence-based guidance. The registered manager was an examining board member of the Royal College of Radiologists and kept informed of guidance changes through this role.

The diagnostic reports followed the Royal College of Radiologists standards for interpretation and reporting of imaging investigations.

Nutrition and hydration

The service did not see patients directly and patients did not visit the premises due to the nature of the service provided.

Pain relief

The service did not see patients directly and patients did not visit the premises due to the nature of the service provided

Patient outcomes

Managers monitored the effectiveness of reporting and used the findings to improve the service.

The service had a key performance indicator (KPI) of 72 hours for their routine report turnaround time. The service audited the turnaround times for reports and this KPI was being consistently met.

The service monitored discrepancies within reports as part of a quality assurance review.

Competent staff

The service made sure reporting staff were competent for their roles.

All the radiologists that reported for the service were registered with the general medical council (GMC) or the general dental council (GDC).

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Radiologists were not able to work unless they had completed an annual appraisal. The radiologists provided evidence of an external appraisal. We viewed documentation held by the service for the two reporting radiologists and found all records were up to date.

Each radiologist was required to submit evidence of indemnity cover.

The registered manager reviewed each radiologist's license to practice annually. At the time of our inspection, the service demonstrated 100% compliance.

Diagnostic and screening services

The service had a Disclosure and Barring Service (DBS) policy. There was evidence of DBS checks for staff employed by the service.

There was a disciplinary policy.

Multidisciplinary working

Staff worked together and supported each other as a team to provide good care.

Due to the nature of the service, and because radiologists worked remotely, there was limited contact with each other. However, radiologists were able to discuss difficult or challenging cases remotely, as they arose.

Reporting radiologists would follow up their written report with a phone call or email to the referrer if any concerns or issues were identified. The registered manager explained reports were sometimes discussed as part of hospital based multidisciplinary team meetings and they would be a remote member of these meetings.

Seven-day services

The service did not provide a seven-day teleradiology service.

The service operated Monday to Friday 9am to 5pm. However, the registered manager explained they sometimes worked evenings and weekends which fitted in with their substantive role, although they planned to do this less often in the future.

The provider was clear on their hours of operation. These hours were reflected in the individual contracts held between the service and each dental practice or hospital it reported for.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The service did not see patients directly and patients did not visit the premises due to the nature of the service provided.

The service did not see patients directly therefore consent was gained at the referring hospital or clinic.

The service had an up to date consent policy which included a consent form which ensured appropriate consent was obtained. This was in order for the service to review the patient identity, relevant clinical history and the examination in order to produce a diagnostic report.

Are Diagnostic and screening services responsive?

We have not inspected responsive before. We rated it as good.

Service delivery to meet the needs of local people

The service planned services in a way that met the needs of the referring organisation.

Diagnostic and screening services

The service did not see patients directly and patients did not visit the premises due to the nature of the service provided. They reported images on behalf of a referring provider. They ensured the service they delivered met the needs of the referrer using the service. The service operated Monday to Friday 9am to 5pm. However, the registered manager sometimes worked weekends and evenings.

Reporting radiologists were able to request previous relevant imaging or further clinical information from the referring clinicians and were available on request to discuss reports with the referrer.

As a sole provider the risks to the service during times of annual leave or illness had been identified by the registered manager. Referrers were given a six week notice of planned leave of the registered manager.

The registered manager was aware of the demand for the service and the limited numbers of individuals who could carry out such work. The service was not limited to a geographical area and worked nationally with both NHS and independent healthcare providers to support the needs of referring services.

Meeting people's individual needs

The service did not see patients directly and patients did not visit the premises due to the nature of the service provided.

Access and flow

Clients could access the service when they needed it as outlined in their individual contract.

The service did not care directly for patients and was not involved in making care and treatment decisions. The service worked with two specialist radiologists under practicing privileges to create imaging reports to support the diagnosis and ultimately treatment and care of the patient in a timely manner.

The registered manager monitored turnaround times for reports and sought feedback from referrers on how responsive the service was. All feedback was positive, and audits highlighted the service was achieving their turnaround times. The service undertook regular audits of turnaround times. We viewed these audits and saw from January to March 2022, all express reports were completed within 24 hours. There was one exam not completed within the required turnaround time and this was due to the service awaiting a comparison scan from the referrer.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns. The service had not received a formal complaint. The service had a policy which set out how complaints would be handled.

Referrers were provided with a policy which outlined how they could complain or raise concerns. The service had not received any formal complaints at the time of the inspection. The service had a complaints policy which was within review date. The policy was sent to referrers and outlined how they could make a complaint and referred individuals to the dental complaints service should the complainant not be satisfied with the outcome.

Diagnostic and screening services

Good 

Are Diagnostic and screening services well-led?

Good 

We have not inspected well led before. We rated it as good.

Leadership

The registered manager had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

The registered manager was a consultant in oral and maxillofacial radiology and also held the role of dental radiology clinical lead in an NHS acute trust. The registered manager was aware of the responsibilities of their role and understood the issues the service faced. At the time of the inspection the registered manager was reducing their commitment to NHS work to be able to develop the service.

Vision and Strategy

The service had a vision for what it wanted to achieve. The vision was focused on sustainability of services and aligned to local plans within the wider health economy.

CBCT Support had a clear mission and vision as well as documented values. The mission was to assist public and private sector organisations through the provision of an “efficient and safe technology driven, UK based reporting service”.

The values of the service were noted as being investment in people and referrers to support best possible patient care. Confidentiality and trusted relationships as well as honesty and integrity.

The registered manager had plans to grow the service and recognised the need for secretarial support in the first instance. They had a good understanding of the current demand for the service and its potential growth due to an increase in the popularity of CBCT scans and the limited numbers of specialists able to report on images.

Culture

The registered manager promoted a positive culture. The service had core values and aims. The registered manager told us how equal opportunities would be promoted when the service expands.

The registered manager described being supportive of promoting a positive culture and gave examples of how mistakes and discrepancies were used as opportunities for learning. The registered manager was open to giving referrers advice or raising concerns should there be any issues with the images being received.

The service had an equal opportunities policy which was within review date and referenced the Equality Act 2010. It covered any future employees and those working under practicing privileges and evidenced the commitment of the registered manager to promoting equality of opportunity.

Diagnostic and screening services

Governance

The registered manager operated effective governance processes. Staff were clear about their roles and accountabilities and had opportunities to discuss and learn from the performance of the service.

The registered manager was responsible for the quality and governance of the service. Their role and responsibilities were clearly defined and contributed to consistent practice.

The service audited all discrepancies, turnaround times, incidents and complaints as part of the governance process.

The business continuity plan detailed preventative and recovery controls to maintain service levels with the minimum of down time in the event of system failure.

The systems to monitor training, appraisals, indemnity insurance and revalidation of consultants working within practicing privileges were effective. During the inspection we saw the service held an electronic record and hard copy of all relevant documentation including a full employment history and qualifications.

The service had systems and processes to confirm and review the radiologist's General Medical Council (GMC) qualification and revalidation and the General Dental Council (GDC) qualification and 5 year continuing professional development (CPD) cycle.

Records reviewed were complete and there was evidence of Disclosure and Barring Service (DBS) checks and safeguarding training completion for staff employed by the service.

Policies and procedures were reviewed but did not contain future review dates. Following our inspection, the registered manager updated all policies with review dates and provided evidence this had been rectified.

Management of risk, issues and performance

The registered manager used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Clinical governance systems were focused on identifying and managing risk and performance. The service had a comprehensive peer review programme as part of this structure, which involved internal quality checks on up to 5% of radiology reports each month.

The service had processes to manage and share learning from adverse events, incidents, discrepancies or errors that might occur. For example, the registered manager told us of an incidental finding on a scan which had been missed by the referrer.

The service provided reports in line with the Royal College of Radiologists guidance: 'Standards for the provision of teleradiology within the United Kingdom' (December 2016), which meant patients could be confident that even though their examinations were not being reported within the base hospital, it was being completed to the same standard.

The service had a business continuity plan which looked at the effects of disruption on services, systems and business processes caused by service interruptions and failures. The plan detailed the arrangements to ensure the service could continue to operate its core service.

Diagnostic and screening services

There was a service level agreement with a third-party company to provide hardware and software infrastructure support, which were available Monday to Friday 9am to 7pm.

The registered manager showed us the service had appropriate insurance to cover all relevant insurable risks to ensure it was protected from financial loss, equipment failure or malfunction.

Risks were identified and recorded on a risk register. We saw there were four risks. Each risk had a red, amber or green rating and the date of last review, although there was no risk owner, or future date for review recorded. After our inspection, the registered manager updated the document to include this information.

Information Management

The service collected reliable data and analysed it. The information systems were integrated and secure.

The registered manager was the designated information security manager and data protection officer. This gave staff a single point of contact for escalation and ensured standards were consistent.

The service was compliant with the “General Data Protection Regulations(GDPR) 2016/679”.

We reviewed the GDPR policy, which was last reviewed in June 2022.

Information governance is the way organisations ‘process’ or handle information. It covers personal information relating to patients/service users, employees and corporate information. All transfer of data was encrypted or on a secure network between the referrer and service. Referring clinicians received reports by a secure system which ensured all data was encrypted.

The nature of the service meant most key risks related to information security and data protection. Risk management systems were demonstrably focused on this area. The business impact risk assessment detailed risks including casual access, data disposal, unauthorised access and physical security of the premises.

The service had established protocols for dealing with missing information in scan referrals. The registered manager contacted the referrer and ensured the information was provided. This ensured radiologists completed reports only when they had enough information to do so accurately and safely.

Unexpected, significant or urgent findings identified by the radiologist were notified to the referrer by an e-mail and followed up with a telephone call.

A declaration form required sign off from those working under practicing privileges to ensure they had read policies including information governance policy, secure transfer and receipt of information, guidelines on identifying and reporting information incidents and emergency and business continuity response arrangements.

Appropriate access and security safeguards protected the provider’s radiology information system. Images were transferred from secure electronic portal or file transfer system to the reporting software. The registered manager explained that images were retained on the system for three months, although were also securely stored by the provider so could be transferred back for any future addendum reports. Following our inspection, the manager planned to only retain images from providers who did not have access to an electronic portal.

Diagnostic and screening services

The registered manager was working with an external company to develop their own electronic portal system to remove the need for any image retention.

Engagement

The registered manager actively engaged with external organisations and regularly sought feedback from referrers.

Informal feedback was received from referrers on an ongoing basis. In addition to this, the registered manager had requested formal feedback from referrers through a survey of 14 private referrers and an imaging centre in 2019. The feedback received was overwhelmingly positive. We viewed the results of the survey and saw 100% of referrers were very satisfied with the service. Ninety-two percent were very satisfied with the detail and accuracy of the reporting and 100% of referrers were very satisfied with the response when queries were raised. Comments received included; “very fast turnaround of reports, which are very detailed”, “reliable, professional, fast” and “open, clear and knowledgeable”. The registered manager planned to undertake another survey following the inspection.

Referrers had highlighted the need for a secure portal. This was taken on board by the registered manager who was working on a solution to improve security of images and efficiency.

Learning, continuous improvement and innovation

The registered manager was committed to continually learning and improving services.

Professionally the registered manager was involved in the supervision of medical and dental radiology registrars as well as presenting lectures for post graduate courses and speaking at the British Dental Association conference.

Feedback was regularly sought from and provided to referrers. The registered manager would provide feedback to referrers regarding any imaging quality issues and gave suggestions to remedy any ongoing problems.

The registered manager was focused on providing a solution to image storage and retention. They had worked to develop their own electronic portal system.