

Conclusion: key points from the round table discussion

Clinical points

- Myocardial perfusion scintigraphy (MPS) is effective and cost-effective for the diagnosis of coronary disease and for assessing prognosis, and hence making clinical decisions
- Normal MPS indicates a low likelihood of future coronary events for 2-5 years, depending on risk factors
- There is overlap in the information provided by other functional imaging techniques such as echocardiography but MPS has the greatest weight of clinical evidence in its favour
- The technique is robust in widespread and high volume application although, as with all imaging techniques, it requires experience for accurate interpretation
- MPS is an essential component of modern clinical cardiology and should be available in secondary as well as tertiary referral centres

Funding points

- The National Institute for Clinical Excellence (NICE) appraisal has provided targets for usage and waiting times for MPS
- More staff, gamma cameras etc. are required for implementation of the NICE recommendations. Relatively modest sums are required for additional equipment but staff shortages will be hardest to address
- There is a need to convince Primary Care Trusts (PCTs) and cardiac networks with the good evidence that is currently available
- Local protocols and implementation are preferable

Increasing visibility of MPS

- There is a need to raise the profile of MPS, with better communication between cardiologists and nuclear cardiologists/radiologists
- We need more trainees in this field, and emphasis on the value of MPS
- Mobile units could be used to seed a service locally