

Meeting:	Clinical Radiology Advisory Group
Date:	13 September 2017
Time:	14:00
Venue:	Evolve
Present:	Ralph Jackson [Chair] Consultant Radiologist, Newcastle – RJ
	Jon Berry, Consultant Radiologist, North Cumbria – JB
	Ralph Marsh, Consultant Radiologist, Sunderland – RLM
	Gordon Kirkup, Directorate Manager, Radiology, Newcastle – GK
	Nicky Moon, Deputy Director, Northumbria - NM
	Kath Jones, Cancer Alliance Delivery Manager - KJ
Apologies:	Elizabeth Loney, Consultant Radiologist, Co Durham & Darlington
	Matthew Trehwella, Consultant Radiologist, North Tees & Hartlepool
	Mike Newby, Consultant Radiologist Gateshead

MINUTES

1.	INTRODUCTION	Action
	1.1 Welcome and Apologies	
	RJ welcomed the group. Apologies as listed above	
	1.2 Declaration of Interest	
	RJ declared his expression of interest as the SPT representative for interventional radiology.	
	1.3 Minutes of the previous meeting	
	Minutes of the previous meeting were agreed as a true and accurate record.	
	1.4 Matters arising	
	There were no expressions of interest for vice chair. RJ gave notice to stand down as the chair of this group, therefore expressions of interest should be sent to Dr Robin Mitchell robin.mitchell@nhs.net Clinical Director, Clinical Networks.	
2.	AGENDA ITEMS	
	2.1 GA Diagnostic Pathway for Patients with Learning Disabilities	
	KJ updated the group on the progress to-date. <ul style="list-style-type: none"> • Pathways have been formulated but not shared • Trusts identified who can provide this service • Slow progress is being made to write a service level agreement [SLA] • There has been another incident where a delay has 	GK

	<p>occurred for a cancer patient with learning disabilities.</p> <p>Lengthy discussions took place as to how agreement could be made either by a SLA or direct payment [invoice] between the relevant trusts. It was noted that Radiology departments often invoice payments regularly for services delivered on behalf of another trust. GK agreed to forward a SLA for the LD Network to look at whether this could be adapted specifically for this pathway, or whether direct invoicing is the most appropriate way of payment.</p> <p>JB confirmed that North Cumbria had an arrangement with Newcastle for GA diagnostics. GK advised that if a LD patient needed GA for a cancer diagnosis that this would be performed within 2 weeks, however stated that none cancer patients would wait much longer due to pressures on services.</p>	
2.2	HENE Report Progress	
	<p>No update on the HENE report - Dr Dave Richardson has retired.</p> <p>KJ updated as to how the Alliance has used the HENE report to influence elements of the Transformation Fund bid around radiology workforce and service improvement.</p> <p>RJ advised there has been an increase in Radiologist trainee numbers from 14 last year to 18 this year.</p> <p>RLM confirmed Sunderland has recruited a number of radiographers from Italy into their services.</p>	
2.3	Myeloma – whole body [low dose] CT	
	<p>Discussions as to the implementation of low dose CT for myeloma patients and which trusts have adopted this imaging. North Cumbria have implemented this, however there were variances as to which trusts have applied this into their service.</p>	
2.4	Network Update	
	<p>Vague symptoms pathway – update sent from Dr Katie Elliott</p> <ul style="list-style-type: none"> • Slow progress is being made • There will be initial discussions to scope out the project with a scoping meeting to be arranged. Interested individuals [radiologists, managers] should contact katieelliott@nhs.net. Other specialist areas will be sourced from upper and lower GI as well as Care of the Elderly. • This work will look at other pieces of work currently being undertaken i.e Sunderland and the ACE projects to understand how trusts can take forward and manage patients with vague symptoms. <p>EDAG – KJ gave an update</p> <p>KJ has been appointed as the Delivery Manager to take forward this work. The Radiology element of the project will look at GP direct access to diagnostics for CXR, CT pancreas,</p>	

	<p>MRI brain and non-obstetric ultrasound. Assessment of the diagnostic time difference between patients referred via the 2ww route or direct access and the financial costs of both pathways. Diagnostic data will need to be collected from all trusts; however, this is currently being determined. Two universities will carry out the analysis – Northumbria [quantitative], Cumbria [qualitative].</p> <p>Transformation Funding The Northern Cancer Alliance was awarded funding to carry out projects related to early diagnosis. There are elements of the funding which is being allocated to improve radiology services regionally. Dr Ralph Marsh has been appointed as the Radiology Lead.</p>	
2.5	STP Diagnostics and IR	
	<p>RJ gave an update on a recent regional meeting relating to STP's and gave an outline of where radiology fits within the STP. Elizabeth Loney will be the Radiology Lead for work going forward with RJ leading on IR.</p> <p>Discussions took place as to whether this forum should be used to take forward STP Radiology discussions, particularly as there are common areas of interest with wider objectives. It was agreed KJ would take this back to the Alliance for further discussion and feedback prior to the next meeting. The group agreed this was a reasonable way forward.</p>	KJ
2.6	Thyroid pathway	
	<p>Due to the retirement of Dr Dave Richardson it was agreed KJ would share the ultrasound pathway with Dr Andy McQueen [Newcastle] and Dr Elizabeth Loney [CDDFT] to determine the feasibility of implementation. Feedback with amendments/sign-off at the next meeting.</p>	KJ
2.7	HPB MDM Radiology Protocol	
	<p>KJ confirmed that the protocol had been agreed by this group. It was also shared and agreed with the HPB Expert Advisory Group. Dissemination and adoption of this protocol should be adhered to by all Radiology Departments.</p>	Enc
2.8	Reporting CNS MRI	
	<p>Discussions took place as to improving reporting of CNS MRI's. It was felt that often the quality of GP referrals were lacking in clinical details to made a definitive diagnosis. RJ to reply to Dr Chris Tasker [Alliance GP Lead]</p>	RJ
3.	STANDING ITEMS	
3.1	Any Other Business	
	<p>Discussions took place around renewal of radiology imaging equipment and contracts. GK invited Northumbria and North Cumbria to observe their new system and learn from their</p>	

		<p>experience of upgrading. JB and NM welcomed this invite as they will soon go out to tender.</p> <p>The group discussed and considered the usefulness of the Merseyside Radiology network system and how off site reporting is provided by “in-house” radiology registrars [supported by onsite consultant radiologists] which covers 3-4 hospital trusts.</p>	
	3.2	<p>Next meeting – dependent on whether the group will incorporate STP discussions will determine when the next meeting will take place - probably November – date to be confirmed</p>	KJ
4.	MEETING CLOSE		