

<b>Meeting:</b>	Clinical Radiology Advisory Group	
<b>Date:</b>	10 February 2016	
<b>Time:</b>	2:00 pm	
<b>Venue:</b>	Evolve Business Centre, Houghton le Spring	
<b>Present:</b>	<b>Name:</b>	<b>Initials</b>
	Ralph Jackson, (Chair) Clinical Director, Consultant Radiologist, Newcastle	RJ
	Craig Melrose, Medical Director, Cumbria and North East, NHS England	CM KJ
	Kath Jones, Network Delivery Lead, NESCN	GK
	Gordon Kirkup, Directorate Manager, Radiology, Newcastle	RM
	Ralph Marsh, Consultant Radiologist, Sunderland	MT
	Matthew Trehwella, Clinical Director, Consultant Radiologist, North Tees and Hartlepool	MN
	Mike Newby, Clinical Director, Consultant Radiologist, Gateshead	OS
	Oliver Schulte, Clinical Lead Radiology, South Tyneside	NM
	Nicky Moon, Deputy Director, Northumbria, North Cumbria	AF
	Alison Featherstone, Network Manager, NESCN	DR
	Dave Richardson, Consultant Radiologist HENE Task & Finish Group	AP
	Jane Potterton, Consultant Radiologist, Gateshead	JT
	Judith Thompson, Learning Disability Network Manager, NHS England	JB
	J. Bowes, Radiology Manager, Gateshead	
	Jeremy Dean, Clinical Director, Consultant Radiologist, South Tees	
<b>In Attendance</b>	Susan Convery, Business Support Assistant	SC
<b>Apologies:</b>	<b>Name:</b>	<b>Initials</b>
	Karen Green, Radiology Service Lead, South Tyneside	KG
	Jon Berry, Clinical Director, Consultant Radiologist, North Cumbria	JB
	Margaret Wilkinson, Consultant Radiologist, Northumbria	OS
	Rahul Dharmadhikari, Clinical Director, Consultant Radiologist, Northumbria	MW RD
	Richard Sterry, Assistant Operational Services Manager, North Cumbria	RS

### MINUTES

1.	INTRODUCTION	Lead	Enclosure
1.1	<b>Welcome and Apologies</b>	RJ	
	RJ welcomed the group and introduced Craig Melrose.		
1.2	<b>Declaration of Interest</b>	RJ	
	There were no declarations of interest.		
1.3	<b>Minutes of the previous meeting</b>		
	Minutes of the previous meeting were agreed as true.	All	
1.4	<b>Matters arising</b>		
	The question was asked to what degree this group was cross-cutting? Should this group take information from other groups and are there protocols for doing this? Should this be a group where imaging protocols are "signed off" or adopted automatically via the NSSG's? After extensive discussion the group agreed that where imaging protocols needed to be changed/improved		

		they should be discussed and “signed off” by this group ensuring the protocols are realistic reflecting imaging availability across the region. Whilst it can be difficult implementing new protocols it should be the responsibility of this group to cascade to their own Radiology departments for implementation, this would help to reduce duplication of scans.		
<b>2.</b>	<b>AGENDA ITEMS</b>			
	<b>2.1</b>	<b>Expressions of interest – Vice Chair</b>		
		When the group was set up there was a desire to have a Chair and Vice Chair. The VC position is still empty. The Chair position is for 2 years and it was thought the VC would take over at that point. Expressions of interest to Dr Robin Mitchell, Clinical Director NESCN <a href="mailto:robin.mitchell@nhs.net">robin.mitchell@nhs.net</a>		
	<b>2.2</b>	<b>Services provided for patients with Learning Disabilities</b>		
		<p>JT, Learning Disability Network Manager gave an overview of the LD Network and it’s remit.</p> <p>JT spoke about access to services for patients with LD particularly Radiology services. Concerns were raised in regard to extended waiting times especially those requiring general anaesthetic (GA) pre imaging. An example was given re one particular patient’s delay in cancer treatment.</p> <p>It was agreed that most areas did have some difficulties. JT was assured each area would look into this.</p> <p>JT asked if patients with LD get equal services when needing help regardless of whether a GA was needed. Extensive discussion took place covering all aspects of providing a service for LD patients. It was agreed there are different services at different sites depending on how they have been set up. It would seem sensible to have one or two centres for all cases rather than all hospitals having small numbers, however, the finance and practicalities of providing such a service would need to be thought through particularly capacity and capability.</p> <p>JT also asked whether there was a need to talk to other departments, such as general anaesthetics. The group agreed this would be a positive move.</p> <p><b>Action: JT to source numbers of LD patients and bring the information back to a future meeting.</b></p>	JT	
	<b>2.3</b>	<b>Regional view of Radiology</b>		
		CM gave a presentation and led a discussion asking for ideas and views on the future of radiology. Discussions covered:		

		<ul style="list-style-type: none"> <li>- The need to save money by being more efficient.</li> <li>- Radiology is the key cornerstone in investigation and management of patients and it's the most asked for in diagnosis.</li> <li>- Cancer care pathways depend on good radiology.</li> <li>- Challenges in delays due to access to diagnostics.</li> <li>- There are demands on the cancer 62 day target.</li> <li>- Recruitment of radiologists is challenging.</li> <li>- There is a need to change the model of delivery and for trusts to work more collaboratively. The group agreed that networking has some merits, skill mixing, with staff moving between trusts</li> <li>- Delivering everything everywhere is not an affordable way to do things.</li> <li>- How can technology be used more effectively?</li> <li>- Challenges of 7-day working.</li> <li>- Early detection of cancer requires more input from diagnostics with limited resources.</li> </ul>		
	<b>2.4</b>	<b>Health Education NE (HENE)</b>		
		<p>DR gave an overview of the work HENE - Radiology Task and Finish group are progressing. The group is looking at a variety of areas which affect Radiology, i.e.</p> <ul style="list-style-type: none"> <li>- Improving the numbers of staff.</li> <li>- Speed of training.</li> <li>- Collaborative working.</li> <li>- Image reporting.</li> </ul> <p>Lengthy discussions took place:</p> <ul style="list-style-type: none"> <li>- Not enough staff to support key specialties. Some departments are 50% understaffed despite a rise in activity but a fall in funding</li> <li>- Scanners run 24 hours/day, 7 days/week. Staff are suffering and are seeing retirement appealing.</li> <li>- There is no capacity for reporting on current ways of working.</li> <li>- Radiology recruitment depends on a National Training Number (NTN).</li> <li>- Retention of trained staff is an issue.</li> </ul> <p>HENE are gathering facts at present with a report due in July. DR will report back to the group with its findings.</p>	DR	
	<b>2.5</b>	<b>Neuro Imaging &amp; MRI Out of Hours (OOH) Imaging Protocol</b>		
		RJ raised concerns received from the Neurological Conditions Network re OOH provision of MRI's.		

		<p>In some areas patients are not being scanned locally and referred on to other Trusts for imaging. The group agreed that all departments have MRI technology, but acknowledged there could be difficulties on the type of scan. The group thought it was inappropriate for patients to be travelling to have this done OOH and this should be supported locally. Processes should be agreed as to how this service could function locally:</p> <ul style="list-style-type: none"> <li>- Agreed protocols</li> <li>- Good communication between Trusts particularly support for those performing the scan, especially those who have less experience in a particular protocolled scan.</li> </ul>		
	<b>2.8</b>	<b>Update – Vascular Services</b>		
		<p>RJ updated on the Vascular Service Review which took place on 11 and 12 January 2016.</p> <ul style="list-style-type: none"> <li>- All centres that provide this service were visited.</li> <li>- The official report is not out yet.</li> <li>- A three centre solution for vascular services has been proposed.</li> </ul>		
	<b>2.9</b>	<b>Radiology Innovation</b>		
		<p>KJ asked the group to consider any service improvement initiatives taking place within Radiology Departments to sharing/present at future group meetings.</p>		
<b>3.</b>		<b>STANDING ITEMS</b>		
	<b>3.1</b>	<b>Any Other Business</b>		
		<p>The group would welcome Commissioning to be part of group discussions where appropriate.</p>		
	<b>3.2</b>	<b>Next Meeting</b>		
		<p>Friday 20 May 2016 14:00 – 16:00 Evolve Business Centre</p>		
<b>4.</b>		<b>MEETING CLOSE</b>		