



CAMRIN NEWS

Edition 7

March 2021

A message from David White, Clinical Lead for the CAMRIN

We are now approaching the first anniversary of the start of lockdown and of the CAMRIN Bulletin!

As we reflected in **January's bulletin**, things have really changed as a result of the COVID-19 pandemic, with the introduction of new ways of working that have been adopted and are here to stay. For us in CAMRIN this makes working with all of you much easier.

We know what we've achieved in the last year and in this issue we're looking forward at what's to come, by highlighting some exciting projects we have in development.

Please take time to read through this issue of the bulletin, if you have any questions or suggestions for the Network please contact **Louie Murphy**.

Best Wishes,

David White, Clinical Lead, CAMRIN

Staff changes and appointments across the Network



- **Carl Moon** – PACS Manager at Alder Hey NHS Foundation Trust
- **Colette Hignett** – Senior Information Quality Analyst within the CAMRIN Team
- **Emma-Jane Poulton** – Radiology Service Manager at Alder Hey NHS Foundation Trust from 1st April 2021
- **Louie Murphy** – Project Co-Ordinator within the CAMRIN Team
- **Sam Wilde** – Radiology Business Unit Manager at The Clatterbridge Cancer Centre NHS Foundation Trust.

Network update

A regional workshop for the development of Community Diagnostic Hubs was held early this month, which had great attendance, with colleagues from across Cheshire and Merseyside, Greater Manchester, and Lancashire and South Cumbria taking part.

The discussions held will be integral to establishing hubs across England in line with **Sir Mike Richards report**, and we are now in the process of setting up a more local workshop with colleagues from across Cheshire and Merseyside.

Members of the CAMRIN team sit on the North West Regional Imaging cell, which meets weekly and is chaired by Dr David Levy, North West Regional Medical Director. As well as providing national information, data and support to the three Imaging Networks in the North West, this meeting provides an opportunity to escalate issues from the imaging shop floor that are often universal across the region. Any information we receive via this route is shared with Radiology Service Managers and Clinical Directors as appropriate.

In addition Dr David White, CAMRIN Clinical Lead, and Gill Holroyd, CAMRIN Collaboration Lead are members of the National Imaging Optimisation Delivery Board (NIODB). The NIODB membership includes a radiologist and radiographer from each of the seven regions, IPEM, AXREM, HEE, SCoR, RCR and the NHSE/I national team. It is chaired by Dr Sam Hare, National Speciality Advisor for imaging.

The NIODB provides broad-based, expert advice to the Imaging Transformation Programme leadership team and wider NHSE/I Diagnostic Programme. It is a forum for the discussion of national imaging strategy, performance and service improvement. Papers are brought to the board for review and approval for dissemination to the imaging community. Recent examples include the Optimal Stroke Pathway, National CT Scanner Specification and an array of implementation toolkits documents linked to Imaging Networks.

The full Terms of Reference for the NIODB are available [here](#) and are also located on the **CAMRIN page** on the Partnership's website.

Trusts within CAMRIN are working hard to ensure that equipment purchased as a result of Adopt and Adapt funding is installed before the end of March 2021. A number of the Liverpool University Hospitals NHS Foundation Trust team are pictured below with the mobile image intensifier which was bought in this way.



Pictured (from L-R); Teeraj Kaur Senior General Radiographer, Tracy Howard Principal Radiographer – In-patients, theatres & mobiles, Andrew Brady Senior General Radiographer and Ellie Kirk Student Radiographer, Emma Finnegan Senior IR Radiographer.

Opportunity

We are still seeking a Clinical Lead for the Radiology Clinical Reference Group. It will be an extremely worthwhile role, as the group will have an important role to play in the Network. They will provide expert clinical and professional opinion and advice on a wide range of topics. For further information, please contact **Carol Cunningham**.

CAMRIN programme updates



Cancer

Cheshire and Merseyside Cancer Network have agreed to provide funding to CAMRIN to undertake work to support the development of Rapid Diagnostic Services (RDS) for people with suspected cancer. The main areas will be: gynaecological; urological; head and neck and sarcoma imaging.

A review of gynaecological cancer imaging is taking place, led by Dr Rebecca Wiles from Liverpool University Hospitals NHS Foundation Trust (LUHFT) and involving Specialist Consultant Radiologists and Imaging Modality Leads from across the Network. The aim is to reach agreement on the optimum pathways and protocols for patients with suspected gynaecological cancers and to provide education and training wherever required.

A similar review of urological cancer imaging will commence shortly, led by Dr Jane Belfield. Significant improvements have already been made in head and neck cancer imaging across the network, led by Dr Rebecca Hanlon at LUHFT. Support will be given to ensure that this is consistent across the Network.

CAMRIN are supporting the development of a RDS for patients with suspected sarcoma.

Clinical Transformation

The Out of Hours Interventional Radiology scoring workshop has been arranged for the 21st April 2021, the supporting information has been sent out which is to be reviewed prior to the workshop, if you have an interest in this and would like to be involved in the decision of how out of hours interventional radiology services will be delivered across Cheshire and Merseyside in the future please contact **Amy Barton**.

A pilot proposal has been developed for the Cheshire and Merseyside Radiology Reporting Collaborative and will be going to TMT in March for approval. More information on this project later in the bulletin.





Data Analytics

The data work stream is gathering pace and the team have welcomed a new colleague who is working hard on all sorts of imaging data.

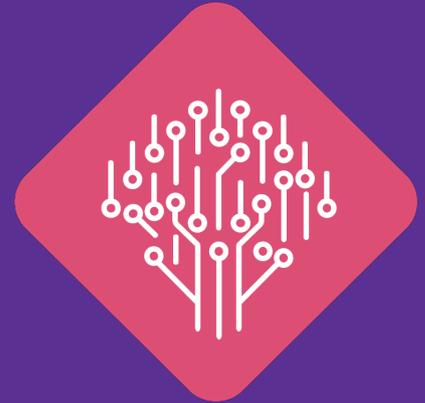
They are also continuing to work closely with our colleagues in the North West and are restarting the capacity and demand work that has been paused since the start of the pandemic.

Digital Delivery

The Digital programme team are moving at pace with the radiology information system (RIS) procurement project and the selected four suppliers are ready to present their wears to the Radiology teams in Cheshire and Merseyside. It is a really exciting time for Radiology as we prepare to embrace change and ensure that our technical architecture is fit for purpose and future proof. All hands are on deck to ensure that the new system meets all the technical requirements for the nine Trusts and the team now have interest from both Mid Cheshire and Wirral to join the consortium.

The Ologies project is going full steam ahead and the technical set up has commenced, the digital programme team are hoping to be in a position to start the pilot with the five selected sites in the next couple of months. They have also tasked an independent company to complete a full risk assessment and clinical safety case to ensure they enable a solution that is safe and secure for Ologies services.

Picture archiving and communication systems (PACS) based reporting is progressing nicely and the team are awaiting final sign off of the clinical safety case from Trusts to move forward with the roll out.



Procurement

The RIS replacement procurement is well underway. Responses to the invitations to tender have been received from four suppliers and have now been evaluated by all Trusts within the consortia. All four suppliers are due to present their solutions to CAMRIN on the week commencing 22nd March 2021 and reference site meetings are currently being arranged. The invitations to submit best and final offers were published on the 10th March 2021. A recommendation report is expected to be submitted to the transitional management team (TMT) and executive oversight group (EOG) during April 2021.

Consultation is in process to define the scope of modalities for inclusion within the Imaging Maintenance procurement project. A project briefing document will be drafted for submission to the TMT.

Imaging equipment capital plans are being collated from all Trusts for submission to NHS England before the end of the month. The 2021/22 multi trust aggregation (MTA) plan has been received from NHS Supply Chain and has been circulated to all Trust procurement leads so that where possible we can align CAMRIN equipment purchasing to these national programmes and benefit from the economies of scale they will offer.

Workforce

Following an excellent return of 260 responses from radiologists and radiographers/sonographers, the career survey has been analysed and presented at the Cheshire and Merseyside Workforce Group meeting.

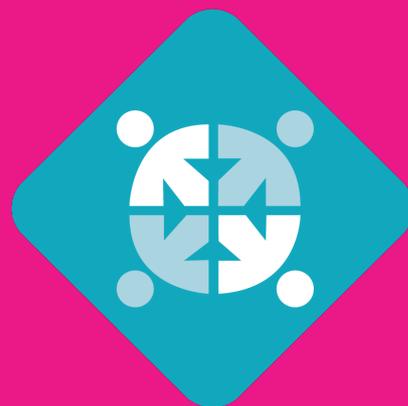
The intelligence gleaned will be used to inform on-going work around skill mix, cross-site working and recruitment and retention. Grateful thanks to all who participated.

The team is working closely with Greater Manchester and Lancashire and South Cumbria imaging teams to develop a workforce strategy and action plans for the North West, in line with national guidance toolkits. This approach will promote sharing and avoid 'reinventing the wheel' at both local and regional levels.

Currently, the Network is working with colleagues nationally, Health Education England (HEE), and the Society and College of Radiographers to develop a career framework for support workers. This includes standardisation of roles and scopes of practice, linked to education and training requirements, so watch this space!

The team is facilitating a North West regional work shop to discuss the 'Radiographer for the Future' on 24th March 2021. The attendees include RSMs, HEE, HEIs, SCoR and the National Imaging Team from NHSE/I. It will focus on the education and training that is required for the future radiographer, ensuring that any training and development programme changes will fit in with HCPC standards.

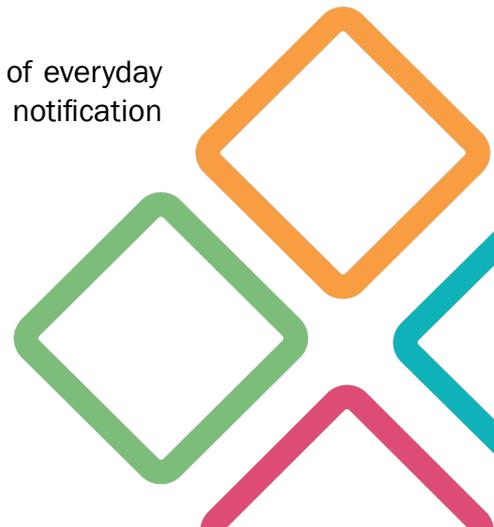
The team is supporting a regional project looking at independent sector provision in place for Trusts, as this will link into capital and workforce planning. Our thanks to everybody who contributed to the survey.



Standardisation and unification of the Cheshire and Mersey (C&M) Radiology Reporting ALERT Codes

In accordance with the guidance and set requirements from the Royal College of Radiologists (RCR) and National Patient Safety Agency (NPSA) all radiological reports should be produced, read and acted upon. The reporter as efficiently as possible must flag up reports appropriately when they feel a fail-safe alert coding is required.

The key is communication which is critical yet a challenging aspect of everyday medical practice. Effective fail-safe IT systems and robust alert notification is mandatory with patient safety being at the forefront. The communication methods are dynamic and vary across NHS hospitals, independent sector services and teleradiology reporting providers. Keeping up with the technological advances in the communication systems can be difficult. Regardless of the method of communication, at times there is a small predictable level of communication failure as with any traditional communication system under substantial stress.





In 2020, the Cheshire and Merseyside Radiology Imaging Network (CAMRIN), successfully completed the standardisation and unification of the Clinical Radiology Cheshire and Merseyside ALERT codes and we are leading the way nationally with this. The primary aim of the unification of the reporting codes is a small part of the big picture with the long-term vision in the Cheshire and Merseyside (C&M) region being unification and centralisation of requesting investigations, vetting, appointments and bespoke super specialised hub reporting system with the objectives to enhance patient's needs and experience, quality assurance and improvement.

Gone are the days when the reporter's responsibility finished with image interpretation and signing off the report. Without adding significant tribulation or variation in everyday practice to the already busy workload of radiologists and radiology departments to conclusively alert reports we kept the codes as clear and concise as possible. We collated all codes from participated C&M hospitals then subsequently formulated and agreed on a relatively simple list of common ALERT codes according to key designated categories with the main ones namely being; critical, urgent and/or unexpected, new cancer, follow up, cancer specific i.e. lung, gastrointestinal, gynaecological and unknown primary. No matter what coding systems are in place, the responsibility of any radiological report lies with the referring teams and they must have a clear workflow and policy to act upon the result of the study that they have requested.

The concept and use of the unified and standardised C&M ALERT codes though in its infancy has been welcomed by clinicians and radiologists. No doubt upgrades and valued changes over time as with anything will happen. With the support and vision of the CAMRIN through this project, it has successfully steered the way forward for the future of the NHS, RCR and stakeholders to look at implementing an unified radiological coding systems across other regions and finally one day a nationally fully recognised radiological ALERT coding system.

Acknowledgments: Dr Farooq Ammad (Consultant Radiologist), PACS teams at the Liverpool University Hospitals NHS FT, C&M Cancer alliance team and Radiology Clinical Directors of the CAMRIN.

This piece was written by Dr Sumita Chawla, Consultant Radiologist, Deputy Divisional Medical Director for Clinical and Diagnostic Support Services Honorary Senior Clinical Lecturer (University of Liverpool), who we'd liketo thank.

Cheshire and Merseyside Radiology Reporting Collaborative (CAMRRC)

A proposal has been developed to pilot the Cheshire and Merseyside Radiology Reporting Collaborative (CAMRRC), the aim of the CAMRRC is to reduce the amount of outsourced reporting across Cheshire and Merseyside.

The CAMMRC project team are proposing that we conduct a small pilot initially with one Trust sending reports to a designated consultant in another Trust, then increasing the number of consultants and Trust involvement weekly until at least one consultant from each Trust has reported for the collaborative.

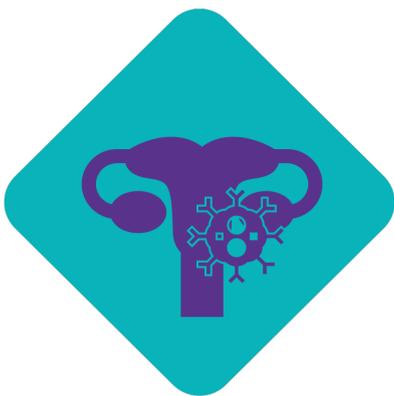


The pilot will be an exploratory exercise to prove if the following assumptions would work;

1. That there is the technical capability and capacity to work in a remote fashion using the trust owned hardware 'remote workstations'
2. That the established governance process is sufficiently robust to withstand any challenges or conflicts that may have arisen during the course of Pilot
3. That the payment values are sufficiently appealing to the Radiologists participating in the Pilot whilst being at a sustainable level for the host organisation
4. That the work involved in manually processing the activity undertaken and subsequent payments could be measured to understand the requirement for future automated brokerage activities
5. That CAMRIN would be able to capture all benefits, risks and lessons learned to better our knowledge of working in such a way, and the implications of this upon future pilots.

If you are interested in finding out more or would like to be involved please contact **Amy Barton**.

Gynaecological Cancer Imaging Review



Gynaecological imaging involves so many modalities and different cancer types and undertaking this review has presented an opportunity for gynaecological imaging specialists across Cheshire and Merseyside to examine current practice and agree what the gold standard should be going forward.

There are currently no national pathways for patients with suspected gynaecological cancer. Pathways for patients with suspected ovarian or endometrial cancer has been developed for Cheshire and Merseyside by a Delivery Group formed by Cheshire and Merseyside Cancer Alliance (CMCA) and consisting of a range of professionals involved in the diagnosis, care and treatment of these patients.

An Imaging Delivery Group has been formed to:

- review current practice with regard to gynaecological cancer imaging;
- analyse the gap between the current situation and what is required for the local pathways;
- agree measures to be taken;
- plan actions that will reduce that gap;
- provide mutual support to implement changes.

In addition to ovarian and endometrial cancer, imaging of other areas will also be considered, mainly cervix and vagina/vulva, with the intention of clarifying the optimal imaging pathway through from primary care to secondary and tertiary.

The group will also input into development of Gynaecological Rapid Diagnostic Service protocols for the Network to ensure that patients are directed to the appropriately imaging investigation in a uniform fashion across the Network.

The Clinical Lead who is a Specialist Gynaecological Consultant Radiologists will provide guidance, support and teaching in image acquisition and reporting in order to optimise practice.

