

# BENEFITS ARE COMIN' TO TOWN!

Welcome to issue 15 of CAMRIN News! In this issue, dive into the latest insights from our ongoing transformation workstreams, and gain valuable perspectives from our benefits lead Jae Richardson, on the benefits first approach we've recently adopted. An approach, that will ensure we are putting our resources where they bring the most benefit to our dedicated staff and the patients that we collectively serve.

We are also really excited to share that we have been successful in our bid to implement a new AI tool to analyse chest X-ray images across 10 NHS trusts in Cheshire and Merseyside, against the national Artificial Intelligence Diagnostics Fund. There is more information about the funding we've secured in this issue and we will bring you more updates as the project progresses.

In this issue, we also welcome two new members of the central CAMRIN team, who introduce themselves, their roles within the team, and tell you about where they've joined us from. Whilst they also share what they're most excited about, looking ahead, now that they've started their new roles and are a part of the Network.

As we reflect on the strides made throughout this year, and think about next year, we extend our heartfelt gratitude to every member of the

Cheshire and Merseyside Radiology Imaging Network, for their unwavering dedication and hard work. As you, and the health and care organisations that you work for, consistently go above and beyond, and your contributions, collaboration, and support, have been absolutely instrumental in our collective successes as a Network this year.

So as the holiday season approaches, we take a moment to express our warmest wishes for a joyful Christmas, and for an even more successful year together in 2024. One that's filled with new opportunities, achievements, and shared prosperity, that will be a year to remember!

Thank you for your continued commitment to CAMRIN and all the best for the new year.

David White,  
**CAMRIN Clinical Lead**



David White  
CAMRIN Clinical Lead



## STAFF APPOINTMENTS ACROSS THE NETWORK

**Karen Watson** has retired after over 36 years at the Trust

**Stephanie Pennington** is now the Aintree IR Lead

**Jennifer Wall** is now the Royal IR Lead.

**Liverpool University Hospitals NHS Foundation Trust (LUHFT)**

**Rob Parker**, PACS Manager at WUTH, has taken on the role of PACS Cloud Operational Lead, to support CAMRIN's PACS Cloud Project.

**Wirral University Teaching Hospital**

**NHS Foundation Trust (WUTH)**





## MEET... FAYE SEFTON

Programme Manager

### WHAT IS YOUR ROLE WITHIN CAMRIN:

I am a Programme Manager within the CAMRIN. This involves overseeing and coordinating multiple related projects to ensure they align with the strategic objectives of the CAMRIN, the Diagnostics Programme, and more widely the Integrated Care Board (ICB), and that they're executed efficiently.

### WHAT IS YOUR WORK HISTORY:

I previously worked for NHS Cheshire and Merseyside's Digital Programme, where I led the Robotic Process Automation (RPA) Project. A project that utilised unified technology funding to support 10 Trusts to implement RPA or build on their automation capabilities. To support recovery, resilience, and transformation, better management of patient demands and resource pressures, whilst also delivering short, medium, and long-term efficiency savings.

### SOMETHING YOU MAY NOT KNOW ABOUT ME:

I have a Bachelor of Arts (Honours) Advertising degree and I began my NHS career in 2016, as a 'Digital Media and Communications Assistant', working at Mersey Care NHS Foundation Trust.

### WHAT ARE YOU EXCITED ABOUT:

Radiology has demonstrated an enviable ability to develop, harness, and enhance digital health far ahead of other branches of medicine, so I'm really excited to be working in this space. I'm also excited about utilising my skills and experience to lead the 'Business Intelligence' programme, and support the digital 'PACS Cloud' project, and to put the accreditations I've recently gained outside of work (ITIL 4 Foundation, MSP Foundation, MSP Practitioner, and APMG International Managing Benefits Practitioner) to good use in my new role!

## MEET... DR NIK BARNES

Clinical Lead for Business Intelligence, Digital & Procurement



### WHAT IS YOUR ROLE WITHIN CAMRIN:

I am the CAMRIN Clinical Lead for Business Intelligence, Digital & Procurement. This means I am part of the CAMRIN management team and specifically help and advise the CAMRIN on data reporting, digital projects (such as AI and PACS) and procurement related to IT systems.

### WHAT IS YOUR WORK HISTORY:

I have been a consultant paediatric radiologist since 2003 working at Alder Hey Children's Hospital. I have been the Radiology departmental lead for PACS and IT since starting in 2003. I was also Clinical Lead for IM&T/CCIO at Alder Hey Children's hospital for 10 years. As CCIO I was clinical lead for the team that created and established the Innovation department, implemented the new Electronic Patient Record (EPR) and successfully implemented the Global Digital Exemplar (GDE) programme. I developed three of the programmes within the GDE project including the Alder Play App for patients, "other ologies" for storing images and videos outside of radiology, and speciality packages (helping departments use our electronic systems more efficiently). Since retiring as CCIO I have continued to work as a radiology consultant and also worked as an IT consultant to a number of companies before working as a clinical advisor to the nascent ICS on a number of projects, particularly advising on clinical safety cases.

### WHAT ARE YOU EXCITED ABOUT:

Technology has the power to change the way we work and Cheshire and Merseyside Radiology has often led the country in the way we have deployed systems to support workflow, and it's great to be involved with the team that are continuing to lead this change. Technology is never just the answer and using my experience to help clinicians make the most of our projects is always great fun. There is nothing better than converting a cynic to a supporter. Seeing other ologies grow from a "wouldn't it be good" type conversation to a CAMRIN wide project with phase 2 of the project will be rewarding.

### SOMETHING YOU MAY NOT KNOW ABOUT ME:

My interest in the application of technology stems from an early age working with my father both building computers and writing software to monitor equipment in his laboratory. The advent of the BBC microcomputer allowed me to "hone" my programming skills. Any free time I do have now is spent playing guitar, building guitar pedals, rock climbing with my family, and helping to coach my son's football team.



# AI DIAGNOSTIC FUNDING SECURED BY CAMRIN!

The CAMRIN team are delighted to share that we have successfully secured coveted funding from the NHS Transformation Directorate's AI Diagnostic Fund (AIDF), to accelerate the deployment of an AI imaging and decision support tool that will help 9 Trusts across the Network to diagnose lung cancer patients more quickly, to improve their outcomes.

This year, the AI Diagnostic Fund has provided a total of £21m in funding to 11 out of 22 imaging networks across England, for the implementation of AI for chest X-Ray and CT reporting, with the aim of increasing the country's diagnostic capability, through innovation. This funding will enable imaging services within trusts to become more efficient and effective, helping to reduce the rising demand for diagnostics, and the growing backlog, whilst also minimising the administrative burden on clinical staff, to better maximise the use of their time.

CAMRIN will use the funding they've received to implement a new AI tool to analyse chest X-Ray images across 9 Acute and Specialist trusts in Cheshire and Merseyside. The tool is intended to identify nodules and masses on Chest X-Ray radiographs, which can indicate possible lung cancer. Then images that contain these abnormalities will be prioritised for reporting, enabling radiologists and reporting radiographers, to ensure patients who need further diagnostics and care will receive this as soon as possible, to improve their outcomes.

As currently over 43,000 new lung cancers are diagnosed in the UK every year, but only 26% of patients (just over 11,000) are diagnosed at an early stage, when the five-year survival rate is much higher (over 60%). Unfortunately, 44% of cases (almost 19,000) are not caught until a late stage when the survival rate is below 10%. The National Cancer Programme aims to tackle this, as part of their long-term plan, by diagnosing 75% of all cancers at an early stage by 2028, which is predicted to prevent around 55,000 avoidable deaths per year, by allowing treatment plans and interventions to start sooner.

Out of the 43,000 new lung cancers diagnosed in the UK every year, 36% of these (almost 15,500) result from a direct GP referral for further investigations, based on symptoms outlined in the NG-12 referral guidelines, produced by the National Institute for Health and Care Excellence (NICE). With this in mind, CAMRIN's AI for Chest X-Rays Project aims to reduce the time taken for Cheshire and Merseyside patients to receive a diagnosis and treatment, when referred by their GP. However, the benefits will be felt by all those receiving Chest X-rays across the region, including patients travelling in from neighbouring areas.

**Speaking about the AI Diagnostic Fund, Professor Stephen Powis, NHS National Medical Director, said:**

"The NHS is already harnessing the benefits of AI across the country in helping to catch and treat major diseases earlier, as well as better managing waiting lists so patients can be seen quicker. As we approach 76 years of the National Health Service next year, this is another example of how NHS is continuing its proud history of adopting the latest proven technology to deliver better care for patients, and better value for taxpayers".

**Dr John Mullany, Consultant Radiologist and CAMRIN Clinical Lead for AI said:** "With the escalating demands placed upon radiology departments, it is imperative to harness every available tool that holds the promise of enhancing patient outcomes and bolstering productivity. The successful allocation of funding through our bid from the AIDF signifies a pivotal moment. This funding will facilitate the procurement of cutting-edge artificial intelligence software, with the potential to advance chest X-Ray reporting, in terms of both accuracy and speed. This technology has the potential to redefine the patient journey".



**Dr Nik Barnes, CAMRIN Clinical Lead for Business Intelligence, Digital & Procurement added:** "CAMRIN's successful bid for AIDF funding is going to allow another exciting step towards integrating AI into everyday radiology workflows, it is with immense pride that CAMRIN stands at the forefront of this national initiative, expanding on our other artificial intelligence projects in imaging".

You can find out more about the Cheshire and Merseyside Radiology Imaging Network (CAMRIN), its six programmes of work (Business Intelligence, Clinical Pathways, Digital, Procurement, Transformation, and Workforce), and see its latest news and updates [here](#).

You can find out more about the NHS Transformation Directorate's AI Diagnostic Fund [here](#).



# YOUTH ENGAGEMENT EVENT

On Saturday 7th October, CAMRIN joined colleagues from the Greater Manchester Imaging and Pathology Network at the Science and Industry Museum, in Manchester, to showcase Radiology as part of their 'Get Curious' event focused on healthcare professions.

The event included a series of interactive activities to teach children about healthcare professions such as Radiography, Podiatry, Speech and Language Therapy, Audiology, Prosthetics, Pathology, and Microbiology.

Our Radiography activities included match the toy with their X-ray, guess the chocolate bar X-ray quiz, skeleton jigsaws, and colouring pictures. This was a great opportunity to spread the important and exciting work that Radiographers do and to inspire the next generation of radiographers.



# CAMRIN CLINICAL REFERENCE GROUP (CRG) TRUST VISITS



Dr Sacha Niven, Clinical Lead for the CAMRIN Clinical Reference Group, Dr James Hare, Deputy Clinical Lead, and Carol Cunningham, Clinical Programme Manager, have been visiting Radiology Departments across Cheshire and Merseyside to find out first-hand what specific issues they are facing and to explore whether any of these can be resolved by adopting a network approach. Some of these issues will be addressed by the Clinical Reference Group, whilst others may fall into other workstreams, such as workforce or the CAMRIN Management Group.

#### Trusts visited so far:

Alder Hey, The Countess of Chester, Liverpool Heart and Chest Hospital, Liverpool University Hospitals – Liverpool and Aintree sites.

#### Major themes identified from the visits:

- Difficulty recruiting to fill workforce gaps, particularly Consultant Radiologists for adult and paediatric services, Ultrasonographers, and Radiographers.
- Radiographers are undertaking reporting of plain films, chest X-rays, and abdomen X-rays in many of our hospitals. There are several others in training, with plans to explore reporting of MR scans and undertaking procedures such as biopsies. On the Aintree site, Radiographer led discharge is being developed for patients from Accident and Emergency, with plans to extend this to Elective care.
- There are Assistant Practitioners undergoing training to become Radiographers, one in Nuclear Medicine.

- There is interest in the planned Radiology Reporting Collaborative as a significant number of examinations are being outsourced for reporting.
- There is a huge demand for Interventional Radiology procedures, which are carried out in similar environments to surgery, requiring general anaesthetics and nursing care, which are not always available. Some hospitals would benefit greatly from new equipment and additional equipment will be required to meet the rising demands.

#### Areas identified for the Clinical Reference Group to tackle or work jointly with other workstreams on:

- Joint posts for Consultant Radiologists to expand Paediatric Radiology skills and capacity.
- Standardisation of protocols in musculo-skeletal MR scanning.
- Explore the possibility of delivering training in scanning and monitoring patients with cardiac pacemakers safely, so that this can be carried out on more sites.
- Consideration of collaboration on specialist imaging services, such as CT guided lung biopsies and cardiac imaging.
- Explore the potential for using imaging systems to support cross-site working and specialist reporting.

Further visits will be undertaken over the next couple of months – for further information, please contact Dr Niven – [sacha.niven@nhs.net](mailto:sacha.niven@nhs.net), Dr Hare – [jameshare@nhs.net](mailto:jameshare@nhs.net), or Carol Cunningham – [carol.cunningham@liverpoolft.nhs.uk](mailto:carol.cunningham@liverpoolft.nhs.uk).



# CMAST TAKES HOME PRESTIGIOUS HSJ AWARD



The Cheshire and Merseyside Acute and Specialist Trust Alliance, which is also known as "CMAST", is a collaborative of providers that come together to lead on system-wide programmes. Including; Clinical Pathways, Elective Recovery and Transformation, Diagnostics, Workforce, and Finance, Efficiency and Value. Recently, the alliance received national recognition, by **winning 'Provider Collaborative of the Year' at the HSJ Awards 2023**, which took place on Thursday 16th November.

Judges praised CMAST's effective collaboration, noting its role in eliminating the 104-week wait and reducing the 78-week wait for nearly 40,000 people, meaning more people received the care they needed much quicker. The awards were judged by more than 190 leading health and care figures including NHS England chair Richard Meddings, Department of Health and Social Care director general for NHS performance and policy Matthew Style and National Institute for Health and Care Excellence chief executive Sam Roberts.

CMAST's Diagnostics Programme was also shortlisted for the 'Modernising Diagnostics Award' for delivering over 117% more CT scans and 115% more colonoscopies than pre-pandemic levels and ensuring patient waiting times have reduced. And although the Diagnostics Programme didn't win the award, we're delighted to share that our neighbours from the brainHealth Manchester team did. Specifically for **their work in developing a new 'pathway' to help diagnose the underlying diseases** causing dementia in people living with the mildest forms of cognitive impairment.

Allowing service users to have better knowledge and choice when it comes to making decisions around their illness and future care, as well as making it easier to participate in some of the groundbreaking research taking place in Greater Manchester Mental Health NHS FT. A huge congratulations to all the worthy winners!

# CELEBRATING WORLD RADIOLOGY DAY IN CHESHIRE AND MERSEYSIDE

World Radiography Day took place on Wednesday 8th November 2023, to mark the 128th anniversary of the discovery of X-rays in 1895, after seven weeks of assiduous work by Wilhelm Conrad Röntgen, which was a momentous event that instantly revolutionised the fields of physics and medicine.

The purpose of the awareness day is to raise public awareness of radiographic imaging and therapy, which play a crucial role in the diagnosis and the treatment of patients and, most importantly, ensuring radiation is kept to the minimum required, hence improving the quality of patient care.

In fact, the theme behind this year's World Radiography Day was 'Celebrating Patient Safety', to help further emphasise the importance of the professional role of Radiographers in maintaining the efficiency of healthcare systems, and in ensuring patient safety, beyond radiation protection.

To mark the occasion, we issued a thank you message to radiographers working across Cheshire and Merseyside, and the country, which appeared on NHS Cheshire and Merseyside's **Facebook, Twitter,** and **LinkedIn** channels, and we also saw several awareness day pieces published by Trusts locally.

These pieces included: a post from the **Alder Hey Radiology team** sharing a nice message they'd received, a post from the **Clatterbridge Cancer Centre** showing their awareness celebrations, and a post from **Liverpool University Hospital colleagues** reminiscing about their favourite Radiology moments.

Next Year's World Radiology Day will fall on a Friday, and there are **several ways you can mark the occasion** such as teaching other colleagues about the field of radiography and the technology used in medical imaging, and sharing your success stories. Don't forget to **let us know** what your plans are!



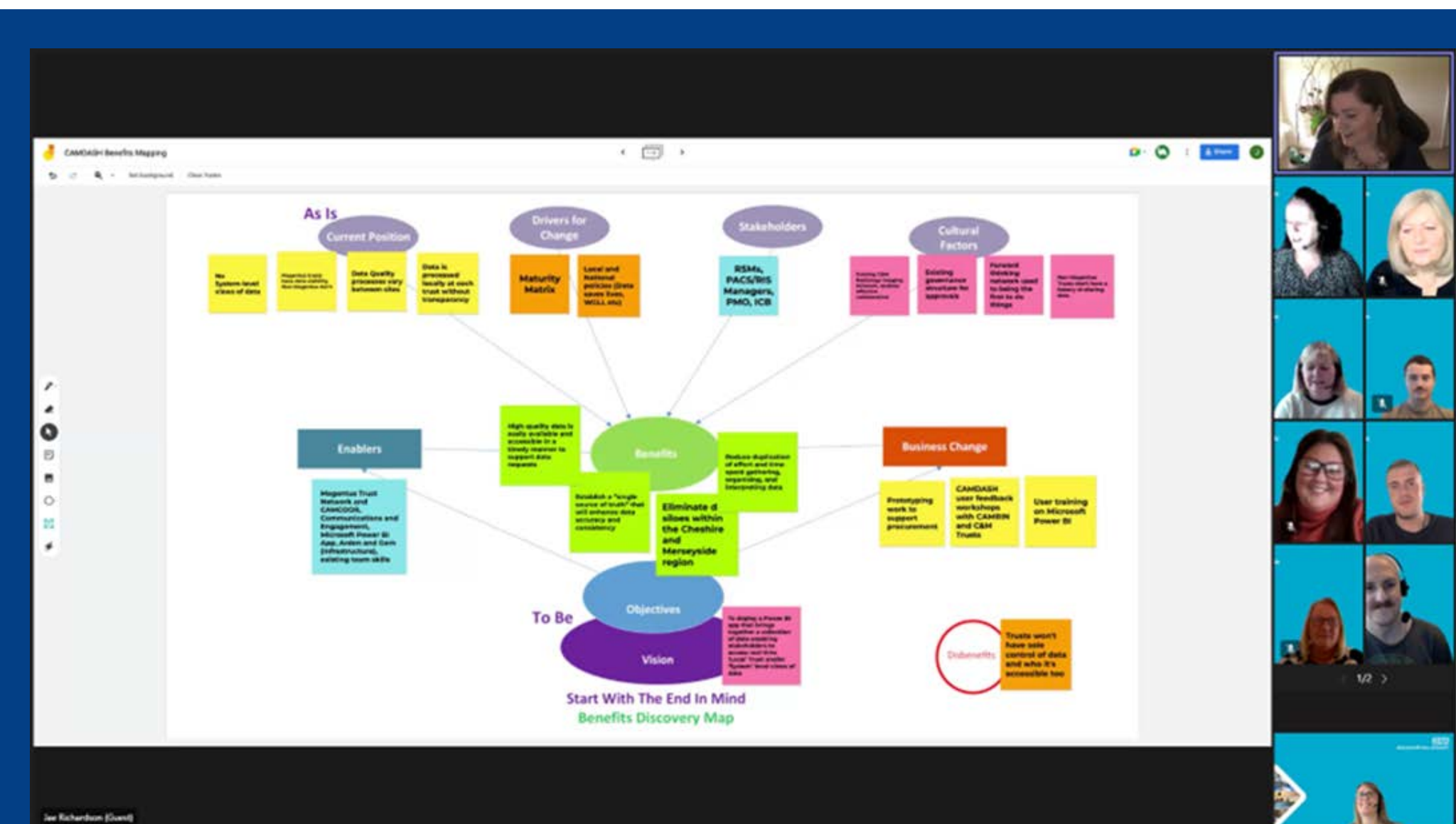


# DRIVING IMPACT IN CAMRIN PROGRAMMES THROUGH BENEFITS REALISATION MANAGEMENT

Benefits realisation management is a critical discipline that helps ensure programmes maximise benefits and outcomes from change initiatives. It involves proactively identifying, mapping, tracking and optimising benefits that are expected to be delivered and ensures these are aligned to strategic objectives. Effective benefits realisation management is key to demonstrating value and return on investment of any major organisational undertaking. Contemporary research demonstrates that organisations who have high levels of benefits realisation management maturity are much more likely to achieve their objectives.

NHSE have forecasted a 10% improvement in diagnostic services productivity by March 2025 and the National Digital Diagnostic Programme expect evidence-based tracking and realisation of benefits to demonstrate this.

That is why building capabilities in this area has been a focus for the CAMRIN programme management team. Jae Richardson, a Benefits Analyst specialist, has been working closely with the team and providing continued support and guidance in this area.



**THE CAMRIN TEAM IN A BENEFITS WORKSHOP**

Earlier this year, we surveyed the CAMRIN programme management team in relation to their confidence in key benefits realisation management tasks. This provided a baseline to focus our development efforts and the results showed a spread of self-assessed skill levels. Some of the key challenges included identifying, categorising and mapping measurable benefits, alignment to strategic objectives, retrofitting benefits and difficulties in identifying trackable metrics and lack of robust baseline measures.

Many of the team had in fact recently undertaken formal benefits realisation training, however they lacked the practical application

of the theory in their day-to-day programmes. So, we implemented weekly collaborative sessions that involved interactive and focused practical application of benefits realisation management theory in real world situations, with an ultimate aim to better equip our team to maximise benefits and embed a benefits-led approach across CAMRIN programmes.

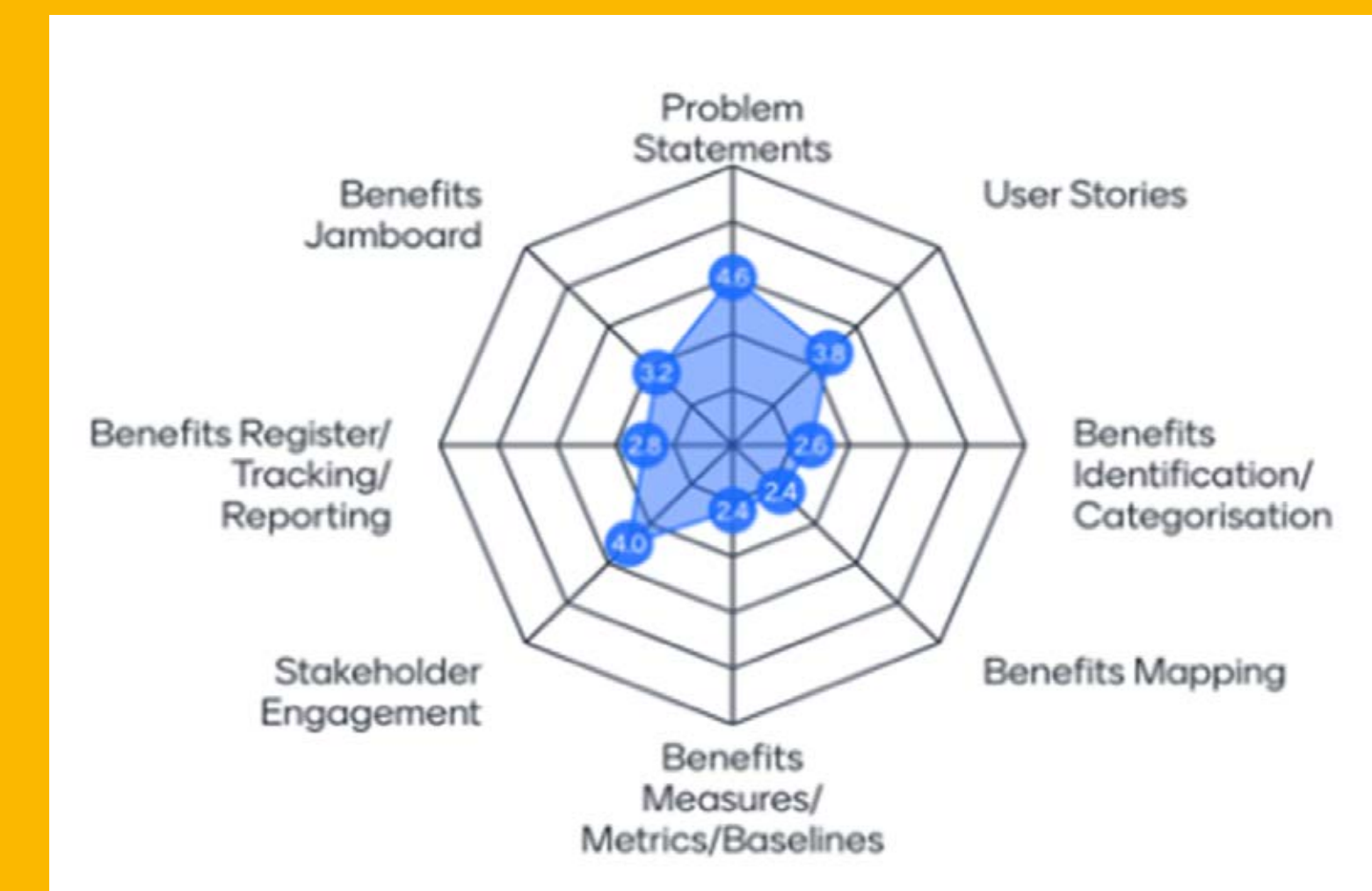


Our collaborative workshops involved identifying problems and formulating impactful problem statements, mapping benefits to clinical, operational and workforce objectives and supplementing this with measures plans where metrics can be identified, baselined and tracked, using bespoke design benefits management tools. For example, for the CAMDASH project, the wider team worked together to review and validate the problem statements and benefits maps that the CAMDASH team had already drafted, we then looked in more detail around the proposed time savings measures and adjusted the forecasts based on local knowledge and intelligence. Real partnership working in practice!

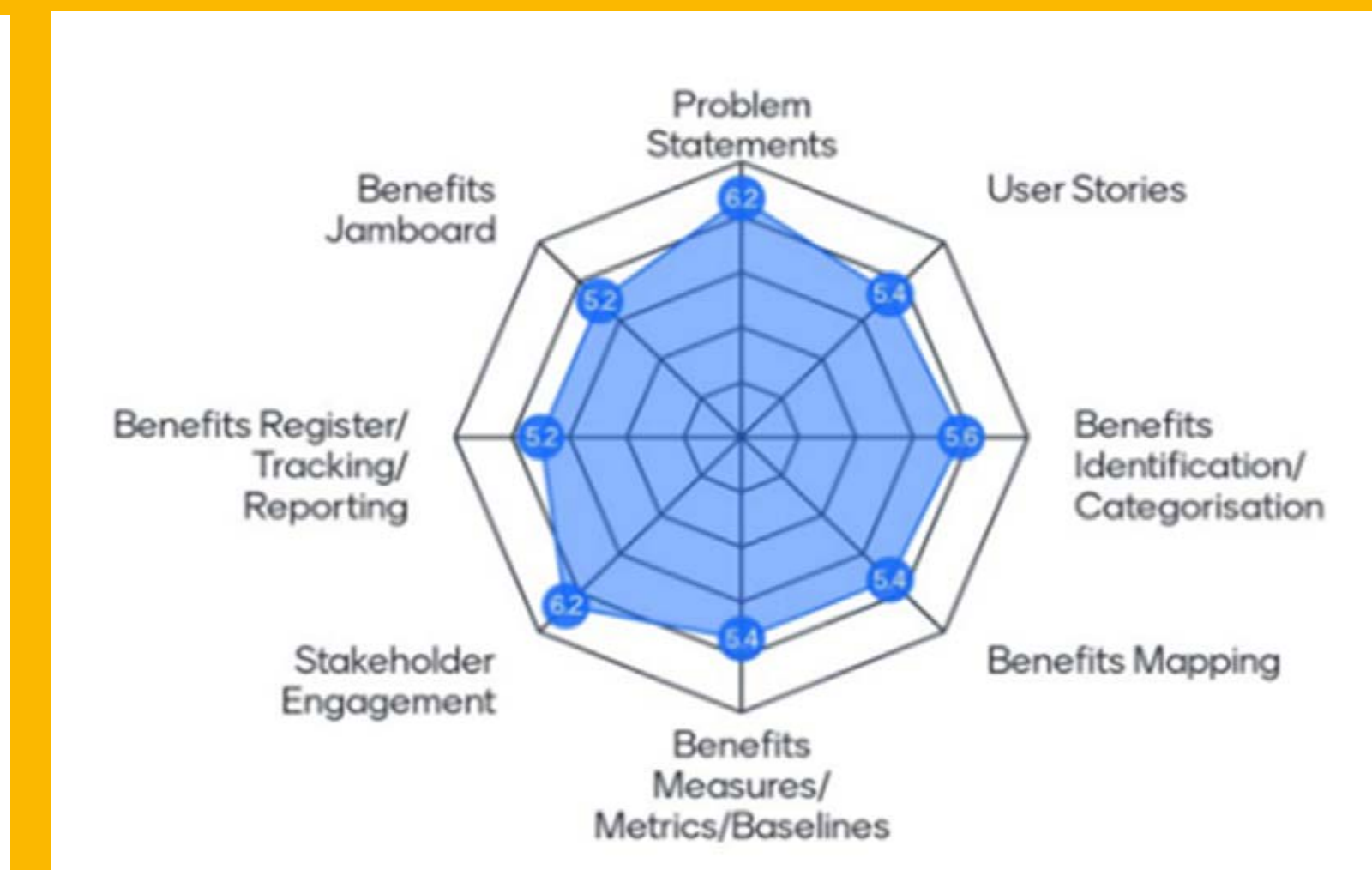
### This is what some of the team had to say about the weekly benefits sessions:

- I have enjoyed working together as a team, bouncing ideas around, and getting everyone's input on things you may not have even considered.
- The best part of benefits realisation management is working together with others to identify, measure, and then track the actual benefits, and outcomes delivered, to ensure they align with core goals.
- Benefits realisation management has helped me to realise the value of my projects and the impact that they'll have when they move into business as usual.
- A logical approach to ensuring that all stakeholders are expecting the same outcome/benefits.

# SURVEY OF CAMRIN MANAGEMENT TEAM PRE AND POST IMPLEMENTATION OF WEEKLY BENEFITS SESSIONS



PRE IMPLEMENTATION (JUN 23)



POST IMPLEMENTATION (NOV 23)

We recently conducted a follow-up survey about the weekly benefits sessions and the results demonstrated measurable gains in benefits management capability across the CAMRIN Programme Management Team.

With scoring scales as 1 = not very confident and 7 = very confident, the following improvements were shown:

- Problem statements increased from 4.6 to 6.2
- User Stories increased from 3.8 to 5.4
- Identification increased from 2.6 to 5.6
- Mapping increased from 2.4 to 5.4
- Measures increased from 2.4 to 5.4
- Engagement increased from 4.0 to 6.2
- Register/reporting increased from 2.8 to 5.2
- Benefits Jamboard (online collaboration tool) increased from 3.2 to 5.2.

### Outcome of the weekly benefits sessions:

The surveys the CAMRIN management team completed pre and post implementation of the weekly benefits sessions that are now in place (see results above), demonstrate the impact of having dedicated time to work on benefits. That said, we are committed to further honing our skills in this critical discipline of benefits realisation management and our methodical approach helps ensure CAMRIN projects and programmes realise their full potential impact for patients, staff and the broader health system. Our enhanced skills will be integral in equipping our network to achieve the 10% efficiency and productivity gains expected and in contributing to improving our overall network maturity matrix to a status of thriving.



# LHCH RADIOLOGY RESEARCHERS WIN PRIZE

Congratulations to Radiology researchers at Liverpool Heart and Chest Hospital NHS FT, who have been awarded this year's 'Best Paper Prize' by the European Society of Cardiovascular Radiology (ESCR). The paper titled: 'Limitations of cardiothoracic ratio derived from chest radiographs to predict real heart size: comparison with magnetic resonance imaging' was written by Paulius Simkus, Manuel Gutierrez Gimeno, Audra Banisauskaite, Jurate Noreikaite, David McCreavy, Diana Penha, and Monika Arzanauskaite. Again, well done to all of our colleagues who were involved in this now award winning piece of work!

[Click here to read the full paper](#)



# EXPRESSION OF INTEREST OFFER FOR CT COLONOGRAPHY TRAINING



NHS England has prioritised and secured funding to continue to provide dedicated CT Colonography training and accreditation to NHS Radiographic staff in the Northwest. The national NCTCTAP programme team and the Northwest Imaging Academy, are now inviting expressions of interest applications from NHS Trusts that wish to put forward Radiographers to undertake this training, utilising the secured funds.

You can read a summary of the training programme and how it will benefit trainees below:

- **Format** - The Module A training programme consists of five elements which are completed over a 16- week period. For an overview of the programme please visit the [National Training Programme's website](#).
- **Scope** - The module syllabus is designed to cover the levels 1-3 in the CTC Service practitioner's framework as detailed in the SCoR/CTC Radiographer Education Development Group [National best practice guidelines for the CT Colonography Service](#).
- **Personal Development** - Trainees can use their evidence to confirm their ability to perform CTC in alignment with national best practice guidelines.
- **Academic Recognition** - Should trainees wish to pursue a Post Graduate Certificate (PgC) in CTC at an accredited university, their portfolio of evidence can be submitted for consideration as Accreditation of Prior Learning.
- **Funded places** - There is a maximum of 20 funded places for new

trainees, for the Northwest, this financial year with a maximum of two funded places per Trust.

Additionally, if your Trust is interested in putting forward a CT Colonography Trainer, you can read more about what the conditions are for nominating a Trust trainer below:

- **Requirements** - In addition to expressing interest in trainees, trusts should indicate interest in putting forward a trainer. Each participating Trust will be required to nominate their most experienced CTC practitioner to become their Trust based trainer.
- **Support** - A train the trainer programme for a Trust based CTC trainer will be provided and will allow the trainer to work alongside trainees in their day-to-day practice to develop their clinical competencies.
- **Funded places** - There is a maximum of 10 funded places for trainers, for the Northwest, this financial year.

## Expressing Interest

To express interest in your trust for new trainees / trainers, please [click here to download the expressions of interest form](#). Once completed, please return the form to: [lnwh-tr.ctctraining@nhs.net](mailto:lnwh-tr.ctctraining@nhs.net) and [sarah.hadfield7@nhs.net](mailto:sarah.hadfield7@nhs.net) by Friday 8th December 2023.

If you have any questions or require further information regarding the programme, please do not hesitate to contact the national NCTCTAP email address: [lnwh-tr.ctc.training@nhs.net](mailto:lnwh-tr.ctc.training@nhs.net).





## BUSINESS INTELLIGENCE

The first phase of our Microsoft Power BI app "**CAMDASH**" went live in Mid-November. Enabling key stakeholders from the majority of our acute and specialist Trusts to access radiology data from their own hospital site, as well as an Integrated Care System wide aggregate of radiology data, which hasn't previously been possible. Currently the app predominantly brings together a collection of dashboards, reports, and datasets from our Trusts that use CRIS, which is the most widely used radiology information system (RIS) in the UK. However, it also pulls data from other sources, such as the most recent National Imaging Data Collection (NIDC) submissions, with more sources to come!

Over the next few weeks, to help us ensure that **CAMDASH** is the best it can be for all our users, we've asked the key stakeholders who have access to the app, to test it, and share their experiences, feedback, and suggestions via email and/or by attending a dedicated 'User Feedback' session that'll be held in early December. As we'll be using the information gained from user testing to

validate the app's functionality, performance and usability, and data accuracy, as well as to identify and address any teething issues, bugs, or inconsistencies. With improvements and additional features to be added iteratively, to enhance **CAMDASH** based on user's needs and evolving requirements.

Moving forwards, we're working with two of our acute and specialist Trusts that are yet to sign the **CAMDASH** data protection impact assessment (DPIA), that will enable us to bring their data into the app and to give them access to it. Whilst we will be undertaking a report-builder workshop at the end of January, to support us in developing new reports for **CAMDASH**. The team will also be working with our non-CRIS Trusts, on a plan to bring their data into the app by March, which will enable the CAMRIN Programme Management Office (PMO) to see performance for both CRIS and non-CRIS Trusts in near-real time, which will enable data-driven insights and decision-making that'll support our radiology staff, and ultimately, help to improve services for the patients that we serve.



## CLINICAL PATHWAYS

The CAMRIN Radiology **Clinical Reference Group** has been re-established, with the first meeting held on 25th September with Dr Sacha Niven as its Clinical Lead and Dr James Hare as Deputy Clinical Lead. Membership includes Radiology Clinical Directors, Radiology Service Managers and Imaging Modality Leads, the Medical Director of Cheshire and Merseyside Cancer Alliance, Diagnostic Leads for the Cheshire and Merseyside Integrated Care Board and a patient representative.

The topics discussed at this meeting include: the National Clinical Guidance for Stroke and its implications for imaging services, the role of imaging in the C&M Metastatic Spinal Cord Compression pathway - which has brought about improvements and resulted in less patients suffering paralysis as a result of the disease, the regional pathway

being developed for patients presenting with brain tumours as an emergency, and the latest recommendations on the use of alerts and notifications in radiology to assist in patient pathways.

Dr Niven is in the process of visiting all the CAMRIN trusts to find out what particular issues they may be facing, with a view to identifying any that could be tackled as a network to bring about improvements. (please see the separate article above, titled 'CAMRIN Clinical Reference Group (CRG) Trust visits').

If you have any questions about the **Clinical Reference Group** or would like to arrange a visit to your imaging department, please email **Dr Niven**, Clinical Lead or **Carol Cunningham**, Clinical Programme Manager.





## DIGITAL DELIVERY

Progress continues with '**Other Ologies**' and a dedicated workspace for the project has now been set up on the FutureNHS Collaboration Platform, to centralise documentation, policies, procedures, and training resources for Ologies users. The latest project achievements include go-live of the solution for The Walton Centre, with their Tissue Viability Nurses now able to store and view patient images, as well as the Liverpool University Hospitals Tissue Viability Team also beginning to store and view images in the solution. Whilst after successful testing in the Ologies test system, information mapping from Aintree Medical Photography orders is now also live, and system configuration has been completed for the Mersey and West Lancashire Teaching Hospital's Burns and Plastics team, setting the stage for efficient workflow testing. Additionally, further testing of Zebra mobile devices has been conducted with Liverpool University Hospitals, confirming their compatibility with the Ologies solution.

Similarly, in terms of **Artificial Intelligence (AI) Scoping**, CAMRIN is also making significant strides in advancing the AI Rad Companion approval process within Liverpool University Hospitals. As the solution will be presented at the New Devices and New Techniques Group (NDNTG), who collectively must grant

approval of the tool, before it can be used in clinical settings. Whilst the **AI for Chest X-Rays** project is just kicking off, with the CAMRIN team identifying AI Chest X-Ray champions at each Trust, and completing documentation for procurement, which its hoped will be completed before 2024. With an evaluation team in place to support this piece of work and insightful discussions already held with the GM Cancer Alliance, regarding their experience in implementing AI for CXR.

Turning to the **Diagnostics IT Network** project, 16 out of 28 optical spectrum access (OSA) circuits, that will provide high-speed and reliable connectivity that'll enable the implementation of **PACS Cloud**, have now been installed. Escalations continue with BT and Open Reach, to push for the installation of the outstanding delayed circuits, and in the interim, the team have been working with Trust's that do have circuits, to install edge switches and connect them to the OSA waves. Whilst on the **PACS Cloud** project, the team have been working with PACS Managers on a full and updated list of modalities across Cheshire and Merseyside, including any modality conflicts, to support with the work in building dedicated firewalls and establishing a rules base for each of the local Trust-sites.



## TRANSFORMATION

The CAMRIN transformation programme is developing and expanding to offer exciting change for colleagues and service users. CAMRIN is pleased to share the news that our application to the AI Diagnostic Fund has been successful. The AI Diagnostic Fund was created to provide £21 million to imaging networks across England for the implementation of AI for Chest X-ray and CT reporting. The aim of this funding is to increase diagnostic capability through innovation, allowing imaging services to become more efficient and effective, which will enable our colleagues to reduce backlogs and will also reduce the administrative burden on clinical staff.

The CAMRIN PMO also started the system-wide review into **Interventional Radiology Services** across Cheshire and Merseyside.

This review aims to identify the issues and challenges facing IR services in Cheshire and Merseyside and propose solutions that will reduce health inequalities and provide a more robust and efficient service.

The Cheshire and Merseyside **Medical Physics Service** has also had great success in its first two months, they have worked with radiologists and radiographers at Countess of Chester, The Clatterbridge Cancer Centre, and Liverpool University Hospitals to optimise the Advanced Acceleration Technology installed on some of the MRI scanners in these trusts. This can reduce the run time for an MRI scan and has the potential to increase utilisation of MRI machines and reduce waiting time for patients.



## RADIOLOGY SERVICE IMPROVEMENT IS 'MISSION CRITICAL'

A paper has [recently been published](#) that synthesises the conclusions of a roundtable discussion held earlier this year, which took an in-depth look at the problems radiology services face, and identified short and longer-term solutions.

The participants of this roundtable discussion included NHS leaders, who highlighted that the productivity of radiology services is mission-critical for the NHS, if it is to achieve its targets for cutting waiting lists. With the panel putting forward recommendations for addressing the current crisis in radiology, which includes chronic underinvestment in equipment and staff.

[Click here to read the story](#)

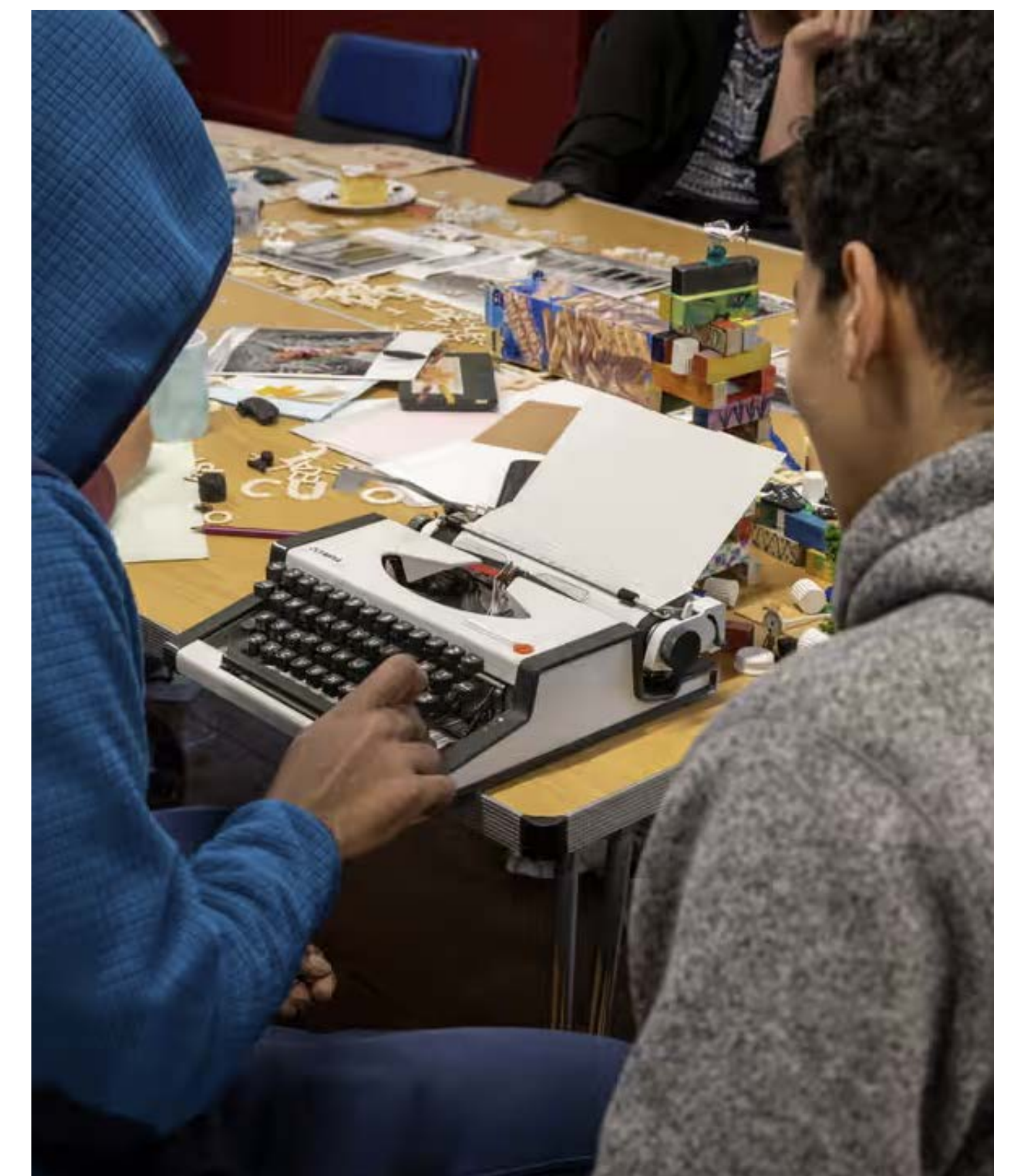


## FEAR OF X-RAY AGE TESTS IN UK 'MAY FORCE CHILD ASYLUM SEEKERS TO FLEE'

In early September, the Government confirmed its plans to authorise the use of X-rays of the teeth and wrist bones, as well as MRI scans of knees and collar bones, as part of the age assessment of children and young people seeking asylum in the UK.

The measure is expected to come into force next year, but it has already faced criticism from multiple organisations. Including the Royal College of Paediatrics and Child Health, the British Association of Social Workers, and the scientific advisory committee, who have raised concerns about the use of X-rays to determine children's ages, and of the fear these tests may create.

[Click here to read the story](#)



## GOVERNMENT TO DELIVER 160 CDCS A YEAR EARLY



The Health and Social Care Secretary announced at the end of October that the Government will meet its target to open 160 Community Diagnostic Centres (CDCs), by March 2024, a year ahead of the original target. He also shared the locations of three CDCs that will be open from this month, which will serve tens of thousands of patients in London, Sussex, and Yorkshire to help speed up access to potentially lifesaving tests and checks.

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## BIOMARKER DIAGNOSTIC TEST FOR STROKE, USING SALIVA



West Midlands Ambulance Service, Midlands Air Ambulance Charity, University Hospitals Birmingham, and Marker Diagnostics are collaborating on a study that could result in a rapid non-invasive diagnostic test to quickly and accurately identify stroke patients who need time-critical treatment before irreversible brain damage occurs. A successful outcome could also revolutionise how emergency stroke treatment is managed.

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## AI TOOL COULD HELP PREVENT THOUSANDS OF HEART ATTACKS



According to new research that was published last month, which was funded by the British Heart Foundation (BHF) an AI tool that can predict 10-year risk of having a heart attack could transform treatment for patients who undergo CT scans to investigate chest pain. The tool helps to identify patients most at risk of future heart attacks and supports clinical decision making around their treatment plans.

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## PREVALENCE OF MRI LESIONS IN MEN RESPONDING TO A GP-LED INVITATION FOR A PROSTATE HEALTH CHECK: A PROSPECTIVE COHORT STUDY

**Published:** August 21, 2023.

**Authors:** Caroline M Moore, Elena Frangou, Neil McCartan, Aida Santaolalla, Douglas Kopcke, Giorgio Brembilla, Joanna Hadley, Francesco Giganti, Teresa Marsden, Mieke Van Hemelrijck, Fiona Gong, Alex Freeman, Aiman Haider, Steve Tuck, Nora Pashayan, Thomas Callender, Saran Green, Louise C Brown, Shonit Punwani, and Mark Emberton on behalf of the Re-Imagine Study group.

**Abstract:** In men with a raised prostate-specific antigen (PSA), MRI increases the detection of clinically significant cancer and reduces overdiagnosis, with fewer biopsies. MRI as a screening tool has not been assessed independently of PSA in a formal screening study. We report a systematic community-based assessment of the prevalence of prostate MRI lesions in an age-selected population.

[Click here to read the paper](#)

**BMJ** Journals

## DESIGN OF THE ELUSIVE PROTEINACEOUS OXYGEN DONOR COPPER SITE SUGGESTS A PROMISING FUTURE FOR COPPER FOR MRI CONTRAST AGENTS

**Published:** June 26, 2023.

**Authors:** Anokhi Shah, Michael J. Taylor, Giulia Molinaro, Sellamuthu Anbu, Margaux Verdu, Lucy Jennings, Iuliia Mikulska, Sofia Diaz-Moreno, Hassane EL Mkami, Graham M. Smith, Melanie M. Britton, Janet E. Lovett, and Anna F. A. Peacock.

**Abstract:** We report the preparation and spectroscopic characterization of a highly elusive copper site bound exclusively to oxygen donor atoms within a protein scaffold. Despite copper generally being considered unsuitable for use in MRI contrast agents, which in the clinic are largely Gd(III) based, the designed copper coiled coil displays relaxivity values equal to, or superior than, those of the Gd(III) analog at clinical field strengths. The creation of this new-to-biology proteinaceous CuOx-binding site demonstrates the power of the de novo peptide design approach to access chemistry for abiological applications, such as for the development of MRI contrast agents.

[Click here to read the paper](#)

**PNAS**

## MAKING DECISIONS ABOUT RADIOLOGICAL IMAGING IN PREGNANCY

**Published:** April 25, 2022.

**Authors:** Rebecca Wiles, Beth Hankinson, Emily Benbow, and Andrew Sharp.

**Abstract:** Imaging plays an important role in the investigation of many conditions in pregnancy, but also has potential to cause harm. Concerns about harm to the fetus and mother can make decisions to image difficult for patients and clinicians. However, risk is often lower than expected and, especially in many acute situations, is outweighed by the benefit.

This article outlines the potential fetal and maternal risks from commonly used imaging modalities. We also present frequently encountered emergency clinical scenarios, along with imaging suggestions for each situation, with the aim of enabling referring clinicians and patients to make informed shared decisions

[Click here to read the article](#)

**thebmj**

## LIMITATIONS OF CARDIOTHORACIC RATIO DERIVED FROM CHEST RADIOGRAPHS TO PREDICT REAL HEART SIZE: COMPARISON WITH MRI

**Published:** 03 November 2021.

**Authors:** Paulius Simkus, Manuel Gutierrez Gimeno, Audra Banisauskaite, Jurate Noreikaite, David McCreavy, Diana Penha, and Monika Arzanauskaite.

**Abstract:** Cardiothoracic ratio (CTR) in chest radiographs is still widely used to estimate cardiac size despite the advent of newer imaging techniques. We hypothesise that a universal CTR cut-off value of 50% is a poor indicator of cardiac enlargement. Our aim was to compare CTR with volumetric and functional parameters derived from cardiac magnetic resonance imaging (MRI). 309 patients with a chest radiograph and cardiac MRI acquired within a month were reviewed to assess how CTR correlates with multiple cardiac MRI variables: bi-ventricular EDV (absolute and indexed to body surface area), EF, indexed total heart volume and bi-atrial areas. In addition, we've also determined CTR accuracy by creating multiple ROC curves with the described variables.

[Click here to read the paper](#)

 Springer Open





Alexi Shenton  
CAMRIN Programme Lead

## GETTING IN TOUCH

Thank you for taking the time to read the bulletin today, please share with your colleagues. We are always looking for people to get involved in the network and to help us support the 11 Trusts who make up the network.

We welcome your involvement, comments, and ideas. If you have any feedback, would like to share ideas, an issue or priority, which you feel should be taken into consideration for any of the workstreams.

The central CAMRIN programme management office would also like to come and visit your departments, so if you would like a visit, please let us know.

Please don't hesitate to get in touch via:  
[camrin@liverpoolft.nhs.uk](mailto:camrin@liverpoolft.nhs.uk)

