



**Minutes of the Imaging Meeting
Held on Wednesday 28th June 2006 – 9.30 – 11am
Northwick Park Hospital**

Present:

- Professor Richard Underwood, Professor of Cardiac Imaging (RU) (Chair)
 Maria O'Brien, Director NWL Cardiac Network (MOB) (Minutes)
 Jinty Wilson, Assistant Director, NWL Cardiac Network (JW)
 Dr Roxy Senior, Consultant Cardiologist NWL NHS Trust (RS)
 Ian Haig, General Manager Specialist Medicine Ealing NHS Trust (IH)
 Dr Andrew Kelion, Consultant Cardiologist, Royal Brompton & Harefield NHS Trust (AK2)

Apologies:

- Dr Simon Padley, Consultant Radiologist Chelsea & Westminster (SP)
 Professor Dudley Pennell, Director Cardiovascular MR Unit RBH (DP)
 Dr Raj Sharma, Consultant Echo Cardiologist, Ealing Hospital (RS)
 Dr Jamil Mayet, Consultant Cardiologist, St Mary's Hospital NHS Trust
 Dr Richard Grocott-Mason, Consultant Cardiologist Hillingdon (RG)
 Dr Amol Kelshiker, CHD Lead Harrow PCT (AK1)

Action By

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1.	Welcome & Apologies As above	
2.	Minutes of the last Meeting These were agreed as an accurate record.	
3.	Matters Arising	
3.1	Update on Choice of Scan MOB re-capped on the previous meeting. Choice of Scan: Phase 2 was released in March 2006 to take effect from 30 April 2006, and in effect means that patients need to be offered an alternative provider if they cannot be offered an appointment within 20 weeks. The original guidance related purely to radiology. The Phase 2 guidance extends this into other areas including cardiology which encompasses Echocardiography and Nuclear imaging. Whilst implementation of this guidance is not being formally monitored by the SHA, organisations are expected to have mechanisms in place for offering patients choice if they are not able to give an appointment within the 20 weeks target. This is also further supported by the principals and definition guidance released in relation to achievement of the 18 week wait target, which clearly states that choice of scan should be incorporated as an initial step in trying to reduce waiting times across the patient pathway. MOB will be contacting leads at the organisations shortly to ask them what they are doing, to ensure they are meeting the 20 week choice of scan target.	MOB
3.2	Payment by Results The tariff problems related to diagnostic services has already been raised by a number of different Networks directly with the DoH. The DoH has confirmed	

<p>3.3</p>	<p>that they are currently considering ‘unbundling’ some existing HRGs so that separate tariff prices can be identified for certain diagnostic procedures. There is however, concern that this process could become very complex and difficult to implement. The latest information is that the DoH are considering piloting this for Echocardiography in the first instance, and pending success, will roll-out to some other diagnostic areas. The time line for undertaking this is unclear but it is hoped that it will take effect in 07/08 tariff. The advantage of ‘unbundling’ diagnostics such as Echo and Nuclear would enable these services to have a clearly identifiable funding stream, such that they could develop and expand to incorporate increasing demand.</p> <p>Independent Sector Procurement</p> <p>MOB confirmed that she had discussed this with the SHA lead. During the current 06/07 year, there is no intention to purchase any additional independent sector cardiology diagnostics. Some areas of London have been looking at this; particularly in relation to Transthorasic Echo. There is an intention to consider cardiology in the following phase during 07/08. This item will be reviewed towards the end of this year to ensure that the group’s views are adequately fed into that process.</p>	
<p>4.</p>	<p>Imaging Data for organisations across NW London sector</p> <p>Since the previous meeting, 2005/06 data on services, activity and waiting times for all cardiology diagnostic procedures had been collected from across 11 hospital sites. The results of this were presented at the meeting. JW/MOB explained how collecting the data had proved very difficult as a number of departments did not have electronic data collection systems in place which meant that the data had to be extracted manually. Furthermore, not all centres recorded their “in-patient” diagnostic activity. To date, there remained one or two areas where the relevant diagnostic data had not been obtained although it was expected that this would be forthcoming shortly.</p> <p>Overall across the Network, the provisional data indicated a 50:50 split between NW London and non-NW London referrals although some individual centres had much higher non-NW London flows. Provisional analysis compared favourably with NICE recommendations and indicated that NW London generally had good service provision. However, waiting times varied considerably across the Network.</p> <p>Following discussion, it was agreed that some data fields would be amended to more accurately reflect Network wide activity and that the remaining outstanding data would then be inputted. RS, AK2 and RU agreed to clarify some queries related to the data provided for their services by their respective organisations. JW/MOB agreed to finish the analysis and to present the revised version at the next meeting.</p>	<p>RS/AK2/RU</p> <p>JW/MOB</p>
<p>5.</p>	<p>Understanding the future imaging needs</p> <p>It was felt by the group that in order to move forward there needed to be more collaborative working between organisations across the Network. Before considering and making recommendations on the use of newer technologies, it was felt that the data on current diagnostics from across all of the centres needed to be accurately factored in. MOB and JW agreed to do this as detailed above.</p>	<p>MOB & JW</p>
<p>6.</p>	<p>A.O.B.</p> <p>No other issues were raised.</p>	

7.	Date/Time/Venue next meeting This is scheduled to take place on the Wednesday 27th September 2006 @ 2pm. The venue will be the Directorate Meeting Room, Level 2, Chelsea Wing, Royal Brompton Hospital. Lunch will be provided. Please confirm your attendance to Maria.o'brien@hillingdon.nhs.uk	
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END OF MINUTES