

# minutes

## **CT Special Interest Group**

**15 November 2018, Gyle Square, Edinburgh**

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### In Attendance :

Sheena Lane		NHS FV
Melanie Gibson		NHS FV
Leanne Henderson	CT Lead	NHS FV
Barbara Nugent	MRI Superintendent	NHS South Lanarkshire
John Airlie		NHS Borders
Angela Neill		NHS Borders
Seonad Young		NHS Lothian
Jennifer Matrundola		NHS Lothian
Claire Donoghue		NHS Lothian
Andrew Stephens		NHS East Yorkshire
Kate Smith		NHS Orkney
Fiona Hawke	SCIN Imaging Manager	NHS Borders
Liz Phillip		Golden Jubilee Hospital
Adam Scotson		NHS Highland
Nikki Fox		NHS Highland
Jan Eadie		NHS Lanarkshire
Lisa Turki		NHS Lanarkshire
Suzanne Rosi		NHS Grampian
Lorna Main		NHS Grampian
Lynsey Hannah		NHS GGC
Dot Robinson		GE Healthcare
Lorna Cunningham		NHS Lothian
Wendy English		NHS Fife
Bethany Hunter (T/C)		NHS Shetland
Lynda Johnston (Chair)		Society & College of Radiographers
Shelley Heatlie	Programme Support	NHS National Services
(minutes)	Officer	
Dawn Currie	Programme Manager	NHS National Services



Chair  
Chief Executive  
Director

Professor Elizabeth Ireland  
Colin Sinclair  
Fiona Murphy

*NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service*

## **1 Welcome, Apologies & Introductions**

Dr Fiona Hawke thanked everyone for attending the inaugural meeting of the CT Special Interest Group (CT SIG). She explained that this meeting was hosted by the Scottish Clinical Imaging Network (SCIN) in order to allow the group to be established but will run as a single entity after this meeting.

Dr Hawke introduced Ms Lynda Johnston from the Society of Radiographers who acted as a Chair to this meeting. Ms Johnston explained that the aims of this meeting would be to create a formal structure of the group by electing a Chair and Vice Chair and formalising the Terms of Reference.

Ms Johnston advised that there is a Diagnostic Advisory Group however there are no CT representatives currently on the group, she encouraged that when applications open to join the group if anyone was interested to apply. This would be a two year tenure.

## **2 Expectations of the Group & Group Structure**

Introductions took place around the table, members were requested to identify why they were interested in the group and any topics they would like to cover in future meetings.

Below are listed the main reasons for attendance;

- Information sharing
- Sharing best practice
- Streamlining protocols
- Learn more on cardiac CT
- Networking
- Support
- Education
- Engage in more paediatric CT discussions/ learning
- Create a more unified approach to CT
- Learn more on Dose Optimisation

Ms Johnston asked members to highlight if they would like to nominate themselves as Chair or Vice Chair of the group.

Mr John Airlie nominated himself as Chair and both Ms LEEANNE Henderson and Ms Wendy English as Vice Chair. It was agreed that both Vice Chairs will act as minute taker at future meetings. All will be added to the SCIN Steering Group distribution list and invited to future meetings and events. Dr Hawke asked that a rep either attend or provide a written update for the next SCIN Steering Group on 6<sup>th</sup> December in Forth Valley Hospital.

Ms Johnston encouraged that the CT SIG feed into the Scottish Council and other relevant SCoR meeting and highlighted that minutes from future SIG meetings should be added to the SCoR web page.

## **3 Terms of Reference (ToR)**

A template ToR had been circulated to the group before the meeting Ms Johnston went over this template to reflect any changes that were suggested by group members.

The following changes were made;

- Text was added to reflect those members attending the group from rural locations, it was agreed that next meetings should allow for video conferencing allowing those in rural locations to engage more fully.
- It was agreed that members locations would be plotted to establish where is best to hold future meetings.
- To allow easy communication between members a group facebook page will be created

### **Action – Angela Neill**

- It was agreed that the group would be an open group and that English and Irish counterparts could attend the group if necessary and that members external to the NHS could also become a member of the group.
- It was suggested that an annual meeting could be arranged between all the SIG's in the UK near the borders as this is equidistant for both groups.

#### **4 Industry Input**

Ms Dot Robinson attended this meeting of the CT SIG to highlight to the group what support, industry such as GE Healthcare can provide to future SIG meetings. She explained that GE aim to support groups such as the SIG as Radiographers can often miss out on other education opportunities for a range of reasons. GE had previously tried to facilitate a similar type of education meeting for Radiographers however through the SIG seemed to be a more effective vehicle for this support to be delivered.

Ms Robinson also explained that all Radiographers are “customers” and that it would not limit support if members do not purchase from GE.

Ms Robinson invited the chair to contact her when arranging future meetings to provide some support.

#### **5 Dose Optimisation**

Dose optimisation was a hot topic amongst most group members so it was decided that would be discussed at the meeting.

The main points of discussion were;

- There is currently an established dose optimisation group in NHS Lothian which aims to simplify protocols and manage. They have seen a 27% dose reduction in paediatric cases in their board because of this work.
- Dr Hawke highlighted that there is a paediatric work stream within SCIN and that this may be valuable to SIG group members to engage with.
- Mr Mark Worrall Radiation Protection Advisor would like to attend a CT SIG meeting, the group agreed that this would be beneficial and Dr Hawke will pass Mr Worrall's contact details to Mr Airlie as chair of the group.

#### **Action – Dr Hawke**

- The group highlighted that standardising protocols within even a department is a challenge, concerns were raised that creating national protocols may be a challenge. Ms Johnston explained that standardised protocols can be shared with outsourced companies so all are using the same.
- There was a focus on paediatric dose protocols and the need for education in bet practice for setting up these protocols.
- There was an in depth discussion regarding basic CT training that CT Radiographers have and the practicalities of carrying out training whilst work loads are increasing. It was highlighted that normally CT training is done in house and that there were no specific CT training certificates.
- Ms Johnston highlighted that this is a forum where professionals can gather and have a collective voice which in turn will make that voice more powerful which could aid changing policy and practice.
- It was agreed that dose optimisation should be included on the next CT SIG agenda.

#### **6 Referrals**

Another area discussed the number of cases being referred for a CT scan without reasonable justification. It was felt amongst the group that there was not always a valid justification for scans and that their voices were not being heard when objecting to doing the scans so they were being carried out anyway. Ms Johnston suggested referring to IRMA guidelines to challenge these requests and for members to possibly create a requesting protocol. Another suggestion was to audit the scans that were thought to be unnecessary.

#### **7 Next Meeting**

It was agreed the next meeting would be around the start of 2019, however would not coincide with other meetings such as the SCIN Steering Group. The agenda would include dose optimisation and Mr Airlie invited group members to email any other agenda to him.