CONVENZIS

Welcome to the 12th NHS Radiology Conference!

02nd July 2025
15 Hatfields Conference Centre, Chadwick Court, London, SE1 8DJ

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Chair Opening Address

Mr Chris Sleight MSc BSc FIBMS
Chief Officer
Greater Manchester Diagnostics Network

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Keynote Presentation

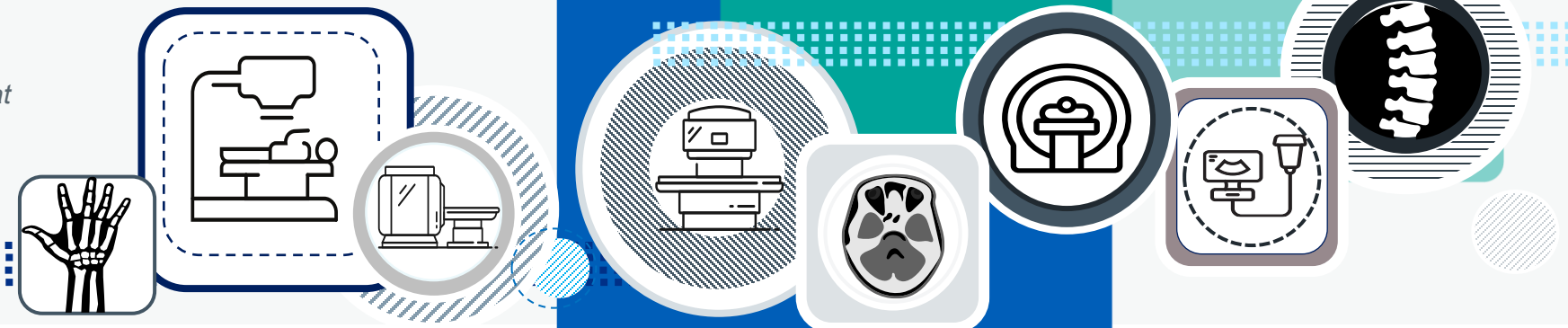
Sheila Black
Head of the Community Diagnostic Centre programme (National Team)
NHS England

AXREM

Role of NHS England to support the Community Diagnostic Programme - innovation and workforce initiatives across the NHS

Sheila Black – NHS England Head of CDC Programme

These slides reflect the data and information available at the time of preparation. Figures and details may have changed since this point.



Diagnostics & Transport: Recovery and Transformation

What we do

- The **Richards Review of Diagnostic Services in England** was commissioned as part of the **NHS Long Term Plan (2019),** recognising that these commitments would only be delivered with significant investment and transformation of diagnostic services.
- At that time, diagnostic services were already experiencing **increasing demand, lengthening waits and the greater need for outsourcing and insourcing**. These challenges were only exacerbated **by the pandemic.**
- The ***Diagnostics: Recovery and Renewal Report*** **(2020)** set out **24 headline recommendations to overall increase capacity** (workforce, estate and equipment) and implement new service models.
- One of the major elements of this was separation of **acute and elective care, including through the establishment of Community Diagnostic Centres.**
- Following acceptance of all recommendations, **significant capital and revenue** was made available for a diagnostics transformation programme, running between 2021/22 and 2024/25.
- Whilst significant progress has been made, work is far from complete. We have been **refreshing our priorities for the next phase of diagnostic transformation** and are working through the **single year SR settlement (for 25/26)** to continue our work.

Individual Workstreams

1	Community Diagnostic Centres
2	Digital Diagnostics
3	Imaging Transformation
4	Pathology Transformation
5	Endoscopy Transformation
6	Physiological Sciences
7	Cross Cutting Diagnostic Projects
8	Diagnostics Programme Management Office

CDC Programme - Benefits & Targets

Delivery by March 2025

- **170 CDCs** approved and live
- **151 of these** live on their permanent site with permanent testing.
  - 24 live on permanent site with temporary testing
  - 19 live on temporary sites
- Over **16.03m tests/exams delivered in CDCs since July 2021**, with anticipated capacity of **10.2m tests in year for 2025-26**.

Targets

- Planned opening of **CDCs remain on target** and all **CDCs are delivering their planned activity**
- CDCs delivering **7-day, 12-hour services**
- Operational CDCs delivering annual cycles of **Experienced Based Design**
- CDCs **reviewing or utilising new pathways of care** and **GP Direct Access**
- CDCs achieving **optimal standards** on throughput*

* CT 3-4/hour, MRI 2-3/hour, NOUS 3/hour, Echo 1/45 mins, Endo 10 pts/service list or 8 pts/training list

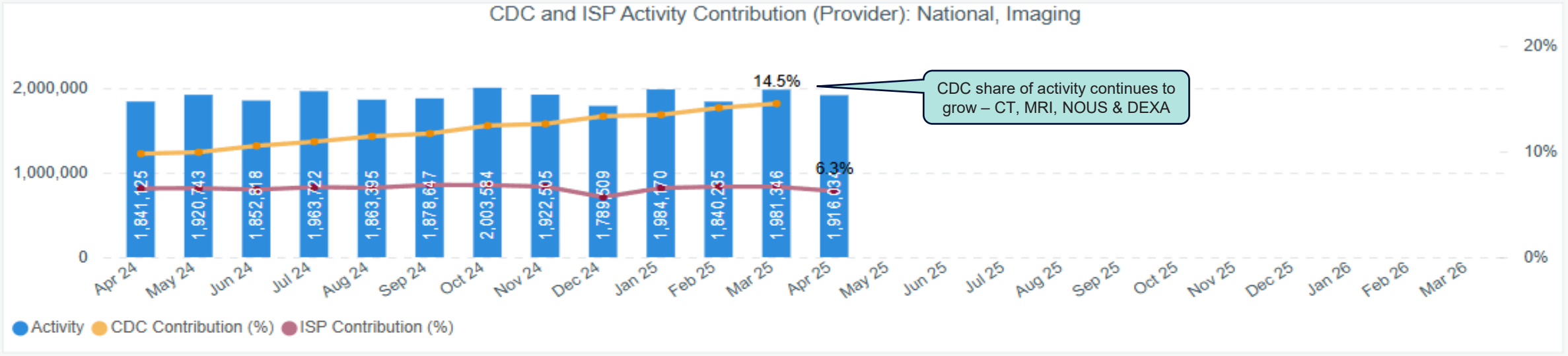
"Community diagnostic centres will deliver additional, digitally connected, diagnostic capacity in England, providing all patients with a co-ordinated set of diagnostic tests in the community, in as few visits as possible, enabling an accurate and fast diagnosis on a range of a clinical pathways."

NHS England CDC Programme Vision Statement

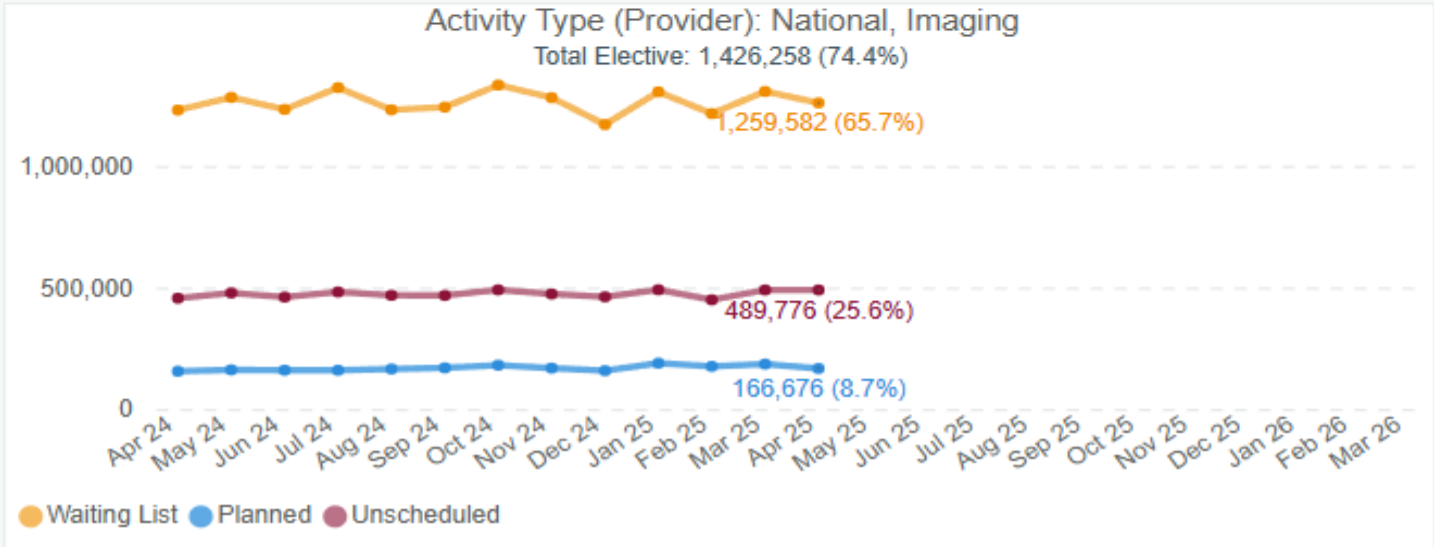
Total Imaging Activity DM01: to April 2025

Total Activity	Waiting List Activity	Planned Activity	Unscheduled Activity	CDC Contribution
1,916,034	1,259,582	166,676	489,776	288,010
▼ -65,312 (-3.30%)	▼ -47,057 (-3.60%)	▼ -18,183 (-9.84%)	▼ -72 (-0.01%)	▲ 27,920 (10.73%)

Select 'Provider' to view CDC and ISP contribution to overall activity.



CDC share of activity continues to grow – CT, MRI, NOUS & DEXA



Diagnostic Test	Total Activity	CDC Activity	CDC Contribution (%)
01 - MRI	408,537		
02 - CT	746,735		
03 - NOUS	711,966		
05 - DEXA	48,796		
Total	**1,916,034**		

Breakdown of Imaging activity by modality

CDC Activity Tracker

Region Trend Analysis

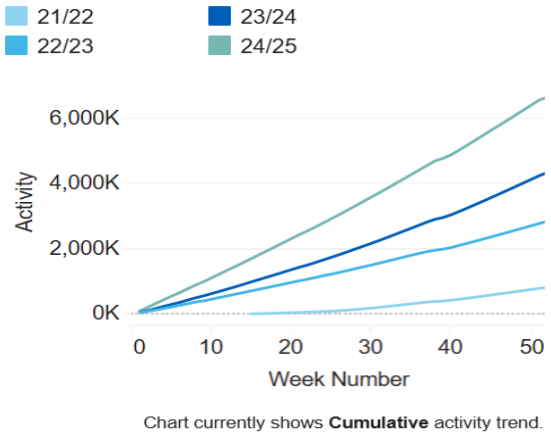


Chart currently shows **Cumulative** activity trend.

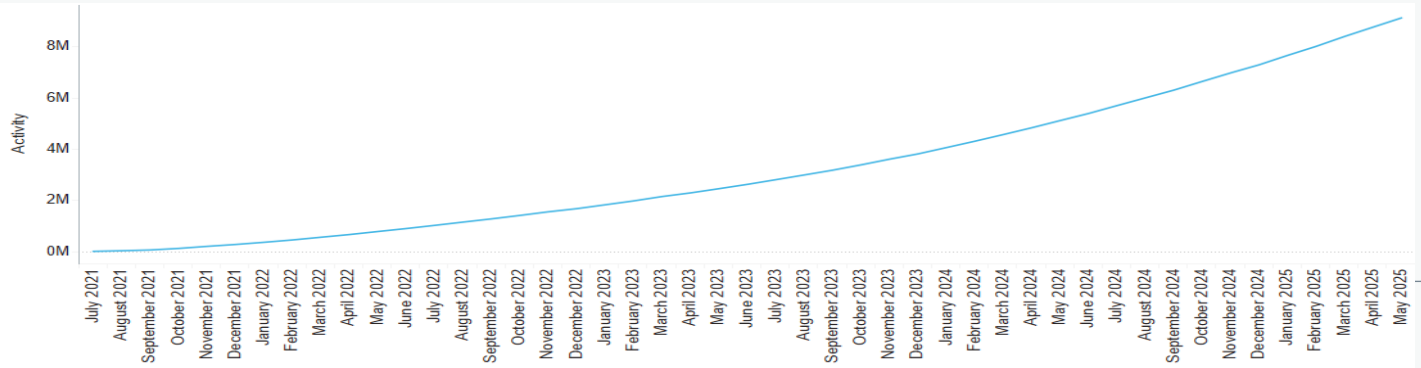
Click on a region below to filter the charts in this section

	21/22		22/23		23/24		24/25	
	Activity	Proportion of Yearly Total	Activity	Proportion of Yearly Total	Activity	Proportion of Yearly Total	Activity	Proportion of Yearly Total
EAST OF ENGLAND	100,133	12%	219,841	8%	232,353	5%	472,710	7%
LONDON	116,347	14%	364,397	13%	617,347	14%	963,629	14%
MIDLANDS	118,518	14%	654,599	23%	1,115,459	26%	1,391,684	21%
NORTH EAST & YORKSHIRE	92,527	11%	243,656	9%	472,667	11%	941,752	14%
NORTH WEST	128,173	16%	391,698	14%	655,247	15%	966,890	14%
SOUTH EAST	158,923	19%	550,015	19%	850,383	20%	1,320,558	20%
SOUTH WEST	104,216	13%	425,223	15%	407,080	9%	699,511	10%
Grand Total	818,837	100%	2,849,429	100%	4,350,536	100%	6,756,734	100%

Diagnostic Group/Core Modality Trend Analysis

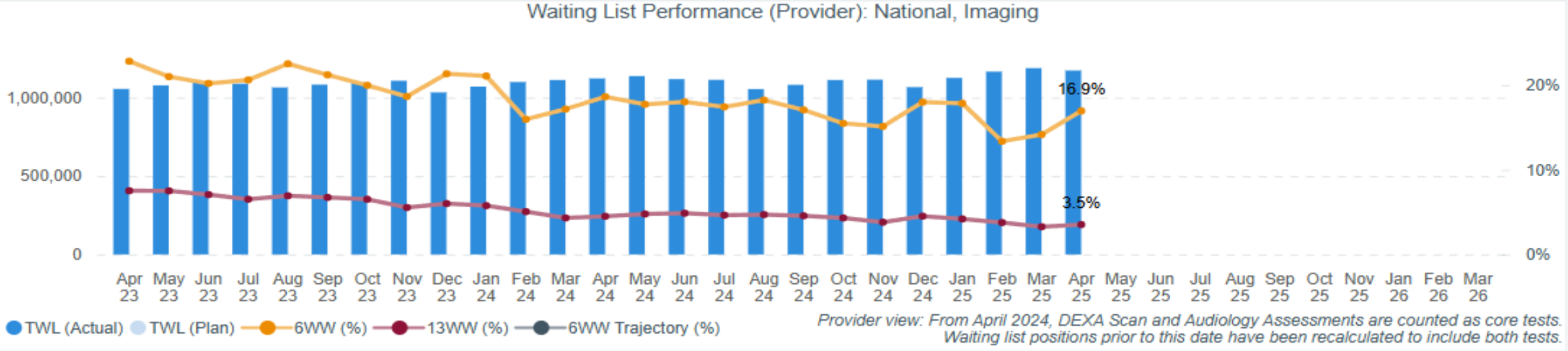
Click on a diagnostic test group below to filter the charts in this section

	21/22		22/23		23/24		24/25		25/26	
	Activity	Proportion of Yearly Total	Activity	Proportion of Yearly Total	Activity	Proportion of Yearly Total	Activity	Proportion of Yearly Total	Activity	Proportion of Yearly Total
Imaging	570,795	100%	1,589,726	100%	2,412,381	100%	3,830,436	100%	726,157	100%
Grand Total	570,795	100%	1,589,726	100%	2,412,381	100%	3,830,436	100%	726,157	100%

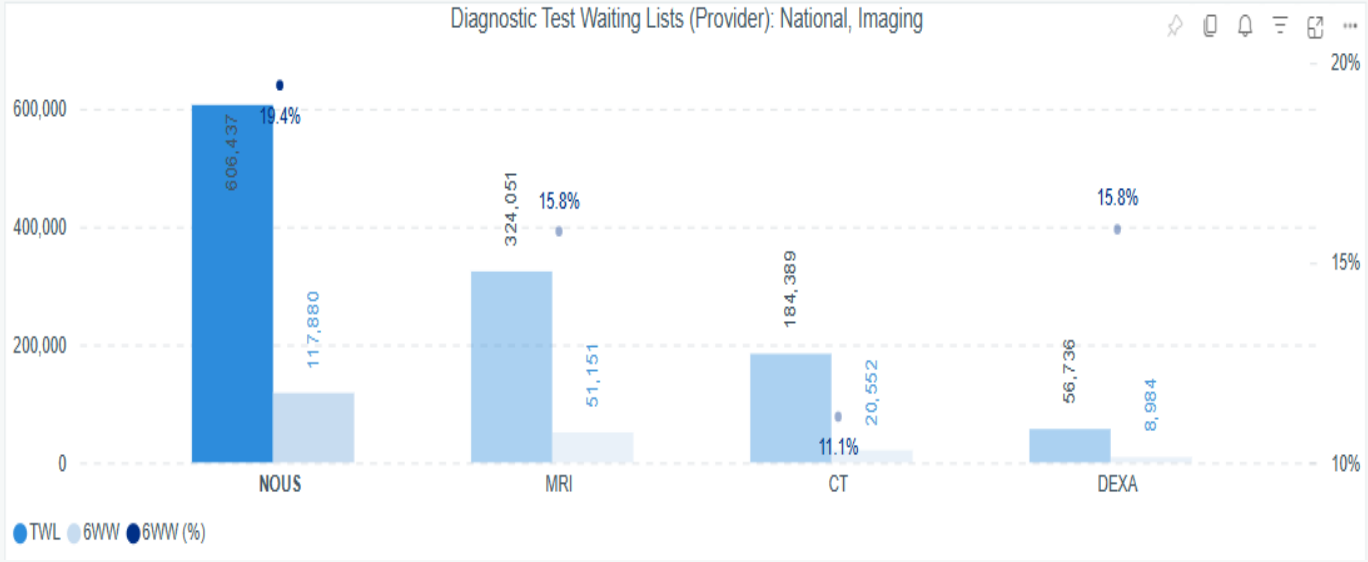


Cumulative view of Imaging activity delivered in CDC sites from **2021 onwards.** Graph shows **9.1M imaging scans/exams** have been delivered in CDCs.

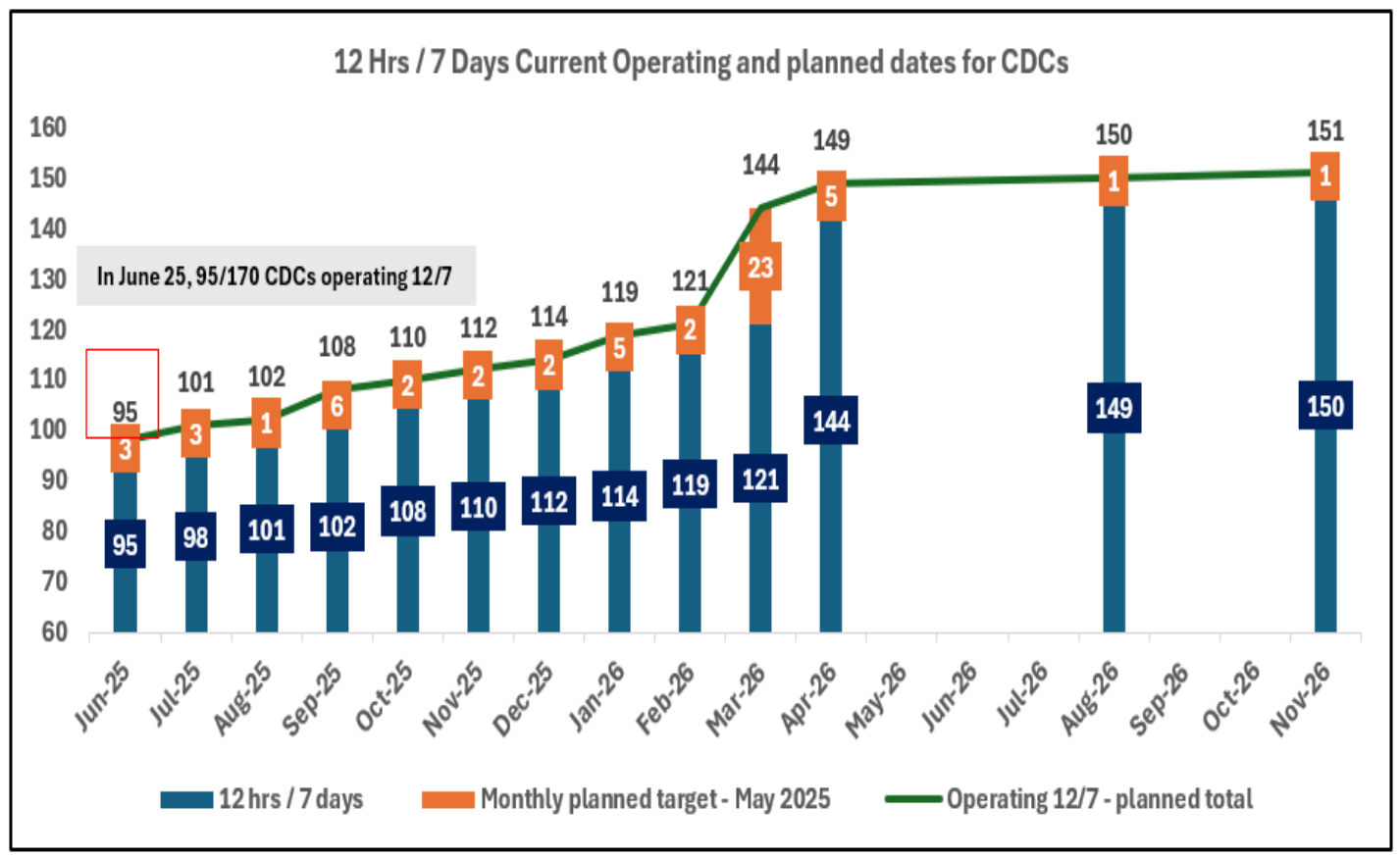
Patients Waiting over Six Weeks – DM01 April 2025



- **April waits are 16.9%** of patient waiting 6 weeks+ of the waiting list. The graph shows the waiting list is relatively stable, at c1.1m patients – indicating that demand is rising in line with capacity and activity.
- **13 week wait** patient continues to **decline to 3.5%** of the total waiting list.
- All **ICB activity plans** have now been received, along with 6ww trajectories.

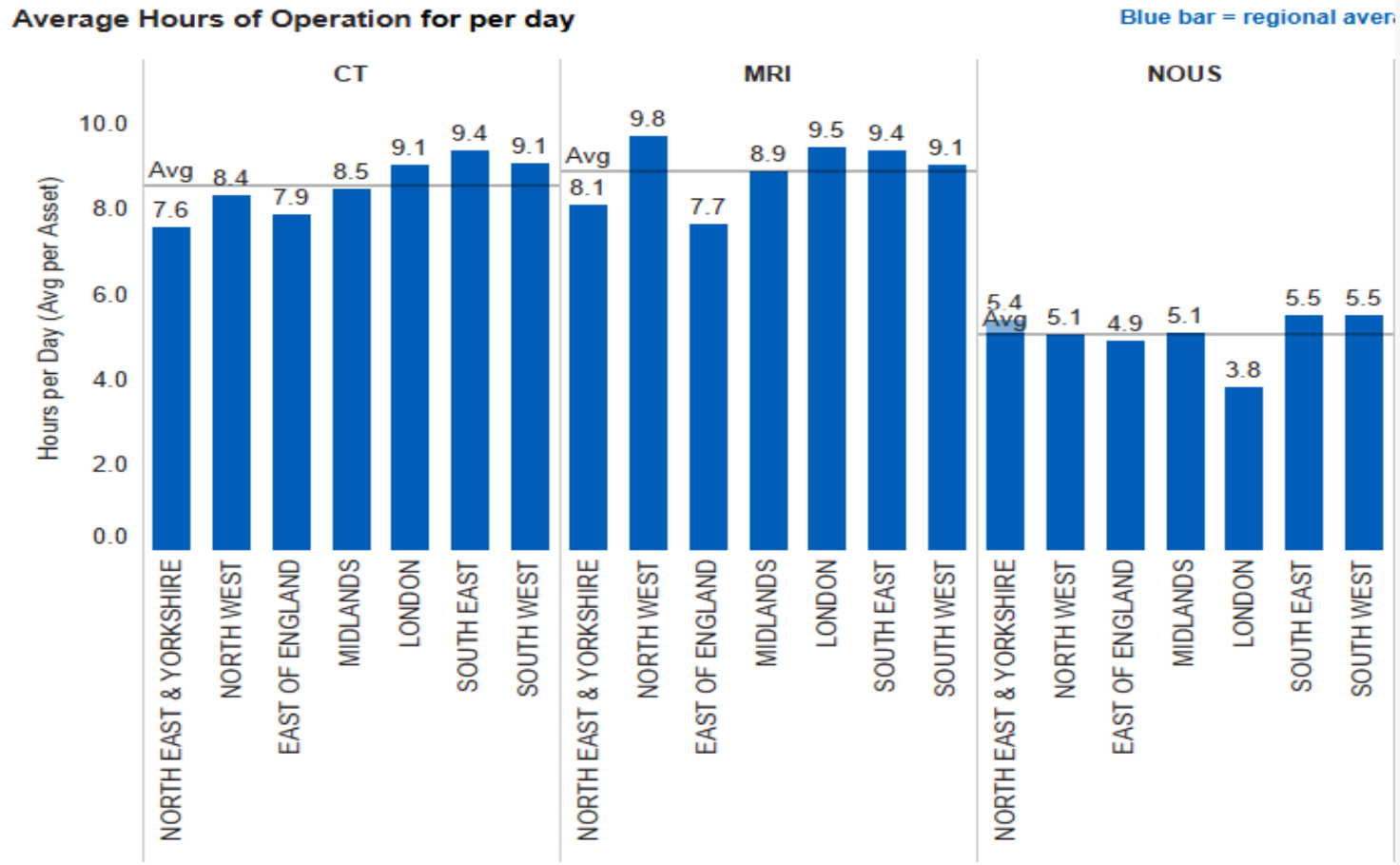


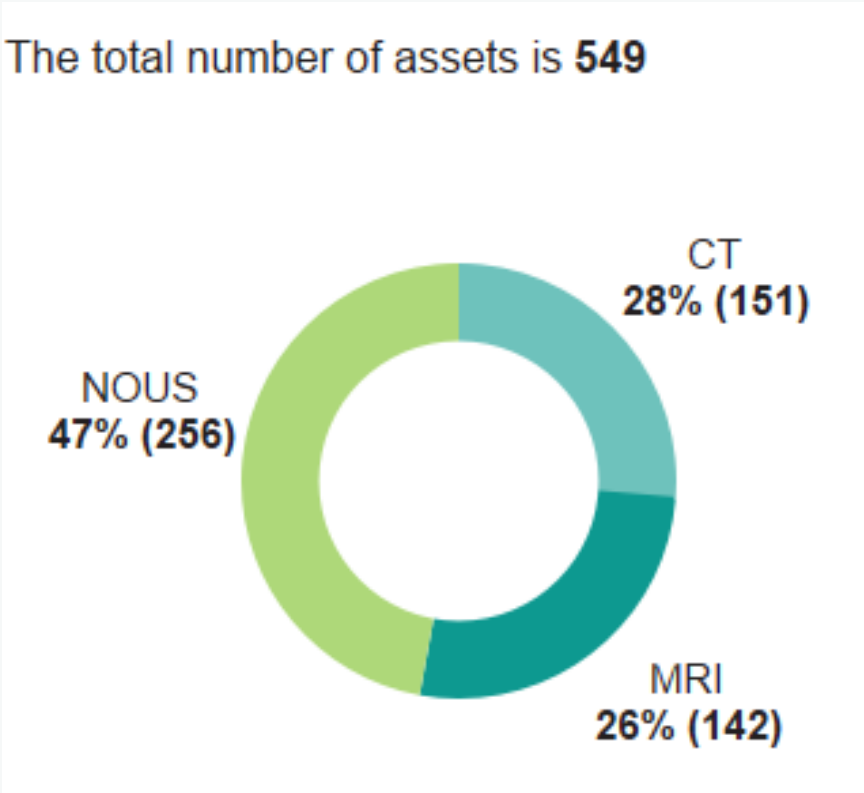
Move to 12 hrs / 7 day working in CDCs
– minimum 1 modality



*Subject to change throughout the year, due to delays in the build and recruitment processes

National View – Imaging Assets in CDC





Year 1 Initiation | 2023-24 & 2024-25

CDC International Recruitment Programme

Aims

Nationally co-ordinated international recruitment initiative, developed jointly by the NHS England CDC and WT&E teams, to facilitate recruitment to **CDC funded vacant posts** (**c.350** posts) across 2023/24 & 2024/25.

The scheme was initiated as a model providing safe and sustainable recruitment, with a focus on the onboarding approach to support retention.

Successes

Fulfilment of recruitment
Within 12 months against all locally driven demand

Reduced time and cost to hire
From interview to commencement in post is **18 weeks**.

Quality of candidates
30% of candidates to be appointed from interview

Training and induction

Table 1: International Recruitment (2023-25)

Professions	Total Recruited (WTE) 2023/24	Total Recruited (WTE) 2024/2
Diagnostic Radiographers	**203**	**68**
Radiologists	**28**	**12**
Echocardiographers	**11**	**15**
Sonographers – pilot	**N/A**	**5**
Respiratory Physiologists - pilot	**N/A**	**2**
Total	**242**	**102**

Comprehensive home country training programme

Designed by **team of experts including UK professional bodies**, aimed to **bridge any gaps** in knowledge or standards of **UK practice.**

Intensive residential induction programme

Reaffirm knowledge around **standards of practice** and to introduce more around life in the UK and **working in the NHS**

CDC Pathways – spread and scaling

- **Aligned to the Richard's review (2020),** highly productive, one-stop pathways are the principal vehicle for **unlocking** the **full potential** of each CDC.
- **Pathway** provision is key to **improve both diagnostic performance and patient outcomes**.
- With increasing **numbers of CDCs becoming operational** there is now an opportunity to rollout **CDC pathways** to realise these clearly evidenced benefits.
- Successful CDCs require **sustained local clinical and operational leadership** to ensure sustainable delivery.
- **National collaborative approach** is in place to support pathway delivery, providing guidance and support to local, tailored implementation.
    - Includes, **revenue funding** to enable crucial components including **clinical leadership, staff training and project management**. Limited **capital funding** has also been provided.

- In **24/25 3 CDC pathways** were **prioritised** nationally for inclusion in each system;
    - Breathlessness diagnosis pathway
    - Gynaecology unscheduled bleeding on HRT pathway
    - Children and young people's (CYP) asthma diagnosis pathway

CDC Pathways – next steps 25/26 onwards

- **Priority pathways** remain a **key focus for 25/26** alongside other locally agreed pathway development aligned to population need and diagnostic performance.

- The initial application process for the **25/26 Pathway Development Fund is now completed**. Systems were invited to apply for funding (both capital and revenue) to deliver up to six pathways within 2025/26.
  - Over **200 submissions** were received, with revenue and capital funding released to successful providers.

In conjunction with regional colleagues the national CDC pathway team will;

- Provide evidence of the **benefit** and **impact of pathways** through collection and reporting of metrics from live pathways sites.
- Continue to build on **FuturesNHS** a portfolio of **case studies, pilot evaluations and pathway exemplars**, to reduce duplication of effort and support scaling and spread.
- Support pathway-based **communities of practice** providing ongoing opportunities for shared learning and networking across CDCs nationally

CDC Pathways – success to date

Priority Pathways supported in 24/25

1

Breathlessness- 12 sites

- Dartford, Gravesham and Swanley CDC
- Eltham Community Hospital CDC
- Heatherwood CDC
- Hull & East Riding CDC
- Island CDC
- NWL Ealing CDC
- Victoria Infirmary Northwich CDC
- Washwood Heath CDC
- Whitegate Drive CDC
- Willesden CDC
- Woking Community Hospital CDC

2

CYP Asthma - 17 sites

- Amersham Hospital CDC
- Brierley Hill CDC
- BSW Banes CDC
- Clacton CDC
- Corby CDC
- Dartford, Gravesham and Swanley CDC
- Island CDC
- Lincoln and Skegness CDCs
- Mile End Hospital CDC
- NWL Ealing CDC
- Slough CDC
- Warrington and Halton CDC
- Washwood Heath CDC
- Willesden CDC
- Woking Community Hospital CDC

3

Gynaecology – 25 sites

- Amersham Hospital CDC
- Barking Community Hospital CDC
- Bolton CDC
- Braintree , Thurrock CDC
- Corby , Kings Heath CDCs
- Devon Exeter Nightingale CDC
- Ellesmere Port CDC
- Finchley Memorial Hospital CDC
- Halifax CDC
- Heatherwood CDC
- Hull & East Riding CDC
- Metrocentre DC CDC
- Northern Care Alliance Oldham CDC
- NWL Ealing CDC
- Queen Mary's Hospital Roehampton CDC
- Queen Mary's Sidcup CDC
- Rossendale CDC
- Skegness CDC
- Southlands Hospital CDC
- Warrington and Halton CDC
- Warwickshire North CDC
- Washwood Heath CDC
- Whitegate Drive CDC
- Woking Community Hospital CDC

CDC Pathways – success to date

Other pathways supported by 24/25 fund

1

Liver Disease – 3 sites

- Ely CDC
- Mile End Hospital CDC
- Queen Mary's Hospital Roehampton CDC

3

Lower GI – 2 sites

- Washwood Heath CDC
- Southlands Hospital CDC

2

Other pathways

- Adult Hearing Loss - Leeds , Armley Moor & Beeston CDCs
- Bone Health - Wakefield CDC
- Head and Neck - Barking Community Hospital CDC
- Heart Valve Disease - Warwickshire North CDC
- Lung Cancer - Somerset CDC
- Supporting people living with Dementia - Corby and Stoke-on Trent CDCs

Accreditation & Quality Standards in CDCs

Diagnostic	Regulatory and accreditation requirements
Imaging	UKAS imaging service **or** QSI – Quality Standards for Imaging Ionising Radiation (Medical Exposure) Regulations (IR(ME)R Ionising Radiation Regulations 2017 (IRR17)
Physiological science	IQIPS- Improving Quality in Physiological Services
Pathology	ISO 15189 – Medical laboratory accreditation (UKAS) – for the linked laboratory for phlebotomy ISO 22870 – Point of care testing (UKAS), applied in conjunction with ISO 15189
Endoscopy	Joint advisory group on gastrointestinal endoscopy (JAG)

NHS England Regions	Number of quality manager posts funded 24/25	Number of sites UKAS accredited
East of England	10	0
London	15	0
Midlands	17	0
NE&Y	14	0
North West	17	3 Pathology & 2 imaging
South East	31	1 Imaging
South West	11	2 Imaging

- **Assurance and quality schemes** are a key marker of delivering quality services within the NHS.
- CDCs should be focused on **continually improving quality of care** for people using their services.
- CDCs are expected to **systematically evidence their compliance** with relevant standards through engagement, assessment and quality improvement schemes.
  - Accreditation and quality standards requirements for services within CDCs are detailed in the table opposite.
- CDCs are expected to reach these quality standards, **within two years of becoming fully operational.**
- **Quality manager roles** are key to ensuring quality is owned and supported across diagnostics and staff groups who work in CDCs.
- Quality manager posts and accreditation **fees have been funded through CDC revenue - where requested in 24/25 and 25/26** to realise the objectives above.

Next Steps for 2025/26

- **Track recruitment** progress of funded quality management posts.
- Continue monthly monitoring via status meetings with accreditation, quality standards providers.
- Continue to promote **CDC workspace** for accreditation resources and respond to any support requests.
- Encourage growing networking of quality managers on **FutureNHS**.
  - Create a national library of resources e.g. SOPs, quality guidance etc.
- Ongoing engagement with **quality mangers across the ICBs** for support and influence.

Diagnostics Digital Capability Programme – NHS England

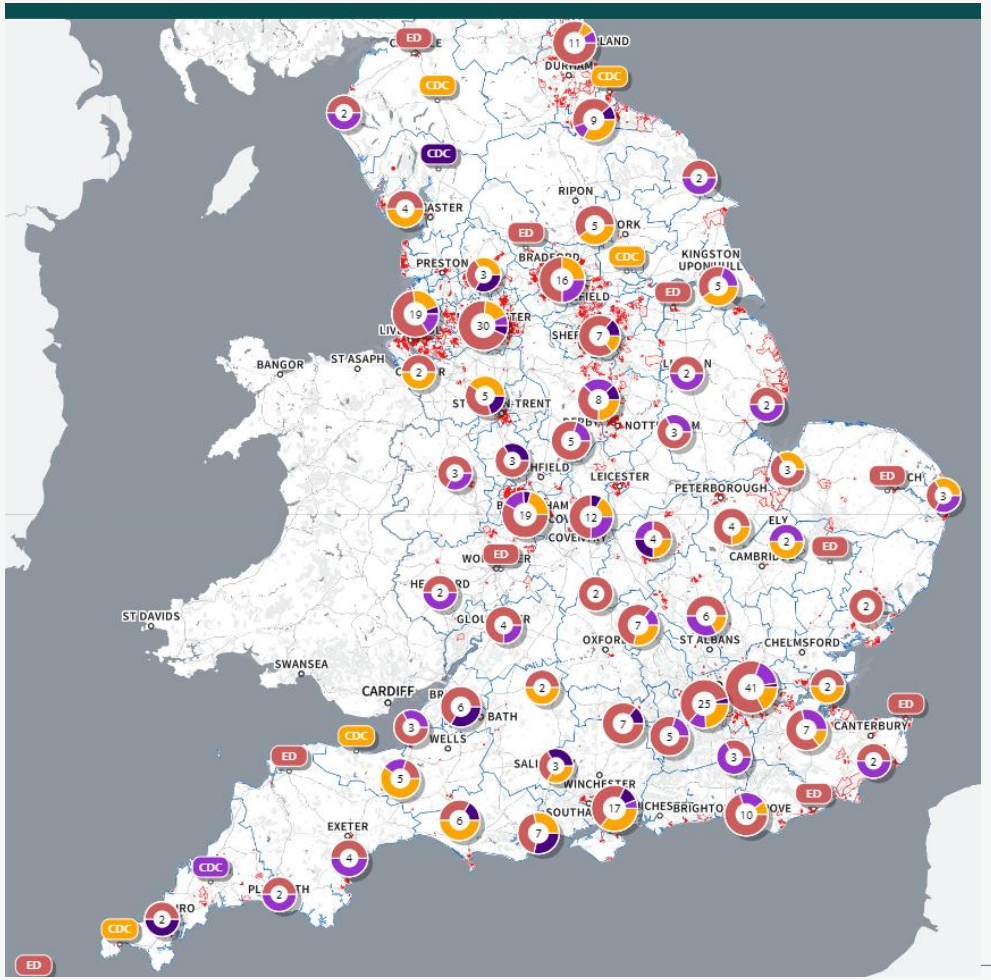
Aims

- Support development of Imaging networks by **improving connectivity** within, and between networks, to allow for requests, scans, results and reports across **wider geographical areas** and provide **seamless care pathways** for patient crossing traditional boundaries
- Increase **system capacity** and resilience of diagnostic services through enhanced digital capability to support continued response to elective care recovery and increase in complexity and demand.
- **Level up access** to diagnostic services across the NHS through the development of Digital capabilities for imaging and pathology
- **Improve safety and experience** for patients and NHS staff, through reduction in manual processes, reduced turnaround times and flexible working

Work is ongoing to support CDCs operating across the system and to move fully away from manual processes.

CDCs – Planning for the Future

We have started to improve diagnostic access but need to measure, innovate and scale up to meet demand predictions and achieve ambitions on wait times, access and equality for elective diagnostics.



Opportunities for the next 3-4 years*:

1. **Expand existing CDC sites** where this is **achievable** and ensure all **available capacity** is fully utilised.
2. **Continue to build new CDCs** to meet demand predictions in areas that meet accessibility criteria.
3. **Deliver on pathways of care in CDCs** that maximise effective use of services, positively influence the patient experience and ensure these CDCs are working across the ICB.
4. Ensure the **right workforce is in place**, employing the learning on the value and contribution that new roles and new working models can bring.
5. **Integrate and innovate across all CDCs** within the healthcare system, removing duplication and include technologies to 'improve' and meet ambitions.

** **Future funding subject to future spending review decisions***

Please join the **CDC NHS Futures** page for further information on the national programme
Community Diagnostic Centres - FutureNHS Collaboration Platform

Thank You

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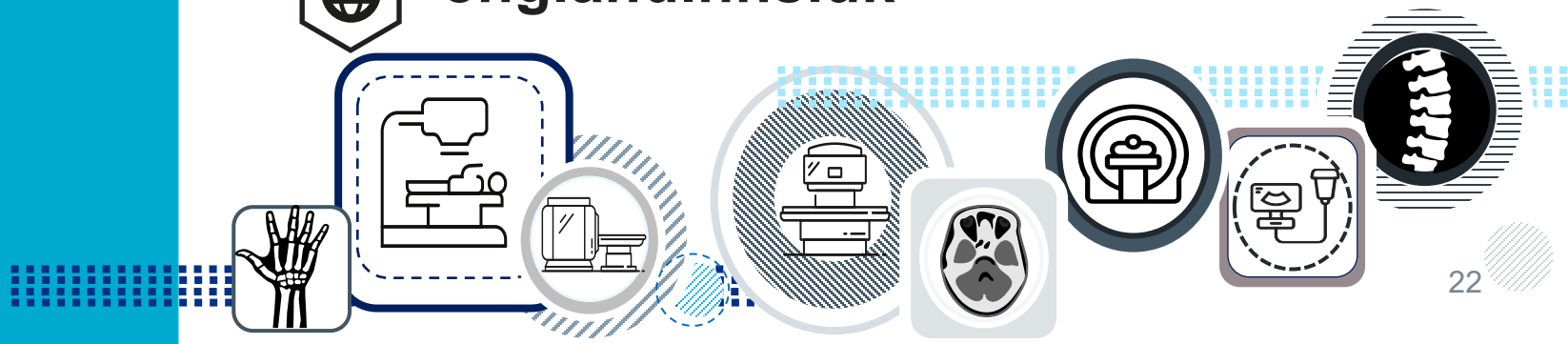
company/nhsengland

england.nhs.uk



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Panel Discussion

Dr Tracy O'Regan
Professional officer, clinical imaging and research, The Society & College of Radiographers

Dr Tahreema N Matin
Associate Medical Director & Consultant Radiologist
Workforce, Training & Education Directorate, NHS England

Lukasz Zielinski
National Medical Director's Clinical Fellow / Radiology Registrar
The Health Foundation / Barts Health

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Refreshments & Networking

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Chair Morning Reflection

Mr Chris Sleight MSc BSc FIBMS
Chief Officer
Greater Manchester Diagnostics Network

Keynote Presentation

Thomas Hill
Programme Manager
Cheshire and Merseyside Radiology Imaging Network

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Provider Collaborative

CAMRIN

An introduction to the Cheshire and Merseyside Radiology Imaging Network

CAMRIN

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- The Cheshire and Merseyside Radiology Imaging Network (CAMRIN) is an imaging network that includes all radiology departments across Cheshire and Merseyside.
- The imaging network was initially created in 2012 and following the Richards' Report in 2020, the network was formally created.
- CAMRIN organises and delivers transformation for radiology services on a regional level.
- Benefits led, to ensure that the work we do provides value for staff and patients in Cheshire and Merseyside.

CAMRIN

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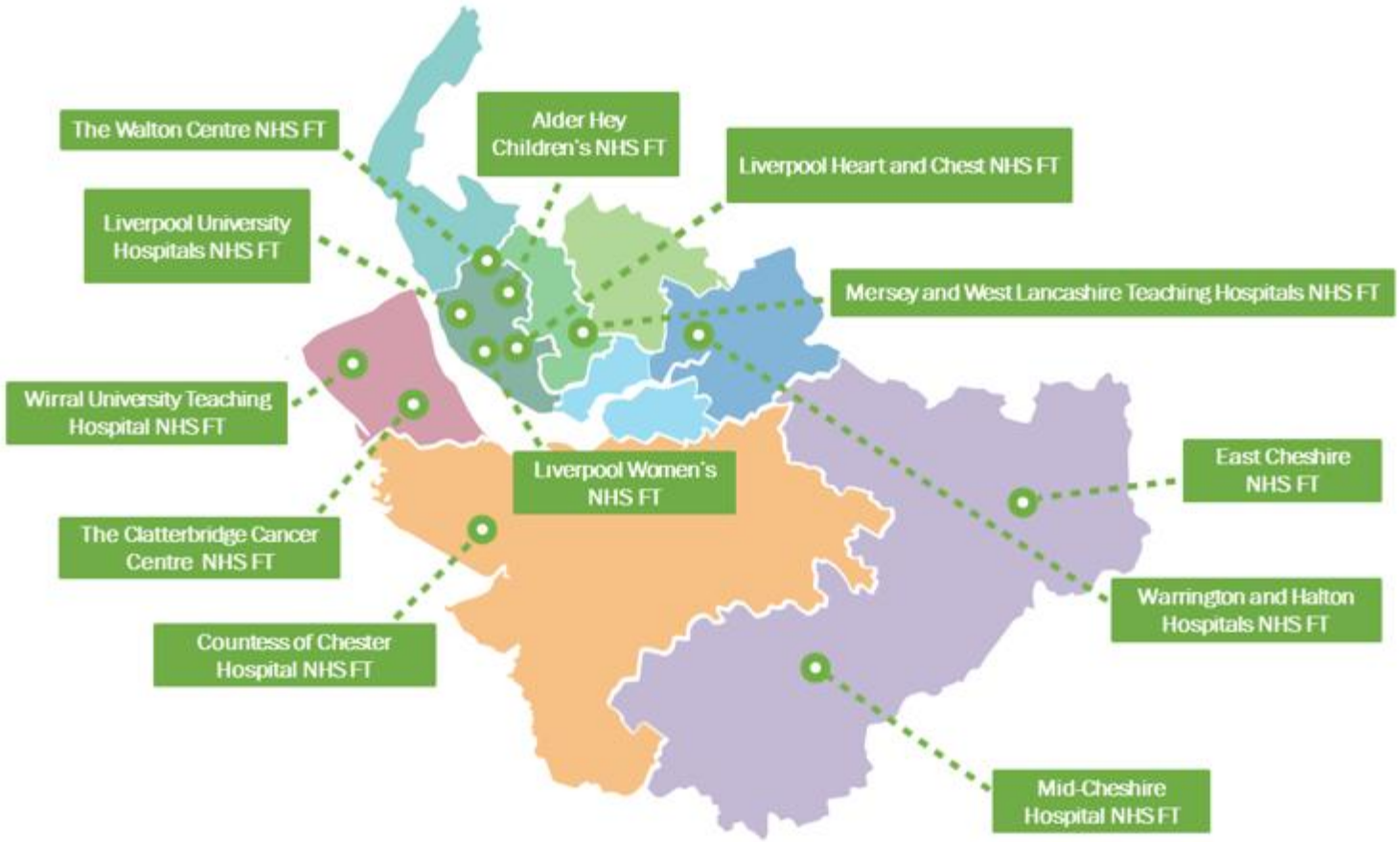
- 12 acute and specialist trusts serving 2.8 million population.
- CAMRIN was established in 2012 to enable collaborative working across the region.



CAMRIN

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2024, what a year!

We'll let our numbers do the talking....

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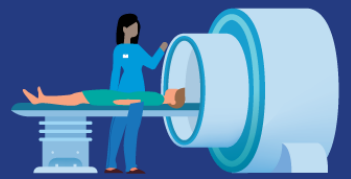
Acute and Specialist Trust Provider Collaborative

1.77m
imaging exams

1.75m
imaging reports completed



1,164 Hrs
scanning time saved with MRI optimisation

1st GIRFT
network review; fantastic feedback received

£5.7m
funding awarded

£573k
in cost avoidance

£149,452
procurement savings (incl VAT)

700+ Admin Hrs
saved per year by moving to PACS based reporting

23 Projects
managed using a benefits first approach

49 Topics
discussed in 6 Clinical Reference Group meetings

97.3% of Patients
are now waiting less than 6 weeks, up from 88.7%

12 New
modality groups established

39 NHSE Metrics
available in real time on CAMDASH

79 Measures
per Trust available within the CAMDASH application

And that's a wrap, here's to 2025.

Thank you for your continued support, active engagement, & dedicated time!

CAMRIN

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- The CAMRIN PMO leads a diverse portfolio of transformation initiatives across radiology and imaging including:
  - Workforce
  - Data
  - Digital
  - Pathways
  - Procurement
  - Transformation

CAMRIN

NHS
Cheshire and Merseyside
Provider Collaborative

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  - Digital
  - Pathways
  - Procurement
  - Transformation

Data

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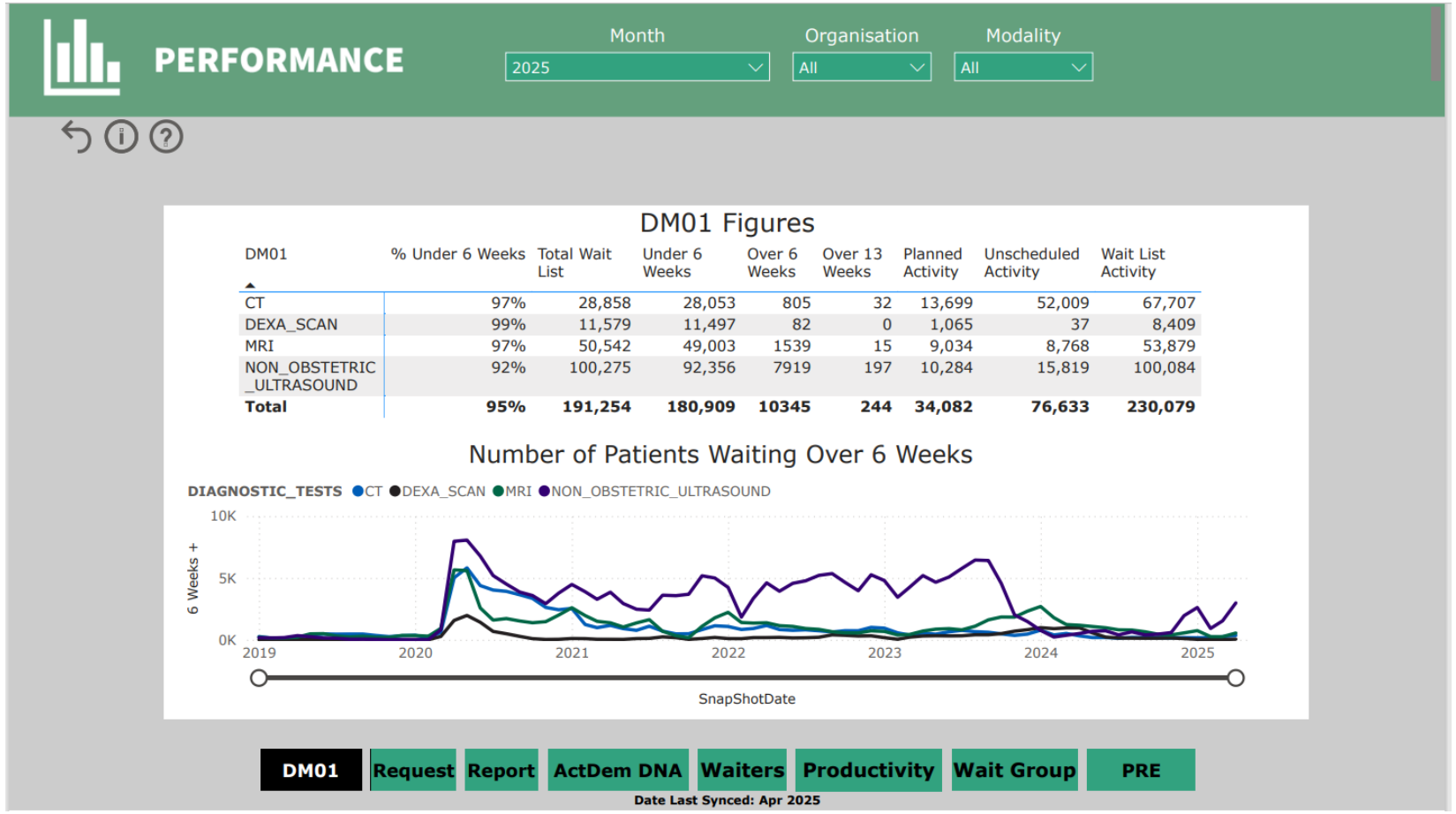
- CAMRIN is a leader in data analysis and insights, using our regional BI dashboard, CAMDASH.
- CAMDASH uses live data from the regional RIS, PACS and national imaging data collection (NIDC).
- This secure data environment provides:
  - real time capacity, demand and activity models,
  - customisable dashboards for benefits,
  - deep dives into focused areas, such as wait times for cardiac imaging and US workforce across Liverpool trusts.


PERFORMANCE
Month
2025
Organisation
All
Modality
All
DM01 Figures
DM01 | % Under 6 Weeks | Total Wait List | Under 6 Weeks | Over 6 Weeks | Over 13 Weeks | Planned Activity | Unscheduled Activity | Wait List Activity
CT | 97% | 28,858 | 28,053 | 805 | 32 | 13,699 | 52,009 | 67,707
DEXA_SCAN | 99% | 11,579 | 11,497 | 82 | 0 | 1,065 | 37 | 8,409
MRI | 97% | 50,542 | 49,003 | 1539 | 15 | 9,034 | 8,768 | 53,879
NON_OBSTETRIC_ULTRASOUND | 92% | 100,275 | 92,356 | 7919 | 197 | 10,284 | 15,819 | 100,084
Total | 95% | 191,254 | 180,909 | 10345 | 244 | 34,082 | 76,633 | 230,079
Number of Patients Waiting Over 6 Weeks
DIAGNOSTIC_TESTS CT DEXA_SCAN MRI NON_OBSTETRIC_ULTRASOUND
10K
5K
0K
6 Weeks +
2019
2020
2021
2022
2023
2024
2025
SnapShotDate
DM01
Request
Report
ActDem DNA
Waiters
Productivity
Wait Group
PRE
Date Last Synced: Apr 2025

Data – What are the benefits?

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- Automating data analysis that was previously manual has enabled trusts to save up to 450 hours of administrative work annually.
- CAMDASH has allowed the CAMRIN PMO to complete over 250 data requests annually.
- These benefits enable trusts to better direct administrative resources to complete essential tasks to support patient care.

Digital

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- The digital programme is the largest within the CAMRIN portfolio.
- The digital programme has delivered a RIS managed service for almost 2 years, and a PACS global worklist for all trusts for almost 10 years and a plan to become the most advanced imaging network, now officially thriving.
- The main delivery aims are:
  - Cross-site collaboration,
  - Productivity through innovation,
  - Enabling staff to deliver the best care possible.

Diagnostic Network

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- One of the key issues impacting clinicians in C&M was poor performance when accessing images using CoIN and HSCN, especially when working remotely.
- To resolve this issue, CAMRIN has implemented a Digital Diagnostic Network (DDN).
- The DDN is a wide area network (WAN) which connects all diagnostic services across Cheshire and Merseyside, with the scalable potential to reach out to surrounding areas.

Diagnostic Network

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Open systems architecture (OSA) connects each trust to a new wide area, enabling vendor neutral access for legacy systems to the new network.

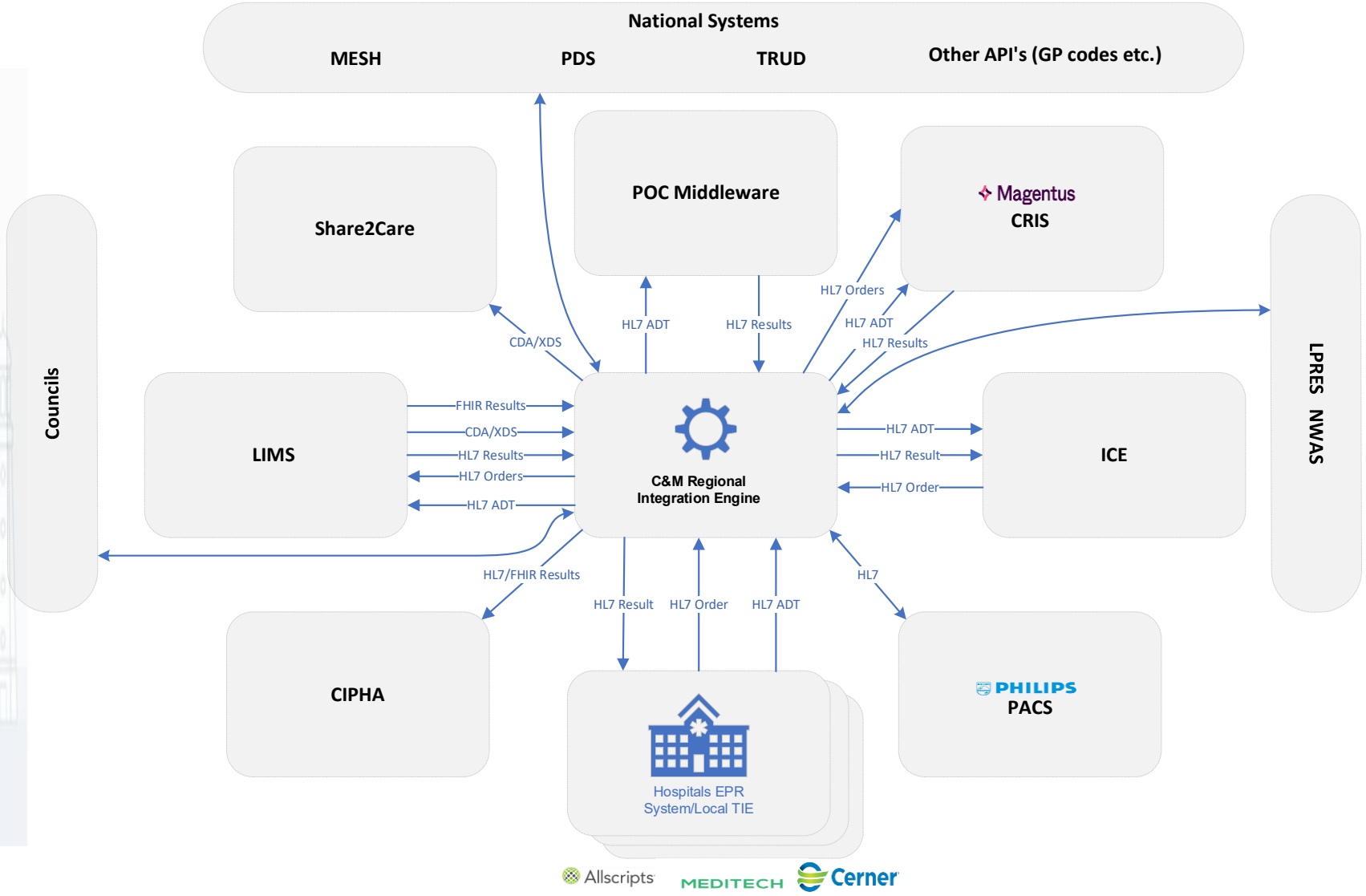
High bandwidth allows for enhanced communication, cloud-based services like PACS and AI and maintains secure infrastructure for trusts.

Improved access across the network, especially for trusts further from Liverpool, with increased access for home reporting, resilience and reduced downtime.

Digital Diagnostic Network

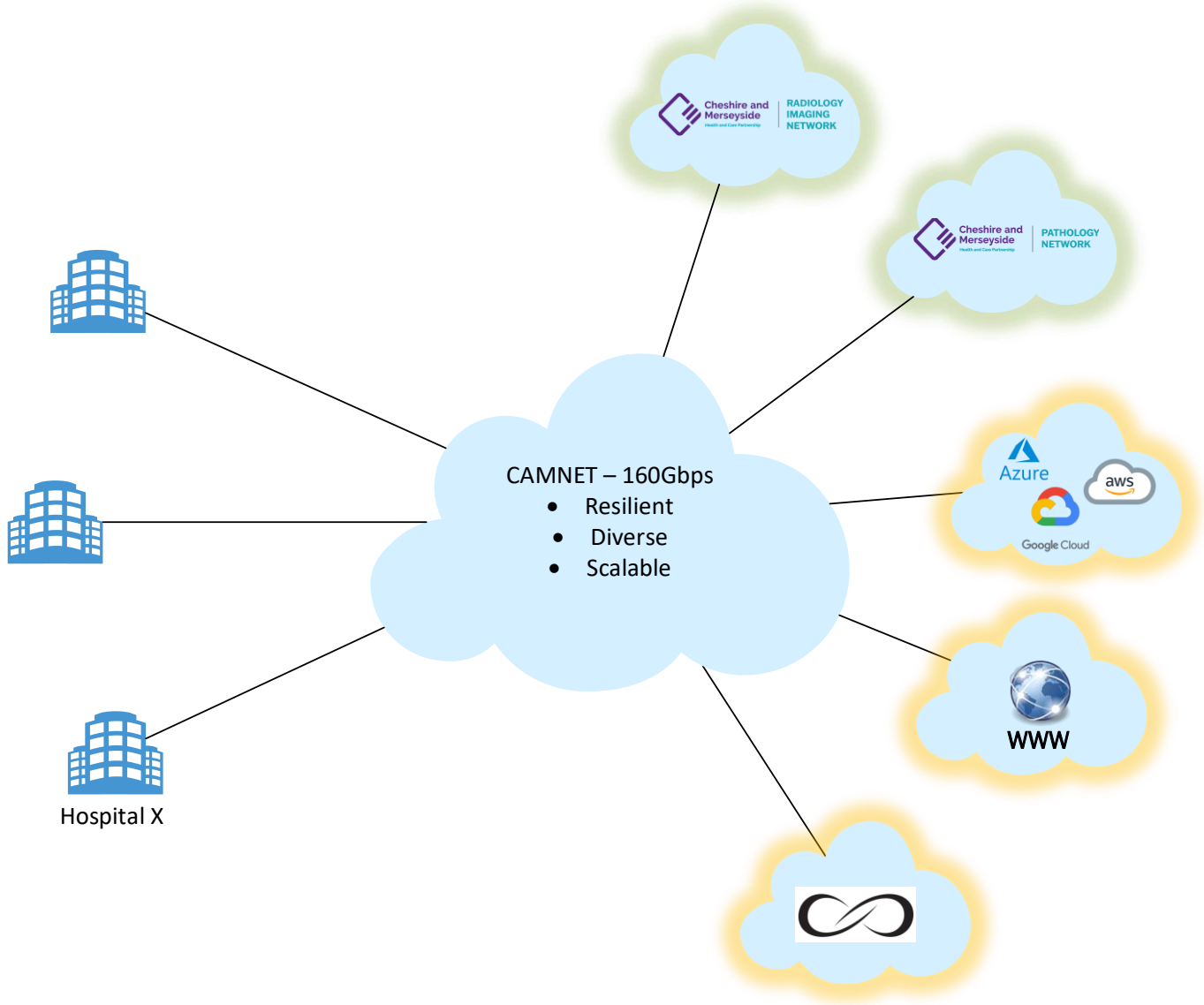
NHS
Cheshire and Merseyside
Provider Collaborative

- The diagnostic network delivers interoperability across the system, integrating new and legacy systems.
- Enabling greater integration between multiple systems and collaboration between clinical areas and trusts.



Diagnostic Network

NHS
Cheshire and Merseyside
Provider Collaborative



PACS Cloud

NHS
Cheshire and Merseyside
Provider Collaborative

- The implementation of the DDN has also enabled CAMRIN trusts to transition to cloud-based PACS.
- CAMRIN trusts are currently migrating on-premise PACS to a cloud-based solution across Cheshire & Merseyside.
- The solution is hosted by ARO across multiple data centres, with each trust having a connection to both data centres, to provide resilience, continuity and data protection.
- Customisable modules allow for critical alert notifications, workflow orchestrator and MDT collaboration.

PACS Cloud

NHS
Cheshire and Merseyside
Provider Collaborative

A central, cloud based, immutable PACS for all trusts in C&M.

Cloud-based PACS is a more secure, efficient and equitable solution for radiology. The initial investment will deliver trust level savings resulting from the reduction of trust level hardware and maintenance.

The solution will deliver 99.99% uptime, while allowing for greater collaboration across the region including alerts for urgent findings and modules to support MDTs.

What are the benefits?

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Cheshire and Merseyside
Provider Collaborative

- PACS Cloud has enabled over £350,000 cost avoidance for trusts, utilising economies of scale and eliminating the need for local hardware, maintenance and energy.
- Implementing PACS cloud has reduced critical incidents by 80%, creating capacity in digital and PACS teams.
- Implementing a new diagnostic network has created a cost avoidance of approximately £337,000 of cost avoidance through reduction in hardware, power and internet costs.

CAMRIN - AI in Radiology

NHS
Cheshire and Merseyside
Provider Collaborative

- AI and RPA (Robotic Process Automation) are fundamental parts of digital strategy across the NHS.
- Shortfall between capacity and demand will be addressed by implementing AI and automation.
- AI in radiology can increase capacity and productivity using:
  - Clinical Decision Support.
  - Workflow Optimisation and automation.
  - Triage and workflow prioritisation.

AI – Clinical Decision Support

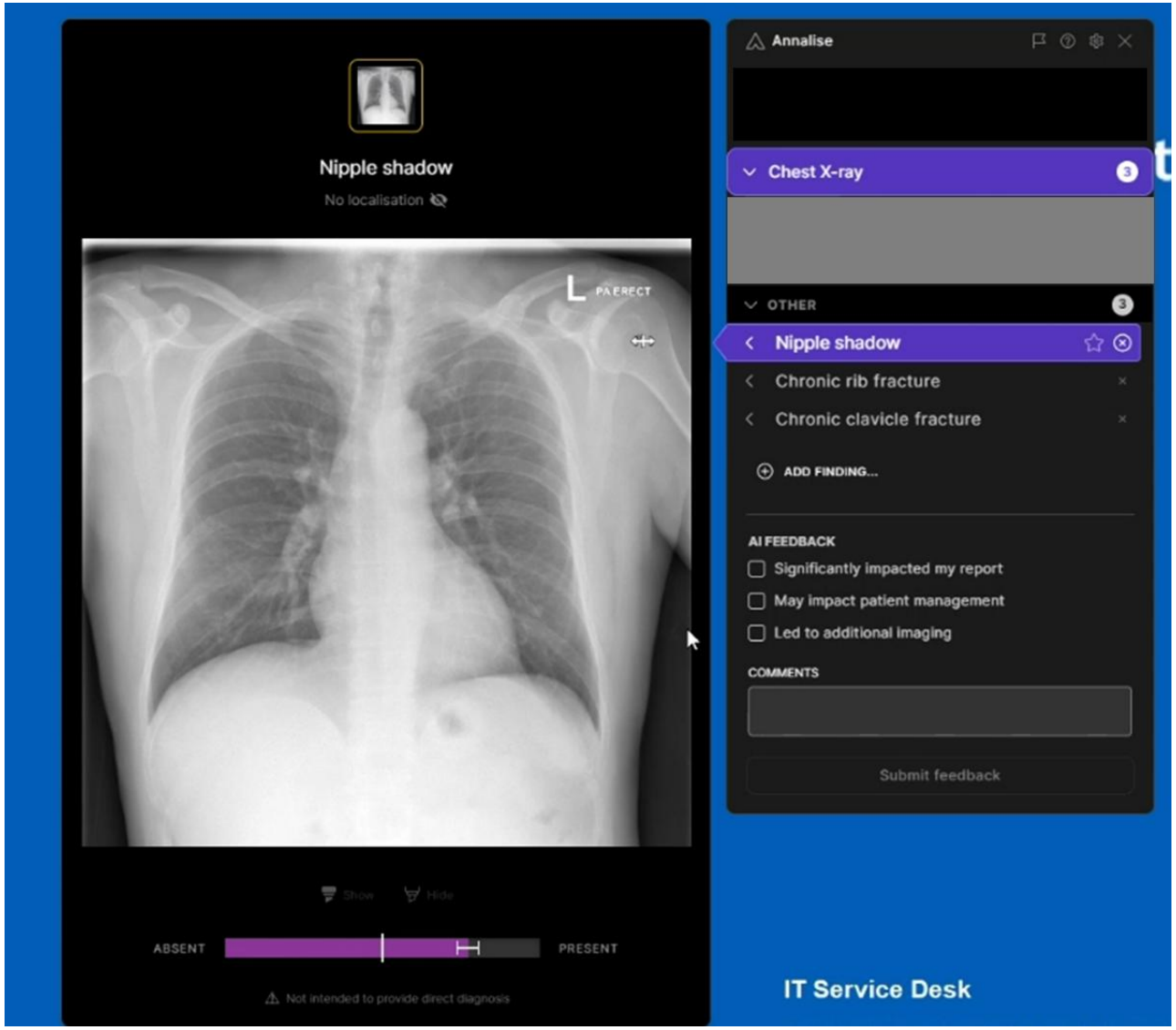
NHS
Cheshire and Merseyside
Provider Collaborative

- CAMRIN and Liverpool University Hospitals NHSFT (LUHFT) have successfully implemented **AI Rad Companion** for prostate MR imaging across LUHFT and Liverpool Women's Hospital sites.
- **AI Rad Companion** analyses multi parametric prostate MRI studies and identifies and segments lesions.
- This tool supports radiologists as they are reporting MRI studies, to act as a safety net and speed up reporting.

AI - Clinical Decision Support

NHS
Cheshire and Merseyside
Provider Collaborative

- The flagship AI project for CAMRIN is the implementation of Annalise across 11 trusts in Cheshire and Merseyside.
- Annalise AI analyses chest x-ray studies to identify abnormalities, with the potential to find 124 findings.
- The tool then prioritise worklists based on AI findings, which can deliver faster reporting for critical patients and provide a safety net for reporters.



AI - Clinical Decision Support

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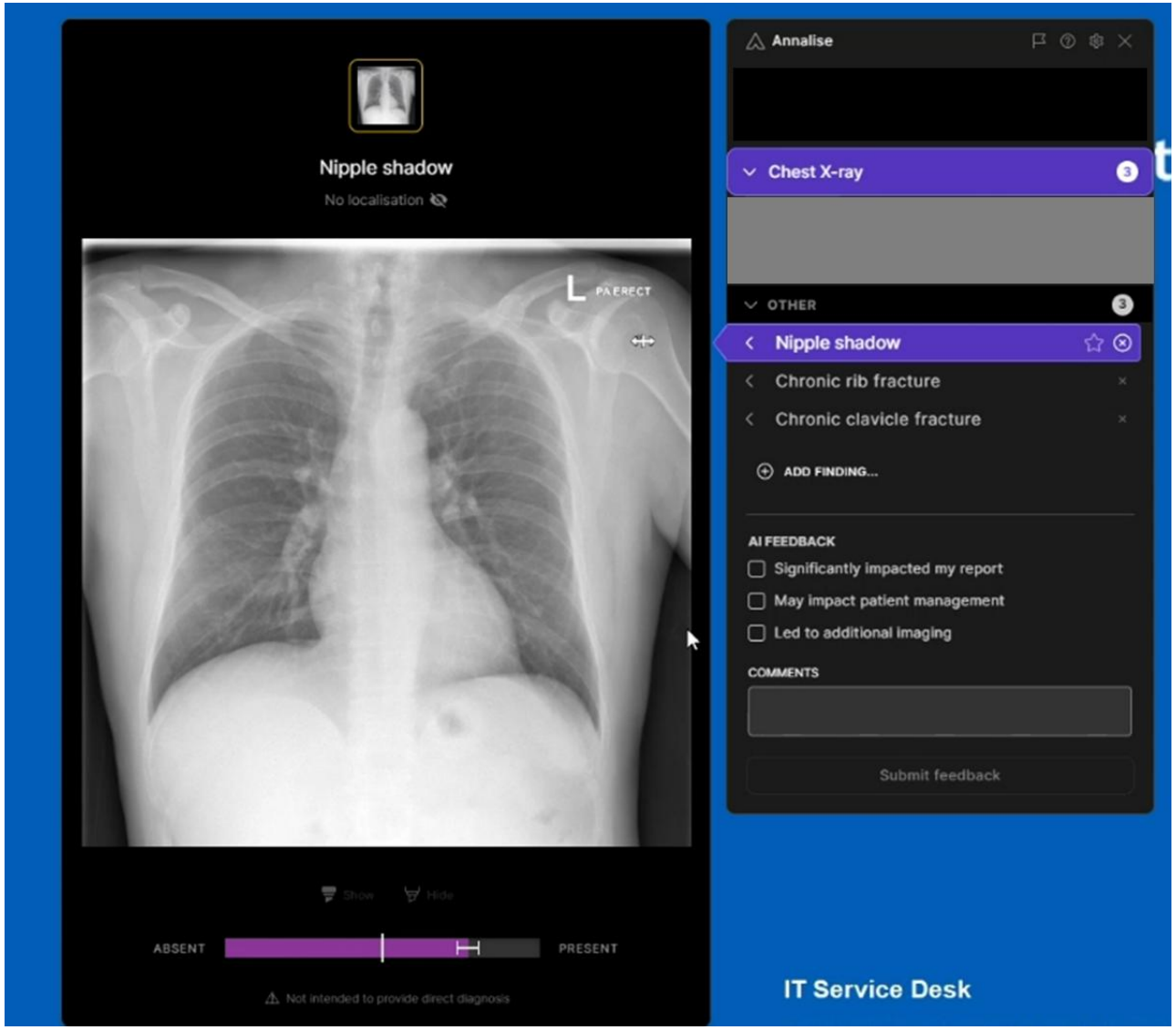
- Annalise is live across 10 sites.
- Over 50,000 studies have been analysed.
- Prioritisation is in place across the system.
- More users are being onboarded each week.
- We are working with trusts to implement secondary projects using AI.



AI – RPA and workflow optimisation

NHS
Cheshire and Merseyside
Provider Collaborative

- The future CAMRIN roadmap will deliver:
- Robotic Process Automation
  - Automating processes for patient booking, data transfer and other manual repetitive tasks.
- Ambient Voice Technology
  - AVT is being discussed as key to optimising MDTs and appointments.
- Further diagnostic AI
  - Introducing AI for new modalities and body areas.

Thank You

NHS
Cheshire and Merseyside
Provider Collaborative

If you would like more information please email:

- CAMRIN@liverpoolft.nhs.uk
- Thomas.hill@liverpoolft.nhs.uk

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Fireside Interview

Amaka C OFFIAH
Professor of Paediatric Musculoskeletal Imaging & Honorary Consultant Paediatric Radiologist, University of Sheffield & Sheffield Children's NHS Foundation Trust

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NHS Radiology &
Imaging Conference
Navigating Challenges
and Driving Innovation
AXREM
CONVENZIS

Case Study

Case Study

Maria Moors
Senior Account Director
BridgeHead Software

Your Next Imaging Challenge Isn’t What You Think

Protecting Radiology Services from the Ground Up

July 2025

Maria Moors

Senior Account Manager

BridgeHead

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Challenges

RISING DEMAND AND BACKLOG PRESSURE

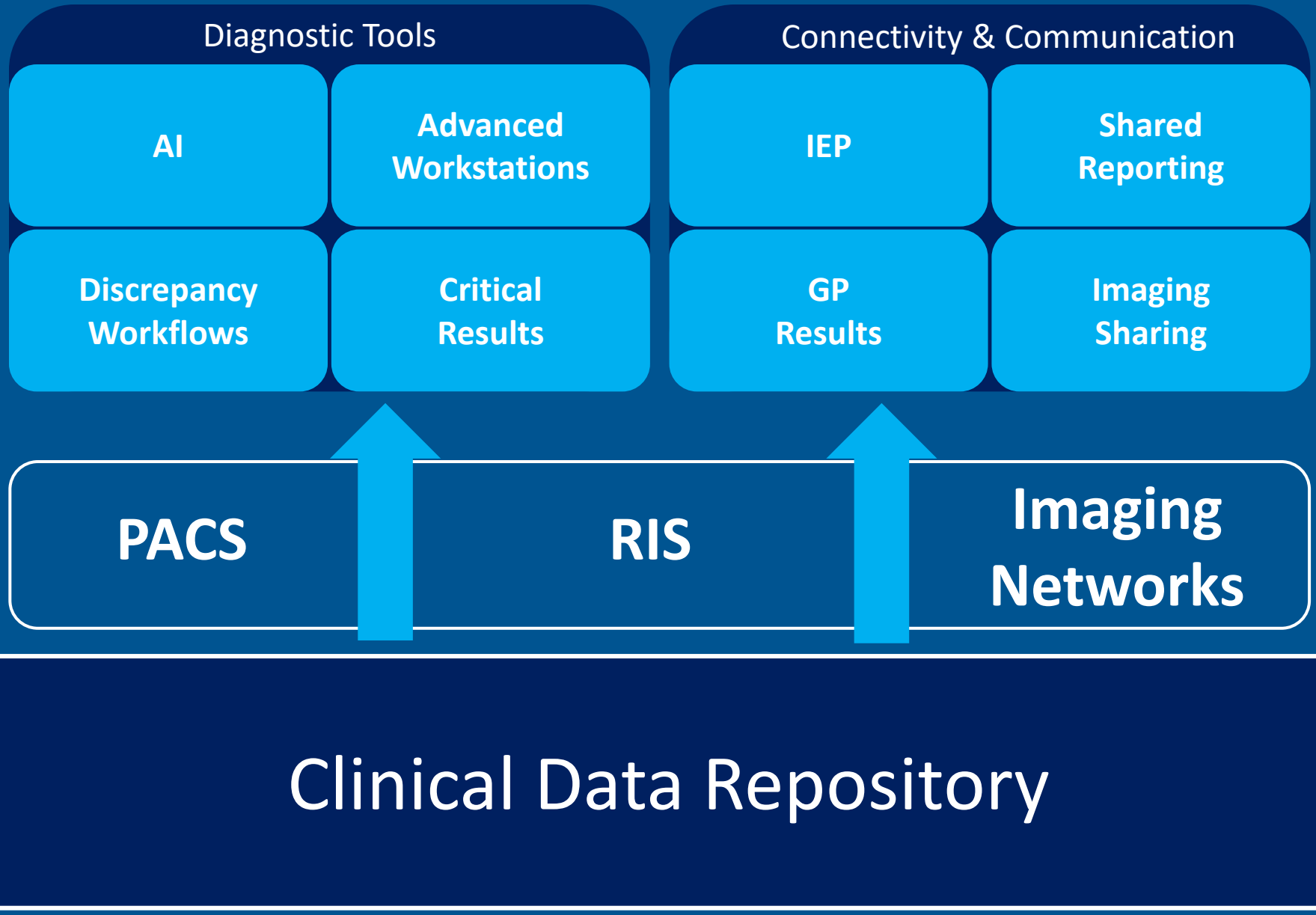
PACS UPGRADES AND CHANGE FATIGUE

STAFFING BURNOUT AND FATIGUE

What's Really Holding Radiology Back?

A look at the hidden barriers to imaging innovation

Building a Better Foundation



Real World Results

1

London Trust changed PACS 3 times

No migration costs

No delay in retrieving images from an archive

Business Continuity

2

Implementing CDR resulted in lower storage costs in cloud by 40%

3

"… If it wasn't for BridgeHead we would have had to close our doors.."

Head of Digital : NHS Trust

Preparing for the Future

1

Questions You Should Be Asking Your Vendor(s)

- If we change PACS, what does the migration process look like?
- Can your system integrate with a Clinical Data Repository?
- How do you support standards like DICOM, HL7, and FHIR?
- What's your approach to disaster recovery and business continuity?
- Can clinicians access historical data in context — or only via your viewer?

Preparing for the Future

2

What to Find Out About Your Current Solution

- Where is your imaging data actually stored — and in what format?
- Is your archive vendor-neutral — or tied to your PACS?
- How would you access imaging if your PACS went down tomorrow?
- Can non-radiology images (e.g. scopes, ophthalmology, medical photos) be included

Preparing for the Future

3

What To Do Next

- Map your imaging estate: what systems hold image data today?
- Identify what's driving up storage or making access harder
- Engage clinical stakeholders — ask them what *they* struggle to access
- Speak to your IT team about future EPR, ICR, and convergence plans
- Start a conversation internally: *Do we need a better foundation?*

Your Data is Your Asset

1. Imaging has evolved — your infrastructure needs to as well
2. Your data is an asset — if it’s accessible, protected, and portable
3. The foundation you build today will decide what you can do tomorrow

BridgeHead Software Overview

We Are Healthcare Data Management Specialists – We Only Work In Healthcare!

What we do

Clinical Data Management

BridgeHead Software…

- Consolidates
- Stores
- Protects
- Shares
- Provides access

… to clinical information.

Our solutions

HealthStore®
Clinical Data Repository

RAPid™
Data Protection Solutions

Services & Support

30+ years in business!

BridgeHead celebrated its 30th anniversary last year

1994 - 2024

Global presence

BridgeHead supports

1,200+

hospitals around the world

BridgeHead offers subject matter expertise in a range of domains supporting Clinical Data Management…

- Legacy application retirement
- Enterprise imaging/VNA
- Aggregating live & legacy data
- EMR/application replacements
- Data protection and disaster recovery
- Cyberattack mitigation
- Secondary use of data (e.g. research)
- Powering analytics and AI initiatives
- Digital maturity/transformation

Maria Moors

Senior Account Director

maria.moors@bridgeheadsoftware.com

https://www.bridgeheadsoftware.com

(0)7795 400660

Scan QR Code to Connect with Maria on LinkedIn

BridgeHead

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Lunch & Networking

Chair Afternoon Reflection

Mr Chris Sleight MSc BSc FIBMS
Chief Officer
Greater Manchester Diagnostics Network

Keynote Presentation

Michael Hindle
Clinical Manager of Diagnostics
FCMS (NW) Ltd

Scott Williams
Operational Manager of Diagnostics
FCMS (NW) Ltd

12th NHS Radiology & Imaging Conference: Shaping the Future of Diagnostics

Improving Access to Community Diagnostic

Scott Williams - Head of Diagnostics
Michael Hindle - Clinical Manager of Diagnostics
www.fcms-nw.co.uk

Join at slido.com
#9354016

Your Community Healthcare Providers

Who are FCMS?

- A social enterprise company
- Delivering healthcare since 1994.
- CQC Registered.
- ISO 9001 Accredited.
- Signatory of the British Society of Echocardiography Insourcing and community provider charter.
- In 2025 our services had 1,051,000 Patient contacts.
- Around 800 employees

Services we deliver

- Diagnostics
- Place Based Care
- Dental
- Complex Lives
- Virtual Care

Our work with STRIVE – a local community café and hub in 2024 supported:

- 2250 Free breakfasts provided for children before school.
- 520 hours of volunteering time to upskill local people to support employment.
- 1500+ Attendees at classes and support groups

Your Community Healthcare Providers

FCMS Diagnostics How can we Help?

- Our goal is to reduce health inequality.
- 4-5% DNA rate across our diagnostic services.
- 100% Clinic utilisation.
- Increase capacity via insourcing or outsourcing.
- Increased patient choice – 7 day services.
- Digital solutions reduce the need to repeat diagnostics in secondary care.
- Supporting virtual wards with diagnostic provision.
- Integrated healthcare pathways.
- Our services can be tailored to your needs.
- Ability to perform mobile outreach to remote locations.
- Manage the full patient pathway with dedicated admin support.
- Clinics are available via eRS (Choose and Book).
- Quick mobilisation and the ability to flex with demand.
- Reduce demand on local trusts services.

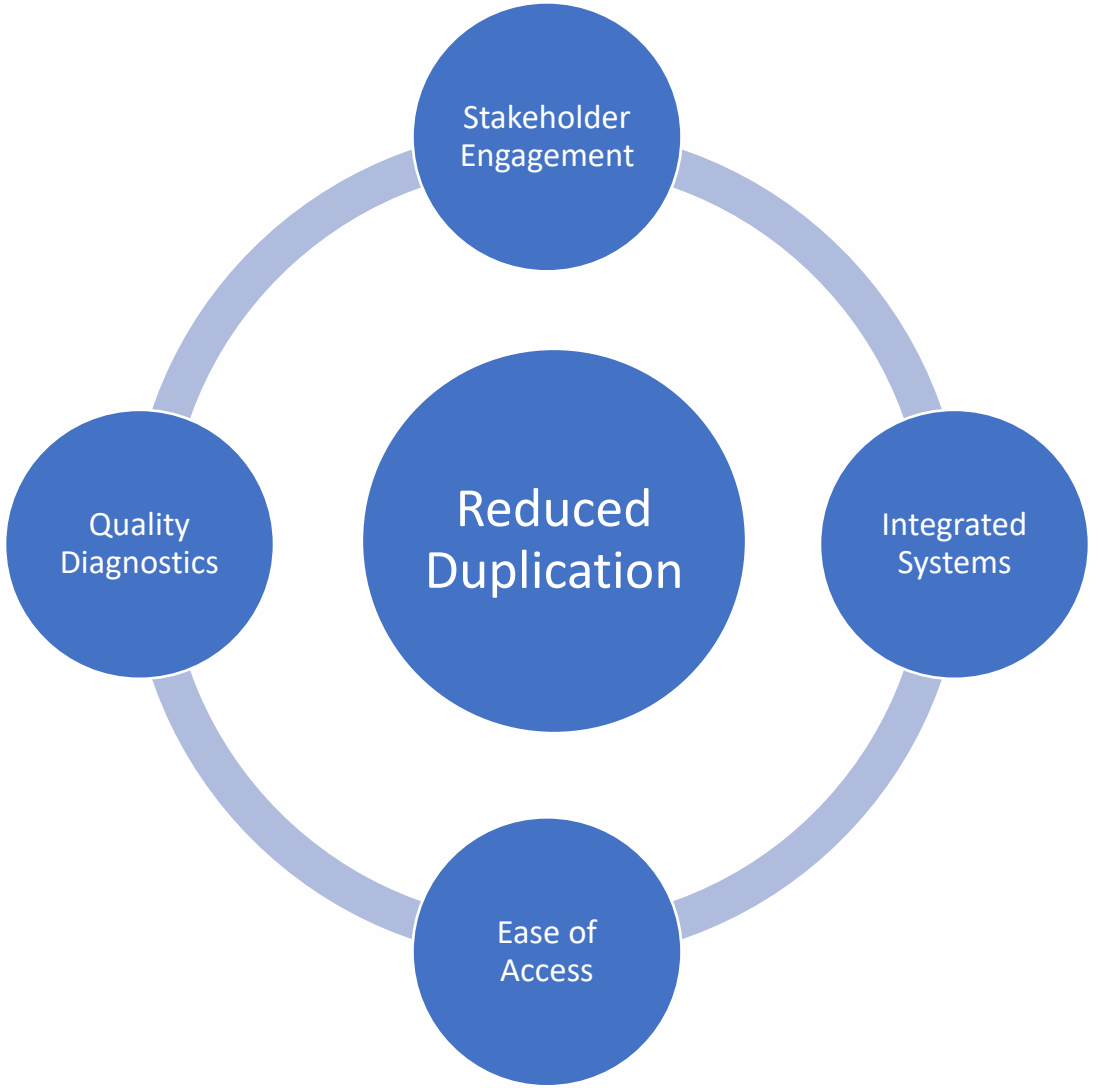
fcms Your Community Healthcare Providers

How do you access community diagnostic images?

Do you repeat the community diagnostic in the trust?

Why do you repeat the diagnostics?

How have we improved access diagnostic results?



fcms Your Community Healthcare Providers

Testimonials

I find the FCMS service great for access to images and reports. Any queries are answered at lightening speed and feedback is offered from FCMS Echo MDT/review.
The service works with the clinicians to identify any problems with patients access and waits/co-ordination with clinic appointments.

Accessing studies performed by FCMS is essential for the running of our Rapid Access Valve Assessment (RAVA) clinic.
Having quick access via the cloud platform to view the images allows RAVA referrals to be screened promptly and reduced the need for a full repeat diagnostic before the patient's clinic visit.

fcms Your Community Healthcare Providers

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Interview Session

Dr Sarim Ather
Consultant Radiologist, Director, Oxford Clinical AI Research Group
Oxford University Hospitals

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Keynote Presentation

Ben Kirby
Lead Product Manager
NHS England

NHS

Digital Prevention Services Portfolio

Digital Screening

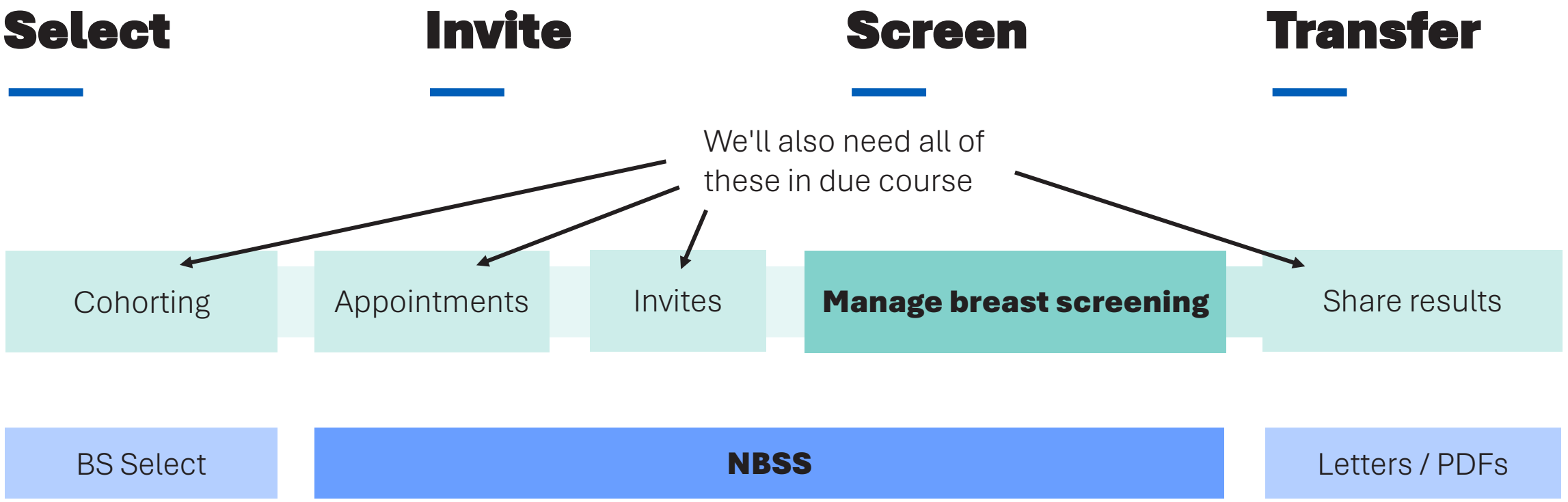
User-centred design in breast screening

Ben Kirby, Lead Product Manager

02 Jul 2025

Existing service

National Breast Screening service (NBSS)



Talking points

Context

What's happening in NHSE Digital Screening

Pains

What we've discovered in our user research

Design

How we're designing and testing with users

NHS
Digital Prevention
Services Portfolio

Context

What's happening in NHSE Digital Screening

NBSS

- We're replacing NBSS
- This will take a long time!
- We want to deliver iteratively and safely

What we want to achieve

One

A modern digital service for managing breast screening

Two

Easy and cost-effective to change

Three

Supports research, AI reading, borderless reading

Four

...and many more

Continuous improvement

- We want to be able to release changes weekly, if not daily
- There are too many great ideas to do all in the first instance
- Our first aim must be to get something usable and safe delivered to everyone
- Then we can evolve over time

Screenshots are from prototypes only

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Paper vs. structured data

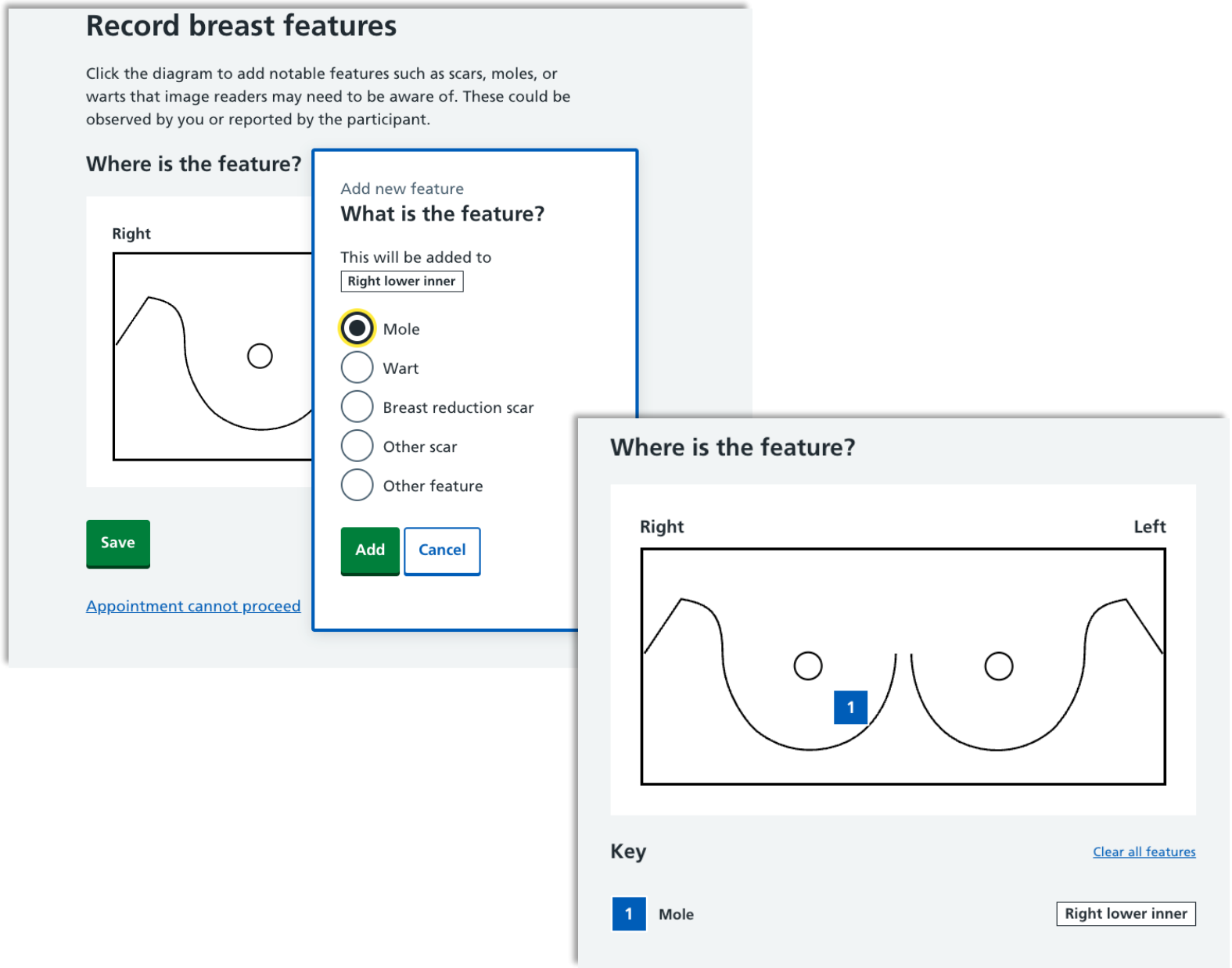
Pain points

- Breast screening is over-reliant on paper
    - To capture information
    - To share information
    - To check information
- It's also the bane of structured data capture, which makes downstream features harder
- But paper *is* quick

Design

For radiographers:

1. Make it as easy as possible to add information
2. Balance speed of use with level of accuracy

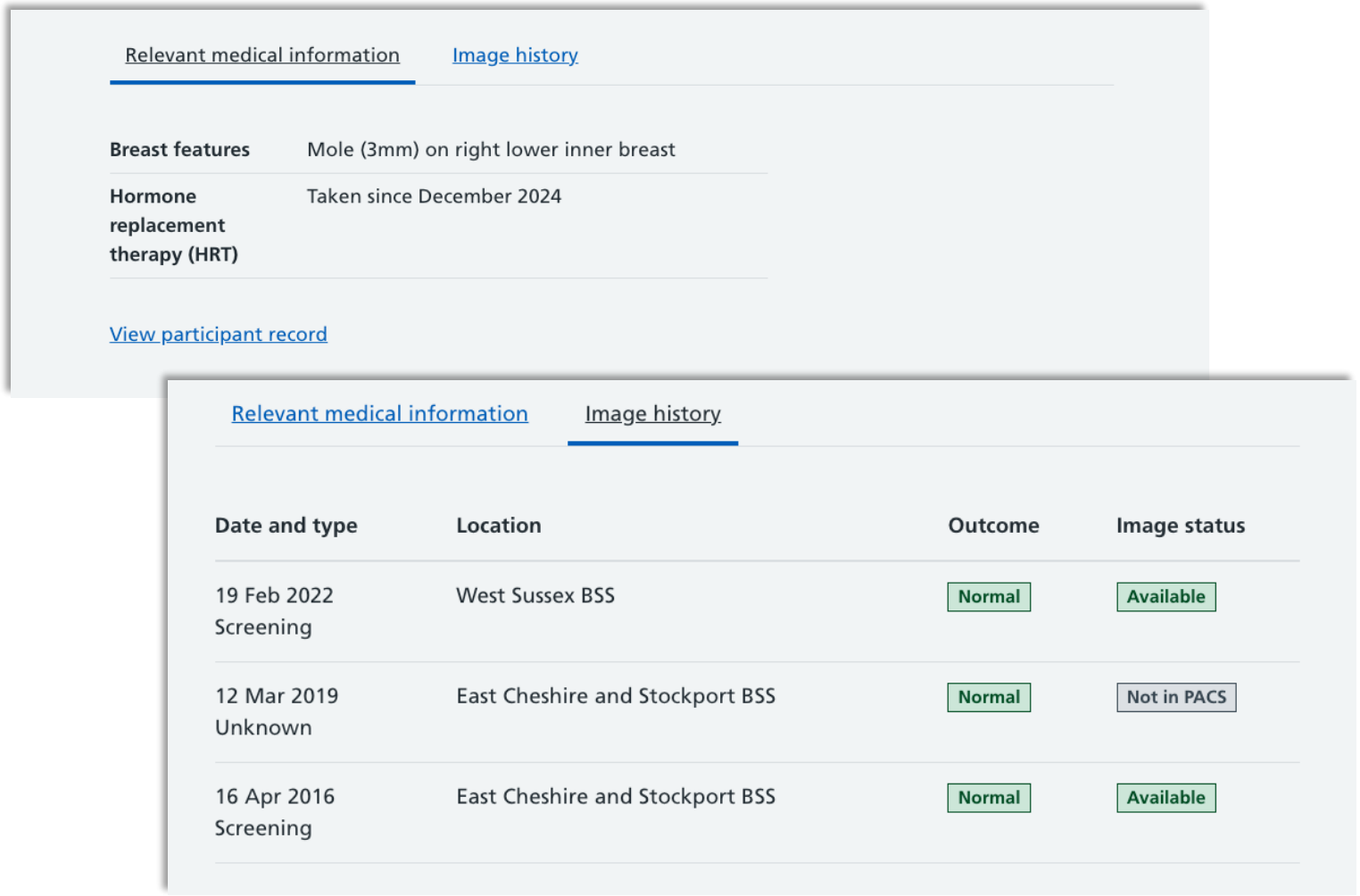


Design

For readers:

1. Medical information displayed up front
2. Image history details also available

(Diagram view to come!)



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High throughput

Pain points

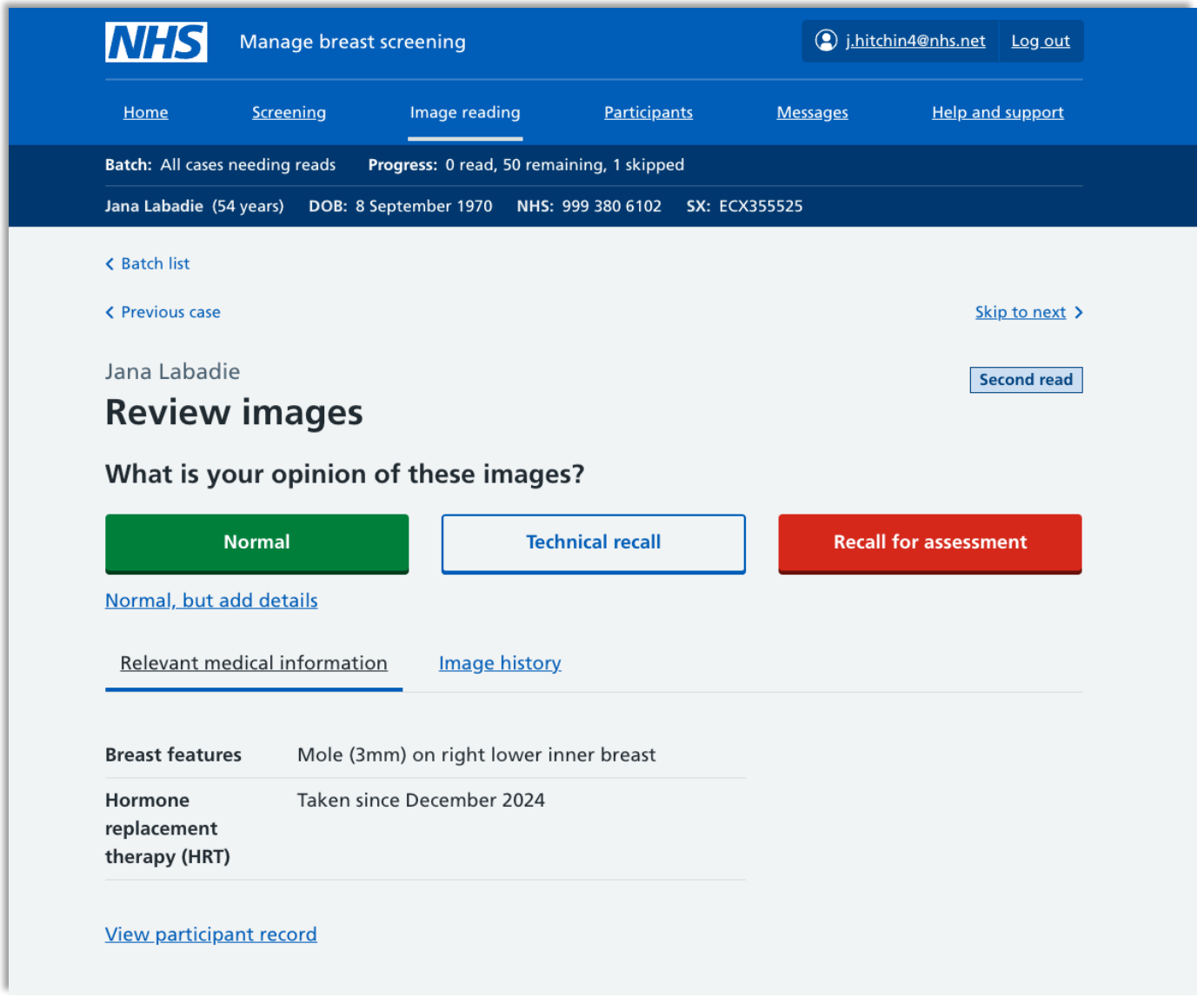
- Screening is a high volume, non-symptomatic pathway
- This breaks some assumptions when designing clinical software
- NBSS already supports "one-click normal" results
    - ...but is also supported by an additional paper workflow

Design

For readers:

1. Easy one-click normal
2. Minimum time requirement per case

However – we will need to test this in situ to confirm clinical safety.



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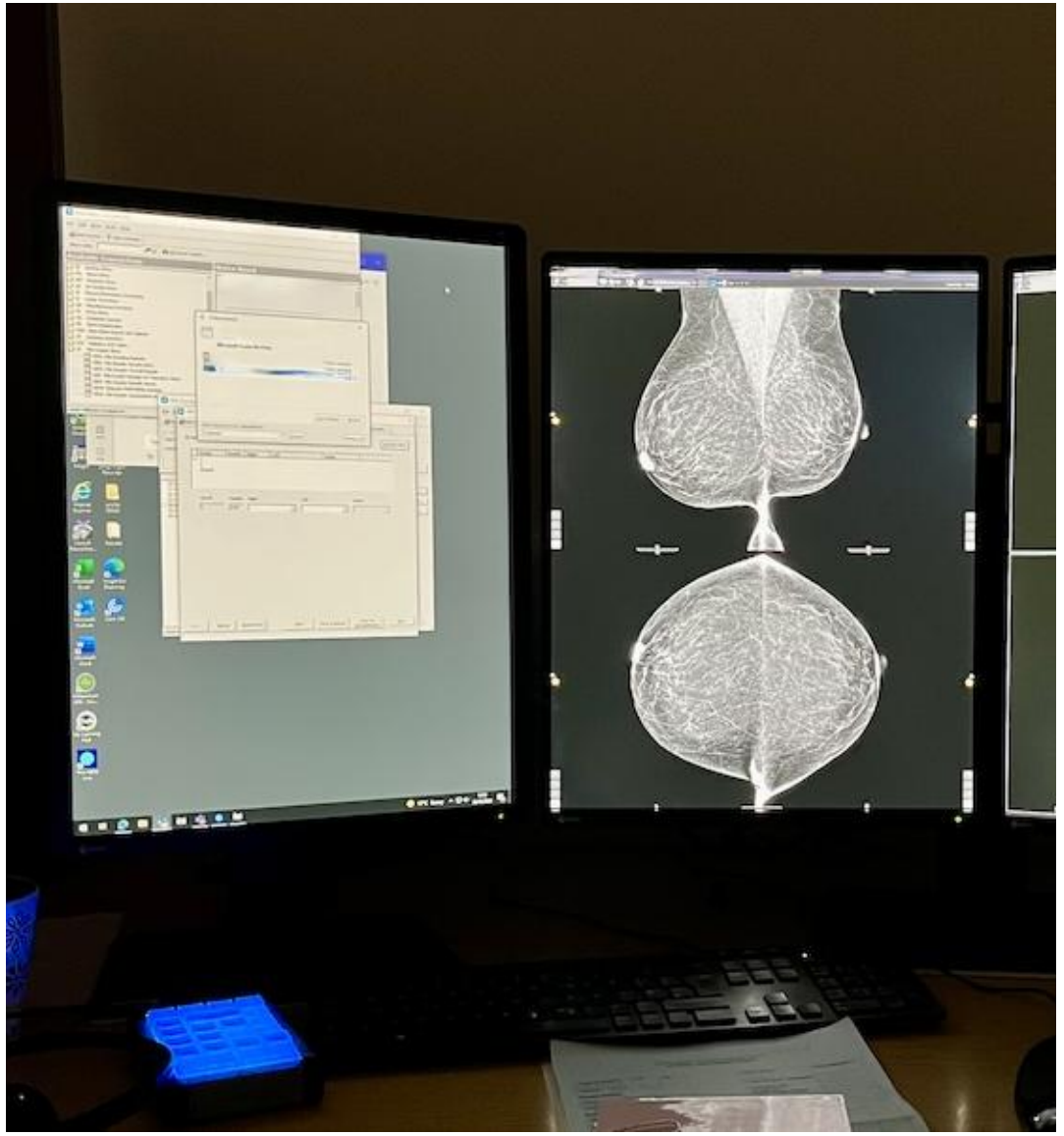
Dark rooms

Pain points

- Radiologists use specialist screens in darkened rooms
- PACS viewer interfaces typically have a lot of "black" space
- The NBSS interface has a more traditional "white" space design
- As do the GOV.UK and NHS design systems

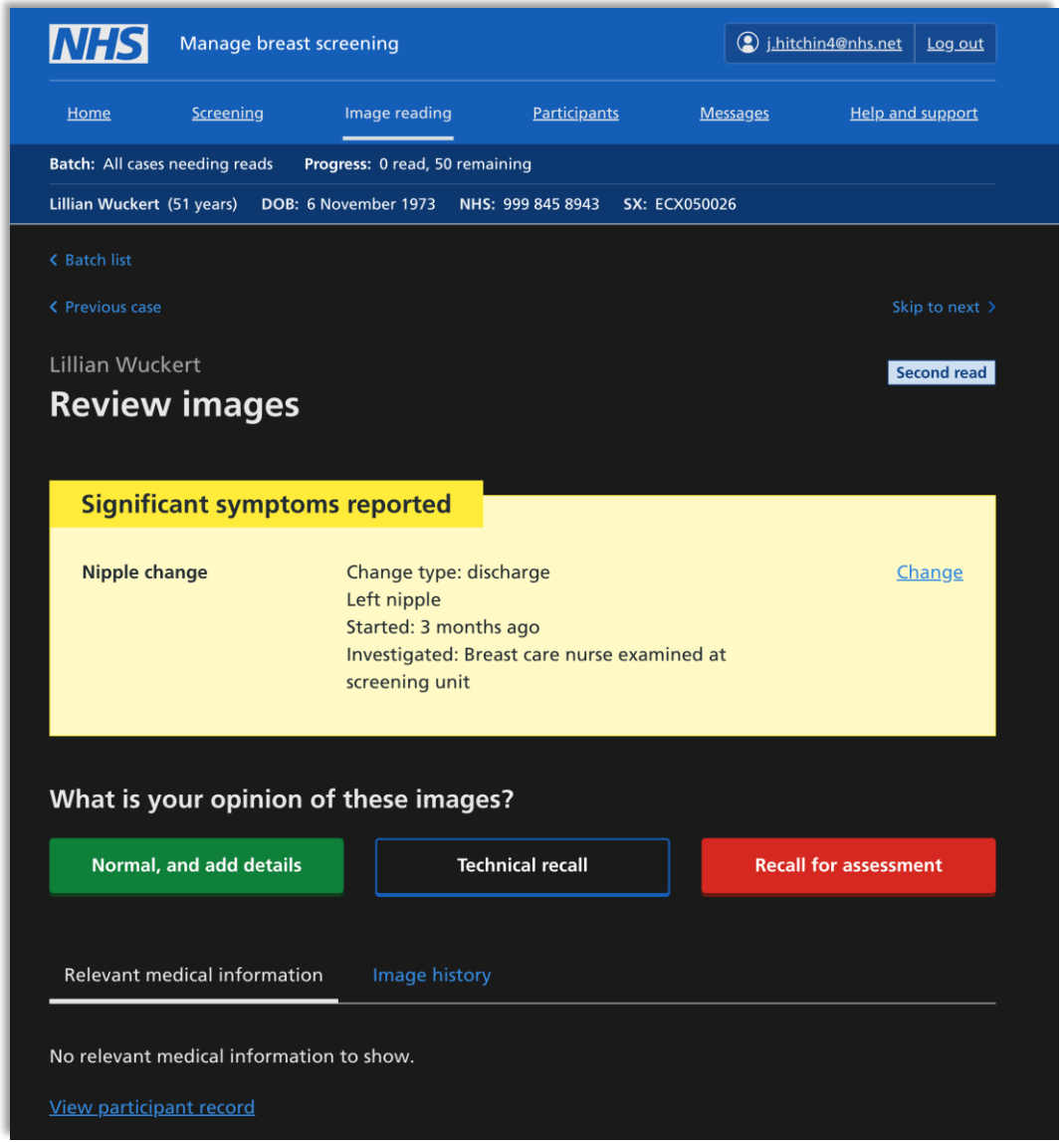


Design

For readers:

1. We're experimenting with a dark mode for the design system

This will need a lot of accessibility testing.



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Flagging symptoms

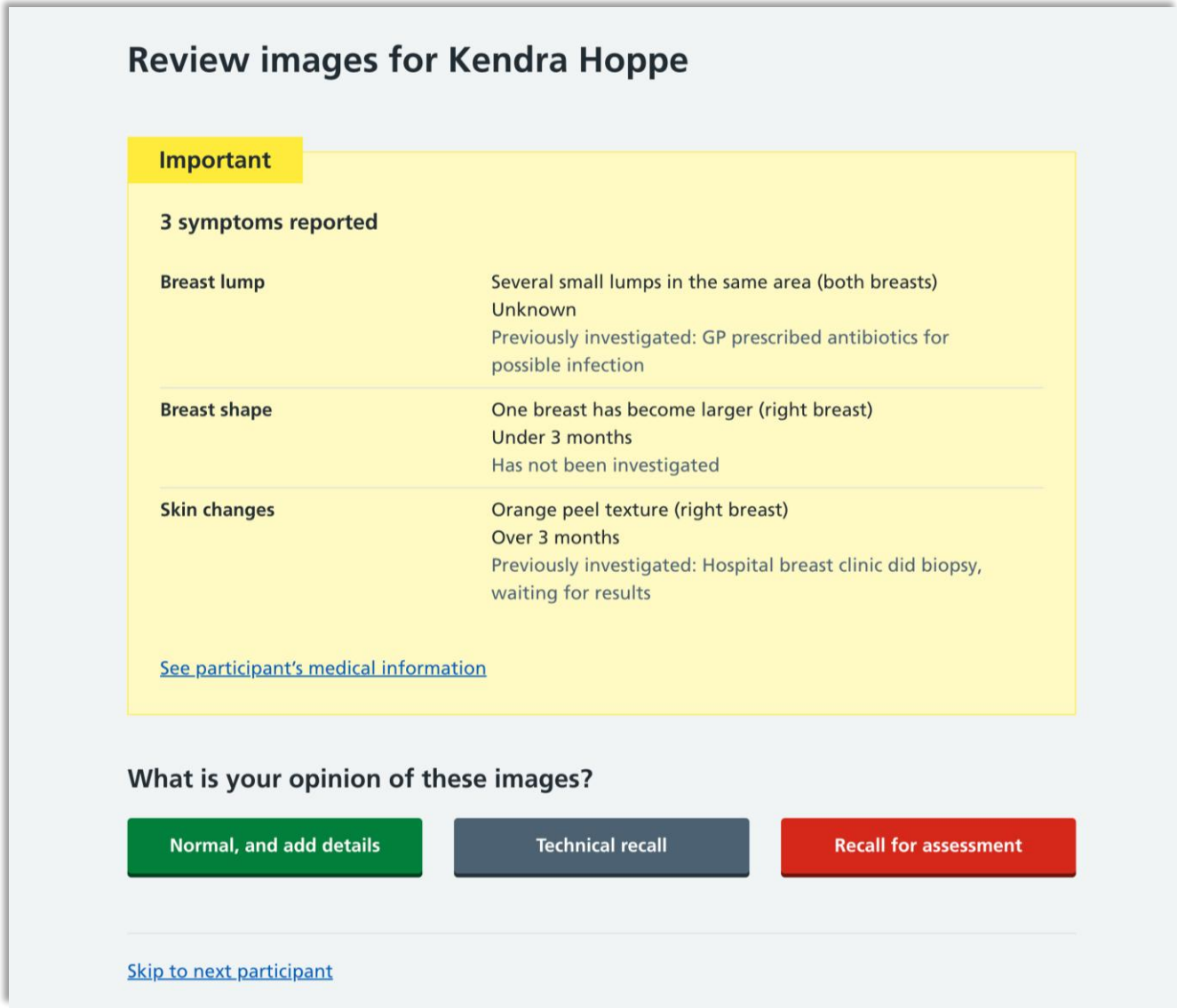
Pain points

- Some information is important for readers to see before they give their opinion, such as symptoms
- Often this is not on NBSS but instead on paper

Design

For readers:

1. Highest priority information called out clearly
2. Opinion buttons are moved down the page



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Getting involved

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Digital Prevention Services Portfolio

We need your help!

Please get in touch if you'd be interested in taking part in our user research or testing.

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Q&A

ben.kirby2@nhs.net

liz.lutgendorff1@nhs.net

https://www.digital-prevention-services.nhs.uk/

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Interview Session

Dr Tahreema N Matin
Associate Medical Director & Consultant Radiologist
Workforce, Training & Education Directorate, NHS England

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Panel Discussion

Dr Sarim Ather
Consultant Radiologist, Director, Oxford Clinical AI Research Group
Oxford University Hospitals

Lukasz Zielinski
National Medical Director's Clinical Fellow / Radiology Registrar
The Health Foundation / Barts Health

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Drinks & Networking