

WELCOME TO

NHS Radiology Conference North









17th May 2023 - 8:00am - 3:15pm - Manchester





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Chairs Opening Address



Dr Ram Senasi

Consultant Paediatric Radiologist - Doctor Medpreneur - Superconnector - Closer Mentor - Volunteer - Hull University
Teaching Hospitals







SPEAKING NOW



Sheila Black

Deputy head of Imaging Transformation -

NHS England

I will be discussing...

"Imaging Transformation – National view of our Programme and why Imaging Networks matter?"







Panel Discussion



Sheila Black
Deputy head of Imaging
Transformation - NHS England



Katherine Jakeman

Quality Improvement Partner
RCR/CoR



Dr. Naman Bhatt

MSK Radiologist - The Queen
Elizabeth Hospital, The University
Hospital Birmingham NHS Trust



Dr Kieran Zucker

Clinical Lecturer in Health Data Science and Machine Learning Engineering, Honorary Clinical Oncology Specialist Registrar, Co-Chair of UK Faculty of Clinical Informatics (FCI) - University of Leeds, Leeds Teaching Hospitals, UK Faculty of Clinical Informatics

Exploring Al Imaging Panel <u>Discussion</u>





UP NEXT...







SPEAKING NOW



Grant Roberts

Chief Executive Officer - Managed Healthcare Services Limited

I will be discussing...

"The impact of insourced diagnostic imaging services on waiting list backlogs — Increased capacity, reduced waits, improved service efficiency a experience."



slido



How would you like to follow up with Grant post-event?







Sheila Black

Deputy head of Imaging Transformation
NHS England

Q&A PANEL





Grant Roberts

Chief Executive Officer - Managed
Healthcare Services Limited





Morning Break, Networking & Refreshments







Chairs Morning Reflection



Dr Ram Senasi

Consultant Paediatric Radiologist - Doctor Medpreneur - Superconnector - Closer Mentor - Volunteer - Hull University
Teaching Hospitals





UP NEXT...







Managed

Services

Healthcare

SPEAKING NOW



Mitchell O'Gorman

CEO - xWave Technologies

I will be discussing...

"Tackling the radiology backlog using Clinical Decision Support (CDS)"

slido



How would you like to follow up with Mitchell post-event?





UP NEXT...







SPEAKING NOW



Daniel F. Jones

Business Lead UKI - Gleamer

I will be discussing...

"Al Adoption in Healthcare: Considerations, Barriers & Solutions"



slido



How would you like to follow up with Daniel post-event?





Healthcare

Services

SPEAKING NOW



Prof. (Dr.) Sanjay Gandhi

Research & Innovation Lead Core Clinical Directorate, Lead for Radiology and Diagnostic Imaging, University of Bristol Chairman, British Institute of Radiology South West - **North Bristol NHS Trust**

I will be discussing...

"The potential of Al/intelligence to improve patient experience, reduce radiology errors and improve health care efficiency" Managed





Healthcare

Services

SPEAKING NOW



Dr Dheeraj Giri
Consultant Radiologist, Director of Innovation
& communication (NHSE-EM) - Kettering
General Hospital, NHSE

I will be discussing...

"Presentation - Dr Dheeraj Giri,
Consultant Radiologist, Director of
Innovation & Communication (NHSEEM), Kettering General Hospital, NHSE
(Confirmed)"

Managed



Q&A PANEL





Daniel F. Jones

Business Lead UKI - Gleamer



Prof. (Dr.) Sanjay Gandhi

Research & Innovation Lead Core Clinical
Directorate, Lead for Radiology and Diagnostic
Imaging, University of Bristol Chairman, British
Institute of Radiology South West - North
Bristol NHS Trust



Dr Dheeraj Giri

Consultant Radiologist, Director of Innovation & communication (NHSE-EM) - Kettering General Hospital, NHSE



Mitchell O'Gorman

CEO - xWave Technologies





Networking and Lunch









Chairs Afternoon Address



Dr Ram Senasi

Consultant Paediatric Radiologist - Doctor Medpreneur - Superconnector - Closer Mentor - Volunteer - Hull University
Teaching Hospitals







SPEAKING NOW



Katherine Jakeman

Quality Improvement Partner
RCR/CoR

I will be discussing...

"Quality Imaging - what they can do for your service"







SPEAKING NOW



Raghu Lakshminarayan

Consultant Vascular Radiologist & Honorary Senior Lecturer - Hull University Teaching Hospitals NHS Trust & Hull York Medical School

I will be discussing...

"Mechanical thrombectomy for Stroke – A stroke of genius but a challenge to deliver!"







SPEAKING NOW



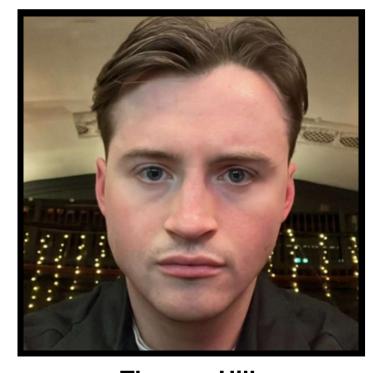
Dr David White

Clinical Lead - Cheshire & Merseyside Radiology Imaging Network (CAMRIN)

We will be discussing...

"CAMRIN's Approach to Collaborative Al Adoption"





Thomas Hill

Programme Manager - Cheshire & Merseyside Radiology Imaging Network (CAMRIN)



CAMRIN

Approach to Collaborative Al Adoption

May 2023



Cheshire and Merseyside Radiology Imaging Network



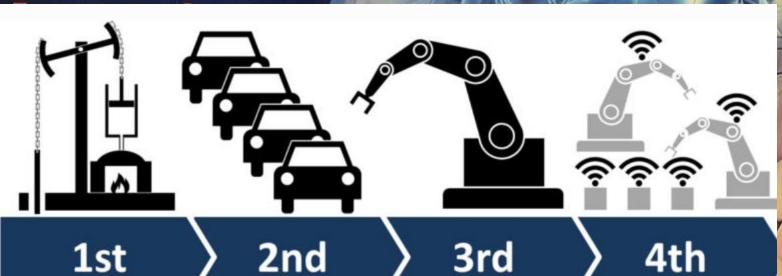


Dr David White
Clinical Lead



Thomas Hill
Programme Manager

The 4th In Revolution State St



Mechanization, water power, steam power Mass production, assembly line, electricity

Computer and automation

Cyber Physical Systems



The Doctor by Sir Luke Fildes 1891



NHS

hire and Merseyside

Will *A* radio

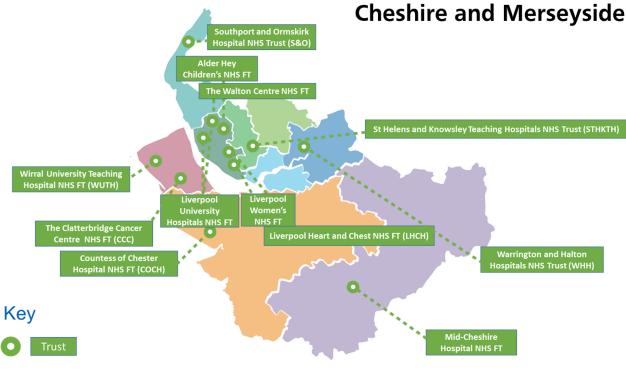
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Background

- 2.5 million people
- 12 Trusts, 21 Hospital Sites
- 1 Integrated Care Board
- 1 Cancer Alliance































CAMRIN; Values, Vision, Aim & Objectives Cheshire and Merseyside









AIM

"Striving for sustainable quality in Cheshire & Merseyside Radiology Imaging Network"



Placing patients & staff at the centre of transformation



Quality

Standardisation of policies & procedures in accordance with best practice & reduction of variation



Innovation

Enable the uptake of high impact improvement for the patient populations & staff



Efficiency

Making the best use of resources available across Cheshire & Merseyside



Collaboration

Work together
to ensure
sustainable
high quality
imaging
services



VISION

"World class imaging services for the people of Cheshire & Merseyside"



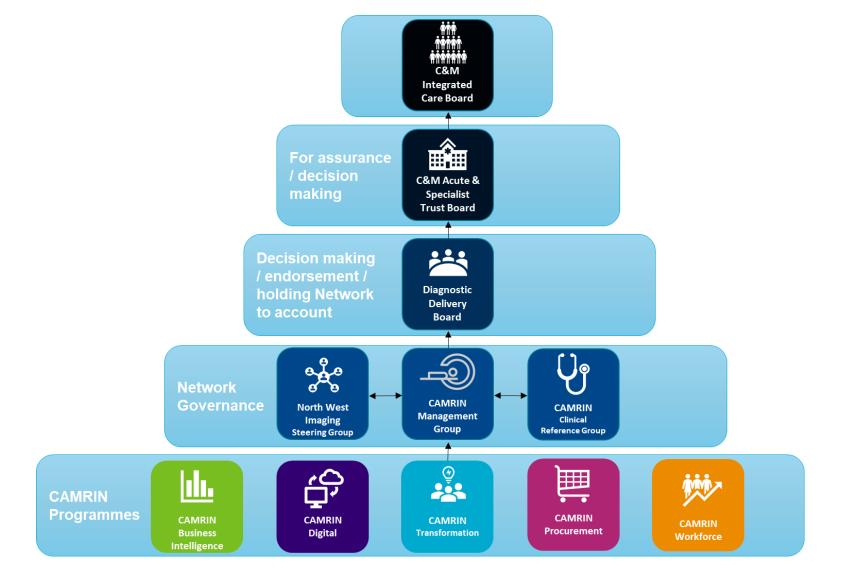
VALUES

CAMRIN are united under the core values of the NHS

OBJECTIVES

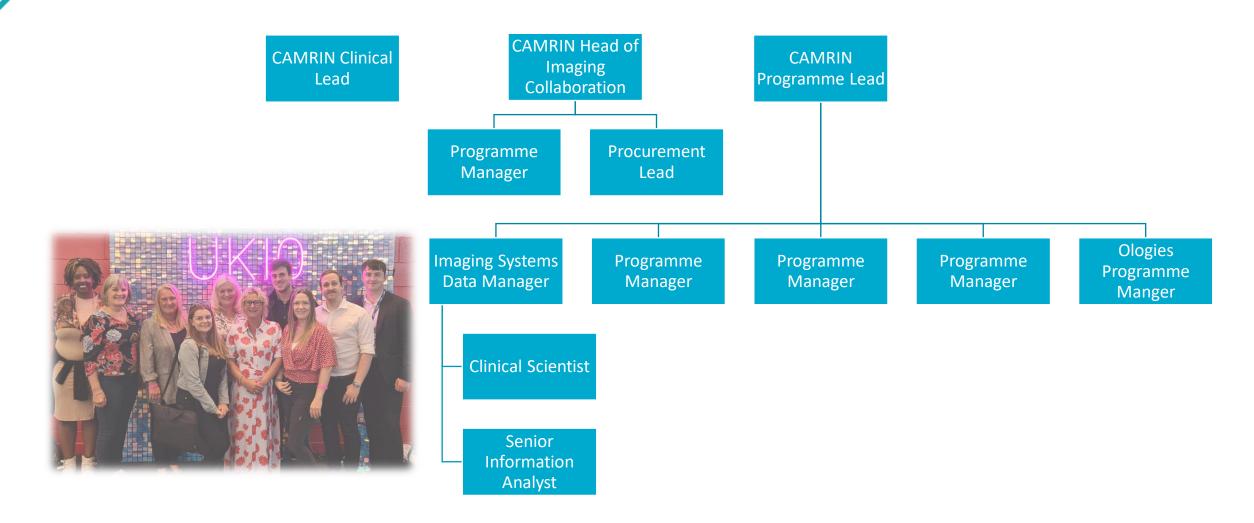


Governance & Team





Governance & Team





Collaborative Approach

















Brainomix



CAMRIN worked collaboratively with the Stroke Network to implement Brainomix to six stroke centres across Cheshire & Merseyside

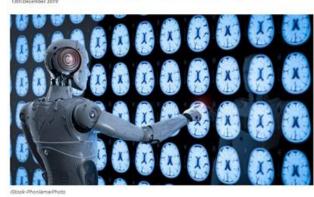
Lessons Learnt

- Complete the DPIA as soon as possible and circulate to the Trusts for approval
- Governance processes are not standard across the region this caused delays at certain Trusts for sign off of the DPIA
- Due to COVID it was difficult for the scanner suppliers to come on site to set up Brainomix on the scanners, this caused delays
- Some Trusts did not feel they had enough support due to the current situation of COVID in order to start providing the CTP service

Successes

- Once end users were able to see the benefit of reducing time spent identifying trauma to the head they embraced AI in a positive way
- Number of thrombolysis procedures increased (not sure of % lain may be able to provide)
- Proportion of patients who were thrombolysed within 1 hour of clock start increased from 33.3 to 66.7

UK clinical network launches pioneering AI stroke project



The collaboration with Wellbeing and Brainomix will enable Trusts in the network to introduce intelligent Al algorithms into existing radiology workflows.

"Our familiarity with the Brainomix system makes it a significant practical and operational benefit if implemented across the stroke centres in North Wales along with better PACS system links. The clinicians here are now well used to the outputs and markers identified by the Brainomix technology on NCCT, CTA and becoming more so with CTP. We remain in regular communication with the Brainomix team since go-live as the system is regularly updated allowing us to make the most of the features available"

- Dr. Sacha Niven, Deputy Medical Director, Consultant Interventional Neuroradiologist, The Walton Centre NHS Foundation Trust

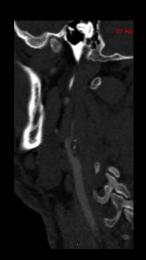


Performance of AI powered software solution for selection of intracranial thrombectomy candidates in routine



Background

Since October 2020 Al powered software solution (e-Stroke suite, Brainomix) has been available at our institution. Its e-ASPECTS tool applied to non-contrast CT brain scans measures volume of hypodense ischemic brain undergoing acute infarction, calculates ASPECTS numerical score of the damage and detects hyperdensity of large vessel occlusion (LVO) by thrombus. This has been demonstrated in studies to improve patient outcomes thanks to reduction in time to treat with intracranial thrombectomy (IAT) by speeding up selection of appropriate candidates, who have LVO and ASPECTS >6. Sensitivity of 44% and specificity of 94% in detecting acutely hypodense ischaemic brain by e-ASPECTS has been quoted in literature. No data is available to our best knowledge about its performance in detection of LVO.





Methods

- ☐ Out of 369 consecutive unenhanced CT brain scans performed at LUHFT from 01/04/22 to 14/04/22, 112 had e-ASPECTS applied, of which 72 were for acute stroke presentation, and 41 had follow up brain imaging (principally MR brain) on median of 3 days from initial unenhanced CT.
- e-ASPECTS outputs were compared with presence of infarction as detected by follow up MR or CT scan, and with CTA/DSA report of intracranial arterial occlusion, taken as definitive.
- ☐ Sensitivity and specificity of e-ASPECTS for detection of acute brain infarction and LVO were calculated.

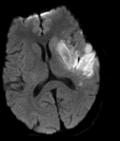
ASPECTS Score: 9 Left side: Lentiform ASPECTS regions Volumes 11 ml acute hypodensity (Right <1 ml Left: 11 ml) (Right <1 ml Left: <1 ml) Hyperdense vessels Hyperdense vessel: 18 mm (Le No calcifications detected

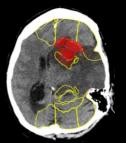
Aims

☐ To establish sensitivity and specificity of Brainomix e-ASPECTS tool used for selection of IAT candidates in routine clinical practice.

Example case

- 60 y male, brought in with global aphasia.
- e-ASPECTS: ASPECTS score 9, acute hypodensity LEFT basal ganglia, LVO LEFT MCA (Fig. 1), confirmed by MR DWI (Fig. 2) and CTA (Fig. 3).
- ☐ CTA showed also occlusion of LEFT ICA (Fig.4).
- Patient was referred for IAT, but turned down as his identity/stroke onset time/PMH could not be established due to global aphasia and no NOK.
- ☐ Unfortunately patient progressed to malignant MCA infarct and passed away on day 4.(Fig. 5).





Results

- □ Performance of e-ASPECTS for detection of acute infarction: sensitivity 43%, specificity 52%
- □ Performance of e-ASPECTS for detection of LVO: sensitivity 40%, specificity 100%

Conclusi

 □ e-ASPECTS Al powered software solution performed in line with published sensitivity and below published specificity for detection of acute infarction.
 □ e-ASPECTS specificity for detection of LVO on unenhanced CT brain was excellent.



Al Workshop 2022

- Representatives from all 12
 Trusts and nine AI companies
- The overarching aim of the Al roadshow was to educate and inform clinical staff from across CAMRIN of the potential that Artificial Intelligence and Machine Learning software.









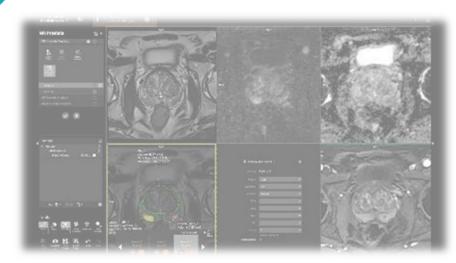
"After COVID and the lack of face to face meetings we wanted to organise a day to bring all the Trusts together to see some of the great AI innovation that is available. This was the beginning of our clinically lead AI work and had a great result of identifying prostate as an area we want to prioritise for AI"

- Alexi Shenton, Programme Lead, CAMRIN





Prostate Al



- Pilot of the software to begin 2023 at Liverpool University
- Benefits being baselined
- If successful full roll out utilising the new PACS Cloud

- Prostate AI received an overwhelming clinical endorsement at the Al workshop.
- The market was tested for appropriate solutions
- CAMRIN developed a bid for the Cheshire & Merseyside Cancer Alliance funding

What is my risk of prostate cancer?

Cheshire and Merseyside





Over 50 years old Prostate cancer mainly affects men over 50

The average age for men to be diagnosed with prostate cancer is between 65 and 69 years

Family history and genetics

You are two and a half times more likely to with it, compared with a man who has no affected relatives



linked to faults in the genes BRCAI or BRCA2.



Ethnicity









Cheshire and Merseyside Cancer Alliance are delighted to be working with CAMRIN on a range of projects to improve access to timely cancer diagnostic tests. We are pleased to have the opportunity to provide funding to support this innovative AI prostate cancer project and look forward to seeing the benefits it can bring for patients.

- David McKinlay, Associate Director, Cheshire & Merseyside Cancer Alliance





Key Projects to support Al Adoption

Cheshire and Merseyside

CAMRIN has a well establish digital programme with multiple inflight projects. These projects support the adoption of AI across the network.

















At Clatterbridge, I am responsible for spearheading the technical development and deployment of advanced digital solutions at a state-of-the-art specialised NHS cancer center. I was impressed by the outstanding digital initiatives undertaken by CAMRIN and was eager to assume the position of solutions architect for digital transformation across the Cheshire and Merseyside network. The ongoing projects undertaken by CAMRIN are particularly intriguing as they are geared towards optimising efficiencies, sustainability, and enhancing patient outcomes through the use of cutting-edge technologies, such as AI solutions.

James Crowther, Chief Technology Officer, The Clatterbridge Cancer Centre NHS Foundation Trust & Solutions Architect for CAMRIN



Clinical Leadership

- Established clinical leadership at the start
- Brainomix & Prostate Al identified by clinicians
- Future projects will be prioritised through our Clinical Reference Group



As a Radiologist, I have a passionate interest in the potential possibilities of AI to augment medical imaging. Collaborating with the CAMRIN team was a fantastic opportunity to investigate not only the feasibility but also the challenges of integrating AI within Radiology. Our primary objective was to ensure that AI adhered to our high standards, was transparent, and explainable.

To achieve this we examined various solutions. This included outlining distinct roles and responsibilities for human-AI collaboration. We also ensured training for Radiologists and other stakeholders to understand AI results. Furthermore, we engaged stakeholders to convey the potential of AI including arranging an 'AI in imaging' away day.

My knowledge and understanding of AI in imaging has been enriched by this experience, and I would like to express my gratitude to the CAMRIN team, Alexi and Tom, without whose leadership and dedication this project would not have been feasible.

Dr John Mullany, Consultant Radiologist & Clinical Lead for AI in CAMRIN

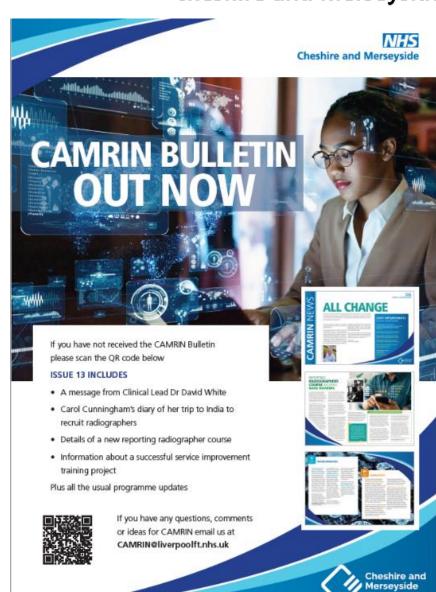


Any Questions?

CAMRIN@liverpoolft.nhs.uk



Cheshire and Merseyside





Q&A PANEL





Katherine Jakeman

Quality Improvement Partner
RCR/CoR



Raghu Lakshminarayan

Consultant Vascular Radiologist & Honorary Senior Lecturer - Hull University Teaching Hospitals NHS
Trust & Hull York Medical School



Dr David White

Clinical Lead - Cheshire & Merseyside Radiology Imaging Network (CAMRIN)



Thomas Hill

Programme Manager - Cheshire & Merseyside Radiology Imaging Network (CAMRIN)





Drinks Reception,
Networking and End of Day







THANKS FOR ATTENDING



NHS Radiology Conference North



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