

NATIONAL CO-ORDINATING COMMITTEE FOR QA RADIOLOGISTS (“BIG 18”)

Minutes of the meeting of the National Co-ordinating Committee for
QA Radiologists held on Wednesday 09 December 2009

Present

Dr R Wilson	Chairman
Dr J Liston	Secretary
Dr G Briggs	N.Ireland
Dr J Cooke	South East Coast
Dr R Given-Wilson	Training Centre
Dr K Gower Thomas	Wales
Dr A Hubbard	Equipment Sub-group
Dr M Lamont	Breast Clinician
Dr J Lavelle	Greater Manchester/Lancs/Cumbria
Dr J Litherland	Scotland
Dr M Michell	London
Dr P Nisbet	Jersey
Dr C Record	South Central
Dr J Steel	South West
Dr W Thompson	NEYH
Dr A Turnbull	East Midlands
Dr F White	Mersey/Cheshire
Dr R Whitney	Eastern
Dr M Wilson	Manchester Training Unit
Prof J Patnick	NHSBSP

Apologies

Dr F Gilbert	RCR Breast Group
Dr P Loynes	West Midlands
Dr A O’Doherty	Dublin
Dr M Wallis	NIB
Ms R Bennett	CSEU
Ms S Sellars	NHSBSP
Mr M Sibbering	Surgical Representative

1. Minutes of last meeting held on 01 July 2009

Item 3.1 was amended to read “PERFORMS should routinely send a list of participating radiologists to the relevant QARC/Regional QA Radiologist”.

The minutes were otherwise agreed as an accurate record.

2. Matters arising

2.1 Screening disabled women / IRMER

A draft guidance entitled “Good practice guide to partial screening mammography due to technical limitations or withdrawal of consent” is currently being developed and will be discussed at the Radiographers QA group and the Administration QA group prior to wider circulation.

2.2 Access preference/department stores

The merits of locating screening units (for initial screening only) within department stores was discussed. A company that owns shopping malls has offered potential accommodation. Any unit interested in pursuing this should contact the National Office. Julietta Patnick would be interested in sponsoring evaluation of the use of retail premises.

Action: All

2.3 Guidelines revision

There was detailed discussion regarding the contents of the circulated draft Assessment guidelines. JL agreed to amend and to send the revised draft to the National Screening Office copied to QA Radiologists.

Action: Joyce Liston

The Radiology guidelines require extensive revision. A new section 3 is being written and a draft will be circulated to the QA Radiologists prior to the next Big 18 meeting. As targets are constantly revised it was agreed that an updated version of the NHSBSP Consolidated Guidance document is needed. It was suggested that this document should be updated annually.

Action: Revision of guidelines working group + Julietta Patnick

Previously these guidelines have been endorsed by the RCR and the RCR logo included on the front page. It was not clear why this no longer occurred. It was agreed that this should be investigated.

Action : Robin Wilson

ADDENDUM : The RCR is keen to endorse all future guidelines relevant to radiology and has agreed to consider the new documents in their final proof form.

3. Workforce questionnaire

MW in absentia provided a written report on the questionnaires on workforce, workload and screening practice. There has been a slow return of questionnaires to date. All QA radiologists should encourage units to complete the questionnaires so that a complete data set may be presented at the next meeting in June 2010. Analysing the data available shows that in combined screening and symptomatic units 11% of sessions were currently vacant and 25% of sessions were undertaken by radiologists within 5 years of retirement. Within symptomatic units, 22% of sessions were vacant and 26% undertaken by radiologists within 5 years of retirement.

Action: All QA Radiologists

4. Non-operative diagnosis audit

MW is still in correspondence with the pathologists. When a completed questionnaire is agreed it will be sent out to the relevant QA Reference Centres for them to use at QA visits or to instigate specific investigations. Results of the latter should be fed back to the Radiology and Pathology Big 18 groups.

Action: Matthew Wallis

5. FNAC/Core Biopsy policy

Following discussion it was agreed that surgical excision is not always required when atypia is found in a needle biopsy. JP agreed to circulate clarification.

Action: Julietta Patnick

6. Cancer Reform Strategy

a) Higher risk screening

Lars Holmberg is due to report to the Advisory Committee on Breast Cancer Screening (ACBCS) in January 2010. The number of higher risk categories (bins) to be used is still under discussion. Sarah Sellars has invited representatives from the three BSS pilot sites to attend a workshop on 22 December 2009.

JP advised that approximately 250 young women each year are treated for Hodgkin's disease with supradiaphragmatic radiotherapy. It is intended that screening for this group (MRI +/- mammography) will be brought in line with the overall policy for women at higher risk and that it will also be discussed at the ACBCS meeting.

Action: Robin Wilson / Ros Given-Wilson

b) MRI screening guidelines

The clinical aspects of these guidelines are complete. Some centres may wish to issue a full report on the MRI findings but on the NBSS system the results of screening MRI will be recorded as either "normal" or "recall" and this is all that will be required. The National Office intends to publish the guidelines as a draft PDF.

Action: Julietta Patnick

c) Extension Pilots

A pilot study report assessing the acceptability and feasibility of randomising the phasing in of age extension within the NHS Breast Screening Programme in England will be circulated.

Action: Julietta Patnick

The National Screening Office plans to recommend that randomisation continues nationally during the phasing-in phase but permission will be sought at a national

level from the Information Governance Board so that follow-up data can be obtained for non participants (women deliberately not invited/randomised out). JP advised that units should plan one extra round initially. There are twice as many young women (47-49) as older women (71-73) in the population. To date few units are planning to expand in 2010 mainly due to the lack of funding for capital equipment i.e. digital. JP anticipates that the NHS operating framework will soon issue technical guidance defining what NHSBSP units are expected to do to hit the operating framework vital sign. The expectation is that all units should start role out of age extension during 2010/11. Once the National Office has gained Information Governance Board approval, each BSP unit will need its own Trusts R& D approval for randomisation. Revenue funding for extension will then be sent from the National Office directly to individual Trusts. The revenue funding available is approximately £36.00 per woman invited. Units may wish to consider leasing digital equipment as there is no allocated capital funding for programme expansion.

POST MEETING NOTE : The operating framework issued in December 2010 identified that all breast screening programmes should be operating one additional round by December 2010. After completing three years of this, the second additional round should be added.

d) Digitisation

All units must have at least one direct digital mammography unit before commencing programme expansion. It is recommended that units do not mix analogue and digital equipment. JP reported that contrary to some manufacturers claims the NHSBSP have not approved any local mini PACS suppliers.

7. NBSS

No report.

8. Obtaining films from other units

All agreed that during the interim phase of the change over from analogue to digital, obtaining images from fully digitised symptomatic units will remain problematic if screening units do not have a digital workstation. This should however be a temporary problem. It was emphasized that all screening units are responsible for ensuring that diagnostic copies of films are sent to the units where women will undergo their therapeutic surgery.

9. Interval cancer collection/radiological practice

Following discussion it was unanimously agreed that auditing interval cancers in women who had attended an assessment clinic was not a timely method of identify units where there might be problems with the assessment process. It was emphasized that at QA visits a selection of assessment clinic cases for each individual radiologist should be reviewed by the visiting QA radiologist. Problems had been identified in some units where assessment guidelines were not followed - in particular ultrasound was underutilised and not all appropriate calcification had been biopsied resulting in some women being inappropriately returned to early clinic. It was agreed that a joint letter from JP and RW should be

sent to QARCs to raise the profile of appropriate assessment of screen detected abnormalities.

Action: Julietta Patnick / Robin Wilson

10. Reports from other groups: -

a) QA Directors

The main topics discussed were: -

Association of Breast Surgeons will continue.
NHSBSP Expansion / Cancer Reform Strategy.
Incidents at NHSBSP units

b) ACBCS committee

The next meeting will be held in January 2010.

c) ABS at BASO

No report.

d) National Imaging Board

Work is ongoing to reinstate radiology as a shortage speciality.

e) National co-ordinating group for equipment (*report provided by AH*)

NHS Supply Chain are pre-purchasing mammography equipment from the manufacturers at negotiated low prices in anticipation of NHS purchasing volumes. They also cover leasing. PACS workstations are also to be bulk purchased. Workstations outside the supply catalogue may be available to purchase –SS to check this.

Display Guidance for reporting, QA, pathology and radiographer workstations to be published soon.

The Centre for Evidence based Purchasing ,C E P is being absorbed into NICE to become the Medical Technology Advisory Committee .It is not certain what format requests for evaluations will take –the old “ hopper “ will no longer be used. The following reports will be completed-

CAD economic report

Workstation buyers guide

Hand held U/S units.

It is not certain at present what will happen to the request for evaluation of digital specimen cabinets.

The resale of old processors and analogue mammo units from one Trust to another is not advised as these should be issued with a CE mark- trusts cannot do this .Resale to the manufactures or a dealer in second hand equipment for refurbishment is advised.

There are increasing reports of substandard batches of chemistry.

Two screening units in the NE have recently had Refusal to renew processor maintenance contracts by AGFA.

11. Double reading or single reading with CAD ? Minimum standard

It was unanimously agreed that double reading of screening mammograms should become standard practice. RW and R G-W agreed to discuss at the Advisory Committee on Breast Cancer Screening.

Action: Robin Wilson /Ros Given-Wilson

12. Any other business

a) Modular Credentialing

Monica Lamont reported that the breast clinician group had been chosen as a pilot group for modular credentialing and requested the nomination of a supervising radiologist. It was suggested that Dr Sinnatamby, RCR Breast Group Training Development representative should be asked to undertake this task. Robin Wilson agreed to ask Fiona Gilbert to write to Dr Sinnatamby.

Action Robin Wilson

Date of next meeting

Wednesday 30 June 2010

