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It has been all-go for TOHETI (Transforming Outcomes and Health Through Imaging) to start the new year, and with our team more than doubling in size, we've been able to see the work across our pathways really start to move forwards. We've pulled out some updates across our programme of work below, and as always we would love to hear back from you: toheti@kcl.ac.uk or www.toheti.org

Equipping change

Improving accessibility to imaging and streamlining diagnostic pathways

Fundamental to the implementation of many of our pathways will be the additional capacity allowed by new scanning equipment, as well as benefits afforded by novel features to improve image quality.

TOHETI is funding three new CT scanners (*two replacement, one additional*) and two MRI scanners (*one replacement, one additional*) across Guy's and St Thomas'.

Planned installation of new imaging kit over 2015 - 2016 will be an important step in the roll out of pilot pathways for lung cancer, acute chest pain, persistent headache and breast cancer.



New Staff



Bernadette Cronin joins TOHETI as Associate Programme Director with particular responsibility for PET/MR and MR-HIFU. Previously, Bernadette was Deputy Director for Clinical Services at The Royal Marsden



Charis Stacey is Programme Manager for TOHETI, and is supporting the Acute Chest Pain and Breast pathways. She brings with her, 20 years of experience in leading improvement and change within the NHS and the DH.

Bharti Malhotra is Project Manager for TOHETI, with overview of the scaphoid, prostate and colon cancer pathways. She has experience of managing several services in the NHS, having previously worked for Guy's and St Thomas' Trust and Kings College Hospital.



Sophia Ho joins TOHETI as Intelligence Analyst. Previously, Sophia was a health economic consultant and also has a background in pharmacy.



Sarah Syanda joins TOHETI from the Royal Marsden as PA to the Director.

GP Reporting

TOHETI is looking at how imaging can lead to improvements across the entire patient pathway. A working group has been set up with GP Azhar Saleem, Lambeth clinical lead, to support improvements in primary and secondary care links. This programme of work will be crucial in ensuring that systems are in place to support revised pathways and new models of working. Examples include

- Standardised radiology reports
- New advances in Radiology training day for GPs
- Urgent imaging protocol
- Access to imaging for all primary care

VIRGINIA MASON AND CULTURAL CHANGE

TOHETI is driving thinking around cultural change and ways of working based around **Lean Working** - centered around the patient, and combined with a compelling ethos of continuous improvement and elimination of waste.



By implementing learnings from a 2014 visit to the Virginia Mason Institute in Seattle, TOHETI aims to act as a catalyst, trialing new methodologies for change management across our programme pathways and the wider health economy each pathway touches, as well as informing the Guys and St Thomas' Trust Strategy Into Action and Fit For the Future programme.

Understanding of Lean Working is being shared with General Managers and Executive teams across GSTT

- One General Manager Meeting per month will focus on cultural change
- Lean learning is informing the Trust Strategy Into Action and Fit For the Future programme

Lean working is being put into practice

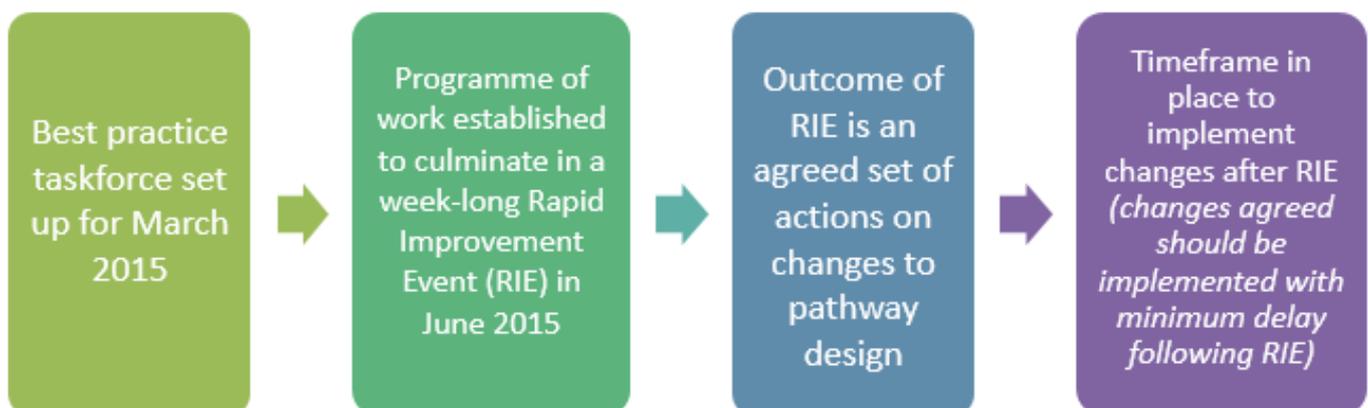
- Enabling of 'bottom-up' change, through implementation of Every Day Lean Ideas (ELIs) across staff workforce
- Virginia Mason Production System methodology is being trialed on the **continence pathway**.
- Continued discussions with Virginia Mason re ongoing future partnership



THE CONTINENCE PATHWAY

- Identified as a pathway where improvements could be made
- Access to and standard of care are not currently uniformly offered across patient population

Improving the pathway and testing change methodology



Fibroids: improving access to information about surgical options

Treatment for fibroids should be led by patient choice. Giving women access to information at an early stage will allow better-informed decision making, and is a primary aim of this pathway redesign. The pathway brings together clinicians across Interventional Radiology and Gynaecology services, together with primary care colleagues.

Taking on learning from Virginia Mason, this pathway focuses on removing 'waste' i.e. multiple consultations and procedure cancellations, to improve patient experience and establish health economy benefits. A clinical reference group held in early December 2014 identified insufficient knowledge across GPs, lack of clear patient information and subsequent lack of awareness of surgical options for fibroids as a priority issue.



Improving patient access to information: how can we make sure we get this right?

FEmISA

In February, we met with Ginette Camps-Walsh, the coordinator of a patient support group for women with fibroids (www.femisa.org.uk). FEmISA have worked nationally over the last fifteen years to demand better access to information on treatment options, as well as access to treatments themselves. Ginny shared the results of a patient survey report produced by FEmISA, and we came away with many useful leads and suggestions. We are setting up patient focus groups to hear from current patients, to ensure information produced reflects patients' needs and wants, and is shaped by their input.

Identifying Applications for New Technology

TOHETI funding has enabled a new £3.3 million PET-MR scanner to be installed at Guy's and St Thomas'. PET/MR brings together two powerful imaging modalities; providing anatomical, functional and metabolic information in one examination.

Several research studies are already underway around new clinical applications for PET-MR, with others still being developed or awaiting ethics approval:

- **PATHWAY study** – this study aims to recruit 220 patients from 11 tumour groups for direct comparison between PET/MR and PET/CT to determine which groups might benefit from direct access to PET/MR.
- **FIREARC study** – this study assesses the utilisation of PET/MR in the assessment of therapy response in patients with primary rectal carcinoma. Earlier assessment of cancer therapy will help discontinue ineffective treatments, eliminating the risk of side effects and morbidity, and enable alternative treatments to be tested.

