radiographer led CTCA lists. Radiographers were trained to administer glyceryl trinitrate but not intravenous metoprolol. This quality improvement project aimed to determine the feasibility of radiographer led lists to reduce waiting times for CTCA.

Methods Patients attending CTCA lists on a Canon Genesis 320 slice scanner at New Cross Hospital, Royal Wolverhampton NHS Trust over 5 consecutive weeks between April to May 2022 were included. Data was collected from electronic records retrospectively. Statistical analysis by unpaired t test and Fisher’s exact test. Significance p<0.05. Data presented as mean±SD.

Results In radiographer led lists, 47 patients (female, n=23), age 52.9±12.4 years, and in supervised lists, 43 patients (female, n=21), age 55.8±12.1 years were included. The proportion of patients who did not undergo CTCA due to high heart rates but proceeded to calcium scoring only was similar in radiographer led versus supervised lists (38% vs. 33%, p=0.66). In all patients, there were no differences in heart rates at the time of the scan between radiographer-led versus supervised lists (74±15 vs. 73±16 beats per minute, p=0.84). All studies on radiographer led lists were of diagnostic quality. There were no adverse events in all patients. Radiographer led CTCA lists reduced waiting times from 16 to 4 weeks.

Conclusion Radiographer led CTCA lists reduced waiting times without significant differences in failure to proceed to CTCA compared to supervised lists.

P27 PREVENTING UNNECESSARY CT CORONARY ANGIOGRAPHY BY UTILISING PREVIOUS CT THORACIC IMAGING: A RETROSPECTIVE ANALYSIS

Rida Fatma, Sanaullah Khan, Amber Azhar, Chinedum Anosike, Ahmed Farag, Warrington and Halton Hospitals NHS Foundation Trust, UK

Objective CT coronary angiography (CTCA) is an effective first-line investigation in patients presenting with stable chest pain, with low-intermediate predicted risk of coronary artery disease. However, it is much less effective in patients with extensive coronary artery disease, due to calcification reducing image quality. Our objective was to analyse whether unnecessary CTCA’s could have been avoided if previous CT imaging were reviewed to assess for severe coronary artery calcification (CAC).

Methods Patients who underwent a cardiac CT and who were found to have high CAC scores were identified between January 2021 to June 2022. Total of 234 patients were identified. Data was retrospectively analysed using PACS and CRIS for radiology images/reports, and Lorenzo for patient notes.

Results 79 (34%) patients had previous CT imaging. 56 of these 79 patients (71%) demonstrated significant CAC detectable on old CT images and hence angiography was not done.

Conclusion A significant proportion of patients who underwent a CTCA with high CAC scores had previous CT imaging which demonstrated severe CAC. Reviewing previous CT imaging reduces delays in patient management, pressures in the CT department, overall NHS costs, patient travel (thereby reducing costs and environmental impact) and patient radiation.

P28 ANDOVER DIAGNOSTIC CENTRE CARDIAC IMAGING WORKFORCE PLANNING – IMPLICATIONS OF RICHARDS & GIRFT

Matthew Parsons, Joanna Quinn, Julian Ellford, Richard Smith, Andrew Thomas, Laura Consonni, Peter Chapman, Hampshire Hospitals Foundation Trust, UK; HeartFlow

Objective HHFT response to Richard’s report & GIRFT

Methods The Richards report, published in 2020 addressed the strain on diagnostic services in the context of the COVID-19 pandemic recommended Community diagnostic hubs should be established to take non-acute diagnoses away from acute hospital sites. Hampshire Hospitals Foundation Trust (HHFT) Cardiac CT team pivoted to install a CT scanner acquired from the non-installed Canon scanner base from the London Nightingale COVID-19 centre. This was a strategic move to set up vetted ‘cold’ Cardiac CT in a small community hospital, Andover War Memorial hospital.

Results HHFT (serving a population of 600,000 patients), performed 393 CTCA’s in 2021 with 43.5% performed at Andover. This allowed us to retire an older GE HD750 machine from service thus improving image quality and reducing patient dose. With interpretation aided by HeartFlow, we aim to reduce downstream diagnostic invasive coronary angiography. There were 0 adverse events from administration of GTN and IV Metoprolol. The community CTCA innovation has acted as a proof of concept and supported a business plan allowing HHFT to acquire regional approval to develop Andover Community Diagnostic Centre (ACDC).

Conclusion Strategically responding to the disruption of a global pandemic and to the opportunity presented by acquiring the aforementioned CT scanner, HHFT pivoted to increase its throughput of COVID ‘cold’ non-acute Cardiac diagnostics. This innovation gave us resilience through the pandemic and has acted as proof of concept for performing community diagnostics, accelerating our business plans, as well as helping to make HHFT successful in its bid for Diagnostic Centre funding.

P29 CARDIOVASCULAR MAGNETIC RESONANCE IS VITAL IN THE MANAGEMENT OF CARDIOLOGY INPATIENTS

Rumneek Hampal, Kristopher Knott, Aristides Plassatis, Evgenia Nikolou, Nicholas Bunce. Department of Cardiology, St. George’s University Hospitals NHS Foundation Trust, London, UK

Objective Cardiovascular Magnetic Resonance (CMR) is a highly versatile imaging modality, indicated in the assessment of most common cardiac presentations. The EuroCMR registry showed that CMR impacts patient management in the majority of cases but did not specifically investigate inpatients. In this single UK tertiary centre study, we reviewed the impact of CMR on inpatient management.

Methods Inpatients who had a CMR scan between June–December 2021 were identified. Data collected included demographics, indication for CMR, CMR findings and whether patient management changed following the result.

Results There were 169 patients included within the study period – 66% were male, mean age was 57.1 years. Primary indications for CMR included assessment of cardiomyopathies (53% patients), myocardial viability (17%) and ischaemia...
Inpatient CMR led to a complete change in diagnosis in 29% patients. The commonest diagnosis post-CMR was ischaemic heart disease (IHD) (34%). Non-ischaemic left ventricular dysfunction was found in 23% scans, cardiomyopathy was detected in 12% and myocarditis was diagnosed in 11%. Of note, 19 patients (11%) had a normal scan. CMR changed patient management in 80% cases. This included medication changes, further procedures (e.g. CRT/ICD) or hospital discharge. In 6 cases, invasive coronary angiography was not performed due to the CMR result. CMR was non-diagnostic in 5 (3%) cases.

**Conclusion** In this single tertiary centre study we found that CMR impacted upon clinical management 80% of the time. CMR is a vital tool in the management of cardiology inpatients particularly in the assessment of IHD, heart failure, cardiomyopathy and myocarditis.