

CERVICAL CYTOLOGY LABORATORY REVIEW - STEERING GROUP
Tuesday 10 November 2009

Minutes

1. Attendees

John Burns, NHS Dumfries and Galloway (Chair)
Derek Bishop, Scottish Pathology Network
Allan Wilson, NHS Lanarkshire - Advanced Practitioner/IBMS
Fergus Millan, Scottish Government
Tracy McKen, Scottish Government
Jocelyn Imrie, QA Cervical Screening
Mary McKean, NHS Grampian - Lead Consultant Pathologist
Dr Aileen Keel, Scottish Government
Dr Jennifer Armstrong, Scottish Government
Mike Winter, Medical Director, NSD
Ian Forbes, UNITE
Karen Pirrie, Tribal Consulting Group
Niall Thomson, Tribal Consulting Group

1.1. Welcomes, introductions and apologies

Apologies were received from Dr Emilia Crichton, Margaret Burgoyne, Isabel Gavin and Diane Dempster.

Karen Pirrie and Niall were introduced to the group.

2. Minutes of Previous Meeting – 24 July 2009

Two spelling corrections were made. Other than these, the minutes of the last meeting of the review group, held on 24 July 2009, were agreed.

3. Feasibility Study Report

Derek Bishop introduced the study report with a brief summary of the study. It was noted that this was one of the largest studies in the world with over 100,000 tests in each arm. Derek noted his thanks to the labs who continued with the study during a period of unprecedented increased activity. It was also noted that other studies in the UK had stopped during this time.

It was noted that the outcomes in each lab varied. However, the group has unanimously agreed that the quality outcomes were similar in both the manual and image assisted arms. It was noted that in a mature screening programme with robust QA processes that quality gains were harder to achieve. The hub and spoke configuration had been tested in both an urban and rural setting and was successful in both.

Although the group had agreed on the quality aspects of the imager, the productivity varied between labs. The four labs continuing with imaging beyond Phase 3 were seeing increased productivity gains beyond the average 28%.

The group had tried hard to get a consensus report and had incorporated the views from all the participants. However, the final report as drafted was a majority report. The recommendations are flexible to allow labs to convert as local circumstances allow. It is unlikely to be cost effective to adopt the technology in the current laboratory structure. The group accepted that re-structuring is part of the review process. The Mavaric study from England is due to report in the New Year.

Jocelyn Imrie continued that the majority of the group were very concerned about the increased vigilance that would be required in the future to take account of the HPV immunisation programme. The group felt that the imager would be a useful technology for this. DB noted that there were some errors and changes in the paper which were discussed. It was agreed that these amendments would be made before the final version was published.

A discussion prompted by questions from the group then followed. It was noted that the tender process had already been undertaken. The imagers were normally on a lease basis so upgrades are supplied as part of this and there is an exit strategy. The company had already supplied upgrades for phase 3. It was noted that it may be a higher risk to buy, but the effect of the new accounting rules should be checked. DB advised that national procurement had been involved in the original tender and would continue to be involved.

There was a discussion on how the hub and spoke mechanism had worked in each area. Generally, it had been agreed that this worked well and the small cost involved had been highlighted in the report. It had not proved a problem for turnaround times, but it was noted that the study had taken place during a period where turnaround time had increased due to an increase in workload. The group also discussed reasons for the differential in productivity gain between the labs. It was noted that an imager would be moving to NHS Lothian so this would also provide a comparison.

The capacity of the imager was discussed. It was noted that Hologic quoted capacity at 77k per annum and the evidence suggested this was achievable. It was noted that the imager could be rolled out on a network by network basis. It was agreed that further work on the cost effectiveness was required.

It was noted that the organisational status quo is unlikely to provide the benefits required given the drivers for change. When LBC was introduced, there could have been a change in the configuration of labs at that point as had happened in England. Networking seems an attractive option and this offers a new model, that could adapt to change. This would allow gradual staff change over time, but will enhance the sharing of expertise and resources.

The labs involved in the study showed significantly different levels of productivity both in the Manual and Imager arms. It was noted that one lab had moved from having queries on the imager to embracing the technology.

It was noted that Anne Park, the project manager, had been a key component in the success of the feasibility study and the group wished to note their thanks to her. The group also wished to thank the staff in the labs that had taken part during a particularly challenging time.

The review group accepted the recommendation of the feasibility group that further work was required on the cost of the technology and that further work should be carried out to find why there is such a variance in both the baseline and image assisted productivity across the laboratories.

The group accepted the paper with the proposed amendments and further work.

Action Point: John Burns to send letter of thanks to project manager and labs for undertaking the feasibility study.

4. Options Appraisal – Niall Thomson and Karen Pirrie

As a reminder, the process undertaken so far was discussed including developing the benefit criteria, option development, shortlisting and scoring the options. It was noted that there had been a high level of participation from the service and Tribal wanted to note their thanks to everyone who took part.

The outcome from the non financial benefits and risk scoring exercise showed that a networking model scored the highest and so would offer the most benefit. However, there is very little to differentiate the three proposed network options. It was noted that there may be advantages in linking to the Regional Planning groups. The group emphasised that the network model must have management in place to ensure costs are taken out of the system and that Boards must have ownership. The networks will drive change and understand the challenges in the future.

It was noted that the capacity of the technology may have an impact on the staffing and number of labs which are imaging and that confidence in the service delivery is required. It was noted that the network model must also be cost effective. It was agreed that the costing model should include the baseline cost, network with no technology, the cost of technology in current configuration and network model with technology. This would then allow a decision based on the net cost to be made. However, it was acknowledged that there were still drivers for change whether technology was adopted or not. Networking would allow better risk management and planning. The drivers for change, such as vigilance of screener, would still require to be addressed. The difficulty of obtaining accurate costs were also highlighted. Assumptions and inputs would need to be agreed and communicated. The group accepted the paper with the proposed amendments and further work.

Action Point: Niall, Karen and Derek to complete a detailed costing analysis, with baseline and network models.

Action Point: Summary paper to be drafted for the next meeting, the final draft of this to be presented to the CE meeting in February

5. Next steps

It was agreed as an interim arrangement that the labs currently using the Imager should continue to use it up to capacity. NHS GGC to confirm if Glasgow Royal are to continue image assisted screening. This will be facilitated by other labs. A final paper drawing all the work together is to be drafted for the Chief Executives meeting in February.

Action Point: NHS GGC to confirm if Glasgow Royal to continue with image assisted screening.

6. Date of next meeting

Wed 13 January 2010, venue to be confirmed.