

Notes from meeting held on 5th June 2007

Municipal Buildings, Stirling

Name	Initial	Representing	Attendance
Derek Bishop	DB	SPAN	Attended
Jim Ramsay	JR	Tayside	Attended
Alex Rennison	AR	Highland	Apologies
Charles Broadfoot	CB	Grampian	Apologies
Norma Dryden	ND	Fife	Apologies
Roy Robertson	RR	Forth Valley	Attended
David Elliot	DE	Lothian	Attended
Allan Wilson	AW	Lanarkshire (Monklands)	Attended
Tom Downie	TD	North Glasgow	Attended
Ian Sutherland	IS	Clyde (RAH)	Apologies
Alex Brown	AB	Ayrshire & Arran	Attended
David Murray	DM	Lanarkshire (Wishaw)	Apologies
Mike Bromley	MB	Dumfries & Galloway	Attended
Jackie Anderson	JA	Clyde (Inverclyde)	Apologies
Steve Harrower	SH	South Glasgow	Attended
Gavin Carruthers	GC	South Glasgow	Apologies
Jim Lynch	JL	Glasgow Neuropathology	Attended
John McCorriston	JM	North Glasgow	Attended
Jim Ito	JI	Glasgow, Sick Childrens	Attended
Helen Glass	HG	Glasgow, Sick Childrens	Apologies

The meeting opened with a short presentation by Dako representatives on their range of instruments.

1. SPAN update

Span has attained secure funding for the manager and clinical lead input. The SPAN model of managed clinical network may be adopted by the executive for other specialties. The new Executive's approach to groups such as SPAN is still unknown.

A questionnaire on non-NSD specialty testing has been circulated and the outcome of the survey is awaited..

DB distributed figures based on the benchmarking survey and there was a wide-ranging discussion about the tables which were accepted as un-validated but are based on figures

submitted by SPAN members. It was agreed that they must be interpreted with caution and need further clarity. The group agreed that the figures should be analysed further to ensure we are comparing like with like. It was agreed that figures on activity requests, blocks etc would be relatively robust but to extrapolate benchmarking data from this would require further work. The group was asked to consider the figures as useful locally but not for general consumption at this stage.

Some of the difficulties in extrapolating from the figures was discussed and it was felt that the questions may require more clarity and there are weaknesses in labs information gathering systems which are usually not robust enough to produce reliable data and answer the questions..

It was agreed that a small sub-group, chaired by DB, should be set up to look at work activity and establish whether there was a mechanism of assessing biomedical scientist staffing against activity Progress will be fed back at the next meeting. DB will chair the group and organise the venue.

Action: DB, JM, DE, JR

2. Previous minutes

Minutes of the previous meeting were approved and will now go on the SPAN website. Subsequent minutes will be circulated by email for approval and if no comments are received after two weeks then they will be considered to be approved.

3. Constitution

The constitution was reviewed in light of our new relationship with SPAN. This revised document will be circulated to the group and then voted on at the next meeting. (See attached)

Action: AW

4. Agenda for change

AW distributed a summary of AfC results from Scottish Pathology departments and asked all present to update the table. AW will circulate the updated document (see attached).

Action: AW

There is a discrepancy in some areas with BMS1 banding; there has been a mixture of band 5 and 6 in these areas. There have been few results for trainee BMS's s far and there has been little consistency in the approach to this staff group. Some areas have gone to formal review to try and reverse disappointing results whereas other areas have chosen to undergo a re-matching process.

5. SCCRS

The new system went live on the 29th of May and in general went well. When samples are entered correctly, the system works well. However, a number of issues have been identified which have caused problems in cytology labs, these include:

- Gynae and colposcopy units are not on SCCRS yet and therefore, samples from these clinics cannot be entered on to the system.
- Some vial labels from sample takers cannot be read by the T3000.
- Not all biopsy data has been transferred
- Sample takers have not been trained properly and are not completing the on-line request form completely or are entering the same sample several times.

A user group will be set up to prioritise these issues and suggest change requests. Crosshouse paid iSoft £15K for the interface to download and transfer biopsy data.

6. Benchmarking

No one was aware of any progress in creating a Scottish cohort within the Keele benchmarking scheme. DB will contact Keele and report back to the group. Concern was expressed about the detail of the Keele benchmarking questions some of which were felt to be more directed towards the English commissioning system. Creating a Scottish cohort may address this concern.

7. Impact of the integrated degree

Placement officers are not yet in post and this may impact to the organisation of placements. This had been due to a number of factors including agreement on the content of the job description and the grade of staff required.. However, Tayside intend to take students even if the placement officers are not in post. A list of agreed placements across Glasgow had not yet been established as far as anyone was aware. Concern was raised about the resource requirements to take placements and this would influence the number of placements available. Glasgow expressed the view that places would be limited without support. Robert Gordon University students will be placed across Grampian, Highland and possibly Lothian labs.

There are 35 students from Caledonian University and 13 from Paisley University requiring placements. Caledonian is confident that they will place all students. The placement offers are as follows:

- Ayrshire and Arran: 2 students across all disciplines
- Forth Valley: 2 students
- Lanarkshire: 8 students across all disciplines

8. SCI store

There appears to be a lack of knowledge among clinical staff about the uses and benefits of this database. This has not been helped by the inconsistent and incomplete results of searches. Pathology and Microbiology data in north Glasgow is incomplete but South Glasgow appears to be working well as does Stirling. This issue has been raised with iSoft. Blood sciences in North Glasgow are all going over as a live feed. No one was aware of a final rollout date for SCI store.

9. Digital image storage

Phase 2 of Pathalba will be delayed in the short term but will deliver a central store for image storing and sharing. Until Phase 2 is live, individual labs were asked to store to their local servers. North Glasgow has a common folder in each drive for digital image storage. Crosshouse is about to move to a single server. DB has written a press release for Pathalba.

10. Block and slide disposal

It was agreed that blocks should be treated as clinical waste for disposal and slides should be placed in yellow sharps boxes and sent for incineration subject to local procedures.

11. AOCB

Healthcare Scientists.

The recent HCS questionnaire issued through the Scottish Forum for Health Care Science was discussed. It was commented on that the spreadsheet was very complex and the outcome of any statistics should be interpreted with caution. The fact that an attempt was made to define the roles to sub specialist levels e.g. electron microscopy was welcomed. There was a political will to get the paper out as part of the Health Care Scientists Action Plan. The timetable is to launch the action plan in September.

Print contract.

AW reported on a meeting with the national print contract manager from NSD. There is a central contract for printing and paper but this appears to be poorly publicised and utilised.

Tissue Dissection

The support for this activity varies from lab to lab. Some labs have regular preview, review and meetings and follow the IBMS/RCPATH route, others are supported less. DB is aware of this range of practice across the UK. The general advice of the group was that there were distinct benefits in career development for biomedical scientists in tissue dissection but the appropriate consultant leadership and resources required to be in place.

12. Date of next meeting

To be arranged.

Scottish Cellular Pathology Management Group

Constitution

(Adopted December 2007)

1. The name of the group shall be the Scottish Cellular Pathology Management Group and the group shall act as a Lead BMS group under the SPAN terms of reference.
2. The chair of the SCPMG must be a member of SPAN.
3. The elected chair of SCPMG shall represent same at SPAN. If already a regional representative the individual will act in a dual capacity.
4. The most senior BMS (and/or nominated others) in each Cellular Pathology department within Scotland shall be invited to attend.
5. The SPAN manager should have a standing invitation to attend SCPMG meetings.
6. There shall be a minimum of two meetings a year.
7. For the group to be quorate there shall be at least ten members present.
7. A chairman and secretary shall be elected from within the group to serve for a period of two years.
8. The constitution shall be reviewed annually at the winter meeting.
9. The purpose of the group shall be:
 - To provide a forum for the discussion of matters of common interest.
 - Carry out tasks as requested by SPAN
 - To initiate projects independent from SPAN.

**Summary of
pathology AfC
results June 07**

	ABMSP	BMS4	BMS3	BMS2	BMS1	TBMS	CS	TCS	MLA	MTO3	MTO2	MTO1
Aberdeen	NR	7	7	7/6	5/6	NR			3			
Raigmore												
South Glasgow		8a	7	7	6	NR	4		3			5
North Glasgow		8a/b	7	7	6				3			
Lanarkshire	8b		7	7	6	5	4	NR	3	5	5	4
Crosshouse		8a	7	6	5	NR	NR		NR		5	4
Stirling		8b	8b	7	6		4	3	3		5	
Edinburgh	NR	NR	NR	NR	NR	NR	4		2	5	4	3
Glasgow sick kids		8a	7	7	6				3			
Fife		8b	7	7	6		3					
Dumfries			8a	7	6				3		5	
SG Neuropath		8b	7	7	6				3		5	
Ninewells		NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Inverclyde		NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Paisley												

NR =
NO
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