

**Note of Meeting of Scottish Pathology Network (SPAN) Steering Group  
6<sup>th</sup> September 2007  
Stirling Municipal Building**

<b>Name</b>	<b>Initial</b>	<b>Title</b>	<b>Representing</b>	<b>Attendance</b>
Frank Carey	FAC	Network Clinical Lead	SPAN	Attended
Derek Bishop	DB	Network Manager	SPAN	Attended
Jim Ramsay	JR	Head Biomedical Scientist	Tayside	Attended
Lee Jordan	LJ	Clinical Leader/ Consultant Pathologist	Tayside	Attended
Mark Ashton	MA	Clinical Leader/ Consultant Pathologist	Highland	Attended
Mary McKean	MMK	Clinical Leader/Consultant Pathologist	Grampian	Attended
Charles Broadfoot	CB	Head Biomedical Scientist	Grampian	Attended
Brian Adamson	BA	Clinical Leader/Consultant Pathologist	Fife	Attended
Norma Dryden	ND	Head Biomedical Scientist	Fife	Attended
Bruce Michie	BM	Clinical Leader/Consultant Pathologist	Forth Valley	Attended
Roy Robertson	RR	Head Biomedical Scientist	Forth Valley	Attended
Ken Grigor	KG	Clinical Leader/Consultant Pathologist	Lothian	Attended
David Elliot	DAE	Head Biomedical Scientist	Lothian	Attended
Jon Coldewey	JC	Clinical Leader (Monklands)/Consultant Pathologist	Lanarkshire	Attended
Allan Wilson	AW	Head Biomedical Scientist (Monklands)	Lanarkshire	Attended
Margaret Burgoyne	MB	Clinical Leader/Consultant Pathologist	Glasgow	Attended
Tom Downie	TD	Head Biomedical Scientist	Glasgow	Attended
Freda Forbes	FF	Clinical Lead (RAH)/Consultant Pathologist	Clyde	Attended
Ian Sutherland	IS	Head Biomedical Scientist (RAH)	Clyde	Attended
Joyce Lang	JL	Clinical Leader/Consultant Pathologist	Ayrshire & Arran	Attended
Alex Brown	AB	Head Biomedical Scientist	Ayrshire & Arran	Attended
Awni Lutfy	AL	Clinical Leader/Consultant Pathologist	Dumfries & Galloway	Apologies
Mike Bromley	MB	Head Biomedical Scientist	Dumfries & Galloway	Apologies
Jeremy Thomas	JT	Consultant Pathologist	SMASAC Specialty Advisor	Apologies
Barry Gusterson	BG	Professor of Pathology	Academic Representative	Attended
Peter Johnston	PJ	Consultant Pathologist	Post Graduate Representative	Apologies
Isobel Gavin	IG	SCCRS Project manager		In Attendance
Jocelyn Imrie	JI	Cytology QA Advisor		In Attendance

## Note of Meeting

### 1. Note of Previous Meeting and Matters Arising

Note of Meeting Accepted.

Matters arising.

None which would not be covered under main agenda

### 2. Cytology - SCCRS

Isobel Gavin presented data on the development and implementation of SCCRS covering the complexities of the introduction and training. Also discussed were the number of change requests and the prioritization process for changes. Questions were raised about data extraction and listings of searched currently available. Also raised were the implications of a subsequent negative smear at Colposcopy, the recording of this and its impact to recall. Isobel agreed to take on board all the comments made. It was agreed that SCCRS provided an excellent IT base for the future delivery of cervical cytology with 87% compliance with electronic requesting and all of the labs using the system electronically. (See attached report)

IG/JI

#### - Cytology Review

Jocelyn and Derek updated the group on the progress of the review group. The next meeting was due on the 10<sup>th</sup> September. There would be discussion about a feasibility study to assess the impact of imaging technology to the programme. Also under discussion would be the impact of vaccination and possible HPV testing. Representation from the Welsh screening programme were due to present on their plans for cervical screening. The minutes would appear on the SPAN web site ([www.pathologyscotland.org](http://www.pathologyscotland.org)) when confirmed.

### 3. E Health

#### GCS

GCS progress for the pathology element had stalled and awaited further direction/funding from the centre. It was apparent that pathology clinical details were being entered to the GCS record from the pathology report. It was highlighted by the group the clinical risk in this. FAC agreed to write to Paul Rhodes. Director of E Health to express this viewpoint.

Some work had been done with Ian Miller, JT and DB in developing standardized template for reporting breast cancers and it had been hoped that this could provide the basis of a feasibility study for automatic population of GCS and the electronic patient record. This awaited further guidance/ funding from the centre.

#### NCDDP

The National Clinical Dataset Development (NCDDP) is the national development to standardize collection and use of information. This project group had continued with pathologists at the core of the development of the pathology standards. Breast, Gynae and Head and Neck had been agreed and work continued onto lung and colorectal. Lung and Colorectal pathology cancer data standards were to go out for consultation from the 18<sup>th</sup> Sept to 26<sup>th</sup> October. The standards would be on the SPAN website.

#### Pathalba

The future of this project continued to await guidance from the centre on the technology/software which would be used for the electronic patient record. A technical feasibility study was being considered by the E Health Directorate. The funding ended at the end of September 2007 and an extension to the funding had been sought

#### **4. Delivering for Health – Diagnostic Advisory Group**

FAC reported that the survey on Non NSD Funded Specialist Pathology had been completed and thanked all who had responded.

BG highlighted the need to continue to pressure on the organization, funding and development of molecular pathology.

#### **5. Post Mortem Authorisation**

The group discussed the implications of the wrong version of authorization forms being supplied by the printer. SEHD thanked all who had responded promptly in the recall of the forms. No significant incident had occurred to date and most of the forms had been recovered.

SEHD had investigated and put procedures in place which should prevent this happening again.

The question of respectful disposal was raised again with some anxiety on what this entailed. MM indicated Grampian were going to write to SEHD in relation to disposal by cremation.

The group felt that the thrust of the HDL was that 'respectful disposal' meant by cremation where this was possible.

#### **6. Benchmarking**

There was discussion about the challenges in completing the Keele Benchmarking data this year. Further to discussion with SEHD it had been decided put together a small working group to look at the Keele system and develop any amendments which would be required for a Scottish Cohort. It was agreed that MA would chair this and AB, DAE, DB and LJ agreed to meet to generate a SPAN response.

Keele/SEHD had agreed to set up a one day meeting in Mar/Apr2008 to take on board comments and report back on the outcomes from this year's exercise.

#### **7. Academic/Postgraduate Education Update**

BG indicated there had been little further development since that last meeting. MMC and placement of trainees seemed to have gone relatively smoothly given the difficulties with the selection process.

#### **8. SMASAC Update**

JT had sent apologies and DB updated the group on the role of SMASAC in advising the Chief Medical Officer and the importance of the Specialty reports. It was also an opportunity to make the CMO aware of specialty issues and pressures.

#### **9. AOCB**

##### **P Codes**

It was felt that the use of P Codes was helpful in discussion about workforce but not all labs were collecting the data. It was the only system in use. Some had linked directly to their LIMS systems.

##### **Agenda for Change**

JL raised the issues of AFC for biomedical scientist staff and the anomalies across the country for staff who in many instances were carrying out the same duties. Ayrshire and

Arran had particular difficulties with potential underbanding and this was supported with similar difficulties in Highland and Grampian. Again it was highlighted that there was a potential risk in this with staff migrating to higher banded posts in adjacent Health Board regions. JL would continue to pursue locally and SPAN offered to support as appropriate.

**SPAN Day Conference**

FAC raised the potential of having a SPAN conference in May 2008. The group felt this would be worthwhile and supported the idea. Suggestions for subject areas included :-

Molecular Pathology  
Bowel cancer screening  
HPV  
E Health

**Further suggestion for subjects and speakers welcomed.**

Date and Venue of next meeting Mid January 2008 TBC