

**Note of Meeting of Scottish Pathology Network (SPAN) Steering Group
20th June 2006
Scottish Health Service Centre
Edinburgh**

Name	Initial	Title	Representing	Attendance
Frank Carey	FAC	Network Clinical Lead/Clinical Leader	SPAN/ Tayside	Attended
Derek Bishop	DB	Network Manager	SPAN	Attended
Jim Ramsay	JR	Head Biomedical Scientist	Tayside	Attended
Mark Ashton	MA	Clinical Leader/ Consultant Pathologist	Highland	Attended
Blair France	BF	Head Biomedical Scientist	Highland	Apologies
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
Andrew Krajewski	ASK	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	Apologies
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
Bob Nairn	RN	Clinical Leader/Consultant Pathologist	Ayrshire & Arran	Attended
Alex Brown	AB	Head Biomedical Scientist	Ayrshire & Arran	Attended
Awnie 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	Attended

Note of Meeting	Action
<p>1. Note of Previous Meeting</p> <p>This was the first meeting .</p> <p>2. Introductions and background</p> <p>This meeting followed on from the launch day where it had been agreed that the steering group would comprise of:-</p> <ol style="list-style-type: none"> 1. A representative clinical lead and head biomedical scientist from each health board region with a pathology department. 2. The network manager 3. The SMASAC Specialty advisor. 4. Further representation to be discussed as per agenda. <p>3. Report from each health board region</p> <p>Forth Valley</p> <p>Increasing consultant/biomedical scientist pressure. It would be useful to have some form of benchmark to support business cases for increasing activity.</p> <p>Lothian</p> <p>As Forth Valley</p> <p>Clyde</p> <p>As Forth valley. Little change so far with merge into Glasgow.</p> <p>Highland</p> <p>Requested sharing of information regarding Crown Office tender.</p> <p>Ayrshire</p> <p>As Forth valley. Interested in how far national procurement may develop.</p> <p>Lanarkshire.</p> <p>As Forth valley. Interested in workforce planning. Moving to a 2 site model of delivery from 3 site.</p> <p>Glasgow</p> <p>Continuing plans for movement to 1 site at SGH in 09/10</p> <p>Grampian</p> <p>As Forth Valley. More information required on Crown Office contract. Challenges in presenting Biomedical Sciences integrated degree due to lack of backfill for trainers.</p> <p>Tayside</p> <p>Interested in more information on Crown Office contract.</p> <p>Fife</p> <p>As Forth Valley with pressure on Consultant resource.</p>	

4. SPAN Structure and Function

NESPAN Document (Appendix 1)

FAC reviewed the original business case for NESPAN and discussion initiated around the principles of operation, role, remit and representation.

Role of Network

The role of the network was to lead and improve pathology services to the NHS across Scotland.

Remit of the Network

There is a wide remit which will continue to evolve over the next 2-3 years but the main concentration was strategic and national in the development of pathology services. All members of the NHS pathology community in Scotland would be designated as members of the Network

Lead Clinician

FAC clarified that the Clinical Lead for the Network was for 3 years from 01 Oct 2005. There had been no recognition of time required with the job planning process. It was agreed to approach SEHD about future funding.

Network Manager

The network manager post was initially funded for 2 years (Subject to confirmation) and is wholly funded in year 1 from cancer networks and year 2 top sliced from Boards on an Arbutnott share. Future funding beyond year 2 although likely has not been confirmed.

Admin Costs

There was no further admin support money available other than for consumables, network manager travel and meeting expenses.

Constitution Development

This would be progressed using a similar format to NESPAN following the guidance in HDL (2002) 69 and the pending HDL for Managed Clinical and Diagnostic Networks. An initial draft to be available by Dec 06

Steering Group Representation

Decisions: Sub discipline representation would be as required for specific issues

Representation would be sought for the next meeting for an academic representative

Representation would be sought for a Post graduate Dean representative

Further lay, oncology/user representation would be sought over the next year.

Management Structure

RN asked how the Network would link to local and regional management structures.

It was agreed that the Network should not provide another layer of bureaucracy. The structure would develop as the network matured but initially would provide the main

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<p>conduit for direction and communication at a national level following the model of NESPAN</p> <p>Communication</p> <p>A communication strategy would be developed as part of the process but the main routes of communication were to and from SEHD, Regional Planning Groups, Cancer Networks, Boards, and Departments.</p> <p>The main vehicles for communication would be through email, meetings, specialist groups and the SPAN Web site.</p> <p>Meeting Frequency</p> <p>The steering group would meet quarterly initially.</p> <p>HDL (2006)/Diagnostics Initiatives</p> <p>Agreed that the objectives outlined in the HDL and developing from waiting time targets gave some recognition of the pathology role. The detail of what was to be delivered locally, regionally and nationally was noted. Benchmarking of data, covered in the next agenda item was seen as important.</p> <p>Benchmarking/Statistics/Information</p> <p>Benchmarking discussion surrounded the efficacy and pitfalls of the current systems. It was agreed to pursue a Scottish perspective with Keele and a meeting had been arranged for 03 July 2006.</p> <p>It was agreed it would be useful to have a pan Scotland discipline specific working group looking at information technology, statistics and benchmarking.</p> <p>Action. Names required for this group.</p> <p>National Clinical Dataset Development Programme (NCDDP)</p> <p>National Clinical datasets to link into the E Health programme had been developed for Breast, Endometrial and Head and Neck. The pathology elements had still to be developed and names were requested to take part in the scoping group. One regional representative from each planning group region was suggested.</p> <p>Action. Names requested for scoping group</p> <p>Synoptic Reporting</p> <p>MA presented a paper from himself and Tim Palmer (Paper circulated) on synoptic reporting and its benefits to pathology. It was agreed that this could be an agenda item for the NCDDP Meeting.</p> <p>5. Cervical Cytology</p> <p>Discussion surrounded the present delivery of cervical cytology and whether the model was appropriate given the drivers for change in consultant staffing, advanced practitioner and biomedical scientist staffing, technology advances in LBC/imaging and the potential of vaccination. Some centres had greater difficulties than others. Some felt that it would be inappropriate to review at this time but the majority of opinion was that the current model of delivery was unsustainable and needed review.</p> <p>It was agreed to invite Dr Jocelyn Imrie to the next SPAN Steering Group Meeting</p> <p>6. HER2 Testing</p> <p>The SPAN scoping paper from November 05 had been well received by SEHD</p>	<p>FAC/DB</p> <p>DB</p> <p>FAC/DB</p> <p>FAC/DB</p> <p>FAC/DB</p> <p>FAC/DB</p>
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<p>It was thought that prospective testing would start for all patients within a short timescale. Retrospective testing had been prioritized in most centres in conjunction with the breast clinicians and oncologists.</p> <p>7. SMASAC Update</p> <p>JT outlined the role of SMASAC and indicated that there had been little in the way of development since his presentation in May</p> <p>8. Workplan Development.</p> <p>Using the items raised the workplan would be developed and revised over the next 2 years. A first draft would be produced by Dec 06.</p> <p>9. AOCB</p> <p>A letter had been received from Dr Lee Jordan on behalf of the Scottish Regional Council of RCPATH highlighting the short timescale for roll out of new authorization forms (01 Sep 06) for post mortem. SPAN agreed through the Clinical Lead to write back to Dr Jordan emphasizing the importance of the implementation and training plan and the role of SEHD.</p> <p>Crown Office Contract</p> <p>The provision of fiscal requested post mortems and the new contract was discussed. It was agreed that BM would coordinate the sharing of available information as appropriate</p> <p>Head Biomedical Scientist Group</p> <p>TD offered on behalf of the Head Biomedical Scientists group to affiliate that group to SPAN. It was agreed that this was very constructive and DB would write to AW to indicate SPAN welcomed this development.</p> <p>Date of Next Meeting subsequently confirmed as</p> <p>05 October 2006 MDT Room Pathology Department Ninewells Hospital</p>	<p>FAC/DB</p> <p>BM</p> <p>DB</p> <p>DB</p>
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