

**Note of Meeting of Scottish Pathology Network (SPAN) Steering Group  
26<sup>th</sup> April 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/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
Alex Rennison	AR	Head Biomedical Scientist	Highland	Apologies
Mary McKean	MMK	Clinical Leader/Consultant Pathologist	Grampian	Apologies
Charles Broadfoot	CB	Head Biomedical Scientist	Grampian	Apologies
Brian Adamson	BA	Clinical Leader/Consultant Pathologist	Fife	Apologies
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	Apologies
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	Apologies
Awnie Lutfy	AL	Clinical Leader/Consultant Pathologist	Dumfries & Galloway	
Mike Bromley	MB	Head Biomedical Scientist	Dumfries & Galloway	
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	Attended

## 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. E Health

Dr Alistair Robertson (AR) the Clinical Lead for Cancer E Health had been invited to update SPAN on developments. (Powerpoint presentation attached). **AR**

The Generic Clinical System (GCS) was highlighted in its benefits to the patient pathway and the developing links with Laboratory systems. This software had been used to develop the pathway for Breast, Gynae and Head and Neck Cancer with more to follow. GCS was the 'toolkit' for software development. The gynae clinicians and staff in Grampian were now using the system with other areas to roll out. Pathology fields were created within the software and the methodology of populating these field was under discussion.

Was evidence for consent for use of biopsy tissue for research and teaching included in GCS (BG)

Not at the moment but AR would take that back

The question was raised about duplicate entry and the risks involved. AR had considered this and other areas of populating the field were being pursued.

The group seen the benefits of having an electronic health record which could bring patient benefit and improved information to and from laboratories. A number of challenges still existed in delivering a complete and comprehensive system.

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.

Pathalba

Phase 1 had been rolled out but the complexities of compatibility and design of Phase 2 were still under debate and the roll out of Phase 2 was unlikely before 2008.

Paul Rhodes had been appointed as National Director of E Health and a design authority had been established to ensure agreed strategy and standardization of process.

The Chair thanked AR on behalf of SPAN for the comprehensive update.

### 3. Delivering for Health – Diagnostic Steering Group

FAC reported the group had met twice and had started work on Non NSD Funded Specialist Pathology. A survey had been circulated asking for information on complex investigation and investigations for referred cases. It is hoped to report on the outcome of this at the next meeting. **FAC**

### 4. Cervical Cytology

Dr Jocelyn Imrie the QA clinical lead for cytology gave an overview on the main remit for the cervical cytology review group. The group was being formed under the auspices of SEHD and chaired by John Burns the Chief Executive of Dumfries and Galloway. **JJ**

The remit of the group was to oversee the review of the provision of laboratory services for the cervical screening programme and make recommendations to SEHD and NHS Scotland for the future.

The main driver for change were technology, HPV and a diminishing workload. Future collaboration and networking arrangements were some of the areas it was felt would be looked at. A joint SPAN/SACC meeting was scheduled for the 3<sup>rd</sup> May with the 1<sup>st</sup> meeting of the review group due on the 21<sup>st</sup> May. DB and JI had been asked to provide a baseline paper for the review group.

The Chair thanked JI for attending and explaining the background to the review process.

## **5. Benchmarking**

DB presented some of the initial data from the trial benchmarking study. Responses were received from all labs except Dumfries and Galloway.

Useful information on activity across the country. Indicated an overall increase in case workload and case complexity. Overall requests had risen 7% and histological blocks by 16% with some Departments seeing rises in block number of nearly 40%

Information on staffing was felt to be more complex and would require a further short questionnaire to establish baseline statistics.

The Group agreed to take part in a further questionnaire to clarify issues over staffing, consultants contract and difficulties in attributing individuals to particular parts of service given the nature of the current statistical collection systems used for finance.

DB agreed to circulate a new questionnaire.

It was agreed that the information received to date on allocation of staff to activity was flawed and not to be used until further clarification was carried out.

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

Organisation for trainees was still through the 4 Scottish Deaneries with PMETB approval for pathology.

Numbers of cases to be looked at by trainees had been established as 500 in year 1 and 800 in year 4 with repeated workplace assessments to ensure satisfactory progress.

BG asked if PJ could update the group on developments within MMC. PJ gave an extensive overview on the progress made in MMC and the recruitment and selection process for trainees. 277 applicants for between 14 and 18 posts. PJ expected job acceptances and post take up would happen on schedule for 01 August.

Discussion surrounded the process and the difficulties and staff time taken up. The role of academic medicine was once again highlighted and academic pathology seemed still to have significant barriers for trainees wishing to pursue this career avenue.

## **9. AOCB**

None

Date and Venue of next meeting

Thu 06 September 2007 10.30  
Council Chambers, Municipal Building  
Corn Exchange Rd  
Stirling.

DB

BG/PJ

