SUMMARY OF ACTION POINTS due by the next meeting				
Item No.	**Subject**	**Details**	**Action**	**Deadline**
4.2.	Clinical Leadership	Plan to be developed. First draft.	DK/SM/CJ /CG	**27th September 2011**
4.3.	Pricing	Further discussion on next agenda	All	**27th September 2011**
4.6.	National Pathology Forum	People who wish to attend the next meeting on 21st September 2011 to contact DK	All	**20th September 2011**
4.7	Commissioning Strategy	Send DK a copy of Trust 2011/2012 Pathology CIPs	HE/JN, DR/GD, GL/GP, NB/GB	**ASAP**
		Letter to be sent to Sonia Mills	SM/All	
5.	GP Demand Management	Identify what demand management could be implemented in 2011/2012 for discussion at the next meeting	All	**27th September 2011**
6.	Blood	Identify what in the model outlined by MM could be implemented locally for discussion at the next meeting	All	**27th September 2011**
9.	South Central wide projects	Review progress reports on South Central wide projects for accuracy.	All	**On-going**
10.	Benchmarking and Heat Maps	DK to send out heat map for completion. DK to send out ideas on benchmarking for comment	All	**On-going**
11.	Good practice events	Ideas for presentations to DK	All	**1st September (H&IOW), 6th September (Thames Valley)**

Minutes of the Pathology Clinical Reference Group held on 26th July 2011

1.	Attendance	Action
	Present:	
	Chair: Siraj Misbah (SM), Consultant Chair, Laboratory Medicine, Oxford Radcliffe Hospitals	
	Other: Chris Gibson (CG) Lead Scientist, NHS South Central	
	Acute: Helen Eagleton (HE), Clinical Director Pathology, Buckinghamshire Hospitals	
	Acute: John Nelson (JN), Laboratory Services Manager, Buckinghamshire Health Care Trust	
	Acute: Geoff Lester (GL), CSUD Pathology, Royal Berkshire Hospitals Trust	
	Acute: Nicola Bienz (NB), Deputy Director Pathology, Heatherwood & Wexham Park Hospital	
	Acute: Geoff Pinney (GP), Pathology Manager, Royal Berkshire Hospitals Trust	
	Acute: Guy Davies (GD), Pathology Manager, Oxford Radcliffe Hospitals	
	Acute: Derek Roskell (DR), Clinical Director, Oxford Radcliffe Hospitals	
	Acute: Mike Murphy (MM) National Blood Transfusion Service	
	Acute: Robert Simpson (RS), Operations Manager – Pathology Manager, Portsmouth Hospitals	
	Acute: Nick Athanasou (NA), Nuffield Orthopaedic Trust	
	Acute: Colin Dickens (CD), Manager Biochemistry and Immunology, Winchester and Eastleigh Health Care Trust	
	Other: Mike Murphy (MM), Professor of Blood Transfusion Medicine, University of Oxford Consultant Haematologist, NHS Blood and Transplant and Oxford Radcliffe Hospitals	
	Other: Bronwen Vearncombe (BV), Programme Director, Regional Enabling Programme (REG)	
	Other: Debbie Kennedy (DK) – Programme and Project Team SHA & REG	
	Apologies:	
	Acute: Anne Eden (AE), Chief Executive – Buckinghamshire Health Care Trust	
	Acute: Mark Hackett (MH), Chief Executive, Southampton University Hospitals Trust	
	Acute: Lorraine Amos (LA), Pathology Services Manager, Winchester and Eastleigh Healthcare Trust	
	Acute: John Kersey (JK) Pathology Manager – Milton Keynes Hospital	
	Acute: Martyn Knapp (MK), Consultant Biochemist, Basingstoke and North Hampshire Foundation Trust	
	Acute: Nikki Hutchinson (NH), Director of Pathology Services, Basingstoke and North Hampshire Foundation Trust	
	Acute: Gavin Bennett (GB), Pathology Manager, Heatherwood & Wexham Park Hospital Trust	
	Acute: Dave Cowlishaw (DC), Clinical Director for Pathology, Portsmouth Hospitals	
	Acute: Adriana Basarab (AB), Consultant Medical Microbiologist, Southampton University Hospitals NHS Trust	
	Acute: Kathy Cann (KC), Consultant Microbiologist & Medical Director, Buckinghamshire Hospitals	
	Acute: Elisabeth Thorne (ET), Pathology Manager, Isle of Wight NHS Trust	
	Acute: Christopher James (CJ), Consultant Haematologist, Portsmouth Hospitals	
	Acute: John Wood (JW), Head of Pathology, Southampton University Hospitals Trust	
	Acute: Kate Bolam (KB), Pathology Manager, Basingstoke and North Hampshire Foundation Trust	
	Acute: Sarah Kidd-May (SK-M), Pathology Manager, Nuffield Orthopaedic Trust	
	PCT: Sonia Mills (SMi), CEO, NHS Oxfordshire	
	PCT: Francesca Tait (FT), Head of Commissioning, NHS Berkshire West	
	PCT: Nicola Gurr (NG), Assistant Director Contracting Acute Services, NHS Berkshire East	
	PCT: Chris Slade (CS), System Manager for Cancer Care, NHS Hampshire	
	PCT: Francesca Tait (FT), Head of Commissioning, NHS Berkshire West	
	Other: John Paul (JP), Regional Microbiologist, SE Region, Health Protection Agency	
	Other: Geoff Watson (GW), Clinical Director, Planned Care, NHS South Central	
	Other: Rachel Wakefield (RW), Associate Director of Planned Care, NHS South Central	

2.	**Membership**	
	Derek Roskell joined the meeting for the first time as the new Clinical Director for Pathology, Oxford Radcliffe Hospitals. It was noted that several members of the H&IOW Pathology Consortia had a gateway review and were required to attend interviews that afternoon – hence the number of apologies from Acute Trusts in that area. It was noted that Mike Murphy had joined the group – this was his first meeting - but was unable to attend until 2pm. John Paul of HPA had also joined the group – and gave his apologies.	
3.	**Minutes of the Meeting of the Pathology Modernisation Board held on 27th May 2011**	
	The minutes were agreed as a correct record.	
4.	**Minutes of the Last Meeting – Summary of Actions Arising**	
	The actions arising (which were not on the agenda) were: **4.1. Modernising Blood Transfusion Services** – action complete - MM attending **4.2. Clinical Leadership** – CG had supplied a list of those attending the DH leadership course. DK to forward it to those present. SM, CG and CJ had attended a meeting with Merrill Bate, Head of Leadership Delivery at the SHA. Merrill is responsible for putting together the clinical leadership development programme for South Central. They discussed the development of a programme specifically for pathologists to assist them with the management of change along the lines of a project currently running with PHT and Aston University. The next step was to put together a business case.	**DK**
	4.3. Pricing – DK reminded those present that there was a South Central-wide project that had not yet got off the ground to harmonise prices across the patch. DK tabled some GP direct access prices which were drawn from 2010/2011 contracts between PCTs and acute trusts. These figures were anonymised but DK agreed to scan in and send out the relevant extracts from contract documentation once she had analysed the 2011/2012 contracts. There was some discussion about definitions - what was biochemistry in one Trust may not be the same in another but it was agreed that this was an important piece of work and to revisit this item at the next meeting. {Post Meeting Note: This information is commercial in confidence and not to be shared with external parties}. GP said that Berkshire West had saved 15% over the last couple of years on pathology. DK asked whether this would be reflected in the contracts, in other words would she be able to see a reduction in the direct access prices in the 2011/2012 contract documentation when compared to 2010/2011? GP believed that this was the case. RS said that PHT had changed its' method of pricing from price per request (which might lead to a number of tests being carried out) to price per test so a year on year comparison would not be possible. It was important for the PCTs/Clinical commissioning groups to understand what was being measured (price per request/price per test) and that the price included an apportionment of the cost to the Trust of running the pathology service.	**DK**
	4.4. Innovation Pipeline – DK had heard from HIAC who were able to offer a resource in the form of a website on which projects could be published and which provided a forum for discussion but not (as hoped) support in developing ideas into business cases. **4. 5. Draft Terms of Reference** – these were agreed as final. It was noted that DK had included the group as a formal pathology network in the national review of clinical networks. **4.6. Feedback from the National Pathology Forum** – DK reported that attendance at these meetings had changed and the agenda reflected this. Attendees were now usually people who were currently either the Project Manager or who were on the Project Boards for pathology reconfiguration projects and the meetings involved mostly sharing of progress and good practice. At the last meeting on 20th July, the South Central, Bristol, East of England, West Midlands, Sussex and Kent/Medway projects were represented. DK added that the group might wish to review membership in the light of this. Two of the three other National Forum representatives were not present so this matter could not be discussed properly but it was agreed that there should be an open invitation to those participating in reconfiguration	**All/**

	projects to attend with DK to co-ordinate so that there are not too many representatives. The next meeting was to be held on 21st September 2011 in London.	**DK**
	4.7. Commissioning Strategy – An action arising from the last meeting was for all to send DK their pathology CIPs for 2011/2012. She had not received any to date from Buckinghamshire, Oxfordshire and Berkshire. DK had received a response from Hampshire and the Isle of Wight which was co-ordinated by Kim Perry, Finance Lead for the consortium. DK reported that in the absence of clear plans for reconfiguration, with milestones and estimated savings, Sonia Mills had written to Chief Executive Leads to ask for these by 22nd July 2011. She had not yet received a response from Julie Burgess and GL/NB agreed to follow this up. {Post Meeting Note: Response received}. DR thought that there were barriers to the development of a coherent commissioning strategy for pathology such as the absence of any benchmarking between laboratories nationally and the fact that the patient choice agenda seemed to be leading to the fragmentation of a decent diagnostics service. It was noted that some Trust directors see the pathology modernisation programme and the reconfiguration agenda as "extra outside interference". There was concern that PCT/clinical commissioning groups do not understand the risks posed by tendering GP direct access services separately. It was agreed that SM should pull together a letter to Sonia and send out a draft for comment expressing the group's concerns.	**HE/JN/ DR/GD/ GL/GP/ NB/GB** **SM/All**
5.	**GP Demand Management in South Reading**	
	GL gave a presentation {Post Meeting Note: distributed with these minutes} on work that RBH had undertaken with GPs over the last two years. Key learning points were: • Communication and collaboration with PCT – production of a joint newsletter from RBH & PCT to GPs and regular meetings to discuss trends • Education – "do not do" guidance {Post Meeting Note: Extract attached but note that this is a download from a search from the NICE website so may not be comprehensive} and bought Stuart Smellie book for every practice. • Focus on particular tests (high volume or high cost) – a relatively modest education exercise about one test saved £200K It was agreed that those present would review the presentation and that there would be a discussion at the next meeting about what could be gained by implementing the approach across South Central.	**All**
6.	**Blood**	
	MM gave a presentation (previously distributed) on the opportunities for savings and service improvement provided by the Oxford model of hub and spoke centres and electronic distribution. The key learning points were: • Better stock management: cold samples (for elective surgery) did not need to be stored on site, matching could be done before admission • Reduced error rate • Zero waste • Staff for "hot" laboratories ideally would be trained in blood sciences, haematology and blood transfusion MM added that BTS was looking for pilot sites to further test the model. Those interested to contact MM direct. It was agreed that the project leads should consider whether to incorporate this model into their reconfiguration plans and assess the benefits that would result. Views to be shared at the next meeting.	**All**

7.	**Update on North & South**	
	7.1. SHIP – RS reported on progress made. Each pathology specialty had identified a preferred option for costing and now staffing models were being worked through in two tranches: what WTE is needed for preferred model and how does this look once MSC is implemented. A soft marketing approach is being adopted for IT – with providers being asked to present their solution to the issues raised when each laboratory has a different system or systems at a meeting on 25th August 2011. A level zero OCG gateway review was currently being undertaken with external assessors funded by DH. This will assess how likely the project is to achieve the required benefits with current resource and project structure. **7.2. Berkshire** – GL, GP and NB reported that the model being adopted was one of "convergent evolution". The two CEOs had agreed to consolidate laboratory and clinical service across Royal Berkshire and Heatherwood and Wexham Park hospitals. The project needed capital and translational expertise. They entered into OJEU competitive dialogue. The financial testing of the new model will be against "as is" position. There were 17 respondents to the tender, they were shortlisted to 6, and the consortium is now working with 4. They are aiming for selection of preferred provider by December 2011. Implementation begins in 2011/2012. BV and DK suggested that Berkshire undertake a level zero gateway review as this could also be applied to tender processes. Both had found it very useful in previous projects. The advice given by the gateway team would be confidential and to the sponsor/CEO lead only. **7.3. Oxfordshire and Buckinghamshire** – DR, GD, HE and JN reported that they had achieved a lot internally within own Trusts: BHT had focused on rationalisation across sites; ORH had focused on reduction of costs. There was a joint strategy to harmonise prices and match market rate at its lowest and a joint strategy for procurement as their Blood Sciences equipment due for replacement at same time. ORH had ruled out some options such as commercial partnership due to concerns about demand management and ORH/BHT were still keen to explore the opportunities for rationalisation across Buckinghamshire, Oxfordshire and Berkshire.	
8.	**Modernising Scientific Careers**	
	In response to questions, CG replied that there were options for training BMS Staff: • Fixed term training post • 3 years training with guaranteed post at end (2015) • 3 years secondment into training The DH was planning for 200 training placements this year and 600 trainee placements next year. There was concern that Trusts could take on more trainees than there were posts available in the future. CG advised those present not to develop their own staff if they did not believe that there was a job for them. It was likely in the future that lower grade staff will be needed than currently exist.	
9.	**Update on the South Central wide projects**	
	DK gave a brief update on the projects due to lack of time. Progress reports were tabled and those present were asked to review them. Where there was low engagement then it was agreed that she would chase individuals outside the meeting.	
10.	**Benchmarking and Heat Map**	
	This was received positively and it was agreed that both benchmarking and recording of QIPP achievements were needed but due to lack of time, discussion was deferred to the next meeting, meanwhile DK would send out some examples for comment.	**DK**
11.	**Good Practice Events**	

	DK said that two "good practice" events were being held on 20th September (Hampshire and Isle of Wight) and 3rd October (Thames Valley). Dr Ian Barnes and Dr Hemel Desai had agreed to speak. Dr Desai is a GP in the East of England and is leading an approach to reconfigure pathology services with a separation of GP direct access/outpatient pathology from inpatient pathology. This is an interesting but controversial approach. DK asked for ideas from those present for local speakers. The intention was to have presentations in the morning and facilitated workshops in the afternoon.	**All**
12.	**Date of Next Meeting**	
	The Pathology Modernisation Clinical Reference Group will next meet on 27h September 2011 at 1.00pm in Hamble, Rivergate House, Newbury.	