

Pathology Clinical Reference Group Meeting

10:00 – 1:00pm, Wednesday 18th July 2012

Present: Siraj Misbah (Chair), Robert Simpson, Chris Gibson, David Cowlshaw, Guy Davies, Aarti Chapman, Finlay Love

Apologies: Debbie Kennedy, Geoff Leicester, Nicola Bienz, Chris James, John Wood, Derek Roskell

Notes	Who - action
<p>1. Minutes and actions Previous Minutes Approved</p> <p>a. Co-agulation screens SM reminded everyone that responses on the co-ag screens are due by Aug 15</p> <p>b. SMT requirement AC gave an overview of a request by Murray Cochrane (Programme Director of Health Policy and Transition) on the current position of pathology across South of England, to be presented to the SHA Senior Management Team. The report needs to look at progress on structural changes in line with 'Carter'. He was also interested in savings made in pathology, both for the health economy and the Trust through CIP plans.</p> <p>There was discussion about the difficulty associated with this and that the previous version of the heat map had been too prescriptive to be useful. AC suggested it was worth revisiting the heat map and constructing something that worked for the group.</p> <p>SM suggested each trust explain what modernisation has been achieved within a 'Carter' approach.</p>	<p>All present agreed on minutes</p> <p>ALL to submit by Aug 15</p> <p>AC to produce report for MC for week ending 27/07/12</p> <p>ALL by July 23rd</p>
<p>2. Benchmarking</p> <p>a. KPI's from t the group AC stated that she had not had any feedback concerning her request for KPI's from the group at the last meeting and that the RCP KPIs are all based on quality measures and don't take productivity measures into account.</p> <p>b. £/population – Kent and Medway AC presented slide on £/population – Kent & Medway. Information presented in this format would be useful if it represented all trusts in the south. It would be a productivity measure but, as pointed out by GD, would not itself reflect level of service. DC stated that Portsmouth may charge a higher price for Pathology, but for example may set a lower price for Maternity. AC suggested that data of this sort would give pathology departments information to discuss with their contracting teams,</p>	<p>AC/FL to contact Trusts & assemble £/population tables</p>

<p>to ensure they are competitive.</p> <p>c. London pricing strategy AC gave a presentation how the SHA London had created a price banding for the 10 most popular pathology tests. Actual data was not shown due to confidentiality agreement but will in time be released DC stated that Portsmouth would have to unpick some of their pathology tests out of their bundles to get down to the common 10. (This is a common practice) All agreed that this method of approach forces consistency.</p>	
<p>3. Commissioning Toolkit</p> <p>a. Content of toolkit It was generally agreed that the commissioning Toolkit was a useful generic document with a small element dedicated to Pathology. Good if you need to tender a provider.</p> <p>b. Project plan and local engagement (not regional) AC outlined plan to rollout Commissioning toolkit to CCG's. This would follow the CCG authorisation wave's 1 to 3. This first wave is scheduled for October with a number of Wave 1 CCG's located in the south central area. The group stated that it would be a good idea to get active involvement from the Trusts in this 'Road Show'. Involvement should include CCG, CSUs, the Trusts and the SHA</p>	<p>AC/DK/FL to work on creating Road Show – Report feedback to CRG</p>
<p>4. Feedback from the National Forum SM congratulated RS on an excellent feedback report. All present thought it was well laid out & very comprehensive</p>	
<p>5. Update on reconfiguration – progress reports DC/RS Gave update on HIOW Consortium progress. MOU has now been signed by 3 CEO's & working towards FBC. A provision that the original OBC be validated was a condition of proceeding. Appointment of Task & Finish groups along with the shadow board is scheduled to be completed by 7th September.</p> <p>GD spoke of an innovation project where a number of £ signs listed against a pathology test on the 'ICE System' gave the user making the request some idea of the cost associated with requesting the test. Implementing this innovation released a further 400k (bonus) Bucks/Oxford still have IT issues but is proceeding. Major work being carried out on a core laboratory procurement process leading to reconfiguration. Logistic issues are also a key component.</p> <p>6. Agenda Items brought by the group/AOB: None</p> <p>7. Next Meeting: 26th Sept 2012, 10.00 – 1.00 in Thame, Rivergate House</p>	

