

Pathology Clinical Reference Group Meeting

10:00 – 1:00pm, 30th May, 2012

Present: Siraj Misbah (Chair), John Nelson, Debbie Kennedy, John Wood, Robert Simpson, Liz Thorne, Chris Gibson, Geoff Leicester, Chris James, Nicola Bienz, David Cowlshaw, Guy Davies, Aarti Chapman, Finlay Love

Apologies: John Paul, Helen Eagleton, Ali Al-Bahrani

Notes	Who - action
<p>1. Minutes and actions</p> <p>a. Dated 2/2/2012 – John Nelson (JN) – Could Ox-Bucks partnership be changed to Ox-Bucks Network Previous Minutes Approved</p> <p>b. AC reported that the co-agulation data comparison had proved complicated with Trusts approaching data capture and collection in different ways.</p>	<p>All present agreed on minutes</p> <p>The group reported that they would like to attempt this again as it was useful for best practice. AC/ FL to work with NB</p>
<p>2. Purpose and future direction of the group</p> <p>Review TOR The TOR should remain largely unchanged</p> <p>Executive Leadership There has been no request for Executive Leadership at this stage</p> <p>Commissioner Engagement Develop a work plan, this plan should include: Demand Management, Point of Care, Minimum Standards, Best Practices, Pathology Dashboard</p> <p>South Central or Wider It was agreed that further participation of other Trusts in the South would be beneficial to the group. As a way to spring board wider participation, a work shop should be scheduled to discuss the release of the Pathology Commissioning Toolkit. Trusts within the South would be invited to this workshop</p>	<p>Questions from Chair</p> <p>SHA to develop draft plan to be discussed at the next meeting. Launch of commissioning toolkit us</p> <p>SHA to organise workshop</p>

<p>3. Benchmarking (Dashboard)</p> <p>Aarti Chapman (AC) displayed a Pathology dashboard to the group containing pathology statistics with the following information: CPA score (full or conditional/total) John Wood (JD) felt that the term conditional accreditation was not a useful banding (JN) said the reason why the laboratories in Buckinghamshire lost accreditation was due to recent reconfiguration & they were waiting for a new inspection from the CPA</p> <p>% direct access tests ordered electronically The consensus was that did the dashboard results have real value for clinical commissioning groups. Geoff Lester (GL) confirmed that the % for RBH was increasing rapidly.</p> <p>%7 day TAT for histopathology David Cowlshaw (DC) pointed out that 10 days would be better as it is the Royal College of Pathology (RCP) KPI. Chris Jones (CJ) thought it was important to establish the target audience for this dashboard & Siraj Misbah (SM) suggested the dashboard is kept internal. Other questions raised was at what point do you measure the number of days turn around i.e. Is it from point of collection to point of delivery.</p> <p>(SM) took it as a consensus that a Dashboard was a sensible way of benchmarking. It was agreed that the dashboard would need to be refreshed regularly to be useful and accurate.</p> <p>All those present agreed to review the RCP KPIs and recommend some that are measurable for use by the group. The KPIs being used in the Pathology Commissioning Toolkit should also be reviewed for inclusion.</p>	<p>All to submit their suggestions for RCPATH KPIs to be included in a summary dashboard</p> <p>(AC) to explore what items would be useful to display</p>
<p>4. Innovation in Pathology and the Genomics agenda conference 4th July</p> <p>(AC) gave a brief overview of this Conference & reiterated that she would like all Trusts to be represented and anybody that could not come, please feel free to send another colleague in their place. Finlay Love (FL) distributed copies of the Conference Agenda.</p>	

<p>5. Agenda Items brought by the group</p> <p>5.1. RCP request for advisors for commissioners</p> <p>JW asked what the process was for ensuring that a consistent message went out to commissioners. SM had applied and had been through a selection process and was successful. The RCP had received many requests for independent advice as there were currently 17 tenders out for direct access pathology nationally. JW was concerned that this should not substitute for commissioner engagement with their local pathologists</p> <p>5.2. Progress on East of England</p> <p>(DK) The EoE team had shortlisted providers and informed unsuccessful bidders. The preferred bidders at this stage were demonstrating 20-30% savings net after change costs. The EoE team had now been commissioned to extend the approach to the Midlands.</p> <p>6. Feedback from the National Forum</p> <p>(DK) gave a brief feedback on the National Forum Robert Simpson (RS) will send (AC) a link for accessing the presentations. Now below: http://www.pcc-cic.org.uk/healthcare-science-a-catalyst-for-delivering-a-new-healthcare-system http://www.networks.nhs.uk/nhs-networks/healthcare-science/news/2012-healthcare-science-awards-and-roll-of-honour</p> <p>7. Update on reconfiguration – Progress reports</p> <p>7.1. Portsmouth, Southampton & IOW Consortium</p> <p>(JD) Reported that hopefully they were close to getting an agreement. Portsmouth Hospitals Trust has some concerns about the OBC, which an external mediator has been working hard to resolve. Reasons given for the delay include: (DC) There has been a stumbling block with Histopathology (DC) Histopathology consultants worry that they would not be able to offer the support required to cancer and renal clinicians without an on-site central processing laboratory. (CJ) Lesson Learned: Must have strong commitment between the chief executives. Debbie Kennedy (DK) – Responded that there was an agreement in place with the chief executives but maybe that agreement should have been revisited on a regular basis. (CJ) Despite a good start at the onset of the project, the project now has stumbled, need to get the momentum going again & get the staff Engaged.</p>	<p>SM to feed back to RCP</p>
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7.2. Oxfordshire & Buckinghamshire

Guy Davis (GD) Ox and Bucks meeting regularly, including with Bucks CEO and Ox Director.

Managed services for core Laboratories were due for tender – They now have a joint tender process with Buckinghamshire.

Close to implementing IT Solution for electronic communication between Laboratories.

7.3. Berkshire

GL reported that the selection of preferred provider had been stalled whilst an internal team reviewed whether an NHS only option would offer better value for money. This process was being kept separate from the tender process. GL stated that the OBC was due to go to the Boards in July.

8. Date of Next Meeting:

The next meeting will be held on **18 July 2012, 10.00 – 1.00** in Thame, Rivergate House