



**Action: PF, HB, PC**

**3. Any changes to draft agenda**

*Additional item - Evaluation process for diagnostics*

This was taken immediately as Gillian Leng anticipated that she would be unable to stay to the end of the meeting.

NICE has been charged with expanding its evaluation processes in diagnostics. Gillian Leng agreed to send background information. It was anticipated that there would be several levels of assessment. An 'evidence rich' assessment, comparable to current NICE protocols, would be reserved for a relatively few 'big ticket' items. A new 'evidence light' process would be developed for the majority of diagnostic tests, recognising the difficulty of producing robust evidence linking directly to patient benefit. It seems inevitable that there will be many 'low-level' decisions in diagnostics that as this 'evidence light' process will be unsuited to many situations, it is likely that these decisions will be made by professional input to the NLMC Governance Board. However, this highlights the need for a clear 'triage' process to decide the appropriate route for each candidate diagnostic test. It was agreed that from the perspective of the Catalogue this is not an early task, so developments from NICE could be awaited.

Dr Leng said that a Medical Technical Advisory Committee (MTAC) on devices and diagnostics was being established by NICE as quickly as possible. The scope of input from the Medical Royal Colleges into the new NICE process was questioned. RCR and RCPATH input is likely to be important. It was understood that NICE would be considering this.

**Action - GL**

NHS Evidence was launched in April but considerable development and expansion is planned. It should be anticipated that it will provide access to the catalogue, and to any associated advice on test use.

This led to a discussion of access control. Gifford Batstone stated that it should certainly be available freely to all NHS users, and probably to all healthcare users in the UK. There might be a desire for commercial exploitation of the intellectual property in overseas countries, but this might be difficult to enforce as most of the commercial software companies are multinational. Gifford Batstone anticipated that CfH lawyers would in due course consider copyright issues.

**4. Confirmation of composition of Board**

Agreed as follows

RCPATH	PF (Chair)
DH	Ian Barnes
NHS Evidence/ NICE	Gillian Leng
OCCO, NHS CFH	Gifford Batstone
IBMS	Ken Rae
NHS Connecting for Health	Howard Beswick
National GP Lead	Stephen Pill
NLMC Lead Coordinator	Paul Collinson
UK Terminology Centre (UKTC)	Ian Green
Technical consultant	Rick Jones
Lay member	Neil Formstone (who will assess the need for lay input and advise accordingly)

Further possible Board members identified in the Project Initiation Document were discussed as follows:

#### AoMRC

The main purpose of such a Board member would be to ensure 'usability' of the catalogue. As the Board already includes GP and pathologist representation, and as the Academy and its constituent Colleges and faculties as on the list of Stakeholders, a case for another Academy member was not strongly supported. Peter Furness will raise this with the Academy when contacting them about stakeholders and will bring the matter back to the next Governance Board meeting.

**Action - PF**

#### SHA Representation

It was unclear whether SHA input should be at Board or Stakeholder level. Gifford Batstone will make further enquiries with SHAs to identify someone with an interest, and will put a recommendation to the next Governance Board meeting.

**Action – GB** [*Nomination of John Clarke, Deputy CIO, East Midlands SHA now received*]

### **5. Prioritisation of work**

It was agreed that in broad terms, the priority should be:

1. Producing a useable catalogue for order communications ('User orderables')
2. Adding intra-laboratory orderables
3. Adding deliverables (i.e. reportable items).

However, it is inevitable that different disciplines will progress at different speeds through this sequence. For example, chemical pathology has a very large number of items under (1) and fewer under (2), whereas in histopathology the reverse is true.

The accumulation of advice on test use can start as soon as the orderables list is complete, but will not be a high priority at the start of the process.

The development of mechanisms for adding new items to the catalogue should be immediate in relation to current tests that have been omitted in error, but mechanisms for evaluating new tests would have to await the NICE processes outlined above.

See also discussion under (8) below; it was agreed that although units of measurement are strictly a reportable item, every effort should be made to agree appropriate units in stage (1).

The process for providing the appropriate level of editorial access to the catalogue was discussed. It was anticipated that Subject Matter Experts (SMEs) would be identified/recruited by the Specialty Leads, so the Specialty Leads could be expected to provide the details of SMEs to allow them the correct level of access to catalogue. The precise mechanism would need to be discussed by Paul Collinson and Rick Jones.

**Action: PC, RJ,**

It was suggested that it would be easier to recruit SMEs if the work was recognised in some way towards CPD by the RCPATH and IBMS. PF pointed out that this was not in his gift, but he would write to Lance Sandle and Ken Rae/John Stevens to encourage this.

**Action: PF**

**6. Discussion of papers prepared so far:**

- Service Specification (received for information)
- NLMC Governance PID (received for information)

- Terms of Reference

It was agreed that some further work was needed on this document. Amendments would be made by Peter Furness subject to reconsideration at the next Board meeting.

- The Board could not reasonably claim to assess submissions, but would accept or reject recommendations of submissions (item 2)
- An additional function of the Board should be to facilitate resolution of ambiguities and conflicts in the information structure and content (item 2).
- An additional function of the Board should be to ensure timeliness of the development of the Catalogue (item 2).
- It should be made more explicit that deputies can be nominated to attend on behalf of board members (item 4) and that travel expenses will be paid.

- Editorial Principles

Version 3d was approved as a working document, but it is being currently updated by Howard Beswick, who agreed to provide information on all further changes for the next Board meeting.

**Action HB**

It was agreed that there was likely to be a need for a mechanism to make and agree changes urgently if problems were not to delay progress. To this end it was agreed that Paul Collinson should be empowered to take executive action on this between meetings. Any urgent changes should be emailed to Board members allowing one week for online discussion before they were deemed to be approved.

- SOPs

The SOPs have in practice changed considerably since the circulated documents were written as a result of the development of the online tool. It was agreed that while formal SOPs would be needed once the early stages of catalogue development have been completed, it was premature to have such formal documentation at this stage.

**7. Any missing documentation urgently needed?**

Nothing identified at this stage.

**8. Discussion of standards (Gifford Batstone to lead):**

- *the use of UCUM units as default units*

The early agreement of default units was agreed in principle. It was agreed that the Pathology E-comms Board should consider this.

## **Action GB.**

- *the SNOMED codes for sample sources as per paper from Ian Green*

The discussion was mainly around the desirability or otherwise of very specific SNOMED codes. By way of illustration, the code for 'microbiology swab' was considered. There are many different codes for swabs from different locations. It was suggested that in a post-coordinated catalogue this should be covered by a single code for 'swab' and associated codes for anatomical location laterality and morphology. But this would not cover swabs from potentially contaminated medical devices. If it was necessary to specify a medical device the consequent 'drop-down box' would be unmanageably large.

It was agreed that at least initially, such problems should be resolved using the simplest possible set of codes, as it would be easier to add more complexity later on if such complexity was demanded by users.

- *the process for conflict resolution document as per the PMIP process paper*

It was agreed that this was a potentially useful model, but implementing it would represent a considerable task, so this would not be undertaken unless experience indicates that the work is justified.

- *the adoption of IUPAC-IFCC standards as appropriate*

The importance of using existing international standards, where they assist and are appropriate, was agreed.

## **9. General discussion of mode of working and training needs**

Training day took place on 22<sup>nd</sup> June at the RCPATH.

Howard Beswick had discussed review of functionality of the online tool and had received feedback. Modifications to be requested from Paul Collinson. There were no specific training needs to be addressed at present but GB will liaise with PC re the need for a training day for the first cadre of editors.

Action GB/PC

## **10. Stakeholders – review of draft list, identification of further stakeholders, working relationships**

It was agreed that all agreed papers would be circulated to the Stakeholders electronically. They would be invited to an annual meeting and they would have a standing invitation to write into the Governance Board and/or Exec with comments or questions.

The circulated list of stakeholder organisations was agreed, but the majority currently lack contact names and email addresses. PF and AB will invite names and contact details from all the clinical practitioners/professional bodies. GB will seek names and contact details from system suppliers and NHS organisations.

It was agreed that further stakeholders would be allowed to self-nominate, with near-automatic acceptance for any organisation with a legitimate interest; any unexpected nominations would be considered by the Governance Board. Additional potential stakeholders were identified as follows:

Prof John Williams, Health Informatics Unit, RCP

Martin Wakeley, CE, Winchester and Eastleigh NHS Trust

**Action all**

A different approach might be needed for system suppliers. It might be appropriate to have a separate suppliers' forum. It was agreed that this possibility should be put to the suppliers to decide. Financial support for such meetings had not been included in the initial agreement for DH support of the Governance Board. Gifford Batstone would discuss with Deirdre Feehan the possibility of arranging an initial meeting of suppliers. If a need for regular meetings was identified, meetings at the College would be encouraged.

**Action GB**

**11. Communications – preferred methods, routes and frequency**

The need to inform potential users about the existence of the catalogue and its progress was agreed. This should be rolled out as soon as the first version of the catalogue is available for use. Several possible routes were discussed. Three levels of communication were planned:

1. A one-page simple description, already in preparation by GB
2. A longer article aimed at pathologists, suitable for publication in the RCPATH Bulletin, to be written by PF
3. Full sets of Board papers, to be made available electronically, perhaps on NHS e-space.

**Action GB, PF**

Other organisations (especially other Medical Royal Colleges) would be encouraged to print either of the first two items in their own publications.

The Governance Board should have a single point of contact. It was agreed that this should be PF/AB in the first instance, with appropriate forwarding of queries. The appropriate pattern of referrals would evolve with time, but complaints about errors or omissions of existing tests would be referred to Paul Collinson and technical queries about catalogue operation would probably be referred to Howard Beswick. A route will subsequently need to be agreed for requests for evaluation of new tests, as will a mechanism for guidance on the use of tests.

**12. Financial arrangements**

Funds from DH are agreed sufficient to run the project for one year.

Submission of a case for further funding will be required by September to fit with the DH financial cycle

**Action PF**

In this context, the need for more measurable criteria of success was discussed. Suggestions included the catalogue release date and implementation by users.

Other potential milestones included:

- Clinical Contents Accreditation
- Approval by UKTC Coding
- Information Standards Board –Gifford Batstone to make enquiries.

However, the Board felt that there should be some earlier, interim targets. It was agreed that Paul Collinson should be asked to suggest appropriate milestones, for confirmation at the next Governance Board meeting.

**Action PC**

**13. Indemnity cover**

The possibility of legal challenge was discussed, principally from commercial organisations which felt they had been put at a disadvantage by exclusion from or misrepresentation in the catalogue. It was suggested that as the catalogue would be owned by DH, any legal challenge should be addressed to DH, but this could not be guaranteed, so agreement with DH was needed to protect Board members and the RCPATH from potential litigation costs. Gifford Batstone would discuss this with Martyn Forrest/Deirdre Feehan.

**Action GB**

**14. Any Other Business**

None raised

**15. Date of Next Meeting**

To be confirmed by Web Doodle – looking at second half of September.

**Action AB**