

Pathology Informatics Committee

A meeting was held on 8 February 2023 at 14:00 hosted by the Royal College of Pathologists via Microsoft Teams

Dr Lance Sandle Registrar

Present:	Dr Laszlo Igali, Chair Mr Robert Simpson, IBMS & Chair PSGB Mr Stuart Jones, Technical Lead, LabTest Online Dr Mark Sleeman, Clinical Biochemistry & ACB representative Dr Owen Johnson, Director, X-Lab Dr Lance Sandle, RCPath Registrar Dr Bernie Croal, Scotland Representative Dr Jonathan Kell, Wales RC Representative Prof Simon Cross, Histopathology; RCPath E-learning Lead Mr Peter Salisbury, NHS Digital Mr Richard Haigh, NHS Digital Mr Matthew Watson, NHS Digital Mr Karim Nashar, NHS Digital
In attendance:	Miss Louise Mair, Governance and Committee Services Officer
Apologies:	Dr Charlotte Syme, Clinical Biochemistry representative Dr Darren Treanor, Histopathology Representative Dr Gail Norbury, Genetics Representative Dr Malur Sudhanva, Microbiology
Absent:	Dr Michael McKenna, Northern Ireland representative Mr Craig Webster, Association for Clinical Biochemistry Mr Jamie West, IBMS Representative

Minutes (unconfirmed)

PIC.01/23 Welcome, Apologies and Declarations of Interest The Chair welcomed members to the meeting.

Apologies for absence were noted above.

There were no declarations of interest.



PIC.02/23 Minutes of the Last Meeting, Actions, Matters Arising

The minutes of the meeting held on 5 October 2022 were approved as a correct record.

The action tracker was reviewed and following updates to the action log were noted:

PIC.07/20: No progress on the action on raising the 'Results direct to patients' with the FCI. Action to be closed, due to lack of progress.

PIC.15/20a: Chair to contact Dr Williams for an update. Action to remain open due to lack of progress.

PIC.18/20a: Chair to contact Prof Jonathan Kay for an update on framework information. Action to be closed, due to lack of progress.

PIC.25/20: Chair to contact Prof Jonathan Kay for an update on sending FCI information for inclusion in the RCPath Presidential Newsletter. Action to be closed, due to lack of progress.

PIC.03/21bii: Dr Kell to reach out to his colleague, if no progress made then will reach out to the Transfusion Medicine SAC Committee Chair. Action to remain open.

PIC.10/21: Members to consider subject and content for zoom conference elearning events and feedback to the Chair. Action to remain open.

PIC.12/21: Chair to approach some relevant parties to organise some LIMS learning events. Action to remain open.

PIC.38/21: Chair to invite Dr Sandle, Dr Jones and Dr Berenice Lopez to the next meeting of the PRSB to discuss Results Direct to Patients. There has not been any progress with this, but Dr Kell did offer to speak to a contact at the Royal College of General Practitioners and try to get this actioned. Action to remain open.

PIC.43/21: Members to contact Dr Johnson with any ideas on a potential symposium on how artificial intelligence will shape the pathology landscape in the next 5-10 years. Dr Johnson advised that he would draft a position statement on this, action to remain open.

PIC.18/22: Committee members to forward suggestions around a coordinated approach to gathering data on digital and AI capabilities from the college's different pathology departments. Action to remain open.

PIC.19/22: The Chair to contact individuals from the clinical networks to see if there is an appetite to create a team to work on a unified test list. Action to remain open.

PIC.23/22b: Committee members to contact Miss Klonowska if they know of any primary care clinicians, such as GP's, nurses, phlebotomists who would be interested in taking part in her consultation. Mr Haigh advised that Miss Klonowska has left NHS Digital and it was felt this action could be closed.

PIC.34/22: The Chair to discuss and review with the Committee how to strengthen connections with GIRFT. This action can be closed.

PIC.34/22: Miss Mair to amend the next tracked version of the workplan to reflect that the guidelines for best practise is moved to the right hand column under July-December 2022. The Chair and Miss Mair agreed to add the 2023 workplan to next agenda as part of a broader review of this action.

PIC.36/22c: Mr Orton to provide the Committee with the staff member email who is leading on diabetes point of care. This action to remain open and dependent on Mr Harris attending and providing an update.

PIC.36/22f: The Chair and Mr Orton to follow up on college support for endorsement of standards for consultation and then will be reviewed by the college and give provisional endorsement. This action to remain open and dependent on Mr Harris attending and providing an update.

PIC.36/22f: Mr Haigh to check whether users can be involved in the development of the NHSD pathology UTL and update committee at next meeting. Mr Haigh advised that the UTL has been posted on the NHS Digital website, therefore this action can be closed.

PIC.44/22a: Chair, Mr Harris and Tom Lewis to discuss the Open pathology project. This action to remain open and the Governance and Committees Services Officer to ensure that Mr Harris is invited to all of the Pathology Informatics Committee meetings.

PIC.44/22b: The Chair to review where the committee could add value to discussions on AI in pathology and how to manage possible risk areas e.g., bias, across the disciplines and whether this should be included on the work plan for review by the committee. This action relates to action **PIC.43/22**, Prof Cross advised that he would review the RCPath digital pathology AI statement around elimination of bias.

PIC.44/22c: Mr Haigh to investigate whether there are overlaps between CSIRO terminology products and pathology. There was some confusion around this action, Mr Byrn advised it was likely around CSIRO providing NHS Digital's terminology server, a tool to facilitate mapping to unified test list. The Committee agreed this action could be removed.

The Chair proposed publishing and co-badging a joint set of guidelines with the college and NHS Digital around the implementation of units of measure. This would involve consultation and include expertise from clinical sub-specialties as well as other organisations such as the ACP and IBMS. The Committee approved of the proposal and Mr Haigh suggested hosting a pre-meeting with the Pathology National Users Group (PINUG) to explore this further. However, Mr Haigh advised that NHS Digital is in the process of merging with NHS England and is unlikely to have the capacity or funding to support a detailed implementation team for this work but can support with generic standards around this.

Mr Simpson highlighted that advice would be a recommendation rather than mandatory and suggested raising this with the Pathology Programme Board and Pathology Standards Governance Board for comment. There was a discussion around balancing the need for expertise but ensuring the consultation does not become so broad that it hinders progress in publishing the guidelines.

Mr Haigh gave an overview of the NHS Digital's guidelines implementation process, noting that once there's been sufficient consultation around guidelines, it will

typically take around 18 months for organisations to implement the guidelines. Mr Haigh suggested that using FHIR as a capability, would create a strong case for mandating the capability to release new content, for example in the event of another pandemic.

PIC.03/23 Governance

(a) <u>Workplan</u> – The Committee agreed to discuss this item at the May meeting.

PIC.04/23 NPEx and OpenPathology

As there was a clerical oversight in inviting Andy Harris to the meeting, this item will be discussed at the May meeting.

PIC.05/23 Pathology Catalogues/Standardisation Updates

(a) <u>NHS Digital</u>

Mr Watson reiterated that NHS Digital is in the process of merging with NHS England. NHS Digital is in its current round of business planning, which includes resources and high-level deliverables for the next financial year, but this timeline may be impacted by the merger. Mr Watson will continue to keep everyone updated on progress.

(b) <u>Pathology Informatics National User Group (PINUG)</u>

The Chair advised that PINUG has not been as active as previous years, but there is a meeting provisionally scheduled in mid-March 2023 which the Chair will report on at the next meeting. The Committee agreed that PINUG could potentially have a valuable role in terms of AI activities and providing the committee with the expertise from a diverse, front lined group on informatics.

- (c) <u>Professional Records Standards Board (PRSB)</u> The Chair hasn't attended the most recent meeting but highlighted the value in inviting a representative from PRSB to join these meetings.
- (d) <u>Carter/NHSI Lists of tests/networks update</u> The Chair did not have anything to report.
- (e) SNOMED CT Synoptic Reporting

The Chair advised that the next business meeting will take place in April and emphasised the incredible work being carried out around creating world data sets. The main data sets currently available are comprised of the UK, Europe, and Australasia data, but the team will continue to broaden the datasets. The Committee agreed once this work is completed it will provide a powerful resource, especially within the cellular pathology workplace.

(f) Pathology Standards Governance Board

Mr Simpson highlighted that the NHS team have been looking to work with Labgnostic, but there has been slow progress due to refocussing on other areas. Mr Simpson will discuss this further with Andy Harris outside of the meeting.

The Committee noted the current emphasis on genomics at a national level and discussed the importance of a central infrastructure and one set of standards that

incorporate both pathology and genomics, as well as the limitations of having two separate workstreams or separate sets of standards for both.

Mr Haigh advised that there was a discussion at the meeting around the potential for coding of positive and negative test results and how screening results are processed in a machine-readable form for GPs, and queried whether it was relevant to this Committee. The Chair and Mr Simpson advised the Committee could note this and provide some high-level guidance if needed.

PIC.06/23 Results direct to patient

Dr Croal advised there is renewed interest in results direct to patient across the pathology community, particularly since the rolling out of direct patient access to medical records across NHS England.

There is national concern around the implications of providing patients with raw pathology data with no interpretation or guidance and the pressure this will put on GPs. Dr Croal is currently in the process of drafting a joint letter with RCPath, ACB and IBMS this week to raise these concerns to the government and NHS England.

The Committee noted that this provides an opportunity to ensure results are standardised when going out to patients, particularly with the NHS apps or other third-party apps. Around 600 GP practices have gone ahead with it, but a number of GP practices have blocked the functionality to mitigate any potential issues.

PIC.07/23 Digital Pathology

The Committee noted the minutes from the Digital Pathology Committee held on 19 October 2022.

PIC.08/23 eLearning

Prof Cross advised that the launch of the pathology portal has been successful, with over 3000 cases uploaded so far. Prof Cross shared a demo of a case on the portal, explaining that each case has its own URL, so that links to specific cases can be sent to trainees, instead of needing to search for them on the website.

The Committee noted the screen recording functionality on the portal, Prof Cross advised that this feature gives trainees the double headed microscope experience and is easy to upload onto the site. The Committee agreed the portal has great potential and could be a valuable training tool for trainees.

PIC.09/23 LIMS

The Committee agreed it will continue to work on strengthening the case for a unified LIMS system for all of the UK.

PIC.10/23 Update from the Devolved Nations

(a) England

The Chair has covered this item throughout the meeting.

(b) Northern Ireland

There was no update in the absence of Dr McKenna.

(c) Scotland

Dr Croal informed the Committee that there has been a staggered rollout of the new LIMS system, which will take some years to fully implement. Although progress is slow, Dr Croal advised that there are committed staff working on this and new IT staff have been recruited to support the implementation.

(d) Wales

Dr Kell advised he has no new updates on LIMS progress but will endeavour to provide an update at the next meeting. Dr Kell highlighted a key success for Wales, with over half of Welsh health boards adopting Dr Muhammed Aslam's work around using AI to enhance pathology reporting for prostate cancer, this has resulted in improved accuracy of diagnosis and relieved pressure on pathologist's diagnosis time.

The Committee noted that there is a new clinical lead named Adam Christian on the National Pathology Programme, he is leading on diagnostic unification work.

Dr Kell advised that he is no longer the Chair of the Wales Regional Council, this is now Dr Anu Govardhan. Dr Kell agreed to remain on the Committee as a haematology representative but recommended that the Governance and Committees Services Officer invite Dr Govardhan to the meetings going forward.

Action: The Governance and Committees Services Officer to invite Dr Anu Govardhan, the new Chair of the Wales Regional Council to the Pathology Informatics Committee meetings.

PIC.11/23 Academic Activities

This item was noted and will continue to be discussed at the next meeting.

PIC.12/23 Environmental Sustainability

Members were encouraged to consider how environmental sustainability can be improved and considered in laboratory practices.

PIC.13/23 Any Other Business

Mr Haigh praised the tremendous work carried out by NHS Scotland around adapting the UTL for their own specific system implementation and asked to meet with Dr Croal and the team to discuss lessons learned and using the terminology server to retain a single source of truth.

PIC.14/23 Dates of Future Meetings

Wednesday 10 May 2023, 14.00pm

The meeting closed at 15:21pm.