



Department of
**Health, Social Services
and Public Safety**

An Roinn
**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk

Department of Health and Social Services Public Safety

Review of Clinical Pathology / Laboratory Services

Report of a Workshop

Held on Wednesday, 11 February 2004

Dunadry Hotel, Templepatrick, Co. Antrim



CONTENTS

- 1.0 INTRODUCTION**
- 2.0 PRESENTATIONS**
- 3.0 WORKSHOP EXERCISES**
 - 3.1 SPECIFIC TOPICS**
 - 3.2 KEY ISSUES**
- 4.0 FEEDBACK FROM INDIVIDUAL ATTENDEES**
- 5.0 SUMMARY**

APPENDICES

- A Acronyms & Abbreviations Used**
- B Feedback Questionnaire Form**
- C List of Delegates**

1.0 INTRODUCTION

This report summarises the work undertaken at the Workshop held on 11 February 2004. The workshop was a significant event in the review programme. Its aim was to bring together stakeholder representative from across a wide spectrum of interest with a view to identifying key issues that should be addressed.

The Project Team and the DHSSPS Secondary Care Directorate organised the workshop and key objectives of the day were to:

- Raise awareness of the context of the Review and the process established.
- Promote discussion with a view to establishing a number of key themes / issues to be addressed within the Review.
- To identify strategic goals for the future.
- To inform the agenda for pathology modernisation across the province.

Some 150 invitations were issued and 117 delegates registered for the event. The workshop exceeded the aspirations of the organisers in a number of ways:

- The level of interest in the subject and the active participation of the attendees
- The numbers of attendees who were in attendance (109 delegates)
- The consensus of opinion gleaned and the motivation of the participants throughout the day.

The report summarises input to the workshop from the keynote speakers, the workshop and individual attendees.

2.0 PRESENTATIONS

During the morning session a number of presentations were given which outlined the context of change. Full copies of the presentations are available from the Review's web page.

Web address: (www.dhsspsni.gov.uk/hss/clinical_pathology/documents)

The notes below provide a brief overview of proceedings.

Dame Professor Ingrid Allen, Chair of the Regional Review, chaired the event and opened it by welcoming those present. She outlined the strategic context for the Review and the need for laboratory medicine to undergo fundamental change. She referred to the essential role of laboratory medicine in the whole health care system and stressed the timeliness of the review.

Mr Dean Sullivan, Director of Secondary Care, DHSSPS gave an up date on the acute hospitals strategic plan – “Developing Better Services”. He outlined the background and the process for implementation for the plan. In particular, he highlighted the key issues for the pathology review drawing particular attention to the proposed configuration of hospitals. He then asked the delegates to consider the following questions:

- What is the nature of the clinical pathology services required by the new configuration of hospital services?
- How can these needs be met as economically, efficiently and effectively as possible?

Dr Derek Allen, Consultant Tissue Pathologist and Convenor of the Clinical Laboratory Medicine Director's Forum spoke on the “Providers Perspective”. He addressed the participants by outlining the need for change and modernisation of laboratory medicine. He outlined the extensive agenda of work led by the Clinical Laboratory Medicine Directors and encouraged participants to use the day creatively in considering the next steps in the development of clinical pathology throughout the province.

Dr Caroline Humphrey, Medical Director, Craigavon Area Hospital Group Trust reflected on the secondary care / district general hospital perspective. She highlighted the district general hospital's dual role as both provider and user. She raised a number of issues with regards to the need to balance responsiveness, quality, governance and value for money in any new configuration.



Dr Ian Barnes was the keynote speaker. Dr Barnes is Head of Pathology for the Leeds Teaching Hospitals and is also engaged as a Modernisation Advisor to Department of Health, London. Dr Barnes gave a very detailed and thoughtful presentation which considered:

- NHS Reform
- Pathology Modernisation
- The Cross Cutting Focus of Clinical Pathology
- The variety of change agendas with impact on pathology services
- The Leeds / Bradford network experience.

With regards to NHS reform he outlined a number of key considerations with impact on pathology including:

- The shift of services to primary care
- New drivers from patients / public
- Plurality of providers
- Payment by results
- Clinical indicators
- Providing/purchasing services rather than tests
- Quality.

He then provided an update on the Pathology Modernisation programme in the UK and gave an indication of the likely direction of the guidelines that were about to be published.

Reflecting on the Leeds/Bradford experience Dr Barnes outlined the journey from 1991 to date. The main achievements to date being:

- Single management structure
- Single employer
- Centralised support
- Reconfigured services
- Networked IT
- Standardised processes.

Dr Barnes summarised the main challenges as being:

- Terms and conditions
- Working practices
- Culture
- Corporate identity
- Changing job roles
- Ownership / territory
- Takeover mentality
- Disaffected staff.

From this experience he suggested that the key factors required to make any process of pathology modernisation successful included:

- Management support
- Resources
- Team Building
- Organisational / Personal Development
- Leadership
- Vision / Plan
- Resolve
- Time
- Stability
- Communication.

3.0 WORKSHOP EXERCISES

In the afternoon, the participants broke into ten discussion groups to reflect on the learning of the morning and they were asked to do so by considering the following specific topics. This section summarises the feedback from these groups.

3.1 SPECIFIC TOPICS

Group A considered **Service Development & Research** and in doing so highlighted:

- The need for co-ordinated planning of service development. At present professionals work in “silos” and this can lead to duplication.
- There is a need for such work to be collated and registered and to fit in with the overall strategic direction for laboratories.
- The need to maximise the opportunity provided by existing facilities / planning tools (R&D Office, Ethics Committee Structure, CRSC, and Professional Networks).
- The need for a co-ordinated approach that would ensure inclusion of all laboratories in, for example, sample collection, analysis and ideas.
- Proper evaluation of research including appropriateness of new technologies.
- Funding / staffing.

Group B Scientific And Technological Advances

Current System – Scientific & Technological Base-line	
<p>STRENGTHS</p> <ul style="list-style-type: none"> • Quality of service • Consultant support 	<p>WEAKNESS</p> <ul style="list-style-type: none"> • ICT Discordant • POCT – Quality - Resources • Limited no. of platforms • Lack of co-ordinated approach to purchasing of instruments and reagents • Old equipment • No telemedicine • Variation in standards, costs, accreditation
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Speed of diagnosis • Volume of work • Better patient care • Improved information • More / accurate refined diagnosis / information • IT • Transmission of results • Improved quality of database • Job enhancement • Telemedicine • Equity of access across NI 	<p>THREATS</p> <ul style="list-style-type: none"> • Lack of qualified Staff • Knowledge base in popn.

This group considered that the following specific areas of technological advancement must be addressed:

Point of Care Testing

- Required for a range of more routine tests
- Growth area
- Needs proper planning and management across NI HPSS
- Likely increase in demand from both primary and secondary care environments

Molecular Techniques

- Molecular based techniques and technology are significant enablers of modernisation
- Increasingly common techniques
- Cross disciplines
- Significant “value added” component required in terms of specialist / expertise interpretation

Automation

- Need common platforms
- Robotics
- Miniaturisation
- Nanotechnology

IT

- Need common system
- Telemedicine
- Electronic Requesting / Reporting
- Remote access – images

Instrumentation

- Consolidation
- Common system of purchasing.

Group C Procurement & Harmonisation of Methodology

Current System – Procurement & Harmonisation	
<p>STRENGTHS</p> <ul style="list-style-type: none"> • Less red tape • Locally responsive • Robust • Permits Innovation • Interesting 	<p>WEAKNESS</p> <ul style="list-style-type: none"> • Inflexible • Incompatible platforms • ICT incompatible • Lack of co-ordinated approach to purchasing of instruments and reagents • Duplication • Lack of bargaining power • Ad-hoc • Variation in standards • Loss of epidemiology
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • RSS Model • Re-invest savings • Sharing of pain in writing procedures • More options with suppliers • Improved information • More / accurate refined diagnosis / information • IT • Transmission of results • Improved quality of database • Equity across NI 	<p>THREATS</p> <ul style="list-style-type: none"> • Level of resources to meet demand • Cross organisational barriers • Difficulty getting agreement.

Group D Management & Governance Arrangements

Current System of Management & Governance Arrangements	
<p>STRENGTHS</p> <ul style="list-style-type: none"> • Local access & responsiveness • Knowledge of system • Ease of prioritisation • Capacity to influence • Locality network • Identity & team working • Building on existing relationships • Ownership – staff sense of value • Static workforce – continuity of service retention • Involvement in local education and training • Supports Diversity • Size of the management task • Clear accountability to CEO 	<p>WEAKNESS</p> <ul style="list-style-type: none"> • Risks with increased diversity • Increasing specialisation + maintaining core services • Lack of standardisation • Vulnerable specialties – economy of scale • Costs/resources – duplication & lack • Competition for scarce staff • Fragmentation – good practice not shared • Variation in management structures • Weak user focus / partnership • Reactive – not proactive • Sustaining on call – EWTD • Sustaining education & CPD • Regional Services • Poor Communication
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Tailor Service to Need • RSS Initiative/ Costs/ tendering/ Standardisation of equipment & processes / SoPs and common policies • More flexible workforce – trained across services – sustain vulnerable – relief workers / bank • Common recruitment & selection • Technology – ICT / telecom / reporting • Professional network – pooling intelligence • Cascade training 	<p>THREATS</p> <ul style="list-style-type: none"> • Size & Power • Capacity to influence • Recruitment & Retention • Private Sector • Clinical governance requirements • High Profile events • Cohesive IT – service continuity – IT support • Vulnerable Specialties

Group E Resource utilisation

Current System – Human Resources	
<p>STRENGTHS</p> <ul style="list-style-type: none"> • Liaison with University • Co-terminus degree • Regional approach to HR issues • Highly qualified staff base • Stable workforce 	<p>WEAKNESS</p> <ul style="list-style-type: none"> • Shortage of qualified staff • CPD – Not fully resourced • Diverse approach to issues – wasteful of resources • Resources, governance and quality agenda • Robbing Peter to pay Paul
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Co-terminus degree • Skill mix <ul style="list-style-type: none"> ○ Automation ○ Advanced Practitioner ○ Protect vulnerable services • Opportunity to employ supernumerary trainees • Equity across NI 	<p>THREATS</p> <ul style="list-style-type: none"> • Co-terminus degree • Resistance from professional groups • Certain services may collapse • Lack of succession planning.

Current System – Equipment / Estate / Supplies	
<p>STRENGTHS</p> <ul style="list-style-type: none"> • Well equipped • Some standardisation • Purchasing – RSS • Improving standardisation <ul style="list-style-type: none"> • Clinical Biochemistry 	<p>WEAKNESS</p> <ul style="list-style-type: none"> • Poor access to capital • Crisis Management • Diverse Platforms • Some poor facilities • Estate does not facilitate networking / efficiency
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Automation • More efficient use of estate • More efficient use of equipment • Gold Standard facilities 	<p>THREATS</p> <ul style="list-style-type: none"> • Inefficient use of resources • “Eggs in one Basket”.

Current System – Finance	
<p>STRENGTHS</p> <ul style="list-style-type: none"> • ?????? 	<p>WEAKNESS</p> <ul style="list-style-type: none"> • Not directly interfaced to commissioners • Financial information systems are poor • Funding in wrong place • Lack of standard costing methodology
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Improved Financial Information systems • Standard costing methodology 	<p>THREATS</p> <ul style="list-style-type: none"> • Multiple systems increasing overall costs • Private Labs

Group F Clinical Service Development

It was acknowledged that key clinical developments are difficult to predict. However, the group considered that the following issues must be addressed:

- **Primary Care**
 - New GP Contract
 - Public Expectations
 - Change in who requests a test
 - Patient knowledge base – patients requesting tests
 - NICE guidelines
 - Diagnostic & Treatment Centres
 - POCT – devolution – QA - Training
 - Plurality of providers
 - Community pharmacy testing
 - Infection control
 - Screening – Chlamydia

- **Genetics**
- **Liquid Based Cytology**
- **Funding following test/patient**
- **IT**
- **UPCI**
- **Communication between labs**

- **Secondary Care**
 - Changing acute hospitals profile
 - Smaller hospital maintaining the quality of lab service provision
 - Increasing complexity / specialisation
 - Infection control
 - Cancer services
 - Cardiovascular
 - Paediatrics
 - Screening – Chlamydia
 - Day Care – TaT
 - More consultants – more testing
 - Consent

- **Populations**
 - Ageing population
 - Immune compromised patients
 - Epidemiology
 - AMRAP.

Group G Patient Focused Service Delivery

Issues, to be addressed in order to ensure more patient centred services, include:

1. Regional ICT solution including the unique patient / client identifier
2. Service Quality – CPA accreditation
3. POCT – Point of Care Testing
4. Robustness of manpower planning
5. GMS Contract
6. The need to maintain flexibility to respond to local need (this is a strength of the current system)
7. More appropriate use of the services.

Group H Networking

Networking	
<p>STRENGTHS</p> <ul style="list-style-type: none"> • Provision of services otherwise unavailable • Common financial systems (local & cross border) • Informed management debate of specialist services • Good quality service 	<p>WEAKNESS</p> <ul style="list-style-type: none"> • Potential loss of autonomy • Some more or less 'equal' partners • Potential loss of choice of analytical platforms
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • More input into a managed network • Movement of staff • Flexibility of staff • Purchase of Infrastructure • Accessibility • Regionalised Workforce planning • Secondment opportunities 	<p>THREATS</p> <ul style="list-style-type: none"> • Potential loss of input • Impact on career progression and loss of good staff • Fear of de-skilling • Fear of staff movement

Aims and Objectives of a network:

1. Coordinated approach to manpower planning (training, education and development of staff)
2. Quality of service delivery – “Tide raises all boats”
3. Standardisation of methodology and procurement
4. IT platform that works
5. Resilience of service
6. Equality of access to service for all of the population.

Group I Quality of Service Delivery / Performance Management

Current System	
<p>STRENGTHS</p> <ul style="list-style-type: none"> • Committed workforce • Rapidity of Response • High quality Service 	<p>WEAKNESS</p> <ul style="list-style-type: none"> • Staffing issues • Recruitment & Retention • Lack of co-ordinated programme of capital investment • Financial information systems are poor • Governance & accountability
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Improved co-ordinated service development • Staff Development • Co-ordinated quality management systems • Improved Financial Information systems • Standard costing methodology • Rationalisation of laboratories 	<p>THREATS</p> <ul style="list-style-type: none"> • Rationalisation • Resistance to change • Private Labs • Funding mechanism

Group J - Education, Teaching, (Undergraduate and Post Graduate)

Current System – Biomedical Scientists	
<p>STRENGTHS</p> <ul style="list-style-type: none"> • All graduate entry • Masters – career progression desirable • Bursary for placement year • Co-terminus degree • UoU 5* accreditation – use of professional lecturers (Masters also) • CPD (driver for high standards) 	<p>WEAKNESS</p> <ul style="list-style-type: none"> • 50 % wastage from degree course • Only one provider accredited • Degree spec for entry may be too prescriptive • No DHSSPS top slicing for BMS staff
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Dynamic, adapting to changing environment • Integration of teaching – academics / professionals • Increase no. of bursaries • Advanced Practitioner Grades • Agenda for Change 	<p>THREATS</p> <ul style="list-style-type: none"> • Lack of progression – static workforce • Competition from commercial employers • Republic of Ireland • Automation / De skilling

Current System – Clinical Scientists	
<p>STRENGTHS</p> <ul style="list-style-type: none"> Centrally funded training programmes 	<p>WEAKNESS</p> <ul style="list-style-type: none"> Need individual funding case to DHSSPS Small numbers Role may be unclear – under utilised Mostly self driven training Lack of clarity of MRCPATH role in ?? Lack of standard costing methodology
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> Short term contract encourages diligence High academic success rate – little wastage 	<p>THREATS</p> <ul style="list-style-type: none"> Too few in some disciplines Role poorly developed

Current System – Medical Staff	
<p>STRENGTHS</p> <ul style="list-style-type: none"> Well structured programmes Use of web-technology Robust exam structure More clinical relevance than formerly 	<p>WEAKNESS</p> <ul style="list-style-type: none"> Curriculum watered down in content Reduced practical content Pathology losing battle for curriculum time Taught too early in the course – a lot is forgotten
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> Input later in the academic course (4th or 5th yr) Encourage pathology electives Encourage pathology modules in foundation programmes Encourage pathology entry after GPT Utilise DGH consultants in clinical pathology teaching – resource needed 	<p>THREATS</p> <ul style="list-style-type: none"> Chronic poor recruitment Poor remuneration opportunities SHO/SPRs New contract squeezes teaching for consultants Crisis in academic pathology

Current System – MLA / Cytoscreeners	
<p>STRENGTHS</p> <ul style="list-style-type: none"> • Cytoscreeners – have good formal qualifications – good structure – competencies tests etc • MLAs – very valued members of lab workforce 	<p>WEAKNESS (MLA)</p> <ul style="list-style-type: none"> • No structure – retention is poor • No progression to MLSO for MLA • Lack of uniformity for MLA Job descriptions • Very poor salary – overtime essential to main income
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Development of GNVQ • Development of part-time degree course • Development of mechanism of transfer to BMS 	<p>THREATS</p> <ul style="list-style-type: none"> • Long programme for part time training • Managers reluctant to release • MLAs difficult to backfill

Priorities:

BMS –

- Expand bursary scheme
- Top sliced central funding for training (like physiotherapists)

MLA –

- Develop GNVQ

Medical –

- More curriculum time
- More time for trainers
- Central funding for PG trainees NICPMDE

Clinical Scientists -

- Define role more clearly
- Consolidate training funding
- Clarify position of MRC Path

3.2 KEY ISSUES

In the second exercise each group (A - J) was asked to identify the top priorities that they would wish to see addressed within the review. The results are summarised in the table below:

ISSUES	A	B	C	D	E	F	G	H	I	J
Need for Strong Leadership	*									
Need for Expert Facilitation (HR Issues)	*									
Need for clearly defined & costed implementation plan	*				*					
Recognition that change is a continuous process	*									
Single Management Structure		*	*		*	*			*	
Regional IT Solution including electronic ordering and transmission of results	*	*	*	*	*	*	*	*	*	
Standardisation (Methodology & Procedures)		*	*	*		*		*	*	
Regional approach to HR (ToC, Training, 24hr, Workforce Planning)		*	*	*		*	*	*	*	*
Resource Management		*	*			*				
RSS Model		*								
Regional Procurement			*						*	
Regional Service (Need for clarification of location & boundaries)				*	*					
Infrastructure development for movement of samples / specimens					*					
Improved focus on patient						*		*		
Equality of Access						*		*		
Appropriate use of service / Rationalisation						*			*	

4.0 FEEDBACK FROM INDIVIDUAL ATTENDEES

As well as obtaining feedback from group discussions the Project Team sought to elicit the views of individual attendees. To do this a questionnaire was issued. About one third of attendees completed the questionnaire. A copy of the questionnaire is included at the end of this report and the feed back from these questionnaires is summarised below:

Table 1 - Workshop Assessment Form Results

Subject	Response No. of Responses					
	6 (most positive)	5	4	3	2	1 (Least positive)
Workshop Aims	20	11	2	0	1	0
Content	12	11	6	3	1	0
Relevance	15	13	1	2	2	0
Length	15	13	3	1	0	1
Overall Assessment	16	10	4	1	0	0

General Observations/Comments:

1. "The workshop session was very productive and more time for plenary would have been useful"
2. "You cannot have enough communications"
3. "A Useful day"
4. "Excellent"
5. "Provision of the workshop discussion topics prior to the day would have been helpful"
6. "Good workshop"
7. "Poor sound quality during some talks"
8. "Afternoon workgroups could have been reduced as the feedback from the groups started to become repetitive"
9. "Group reporting became repetitive"
10. "Excellent"
11. "Excellent morning programme"
12. "Disappointed with the afternoon group session. Maybe more discipline specific groups would have been beneficial"
13. "Much better than I expected!!!"

5.0 SUMMARY

The findings of the workshop as summarised in this report have provided a valuable insight into the opinion a wide spectrum of key stakeholders in the review process.

The key priorities, which emerged from the day, included:

- The very fundamental requirement for a regional ICT solution which should include both pre and post analytical services as well as the provision of a clinical information management system and good epidemiology.
- The need for any regional strategy to be built upon a sound HR strategy, which should include manpower planning, training, and education. The strategy must also include expert facilitation/support in terms of organisational development and change management.
- The expressed desire for greater harmonisation of methodology, procedures and procurement.
- A willingness to work towards more integrated management arrangements. This should lead to better resource utilisation and would require strong leadership and a clearly defined and costed implementation plan.
- The need to ensure a more patient centred service with equality of access for the population as a whole.

Despite issuing a significant number of invitations the workshop failed to attract sufficient interest from the primary care sector. The Project Board and Team will now consider alternative ways of addressing the need for input from primary care practitioners.

ACCROYSNS AND ABBREVIATIONS USED

AMRAP	Anti-microbrial Resistance Action Plan
CEO	Chief Executive Office
CPA	Clinical Pathology Accredited
CPD	Continuous Professional Development
DHSSPS	Department of Health, Social Services and Public Safety
EWTD	European Working Time Directive
GMS	General Medical Services
HR	Human Resources
IT	Information Technology
ICT	Information and Communication Technology
R&D	Research and Development
NI	Northern Ireland
NICE	National Institute of Clinical Excellence
NIHPSS	Northern Ireland Health and Personal Social Services
QA	Quality Assurance
ROI	Republic of Ireland
RSS	Regional Supplies Service
TaT	Turn around times
UPCI	Unique Patient and Client Identification



REVIEW OF CLINICAL PATHOLOGY/LABORATORY WORKSHOP ASSESSMENT FORM

The information which you give on this form will be treated confidentially.

Thank you for completing this form.

Name: _____

Department/Trust: _____

Date of Workshop: 11th February 2004

Please complete each section by ringing the appropriate number on each graded scale.

1. **Workshop Aims**

Did you understand the aims of
the workshop?

Completely 6 5 4 3 2 1 Not at all

2. **Workshop Content**

What was the level of subject
treatment?

*Just right 6 5 4 3 2 1 Too dvanced or
elementary*

Were the subjects relevant?

Very relevant 6 5 4 3 2 1 not relevant

3. **Workshop Length**

what was your opinion of the
length of the workshop?

Just right 6 5 4 3 2 1 Too long/Too short

4. **Overall Assessment of Workshop**

Excellent 6 5 4 3 2 1 Poor

5. **General Observations/Comments**

Appendix C

List of delegates who registered to attend:

NO	NAME	ORGANISATION
1	Agnaf E L Dr	Consultant Haematologist, Ulster
2	Allen Derek Dr	Consultant Pathologist, Histopathology Lab, BCH
3	Allen Helen	BMS Manager, BLL
4	Allen Ingrid Dame Professor	Professor Emeritus of Neuropathology, Queen's University
5	Auld W Peter	Consultant Clinical Scientist, BLL, RGH
6	Barr J G Dr	Clinical Director, Royal
7	Boreland Paul Dr	Clinical Microbiologist, Antrim Hospital
8	Boyce Bridget	BMS 3, Histopathology Dept, Altnagelvin
9	Barnes Ian Dr	Modernisation Advisor, Department of Health, London and Head of Pathology Leeds Teaching Hospital
10	Cairns Brian	Biomedical Scientist, Mater
11	Campbell Etta Dr	CMO, DHSSPS
12	Carson James Dr	Pathology Dept, Antrim Hospital
13	Conlan S K Mr	MLSO 4, Regional Immunology Laboratory, RVH
14	Corey John	Senior Chief Biomedical Scientist, Sperrin Lakeland Laboratories
15	Crockard Alistair	Consultant Clinical Scientist, BLL
16	Cromie Alan Dr	Consultant Histopathologist/ Cytopathologist, United Hospitals
17	Crothers Elizabeth	Deputy Biomedical Science Service Manager, BLL Royal

18	Damani N Dr	Clinical Director, Dept of Microbiology, Craigavon
19	Darragh Paul Dr	Consultant in Public Health Medicine & Nursing, EHSSB
20	Davies E A Dr	Consultant Microbiologist, Causeway Laboratory
21	Davison Dermott	Whitehead Health Centre
22	Devaney N Dr	Medical Director, Down Lisburn Trust
23	Donnelly Patricia Dr	Divisional Director Clinical Services, Royal Group of Hospitals
24	Duly Ellie	Consultant Biochemist, Ulster Hospital
25	Farrington Chris Dr	BLL IS Manager, RVH
26	Ferguson Murry	BMS 3, Microbiology Lab, Altnagelvin
27	Funston Chris	Head BMS, Antrim Area Hospital
28	Garrett Ken	Clinical Services Manager (Pathology), Altnagelvin
29	Geddis Alison	Chief Biomedical Scientist, haematology, BCH
30	Geddis Geoff	Quality Manager, NI Blood Transfusion, BCH
31	Glover Dave	Assistant Director Contracting, CSA Regional Supplies Service
32	Glynn Gerard Dr	Consultant Microbiologist, Altnagelvin
33	Graham Colin Dr	Consultant Clinical Scientist, BCH
34	Graham Edwin	Secretary of BAHA'I council for NI
35	Graham John	Haematology Dept, CAHGT
36	Grant Oliver	Senior Biomedical Scientist, Alnagelvin
37	Haines Pat Miss	Director of Planning, BCH
38	Hamilton Colin Dr	Consultant in Public Health Medicine, WHSSB

39	Harper Carolyn Dr	Consultant in Public Health Medicine, NHSSB
40	Heaney James	Principal Biomedical Scientist, Cellular Pathology Labs, Craigavon
41	Hudson Ken	BMS 4, Causeway Lab
42	Hughes Dermot	Consultant Histopathologist, Altnagelvin Hospital
43	Hull Donald	Consultant Haematologist, Craigavon
44	Hutchinson Barbara	Senior Admin Assistant, Laboratory, Antrim Hospital
45	Ingram Brian	Head of State, Pathology Division
46	Jameson Ella	Project Manager, Laboratories, Information System
47	Jamison Jacqueline	Head Biomedical Scientist, Antrim Hospital
48	Kearney Patricia Dr	Consultant Microbiologist, United HSS Trust
49	Kennedy Bertie	Assistant Director, DHSSPS
50	Kennedy Geoff	BMS Grade3, Antrim Area Hospital
51	Kenny Brian Dr	Consultant Histopathologist/ Cytopathologist, United Hospitals
52	Kincaid Billy	Head BMS, Biochemistry Lab, Antrim
53	Kyle Anne Dr	Consultant Haematologist, Antrim
54	Laverty Charles	BMS 3, Antrim Hospital
55	Lynch Mark Dr	Consultant Clinical Chemist, Altnagelvin
56	MacDonnell Stuart	Chief Executive, NHSSB
57	Madden Marie Dr	Consultant Histo/cyto Pathologist, Altnagelvin
58	Madden Patricia	Laboratory Manager, NI Blood

		Transfusion Service
59	Magee Brian	Pathology Services Manager, Craigavon Trust
60	Mairs Adrian Dr	Consultant in Public Health, NHSSB
61	McCallum John	Microbiology, Craigavon
62	McCann Andrew	Biochemistry Dept, CAHGT
63	McCarthy Miriam Dr	SMO, DHSSPS
64	McClelland W M Dr	Chief Executive/ Medical Director, NI Blood Transfusion Service BCH
65	McClintock John	Laboratory Services Manager, Ulster Hospital
66	McColgan Peter	Purchasing and Supply Manager CSA Regional Supplies Services
67	McCracken Rachel	Chief Biomedical Scientist, Craigavon
68	McDonald Wilbur	Biomedical Services Manager, Haematology Dept BLL
69	McFarland Tom	Principal BMS, Haematology/ Blood Transfusion, Craigavon
70	McGibbon Diane Dr	Consultant Cytopathologist, BCH
71	McGowan Noel	BMS 3, Clinical Chemistry, Altnagelvin
72	McIlwaine Geraldine	BMS 3, Haematology Dept, Altnagelvin
73	McKeever Paul	Chief Biomedical Scientist, Craigavon
74	McKenna Seamus	Laboratory Business Manager, Antrim Hospital
75	McLaughlin Tom	Biomedical Service Manager, RVH
76	McLuckie John	BMS & Amicus Rep, BCH
77	McNair Gordon	Head BMS, Histopathology lab, Antrim Hospital
78	Melaugh Tom	Director of Clinical Support

		Services, Altnagelvin
79	Morris Kieran Dr	Consultant in Tranfusion, NI Blood Transfusion Service
80	Morton Tom	Laboratory Service Manager, Greenpark
81	Naughton Patrick J Dr	Course Director, School of Biomedical Sciences UOU
82	Nolan Lawrence	Deputy BMS Manager, BCH
83	O'Doherty Michael	Finance Manager, BLL, Royal
84	O'Hagan Myles	Purchasing Manager, CSA, Gransha Hospital
85	O'Kane Maurice Dr	Clinical Chemistry Laboratory, Altnagelvin
86	O'Rourke Declan Dr	Consultant Pathologist & Honorary Clinical Lecturer, BCH
87	Owens Bernie	Divisional Manager, Clinical Services, Royal Group of Hospitals
88	Ozo Emeka Dr	Consultant Histopathologist/Cytopathologist – Clinical Director, United Hospitals
99	Pearson Norman	Principal Biomedical Scientist, Craigavon Area Hospital
90	Pinkerson Winston	Deputy Biomedical Service Manager, Cytology Lab, BCH
91	Porter John	Microbiology, Craigavon
92	Quinn Richard	Chief Biomedical Scientist, Sperrin Lakeland Laboratory's
93	Ritchie Ivan	HR & Corporate Services Manager, NI Blood Transfusion Service
94	Roberts Geraldine	Consultant Clinical Scientist, RVH
95	Ryan Michael	Consultant Chemical Pathologist, Antrim Area Hospital
96	Savage Geraldine	Grade3 Biomedical Scientist Haematology Dept BLL

97	Savage Sally	Grade 2, Biomedical Scientist, Haematology Dept, BLL
98	Sharpe Peter Dr	Consultant Chemical Pathologist, Craigavon
99	Sheridan Brian	Consultant Biochemist, Regional Endocrine Lab, RVH
100	Simpson Martyn	BMS Manager, Microbiology, BLL, Royal
101	Skelly Louise	Project Manager, Pathology Review DHSSPS
102	Spence Barry	Head Biomedical Scientist, Ulster Hospital
103	Spence Maureen	Blood Transfusion, Antrim Hospital
104	Stoker Kevin V	BMS & Haematology, Antrim
105	Sullivan Dean	Director of Secondary Care, DHSSPS
106	Thompson David	Chief Biomedical Scientist, Craigavon
107	Trimble Elizabeth	Queens University
108	Tucher Lawrence	Acting BMS, Mater Hospital
109	Walker Herbie	Biomedical Scientist Microbiology Dept, Causeway
110	Walsh Y Maureen Dr	Consultant Pathologist, RVH
111	Watson John Professor	Director of Public Health, NHSSB
112	Webb Brian	Micro Lab, NIBTS
113	Webb C H Dr	Head of Microbiology BLL, Royal
114	Wyatt Tim Dr	Consultant Microbiologist, Mater
115	Young I S Professor	Consultant Chemical Pathologist, Royal