Greater Manchester Pathology Network – Network Advisory Group – Meeting Notes/Report

GM LIMS Project Board
Room2, Wrightington Conference Centre, Wrightington Hospital, Hall Lane, Appley Bridge, Wigan, WN6 9EP
Tuesday 20th October 2009 11:00am-1:00pm

In attendance			Apologies	
Andrew Foster	AF	WWL NHS Foundation Trust (CHAIR)	Ken Brennan	Stockport NHS Foundation Trust
Neil Jenkinson	NJ	GMPN	Howard Gray	NHS Stockport
Laura Kidd	LK	GMPN	Andrew Harrison	NHS Bury
Rachel Pearson	RP	GMPN	Gary Raphael	Bolton Hospitals NHS Trust
Jeff Seneviratne	JS	GMPN	Steve Downing	GMPCTs
David Slater	DS	GMPN		

Discussion Points

- **Welcome and Introductions –** AF welcomed everyone to the first GM LIMS project Board meeting.
- **Background and Context –** JS explained that the Network had engaged with Peter Walsh (PW) of the GM ICT Programme Board and low key discussions had taken place regarding the replacement of pathology IT systems. PW had been informed that NHS Wales were looking to procure a single LIMS system.
- Greater Manchester has legacy systems which are not compatible with Connecting for Health. Initially 3 years ago when the Network began options were looked into regarding the systems, one option was to pool all pathology data into a data warehouse. The Network encountered information governance issues and the idea was shelved. The introduction and success of PACS has shown it could be a possibility again due to better understanding of information governance.
- AF enquired how the Network intended to get around the information governance issues that halted the project 3 years ago. JS explained that PACS got around the information governance issues by organisations taking responsibility rather than individuals. JS also pointed out that due to the change in climate and the current 20:20 work there is a move to more collaborative working and the need to pool data and information share.
- JS explained that the perceived benefits are improved quality and communication not necessarily cost savings. JS pointed out that NHS Wales has concluded that the procurement of a single LIMS system will not lead to cost savings for their Trusts but it is too early to say whether the same will apply to GM. The biggest benefit of the system would be to patients diagnosed in one Trust and then referred to another. GPs would be included and also tertiary care. Results being widely available would stop duplicate testing and potentially this would result in cost savings.
- **Overview of current Pathology IT –** DS gave a brief overview of the current IT systems throughout the Greater Manchester region. Please see attached paper.
- AF enquired if the general consensus would be lack of confidence in the current system or would people be keen to keep the current system and be resistant to change? DS did not anticipate any real resistance. RP explained that labs feel it is not the best system and it could be better but that there is currently nothing better out there to replace it. JS commented that labs may feel a loss of control and worry regarding the closure of labs. They could see the pooling of data as the first step to closing labs.
- The group agreed that currently labs have their own individual set up regarding processing work and that for a single LIMS system to be successful a standard processing system will need to be agreed and implemented.
- DS explained that Pennine is a successful mini version of this, (4 Trusts into 1) and lessons learned can be used.
- **Project Structure and Terms of Reference -**
- Project Board TOR – AF commented that the draft TOR is silent on the issues of money and timing. There is no mention of a completion date or budget. NJ explained that the business case will be completed by the end of this financial year and that the figure of £40k has been made available to fund the business case. AF felt it was worth mentioning the 2 parameters discussed. JS commented that genetics needs to be recognised as a sub specialism. Although it is not part of the pathology laboratory remit it needs to be included due to screening work carried out. AF stated that it needs to be presumed everything is included unless there is a good reason for it not to be. The group agreed that POCT would also be included but not as a discipline. The group agreed that Steve Downing should be included in the membership as the representative for the Association of Greater Manchester PCTs. The group agreed that a vice chair could not be elected today as there was not enough members present. AF enquired if the post of Chair should also be voted on but the members of the Network commented that as AF has already been elected by the other Acute Chief Executives to represent them on the Network Board and Network Strategy Group it seemed unnecessary. The group agreed to elect a vice chair at the next meeting. AF suggested that following the same route of election as his would it not be best for the PCT Director of Commissioning to be elected vice chair as that position represents Mike Burrows (Chief Executive of Salford PCT) and he like AF has also been nominated by his colleagues to represent the views of the PCT Chief Executives. The group agreed with this.

- The group agreed that with HG as a member of the GM ICT Programme Board and KB as the Acute Trust Director of Informatics at Stockport NHS Foundation Trust the Project Board would have the expertise needed regarding information governance.
- AF asked to be named as a member of the Project Board in the TOR to avoid any confusion.
- Project Team TOR – DS explained that the Project team consists of a good mix of people and that due to expertise some people will have a dual role. There are 18 members in total covering all lab disciplines, clinical, managerial and lab IT staff. The group agreed with this and decided that in the absence of the Project Manager the Assistant Project manager will chair meetings. DS commented that he had approached a select few from the list and the immediate reaction has been yes and very positive. The group discussed whether the route of the Network choosing membership of the project team is acceptable and it was agreed that the Network should choose the core team and ask at the NAG meetings if anyone else would like to be involved. No one will be excluded. DS agreed to contact the potential members now officially ask them to join. If there is anyone who cannot commit the time then a suitable alternative will be approached.
- NJ suggested inviting Toni Mathie and Janet Ratcliffe as directors of the cancer and cardiac networks to take part in this project. The group agreed to notify all other networks and ask if they wish to nominate a representative. If not agree to include in the distribution list for info and send minutes of the meeting.
- The group agreed to find a suitable member of the project team to provide expertise on information governance.
- **Financial information to support the business case** – DS asked for this to be an agenda item as the Board need to know about the potential difficulties in getting each Trust to release information on funds currently being spent on IT systems in Pathology. The group agreed to make sure that each Trust is aware that the information given will be Private and Confidential to only 2 – 3 people. JS enquired if there is any argument for this information being Private and Confidential and AF confirmed that it is not. AF suggested for the moment to presume the information will be given willingly if not then it will be escalated as necessary. The group agreed to give the collation of this information to the project team members as a piece of work in the first instance and ask members to return to their Trust and source the information. The group confirmed that staff resources needs to be included in the figures for IT spending within pathology.
- **Project timescales** – NJ explained that the business case is due for completion by the end of this financial year. DS stressed he hoped for completion by the end of February 2010. Then the case would go before this Board and then the GM Pathology Network Board and GM ICT Programme Board. At that point if supported by both Boards total support would be sought by all Trusts. Once support has been established the project will move to the next level specification. DS stressed that he has the NHS Wales specification which gives us a head start. Finally once the specification is agreed and complete we would go out to Tender. AF commented that potential implementation then towards the end of 2010. The group discussed the option of procuring through OJEU or Connecting for Health. AF has already taken a paper to the Acute CEs and agreed to report into them at relevant points.
- **Project finances** – AF asked if the Network had a rough total figure to hand. DS confirmed they do not. AF suggested that once an idea of costs is becoming clearer it would be a good idea to begin to warm Trusts up. For example if it looks to be £50k per annum per Trust then those funds will need to be earmarked early on and explained that the revenue would have been spent on IT anyway. AF enquired where the £40K funding for the business case had come from. NJ confirmed that the GM ICT Programme Board had given the funds.
- **Project resources –** DS had asked for this to be a standard agenda item to give the heads up that laboratory resources could be an issue during the project, as has been the case with other Network IT projects.
- **Issues & Risks –** DS explained that these agenda items are standard Prince 2 and that as Project Manager DS will automatically set up both an Issues log and a Risk log. The group agreed that already today 3 risks had been identified
- Information Governance
- Cultural resistance to change
- The need to communicate to the relevant organisations at relevant times
- The group agreed that it could be 2 years before implementation and DS suggested that implementation should be done on a stage by stage basis Trust to Trust. The group also contemplated the huge issue of data migration.
- AF commented that this project connects well with both Lab2Lab and the 20:20 work specifically item 3 of the 20:20 vision "Sustain on-site presence of necessary personnel and services in each Trust " and reiterated that this was in no way an indication to close laboratories.
- DS commented that Pennine is a good example of how this could work. There has been no loss of jobs to redeployment of staff as appropriate.
- **Any Other Business –**
- JS introduced the group to a document called "Integrating for Quality – an informatics strategy for laboratory medicine" by the Pathology Futures Group. Although this informatics strategy is not an official DH consultation document. JS explained that this is patient centred and that we need to stress the benefits this project will give to patients as well as labs. JS agreed to circulate the document.

Actions

- RP to include budget and completion date in the Project Board TOR
- DS to contact potential members of the Project Team and officially invite them to join.
- All NAG groups to be asked for volunteers for the Project Team
- All networks to be invited and representation sought otherwise inclusion on the distribution list and circulation of minutes
- RP to include AF by name as a member of the Board in the TOR
- JS to circulate the "Integration for Quality" document

Recommendations to the Greater Manchester Pathology Network Board (if any)

Date and Time of Next Meeting

- **Tuesday 15th December 2009, 12pm -2pm**, One Central Park, Northampton Road, Newton Heath, Manchester, M40 5BP **– NB A working lunch will be provided from 11.45am**