

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

**GM LIMS Project Board
G54, One Central Park, Northampton Road, Newton Heath
Manchester, M40 5BP
Tuesday 23rd February 2010 2:00pm-3:00pm**

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

Discussion Points

- **Welcome and Introductions** – AF welcomed everyone and the members introduced themselves.
- **Apologies** – Please see above
- **Strategic Outline Document** – DS explained that the 20:20 Emerging Vision Strategic Outline Case circulated prior to the meeting needs to be read in conjunction with the GM LIMS Strategic Outline Case. JS pointed out to members that the 20:20 Emerging Vision Strategic Outline Case is currently confidential and asked that the document remains within this group.
- DS went through the GM LIMS SOC to the members section by section briefly summarising the content and explaining in some cases the context.
- JS asked for the reference to publishing IT support costs to be removed from section 9.1. DS explained that the figure quoted for the current combined support costs for all laboratories was determined by the financial information supplied by the Trusts which responded, approx half of them. HG asked if the Trusts which have responded are a mix of smaller and larger Trusts, enabling the quoted figure to be a fair and accurate one. DS confirmed that the responses ranged from Trafford to Pennine.
- DS said that the pathology IT supplier mentioned in section 9.2 is Clinisys. HG enquired what the quote of £500,000 per Trust actually includes. Does it include the interfaces needed for the other systems to be included such as PAS, GP Ward Order Comms, GP Order Comms etc? DS agreed to clarify what is included.
- DS mentioned to the members that according to NHS Wales' website they are showing a total figure of £7,285,000 to procure a single all Wales system. The group estimated that there are approx 15 labs throughout Wales. A conference call is to be arranged with Simon Gillings (SG) of Informing Healthcare, NHS Wales to discuss the tender process and glean any other pertinent information regarding the procurement of a single LIMS system.
- AF suggested a pre-tender exercise producing a basic specification and asking interested suppliers to give an indication of potential costs based upon our requirements. JS commented that NHS Wales have chosen their preferred provider but that the information is currently confidential.
- AF commented that section 9.3 Cost releasing savings analysis is probably the most important of all the sections within the document and will be the hardest in which to quantify actual figures. DS enquired where GM stands financially with the funding of the present quoted figure of £5,000,000. After discussions the group agreed that the figure quoted needs to be as robust as possible and the group discussed the understanding that some of the benefits of the single system will be non-financial. The group also agreed that the financial savings to be achieved by the 20:20 Emerging Vision project could be taken into consideration with the GM LIMS project.
- DS quoted an implementation timetable of 5 years based upon experience at Pennine where 4 systems were transferred to 1, taking 2 and a half years. DS feels 5 years is a tight timescale but achievable. AF commented that 5 years is too long as this project is running in conjunction with the possible redesign of pathology services across GM. The timescale needs to be 3 years so that it fits with the pace of the adjacent project.
- DS enquired if the group in general is happy with the structure of the document. This was agreed and AF commented that it was very well structured with correct headings but the figures and cost releasing analysis now need to be concentrated upon.
- The group returned to the potential cost savings associated with the reduction in duplicate testing. NJ enquired if there is benchmarking data available regarding this. HG confirmed that there will be but if possible the use of data from Pennine would be better than theoretical data. DS referred to the situation experienced at The Christie as patients are referred from several Trusts and a lot of man hours are utilised by admin staff locating patient records all of which would be eliminated by the introduction of a single system across GM thus producing a cost saving and an improvement in quality for patients.
- HG enquired if it is true to say that without the procurement and implementation of a single IT system there will be no service redesign project and vice versa. JS commented that it will be very difficult to redesign services without a single IT

system but that implementation of a single IT system need not mandate the redesign of services. All labs across GM could be set up individually on the single IT system and share information.

- NJ enquired if anything could have been missed from the list of current running and support costs. It was agreed that DS would revisit the data to double check and provide a breakdown listing what the costs comprise.
- It was agreed that with the amendments discussed the document would be ready for review again at the end of March and it was agreed that a meeting would take place at 1pm on Friday 26th March 2010 at One Central Park prior to the GM Pathology Strategy Group meeting.
- **Project Team Report** – DS explained that the last 2 team meetings have been cancelled due to the development of the Strategic Outline Case. AF suggested that if the project team consists of people well equipped to estimate the costs of the project their knowledge should be utilised.
- The group agreed that the GM LIMS project should be added to the agenda for discussion at the next PAG 5 IM&T meeting taking place on Monday 8th March 2010.
- **Financial Information to support the Business Case** – AF felt this had been covered under the previous section “Strategic Outline Document.”
- **Project Timescales** – AF commented that the project completion deadline had now been defined during discussion about the “Strategic Outline Document.”
- **Issues** – DS explained that one of his actions from the previous meeting had been to collate an Issues Log and a Risk Register. Both have now been produced.
- **Risks** – DS explained that a risk register is now ongoing and some of the risks included are:-
 - Cost of the project being prohibitive
 - Individual Trust PAS numbers conflicting
 - The GM Trusts may not sign up to the project
 - Data migration of all Trusts onto one system – very time consuming
- JS commented that the risk of the GM Trusts not signing up to the project becomes part of the wider project regarding the redesign of the pathology services across GM.
- AF reiterated the issues of information governance mentioned at the last meeting and asked for this to be included on the risk register.
- AF stressed that we cannot be certain of costs and benefits at this stage. The risks surrounding implementation were discussed and the potential for only some of the GM Trusts to buy into the project. It was suggested that DS could design a specification that could operate on a sector basis so that if the redesign of pathology services goes ahead each sector can go ahead with the LIMS system as and when they are ready. JS agreed that the specification could be designed so that smaller numbers can sign up and the project could still go ahead. This led the group to discuss the possibility of the specification allowing for expansion so that more organisations could join in, potentially leading to the inclusion of Cumbria & Lancs. and Cheshire & Merseyside and the beginning of a North West single LIMS system. AF enquired if it is at all possible to perhaps tack onto the system being procured currently by NHS Wales. This would mean that NHS Wales have done all the leg work for us and we could simply be added onto their system. JS raised concerns as NHS Wales is not part of the English Healthcare System and mentioned issues around standardisation e.g. names for tests and reference ranges but the group agreed to test the feasibility of this idea during an imminent conference call with SG of NHS Wales.
- **Any Other Business** –
- **GM ICT Programme Board** - HG mentioned that the GM ICT Programme Board will be requiring a GM Pathology Network representative to give a presentation regarding the 2 projects they are currently funding (GM LIMS Business Case, and Lab2Lab) and GP Order Comms, at the next meeting taking place on Monday 8th March 2010 at 1.30pm at Regent House in Stockport. HG explained that the GM ICT funds have reduced significantly and the Board requires an update on the projects. The presentation will be critical to the continued support of the GM ICT Programme Board.

Actions

- DS to remove the reference to publishing IT support costs to be removed from section 9.1
- DS to clarify what is included in the quotation from Clinisys
- JS to arrange conference call with Simon Gillings of Informing Healthcare, NHS Wales
- DS to produce pre tender specification
- DS to revisit data and double check figures
- LK to organise meeting Friday 26th March 2010, 1pm – 2pm at One Central Park
- LK to include GM LIMS on the PAG 5 IM&T agenda for 8th March 2010
- DS to include information governance on the risk register
- GM Pathology Network to attend and present to the GM ICT Programme Board on 8th March 2010

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

Date and Time of Next Meeting

- Friday 26th March 2010, 1pm – 2pm, One Central Park, Northampton Road, Newton Heath, Manchester, M40 5BP