

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

GM LIMS Project Board
John Bray Suite, Holiday Inn, 888 Oldham Road, Newton Heath
Manchester, M40 2BS
Friday 26th March 2010 1:00pm-2:00pm

In attendance			Apologies	
Ken Brennan	KB	Stockport NHS Foundation Trust	Steve Downing	GMPCTs
Andrew Foster	AF	WWL NHS Foundation Trust (CHAIR)	Andrew Harrison	NHS Bury
Howard Gray	HG	NHS Stockport	Gina Lawrence	NHS Trafford
Neil Jenkinson	NJ	GMPN		
Laura Kidd	LK	GMPN		
Rachel Pearson	RP	GMPN		
Gray Raphael	GR	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 following comments regarding cost information at the last meeting a system requirement document was sent to both Clinisys and iSoft to gain comparable cost information for use within the SOC. DS also explained that the system requirement document is listed in section 9.3.2 and that all the costs quoted within the document relate to Clinisys. This is due to Clinisys being the only supplier linked with Connecting for Health and they are also the most expensive quote so far. The quote totals £8.5 million with an annual maintenance cost of £1.5 million. DS confirmed the iSoft quote is £3.5 million but as there is such a huge difference further clarification needs to be sought regarding what is included within this. KB enquired about the licensing costs to determine if this is a big factor with cost. The SOC suggests that up to 30,000 external users may use this system and the licensing costs could influence the way the system is used. The group asked for clarification regarding the quoted figure of 30,000 as they felt it was too high. DS confirmed that the quote does not break this down so DS will clarify. DS pointed out to the group that the total payable to Clinisys for the system is not payable at once and that there is a 4 year payment schedule included within the document in section 9.5. DS commented that the document is deficient in regard to information on cost releasing savings and this investigation is still ongoing. DS pointed out that the cost releasing savings are partly dependent upon the outcome of the reconfiguration of pathology services across GM, for example if the number of laboratories is reduced. DS informed the members that the introduction of a single system rather than 10 will realise a savings many of which need to be quantified. DS welcomed comments from the group on the current SOC.
- AF commented that it all boils down to cost and currently we have 2 widely different quotes and this needs to be explored thoroughly. AF enquired if we know the cost of the all Wales system. DS and JS confirmed the Wales system is quoted on their website as costing £7.25 million; Wales have more laboratories than GM. DS commented that during a conference call with Wales it was suggested that the figure is actually higher but they would not specify. GR commented that there is a need for 2 cost estimates the first showing immediate cost savings and release as this will justify the investment in the LIMS system and a second to show the impact on the rationalisation of pathology services and the longer term cost savings and benefits. The group discussed the first element to be pursued which is cost avoidance and the need to determine the costs involved if all 10 Trusts had to procure a new individual LIMS system. DS asked for confirmation that according to procurement rules the current systems in use should have already been replaced and the potential risks this poses.
- DS enquired about the potential for any central funding either from the DH or regional? It seems unlikely as due to the current financial climate this project will be hard to sell as a stand alone project it is much more likely to be considered as part of the 20:20 Emerging Vision Project. JS explained about the Pathology Futures Group lead by Gifford Batstone (CFH National Clinical Lead for Pathology) of which JS is a member. The aim of the group is develop a national informatics strategy for pathology and JS explained that the group maybe able to help although the meetings finish in the summer and currently JS is unsure where the group will lead. The group agreed that the best argument for the procurement to go ahead is the reconfiguration of GM pathology services as this could potentially achieve a saving of £25 million and will need an integrated IT solution. GR offered to work with DS to fine tune the financial perspective and make sure all the corners are covered. The group also agreed we either try to do this first cheap and quickly or we do it in conjunction and alongside the reconfiguration. AF commented that this document is moving all the time and suggested a shorter more headline document that looks at the quote differences and picks out key arguments and benefits as in a healthy economic climate the project would justify itself but the same cannot be said in the current climate. AF mentioned that surely a key benefit is the avoidance of unnecessary duplicate testing and the costs released from reducing activity. AF summarised that this

document is part finished with areas to refine, clarification is needed regarding the iSoft quote, information about the all Wales system or similar project and financial input from GR. It was agreed to choose the big ticket items from the benefits and produce a 1 page summary to be presented to the GM Pathology Network Board 14th April 2010 and to the CEs on 16th April 2010. The group asked if training was included in the Clinisys cost and although DS explained that professional services were included and costs for 2 staff he agreed to confirm with Clinisys.

- AF asked members present to feedback any comments to DS. AF enquired as to why only Clinisys and iSoft had been approached for costs and DS explained that this exercise was purely to gain initial costings and that Clinisys up until 2 years ago were winning most contracts associated with laboratory IT systems and that iSoft were on the final list of suppliers for the all Wales contract. DS went on to explain that at tender stage this would be put out more widely to suppliers but Clinisys and iSoft are the current pathology suppliers. Clinisys as the more expensive represented the worst case scenario and iSoft have not presented a comprehensive official document.
- **Project Timescales** – AF commented that the timescale quoted for the project is too slow. DS explained he had taken the timelines from the Clinisys document which quotes an overall time of 52 months for completion. DS felt that there would be the opportunity to tighten up the timescale on the 24 months allowed for roll out. DS also explained that the timelines work in conjunction with the Clinisys payment milestones. KB stressed the longest time could be taken up with data migration. AF asked if Wales are likely to share their specification with us. DS and JS felt this is a possibility and confirmed the Welsh project will take 2 – 2.5 years max. AF asked for a shorter timescale.
- **Issues** – The group felt that the issues and risks had been covered under general conversation.
- **Risks** – The group discussed the current situation with the increasing support needed for the aging Telepath systems. DS enquired what the risks are and the members confirmed that potentially the systems will just grind to a halt. The group agreed the need to determine if there is a need to replace the 10 current systems within the next 5 years. DS asked if the age and condition of the current systems would prove to be an issue to accreditation bodies and if within each organisation there is an assessment regarding Information systems? The group were unsure. Members agreed that in an ideal world more time would be given to this but whilst a system maybe old as long as it is operational it will be left.
- DS explained that if results are put on SPINE then there will be issues around standardisation as ref units and ranges will differ and GPs will not know this potentially this creates a clinical risk to patients.
- **Any Other Business** – There was no other business.

Actions

- DS to clarify iSoft quotation.
- DS to clarify the break down of costs regarding licensing and number of external users within Clinisys quotation.
- Members to email DS with comments.
- GR to work with DS re financial aspect.
- DS to clarify the inclusion of training costs within the Clinisys quotation.
- DS to produce a one page summary for presentation to the GM Pathology Network Board and the CEs in April 2010.

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

Date and Time of Next Meeting

- It was agreed to wait until the summary has been presented to the CE's 16/04/10 before any more meeting dates are scheduled.