

## Greater Manchester Pathology Network – Meeting Notes/Report

LAB 2 LAB Project Board Meeting  
Monday 19<sup>th</sup> January 2009 9.30am-11.30am  
Pathology Seminar Room, Royal Oldham Hospital, Rochdale Rd, Oldham OL1 2JH

In attendance		Apologies		
Philip Bell	PB	Salford Royal NHS Foundation Trust	Keith Hyde	CMMC NHS Trust/ GM Pathology Network
Alan Blackley	AB	HPA NW	Owen Johnson	X Lab Systems
John Doyle	JD	The Health Informatics Service	Peter Walsh	GM ICT Project Board
Neil Jenkinson	NJ	GM Pathology Network	Allan Wilcox	Wrightington, Wigan and Leigh NHS Trust
Drew Morgan	DM	X Lab Systems		
Rachel Pearson	RP	GM Pathology Network		
Jeff Seneviratne	JS	GM Pathology Network		
David Slater	DS	Project Manager		

### Discussion Points

- JS welcomed all members and introduced Alan Blackley, Lab IT manager for MMMP, who has been working with iSoft on the specification, particularly as related to Microbiology.
- **Minutes of the meeting held on 24<sup>th</sup> November 2008** - accepted as a correct record
- **Matters Arising** – DS reported that baseline data has now been received from all labs, which shows over 45000 referred biochemistry tests in GM per year and over 78000 referred immunology tests in GM per year.
- **Work package, specifications and quotations** – DS gave updates as follows:
- **iSOFT** – DS reported that there have been 2 meetings with iSOFT since the last Project Board – one on the work package document, which has now been circulated and one on the specification document, the notes of which have been circulated.
- At the iSOFT specification meeting it was agreed that the NHS number should be the primary identifier. Whilst the lab number/case number could be an additional field it was recognised that there may be duplication of these numbers across different Trusts. DS recognised that an NHS number is not always available and agreed to investigate the level of NHS number usage in GM labs. DS also explained that DOB, Sex and Forename would also be used as matching criteria. PB highlighted a forthcoming requirement for the NHS number to be a searchable item on all clinical systems and JS explained that the NHS number will start to become part of the lab record with increased electronic requesting from GPs and links to PAS.
- For biochemistry, haematology and immunology there are no problems with the iSOFT specification. The interface can cope with reflex orders – an order would not be created in the originating lab system, but results can be received.
- For microbiology and histopathology results will be sent back as a block of text. However as the interface is not yet written, iSOFT have indicated some flexibility and DM explained that X-Lab is capable of extracting data from a block of text. AB suggested it would be beneficial to seek the views of Microbiologists to understand their requirements and preferences around reporting. It was agreed to take this to the next Microbiology NAG meeting on 12<sup>th</sup> March 09. DS explained that investigation was underway to understand how results display when transmitted by sending test PMEP files from MMMP to Trafford as the Pathology IT Manager at Trafford (Dave Johnson) had a microbiology background.
- DS raised a further issue for Microbiology – that all work from the Christie is referred out, and is booked into the PAS system (Medway) rather than the LIMS (Technidata)
- DS explained that Paul Irving (iSOFT) is currently writing the interface and that it should be possible to do some work on functionality ahead of the Microbiology NAG meeting in March 09.
- JS reported that Paul Bishop had expressed concern with the statement of p8 of the iSOFT Work package document: 'Provision of LabLab Link Facilities in Blood Transfusion and Cellular Pathology would be subject to further commercial arrangements'. Whilst referred histopathology work is low volume and complex, the text based reporting should be no different in principle to microbiology. DS agreed to discuss with John Caffrey (iSOFT L2L Project Manager).
- Following the meeting with iSOFT on the specification document, iSOFT agreed to make some amendments and a copy of the revised specification is awaited.
- AB explained that manual intervention is required for order cancellations/amended results. PB felt it was right that updates cannot be made by an external system. JS recognised that is analogous to the situation with the PAS link – if a wrong result gets reported into the EPR this is a clinical incident that must be reported. DM explained that X-Lab keeps a history of all results.
- **Clinisys** – DS reported that he has received a second quotation from Clinisys for Orders in and Results out only. He explained that Clinisys have not changed their pricing structure and are still insisting on the CDM software, which would need to be hosted on a server somewhere within Greater Manchester. DS felt it unlikely that any Trust would be willing to do this given the extra work and costs around maintenance and opening the firewall. DM reported that he has asked colleagues at The Health Informatics Service (THIS – hosting X-Lab infrastructure) if they could host the CDM server.

Whilst this may be an option, the Project Board were in agreement that they did not want to include the CDM software in the project.

- DS explained that he had discussed the issues with Clinisys costs with the lab managers at Bolton, Wigan and Pennine. They agreed that it was sensible to get Lab2Lab working with iSOFT first, but recognised the implications on project finances. DS suggested that the funding for the Clinisys element of the project could be transferred to one of the Trusts with a Clinisys LIMS to be carried forward into the next financial year. NJ agreed to discuss options for carrying the money forward with both Salford and Manchester PCTs.
- NJ had drafted a letter to Clinisys but this has not yet been sent and asked whether any pressure could be placed on Clinisys via NPFIT. DS suggested that the currently awaited outcome of the Hampshire and Isle of Wight Lab2Lab tender may encourage Clinisys to reconsider their position.
- The project board were in agreement that Clinisys should be excluded from the first phase of the project, which would focus on Lab2Lab with iSOFT. NJ agreed to write to Clinisys to inform them of this decision.
- **Technidata** – DS reported that he now has the contact details for Technidata but has not yet made contact. He explained that there would potentially be two interfaces required for Christie – into the PAS for microbiology and into the LIMS for the other disciplines. DS agreed to discuss options with IT staff at Christie.
- **Pilot sites** – DS explained that the pilot sites (Stockport, Trafford, MMMP and the 2 immunology labs) need to be aware that iSOFT testing will be commencing soon and to understand the resource implications of this. DS reported that Steven McCann has been given responsibility for the project at Stockport.
- **Data sharing agreements** – DS explained that these would be required between each of the Trusts and that he has a proforma to be circulated.
- **Project finances** – DS explained that these are currently held by Salford PCT. A payment schedule for iSOFT is included in the work package document. This states that there should be a 50% payment on delivery and a 50% payment on go-live. iSOFT labs should have recharged Salford PCT for this money.
- DM explained that the X-Lab payment schedule is detailed in the contract
- The Project Board were in agreement that the best solution would be for Salford PCT to carry the money forward into the next financial year. NJ explained that there may be a difficulty with this as it is capital money, but agreed to explore options with both Salford and Manchester PCTs. It was also agreed to write to lab managers at Christie and those Trusts with a Clinisys LIMS about taking those elements of the funding to carry forward into the next financial year.
- **Issues/Risks** – DS recognised the need to update the risk log following the iSOFT specification meeting. All other issues/risks have been discussed.
- DS reported that a decision has now been made on the supplier for the HMD IT System (Slidepath). A project initiation meeting is to be arranged and how the HMD IT System will link into Lab2Lab will be discussed there.
- PB highlighted that SRFT are upgrading their Telepath hardware and software this year and the project will need to take this into consideration.
- **Any Other Business** –JD reported that the hardware has been ordered for the X-Lab infrastructure and that there is a back-up infrastructure in place. DM explained that the X-Lab servers are now ready in will be on N3 by Feb 09.
- NJ explained that he felt some minor amendments needed to be made to the X-Lab contract and that it now needed to be viewed by the contracting team at Salford PCT. NJ agreed to send his comments on the contract to DM.

#### Actions

- DS to investigate the level of NHS number usage in GM labs
- JS/DS/AB to attend next Microbiology NAG meeting on 12<sup>th</sup> March 2009
- DS to discuss inclusion of histopathology with John Caffrey
- NJ to discuss options for carrying money forward with both Salford and Manchester PCTs – also to write to lab managers at Christie and those Trusts with a Clinisys LIMS about taking those elements of the funding to carry forward into the next financial year
- NJ to write to Clinisys
- DS to make contact with Technidata
- DS to discuss options for L2L with IT colleagues at Christie.
- DS to circulate data sharing agreement proforma
- NJ to send comments on X-Lab contract to DM

#### Recommendations to Pathology Network Board

- None

#### Date and Time of Next Meeting

Monday 2<sup>nd</sup> March 2009, 9.30am-11.30am, One Central Park, Northampton Road, Manchester, M40 5BP