

Greater Manchester Pathology Network – Meeting Notes/Report

LAB 2 LAB Project Board Meeting
Monday 28th June 2010, 09.30am-11.30am
Manchester Suite, Holiday Inn Manchester Central Park, 888 Oldham Road, Manchester, M40 2BS

| In attendance | | | Apologies | |
|------------------|----|--|----------------|------------------------------------|
| Owen Johnson | OJ | GM Pathology Network | Philip Bell | Salford Royal NHS Foundation Trust |
| Laura Kidd | LK | X Lab Systems | Chris Dunne | THIS |
| Geoff Lavelle | GL | Tameside Hospitals NHS Foundation Trust | Howard Gray | NHS Stockport |
| Drew Morgan | DM | X Lab Systems | Keith Hyde | GM Pathology Network |
| Rachel Pearson | RP | GM Pathology Network | Neil Jenkinson | GM Pathology Network |
| Greg Rayner | GR | Salford Royal NHS Foundation Trust (dep for Phil Bell) | Dave Money | Assistant Project Manager |
| David Slater | DS | Project Manager | | |
| Jeff Seneviratne | JS | (Chair) GM Pathology Network | | |
| Allan Wilcox | AW | WWL NHS Foundation Trust | | |

Discussion Points

- **Welcome and Introductions** – JS welcomed members.
- **Minutes of the meeting held on 10th May 2010** – The minutes were agreed as a correct record.
- **Matters Arising** – The actions from the previous meeting were discussed. DS confirmed that John Caffrey has liaised with Greg Rayner of SRFT. DS and JS confirmed that an informal discussion regarding project commitment with SHH and Trafford had taken place at the last PAG 5 IM&T meeting and will be discussed again at the next meeting. LK confirmed L2L commitment has been added as a NAG agenda item. The group discussed the ongoing issue surrounding specimen type at MRI Immunology and DS confirmed this will be looked at on Wednesday 7th July 2010 at the L2L Workshop. JS interjected that hopefully the workshop will give a picture of sample type across GM and then we can anticipate issues and find solutions. DS feels that it is specific problem to one particular department. JS disagreed and feels that it is in X-Labs interest to identify a solution rather than MRI to change their system. GL commented that a new sample type can be created in Telepath in 10 minutes and JS commented that there is a need to standardise how labs work. OJ feels that it would be better to address the weak system rather than tweaking the interface as this causes issues. JS feels the weakness is lack of standardisation.
- DS reiterated that when 2 labs wish to set up a test route the labs involved must sit down and discuss specifics and how it will work. Specimen type being one of the issues. This approach solves problems before they are even created. JS feels that although you solve a problem in one area there will be another elsewhere and X-Lab needs to be as generic as possible. DS confirmed that MRI is happy to look at the issue from their side and to fix it as they are the only department experiencing this issue. The group felt that this needs to be discussed at the workshop in more detail.
- GL mentioned that TGH and SHH are testing CSF Xanthochromia on 2nd July 2010 in advance of the Workshop. If it works it will support DS's approach of communication between the participating labs is the key rather than tweaking by X-Lab. GL enquired if MMMP has connected to any GP Order Comms as surely they would have the same issue. RP confirmed MMMP has not successfully connected to any GPs. The group agreed that the implications of this issue are far reaching as specimen type is always a mandatory field.
- **Agenda Items 4, 5 and 7 Project – live sites, pilot testing & Interfaces** –
- All sites have software installed onto every Telepath and Apex system, training and live accounts across GM.
- **iSOFT** – DS confirmed that the iSoft/Telepath connection with MMMP and SHH and MMMP and Trafford for Chlamydia are continuing to be successful. SHH has a live link to MMMP but has not progressed the Lab2Lab profile. GL confirmed that CA19-9 testing between SHH and TGH has begun. The test leaves TGH and goes into X-Lab successfully but then encounters problems. It could be a set up issue at SHH and GL has arranged to visit SHH to resolve the situation. JS informed the group that he had been instrumental in setting up the system at SHH and offered to help in any way he could. A link for Haem/Coagulation between TGH and UHSM has been established and testing is progressing well. An additional link for Vitamin D between TGH, UHSM and Pennine is currently underway and testing will then commence. SRFT link to Trafford has been successfully tested. The free text report problems have been resolved using the links between UHSM and TGH all sites have now been informed of this but there is still no further progress.
- DS confirmed there is no testing currently happening at MMMP due to the lack of resources at other labs.
- **Clinisys** – DS explained that Pennine is the pilot Clinisys site and initially the following test routes have been set up between Pennine and Immunology and MRI:-
 - Anti nuclear antibody including Centromere
 - Anti CCP
 - Anti TTG
 - C3 and C4
 - Anti double stranded DNA

- Further tests have been set up including CD4, as well as Vitamin D with UHSM. Abnormal flags are causing an issue. Testing will continue into early July and final testing including electronic requests from a GP surgery through to results back into the GP system. A GP practice has agreed to assist. The next Clinisys site to begin testing will be Bolton followed by WWL.
- The group discussed issues around confirmation testing at reference laboratories. This generally involves the reference lab repeating the investigation carried out at the local lab and charging for this addition to the confirmatory investigation. There are issues around labs being prepared to accept responsibility for using other labs results.
- Issues are arising with the set up of Telepath at UHSM. Lab comments are 64 characters long but display on the Clinisys screen is a max of 55 characters. It prints correctly but as the future is paperless it is an issue that needs resolving. JS confirmed that a similar issue was experienced at SHH with ward OCM and that there is a solution. Similarly perhaps Telepath could come in line with the other suppliers and have a max of 55 characters.
- The group feel that all issues so far have been Telepath to Telepath and now Clinisys to Telepath issues will begin to emerge. Standardisation is the key and this recommendation needs to be made to Connecting for Health.
- **Technidata** – DS confirmed that Technidata have been in contact and a meeting is being scheduled.
- **X-lab software & staged payments review** – DS thinks that it may be time to organise another staged payment to X-Lab and asked RP to confirm.
- JS mentioned that the meeting scheduled with THIS on the 10th June 2010 was cancelled and LK agreed to chase and rebook the meeting.
- The group discussed the negative comments made by TGH representative Tony Tetlow at the last BIO NAG meeting and GL explained that he reports to Tony Tetlow and Nigel Humble and when asked if everything is working GL has to confirm the small niggles, issues and resource problems. JS reiterated that this project is a work in progress no one else in the country has anything like it.
- DS confirmed that he will be leaving the employment of Pennine at the end of this week but will continue to be employed by the GMPN. DS envisages spending extra time getting lab links up and running and then concentrating on spending time with Wigan and Bolton.
- AW commented that the 20:20 work is causing staff to be unsettled and it is difficult to get them motivated when they may not have a lab at all at Wigan. JS commented that a GM LIMS would in effect make L2L redundant for work referred within GM but it will not be implemented for 4-5 years.
- **Lab2Lab Workshop – 7th July 2010** – DS explained that the main difficulty with the workshop is that some attendees will have no understanding or background to Lab2Lab and so the first part of the workshop will need to familiarise them with the project and explain the infrastructure, software, testing and live accounts.
- OJ will give a brief 10 minute introduction on X-Lab and Simon Davy of X-Lab will demonstrate how a test route is set up.
- The group agreed that the reflex testing issues need to be addressed prior to the workshop.
- OJ confirmed that X-Lab staff could be made available to answer individual queries after the workshop finishes.
- GR was asked to ensure a number of discipline representatives from SRFT attend the workshop.
- **Issues** – The group still feels that the biggest issue is how to stimulate labs to use the service and hopes that the workshop will help to alleviate this to a degree.
- Issue number 10 under Testing Microbiology - SHH – MMMP was discussed and DS agreed to check with Paul Irving that this has now been resolved.
- Issue 2 under Clinical Chemistry – SHH – TGH is no longer an issue and can be removed.
- Issue 12 under X-Lab testing the group agreed that this is not an issue it is the only process that will work
- **Risks** – The group discussed the risks in general particularly risk number 13 live labs not adding their own test routes and agreed it best to tackle this at the workshop.
- **Any Other Business** –
- OJ explained to the group that initially X-Lab intended to market the product as L2L, but this is changing to NPEx (National Pathology Exchange), in line with the original concept of connecting any lab to any lab in the country electronically. NPEx went through Connecting for Health and X-Lab are keen to stress that this is NHS organisation lead not a private company. X-Lab is just the technical bit in the background. Flyers will be handed out at the workshop and OJ confirmed he will also speak about Connecting for Health and the National Pathology Catalogue.
- **X-Lab Marketing Video** – DM mentioned that X-Lab are keen to film a marketing video for the L2L system and suggested using Trafford and MRI as the TAT for Chlamydia has been reduced from 7 days to 2 days. The group were not sure that Trafford is the best site to film and suggested perhaps using a number of sites. JS stressed that as this project has been credited to the GMPN he would like all correspondence to go through the GMPN and for DM to liaise with RP who will make the necessary arrangements with Trust PR departments. OJ confirmed that there will also be a number of press releases which X-Lab would like GM to be tied into. OJ confirmed that the project has been entered into the Health Insider Innovation Awards.
- **The Royal Alliance** – GR informed the group that as the proposed merger of SRFT, WWL and Bolton moves into its next stage he has been tasked with identifying IT issues that may arise between the Trusts. GR enquired if X-Lab can upscale to meet increased demand and OJ confirmed that they can provide a service for 200 labs in the country so this will not be an issue. The group further discussed that L2L could provide an interim solution for The Royal Alliance but that the systems will need to be migrated as at Pennine and that the GM LIMS will ultimately solve the problem. DS and JS confirmed that cellular pathology has never been within the scope of L2L.

- It was agreed that DS, GR and AW would talk outside of this meeting and that the L2L Board will do everything it can to support the proposed merger.
- IBMS CPD – Certificates were available.

Actions

- GL to report to DS re outcome of SHH – TGH CSF Xanthochromia testing.
- RP to check payment schedule to X-Lab
- LK to rearrange meeting with THIS
- GR to ensure a number of discipline representatives from SRFT attend the workshop
- DM to liaise with RP re X-Lab marketing Video
- DS, GR and AW to meet and discuss proposed merger IT issues

Recommendations to Pathology Network Board

- None

Date and Time of Next Meeting

- Monday 13th September 2010, 9.30am-11.30am, Manchester Suite, Holiday Inn Manchester Central Park, 888 Oldham Road, Manchester, M40 2BS