

Biochemistry Network Advisory Group Meeting
 Monday 23rd March 2009, 2-4pm
 Large Meeting Room, Newton Silk Mill, Manchester, M40 1HA

In attendance			Apologies	
Gwen Ayers	GA	Central Manchester NHS Foundation Trst	Malcolm Blower	The Christie NHS Foundation Trust
Joanna Borzomato	JB	WWL NHS Foundation Trust	Chris Chaloner	Central Manchester NHS Foundation Tr
Rod Hinchliffe	RH	Central Manchester NHS Foundation Trst	George Fielding	Stockport NHS Foundation Trust
Graham Horsman	GH	UHSM NHS Foundation Trust	Susan Gillespie	WWL NHS Foundation Trust
Andrew Hutchesson	AH	Royal Bolton Hospital NHS Foundation T	Neil Jenkinson	GMPCTs
Keith Hyde	KH	Central Manchester NHS Foundation Trst	Brian Keevil	UHSM NHS Foundation Trust
Steven McCann	SM	Stockport NHS Foundation Trust	John Mansley	Pennine Acute Hospitals NHS Trust
Rachel Pearson	RP	GMPCTs	Aram Rudenski	Salford Royal NHS Foundation Trust
Lance Sandle	LS	Trafford Healthcare NHS Trust	Felicity Stewart	Salford Royal NHS Foundation Trust
Stephen Scarisbrick	SS	Salford Royal NHS Foundation Trust		
Jeff Seneviratne	JS	GMPCTs		
Chandrashekar Shetty	CS	WWL NHS Foundation Trust		
Keith Wiener	KW	Pennine Acute Hospitals NHS Trust		

Discussion Points

- **Chair's Communications** – JS explained that the last Network Board meeting was held on 6th February 2009, where discussions took place on the implications of the second Carter report and DH response as well as on the strategic vision for the Network in the context of the contestability framework and the aspirations of individual Trusts. A Network Strategy Group will be established. This will be a subgroup of the Network Board and is in recognition that the Board is too large to be an effective vehicle for decision making. The Strategy group will evaluate the implications of the Carter and Darzi reviews and facilitate the development of medium and longer term strategic direction. The Strategy Group will also explore the set of challenges that would have to be overcome for the Network to provide a stronger model of 'managing' pathology services to include dispute resolution and advice on service development. It is proposed that the Strategy Group will meet on a quarterly basis and its recommendations will be further developed and ratified by the Network Board.
- **Minutes of last meeting held on 20th January 2009** - were accepted as a correct record.
- **Matters Arising** – the following matters were raised
- **BNP Workshop** – this event with the Cardiac Network had been useful. JS agreed has tried to follow up with Cardiac Network colleagues and will pursue further. KW highlighted the issue that offering BNP in the community may generate more referrals for echocardiograph, which could be problematic where there is no GP direct access.
- CS felt that an important first step was to agree age-related cut-offs and JS reported that broad, though conservative, agreement had been reached at the workshop.
- **Gestational Diabetes** – JB explained that she had received little further response to the survey. Whilst Wigan use WHO guidelines for the general adult population, the diabetologists at Wigan want to use the SIGN guidance for gestational diabetes. SM felt it was important for the lab to discuss how patients are managed with obstetricians/diabetologists.
- **Familial Hypercholesterolaemia** – JS explained that a business case would need to be submitted to the Process for Investment and Reform and that it was therefore essential to understand the resource implications.
- AH reported that he had now collected more complete data on current clinic slots in Greater Manchester, but had not had time to follow up the genetic testing issues owing to a CPA visit. AH reported that the Manchester Genetics Lab are considering setting up a service.
- Bolton have started to look at implementing the comments agreed at the last meeting, and RH reported that he is liaising with IT colleagues to implement at CMFT. The comments are also being piloted at Stockport.
- AH reported that an SHA level database and nursing structure for cascade screening were discussed at the recent NW Lipid Forum meeting. JS highlighted the potential information governance barriers to a common database and LS explained that it would be collated/anonymised data, rather than individual patient details.
- **Changes to HbA1c Reporting** – LS was taking this forward and is currently trying to organise a meeting. LS felt it would be useful to send out a brief flyer to colleagues and suggested the one developed at Pennine would be a good starting point. It was agreed to liaise by email if a meeting could not be arranged. JS highlighted the need to consider POCT issues and also the fact the HbA1c is done by haematology in some Trusts (e.g. Salford and Wigan). LS agreed to report back on progress at the next meeting., bearing in mind that this is quite close to the required implementation date.
- **GP Out of Hours Communications** – the discrepancies between College and local concern limits especially for therapeutic drugs was raised at the SAC meeting in Feb 09. LS agreed to provide an update from the minutes of the SAC via email.
- JS informed the NAG that Gethin Roberts (Aberystwyth) is looking at this issue as part of the Harmony Project.

- RH reported that he has received an enquiry from Go to Docs, who have taken over OOH provision from Mastercall from 1st April 09 and agreed to pass the contact details to RP.
- **Paraprotein Investigations** – JS recognised that this group had stalled and agreed to speak to Joanne Addaway (Wear) and AH agreed to discuss with Gilbert Wieringa. JS welcomed other lab staff with an interest to contact him.
- **Harmony Project** – JS reported that a meeting took place on 11th March 09, with a national meeting planned for Oct/Nov 09. There are currently groups for: immunology, haematology and paediatric reference ranges, tumour marker guidelines and enzyme reference ranges and units.
- LS highlighted some inconsistencies in the NICE document on urine protein reporting in CKD investigation. SM felt there was a need for a joint statement to primary care with the Renal Network and noted that Gill Burrows is due to meet with Alastair Hutchinson to discuss this.
- **Referred tests** – still need to develop website with local assay finder.
- **Network Response to proposals for GM programme of targeted screening for Genetic Haemochromatosis** – JS explained that haematologist colleagues did not think the proposal should be supported as a priority, and that the consent and counselling issues around genetic testing had not been fully considered. It was felt that the proposals should be peer reviewed by haematologists and hepatologists.
- KH reported that Tony Cumming had agreed to draw up a Network response highlighting the concerns of consultant haematologists, which would then come to this NAG for consultation as well as being circulated to NW Haematologists.
- JS felt it might be more appropriate to ensure a robust pathway for the management of abnormal LFTs.
- **SWOT analysis on the implications of Carter/Darzi for Biochemistry** – KH explained that input from each of the NAGs will inform the **Network strategy** and feed into the Network Strategy Group (a subgroup of the Network Board). He highlighted the four strands of the Network communications strategy:
 1. Acute Trusts – role for Clinical Directors and Pathology Managers as advocates of the Network within their Trust.
 2. Primary Care – links with PEC Chairs and commissioners, including practice based commissioning hubs.
 3. National – Modernisation team, especially Ian Barnes
 4. Regional – SHA, System Management Team, Specialised Commissioning Team.
- The Network, via the Communications PAG, will produce a communications brochure detailing what has been achieved already, work in progress and future plans.
- KH explained that following a meeting with PEC Chairs in November 08, the following **primary care priorities** were identified:
 1. Phlebotomy services (including transport)
 2. Anticoagulation services
 3. IT links (requesting and reporting)
 4. Point of Care support
 5. Appropriateness of testing (demand)
- KH recognised that across the Network a large number of work streams have been identified but felt that it was essential for the Network to prioritise a smaller number of deliverables.
- KH highlighted the following **local key players** in terms of the Darzi review:
 - Dr Steve Ryan – Clinical Pathway Groups (Healthier Horizons) Lead, NHS Northwest
 - Dr James Kingsland – Merseyside GP and President of the National Association of Primary Care. KH explained that at the FiLM conference Dr Kingsland spoke about 'make and buy diagnostics' i.e. greater use of point of care testing; buying in what can't be delivered at the point of care (possibly from the independent sector).
 - Dr Amir Hannan – Hyde GP and Primary Care Lead for NHS Northwest (also Clinical Lead for GM CATS). KH explained that Dr Hannan took over the Shipman practice in Hyde and that his innovations in real time digital medicine are therefore well observed. Dr Hannan allows patients to have electronic access to their health record, including immediate access to lab results. KH explained that whilst this is a potentially contentious issue for laboratory professionals, Dr Hannan has tested the clinical governance of the arrangements and has received no complaints since the service was established 12 months ago. More information can be found at the practice website: <http://www.htmc.co.uk>
- KH summarised **the 20 recommendations of the second Carter report/DH response**, highlighting the following:
 1. Development of quality standards
 2. Review of accreditation process
 3. Development of Networks with a clinical and commercial director. KH explained that the GM Network is already set up in this way.
 4. The role of National Clinical Director for pathology will be carried out by Ian Barnes.
 5. Clinical governance for all providers of pathology services, including point of care.
 6. IT connectivity as a matter of priority
 7. Need for services to be more responsive to users' requirements, particularly addressing the accessibility and convenience of phlebotomy and sample collection services.
 8. Quality and safety of service
 9. Consolidation of specialist services
 10. Workforce reform - MSC

11. PCTs/Providers to work together to develop cost effective plans for implementation of Carter proposals
12. Tariff – initially looking at community based and specialist pathology
13. Benchmarking – Primary Care
14. Department of Health to develop commissioning guidance and model contracts
15. National formulary
16. Innovation
 - KH also highlighted the current economic climate as a further issue for consideration.
 - KH reminded members of the Network's priorities for 2009:
 1. Primary Care (see above)
 2. Wider Stakeholders
 3. Strategic Direction post Darzi/Carter
 4. Infection Control
 5. Workforce, Training and Education – including Modernising Scientific Careers and working with universities.
 6. Lean – sharing learning – the Network team will be meeting with David Hamer (Bolton) to agree how to disseminate learning around Lean, and also recognise the work that has taken place in other labs.
 7. Cytology
 8. Immunology
 9. Lab to Lab
 10. Cancer
 - KH explained that the Process for Investment and Reform is the route for the Network to approach PCTs for funding. However PCTs are keen for the process to be more commissioner-led than provider-driven.
 - A summary of the discussions around the SWOT analysis is detailed in the table below.
 - **PAGs** – Update on progress was reported as follows:
 - POCT – need for governance structure for POCT in primary care.
 - Workforce – a Network response to Modernising Scientific Careers was submitted. RP agreed to circulate this.
 - IM&T – SM and GH gave positive feedback on GP Order Comms. JS reported that the L2L project is progressing well with pilot testing taking place in the first week in April 09.
 - **Any other business**
 - IS CATS – KH gave a brief presentation on the Care UK CATS that are now operational in Greater Manchester, highlighting the following points:
 - GP referral to treatment to facilitate meeting the 18 week target. Accept rapid referrals by all methods (e.g. email).
 - 30% of NHS activity across 5 specialties - General Surgery, Urology, Gynae, ENT and Musculoskeletal (inc Orthopaedic & Rheumatology). 864 referrals since 2nd Feb 09.
 - 7 locations across the conurbation including Gala Bingo – Longsight, Cousins Furniture showrooms – Salford, West End Working Men's club – Denton and Stretford Leisure Centre. Accessible within 30 minutes for 95% of patients
 - Pathology provided by TDL – also targeting GP direct access pathology.
 - Willink – JS reported that he had written to Alan Cooper (Head of Willink) and invited him to engage with the NAG.
 - IBMS CPD Certificates were available

Actions

- JS to follow up BNP workshop with Cardiac Network colleagues
- LS to provide update from SAC meeting at which GP OOH reporting was discussed.
- RH to pass Go to Docs contact details to RP
- JS to speak to Joanne Addaway and AH to speak to Gilbert Wieringa about the Paraproteins subgroup.
- RP to circulate Network response to MSC

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

- None

Date and Time of Next Meeting

Friday 15th May 2009, 2pm-4pm, One Central Park, Manchester M40 5BP

Carter/Darzi SWOT Analysis - Biochemistry



<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> ➤ Established ➤ Professionally led ➤ Accredited ➤ Governance Structure ➤ Electronic GP Links - requesting and reporting ➤ Benchmarked (? all) ➤ Complete repertoire of tests - seamless ➤ Part of a Network/Networking ➤ End-to-end service from phlebotomy to clinical interpretation and advice ➤ Not for profit ➤ Training 	<p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none"> ➤ Lack of buy-in/commitment to the Network(real or perceived?) - Participation in the Network is optional ➤ Willink Lab/Molecular Genetics not included ➤ All from separate organisations ➤ FTs ➤ Competition vs. collaboration ➤ Tariff structure/funding ➤ Workforce planning ➤ Training ➤ Lack of commercial awareness ➤ Don't market services very well ➤ Takes a long time to complete things/make decisions - Network is not core business and not performance managed ➤ Poor IT infrastructure in Trusts ➤ IT connectivity
<p style="text-align: center;">Opportunities</p> <p style="text-align: center;">Modernising Scientific Careers</p> <ul style="list-style-type: none"> ➤ Focus for Primary Care/Commissioners to talk to ➤ Vehicle for delivery of government policy ➤ CATS ➤ Whole health economy solution for pathology ➤ Expert input into tender documents ➤ More business like view/tariff ➤ POCT Governance ➤ Harmony ➤ Consultancy - providing expert advice ➤ Academic Links ➤ Specialist services 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> ➤ Commissioning - poor quality tender documents ➤ Tendering/market testing of services - primary care ➤ Competition as 'route' to efficiency - Private good, public bad ➤ Sub specialisation - impact on recruitment/retention ➤ CIP ➤ Loss of staff
<p style="text-align: center;">Cross-cutting issues</p>	