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

Biochemistry Network Advisory Group Meeting
Tuesday 14th July 2009, 10am - 12pm
One Central Park, Manchester, M40 5BP

In attendance			Apologies	
Chris Chaloner	CC	CMFT NHS Foundation Trust	Gwen Ayers	CMFT NHS Foundation Trust
Susan Gillespie	SG	WWL NHS Foundation Trust	Malcolm Blower	The Christie NHS Foundation Trust
Kath Hayden	KHy	CMFT NHS Foundation Trust	Joanna Borzomato	WWL NHS Foundation Trust
Matthew Helbert	MH	CMFT NHS Foundation Trust	Gillian Burrows	Stockport NHS Foundation Trust
Graham Horsman	GH	UHSM NHS Foundation Trust	Denise Darby	The Christie NHS Foundation Trst
Andrew Hutchesson	AH	Royal Bolton Hospital NHS Foundation	Colin Dennett	CMFT NHS Foundation Trust
Keith Hyde	KH	Central Manchester NHS Foundation Trst	George Fielding	Stockport NHS Foundation Trust
Neil Jenkinson	NJ	GMPCTs	Mark Guy	Salford Royal NHS Foundation Trust
Laura Kidd	LK	GMPCTs	David Hamer	Royal Bolton Hospital NHS Foundation
John Mansley	JM	Pennine Acute Hospitals NHS Trust	Mike Hammer	Pennine Acute Hospitals NHS Trust
Rachel Pearson	RP	GMPCTs	Christine Hill	Trafford Healthcare NHS Trust
Lance Sandle	LS	Trafford Healthcare NHS Trust	Rod Hinchcliffe	CMFT NHS Foundation Trust
Stephen Scarisbrick	SS	Salford Royal NHS Foundation Trust	Ian Johnson	Mid Cheshire NHS Foundation Trust
Jeff Seneviratne	JS	GMPCTs	John Kane	Salford Royal NHS Foundation Trust
Chandrashekar Shetty	CS	WWL NHS Foundation Trust	Anne Marie Kelly	UHSM NHS Foundation Trust
Gilbert Wieringa	GW	Royal Bolton Hospital NHS Foundation T	Brian Keevil	UHSM NHS Foundation Trust
			Steven McCann	Stockport NHS Foundation Trust
			David Oleesky	East Cheshire NHS Trust
			Sarah Ramsden	Pennine Acute Hospitals NHS Trust
			Aram Rudenski	Salford Royal NHS Foundation Trust
			Felicity Stewart	Salford Royal NHS Foundation Trust
			Tony Tetlow	Tameside Hospital NHS Foundation
			David Tierney	UHSM NHS Foundation Trust
			Keith Wiener	Pennine Acute Hospitals NHS Trust
			Carolyn Williams	Royal Bolton Hospital NHS Foundation

Discussion Points

- **Welcome and Introductions** – JS welcomed the members of the group.
- **Chair's Communications** – JS gave a brief overview of the last Network Board meeting held 5th June 2009.
- **Minutes of last meeting held on 15th May 2009 -** were accepted as a correct record.
- **Matters Arising** – the following matters were raised
- BNP – JS explained that there has not yet been any follow up from the joint event with the Cardiac Network in January 2009.
- **Network Strategy Group** – JS explained the information pack to the group and went through each part individually:
- Terms of Reference
- Confirmation of Final CEOs paper **-** JS mentioned the number of negative comments received from clinical directors regarding the draft letter from MB & AF to CE colleagues. AF has provided information regarding North West Economic Summit which intimates hard times ahead and points to the way forward being working together collaboratively. The consolidation of Pathology Services is mentioned within the document. This is the right time for us to steer our own destiny and do something positive. How are we going to respond? JS suggested a joint blood sciences meeting from September 2009 onwards might be more productive due to the amount of overlap between the groups.
- Milestones/Timetable – The timeline focuses on a 12 month feasibility study
- Nominating potential external advisors - KH suggested that at some stage down the line we may need external advisors and asked the group to think about who they would want to include e.g. representatives from IBMS/ACB/RCPath
- DH Service Improvement bids update - The Network has submitted 2 bids (Clinical Leadership and Clinical Dashboards.) RP confirmed we should hear from the DH by the end of July 2009.
- Defining Quality Metrics **-** KH explained the paper to the group and asked the group to take the time to analyse. MH commented to use patient experience we would have to ask patients. The issue here is that patients have very little technical understanding of pathology and the part it plays in their treatment and care. LS made reference to relationships with GPs and nurses as this could affect inappropriate testing. JM enquired if there is any money available to 'spend and save'. KH informed the group that the Network is looking to work with the Greater Manchester Commissioning Business Service (CBS) to look at models, and this has a cost implication. We may also need to go back to the work previously done on transport. The outcomes were not viable before but the climate has changed and maybe this could be viable now. NJ confirmed that we may need to invest in transport etc as this is a 5- 10 year vision.

- KH stressed the communications aspect of the Networks role KH, JS and NJ are meeting with commissioners and DoFs. Their messages are consistent (tendering of services and bleak financial outlook.) The group's attention was drawn to a NHS confederation document called 'Dealing with the Downturn'. LK agreed to circulate this electronically for the group. Currently the meetings with Clinical Directors are underway. These are the factors that have driven the emerging vision for Pathology. It was agreed at the Strategy Group that Mike Burrows (MB) and Andrew Foster (AF) would go to their colleagues with the vision. AF suggested we put in a target for the next 5 years. Something substantial no more 'salami slicing' e.g. 5% per year. An aspirational saving of 20% was discussed. It was agreed that the CEs would gain support from their colleagues and grant a mandate to the Network. Unfortunately, due to the timing of the CEs meetings one CE took a paper to his colleagues containing the 20% which had not yet been approved by the Network Board. The CEs have given their support for the feasibility study which will be carried out over the next 12 months. NJ commented that from day 1 he has wanted the vision for Pathology to evolve naturally and be professionally led.
- LS commented that the 20% is an interesting figure as recent media coverage has also made reference to 20% savings within the NHS and Carter also mentions 20%. LS feels 20% was not plucked from thin air but also feels we must as a Network do something rather than it be done to us. The Pathology service is under threat from CATS and CEs need to buy in and support us.
- JS informed the group of a recent Clinical Pathway group he attended where Mike Farrar gave an introduction and made reference to 'scissors of doom'. Government income is falling and expenditure is rising. David Nicholson recently commented 'it is no good having islands of success in a sea of failure'. This can be applied to labs. It is no good having successful labs if others are failing. We must have a high standard throughout the Network. The question is what will Pathology services look like in 5 years and how will we achieve that. MB had talked about external bodies being commissioned to do the work. This is our opportunity to be proactive.
- GW commented this could be a 'poison chalice', if we do not deliver the 20% CEs will go elsewhere. It was pointed out that the 20% is aspirational. AF wanted a challenge to make people think differently and a 20% improvement in quality was brought in to make sure quality remains an important goal. LS suggested a survey to establish how people perceive pathology services. JS commented on efficiency – the potential need to spend more in some areas of pathology to make savings elsewhere. AH commented that we need to play ball as Pathology services are not a large part of the overall Healthcare budget. Pathology has the ability to integrate care across both primary and secondary care. Tendering primary care services could have a knock on effect in secondary care and make current services non viable. The group was urged to remember that the same solution may not work across all disciplines within Pathology. JS agreed and commented there maybe different models for different disciplines/sub specialisms, which may result in some specialist services being more resilient.
- KH explained that PEC Chairs and GPs want solutions to the age old issues of phlebotomy, transport, IT and anticoagulation. Worst case if we fix these issues then everyone will be satisfied. GW reminded the group to again think about quality of phlebotomy, transport, IT and anticoagulation. We need quality measures. GW asked for clarification regarding a 20% saving for a PCT. Will this mean a 40% saving for secondary care? GW pressed for early clarification regarding targets and quality across GM is vital. In house services could provide cost savings. GW asked who would write the report. NJ, KH and JS explained that the NAGs and PAGs would provide the data which will go to the Strategy Group and then to the Board. It will be a professionally led solution.
- CS enquired about the time frame for the 20% saving. Need to know when it begins to make sure all savings are counted. Also clarification was sought from the group as to whether this 20% saving will be every 5 years or 2 years etc. JS confirmed that we need to clarify. GW commented on the importance of the report being from the lab medicine community to make sure this is professionally led and there is no fragmentation. NJ stressed the need for the mandate from the CEs to ensure support as this would remove competitiveness within Trusts. JS commented on the importance of sustaining an on site presence. Commissioners may suggest tendering primary care pathology but once explained to them that this can threaten the viability of other services then views begin to change.
- JS mentioned benchmarking and tried to establish the group's feelings re Keele Benchmarking. MH commented that at least makes us all count in the same currency. Some Pathology Managers are against Keele Benchmarking. SS has reservations re Keele due to lack of confidence that the data is accurate. This is due to differences between counting tests and requests. JS acknowledged this is a weakness and commented that some data will not be relevant but a large amount will. CS enquired if tendering is based upon quality or cost? Eventually it will come down to cost as you cannot measure quality in the private sector. We could spend a lot of time counting quality. KH stressed that if we do not make the 20% saving and services go out to tender at least the quality measures used will have been defined by the lab community. GW pointed out that we need to determine which questions we will concentrate on. LS suggested once we have the questions we run a workshop with a mixture of clinicians and BMS as this will bring a mixture of different thoughts. The group were asked to send any feedback to RP and JS. CS enquired if the labs are working as a Network will the PCTs also work as a network. NJ confirmed that MB also chairs the Association of GM PCTs. If 6 out of 10 PCTs agree that counts as a YES so buy in should be straight forward. LS made the point that a lot of the discussion around tendering pathology services is due to a lack of clarity within organisations regarding what they are paying for.
- JS suggested the next meeting is held in conjunction with Haematology. LS suggested that Biochemistry formulate their own questions and Haematology do the same and then a comparison is carried out to see what the groups have in common. MH suggested that 'Blood Sciences' may include elements of Microbiology e.g. serology.

- **Network Advisory Group (NAG) Issues**
- **Update on Workstreams** –
- Familial Hypercholesterolaemia – As Steve Downing is on Annual Leave this item has been deferred until the September meeting. RP is to chase George Fielding (GF) at SHH re standardised comments on Lipid testing. AH will share learning on Clinisys standard comments with Wigan and Pennine.
- Changes to HbA1c Reporting – The group were informed that at the last PAG 2 POCT meeting the group decided to draft a letter to Siemens from the Network.
- Microalbumin – The group was reminded to estimate the additional costs of doing albumin rather than protein and send estimates to LK and RP for collation and discussion at the net meeting. KHy confirmed she had brought the requested information with her on behalf of Rod Hinchcliffe of CMFT. LK will chase all labs.
- GP Out of Hours Communications – KW had prepared a paper regarding the discrepancies between College and local concern limits especially for therapeutic drugs. This was on the agenda for the February 2009 SAC meeting. The group discussed that NHS Manchester had moved from Mastercall to Gotodoc and initial reports showed unhappiness with the service but this seems to have been resolved. In general the group agreed that there is a need to engage with out of hours companies.
- Paraprotein Investigations – Mark Guy (MG) is to take the lead on this project. There is a need for Haematology to be involved with regard to the diagnostic side. The group agreed that an update is required and this will be an agenda item for the September meeting. MH expressed an interest in Immunology being included in the group to give input. It was agreed that GW would also attend to represent Bolton. There was some discussion on the use of Free Light Chains and it was agreed that common views are needed as is the need for a standardised approach.
- Harmony Project –JS reminded the group that a Harmony conference will take place in Birmingham on 10th November 2009.
- Referred tests – GW explained to the group that a meeting has taken place with the web master regarding a local biochemistry assay finder. GW is hoping to get Haematology involved and is ultimately hoping for a unified approach. GW is trying to organise a template.
- Genetic Haemochromotosis – This was discussed at the last Board meeting and the group briefly discussed the targeted screening proposal for Greater Manchester and it was agreed that if no further comments were received then Mike Burrows would write to the Director of Public Health, NHS Bury explaining that currently this is a low priority for the Network.
- **PAGs** – Update on progress was reported as follows:
- Lab2Lab & GP Order Comms
- KHy asked for an update on Lab2Lab and GP Order comms. JS explained that Trusts are rolling out GP Order comms but there are issues with some of the GP IT systems. The Lab2Lab pilot phase has been successful between SHH and MRI, they are carrying out 20 – 30 tests per day. JS felt that Lab2Lab will help with quality improvement. KHy commented that final delivery of Lab2Lab could give us as 20% cost saving. JS informed the group that currently work is under way to examine a business case for a GM wide LIMS system. The concept has gone before the ICT Board and JS is currently waiting to hear if there is support for this. KH commented that worst case scenario is we resolve phlebotomy, transport and IT links but save no money. This would still be seen as a win for Pathology.
- **Any other business**
- IBMS CPD Certificates were available

Actions

- LK to circulate 'Dealing with the downturn' document to the group
- LK to organise a microbiology/immunology and biochemistry meeting
- LK to organise meeting with Haematology
- Group members to send additional cost information re microalbumin testing to RP and LK
- RP is to chase George Fielding (GF) at SHH re Lipid testing

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

- None

Date and Time of Next Meeting

Tuesday 8th September 2009, 2pm-4pm, One Central Park, Manchester M40 5BP