

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

Biochemistry Network Advisory Group Meeting  
 Tuesday 8<sup>th</sup> September 2009, 2pm - 4pm  
 One Central Park, Manchester, M40 5BP

In attendance			Apologies	
Malcolm Blower	MB	The Christie NHS Foundation Trust	Hana Alachkar	Salford Royal NHS Foundation Trust
Joanna Borzomato	JB	WWL NHS Foundation Trust	Gwen Ayers	CMFT NHS Foundation Trust
Gillian Burrows	GB	Stockport NHS Foundation Trust	Deepak Bhatnagar	Pennine Acute Hospitals NHS Trust
Chris Chaloner	CC	CMFT NHS Foundation Trust	Colin Dennett	CMFT NHS Foundation Trust
Denise Darby	DD	The Christie NHS Foundation Trst	Michael France	Central Manchester NHS Foundation Tr
Rod Hinchcliffe	RH	CMFT NHS Foundation Trust	Susan Gillespie	WWL NHS Foundation Trust
George Fielding	GF	Stockport NHS Foundation Trust	Mark Guy	Salford Royal NHS Foundation Trust
Andrew Hutchesson	AH	Royal Bolton Hospital NHS Foundation	David Hamer	Royal Bolton Hospital NHS Foundation
Neil Jenkinson	NJ	GMPCTs	Mike Hammer	Pennine Acute Hospitals NHS Trust
Laura Kidd	LK	GMPCTs	Kath Hayden	CMFT NHS Foundation Trust
Rachel Pearson	RP	GMPCTs	Matthew Helbert	CMFT NHS Foundation Trust
Lance Sandle	LS	Trafford Healthcare NHS Trust	Christine Hill	Trafford Healthcare NHS Trust
Stephen Scarisbrick	SS	Salford Royal NHS Foundation Trust	Graham Horsman	UHSM NHS Foundation Trust
Jeff Seneviratne	JS	GMPCTs	Keith Hyde	CMFT NHS Foundation Trust
Felicity Stewart	FS	Salford Royal NHS Foundation Trust	Ian Johnson	Mid Cheshire NHS Foundation Trust
Stephen Voysey	SV	Collinson Grant Healthcare	John Kane	Salford Royal NHS Foundation Trust
Keith Wiener	KW	Pennine Acute Hospitals NHS Trust	Anne Marie Kelly	UHSM NHS Foundation Trust
			Brian Keevil	UHSM NHS Foundation Trust
			Sheila Mallya	East Cheshire NHS 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
			Chandrashekar	WWL NHS Foundation Trust
			Shetty	
			Lesley Tetlow	Central Manchester NHS Foundation Tr
			Tony Tetlow	Tameside Hospital NHS Foundation
			David Tierney	UHSM NHS Foundation Trust
			Carolyn Williams	Pennine Acute Hospitals NHS Trust
			Gilbert Wieringa	Royal Bolton Hospital NHS Foundation

**Discussion Points**

- **Welcome and Introductions** – JS welcomed the members of the group. All members introduced themselves for the benefit of Stephen Voysey from Collinson Grant Healthcare.
- **Network Strategy Group** - SV gave a presentation and explained that between now and December the NAG groups will be discussing options to meet the objectives poised to the Network by the CEs. SV explained that after this meeting Collinson Grant will launch the E Room. Each member of the group will receive an email invitation to join the E Room. Members can edit their details and change their passwords. Each week a new topic for discussion will be posted in the E Room. The E Room can be accessed at <https://www.collinsongrant.com/eroom/clients/GMPN>
- If any changes are made to discussions in the E Room members will receive an email alert. Any members wishing to comment on a topic/discussion anonymously must email SV directly at [svoysey@collinsongrant.com](mailto:svoysey@collinsongrant.com)
- SV explained that the E Room houses a folder for each of the NAG disciplines. Those present agreed that it would be best if all folders were open to everyone.
- **Future Service** – The group discussed community based testing. Stockport has been very influential and involved with moving some services from a hospital setting to a high street setting. The group commented that this can lead to duplicating tests, e.g. patient has cholesterol tested in Boots and visits GP. GP then does the test again. FS commented that workloads are excessive and therefore there is no threat by the possibility of some aspects of testing being done elsewhere. KW commented that patients are more interested in ease of access than accuracy of testing because they take accuracy for granted. FS commented that 20 years ago certain tests were considered specialist but now due to advances in technology they are considered routine. Also results used to take longer but again technology enables quicker turnaround times.

- SV enquired if the group feels there is a single service model for the Network? FS felt this was too difficult a question to ask as no group member has enough knowledge to make that assessment. KW commented that Pennine concentrated on a service delivery model that has one large lab and three smaller ones as this was considered more cost effective, but this configuration requires transport. AH commented that it does not make sense to send away tests leaving a piece of equipment able to carry out the test sitting idle in the laboratory. AH commented that Blood Sciences can share some staff and make savings on sample reception and instrumentation but the big block is transfusion on the Haematology side, you need a qualified person. GB stated that Stockport have combined but as of yet there has been no huge benefit. The group suggested that the topic "What is meant by a qualified/trained person for blood transfusion" is posted for discussion in the E Room. CC commented that it is difficult to maintain a multi discipline team as it is hard to keep up the relevant training.
- **Technology** - CC felt that the standardisation of instrumentation would be a disaster. First it would be regional then national and potentially international. Non standardisation helps to pick up problems quicker and to find a solution. It is better to encourage diversity. The group could think of many examples where diversity has helped. FS mentioned the IT issues within the NHS. DD felt that standardisation is dependent upon the model for service delivery. If hub and spoke we would need standardisation so that results can be passed from lab to lab. KW mentioned standardisation on a small scale Pennine have standardised equipment between their four sites.
- DD mentioned the Trusts setting individual targets and how this conflicts with the Network target of 20%. JS reiterated that the 20% target is aspirational and reminded the group of the current feasibility study. KW enquired when the 20% savings start from as a reference point is needed. CC commented that labs are efficient. constantly absorbing the increase in demand without any additional costs or staff. FS agreed that everyone in the room has done that year on year. There are no areas of obvious wastage. The group felt that they have all made significant savings for their individual Trusts. GF commented that Stockport have to save £390K this year. JS explained that that saving will also go into the Network 'pot'. RH asked if CIP savings will go into the Network 'pot'? NJ reminded the group that it has been agreed with both sets of CEs there will be no double counting. FS stated that you can predict area where your workload will be increased, i.e. vitamin D testing but it will be absorbed. Will the labs be credited for that? Is it classed as a saving?
- **Demand** – The Audit Commission state there will be a 8-10% increase in demand per year in Pathology. FS commented that the labs use software to stop inappropriate/repetitive testing. But the overriding of this is a manual step and requires a person. The group feel that education is needed further down the line to stop clinicians requesting inappropriate tests. This is a subject that should be tackled as a Network. LS stated that Trafford tried to change requesting behaviour via audit. Three years of work showed that 85-88% of testing was inappropriate but nothing has changed. The group feel that GP order comms is the way forward as the software will refuse to take the test request. SS commented that current lab software only stops test being carried out upon arrival so this does not solve the problem. AH stated that widening the access to results electronically will reduce duplication and costs. If results are widely available then there is no need to carry out more tests. JS agreed there is a big argument for patient based results to be widely available.
- **Workforce** - LS enquired if we need all the people we have when we have the technology we have? Years ago a lab struggled to do 200 tests on a day now you can do that in an hour. SV enquired about recruitment and retention. LS stated that Trafford have recently recruited 2 posts, but the standard of locums is very poor and it depends on the shift pattern. There are variations from Trust to Trust you may get 60 applicants for a position and whittle it down to 3 – 4 but it's the same 3 or 4 that all Trusts in GM are seeing. Stockport commented that they can retain staff but struggle to recruit.
- AH stated that Bolton is not one of the preferred sites to be given Cytology screening. This means that the screeners at Bolton do not want to move to central Manchester and would rather stay employed locally and choose to stack shelves in Tesco. FS stated that if labs have one or two senior staff members and a pool of lower grade staff then there is no route for progression up the grades. There is a need to secure a workforce for the future. MB stated that labs have deskilled and deskilled and now we are in the situation where we cannot provide a viable service as we do not have enough qualified staff. SS stated that 25% of the MLA staff turnover annually, BMS staff are different. Costs are incurred annually by advertising, training etc.
- **Cross Cutting Themes** - SV explained that a number of sub groups will be formed each having a representative from each NAG discipline. The groups will meet in October once or twice to discuss the following cross cutting themes:-
  - Maintaining an appropriate on-site presence at each hospital (minimal or optimal?)
  - Reducing costs (improving efficiency)
  - Improving quality (increasing effectiveness)

- **Any other business:**
- Joint Blood Sciences Meeting - The group discussed the potential for having a joint Blood Sciences meeting in November. JS explained that the Haematology NAG group have suggested one more separate meeting and then a combined meeting.
- Immunology – The group agreed for Immunology to be included within Biochemistry.
- **3.1 Minutes of 14<sup>th</sup> July 2009 Meeting and Any Matters Arising** - The minutes were agreed as a correct record.
- **3.2 Chair's Communications –**
- Clinical Leaders Network – The next meeting will be held on 17<sup>th</sup> September 2009 and JS encouraged members interested to attend. There will be a presentation by Jonathan Marron – Policy Director for Monitor. LS confirmed that the meeting is a 'bring a buddy from a different discipline' meeting.
- SHA Clinical Pathways Group – JS explained that this is the second phase of the Darzi report. JS informed the group that members need to get involved in the discussions and use this as a way to have an influence. Steve Ryan is keen for members of Pathology to be included. The next meeting will take place on 24<sup>th</sup> September 2009. Any members interested should contact RP and LK.
- GM LIMS Business Case – JS informed the group that the GM ICT Programme Board and the GM Pathology Network Board have both approved the commissioning of a business case for procuring one LIMS system for the GM region. The GM ICT Programme Board have provided the funds for the business case. The appointment of a project board and project team is currently underway and JS called for a representative from each of the NAG disciplines to take a place on the team so that operational issues can be investigated.
- RHS Tatton Flower Show – JS explained to the group that the Pathology Garden at this years RHS Tatton flower show had been awarded the silver medal. JS explained that the garden had received media coverage and that members of the pathology community had successfully interacted with the general public to raise the profile of Pathology. A meeting will be held at Stepping Hill Hospital on Wednesday 30<sup>th</sup> September 2009 at 4pm. There will be presentations given by Emma Watson, Clive Scott and Aram Rudenski. The aim is to thank all those who took part and to decide whether or not to participate next year.
- **3.3 Microalbumin Testing Update** – LK to circulate to the group the microalbumin table and speak to Christine Hill regarding the figures supplied for Trafford.
- **3.4 GTT Common Protocol** – Salford PCT asked for a meeting regarding demand management and GTTs for primary care. GPs want to be paid for it so they are sending people to hospital. JS suggested that both Stockport and Salford share their GTT protocols and the group agree on a Network Protocol. JS asked all members to send protocols to LK and also asked the group to collect the number of GTTs done both inside and outside of the lab. JS mentioned that DO of East Cheshire NHS Trust has sent information regarding GTT protocols and LK would circulate to the group for information.
- **3.5 Testing of IGA Antibodies and Issuing Antibody Cards** – SM of Stockport had enquired if as a Network we should be carrying out further tests on IGA deficient patients and issuing antibody cards? JS stated that Immunology would need to be consulted for guidance and pointed out that DO of East Cheshire NHS Trust had also sent information which LK would circulate.
- **3.6 For Information: Update on Workstreams**
- **Familial Hypercholesterolaemia** – Costs are required so that resources and funding can be secured.
- **GP Out of Hours Reporting** – LS reported that at the last meeting of the SAC on Clinical Biochemistry held on Thursday 28<sup>th</sup> May 2009 Dr. Freedman noted that the Out of Hours document that had been circulated to SAC members was out of date and did not reflect the position with regards to Clinical Biochemistry. Dr Freedman had liaised with the College on the project.
- **Paraproteins Investigations** – MG has given his apologies for this meeting but LK will contact MG for an update and organise a group and arrange a meeting.
- **Harmony** – JS confirmed that the next Harmony meeting will take place in Birmingham on 10<sup>th</sup> November 2009.
- **Referred Tests** – GW has given his apologies for this meeting and the agenda item has been deferred to the next meeting.
- **3.7 IBMS CPD Certificates** – were available

### Actions

- Members interested in attending the SHA Clinical Pathways group to email RP/LK
- Members from this discipline interested in joining the GM LIMS project to email LK
- Members wishing to attend the RHS Tatton Flower Show event to email LK
- Members of the group wishing to take part in any of the cross cutting groups to email LK
- LK to circulate microalbumin table to the group
- Stockport and Salford to email GTT Protocols to LK for circulation and discussion
- LK to circulate information on GTT protocol from East Cheshire NHS Trust
- LK to contact MG re: Paraproteins Group

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

- None

**Date and Time of Next Meeting**

TBC, November 2009