

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

Biochemistry Network Advisory Group Meeting
Monday 16th November 2009, 2pm - 4pm
One Central Park, Manchester, M40 5BP

In attendance			Apologies	
Gillian Burrows	GB	Stockport NHS Foundation Trust	Gwen Ayers	CMFT NHS Foundation Trust
Margaret Drury	MD	Stockport NHS Foundation Trust	Malcolm Blower	The Christie NHS Foundation Trust
Susan Gillespie	SG	WWL NHS Foundation Trust	Colin Dennett	CMFT NHS Foundation Trust
Christine Hill	CH	Trafford Healthcare NHS Trust	Mark Guy	Salford Royal NHS Foundation Trust
Rod Hinchcliffe	RH	CMFT NHS Foundation Trust	David Hamer	Royal Bolton Hospital NHS Foundation
Keith Hyde	KH	CMFT NHS Foundation Trust	Mike Hammer	Pennine Acute Hospitals NHS Trust
Phil Hudson	PH	Collinson Grant Healthcare	Kath Hayden	CMFT NHS Foundation Trust
George Fielding	GF	Stockport NHS Foundation Trust	Matthew Helbert	CMFT NHS Foundation Trust
Neil Jenkinson	NJ	GMPCTs	Andrew	Royal Bolton Hospital NHS Foundation
Brian Keevil	BK	UHSM NHS Foundation Trust	Hutchesson	
Laura Kidd	LK	GMPCTs	Aram Rudenski	Salford Royal NHS Foundation Trust
Geoff Lavelle	GL	Tameside Hospital NHS Foundation	Lance Sandle	Trafford Healthcare NHS Trust
John Mansley	JM	Pennine Acute Hospitals NHS Trust	Felicity Stewart	Salford Royal NHS Foundation Trust
Steven McCann	SM	Stockport NHS Foundation Trust		
Rachel Pearson	RP	GMPCTs		
Stephen Scarisbrick	SS	Trafford Healthcare NHS Trust		
Jeff Seneviratne	JS	GMPCTs		
Tony Tetlow	TT	Tameside Hospital NHS Foundation		
Stephen Voysey	SV	Collinson Grant Healthcare		
Keith Wiener	KW	Pennine Acute Hospitals NHS Trust		
Gilbert Wieringa	GW	Royal Bolton Hospital NHS Foundation		

Discussion Points

- **Welcome and Introductions** – JS welcomed the members of the group including Phil Hudson and Stephen Voysey (SV) from Collinson Grant Healthcare (CGH)
- SV drew the group's attention to the emerging vision briefing paper, specifically to the 3 bottom points as these key points will form the base for today's workshop:-
- Determine the most appropriate model of service provision for their discipline by considering the population and geography of Greater Manchester and discussing the advantages and disadvantages of a number of models
- Describe what a 'hub' service and 'spoke' service would look like in the context of the above
- Describe 5 key quality metrics for their discipline, one of which should be turnaround times, taking into account the Darzi quality parameters of safety, outcomes and patient experience.
- Context – PH the explained the economic challenge of 15-20% cost and efficiency savings set to the NHS. Lord Carters report indicated that between £250- £500 million can be saved within pathology services nationally. The Treasury have taken Carter's methodology to be robust and have already banked the savings. Carter stresses that £250 million in cost savings can be attributed to cost reduction alone. The other £250 million will come from reconfiguration. Cost savings in the care pathway will be welcomed and considered but the actual savings must come from pathology. SV stressed that the invest to save argument will be listened to sympathetically but a solid case will be required. There are 10 SHA's so in theory that's a saving per SHA of £50 million.
- The Network has been asked to produce a list of option appraisals based around the 3 key points mentioned above.
- SV asked the group for their views on reconfiguration/consolidation? The group heard that at the recent Harmony meeting in Birmingham Ian Barnes opened the meeting and also gave some economic context. Harmony is more quality than cost based but it was clear there is more push from SHA's to deliver rather than leaving it to be delivered locally. The group enquired what will happen if we do not meet the £500 million target.

- PH explained that we need to be forthcoming with information and state to the SHA what saving we can have so that the SHA can go back to the Treasury and fight the case. SV explained that by setting a national tariff within the best third and getting everyone upto that level nationally you would save £250 million. The other half of your savings could then come from reconfiguration. The object of today is to establish what can actually be done and go away at look at those options.
- KH stated Jim Easton had recently quoted "The centralisation of pathology services is a virtual certainty" we have to maintain the NHS as the preferred provider.
- JS explained that this piece of work is about providing a solution for GM that is attractive to both Acute and PCT CE's so that we can argue the case for long term sustainability and avoid tendering. JS stressed the need to get on with it as we will not be able to catch up. JS suggested looking at lessons learned from Cytology. The Network came up with a professionally lead solution 6 months too late and now we are faced with a tendering situation that many do not want but we cannot get out of. PH commented that a recent North London PCT tender had expressions of interest from 4 public companies and 2 private sector companies. There was a significant difference in costs and the private sector is cheaper due to market entry. Someone will make a loss to enter the market. JS stressed if we come up with a palatable plan we may be left alone to get on with it. KW stressed we need more financial information in order to give reasonable figures for cost savings. KH reassured the group that at this point in the process we just need to demonstrate the areas in which savings can be made the economic modelling will come later. SV asked the members to split into 3 groups and discuss the 3 main key points discussed earlier.
- **Network Strategy 20:20 Vision Facilitated Workshop** – Please see attached sheet.
- Group feedback – GW felt that the reluctance to engage with the process should not be misconstrued as a lack of interest. New staffing structures are coming through and possible agenda for change issues. Pennine is quoted as a possible model for reconfiguration but as yet we are actually to see if this has made any cost savings or quality data. Although the Carter methodology is not in question clarity around the origin of the figures is. Many group members are at this time unaware of their own individual Trusts agendas for clinical services.
- SV commented that it was obvious from the last meeting with Biochemistry that as a discipline it has already made inroads into reconfiguring your service. Other disciplines such as Microbiology which are behind in the automation game could yield larger savings. Due to the 4 hour TAT it is crucial that Biochemistry remains on site. Pennine Biochemistry is the hub and spoke model and JM reiterated that although it is perhaps a temporary solution at least they were in charge of their own destiny. MD enquired how many staff members were employed prior to the merger and JM confirmed that there has been no change in staff levels. JM also commented that the driver at Pennine was not pathology and pathology did not set the agenda.
- GW enquired once the option appraisals are complete who will write the report? NJ confirmed that the Strategy group will write the report and present it to the CEs in January 2010 then the next phase will be economic modelling.
- BK enquired that if centralisation to one site was achieved do any group members feel we have a current suitable hospital site? KH confirmed the re emergence of the Warrington lab model. BK stated that a Greenfield site would be the only possible way to put all people together and it work. The group confirmed that the merger between Wythenshawe and Withington only truly worked when everyone moved to a new common site.
- **Any other Business**
- **Notes of 8th September 2009 and any matters arising** – The minutes were agreed and there were no matters arising.
- **Chair's Communications** – JS reminded the group about the eRooms and NJ asked members to engage.
- The group worked through the actions from the previous meeting
- Microalbumin Testing Update – JS confirmed that many Trusts have now moved to this test.
- GTT Common Protocol – JS confirmed this will stay on the agenda for the next meeting
- POCT – KW explained that the PAG 2 POCT group have raised the issue around the diagnosis of GTT by using meters and a high fasting result. The group agreed to investigate and look at this at the next meeting.
- Paraproteins Investigations – LK gave the following paraprotein update on behalf of MG. MG has amended the guidelines prepared last year by John Martin and is awaiting Haematology input. MG will get the new guidelines ratified and then attend this NAG to update the group in person.
- Harmony – The group had a general discussion on standardisation and JS explained that following the Harmony meeting in October he has circulated information on several reference ranges within disciplines e.g. Paeds, Bio, Haematology and Immunology. These were used at the National Harmony meeting the week before. The input will be discussed at the next Harmony meeting in December. JS confirmed that Haematology is looking to standardise reporting of Hb. 70% of labs do not currently report in litres. KH agreed to take this issue to the Haem NAG for discussion. TT commented regarding paediatric ranges that surely it makes more sense to make sure your ranges are comparable with that of the childrens hospital you refer to.
- IBMS CPD – certificates were available

Actions

- LK to put GTT Common protocols on the January 2010 agenda
- LK to put POCT on the January 2010 agenda
- LK to email members the Harmony voting slips for information
- KH to take suggestion of reporting in litres to HAEM NAG

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

- None

Date and Time of Next Meeting

- Tuesday 19th January 2010, 2pm – 4pm, One Central Park, Manchester, M40 5BP

Option Appraisals -
 Biochemistry

<p style="text-align: center;">Benefits</p> <ul style="list-style-type: none"> ➤ Single management structure ➤ Savings from indirect costs ➤ Savings from direct costs marginal ➤ Consultant on-call savings ➤ Managing own transport/phlebotomy ➤ Agreed protocols/Best practice 	<p style="text-align: center;">Risks & Disadvantages</p> <ul style="list-style-type: none"> ➤ Need agreement of CE ➤ Financial stability from internal income ➤ Training ➤ Recruitment/retention and staff morale ➤ Communication ➤ Transport ➤ Clinical Liaison ➤ IT ➤ 24 hour service
<p style="text-align: center;">Constraints</p> <ul style="list-style-type: none"> ➤ Within budget 	<p style="text-align: center;">Prerequisites</p>
<p style="text-align: center;">Key metrics</p> <ul style="list-style-type: none"> ➤ Customer/user satisfaction ➤ Turn-around time ➤ Training ➤ Recruitment/retention 	