

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

Haematology NAG
Room 3.10, One Central Park, Newton Heath, Manchester, M40 5BP
Tuesday 13th January 2009 2:00pm-4:00pm

| In attendance | | Apologies | | |
|-------------------|-----|-----------------------------------------|-----------------|-------------------------------------------|
| David Alderson | DA | Trafford Healthcare NHS Trust | John Ardern | Central Manchester NHS Foundation Trust |
| Michelle Brereton | MB | Central Manchester NHS Foundation Trust | Sue Clark | The Christie NHS Foundation Trust |
| Tony Cumming | TC | Central Manchester NHS Foundation Trust | Keith Hyde | Central Manchester NHS Foundation Trust |
| Maged Gharib | MG | Central Manchester NHS Foundation Trust | Neil Jenkinson | GM PCTs |
| Roy Kettle | RK | Central Manchester NHS Foundation Trust | Peter Kinsella | Royal Bolton Hospital NHS Foundation Trst |
| Neil Laurie | NL | Trafford Healthcare NHS Trust | Caroline Shiach | UHSM NHS Foundation Trust |
| Rachel Pearson | RP | GM PCTs | | |
| Kate Pendry | KP | WWL NHS Trust | | |
| Roman Pylypczuk | RPy | Salford Royal NHS Foundation Trust | | |
| David Rowlands | DR | UHSM NHS Foundation Trust | | |
| Colin Wallbank | CW | WWL NHS Trust | | |
| Roy Worsley | RW | Stockport NHS Foundation Trust | | |

Discussion Points

- **Chair's communications** – KP explained that the last Network Board meeting was held on 12th December 2008, prior to the publication of the second Carter report, and attended by Dr Ian Barnes. The feeling at the Board is that a managed clinical network is difficult to define as there are a number of models for networks, of which GM is one.
- **2nd Carter Report** – KP asked the NAG for their views. CW felt that the report was far reaching in terms of its consolidation proposals. RPy expressed concern about the proposed national savings which amount to a not insignificant £1m-£1.5m per lab.
- DR suggested that the Carter report is just one piece of the jigsaw in terms of pathology and the DH. At the Network Board meeting, Ian Barnes explained that Pathology Services are on the DH agenda to a greater extent than ever before with a number of projects ongoing e.g. Modernising Scientific Careers, pathology in the community and involvement of the independent sector.
- RPy felt that the bulk of the work done in haematology is a core service that would need to remain locally and KP highlighted concerns expressed by some Board members about a potential loss of local responsiveness arising from consolidation.
- The implications of the 2nd Carter report and DH response for Greater Manchester will be discussed at the next meeting of the Network Board on 6th Feb 2009.
- **Notes of meeting held on 11th November 2008** accepted as a correct record
- **Matters arising** as follows:
 - **Joint meetings** – discussions still need to take place with Jeff Seneviratne (Biochemistry NAG Chair) about the format and frequency of joint meetings.
 - **Chair** – KP explained that this would be her last meeting as NAG chair. She thanked RP for her support, excellent minute taking and meeting organisation over the past few years. DR thanked KP for her work as Chair.
 - DR, as vice chair, agreed to take up the position of NAG chair whilst nominations were sought.
 - **Therapeutic Apheresis** – DA explained that he (in his capacity as RTC Chair) and Dr Deepak Sandani (National Blood Service) had prepared a paper on this issue for the NW Specialist Commissioning Team. There it was recognised that there was some merit to the proposals but that further work was most likely best progressed by a Greater Manchester task and finish group. It was therefore submitted to GM Directors of Commissioning who have asked the Network to take it forward.
 - DA provided some background explaining that a consultant at the Christie first raised the issue of a problem with stem cell harvesting that could be explored by the RTC. Alongside this issue is a shortage of intravenous immunoglobulin (IVIG) and a question of whether plasma apheresis could be used instead for some conditions. A working party was set up to look at the situation in GM. This highlighted a shortage of ability to deal with elective pheresis and emergency pheresis. MRI does not currently have the capacity to treat all patients in Greater Manchester and there is a need to improve photopheresis for transplant patients with GVHD and those with T-cell disorders.
 - DA felt that a centralised approach was preferable in terms of securing funding and providing a more cost and quality effective service. DA suggested that that the service should be centralised on the MRI site as a large number of procedures are already carried out there. Ideally a central service should also be able to ensure some local provision at other sites in GM (e.g. Salford and Wythenshawe). There are still be a number of issues to be resolved around how the service would be staffed and managed and DA felt it was essential to involve Renal and Neurology colleagues in

- discussions on how the service should be developed. He agreed to send contact details to RP so that these colleagues could join the group being convened by Keith Hyde.
- It is envisaged that stem cell collection would be part of the service and DA explained that national IVIG guidelines have been published that highlight the shortage of IVIG and the need to consider alternatives for some conditions. Each Trust should have set up a committee to control IVIG usage.
 - The costings and funding for the service still need to be explored and this will be part of the remit of the group convened by Keith Hyde. An initial meeting had been arranged for 26th Jan 09, but this date is no longer suitable for a number of key stakeholders, so a new date is to be arranged.
 - KP thanked DA for attending.
 - **Update on Workstreams** – KP felt that the NAGs would become more important as the Network builds a relationship with commissioners and the recommendations from Carter are implemented. KP explained that the Network Board were keen for the Network to focus its efforts on delivering on a small number of areas as identified by PCT colleagues and Clinical Directors. These include anticoagulation and demand management. RP explained that the Network needs to deliver solutions to PCTs.
 - **Anticoagulation** – KP reported that Caroline Shiach has arranged a meeting at Wythenshawe on 12th Feb 09
 - KP explained that she has been exploring some service models and that both Tayside and Derbyshire have set up a service across a number of PCTs with common guidelines, database, training programme and QA.
 - RW explained that Stockport have some peripheral involvement with Derbyshire scheme, which is wholly run by the PCTs and which RW felt was very well set up. The Derbyshire service uses hand held coag checks and web based software which was developed in house and is interfaced with Acute Trusts in Derby, Chesterfield, Nottingham, Stoke and Stockport. It was not clear whether such a scheme would be achievable on a Greater Manchester scale, but felt that it was worth learning more about the Derbyshire model.
 - Members felt that it would be worthwhile to have a GM training scheme and that there was scope for standardisation in terms of policies, competencies, education and training. RPy suggested the need to scope the size of anticoagulation services in GM – those Trusts present have between 25000 and 40000 patient visits per annum. KP felt a full time project manager would be needed to drive this forward.
 - Members expressed some concern about individual GPs setting up anticoagulation services that did not comply with NPSA standards. DR reported that there had been a meeting between UHSM and Manchester PCT and that while there was enthusiasm at the PCT for setting up community anticoagulation services there was not a full appreciation of the difficulty of dosing patients and the need for a lot of hands on training.
 - Connectivity was also identified as an issue, particularly the need to interface anticoagulant software to the LIMS as results are not currently going into the LIMS.
 - MG raised the issue of new drugs and their impact on anticoagulation practice in the next 5-10 years, such as two already licensed for thromboprophylaxis in hip replacement surgery. It was agreed that this issue should be discussed at the anticoagulation meeting on 12th Feb 09.
 - **Haematinics** – DR reported that he had met with Kate Ryan last week to look at the survey results and that Kate Ryan had agreed to draft clinical guidelines for comment including e.g. whether to do Schilling tests, and dealing with low B12 in pregnancy. DR felt that there was some work the NAG could do on the lab aspects of haematinics and highlighted an MSc project on reference ranges at Pennine which could possibly be expanded. MB highlighted some problems with getting reference range work cleared by the Trust ethics committee. DR agreed to arrange a meeting to discuss how to take forward work on the lab aspects.
 - **Genetic Haemochromatosis** – KP reported that this had been presented at the North West Haematologists' annual meeting in November 08 and that Peter Elton (Director of Public Health, Bury PCT) is keen to move forward on a screening programme for GM. TC expressed some reservations about the proposal and the need for more of an evidence base, suggesting that the proposal be peer reviewed. He also felt that the impact on resources and workload (lab workload, need for family studies, counselling etc.) have not been fully considered.
 - A meeting has been arranged by Peter Elton for February 09 at which KP agreed to highlight the haematologists' concerns.
 - **Electrophoresis** – KP explained that the BCSH have drafted guidance on the investigation of monoclonal bands and agreed to contact Jeff Seneviratne regarding this.
 - **Referred tests** – need for haematology input.
 - **NAG Priorities for 2009** – Members felt that the previously identified work streams should continue and that it would be valuable to work jointly with colleagues in biochemistry on demand management, referred tests and the harmonisation of units and reference ranges. It was suggested that there may also be some cross-over in developing guidance on using the lab appropriately. DR felt it would be beneficial to develop web-based interpretive guidance to help clinicians to understand lab reports. KP felt it was important to promote the lab as a consultation service as opposed to a results factory
 - KP suggested that phlebotomy could be addressed by the POCT PAG.
 - It was agreed to have a standing item on any issues or questions relating to transfusion with the recognition that the NAG does not wish to duplicate the work of the RTC.

- **Network response to Modernising Scientific Careers Consultation** – RP explained that the Network is keen to formulate a response to the consultation and asked any members with comments to contact her. The consultation documents are available from: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_091137. DR reported that he attended the NW BMS Education Group meeting this morning and that they are formulating a response to the proposals. The general feeling of the NW group is that the proposals are welcomed, although some concerns have been expressed about a lack of detail, particularly around the transition to the new career framework. The group had mixed feelings about the proposals for rotational training and TC felt that the proposals represented different challenges across the pathology disciplines.
- **PAGs – Update on progress** – was reported as follows:
 - **PAG 1 – HER2** - Local EQA is taking place and the PAG are embarking on an audit of the service. Membership is made up of the three labs providing the Network service (Christie, Salford and Stockport)
 - **PAG 2 – POCT**– The PAG are working on a number of work streams to raise the profile of POCT, agree quality standards, standardisation, governance, connectivity and building relationships with commissioners.
 - **PAG 4 – Workforce** – A consultation on Modernising Scientific Careers will run until 27th February 2009. The PAG are keen to formulate a Network response to the proposals. The PAG are also evaluating a tool to support workforce planning in pathology.
 - **PAG 5 – IM&T** – GP Order Comms is being rolled out across Greater Manchester and has been very well received, with noticeable improvements in data quality. Those present reported progress as follows:
 - Salford - 2 pilots starting
 - Stockport – now rolled out to 12 practices
 - Trafford – 2 pilots running
 - UHSM – all wards online; delay on GP roll-out as awaiting PCT trainers
 - CMFT – 1 practice live
 - There was some discussion about providing hard copy reports to GPs and the consensus view was that this is likely to be phased out as electronic requesting becomes embedded.
 - On the Lab 2 Lab project, all iSoft interface orders have now been placed and negotiations with Clinisys are ongoing.
 - **PAG 7 – Communications** – The website design has now been approved and the site is currently being built. RP explained that progress on this has been delayed by the loss of the Network’s admin resource.
 - **Molecular Diagnostics** – TC explained that although there is no longer a molecular diagnostics PAG, he has been meeting with Rob Elles (Regional Genetics Lab, St Mary’s) on a quarterly basis and will feed back any issues. He suggested that the PAG may need to be reconvened.
 - **Any other business** – RPy highlighted the recently circulated *UK Transfusion Laboratory Collaborative - Recommendations on minimum standards for hospital transfusion laboratories*, which recommend a significant increase in the qualifications required for staff working in transfusion laboratories. RPy felt that this upskilling in transfusion may threaten a number of transfusion laboratories and expressed concern about a lack of suitably qualified staff to meet to proposed requirements. The recommendation is that all biomedical scientists at career framework level 7 or above and who supervise and take responsibility for work at any time within a blood transfusion laboratory will have one or more of the following qualifications:
 - FIBMS Blood Transfusion
 - MSc or FIBMS in another discipline in conjunction with an IBMS Higher Specialist Diploma in Transfusion Science.
 - MSc in Transfusion and Transplantation from a university accredited by the IBMS or approved by the British Blood Transfusion Society (BBTS)
 - For out of hours a senior member of staff with one of the above qualifications must be available and this may require local collaboration with other hospitals and Trusts.
 - Though not clear from the document, DA explained that these were a draft and that comments on them should be submitted before the next national committee on 23rd March 09. A second draft is to be circulated that has been accepted by MHRA.
 - **Haemoglobinopathy Update** – TC reported that since 1 July 2007, when funding for haemoglobinopathy genetic diagnosis was made directly available from north-west PCTs, 164 individual patients and 27 couples for prenatal diagnosis have been referred through the Department of Haematology MRI to the haemoglobinopathy national genetics reference laboratory in Oxford. During the calendar year January 2008 to December 2008 these figures were 126 and 21, respectively.
 - The New North-West molecular diagnostic service became operational on 1 January 2009. The majority of samples are no longer being referred to Oxford. Cases for prenatal diagnosis will, however, continue to be referred, at least for the foreseeable future. DNA sequencing is being used for Beta thalassaemia point mutation detection, with PCR being used for Alpha thalassaemia deletion mutation detection. This diagnostic approach has been validated over a period of months by parallel testing of external test referrals to the Oxford laboratory. This has been done for more than 100 referred samples and there have been no discrepant results.

- Referral guidance for genetic diagnostic testing in haemoglobinopathy and other documentation relating to the service are available via: <http://www.cmmc.nhs.uk/directorates/labmedicine/departments/haematology/Haemoglobinopathy.asp>
- TC welcomed any comments from members on the service and the reports. There is currently no formal EQA scheme for haemoglobinopathy, though the MRI are involved in some informal pilots.
- IBMS CPD certificates were available.

Actions

- Chair to discuss format and frequency of joint meetings with Jeff Seneviratne
- RP to call for nominations for Chair
- DA to send NHSBT and Renal colleagues contact details to RP
- Impact of new drugs on anticoagulation practice to be discussed at anticoagulation meeting on 12th Feb 09
- Kate Ryan to draft clinical guidelines on haematinics
- DR to arrange meeting on lab aspects of haematinics
- KP to highlight concerns of haematologists re: GH at meeting in Feb 09
- KP to contact Jeff Seneviratne regarding BCSH draft guidelines on the investigation of monoclonal bands
- Any members with comments on the Modernising Scientific Careers proposals to contact RP
- RP to circulate UK Transfusion Laboratory Collaborative Recommendations

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

- None

Date and Time of Next Meeting

Tuesday 10th March 2009 2pm-4pm – One Central Park, Northampton Road, Manchester, M40 5BP