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

**Haematology NAG**
**Room 3.23, One Central Park, Newton Heath, Manchester, M40 5BP**
**Tuesday 10h March 2009 2:00pm-4:00pm**

| In attendance | | | Apologies | |
|---|---|---|---|---|
| Michelle Brereton | MB | Central Manchester NHS Foundation Trust | John Ardern | Central Manchester NHS Foundation Trust |
| Sue Clark | SC | The Christie NHS Foundation Trust | Tony Cumming | Central Manchester NHS Foundation Trust |
| Keith Hyde | KH | Central Manchester NHS Foundation Trust | Kiran Dhir | Pennine Acute Hospitals NHS Trust |
| Gwynne Lloyd | GL | Stockport NHS Foundation Trust | Neil Jenkinson | GM PCTs |
| Rachel Pearson | RP | GM PCTs | Roy Kettle | Central Manchester NHS Foundation Trust |
| David Rowlands | DR | UHSM NHS Foundation Trust | Neil Laurie | Trafford Healthcare NHS Trust Royal |
| Colin Wallbank | CW | WWL NHS Trust | Caroline Shiach | UHSM NHS Foundation Trust |
| Roy Worsley | RW | Stockport NHS Foundation Trust | | |

**Discussion Points**

- **Chair's communications** – DR 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.
- **Notes of meeting held on 13th January 2009** accepted as a correct record
- **Matters arising** as follows:
- Chair – RP explained that she had received no nominations to date. It was agreed to leave nominations open until the next meeting, when a permanent chair would be appointed. If no other nominations are received, DR agreed to act as NAG chair on a permanent basis.
- **Anticoagulation** – Caroline Shiach had cancelled the meeting scheduled for 12th Feb 09 owing to little interest. MB felt this was disappointing, as even a small meeting with some interested parties would have been worthwhile and could have gathered momentum.
- KH explained that Manchester PCT are keen to move anticoagulation services into the community (dosing and monitoring) and have been speaking to Trusts about this. KH felt there was a role for the Network in advising the PCT on the most appropriate way of taking this forward and DR agreed. RW felt that there is a great deal of expertise within the Network and that by using these collective strengths a very good service could be developed.
- DR expressed concern that PCTs may be underestimating the difficulties and challenges around QC and clinical governance. RW agreed, highlighting that across Derbyshire, it was only stable patients who would be managed in a community setting, with more complex patients continuing to be managed in the acute sector – meaning little reduction in the number or frequency of clinics as those patients still attending hospital clinics were those that needed the most support.
- CW suggested that GPs at Level4 are required to do their own anticoagulation, alongside requirements to manage e.g. diabetic patients.
- DR supported more testing closer to the patient but felt that clinical governance should rest with the hospital haematologists. KH agreed that the expertise for testing/dosing/quality control is within the NHS, but highlighted that anticoagulation services may be tendered. As part of the World Class Commissioning agenda, PCTs are under pressure to stimulate the market by tendering services.
- KN explained that NJ has been speaking to Gail Cinnamon (Commissioner – Manchester PCT) and that some discussions have taken place with clinicians from North (Martin Rowlands), Central (Mike Nash) and South (Caroline Shiach) Manchester to help the PCT define stable patients that could be managed in the community. KH felt that it was important for the Network to ensure appropriate governance of services is in place and DR agreed that it was essential to maintain open communications with the PCT to ensure they receive best advice from the Network.
- DR suggested looking again at the anticoagulation subgroup of the NAG. RW felt that the original subgroup had tried to tackle too many issues in one go, and that it would be beneficial if it could concentrate on this one element (i.e. dosing and management in the community). DR felt it was important to keep the group small to ensure speedy communication and progress and suggested one or two medics and scientists as well as nurse and a pharmacist. CW suggested it would be helpful if terms of reference were drawn up for the group to ensure that they have a clear remit. DR agreed to draft terms of reference and seek feedback on these and expressions of interest. Members felt that it was important to involve Dr. Shiach.
- **Network response to proposals for GM Programme of targeted screening for Genetic Haemochromotosis** – KH explained that Tony Cumming has agreed to draft this, based on his own views and those of Drs. Ryan and Price at MRI. Having looked at the literature and the data, the aforementioned do not agree that there is a sound case for the introduction of targeted screening. This is primarily from the perspective of clinical benefits, though it is also felt that inadequate

consideration has been given to the additional resources required for genetic testing and counselling. It was agreed to put a recommendation to the Network Board not to support the proposals on the basis of expert opinion.

- KH felt that it was important to emphasise that there are other priorities for Haematology (e.g. Anticoagulation)
- **Therapeutic Apheresis** – KH explained that it had not yet been possible to arrange a meeting to take this forward. (Secretary's note – a meeting has now been arranged for 18th March 2009 – to be attended by David Alderson, Alison Rylands (Commissioning), Keith Hyde, Khaled El-Ghariani (National lead on apheresis – NHSBT), Rachel Pearson).
- **SWOT analysis on the implications of Carter/Darzi for Haematology** – 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 the 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 explained that as part of the DH Contestability Framework, if any service is being changed it must be tendered and highlighted current **services being tendered** as follows:

1. Immunology (Pennine)
2. Cytology – already tendered in Republic of Ireland - service now being provided by Quest Laboratories. Despite the Network arguing the case not to tender and offering a professionally managed solution, PCT CEs across Greater Manchester (also Cumbria and Lancashire) have agreed to tender cervical cytology screening.
3. IS CATS – now operational in Greater Manchester, seeing >800 patients in the first three weeks. Pathology provided by TDL (private lab in Salford Quays).
4. Primary Care Pathology – biochemistry, haematology and microbiology. TDL are advertising for primary care work and BMS staff.
5. POCT
6. Anticoagulation
7. Pathology – Bedford currently tendering, also Watford. Pathology services delivered in partnership with private sector at Guys and St. Thomas'.

- 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 showed a short video highlighting global trends and technological developments, which Dr Hannan had used as part of his presentation to the FiLM conference.
- 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.
- DR suggested that it may be useful for the labs in the Network to carry out a local benchmarking exercise to facilitate the sharing of best practice. RW felt that this suggestion was a clear indication of how far the Network has developed and the levels of trust and engagement it now enjoys.
- A summary of the discussions around the SWOT analysis is detailed in the table below.
- **PAGs – Update on progress** – the report was tabled.
- **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)
- 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
- IBMS CPD certificates were available.

## Actions

- Any nominations for the role of NAG Chair
- DR to draft terms of reference and seek expressions of interest for anticoagulation group
- TC to draft Network response to proposals for GM programme of targeted screening for Genetic Haemochromotosis

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

- Not to support the proposals for GM programme of targeted screening for Genetic Haemochromotosis

## Date and Time of Next Meeting

Tuesday 12th May 2009 2pm-4pm – One Central Park, Northampton Road, Manchester, M40 5BP

NHS Networks New Network of the Year 2007

the Greater Manchester **Pathology** (Laboratory Medicine) Network

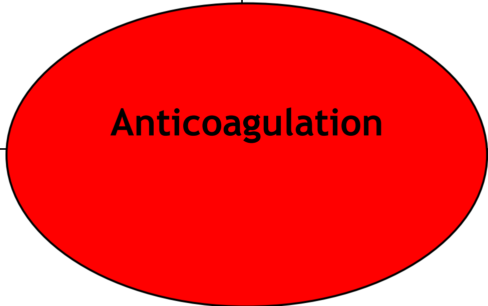
# Carter/Darzi SWOT Analysis - Haematology

## Strengths

- Individual expertise
- Expertise around GM e.g. Lean, POCT
- Well established Network
- Access to information/expert opinion
- Visible profile
- IT – L2L/GPOC/POCT
- Good relations with users – overall GPs happy with service
- Track record of delivery as a Network
- Clinical input
- CPA accreditation

## Weaknesses

- Difficult to influence end-to-end e.g. IT, transport
- Need for transparent decision making process
- Lack of clinical engagement
- Commitment/clinical overload
- Communication between Network and Trusts
- Not sharing best practice
- Too long to make decisions
- Demand management
- Not telling people how good we are
- Poor understanding of costs




Modernising Scientific Careers

## Opportunities

- Marketing Pathology
- Provide consistent approach and protocols - sharing best practice
- Take lead rather than be led
- Provide QA/Governance/Training for Primary Care providers
- POCT – ambassadors
- Health screening
- Demand management
- Phlebotomy

## Threats

- ICATS/IS
- Finance - credit crunch
- CIP - Trusts
- WCC/Tendering/Contestability framework
- DH Directives
- Age profile of workforce

## Cross-cutting issues

- Network-wide IT and transport