

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

**Haematology NAG
Room G54, One Central Park, Newton Heath, Manchester, M40 5BP
Tuesday 8th September 2009 09.30am - 11.30am**

In attendance		Apologies		
John Ardern	JA	Central Manchester NHS Foundation Trust	David Alderson	Trafford Healthcare NHS Trust Royal
Kiran Dhir	KD	Pennine Acute Hospitals NHS Trust	Sylvia	WWL NHS Foundation Trust
David Hamer	DH	Royal Bolton Hospital NHS Foundation Trst	Chernigoy	
Michael Heaton	MH	Pennine Acute Hospitals NHS Trust	Susan Clark	The Christie NHS Foundation Trust
Neil Jenkinson	NJ	GM PCTs	Steven Craig	UHSM NHS Foundation Trust
Roy Kettle	RK	Central Manchester NHS Foundation Trust	Jack Flevill	East Cheshire NHS Trust
Laura Kidd	LK	GM PCTs	Maged Gharib	Central Manchester NHS Foundation Trust
Peter Kinsella	PK	Royal Bolton Hospital NHS Foundation Trst	John Grainger	Central Manchester NHS Foundation Trust
Neil Laurie	NL	Trafford Healthcare NHS Trust Royal	Mark Grey	Royal Bolton Hospital NHS Foundation Trst
Rachel Pearson	RP	GM PCTs	John Houghton	Salford Royal NHS Foundation Trust
Roman Pylypczuk	RPy	Salford Royal NHS Foundation Trust	John Hudson	East Cheshire NHS Trust
Bill Randall	BR	The Christie	Keith Hyde	Central Manchester NHS Foundation Trust
David Rowlands	DR	UHSM NHS Foundation Trust	Gwynne Lloyd	Stockport NHS Foundation Trust
Jeff Seneviratne	JS	GM PCTs	Kate Pendry	NHS BT
Stephen Voysey	SV	Collinson Grant Healthcare	Irfan Qureshi	Tameside Hospital NHS Foundation
Colin Wallbank	CW	WWL NHS Foundation Trust	Martin Rowlands	Pennine Acute Hospitals NHS Trust
			Vivek Sen	Pennine Acute Hospitals NHS Trust
			Caroline Shiach	UHSM NHS Foundation Trust
			Nick Telford	The Christie NHS Foundation Trust

Discussion Points

- **Welcome and Introductions** – DR welcomed everyone to the meeting and the group members introduced themselves for the benefit of Stephen Voysey from Collinson Grant Healthcare.
- **Network Strategy Group** – SV of Collinson Grant Healthcare gave a presentation explaining that between now and December there will be a series of meetings enabling each NAG group to produce a briefing paper for their discipline. In November the groups will discuss and decide which recommendations they will present to the Network Strategy Group in December.
- SV explained to the group that after this meeting Collinson Grant will send invitations to all members of this group enabling them to access the E Room. 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/erom/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
- SV explained that the E Room houses a folder for each of the NAG disciplines and that these folders are private so that only members of the relevant NAG may view the conversations. If you a member of more than one NAG you will have access to the relevant folders.
- RPy stated that all the folders in the E Room should be public not private. There should be no secrecy and that a discussion in one folder may spark something of interest for another discipline. The group commented that there was no folder for Immunology, but it is included with Biochemistry. The group discussed the potential for the November NAG meeting to be a joint Blood Sciences meeting. The group decided that they would prefer a separate meeting in November perhaps followed by a joint meeting.
- The group also felt that the E Room could be a good place to post problems and that a number of solutions could be gained through discussion and information sharing.
- **Future Service** – The group kicked off the discussions with DR suggesting a move towards a more comprehensive Blood Sciences department. DR commented that upon introductions most members stated they were from Haematology only the representative from Bolton stated from Blood Sciences. DH and PK explained that the Blood Sciences department at Bolton is Immunology/Microbiology (Serology)/Biochemistry and Haematology. The group discussed that some sites will have physical constraints where a move is considered.
- The group discussed targets set by their individual trusts as well as the 20% aspirational target set by the CEs. The Trust at UHSM has set a 15% target as a whole within 2 years from April 2010. Generally labs believe keeping work in house keeps costs cheap. Also labs with a wide repertoire attract staff.
- The group discussed the issues around staff and recruitment. The group agree that recruiting staff is possible but keeping them is the issue. Newly qualified staff are relatively easy to recruit but staff move from Trust to Trust within GM. The

other issue is that 70% of the working week is out of hours and so Band 6's are needed to run the service. The introduction of MSC will mean more generic training it will not solve the issue if you need a specialist in transfusion.

- The group returned to the issue of the 20% aspirational target and stressed that it needs to be looked at as broadly as possible. JS stressed any saving to the health economy can be included. This includes how costs are changed/distributed. Savings in the patient pathway as a result from a change in pathology will be counted. Savings due to income will not be included as the economy is shrinking therefore revenue cannot be counted.
- DR stated that year on year laboratories take on extra work but no extra staff. The group discussed POCT testing in the community. The anticoagulation POCT is more expensive but it releases cash in other areas as testing in the community means there is no need for transport costs. DH pointed out that lab staff should be carrying out the tests in the community not nurses as this would reduce costs.
- NJ asked if each group member could supply an A4 sheet outlining their Trusts current model and what their Trust is working towards.
- **Technology** – RPy commented that new technology creates demand. The demand is not always appropriate e.g. the mentality of we have a new test lets do it. DH pointed out with new tests the clinicians do not always follow the correct pathways and guidance. The group agreed that the Network need to advise/guide when to use new tests. Bolton commented that if the Network reconfigures and centralizes testing this could cause more issues as a test could take 10 minutes to carry out and 6 hours to transport. Could do test in hospital within in 10 minutes (patient value stream). The other side of the argument in that Trusts that want to repatriate work will de-stabilize the Network. Carrying out non routine tests in house will deprive the bigger labs that have employed specialist staff. There could also be the consequences of Autolabs that could be left empty.
- The group discussed the variations in instrumentation across the region. There could be huge potential savings in procurement if the Network purchased instrumentation for all the Trusts within the GM region. The group were asked to consider if standardisation is a good thing for the Network. The group felt that yes standardisation of testing kits and processes is a good thing but would not necessarily improve quality of service or efficiency.
- **Demand** – The group suggested that there is demand for a number of different services and models. Patients want results there and then but GPs may not want to have to make an immediate decision there and then regarding patient care. There is a potential for further inappropriate testing and unnecessary GP/clinic appointments/visits if results are given there and then. There is a place for delivering immediate results within a strictly guided pathway. The group discussed the possibility of using software within the laboratory to reduce inappropriate testing but the patient will still have been bled and therefore there are cost implications upto the sample arriving at the lab.
- The group discussed transfusion and the issue of wasting blood. Progress is being made but there is a need to engage with clinical specialties. Financial incentives could be introduced. Currently it is easier to do a full blood count than argue which bits really need to be done. SV explained that Collinson Grant have recently participated in work elsewhere where the top 10 -20 requested tests were looked at and a pattern emerged with GPs in certain geographical areas. The group also discussed the potential in Haematology Specialist Consultants visiting hospital wards to educate ward staff on inappropriate testing.
- **Workforce** – GPs tell patients come back for results in two weeks. Labs turn tests around in 2 hours. During a study of transport it was established that it is less than 4 hours from anywhere to anywhere therefore with a central lab on the M60 a 24 hour turnaround is still achievable. Do we need to be doing tests out of hours at all if GPs are giving 2 weeks?
- The group agreed that to run an everyday lab service you require Band 3s and 4s as they are supervised but for out of hours Band 6s are needed. Band 3s and 4s easier to harmonise as they are not as particular about instrumentation etc. DH raised the point that now with automated transfusion are Band 6s still needed? JS enquired if every hospital needs an on site presence or could Trusts share or have a remote system? MH commented that guideline state you should have a qualified person on site.
- A principal issue seems to be lack of control over transport. Bolton lease vans and employ drivers but still the service is poor as the drivers have to collect when the GPs want. Late afternoon seems to suit a majority so still a majority of the lab work is done late afternoon.
- **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)
- KD mentioned that labs are always asked to make efficiencies, but GPs and patients can be demanding. A patient will have the same problem at 9pm that they have at 2pm so there is a need for laboratories to work 24/7.
- **Any other business** -
- **3.1 Notes of meeting held on 14th July2009** – The minutes were agreed as a correct record and there were no matters arising.
- **3.2 Chair's communications** – There were no communications

- **For Information:**
- **Anticoagulation** – DR has emailed Gail Cinnamon but to date has had no response.
- **Therapeutic Apheresis** – DA was unable to attend today's workshop – NJ reported that project management support is being sought.
- **PAG Updates:**
- **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 year's 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 30th 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.
- **IBMS CPD certificates** were available.

Actions

- NJ asked each group member to supply an A4 sheet outlining their Trust's current model and what their Trust is working towards. These can be emailed to LK or RP.
- DR to chase Gail Cinnamon
- 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

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

- None

Date and Time of Next Meeting

TBC, November 2009