

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

Haematology NAG

John Bray Suite, Holiday Inn, 888 Oldham Road, Newton Heath, Manchester, M40 2BS
Tuesday 16th March 2010 2.00pm - 4.00pm

In attendance		Apologies		
Michelle Brereton	MB	Central Manchester NHS Foundation Trust	John Ardern	Central Manchester NHS Foundation Trust
Susan Clark	SC	The Christie NHS Foundation Trust	Tony Cumming	Central Manchester NHS Foundation Trust
Margaret Drury	MD	Stockport NHS Foundation Trust	Mike Dennis	The Christie NHS Foundation Trust
David Hamer	DH	Royal Bolton Hospital NHS Foundation Trst	Neil Jenkinson	GM PCTs
Michael Heaton	MH	Pennine Acute Hospitals NHS Trust	Roy Kettle	Central Manchester NHS Foundation Trust
Keith Hyde	KH	Central Manchester NHS Foundation Trust	Rachel Pearson	GMPCTs
Laura Kidd	LK	GM PCTs	Kate Ryan	Central Manchester NHS Foundation Trust
Peter Kinsella	PK	Royal Bolton Hospital NHS Foundation Trst	Jeff Seneviratne	GMPCTs
Neil Laurie	NL	Trafford Healthcare NHS Trust Royal	Andrew Will	Central Manchester NHS Foundation Trust
Gwynne Lloyd	GL	Stockport NHS Foundation Trust		
Lynn O'Connor	LO	Tameside Hospital NHS Foundation		
Roman Pylypczuk	RPy	Salford Royal NHS Foundation Trust		
David Rowlands	DR	UHSM NHS Foundation Trust		
Colin Wallbank	CW	WWL NHS Foundation Trust		

Discussion Points

- **Welcome and Introductions** – RPy welcomed the group.
- **Notes of meeting held on 18th January 2010 and Any Matters Arising** – The minutes were agreed as a correct record and there were no matters arising.
- **Chair's communications** – There were no Chair's communications
- **Network Strategy Update** – KH updated the group on the situation with the 20:20 Emerging Vision and asked the group to put together a sheet of A4 to be fed to NJ via RPy representing the groups views to be compounded within the Emerging Vision SOC. The document is due to go to the Strategy Group on 26th March 2010 followed by the GM Pathology Network Board on the 14th April 2010. Initially the paper was due to be presented to the CEs on 16th April 2010 but it is felt that this does not allow enough time for consultation and the paper will now be presented in May/June 2010. RPy asked for 3-4 group members to volunteer to form a small sub group to meet next week and produce the requested A4 sheet. DR enquired if after the 14th April when the paper has been presented will there be an opportunity to fine tune the paper prior to the presentation to the CEs.
- KH recapped on the economic climate showing a slide which demonstrates the 0.5% predicted growth in the NHS for 2011 onwards this is the lowest ever increase since the NHS began in 1948. KH also showed a selection of slides from the Chief Executives Forum on 26th February 2010 led by the Acute CEs, Commissioners and SHA. The view from the DH is that the QIPP agenda will resolve the problems. KH explained that NHS Northwest has recently appointed Dr Mike Cheshire as their new Medical Director and that Mike is the nominated executive lead at NHS NW for the QIPP Pathology workstream. KH demonstrated the 5 levels of action. Level 1 being individual organisation up to level 5 national. Level 3 is whole health economies (reconfiguration). KH explained to the group that from the £500,000,000 savings mentioned in Carter would come half from lean and efficiencies and the other half from reconfiguration. Pathology has been an easy target due to the DH and Treasury felling that the Carter methodology is robust. KH stated that the message has changed recently from collaboration to rationalisation.
- **Questionnaire Feedback** – KH explained that the figures taken from the mini Keele benchmarking show a total non-pay and pay figure of £6.4 million and a total salaries figure of £11.2 million for Haematology. The data is very raw and needs clarification and ratification but shows a total GM Pathology spend of £125,000,000. The Carter review and mini Keele information gives GM Pathology services a figure of £20-25 million to save.
- KH continued that the debate for today is the Continuum of Service Provision, what the group feels is essential to remain on site. Rule of thumb due to A&E TATs is any result needed within 4 hours should remain on site. KH explained to the group the Options for the Future the 3Cs
- Continue as we are
- Consolidation of services
- Consolidation of Primary Care services – e.g. all Primary Care Services into one factory. This is the option that PCTs and Commissioners are leaning towards. The group discussed that the removal of all Primary Care work would shake the foundation of Pathology and some Trusts may collapse. The current situation has seen a degree of warming up from the CEs to the suggestion of sectorisation. The group was asked to focus on whether what Pennine has achieved is feasible to work in sector model. KH explained that there has been difficulty in collating the information within the questionnaires although there are a number of very valuable ideas and arguments. DR suggested that as a group the Network could say

to Commissioners that wherever the Primary Care work goes it will be charged at the same rate and less than the tariff. SC enquired if within the SOC there will be a demonstration of the savings that the suggested models will achieve. KH explained that help has been sourced from the CBS with regard to economic modelling. The Treasury has already banked £250-500,000,000 and if we do nothing each Trust could potentially take a hit of between £1 – 5 million per Trust. The group agreed that this would result in some of the labs around the table closing. CW commented that there will be no decrease in activity so there is a need to cut staff and equipment costs. RPy commented that if Salford lost its Primary Care work they would have to consider downsizing their capital equipment and simply not renew contracts. This could produce procurement savings across GM if all Trusts without GP work followed suit. The group also suggested that pathology could become a stand alone self governing cooperative. MD commented that this could be the necklace model referred to in KHs earlier slides. MD explained the way that SPAR works each branch is independent but they have uniform branding and merchandise with very close communication links but are not governed by one large head office more of a virtual overall company. The group felt that this is the model we currently have although maybe we focus on different things if we looked at becoming more uniform with regard to transport, phlebotomy etc then unification could produce savings. MH expressed concerns that the necklace model will produce the scale of savings required based upon his experience of working with Dr Ian Barnes. The group feels that a sector model could work for Central/Pennine/South and West.

- DH expressed his interest in investigating which suggested model will give the best savings. KH responded that it is not for us to decide we need to focus on which option will survive the removal of £25 million of funding subject to economic modelling. KH reminded the group that we still have the 10 high impact changes which need to accompany the paper.
- Quality Metrics – KH explained about the Pathology Futures Group led by Ian Barnes and Gifford Batstone. JS is a member and the group is looking at national key quality indicators. The Key Quality Indicators for Pathology as a Clinical Service have been split into aspect of quality service and then given a suggested measure. There are three categories of measures:-
 - Outcome measures
 - Process measures (such as waiting times)
 - Structure measures (the presence or prevalence of specific capability)
 - There will need to be scoring of each key indicator to decide if it is outcome, process or structure. The other suggested method of evaluation is the 7 tests listed below to evaluate a measure of quality:
 - Utility – why would you want to measure this?
 - Feasibility – how would you measure it?
 - Comparability – are results from different services comparable?
 - Differentiation – is the measure likely to show up differences between services?
 - Diagnosis - do you know what to do with your result
 - Authority – who decides what's good?
 - Credibility – is the measure accurate? Is it credible? Can it be gamed?
 - The group agreed that our own agreed metrics could be added to the national metrics.
- RPy enquired which members would be available to form the sub group and stressed that they would need to be able to commit to 2-4 sessions next week to get the information together for NJ. DR volunteered and LK agreed to email the group as a whole to see if other members unable to attend today would like to contribute. DR agreed to supply his availability for next week and RPy confirmed he will fit his availability around DRs. SC asked to be included so that she can also attempt to be free to attend. LK agreed to produce a spreadsheet and collate all the questionnaire responses for use at the proposed meeting.
- The group discussed excess capacity and associated costs. MD enquired if there is evidence to suggest that excess capacity costs us money. It was agreed that capacity is not just machines it is floor space etc. Bolton commented that they released 50% of capacity but still generate an income. Analysers do not run 24 hours and maintenance contracts need to be included. MH mentioned a Trust that takes GP work for other Trusts and runs the analysers 24 hours. Some labs in GM could take on high volume of GP work and run analysers 24 hours a day. This could save money if the other Trusts get rid of the redundant analysers. RPy pointed out that if a Trust loses 40% of its GP work the Trust accountant will say immediately you need 40% less staff. This would mean that labs could not function so this must be mentioned in the data presented to NJ. DR mentioned that if all Immunology work was centralised to a few labs and charged a marginal cost this would save money. MD commented that staff structure needs to be addressed as acute service providers need 24 hour staff cover. The group felt that Haematology as a service should have a special plea case due to transfusion. MD confirmed that it is the DH that restricts the transfusion service to being run by band 6's hence the cost. This is the same reason that also gives Haematology a strong case for retaining a presence at all sites. MH explained that Pennine have tried to run transfusion remotely (only 4 miles away) but have been stopped at every turn.
- **Any other business** –
- GM LIMS – The group asked LK for an update on the procurement of a single LIMS system for GM. LK explained that Project Manager David Slater has been tasked by the GM LIMS Board with the production of a Strategic Outline Case. This development has meant there has been no current need for the GM LIMS Team to meet and there are no more

meetings currently scheduled. The timeline for the 1st stage is end of March 2010. The initial estimate for the procurement of the single system is £5 – 10,000,000. This figure will have to justify expenditure and benefits. NHS Wales have made a decision on their preferred provider but the decision is not in the public domain as yet and the budget has been set at £7,000,000 for 13 sites across Wales.

- LAB2LAB – The group felt that the LAB2LAB project could be beneficial to whatever model is finally chosen as the benefits are already being demonstrated in a number of hospitals across GM.
- IBMS CPD – certificates were not available and LK will post out to members. LK confirmed that all members present will require a certificate.
- HAEM NAG – RPy stressed that although we are coming to the end of contributing to the 20:20 Emerging Vision there is a need for this group to continue regardless of the CE's decision. DR added that it is beneficial for this group to continue re standardisation etc regardless of the Network situation.
- RPy asked that succession planning be in the offing. A deputy is required to attend and chair meetings in RPy's absence and to eventually succeed him. RPy asked for members to give this some thought and it can be discussed again.

Actions

- RPy to form small sub group to produce data for NJ
- LK to email all members re: sub group volunteers
- LK to produce spreadsheet of questionnaire responses for Haematology
- LK to email IBMS CPD certificates when available
- All members to consider succession and the future of the group

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

- None

Date and Time of Next Meeting

- Tuesday 18th May 2010, 2pm – 4pm, Venue TBC