

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

**Haematology NAG**

Manchester Suite, Holiday Inn, 888 Oldham Road, Newton Heath, Manchester, M40 2BS  
Thursday 27<sup>th</sup> May 2010 2.00pm - 4.00pm

In attendance		Apologies	
John Ardern	JA	Central Manchester NHS Foundation Trust	David Alderson
Susan Clark	SC	The Christie NHS Foundation Trust	Tony Cumming
Margaret Drury	MD	Stockport NHS Foundation Trust	Mike Dennis
David Hamer	DH	Royal Bolton Hospital NHS Foundation Trst	Keith Hyde
Michael Heaton	MH	Pennine Acute Hospitals NHS Trust	Neil Jenkinson
John Houghton	JH	Salford Royal NHS Foundation Trust	Roy Kettle
Neil Laurie	NL	Trafford Healthcare NHS Trust	Laura Kidd
Gwynne Lloyd	GL	Stockport NHS Foundation Trust	Kate Ryan
Lynn O'Connor	LO	Tameside Hospital NHS Foundation	Jeff Seneviratne
Hitesh Patel	HP	WWL NHS Foundation Trust	
Rachel Pearson	RP	GMPCTs	
Roman Pylypczuk	RPy	Salford Royal NHS Foundation Trust	
David Rowlands	DR	UHSM NHS Foundation Trust	
Colin Wallbank	CW	WWL NHS Foundation Trust	
Claire Whitehead	CIW	Central Manchester NHS Foundation Trust	

**Discussion Points**

- **Welcome and Introductions** – RPy welcomed the group and members introduced themselves.
- **Notes of meeting held on 16<sup>th</sup> March 2010** – MD pointed out that the previous minutes stated that the emerging vision paper would not be presented to CEOs on 16<sup>th</sup> April 2010, when in fact it was. The minutes were otherwise agreed as a correct record.
- **Matters Arising - Deputy Chair** – RPy reported that SC has been proposed and seconded.
- **Chair's communications:**
- **20:20 Update and Discussion** – RPy reported that the NAG chairs met with Neil Jenkinson and Jeff Seneviratne on 6<sup>th</sup> May 2010 where they were told that CEOs had signed up to the principle of consolidation. There were no recommendations from the CEOs as to which model of consolidation, but the CEOs did recognise the need for well established governance arrangements and raised some questions about financial modelling. It is now up to the NAGs to determine the best consolidated model for their discipline. This is a recognition that the solutions may be different for the different disciplines, though there was an appreciation of the likely common ground between the blood science disciplines. RPy explained that the NAG chairs wanted an official announcement from CEOs and suggested that if members are not clear what CEO backing there is, it is up to them to approach their CEO to confirm. RPy explained that it is up to the NAG to make a recommendation to CEOs on the future shape of haematology services for Greater Manchester.
- CW highlighted that Wigan, Bolton and Salford have already begun to consider consolidation of their three laboratories. DH felt that it was not the role of the Network to advise Trusts how to develop their services. RPy emphasised the role of the NAG in advising on a GM-wide model; it will be up to the NAG to determine the appropriate number of clusters for haematology to meet the challenge set by CEOs.
- DH asked about the financial modelling. RPy explained that the NAGs are not expected to do this and that the Network will secure the appropriate resource. This may include the development of a tariff. The Network Board will recommend the overarching structure, based on the output from the NAGs.
- DR asked whether there should be a 'blood sciences' approach. RPy recognised that there are a number of Trusts represented at the NAG who are organised this way.
- DH expressed concern that the clusters will be competing with each other for income. RPy felt that CEOs have not taken this view and argued that there will be a decrease in the amount of money in the health economy.
- RPy explained that CEOs are likely to support the clustering of pathology mirroring that of other clinical specialties and that a number of clinical services have Bolton/Salford/Wigan as a cluster. The clusters may be less well defined in other parts of GM, e.g. Stockport is with UHSM for some clinical services and with Tameside for others. RPy felt that CEOs will be aware of this. The paper that went to CEOs on 16<sup>th</sup> April 2010 included options ranging from one to four clusters for **illustrative purposes:**
- **Option B1 – One Cluster** - In this model, Greater Manchester would operate with 1 CSL and 15 ESLs. Capital investment would be required to develop a CSL capable of delivering services for all work not required to turnaround in less than 4 hours.

- **Option B2 – Two Clusters** - In this model, services would be consolidated in two sectors. This could mean the development of 2 CSLs and 14 ESLs. Sector arrangements could be North (Bolton, Salford, Wigan (inc Leigh and Wrightington), Pennine and Tameside) and South (Stockport, South Manchester, Central Manchester (inc Children's), Trafford and Christie)
- **Option B3 – Three Clusters** - In this model services would be consolidated in three sectors. This would be broadly in line with current clinical reconfiguration considerations of 3 clusters in Greater Manchester. This could lead to development of 3 CSLs and 13 supporting ESLs. North West – Bolton, Salford and Wigan (inc. Leigh and Wrightington); North East – Pennine (inc. Oldham, North Manchester, Rochdale and Bury) and Tameside; Central and South – Stockport, Central Manchester (inc. Children's), South Manchester, Christie and Trafford.
- **Option B4 – Four Clusters** - In this model services would be consolidated in four sectors. This could lead to development of 4 CSLs and 12 supporting ESLs. North West – Bolton, Salford and Wigan (inc. Leigh and Wrightington); North East – Pennine (inc. Oldham, North Manchester, Rochdale and Bury); South East – CMFT (inc. Children's), Tameside and Stockport; South West - South Manchester, Christie and Trafford.
- The paper was revised to include a four cluster option following discussion at the Board meeting on 14<sup>th</sup> April 2010. This reflected concerns that a 'Central and South' sector may be too large or may be dominated by the bigger laboratories. The NAG expressed concern about what discussions and decisions are taking place. SC highlighted from the Network Board minutes that the pathology managers are in favour of Option B (consolidation) with a 4<sup>th</sup> cluster. DR emphasised that pathology managers are external to the Network.
- HP felt that consolidation will happen, but questioned the benefits for haematology services. JH agreed that most haematology tests are acute and felt that savings will be made by reducing staff. MD argued that there also is scope for procurement savings, which DH felt could be delivered without clustering. MD asked how the savings will be apportioned between the 10 Trusts. RPy felt this was a question of governance and not one for the NAG to answer.
- RPy argued that the scope for consolidation in haematology is small and that there may be bigger opportunities for savings in the other disciplines.
- Members agreed that there would need to be some haematology presence on each acute site. It was not felt that the solution needed to be the same in each cluster. RPy urged the NAG to approach this challenge in a pragmatic, realistic and professional but not protective manner. He suggested it may be sensible to have a single cluster for some specialist tests.
- JA argued that there would have to be some financial constraints placed around whatever we as haematology professionals input. RPy explained that the economic modelling will be done after the NAGs have defined the service models. It is up to the NAG to consider what is needed on site. MD reported that the Biochemistry NAG agreed that there would need to be some biochemistry on every site and felt that GPs would wish to send samples for all disciplines to the same place. MD suggested the potential for savings by having joint posts across Trusts e.g. quality managers, training etc. SC recognised that there would be costs associated with consolidation e.g. harmonisation of testing platforms.
- JH suggested that clusters may be in line with those of the cancer network. DH felt that any reorganisation would need to be aligned to Trusts' clinical strategy. RPy felt this could be a useful starting point and that members should understand existing clinical alignments, as well as future plans. RPy also suggested that members ask their CEOs about other QIPP pressures that pathology services can support. This will then show how pathology services can facilitate savings elsewhere in the patient pathway e.g. by reducing length of stay or preventing admissions.
- RPy felt the focus should be on designing a service that is fit for purpose for the end users. DH argued that we should be talking to our customers and that GPs and hospital consultants are unaware of proposed changes. MH argued that customers are not concerned where a sample is sent, so long as the service meets their requirements. He highlighted that GPs in the Pennine patch were not initially aware of the changes.
- There was some discussion about where the quality improvements would come from and how these would be measured.
- DR asked about the timescale for developing these recommendations. RP confirmed that the NAGs were expected to produce something for CEOs by the end of September.
- DH expressed concern about the impact of private sector involvement on the emerging vision, particularly a potential agreement between CMFT and Serco. RPy recognised this as one of many unknowns which should not impede the work of the NAG. DH felt the threat from the private sector was very real. RPy argued that the NAG should use this as an impetus to deliver a solution.
- It was agreed that all members would come up with their own views of how to organise haematology services in Greater Manchester so that these could be pooled for discussion. RPy suggested a deadline of two weeks for submission, to allow time to collate the ideas to be discussed at the next NAG meeting.
- **NAG Issues:**
- **UK Transfusion Laboratory Collaborative recommendations on minimum standards for staffing in BT** – SC raised this issue to share learning and best practice on compliance and any issues. She also felt it would be an important consideration for any recommendations on the 20:20 work,

- Most labs present were not fully compliant with the recommendations. A key element is that the transfusion lead should not be considered as part of the core staff and therefore not part of the on-call rota. SC suggested that a transfusion lead could therefore potentially cover a number of sites.
- RPy felt that NAG ought to discuss transfusion issues more given that transfusion comes under haematology in most places.
- MD reported that MMU are offering modules from the MSc in Transfusion Science, funded by the SHA
- **Any other business:**
- Modernising Scientific Careers – NW Oversight Board – CIW had been asked to report that Prof. Keith Hyde has been asked to represent the Network on this Board.
- PAG 7 – Communications – Membership – RP explained that this PAG has been revived and that membership is currently being reviewed to ensure appropriate representation across disciplines and organisations. The group will meet on a quarterly basis with the next meeting scheduled for Thursday 5<sup>th</sup> August. Anyone interested in joining the group to contact LK or RP. HP expressed an interest in joining the group.
- L2L Commitment – RP explained that concern has been expressed by the L2L Project Board about a lack of interest from labs in this project. There was no lack of commitment from members present at today's meeting and members recognised the importance of IT connectivity to support potential clustering arrangements. Members were particularly keen to see progress on L2L for immunology and RP reported that testing has commenced on this element.
- Pathology Costing Model – RPy mentioned a model in the recent IBMS gazette and asked whether any members are looking at this. MH reported that Pennine use B-Plan which is very similar and that this was driven by the finance department. He agreed to send RPy some more information. DH explained that Bolton have this level of detail, but do not use a particular model. CW informed the NAG that service line reporting is being implemented at Wigan. JA explained that the finance department contacted the lab at CMFT that he argued the case for costing software. RPy felt it would be sensible for all labs in the Network to use the same costing model. There are a number available which are based on Excel and preloaded. MD asked whether this would be duplicating Keele benchmarking. RPy felt it would not, since not all Trusts participate in Keele and argued that it would enable labs to inform Keele benchmarking in a more uniform way.
- IBMS CPD – certificates were available

#### Actions

- All members to gather information on their Trust's existing clinical alignments (and future plans, where available)
- All members to ask their CEOs/Trust management about other QIPP pressures that pathology services can support
- All members to come up with their own views of how to organise haematology services in Greater Manchester
- MH to send information on B-Plan costing model to RPy

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

- None

#### Date and Time of Next Meeting

- Tuesday 13<sup>th</sup> July 2010, 2pm – 4pm, Manchester Suite, Holiday Inn, 888 Oldham Road, Manchester M40 2BS