

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

Histopathology / Cytology Network Advisory Group Meeting  
 Tuesday 27<sup>th</sup> January 2009  
 Large Meeting Room, Newton Silk Mill, Manchester, M40 1HA

In attendance		Apologies		
Pam Atkinson	PA	Central Manchester NHS Foundation Trust	Gordon Armstrong	Salford Royal NHS Foundation Trust
Tracey Brewer	TB	Stockport NHS Foundation Trust	Brian Benatar	Pennine Acute Hospitals NHS Trust
Neha Delal	ND	Tameside Hospital NHS Foundation Trust	Paul Bishop	UHSM NHS Foundation Trust
Mina Desai	MD	Central Manchester NHS Foundation Trust	David Bisset	Royal Bolton Hospital NHS Foundation T
Andrew Foster	AF	WWL NHS Foundation Trust	Nick Bullough	Tameside Hospital NHS Foundation Trst
Karen Graham	KG	The Christie NHS Foundation Trust	Dawn Clarke	Trafford Healthcare NHS Trust
Stephen Hayes	SH	Salford Royal NHS Foundation Trust	Amanda Eckersley	Pennine Acute Hospitals NHS Trust
Roger Hunt	RH	Stockport NHS Foundation Trust	Cath Hall	Central Manchester NHS Foundation Trst
Lorna McWilliam	LM	Central Manchester NHS Foundation Trust	Richard Hale	Stockport NHS Foundation Trust
Rachel Pearson	RP	GM Pathology Network	James Harrison	WWL NHS Trust
Greg Rayner	GR	Salford Royal NHS Foundation Trust	John Hayes	Pennine Acute Hospitals NHS Trust
Denise Smith	DS	Royal Bolton Hospital NHS Foundation Trst	Neil Jenkinson	GM Pathology Network
Ann Taylor	AT	Royal Bolton Hospital NHS Foundation Trst	Richard Lambert	Pennine Acute Hospitals NHS Trust
David Walsh	DW	WWL NHS Foundation Trust	Jeff Seneviratne	GM Pathology Network
Alan Webster	AW	UHSM NHS Foundation Trust	Malcolm Timmins	Stockport NHS Foundation Trust
Pat Willis	PW	Royal Bolton Hospital NHS Foundation Trst	Godfrey Wilson	Central Manchester NHS Foundation Trst
Anne Yates	AY	Salford Royal NHS Foundation Trust	Tom Wilson	Pennine Acute Hospitals NHS Trust

### Discussion Points

- LM welcomed the group to the meeting and introduced Andrew Foster, Joint Chair of the Network and Chief Executive at Wrightington, Wigan and Leigh NHS Foundation Trust. MD introduced Pam Atkinson, Chair of the newly formed Cytology AP Forum.
- **Chair's Communications** - LM explained that the last Network Board meeting was held on 12<sup>th</sup> December 2008, prior to the publication of the second Carter report, and attended by Dr Ian Barnes (National Clinical Lead for Pathology). Ian Barnes had given some insights into the second Carter report and DH response and there had been a general discussion on this, with the main themes emerging as consolidation, managed networks and efficiency. LM explained that Ian Barnes had emphasised that consolidation need not necessarily mean centralisation and that the same standards would apply for all providers (e.g. NHS, Independent Sector, Point of Care).
- AF felt that whilst the second Carter report had potentially wide reaching implications, its publication had been low key with no urgency of implementation. AF also questioned some of the assertions made in the report, such as that staff would prefer to work in larger consolidated laboratories. LM agreed that in her experience staff preferred to be doing the work close to patients. AF explained that the view of Chief Executives in the region is that Pathology is a crucial service that should remain within the Trust.
- LM reported that the Board also discussed the Network Communications Strategy, which NJ has developed with a particular focus on communicating with primary care and commissioners. LM explained that NJ and the two Clinical Leads (Keith Hyde and Jeff Seneviratne) have been engaging with a number of groups within primary care and the SHA to raise the profile of the Network.
- **Minutes of the meeting held on 25<sup>th</sup> November 2008** – agreed as a correct record
- **Matters arising** – the following matter was raised:
- Maternal Deaths – LM explained that at the last meeting Godfrey Wilson had highlighted the issue of local hospitals not always being able to carry out autopsies in the event of maternal death because of a lack of expertise in these rare cases. There are now three pathologists at CMMC who are willing to carry out maternal death autopsies in such an event and Dr Wilson is currently exploring the practicalities of this with HM Coroners so as to ensure that a robust service is in place that will cause the least distress to families and will report back to a future meeting.
- **PACS** – LM explained that no one was available to attend today's meeting. Rhidian Bramley (PACS Lead – Christie) was willing to give a demonstration, but this would need to be at an Acute Trust site with a live PACS terminal. It was agreed that the next NAG meeting could be held at the Christie to facilitate this and RP agreed to organise.
- **SRFT Cancer Reporting Solution** – LM welcomed Greg Rayner (Pathology IT Specialist, SRFT) who has developed an in-house cancer reporting solution at SRFT with the help of consultant histopathologists Drs Armstrong and Jameson. GR explained that the challenge was to capture all the required cancer minimum data set items and store them in a separate database, whilst recognising that some data sets are more complex than others and highlighted the following key points:
  - In use for Basal Cell Carcinoma (BCC) and assessing for Colorectal with more datasets in development.

- Sits on top of LIMS (Telepath) and Imports Patient demographic data (including NHS number) from Telepath into Windows form. Can be launched from a hot key (e.g. F12)
- Single point of entry for Minimum Cancer Data Set data, also some free text. Can navigate using mouse or tab key
- Dialogue box comes up if mandatory field missed. TNM is worked out as you go through the form
- On completion works out Dukes stage and writes cancer data into Telepath as a structured report
- Writes MCDS and demographic data into an SQL database which can be searched.
- MDT list - adds patient details to text file for easy identification of patients for MDT meetings. MDT coordinators do not have access to the report at this stage.
- LM asked whether this solution would work for other LIMS e.g. Masterlab/Labcentre. GR explained that the solution is a terminal emulator that works on the structure of the screens and that he would have to look at other LIMS to explore this. GR invited any members who were interested to visit SRFT to see the solution in action. LM suggested it would be useful to show the system to colleagues at NWCIS as there is a requirement to provide data to NWCIS electronically by 2011.
- LM thanked GR for the presentation and felt that the solution looked very promising. LM suggested that it would be good if GR could be on the cancer reporting solutions project group and he agreed to this.
- **Cancer Reporting Solutions Project Group** – LM reported that NJ/JS were taking this forwards. She explained that the Cheshire and Merseyside Cancer Network have promised funding for a system in each Trust and are currently deciding which solution to use. LM suggested that this would influence the way forwards for Greater Manchester as the NWCIS are keen to have the same solution across the whole NW.
- LM felt that some dedicated project management time was required and NJ is to identify this. RP reported that a number of volunteers have come forward to be involved in the project group and that NJ has obtained a copy of the output based specification from NewPath, which has been circulated to the project group members.
- LM explained that Paul Bishop was also looking into the use of the Avon and Somerset Cancer Register for pathology data.
- **NAG Priorities for 2009** – LM had identified the following priorities:
  1. Cancer reporting solutions
  2. PACS/Data Warehouse solution
  3. Specialist workforce planning
  4. Second opinion charging – LM explained that this is being addressed by Steve Downing via the Process for Investment and Reform.
- LM welcomed further suggestions from members and invited members to become involved in these workstreams.
- **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](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_091137) and the deadline has been extended to 6<sup>th</sup> March 2009.
- MD explained that a major concern re: MSC has been raised at some national cytology meetings – the suggestion that Advanced Practitioners/Consultant BMS would take the FRCPPath exam, when junior doctors working in cytology do not. Concerns have also been expressed about where cyto screeners fit within the proposed career framework. MD asked that any other concerns about MSC and cytology be raised with her.
- **Carter** – see discussions above under ‘Chair’s Communications’. LM felt that Greater Manchester was in a fairly privileged position having an established Network and system. MD felt that the CPA response to Carter would be significant.
- **Website development** – RP explained that progress has been delayed due to the loss of administrative support to the Network but welcomed members input and suggestions for the Histopathology/Cytology sections.
- **Cytology NAG Issues**
- **Workload & Workforce Review** – MD reported that all three health economies in the NW have a different proposal:
  - Cumbria and Lancashire – tender the service
  - Greater Manchester – clinically led and professionally managed move from six sites to two
  - Cheshire and Merseyside – managed network (effectively no change to status quo).
- A meeting took place on 16<sup>th</sup> Jan 09 with Acute Chief Executives, Network Leads and Kirsten Major (SHA Chief Economist) to agree a common way forwards, but no agreement could be reached. MD explained that under the DH Contestability Framework and World Class Commissioning the onus is on the organisations to ensure that they have used the legal framework to explain why tendering is not required. MD felt that tendering should not be required for cytology services as this is a transition rather than the setting up of a new service.
- NJ is preparing a position statement to be discussed at the next meeting of GM PCT CEs on 20<sup>th</sup> Feb 2009. MD felt that the longer it takes to make a decision the greater the impact on the sustainability of existing services e.g. recruitment and retention of staff.
- Members were in agreement that Greater Manchester should avoid tendering if possible.
- **Non Gynae Cytology** – Following data collection and the agreement to consider moving to new technologies (LBC) for non gynae, MD had met with Jonathan Beall at the NW Collaborative procurement hub, who had advised her that the

volumes involved necessitated a European tender. MD reported that she was still awaiting further correspondence from Jonathan Beall on how to take the tendering forwards.

- MD explained that currently only one LBC system has been fully tried and tested for non gynae (Thinprep). A trial of Surepath will be taking place at Pennine.
- H&E Stain – MD explained that CMMC get a number of second opinion referrals that they are unable to view because the H&E stain has been used. MD informed members that the forthcoming RCPATH Draft Tissue Pathway will state that H&E is not advisable for non gynae samples.
- **AP Forum** – MD reported that this has now been established and introduced the chair of the forum, Pam Atkinson. MD explained that the forum had been established in the context of the forthcoming reconfiguration of gynae cytology services and that it takes nearly two years to train as an advanced practitioner/consultant BMS, with the exam only taking place once a year. PA reported that the first meeting was held on 6<sup>th</sup> Jan 2009 and that the vice chair of the forum is Dan Smith. This was an initial exploratory meeting where it was agreed that the group would look at the following issues:
  1. Training
  2. Mentorship
  3. Shadowing
  4. Job descriptions/AFC bands
  5. Links to Modernising Scientific Careers.
- **Cytology training schools** – MD explained that there are currently 2 training schools in the NW, in Manchester and Liverpool. Commissioners have been asked to respond to a national specification with a view to rationalisation. Both training schools are in the process of drafting a joint proposal to form a single NW training school, over two sites but with a common staffing and management structure.
- **PAGs – Update on progress** – was reported as follows:
  - PAG 1 – HER2 – AY reported that the first local EQA run went ahead successfully with no differences in overall results. This will now continue four times a year. Steve Downing was due to attend the last meeting to confirm funding and invoicing arrangements but sent his apologies. RP reported that she had received an email from Steve Downing explaining that all Herceptin activity is commissioned through Christies, so other Providers (Stockport and Salford) invoice Christies and Christies then invoice PCTs. RP agreed to forward this email to AY
  - PAG 4 – Workforce – As well as formulating a Network response to MSC the PAG are evaluating a tool to support workforce planning see: [www.dh.gov.uk/en/Aboutus/Chiefprofessionalofficers/Chiefscientificofficer/DH\\_089573](http://www.dh.gov.uk/en/Aboutus/Chiefprofessionalofficers/Chiefscientificofficer/DH_089573)
  - PAG 5 – IM&T – RP reported that the work plan with iSOFT for lab to lab is being signed off. The PAG are also overseeing work on cancer reporting solutions.
- LM explained that anyone interested in becoming involved in any of the PAGs or who would like copies of the minutes of any meetings should contact RP
- **Any Other Business** – AF asked members about their policies for dealing with firms of undertakers. LM explained that they have set hours for undertakers and AY confirmed that SRFT have an appointment system for undertakers.
- LM thanked all for attending, especially AF.
- IBMS CPD Certificates were available

#### Actions

- GW to report back to NAG on discussions with HM Coroners re: maternal death autopsies
- RP to organise next meeting at Christie Hospital with PACS demonstration.
- NJ to identify project management support for cancer reporting solution
- Any further suggestions on priorities for 2009 to be sent to RP
- Any concerns about implications of MSC for Cytology to be raised with MD
- RP to forward email re: HER2 funding to AY

#### Recommendations to the Priority Action Groups (if any)

- None

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

- None

#### Date and Time of Next Meeting

- Tuesday 17<sup>th</sup> March 2009, 2pm-4pm, Radiology Seminar Room, Christie Hospital M20 4BX

**\*\*\*PLEASE NOTE CHANGE OF DATE AND VENUE\*\*\***