

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

Histopathology / Cytology Network Advisory Group Meeting
 Tuesday 17th March 2009
 Radiology Seminar Room, Christie Hospital, Wilmslow Road, Manchester M20 4BX

In attendance			Apologies	
Rhidian Bramley	RB	The Christie NHS Foundation Trust	Khalid Ahmed	Pennine Acute Hospitals NHS Trust
Mina Desai	MD	Central Manchester NHS Foundation Trst	Gordon Armstrong	Salford Royal NHS Foundation Trust
Karen Graham	KG	The Christie NHS Foundation Trust	Pam Atkinson	Central Manchester NHS Foundation Tr
Cath Hall	CH	Central Manchester NHS Foundation Trst	Brian Benatar	Pennine Acute Hospitals NHS Trust
Roger Hunt	RH	Stockport NHS Foundation Trust	Paul Bishop	UHSM NHS Foundation Trust
Neil Jenkinson	NJ	GM Pathology Network	David Bisset	Royal Bolton Hospital NHS Foundation T
Richard Lambert	RL	Tameside Hospital NHS Foundation Trst	Dawn Clarke	Trafford Healthcare NHS Trust
David May	DM	Pennine Acute Hospitals NHS Trust	Richard Hale	Stockport NHS Foundation Trust
Lorna McWilliam	LM	Central Manchester NHS Foundation Trst	Anna Kelsey	Central Manchester NHS Foundation Tr
Andrew Norton	AN	The Christie NHS Foundation Trust	Denise Smith	Royal Bolton Hospital NHS Foundation T
Rachel Pearson	RP	GM Pathology Network	Ann Taylor	Royal Bolton Hospital NHS Foundation T
Greg Rayner	GR	Salford Royal NHS Foundation Trust	Malcolm Timmins	Stockport NHS Foundation Trust
Jeff Seneviratne	JS	GM Pathology Network	David Walsh	WWL NHS Foundation Trust
Daniel Smith	DS	Stockport NHS Foundation Trust	Alan Webster	UHSM NHS Foundation Trust
Katherine Westwell	KW	The Christie NHS Foundation Trust	Anne Yates	Salford Royal NHS Foundation Trust
Pat Willis	PW	Royal Bolton Hospital NHS Foundation T		

Discussion Points

- LM welcomed the group to the meeting and introduced Rhidian Bramley, Connecting for Health and NHS Northwest PACS lead
- **Chair's Communications** - LM 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. NJ explained that all the NAGs would be doing a SWOT (Strengths, Weaknesses, Opportunities and Threats) to inform the Network strategy and feed into the Network Strategy Group (a subgroup of the Network Board) which will meet on a quarterly basis.
- NJ highlighted that contestability/competition issues are at the fore and that the Network needs to be able to respond to potential threats as a community. In particular, the Network needs to ensure it is responsive to the needs of primary care. NJ explained that TDL (Private lab doing pathology for IS CATS) are also targeting GP direct access work. In addition, some PCTs are considering market testing pathology services and NJ suggested it may be useful to develop a Network tariff. At present, Manchester PCT area is served by three laboratories (Pennine, CMFT and UHSM) each with different prices. NJ felt that benchmarking would also be beneficial in order to respond effectively to PCTs.
- Also raised at the Network Board meeting was Network participation in the SHA Clinical Pathway Groups. NJ explained that Steve Ryan (SHA Clinical Pathway Groups Lead) had approached the Network to become involved in the next stage of the groups' work – ensuring delivery of the recommendations made in 'Healthier Horizons for the North West'. Given the short deadline for applications (closing date 13th February 2009) the Board agreed that the NAG chairs should put their names forward to ensure some pathology representation and that the NAG chairs could later nominate representatives to facilitate input. LM felt that none of the proposed groups were appropriate to histopathology. JS explained that he had put his name forward without specifying a particular group and had made the point that the Network will ensure appropriate input into the workstreams as they develop.
- **Minutes of the meeting held on 27th January 2009** – on page 1, the spelling of 'Jamieson' was corrected. On page 3, RL explained that the Surepath trial at Pennine was not yet confirmed. The minutes were otherwise accepted as a correct record.
- **Matters arising** – the following matters were raised:
- Maternal Deaths – Godfrey Wilson was unable to attend – item carried forward.
- Cancer Reporting Solutions Project Group – LM felt that dedicated project management support was required. JS felt that there was a need to clearly define requirements. The high cost for PathoSys and lack of available funding were recognised and JS suggested it may be more beneficial to focus attention on the in-house solution developed by GR. LM highlighted the preference of NWCIS for a NW solution and felt it was necessary to set up a group with GR, Paul Bishop, John Hayes and Roger Hartley. NJ/JS agreed to facilitate this.
- **PACS Demonstration** – LM explained that the NAG were keen to share reports across the conurbation and wanted to explore the possibility of using PACS to do this. JS explained that proposals for a histopathology data warehouse had been blocked by information governance issues and that the NAG were keen to share learning on the inter-Trust

- agreements in place for PACS. RB explained that clear rules and arrangements are required for sharing data as part of a clinical tool, but that PACS had worked with the Commissioning Business Service on this.
- RB informed the NAG that the SHA has a PACS strategy, which is intended to maximise the benefits of PACS across other imaging modalities (e.g. endoscopy and audiology). A Medical Illustration group has been set up to develop standard protocols (e.g. image sizes, consent). Pathology is not currently included in the PACS strategy, although RB has had some discussions with AN about this. Although PACS is unable to store pathology images for diagnostic purposes, they could be stored for review purposes and PACS could be used at MDTs, for all imaging. AN felt that the main benefit of PACS for histopathology was in supporting MDTs.
 - RB explained that PACS operates on a single computer system for all Trusts in Greater Manchester and is interfaced to CRIS (local radiology IT system) for the automatic transfer of demographic data. PACS is also integrated into PAS for order communications and automatic reporting. In order to store information on PACS, a record must first be created in CRIS. There is now a single PACS web portal for all of England, with data sharing agreements in place via the Trust PACS system administrators.
 - RB explained that there is also a PACS Clinical and Academic Database to which interesting cases can be added.
 - RB explained that PACS is primarily for images, and not really designed to meet the needs of histopathology reporting or data warehousing.
 - RB explained that although he is the Clinical IT Lead for Diagnostics at the SHA, his expertise is in radiology, and that he needed to gain a good understanding of pathology IT systems, which JS agreed to provide.
 - LM thanked RB for his time. RB welcomed members to contact him or their local PACS lead if they wish to further explore the use of PACS for histopathology.
 - **Cytology Workload & Workforce Review** – MD explained that a paper went to PCT Chief Executives on 20th Feb 09, outlining the preferred option of a professionally managed move towards 2 centres and categorically expressing concerns about tendering. MD was therefore disappointed to report that PCTs have chosen a full open tender (including the independent sector). NJ explained that the decisions of the other Northwest regions (Cumbria and Lancs to tender; Cheshire and Merseyside to maintain the status quo) had placed Greater Manchester in a difficult position. In addition, PCTs are under pressure from the DH to strengthen their commissioning arrangements. NJ explained that as part of the DH Contestability Framework, if any service is being changed it must be tendered. NJ suggested that Cheshire and Merseyside may come under pressure from the SHA to tender.
 - MD highlighted the problems encountered in the Republic of Ireland around teaching, research, trainees and MDTs when cervical screening was tendered to an IS provider. MD felt that these elements must be included in the specification for Greater Manchester. DS agreed that costs for areas such as the training school and MDTs would increase if they were excluded from the tender. NJ asked MD to provide firm evidence of the problems experienced in ROI.
 - Members were keen to ensure that the Board and Commissioners are made aware of the 'Jade Goody effect' by which labs have seen an increase in workload of between 50 and 75%, without any additional funding, which is putting pressure on turnaround times and further impacting the already low morale of staff. Labs have also seen an increase in samples from women aged under 25 (i.e. outside of the national screening programme), which most labs were not refusing to process. Labs anticipated that this would continue throughout 2009.
 - Members were keen to understand more about the tendering process, particularly the need to ensure sufficient quality parameters. NJ explained that he had seen the 9-page draft specification from Cumbria and Lancashire, which the Commissioning Business Service did not feel was of sufficient quality for a formal tendering exercise. NJ agreed to circulate the draft C+L specification to members.
 - NJ explained that there are 2 routes in tendering – a tight specification or a functional/technical specification with open dialogue around certain pre-requisites – and that PCTs had indicated a preference for the latter with the intention of having reached preferred bidder status by December 09. A date has not yet been set for the specification to be issued.
 - NJ reported that he met with Mike Burrows and Lesley Turnbull on 11th March 09 to start to look at the tendering process. NJ and JS would be members of the tendering project group, alongside representatives from AGMPCTs and the Commissioning Business Service. It was agreed that the Network would facilitate the specification, which would be informed by the NAG. NJ suggested that hospital smears would be included in the tender and emphasised the need for the Network to ensure a watertight specification. NJ also suggested that the tender would be for more than one site, to build some resilience into the system.
 - NJ was keen to ensure that cervical cytology remains in the NHS provider community and MD felt that screening labs needed to start discussing how they will respond to the tender outside the NAG forum. NJ explained that it would not be possible for the Network to bid, as it is not a statutory organisation.
 - MD thanked NJ for the update and NJ agreed to keep the NAG informed of developments.
 - **Non Gynae Cytology** – MD explained that she was still awaiting a response from Jonathan Beall at the Procurement Hub and that she would await the outcome of the trial at Pennine.
 - **AP Forum** – DS reported that the forum held its second meeting on 13th March 09 and discussed the following issues:
 1. Training – the forum felt that there was scope for group training with seminars held on relevant topics e.g. cervical cancer audit.

2. Mentorship – via IBMS
3. Shadowing – there was a need for clarity on which cases shadow reporting could be carried out on
4. Job descriptions/AfC bands – it was highlighted that roles vary considerably with the only common factor being the reporting of abnormal cervical cytology.
 - **Cytology training schools** – MD reported that national commissioners were looking at these, with arrangements to be finalised by April 2010, with Liverpool and Manchester being advised to submit a joint bid.
 - **PAGs – Update on progress** – the report was tabled.
 - **PAG 5 – IM&T** – JS reported that the L2L project is moving forward, with testing between Stockport, MMMP and Leeds due to get underway in April 09. JS explained that the project group ensured the specification would support histopathology referrals at a basic level. JS also reported that GP Order Communications should be able to support cervical cytology requesting.
 - **Any Other Business** – RH informed the NAG that the RCPATH would be holding a second National Pathology Week 2-8 November 09, with a cardiac theme. RH explained that the College is looking to coordinate events via the Regional Council and that he had taken on the role of regional coordinator for Greater Manchester. RP suggested scope to link with the Cardiac Network for an event and JS highlighted that a joint event between the two Networks had already taken place.
 - IBMS CPD Certificates were available

Actions

- NJ/JS to progress cancer reporting solutions project group
- JS to provide information on Pathology IT systems for RB
- MD to provide NJ with firm evidence of the problems experienced in ROI following tendering of cervical cytology
- NJ to circulate the draft C+L cytology specification to members

Recommendations to the Priority Action Groups (if any)

- None

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

- To consider the implications of the 'Jade Goody effect' for cervical cytology services.

Date and Time of Next Meeting

- Tuesday 2nd June 2009, 2pm-4pm, One Central Park, Northampton Rd, Manchester M40 5BP

*****PLEASE NOTE CHANGE OF DATE*****