

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

Histopathology / Cytology Network Advisory Group Meeting
 Tuesday 2nd June 2009
 One Central Park, Northampton Road, Newton Heath, Manchester, M40 5BP

In attendance			Apologies	
Amanda Eckersley	AE	Pennine Acute Hospitals NHS Trust	Khalid Ahmed	Pennine Acute Hospitals NHS Trust
Karen Graham	KG	The Christie NHS Foundation Trust	Gordon Armstrong	Salford Royal NHS Foundation Trust
Cath Hall	CH	Central Manchester NHS Foundation Trst	Pam Atkinson	Central Manchester NHS Foundation Tr
Keith Hyde	KH	GM Pathology Network	Brian Benatar	Pennine Acute Hospitals NHS Trust
Laura Kidd	LK	GM Pathology Network	Sadhna Bhatnagar	Pennine Acute Hospitals NHS Trust
Richard Lambert	RL	Pennine Acute Hospitals NHS Trust	Paul Bishop	UHSM NHS Foundation Trust
Richard Mathias	RM	Salford Royal NHS Foundation Trust	David Bisset	Royal Bolton Hospital NHS Foundation T
Lorna McWilliam	LM	Central Manchester NHS Foundation Trst	Nick Bullough	Tameside Hospital NHS Foundation Trst
Rachel Pearson	RP	GM Pathology Network	Richard Byers	Central Manchester NHS Foundation Trst
Craig Rogers	CR	WWL NHS Foundation Trust	Dawn Clarke	Trafford Healthcare NHS Trust
Jeff Seneviratne	JS	GM Pathology Network	Alan Curry	CMMC NHS Trust
Denise Smith	DS	Royal Bolton Hospital NHS Foundation T	Neha Dalal	Tameside Hospital NHS Foundation Trst
Malcolm Timmins	MT	Stockport NHS Foundation Trust	Mina Desai	Central Manchester NHS Foundation Trst
			Najib Haboubi	Trafford Healthcare NHS Trust
			Richard Hale	Stockport NHS Foundation Trust
			James Harrison	WWL NHS Foundation Trust
			John Hayes	Pennine Acute Hospitals NHS Trust
			Miles Howe	UHSM NHS Foundation Trust
			Yvonne Hughes	CMMC NHS Trust
			Neil Jenkinson	GM Pathology Network
			Anna Kelsey	Central Manchester NHS Foundation Tr
			David May	Tameside Hospital NHS Foundation Trst
			Lia Menasce	Christie Hospitals NHS Foundation Tst
			Stephen Mills	WWL NHS Foundation Trust
			Mark Pearson	Royal Bolton Hospital NHS Foundation T
			Angela Pledger	Trafford Healthcare NHS Trust
			Susan Priestnall	Stockport NHS Foundation Trust
			Paul Purnell	UHSM NHS Foundation Trust
			Madhu Rao	Pennine Acute Hospitals NHS Trust
			Emil Salmo	Trafford Healthcare NHS Trust
			Vivek Sen	Pennine Acute Hospitals NHS Trust
			Daniel Smith	Stockport NHS Foundation Trust
			Joanna Stafford	Mid Cheshire Hospitals NHS FT
			Ann Taylor	Royal Bolton Hospital NHS Foundation T
			David Walsh	WWL NHS Foundation Trust
			Alan Webster	UHSM NHS Foundation Trust
			Alan Williams	East Cheshire NHS Trust
			Pat Willis	Royal Bolton Hospital NHS Foundation T
			Tom Wilson	Pennine Acute Hospitals NHS Trust
			Anne Yates	Salford Royal NHS Foundation Trust

Discussion Points

- LM welcomed the group to the meeting and asked for all members to introduce themselves as there were a number of new members.
- **Chair's Communications** - LM updated the group regarding the last Network Board meeting held on 3rd April 2009. Highlights from this meeting included discussions around the strategic vision for the Network in the context of the contestability framework and the aspirations of individual Trusts.
- LM reiterated that contestability/competition issues are at the fore and that the Network needs to be seen to be proactive, especially with the needs of primary care. There was a lot of discussion around the general tendering of pathology services unless there are special circumstances e.g. no other service provider.
- LM explained that the Board has also discussed the introduction of a Strategy Group and there was discussion around the development of the Strategy Group and its role.

- **Network Strategy Group** – KH gave a presentation and introduced the group. KH explained that he and JS had come on board in 2008 as Clinical Leads. The Strategy Group will focus in part on the Carter and Darzi vision for the next 5 – 10 years. KH explained to the group that the Strategy Group will be mainly made up of a representative from each of the pathology disciplines and the two Chief Executive Network Chairs. KH went on to explain that whatever the 2020 vision for Greater Manchester Pathology services will be it will be driven by the NAGS.
- KH's presentation explained the communication strategy. Many people outside of pathology hold many common misconceptions about the service in general and the role it plays. There are now over 200 people involved the GM Pathology Network, KH, NJ and JS try to raise the profile of and spread the word about the Network. This currently involves talks/meetings with PBC commissioners. KH explained that the top 5 primary care priorities are Phlebotomy Services, Anticoagulation, IT Links, POCT, and Appropriateness of Testing. Services currently out to tender as at March 2009 are Immunology, Cytology, IS CATS, Primary Care Path, POCT and Anticoagulant Services.
- JS explained that he, NJ and KH have now met with a number of commissioners across Greater Manchester and that several of them have expressed an interest in tendering all or parts of their pathology services. JS explained that Manchester PCT is in an unusual position as there are several laboratories and therefore differences in costs/services can be seen.
- The Strategy Group met on 6th May 2009 and the 2 Chief Executives will run the group and the Network will deliver. Chief Executives wanted to take a paper to their respective colleagues promoting a reduction in costs of 20% whilst improving quality and efficiency of services. DS raised the point that there does not seem to be a lot of representation from Bolton. JS explained that Gilbert Wieringa has been nominated to be the Deputy Chair for Biochemistry at the Strategy Group. DS had concerns about the decision to reduce costs by 20%. LM shared concerns with the vision and the proposed figure. JS pointed out that it maybe initially we need to spend money in some areas of pathology to make long term cost reductions, and to make savings across the wider healthcare system e.g. by reducing in patient episodes. JS and KH thought that if the network did not follow this route then other outside bodies would be asked to do this.
- **Minutes of the meeting held on 17th March 2009** –The minutes were accepted as a correct record.
- **Matters arising** – the following matters were raised:
- Maternal Deaths – Godfrey Wilson (GW) was unable to attend – LM briefed the group that GW is still in discussions with the Coroner and the group will be updated as soon as a decision reached.
- Cancer Reporting Solutions Project Group – JS informed the group that he and NJ have a meeting scheduled with Jackie Elliott and Gordon Armstrong on 17th July 2009 discuss how to progress Greg Rayner's work more widely.
- **PACS Demonstration** – LM praised the presentation given by Rhidian Bramley but pointed out she had expected the PACS system to offer more in the way of data/report sharing. LM felt that the PACS software could be used to upload images for MDT meetings but that it could not be used to share information. The group discussed the possibility of having a single Histopathology IT system for Greater Manchester. JS mentioned that NHS Wales are looking to have one system for the whole of pathology and that Kent and Medway are also considering this option. There is a strong argument for Greater Manchester pathology services having one common system but even if this was agreed and funding given it would not be a quick fix and it would not be in place even by the end of the year. The group agreed that the opportunity to share historical information is more important within Histopathology than any other pathology discipline.
- **Chair of Histopathology** – LM confirmed that today's meeting would be her last as Chair. Last year when due to demit LM agreed to Chair for another 6 months as no other volunteers came forward, but that has now come to an end and due to other commitments LM has to move on. LM raised the issue that there had been no volunteers to take over and the level of interest has dwindled since these meetings first began. If no one is willing to lead and take the group forward it becomes a Network issue. It was agreed that this situation would become an agenda item for the Network Board Meeting on 5th June 2009 and nominations will be invited.
- **Cytology Workload & Workforce Review** – JS explained the position remained unchanged from the last meeting. A meeting had taken place involving Mark Chidgey (Associate Director of Performance and Market Management for Stockport PCT) and the CBS on 11th May 2009. No minutes of this meeting are currently available. Issues with tendering the services are mainly centred around how future providers would support training school facilities and research issues both of which as yet have not been resolved.
- Commissioners are still investigating a potential Greater Manchester tender. Cumbria and Lancs have already tendered. RL enquired as to whether the GM tender would have a broader specification than Cumbria and Lancs. JS could not comment. RL enquired about the October timescale which had been quoted. RP explained that currently there is no specification or advert gone out so the timescale is very optimistic. JS confirmed that a tendering process had not been agreed yet and it was not part of the Networks responsibility.
- **Non Gynae Cytology** – MD was not available to give an update.
- **AP Forum** – RP explained to the group that the meeting scheduled for 21st May 2009 had been cancelled due to workloads.

- **PAGs – Update on progress** – LM stated that the report had been circulated and that there were no updates since the last meeting.
- **PAG 5 – IM&T** – JS reported that the L2L Chlamydia testing between Stockport and MMMP yesterday had been a success. This proves that links between 2 Telepath sites are successful and now Apex system testing can begin. JS raised the issue of Clinisys and confirmed an agreement had not yet been reached but a meeting is scheduled this week.
- **Any Other Business** –
- **SWOT Analysis** – those present carried out a SWOT analysis for Histopathology and Cytology. A summary of the discussion around the SWOT analysis is detailed in the table below. Any members who were not present but would like to comment/contribute should send their input/views to LK.
- **IBMS CPD Certificates** - were available
- **Histopathology Representative for the Network Strategy Group** – LM explained to the group that a representative from this discipline is needed to attend the Strategy Group meetings. LM explained that in essence the Chair of the Histopathology NAG should also probably be the representative for the Strategy Group or the Vice Chair of the NAG should be the representative.
- **Tatton Flower Show** – JS reiterated his plea for support and sponsorship for the upcoming Pathology garden at the Tatton Flower Show in July 2009.

Actions

- Nominations/Expressions of interest for Chair of the Histopathology NAG to be sent to LK
- Members not present who wish to comment/contribute to SWOT to contact LK

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

- Thursday 30th July 2009, 2pm-4pm, One Central Park, Northampton Rd, Manchester M40 5BP

**Carter/Darzi SWOT Analysis -
 Histopathology/Cytology**

<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> ➤ 70% Diagnoses - underpin clinical diagnosis - directing treatment (targeted - Lymphoma) ➤ Support MDTs ➤ Highly specialist ➤ Archive (case review) ➤ Education, Teaching, Training, Research ➤ Innovation - molecular/new techniques Consultant delivered service (?potential weakness) ➤ APs/enhanced roles - asst/adv also mortuary ➤ Post mortem/Public health/Epidemiology ➤ Support criminal investigations 	<p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none"> ➤ Lack of succession planning ➤ Labour intensive ➤ High cost workforce ➤ Subspecialisation ➤ Shortage of qualified BMS ➤ Aging workforce ➤ Training pathways ➤ Low profile ➤ Outgrown accommodation (lab, office, archive) ➤ Costings
<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> ➤ Digital dictation/voice recognition/IT - improve TAT ➤ Lean/Service improvement e.g. Cancer plan ➤ Expand LBC for non-gynae cytology ➤ Upgrade equipment/invest in new technology e.g. molecular immuno stainers ➤ Extended working ➤ Automation (Cyto) ➤ Improve processing technique ➤ Videoconferencing development/improvement ➤ Staffing/succession planning ➤ Same IT data collection ➤ Single IHC Lab? ➤ HC Slide reading - e.g. Cytology/Ophthalmology 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> ➤ Market testing ➤ CATS/IS (potential overseas threat) ➤ Workforce (MSC) ➤ Economy
<p>Cross-cutting issues</p>	