

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

Histopathology / Cytology Network Advisory Group Meeting  
 Thursday 30<sup>th</sup> July 2009, 2pm – 4pm  
 One Central Park, Northampton Road, Newton Heath, Manchester, M40 5BP

In attendance			Apologies	
Samer Al-Habba	SA	Pennine Acute Hospitals NHS Trust	Khalid Ahmed	Pennine Acute Hospitals NHS Trust
David Bisset	DB	Royal Bolton Hospital NHS Foundation	Pam Atkinson	Central Manchester NHS Foundation Tr
Mina Desai	MD	Central Manchester NHS Foundation T	Brian Benatar	Pennine Acute Hospitals NHS Trust
Sudha Desai	SD	Salford Royal NHS Foundation Trust	Nick Bullough	Tameside Hospital NHS Foundation Trst
Cath Hall	CH	Central Manchester NHS Foundation T	Richard Byers	Central Manchester NHS Foundation Trst
Keith Hyde	KH	GM Pathology Network	Gwyneth Cadman	Pennine Acute Hospitals NHS Trust
Neil Jenkinson	NJ	GM Pathology Network	Alan Curry	CMMC NHS Trust
Laura Kidd	LK	GM Pathology Network	Neha Dalal	Tameside Hospital NHS Foundation Trst
Richard Lambert	RL	Pennine Acute Hospitals NHS Trust	Najib Haboubi	Trafford Healthcare NHS Trust
David May	DM	Tameside Hospital NHS Foundation T	Richard Hale	Stockport NHS Foundation Trust
Lorna McWilliam	LM	Central Manchester NHS Foundation T	James Harrison	WWL NHS Foundation Trust
Rachel Pearson	RP	GM Pathology Network	Miles Howe	UHSM NHS Foundation Trust
Richard Pope	RPo	Central Manchester NHS Foundation T	Yvonne Hughes	CMMC NHS Trust
Jeff Seneviratne	JS	GM Pathology Network	Roger Hunt	Stockport NHS Foundation Trust
Daniel Smith	DS	Stockport NHS Foundation Trust	Anna Kelsey	Central Manchester NHS Foundation Tr
Denise Smith	DSm	Royal Bolton Hospital NHS Foundation	Lia Menasce	Christie Hospitals NHS Foundation Tst
David Walsh	DW	WWL NHS Foundation Trust	Mark Pearson	Royal Bolton Hospital NHS Foundation T
Alan Webster	AW	UHSM NHS Foundation Trust	Angela Pledger	Trafford Healthcare NHS Trust
Tom Wilson	TW	Pennine Acute Hospitals NHS Trust	Paul Purnell	UHSM NHS Foundation Trust
Anne Yates	AY	Salford Royal NHS Foundation Trust	Ann Taylor	Royal Bolton Hospital NHS Foundation T
Patricia Zukowskyj	PZ	Trafford Healthcare NHS Trust	Sami Titi	Pennine Acute Hospitals NHS Trust
			Alan Williams	East Cheshire NHS Trust
			Godfrey Wilson	Central Manchester NHS Foundation Tr

### Discussion Points

- DB welcomed the group to the meeting
- **Chair's Communications** – DB reported that the Network Board had endorsed his nomination to take over the Chair of the Histopathology NAG from LM. DB thanked LM for her work as chair over the past three years. LM has also stepped down as chair of the Cancer Network Histopathology CCG. Gordon Armstrong is the new chair of the CCG.
- DB updated the group regarding the last Network Board meeting held on 5<sup>th</sup> June 2009. Highlights from this meeting included the Network Strategy Group. DB explained that there is a major piece of work to be done by the NAGs and this would be a substantive agenda item at today's meeting.
- DB also highlighted the call for Expressions of Interest for a DH- funded programme of Pathology Service improvement across four key areas including: Cancer pathway – histopathology – end-to-end pathway and Clinical Dashboards. The deadline for submissions was 1<sup>st</sup> July 2009.
- **Minutes of the meeting held on 2<sup>nd</sup> June 2009** –The minutes were accepted as a correct record.
- **Matters arising** – the following matters were raised:
- **Maternal Deaths** – DB explained the background to this issue. There is a requirement for autopsies to be carried out with the support/supervision of the regional expert; however there is not currently a regional expert for the NW. Pathologists in a number of Trusts in the region do not feel they have sufficient expertise to carry out such post mortems and Godfrey Wilson has written to the coroners with a view to establishing a regional network of appropriately experienced pathologists prepared to carry out post mortems for maternal deaths. There is a new consultant at CMFT whom it is hoped will be the lead.
- **Network Strategy Group** –
- KH explained that he NJ and JS have always wanted the vision for pathology services to emerge naturally and concentrate on professionally led solutions, whilst being mindful of the economic climate. Greater Manchester needs to save £800,000,000 from 2010.
- NJ confirmed that in his view it is best to have a clinically led professionally solution. Ultimately NJ would like to see hospital issues being brought to the Network and Network Director where they can go to the relevant NAG groups where a professionally led solution can be sought.
- NJ genuinely feels that if we embark on this work we will be ahead of the game and will be left alone to complete the feasibility study and subsequent work. We will be steering our own destiny.
- JS commented that this is not simply about saving 20% from individual budgets it is about looking at the bigger picture, looking at delivery of services and improvement of quality within the 'patient experience'.

- KH explained to the group that following on from the Network being set the challenge of achieving 20% efficiency and cost savings whilst sustaining an on-site presence the Network has put together an information pack. LK circulated the pack to the group.
- KH gave a brief overview of the information pack including an update of the DH Service Improvement Bids as the Network has submitted bids for Clinical Leadership and Clinical Dashboards. KH asked DB if the group could produce a performance dashboard for Histo/Cyto. KH, NJ and JS have been raising the profile of pathology services. The usual reaction from commissioners upon mentioning lab medicine is tender pathology services. Many common views received from clinical directors and associates are that it is time for the Network to have a vision which should come from the NAGs. The Strategy Group is a sub group of the Network Board and has representation from both PCT and Acute CEs.
- KH recommended the group read the following documents "Dealing with the Downturn" from the NHS Confederation website and the "NHS NW 2009 Regional Summit – Greater Manchester PCTs' Solution Set". At the first meeting of the Strategy Group AF suggested a new rationale no more 'salami slicing', agree an aspirational target of 20% to take to both PCT and Acute CE colleagues informally for agreement. MB did this but AF chose to take a formal paper and table it as an agenda item to his colleagues. The potential target of 20% had not yet been agreed by the Network Board. The target has been the subject of many strong views but as there are no better suggestions it has been agreed that this is the way forward. MB had suggested commissioning external consultants at the meeting but KH, NJ and JS had stressed this had been done before and that a professionally led solution was the best way to go. KH explained to the group that the CEs realise collaborative working is needed not competitiveness. The Network has a mandate from Acute and PCT CEs to consent to the Network carrying out a feasibility study over the next 12 months. KH, NJ and JS met with MB last week where MB expressed a desire to see the Networks proposals by November 2009. It has been agreed that the proposals will be ready for the CEs January/February 2010. Then all the CEs will need to decide which ones the Network will pursue and they will need to sign to say they will allow the Network to carry out this work.
- KH explained that a letter has gone to all the PCT and Acute CEs regarding the feasibility study asking commissioners not to tender primary care services for the duration of the study. Anticoagulation and Cytology are unlikely to be included in this as the tendering process is already underway.
- DB commented that taking out the 20% figure no one can argue with the concept. The figure is challenging but potentially achievable and in essence we have no choice. DB stressed the need for medical representation at the NAG meetings, engagement is needed from all.
- Next move – NJ explained that the Network Team are channelling all information and circulating the information packs into the NAGs and PAGs before summer. Once back in September work can begin on formulating a plan of action and engaging with lower grade staff. This is a one off opportunity and we only have one chance to get it right. NJ asked the group to encourage colleagues to attend. DB confirmed that local level discussions are taking place at Bolton to get contributions and DB would encourage other Trusts to do the same. DB also commented that although historically Trusts have been suspicious of each other it is time to put it all aside and work collaboratively. DB made the point that CEs have a lot of performance targets and they need a good Pathology service. As a Network we need the support of CEs and they need to recognise this is not a threat to their autonomy or control. LM enquired if there had been any feedback yet from the CEs. JS explained that there are issues around papers going to the CEs prior to the Network Board and also what CEs say when they are all together is not always mirrored once they return to their Trust. KH interjected that we as a group are ahead of the game as MB constantly talks about collaborative working and we are embracing this.
- The group discussed the issue of how to measure quality. DB stressed that it is up to the group to decide how quality is measured.
- JS reiterated that improvements in quality could include stopping the admission of patients, and cutting the number of bed days. The group discussed potential improvements in quality that are associated with the initial spending of funds. IT links are the main focus of this.
- MD enquired what is meant in the Network Strategy Info Pack with regard to External Advisors. KH explained that the idea is to put together and agree in advance a list of potential external advisors who could be called upon if necessary.
- **Network Advisory Group Issues**
- Cytology NAG Issues
- Cervical Screening -
- MD asked for clarification regarding the idea of tendering services. KH and NJ confirmed that the hope is that service issues will be brought to the Network Directors attention and in turn taken to the relevant NAG group. If then it is agreed the best solution is to tender this will be pursued. MD stressed the need to separate Gynae and non Gynae issues.
- MD enquired why it is too late to stop the tendering of Cytology. KH explained that there does seem to be some regret at having chosen this route, especially in light of recent events. Everyone involved agrees that the tendering process should have waited. JS confirmed that there could be a turn around on this decision at the moment the tendering of Cytology is only at the expressions of interest stage. MD pointed out that should the tendering go to second stage then everyone will be hiding their figures and it will be impossible for Cytology to work collaboratively. NJ stressed all the same points have been made to the CEs and explained that the situation will become clearer once the deadline for expressions of interest has passed (31/07/09). CMFT and Pennine have submitted expressions of interest. MD felt that Gynae Cytology cannot

join in and make a decision until the outcomes with the expressions of interest is known. Non Gynae can work as Histopathology.

- It was agreed that the Cyto NAG group feels a professionally led solution is still the best way forward.
- MD informed the group that the contract for processes ends in March 2010. Obviously the process has to continue but the question is where and what are the implications for the sustainability of the service. MD would like to write to MB regarding the service. DB pointed out that as MD is from CMFT there is a vested interest there. DB suggested that as Chair of the Histo/Cyto NAG group the letter should come from him and the content should suggest either a professionally driven solution or CMFT and Pennine working collaboratively. The group endorsed the suggestion of this letter to MB and it was agreed DB would write the letter and it be sent to MB prior to the next Network Board meeting on Friday 7<sup>th</sup> August 2009.
- MD informed the group that the Code of Practice for Gynae Cyto labs is very outdated and has been revamped and is currently on the BSCC website for comment.
- MD also reported that the 'Jade Goody Effect' seems to have reached a plateau. Not as many tests are being received and the backlog of work is diminishing. There is no more screening of under 25 year olds. LM has a letter from the Trafford Cancer Service Manager stating that GPs are at liberty to send patients under 25 for screening.
- Non Gynae Cytology – MD updated the group about the liquid based Cyto technique trialling. Most labs have trialled Thinprep but there has been no trial as yet of Surepath. MD agreed to pursue this.
- AP Forum – DS explained that the latest meeting has been cancelled so there is nothing to report.
- Trafford Histopathology - DB introduced PZ as Associate Director of Diagnostics at Trafford. PZ explained that Trafford is a failing trust in turnaround. They have a number of Histopathology issues. PZ has attended this NAG group today to formally discuss the Trusts plans for Histopathology in terms of everything, staff costs and external views of Histo services. PZ explained that the Histopathology department had 3 consultants and 1 locum. The locum left and it is been impossible to recruit another. One of the consultants has gone to Bolton and as a result 50% of the work is now outsourced. One of the remaining consultants is due to retire and this would result in 100% of the work being with a private company by default. Histopathology is seen as an unsustainable service. It has been agreed to tender Histo services for Trafford. PZ would have preferred to partner. PZ is currently writing the service specification for the tendering process. PZ stressed the desire to be honest and open, the spec is not yet agreed and there is no agreed timescale. PZ enquired if the NAG could suggest an interim solution but quickly. KH felt that the NAG group could provide a professionally led solution for Trafford. Collaborative working is the key and KH suggested taking this to the Network Board and also speaking with MB for him to persuade colleagues. The group agreed that a codicil is needed in the letter to include no provider tendering and PCT tendering. PZ stated that there seems to be no appetite for tendering at Trafford there is an isolated interest in the tendering of Trafford's Histo service.
- Draft Quality Standards for the provision of HER 2 testing within GM –
- GA in his role as Chair of the cross cutting group has received a letter from the Chair of the breast cancer group proposing GM wide standards for turn round times for breast specimens. It is proposed that 90% of core biopsies be reported within one week, and 90% of excisional specimens (e.g. mastectomies and wide local excisions) be reported within 2 weeks. Receptors and Her2 to be available for the next MDT meeting. DB thought this was generally acceptable, but also considered that because the pathology network and cancer network cover slightly different geographical areas this should also be discussed at the GM Histopathology cross cutting group.
- AY circulated a set of draft quality standards for HER 2 testing which have been recently written based upon NICE guidance.
- JS explained that the original decision to prohibit labs within the region from carrying out HER 2 testing has been overturned and as a consequence of this the PAG 1 group has expanded its membership. As all labs within GM can now carry out their own tests it is paramount that quality standards are introduced, met and monitored. DB commented that any site with sufficient numbers should be able to participate on HER 2 testing. Steve Downing, Strategic Finance Lead for AGM PCTs will carry out a benchmarking exercise to establish a tariff. Current charge £60 per case it may become cheaper or more expensive. There will be no funding for start up costs. There is potential to claim retrospectively for those Trusts who have been continuing to carry out HER 2 testing regardless of the original ruling.
- JS explained that the new participating labs will need to clarify when they will begin testing and charging.
- The second draft of quality standards was approved by the Histo/Cyto NAG group and will now go to the Board for ratification.
- **PAGs – Update on progress** – DB suggested members read the attached PAG update on progress.
- PAG 5 – IM&T – JS took the opportunity to update the group regarding the progress made with Lab2Lab. The trials between 2 Telepath sites are progressing well and JS hopes that the system will be live by the end of August 2009 and role out will commence later this year. JS stressed that trials are needed within Histopathology and that the Network are still experiencing difficulties with Clinisys.
- JS also explained that he has gained support from the ICT GM Programme Board for a GM wide LIMS business case. Resources have now been identified. This would also mean the data warehouse often discussed could be achieved.
- **Any Other Business** –
- IBMS CPD Certificates - were available

- Tatton Flower Show – RP informed the group that the Pathology garden at RHS Tatton Flower Show entitled “That Awkward corner” has won a silver medal.

**Actions**

- DB to draft letter to MB and AF re Cervical Cyto Screening contract.
- MD to pursue Surepath trail of LBC for non gynae cytology.
- Members wishing to comment on the updated Code of Practice for Gynae Labs do so via the BSCC website
- PZ to take the plight of Traffords Histo service to the Board
- AY to take the approved Draft Quality Standards for HER 2 testing to the Board for ratification.

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

- None

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

- To ratify the HER 2 Quality Standards

**Date and Time of Next Meeting**

- Tuesday 22<sup>nd</sup> September 2009, 2pm-4pm, One Central Park, Northampton Rd, Manchester M40 5BP