

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

Histopathology / Cytology Network Advisory Group Meeting
 Friday 13th November 2009, 2pm – 4pm
 John Bray Suite, Holiday Inn, Oldham Road, Newton Heath, Manchester, M40 2BS

In attendance			Apologies	
David Bisset	DB	Royal Bolton Hospital NHS Foundation	Samer Al-Habba	Pennine Acute Hospitals NHS Trust
Bipasha	BC	The Christie NHS Foundation Trust	Khalid Ahmed	Pennine Acute Hospitals NHS Trust
Chakrabarty			Pam Atkinson	Central Manchester NHS Foundation T
Karen Graham	KG	The Christie NHS Foundation Trust	Gauri Batra	Central Manchester NHS Foundation T
Cath Hall	CH	Central Manchester NHS Foundation T	Brian Benatar	Pennine Acute Hospitals NHS Trust
Miles Holbrook	MH	Central Manchester NHS Foundation T	Nick Bullough	Tameside Hospital NHS Foundation Tr
Vicki Howarth	VH	Stockport NHS Foundation Trust	Richard Byers	Central Manchester NHS Foundation T
Phil Hudson	PH	Collinson Grant Healthcare	Gwyneth Cadman	Pennine Acute Hospitals NHS Trust
Keith Hyde	KH	GM Pathology Network	Alan Curry	Central Manchester NHS Foundation T
Neil Jenkinson	NJ	GM Pathology Network	Neha Dalal	Tameside Hospital NHS Foundation Tr
Laura Kidd	LK	GM Pathology Network	Mina Desai	Central Manchester NHS Foundation T
Richard Lambert	RL	Pennine Acute Hospitals NHS Trust	Sudha Desai	Salford Royal NHS Foundation Trust
David May	DM	Tameside Hospital NHS Foundation T	Helen Doran	UHSM NHS Foundation Trust
Rachel Pearson	RP	GM Pathology Network	Richard Hale	Stockport NHS Foundation Trust
Paul Purnell	PP	UHSM NHS Foundation Trust	James Harrison	WWL NHS Foundation Trust
Craig Rogers	CR	WWL NHS Foundation Trust	Miles Howe	UHSM NHS Foundation Trust
Michael Scott	MS	UHSM NHS Foundation Trust	Yvonne Hughes	Central Manchester NHS Foundation T
Daniel Smith	DaS	Stockport NHS Foundation Trust	Roger Hunt	Stockport NHS Foundation Trust
Denise Smith	DS	Royal Bolton Hospital NHS Foundation	Sezgin Ismail	UHSM NHS Foundation Trust
Stephen Voysey	SV	Collinson Grant Healthcare	Lorna McWilliam	Central Manchester NHS Foundation T
Godfrey Wilson	GW	Central Manchester NHS Foundation T	Lia Menasce	The Christie NHS Foundation Trust
			Mark Pearson	Royal Bolton Hospital NHS Foundation
			Susan Priestnall	Stockport NHS Foundation Trust
			Richard Pope	Central Manchester NHS Foundation T
			Madhu Rao	Pennine Acute Hospitals NHS Trust
			Rajagopal	Stockport NHS Foundation Trust
			Saravana	
			Jeff Seneviratne	GM Pathology Network
			Kanwal Sikand	The Christie NHS Foundation Trust
			Nick Telford	The Christie NHS Foundation Trust
			Malcolm Timmins	Stockport NHS Foundation Trust
			Sami Titi	Pennine Acute Hospitals NHS Trust
			Alan Webster	UHSM NHS Foundation Trust
			Tom Wilson	Pennine Acute Hospitals NHS Trust
			Anne Yates	Salford Royal NHS Foundation Trust

Discussion Points

- **Welcome and Introductions** – DB welcomed members to the meeting and introduced PH and SV of Collinson Grant Healthcare. SV gave a brief introduction on the current economic climate and the position of the emerging vision work
- **Context** – PH explained the economic challenge of 15-20% cost and efficiency savings set to the NHS. Lord Carter's report indicated that between £250- £500 million can be saved within pathology services nationally. The Treasury have taken Carter's methodology to be robust and have already banked the savings. Carter stresses that £250 million in cost savings can be attributed to cost reduction alone. The other £250 million will come from reconfiguration. Cost savings in the care pathway will be welcomed and considered but the actual savings must come from pathology. SV stressed that the invest to save argument will be listened to sympathetically but a solid case will be required. There are 10 SHA's so in theory that's a saving per SHA of £50 million. The Network has been asked to produce a list of option appraisals including:-
 - An appropriate model of service provision
 - What a hub and spoke arrangement would look like
 - 5 key quality metrics for this discipline taking into account the Darzi parameters of Safety, Outcomes and Patient experience.
 - DB raised the issue of tendering and stated that a model is needed where every Foundation Trust needs its own lab. CE's have to meet cancer targets and will not want to relinquish ownership. DB felt that sectorisation/centralisation was the familiar option based upon Pennine which has become one Trust. DB stressed that although successful the Pathlinks project is all smaller sized hospitals. DB asked the question if sectorisation involves smaller labs and larger labs whose working practices will be adopted? DB stressed the bottom line is we need a way to achieve doing the same job with

fewer people. Significant cost savings cannot be made through consumables purchasing. What we do with 5 people we need to do with 4.

- GW explained to the group that CMFT have been looking into Trafford's tender requirements and how they could deliver the service for them. Their service requirement includes the need to carry out post mortems, 8 MDTs per week, frozen sections and the requirement for a clinical presence and pathology staff presence for specimen reception. If staff were not housed on-site then the transport, logistics issues and IT would be considerable.
- DB asked RL how Pennine have achieved removing all Histopathology services to 1 site. RL explained that originally there were 2 small sites and 2 large sites and each worked independently. Initially common policies and procedures were introduced and this has led to a large consultant body across the 4 sites. There are 40,000 Histo requests generated from the 4 sites and all processed on 1. The group enquired if there are any issues around lost samples and RL answered there has been no increase. RL pointed out that Pennine controls the transport and pathology controls the packaging and timing of the transport. The group asked if the processing lab is an existing lab and RL confirmed it is an original lab that has been extended and redesigned.
- The group agreed that realistically they will need to look at doing things never done before and doing things they do not necessarily like. Centralisation raises the issue of non team mergence, e.g. Bury and Rochdale and the "Them and Us" mentality. Initially at Pennine the cytology screening department consisted of the Oldham corner, Rochdale corner and Bury corner now everything is done the Pennine way.
- Members split into 3 groups and discussed the 3 main issues as mentioned above:-
- **Network Strategy 20:20 Vision Facilitated Workshop** – Please see attached sheet.
- KH asked members as a whole to park all logistic issues such as IT; transport, etc as it must be taken as read that these must be resolved. DB asked the group to remember that what is a good solution for a largely automated service may not work for Histopathology. The group were asked that upon splitting into groups they purposely split from their work colleagues. SV gave out a guidance and briefing paper to show the list of option appraisals Microbiology has suggested.
- **Any Other Business** –
- **Minutes of the meeting held on 22nd September 2009 and Any Matters Arising** – The minutes were accepted as a correct record.
- **Chair's Communications**
- Cervical Cytology Update – MH (on behalf of Mina Desai (MD) made members aware of a series of communications regarding the tendering of Cytology services. The first being a letter dated 13/10/09 from David Nicholson concerning the NHS remaining as the "preferred provider." Scenario 1 applies to this case as we have not been given 2 formal chances for the current provider to improve. On the 20/10/09 a letter from MB stated the tendering of services will go ahead and gave no mention to "preferred provider." MD had emailed MB on several occasions and received a response again stating the tendering will go ahead. MD asked what feeling the Histo/Cyto NAG has regarding going forward in light of the David Nicholson stance and pushing for an in-house solution.
- DB explained that he himself had tried and tried to push as has MD. DB stated that following many conferences, meetings, etc the feeling of determination to go ahead with the tendering of Cytology services is overwhelming. DB remains amazed by the loyalty of the cytology screening staff as they should be looking for new employment. MH stated that clearly everyone around the table is in favour of the in-house solution should the SHA back down and change its mind. This NAG wanted to go on record and state it strongly supports a Network solution as does the GM Pathology Network Board.
- The Cancer Network are also in favour of the in-house solution and Dr Petula Chatterjee (Chair of the Cancer Network) has also emailed MB to state her views.
- LK was asked to email a reminder regarding the eRoom and SV enquired if any members have experienced any technical difficulties.
- **IBMS CPD Certificates** – were available

Actions

- LK to email eRoom reminder to members

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

- Friday 29th January 2010, 2pm-4pm, One Central Park, Northampton Rd, Manchester M40 5BP