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

Histopathology / Cytology Network Advisory Group Meeting
Thursday 1st July 2010, 2pm – 4pm
Manchester Suite, Holiday Inn, 888 Oldham Road, Newton Heath, Manchester, M40 2BS

In attendance			Apologies	
Monica Argawal	MA	WWL NHS Foundation Trust	Khalid Ahmed	Pennine Acute Hospitals NHS Trust
Brian Benatar	BB	Pennine Acute Hospitals NHS Trust	Nick Bullough	Tameside Hospital NHS Foundation Tst
David Bisset	DB	Royal Bolton Hospital NHS Foundation T	Richard Byers	Central Manchester NHS Foundation Tst
Mina Desai	MD	Central Manchester NHS Foundation Tst	Alan Curry	Central Manchester NHS Foundation Tst
Sudha Desai	SD	Salford Royal NHS Foundation Trust	Richard Hale	Stockport NHS Foundation Trust
Karen Graham	KG	The Christie NHS Foundation Trust	Keith Hyde	Central Manchester NHS Foundation Trst
Cath Hall	CH	Central Manchester NHS Foundation Tst	Neil Jenkinson	GM Pathology Network
John Hayes	JH	Pennine Acute Hospitals NHS Trust	Anna Kelsey	Central Manchester NHS Foundation Trst
Laura Kidd	LK	GM Pathology Network	Lorna McWilliam	Central Manchester NHS Foundation Tst
David May	DM	Tameside Hospital NHS Foundation Tst	Jeff Seneviratne	GM Pathology Network
Paul Owen	PO	Central Manchester NHS Foundation Tst	Ann Taylor	Royal Bolton Hospital NHS Foundation T
Rachel Pearson	RP	GM Pathology Network	Alan Webster	UHSM NHS Foundation Trust
Paul Purnell	PP	UHSM NHS Foundation Trust	Tom Wilson	Pennine Acute Hospitals NHS Trust
Craig Rogers	CR	WWL NHS Foundation Trust	Anne Yates	Salford Royal NHS Foundation Trust
Jonathan Shanks	JoS	The Christie NHS Foundation Trust		
Dan Smith	DS	Stockport NHS Foundation Trust		
Denise Smith	DeS	Royal Bolton Hospital NHS Foundation T		
Godfrey Wilson	GW	Central Manchester NHS Foundation Trst		

Discussion Points

- DB welcomed the group.
- **Minutes of the meeting held on 6th May 2010 and any Matters Arising –** The minutes were accepted as a correct record.
- **Chair's Communications** –
- Network Board Meeting – 4th June 2010 – The group were shown a presentation given at the GM Pathology Network Board on 4th June 2010, see attached. RP explained the various phases of the 20:20 Emerging Vision project:-
- Phase 1 is project overview and governance stage from May – June 2010. RP explained that the CEO discussions around governance are currently ongoing as the decision will set a precedent for other clinical service reconfigurations. RP informed the group of the difficulties in establishing what personnel is necessary per site due to the varying on site clinical services and stressed the need for clinical input and the need to liaise individually with sites.
- Phase 2 will determine the optimal model for all disciplines (June – Sep 2010). RP informed the group that the Acute CEOs have requested that the preferred model be independently financially assessed.
- Phase 3 Selection of CSL and ESL locations (Oct – Nov 2010)
- Phase 4 Due diligence and test phase (Dec – Jan 2011)
- Phase 5 Determine overview, Scrutiny Committees and public consultation (Dec 2010 – Mar 2011). DB expressed concerns over the potential project delays a period of public consultation can cause. The current upper GI cancer review has possible recommended a reduction in sites from 3 to 2 or even 1. A decision has apparently been reached but due to the new government expectations of public consultation this decision is still not public knowledge. RP explained that OSC committees will provide guidance on consultation requirements.
- Phase 6 Commission preferred model (Feb 2011 – Mar 2011)
- Phase 7 Implementation programme (Mar 2011 – Onwards)
- GW felt that the timeline for economic modeling and implementation of the 20:20 Emerging Vision is optimistic due to the daily pressures of our staff positions. The SHA wants plans by the end of June 2010 and it is the end of June 2010. GW also commented on the mention in the GMPN Board presentation of the amount of £200,000 which has been requested for funding the next phase of work. GW enquired if the Network will taking on more members of staff. RP confirmed that there will be no more staff the existing 3 WTE members of the team will be working on the project and buying the resource to complete the economic modeling. DB recognized that the timeline is tight and pressured but that is the current nature of the climate we are working in.
- BB questioned who staff will ultimately work for? DB suggested perhaps a single entity similar to a pathology federation although nothing is yet decided as the governance issues are still being discussed. A jointly owned pathology organization has been suggested which would have shareholders. The group felt at this stage that the biggest worry is jumping into something that will not actually realize the savings needed and the quality is not improved or even maintained.
- DB informed the group that at the GMPN Board meeting on 4th June GM Pathology Network representatives were chosen for the SHA Modernisation Board. Both an Acute and PCT CEO were required and Clinical Leads. It was agreed that as

joint chairs of the GMPN, Mike Burrows and Andrew Foster would be our representatives and it was suggested that the current Network Clinical Leads JS and KH would attend. The latter choice was some what contentious as some members of the Board felt that as neither JS nor KH currently work within a NHS lab and that the Clinical representative should, but AF decided the nominations would stand and that hopefully the membership would be widened.

- DB explained that Tony Cumming had given an update on the NW haemoglobinopathy genetic diagnostic service which has been up and running for 12 months. To summarise the service has been well established but is still developing and is a good service for GM to operate.
- DB explained to the group that an MSC Oversight Board has been set up and is chaired by Patricia Zukowskyj, Associate Director of Diagnostics of Trafford Healthcare NHS Trust.
- DB also informed the group that funding for the second phase of HMD at The Christie has been secured and hopefully role out to other sites will follow shortly.
- **Pathology Transformation Updates**
- National – RP reminded the group of the letter from Dr Ian Barnes, National Lead for Pathology citing 1 core lab per SHA and the need to deliver plans to the DH by June 2010. For the NW this may mean 1 core lab per sub economy i.e. 1 for Cheshire & Merseyside, 1 for Cumbria & Lancs and 1 in GM. The message is that the money is coming out of the system so find a solution.
- SHA – RP explained that the SHA Modernisation Board met on 21st June 2010 for the first time. MB & AF gave their apologies and KH and JS attended for GM. RP continued that the meeting was attended by representatives from the Cumbria & Lancs and North Mersey networks and reps. from HR and Finance within the SHA. The group discussed widening the membership but the Chair; Dr Mike Cheshire would prefer to keep the group small. KH raised the potential inclusion of a member of the RCPath, HPA and Blood Transfusion. The Board supported the inclusion of a HPA representative and KH did point out that our own GMPN Board has an RCPath representative which has been beneficial.
- NJ had been initially excluded from the original membership but the agreed TOR has included Network Directors. Other members include SHA Associate Directors of Finance and Workforce Associate Director. The Modernisation Board will work through the existing Networks and will lead on the HR strategy for the NW. The group will meet next on the 6th September 2010.
- Network – NJ and KH attended the Commissioning Programme Board in June 2010 at which it was made very clear that although happy with the consolidation model Commissioners are insistent that plan B is tendering Primary Care work. Members of the Histo/Cyto NAG expressed their concerns about a similar situation arising as with the tendering of Cervical Cytology. A Network solution was presented then and still tendering went ahead.
- Local – DB informed the group that he has enquired at the GMPN Board meeting if KH could give any updates on the situation between CMFT and GSTS Pathology. KH explained that he had no knowledge of the discussions and could not give any update. GW stressed that this is the case as KH along with many other staff have had no involvement in the conversations. Staff were informed on the 24th June 2010 that there is now a Memorandum on Understanding in place between CMFT and GSTS Pathology. This is in essence an exploratory process to consider the potential of CMFT and GSTS Pathology working together in the future. GSTS will hold a work shop on the 5th July 2010 for CMFT staff.
- Staff at CMFT have been assured at this stage there will be no changes to staff contracts as experienced by Guys and St Thomas' staff. CMFT can withdraw if no benefits to the alliance are perceived.
- GW continued and explained that a potential benefit to the partnership could be the resource and development of an Electron Microscopy service for GM. CMFT currently has 2 elderly microscopes in use and with varying hospitals in the region withdrawing their EM service the workload at CMFT is increasing. There is a general feeling of cautiousness around negotiations with GSTS. Consultants and Clinicians are following the process very closely. GW can see potential areas to partner in and develop. A meeting will take place on 2nd July 2010 involving staff members, the CEO, DoF and Chief of Nursing. GW agreed to continue to provide updates on the GSTS Pathology/CMFT partnership and any future meetings.
- DB commented that the potential implications of this partnership are far reaching to other Trusts that may be involved in potential consolidation with CMFT. BB commented on the rumour that GSTS are to target direct access work within the region. GW said this was not in the Memorandum of Understanding. The group briefly discussed other rumors in circulation that GSTS have also met with other Trusts within the region such as Pennine and also met with Merseyside. JoS informed the group that The Christie have just signed a contract with a private American Healthcare company for Radiology services which may have implications for pathology.
- DB reported on the potential merger in the North West of Bolton, SRFT and WWL. The Royal Alliance Review Board will hold its first meeting on Monday 5th July 2010. The recommendation of the independent consultant includes the centralization of Microbiology to Bolton and Cellular Pathology to SRFT. Discussions will now take place around accurate costings and key enablers.
- BB commented that Pennine is watching and waiting to see if the outcome will be 3 or 4 sectors for the region. If 4 Pennine will continue as it is and continue to find cost savings of 20%. BB expressed concerns regarding the understanding that the original Pennine merger realized 20% savings as in fact the benchmarking shows it to be 8% and BB reminded the group of Pennines heavy capital charges due to the £17 million laboratory investment. If there will be 3 sectors then Pennine can begin partnering discussions. BB was also concerned how the intended consolidation process

will motivate Acute CEOs to buy in. SD remarked that the CEOs have an understanding that the savings realized will be shared equally between the Trusts. DB explained that from the remarks made at the GMPN Board Andrew Foster, Acute CEO of WWL has stated that he wants to make a saving in pathology and provide a better service and if that can be achieved there will be buy in at CEO level. RP confirmed that currently the Network is awaiting economic modeling from KPMG on the cost differences between the sector models.

- GW felt that CMFT are ostracized and will probably be the central sector. GW explained the rationalization of children's pathology and the savings realized for CMFT in both this service and Histopathology. The main saving has been £400,000 in Haem and Chemistry with a projected overall saving of £1,000,000 (only £27,000 saving for Histopathology). CMFT has made very clear that it will remove the projected overall savings from this year's budget and similarly next years. GW feels strongly that the disciplines at MRI need to be looked individually. GW enquired if any members had seen the circulated letter from a Macclesfield clinician which gives a clinical perspective on many of the subjects we are discussing.
- PP confirmed that UHSM is currently in talks with other Southern based Trusts including SHH, Tameside, The Christie and Trafford. General Managers from within the mentioned Trusts are currently in the process of setting up a Project Board. Although the group feels in general that there is agreement something has to happen and directions are being established we are not at a stage where things can be decided.
- **Network Advisory Group (NAG) Issues**
- Cervical Cytology – MD updated the group that although initially tender applicants had been told the decision would be made by the end of June it has now become the end of July at the latest, hopefully Pennine and CMFT will know by the 16th July who has been the successful applicant. MD and BB confirmed that they are not aware who has applied from the private sector.
- MD informed the group that CMFT is the successful bidder for the Cumbria & Lancs tender and as such the transferral of services had begun. Blackpool and half of the Southport service has been transferred. Next will be Cumbria & Carlisle followed by Morecambe Bay/Royal Lancaster, Blackburn and finally Chorley and Preston. It is anticipated the transfer will be complete by September 2010. CH enquired if staff has transferred to CMFT from the Cumbria & Lancs. Trusts. MD confirmed that some have but Blackpool wanted to absorb all their staff. Other Trusts said that some staff would be absorbed and others would sadly be informed there are no redundancies and no job any longer.
- MD also informed the group of the recent Mavaric trial to introduce semi automation into Cytology. The final result has gone to the HAD for peer review and it appears that Mavaric will not be recommended. Although productivity is better sensitivity is not and there will be no further review. MD commented that the machine signs out negatives (upto 25% of cases) without any human intervention and was commended for this function. All the information will be published on the HTA website next month.
- HPV trials are going very well and the vaccinations are showing good cross protection.
- Mortuary – PO informed the group that he has been contacted by Vicki Howarth of SHH regarding the set up of a contingency group between SHH, Trafford and Tameside in the event of major fatalities. PO stated that his biggest concern is that at the last Mortuary meeting no mortuary staff is aware of the 20:20 Emerging Vision work or the specific implications for them.
- Coroners within in the region are expressing concerns as the histopathologists are pulling out of post mortem rotas and post mortems will no longer be compulsory for MRCPath. DB confirmed that The Royal Alliance has so far not had any conversations surrounding the consolidation of mortuary services. DB felt that in general this could become a growing problem as the public myth that carrying out post mortems is well paid could not be further from the truth. London is currently experiencing a quality issue as they have a central site outside of the hospitals. DB reminded the group that only medically qualified histopathologists issue Cause of Death certificates and this could be the last generation of medically qualified staff we see. DB felt that there could be a move towards histopathologists that only carry out post mortems.
- Model for redesigned services: - The group then focused on the redesign model and DB asked the group to give some thought to what is needed on each particular site based upon the clinical services. SRFT has Neuropath on site and has a greater use of frozen sections than any other Trust in the region, at least 1 per day. BB commented that Pennine could centralize and carry out all frozen sections for its hospitals at one site. GW felt that post mortems, frozen sections, FNAs and MDTs are the 4 biggest concerns for the service. Many members are still of the opinion that video conferencing is not a good replacement for actual attendance at MDTs. DB commented that Bolton uses video conferencing and it works well but that if consultants will be covering many sites then proper organization will be the key. The group agreed that every hospital will need somewhere to keep bodies on site even if the post mortem will not be carried out there. BB commented that although Pennine does not serve 4 equally sized district hospitals each site has a body store where relatives can view and a hub and spoke service is in place for post mortems. BB confirmed that in order to facilitate this service the staffing quota consists of 5 morticians, porters and on site at the body stores 2 people for 3 stores. There is also a contingency plan in place if anything happens at Oldham.
- DB commented that at this point we need to find innovative solutions to the problems faced. DS suggested looking to technology to provide those answers and informed the group of a recent digitized slide system demonstration he had witnessed. This could be used for MDTs as the pixel on demand technology improves the quality and speed of the images

and the ease of process would also help to alleviate staff time pressures. Although the introduction of this technology would be expensive our buying power as a region could help. GW commented that OMNIX is going live in several sites in the USA.

- **Any Other Business** –
- IBMS CPD Certificates – were available

Actions

- LK to circulate 20:20 Emerging Vision Presentation with minutes.

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 2nd September, 2pm-4pm, Manchester Suite, Holiday Inn Manchester Central Park, 888 Oldham Road, Manchester, M4025BS