

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

Microbiology/ Virology/ Mycology NAG
G54, One Central Park, Northampton Road, Newton Heath, Manchester M40 5BP
Friday 8th May 2009, 2pm – 4pm

In attendance			Apologies	
Reeta Burman	RB	Pennine Acute Hospitals NHS Trust	Eric Bolton	HPA NW/ CMFT NHS Trust
Ivor Cartmill	IC	Pennine Acute Hospitals NHS Trust	Andrew Dodgson	CMFT NHS Trust
Steve Downing	SD	GMPCTS	Angela Downes	HPA NW
Neil Jenkinson	NJ	GMPCTS	Dave Ellis	HPA NW/ CMFT NHS Trust
Ed Kaczmarek	EK	HPA NW/ The Christie NHS Foundation T	Barzo Faris	Trafford Healthcare NHS Trust
Naeem Khattak	NK	Pennine Acute Hospitals NHS Trust	Camelia Faris	WWL NHS Foundation Trust
Laura Kidd	LK	GMPCTS	Dr Hassan	UHSM
Rachel Pearson	RP	GMPCTS	Keith Hyde	GMPCTS
Maurice Sidorczuk	MS	Pennine Acute Hospitals NHS Trust	Barbara Isalska	UHSM NHS Foundation Trust
Sue Spilsbury	SS	Stockport NHS Foundation Trust	Sarah Maxwell	Stockport NHS Foundation Trust
Peter Taft	PT	Salford Royal NHS Foundation Trust	Rob Nelson	WWL NHS Foundation Trust
Moira Taylor	MT	Stockport NHS Foundation Trust	Hari Panigrahi	Pennine Acute Hospitals NHS Trust
Chinari Subudhi	CS	Salford Royal NHS Foundation Trust	Andrew Turner	CMFT NHS Trust
Philip Unsworth	PU	Tameside Hospital NHS Foundation Trust	Emma Watson	Stockport NHS Foundation Trust
Allan Wilcox	AW	WWL NHS Foundation Trust	Dave Weston	HPA NW

Discussion Points

- RB welcomed the group.
- **Chair's Communications** – RB explained that the last Network Board meeting was held on 3rd April 2009.
- RB mentioned a Network Strategy Group had been set up and the group had met for the first time on Wednesday 06/05/09. At the meeting Andrew Foster had stressed that the Network needs to be able to answer difficult questions from Commissioners. The group had discussed whether it would be in a position to give independent advice and influence Commissioners. NJ explained that currently there is a 3 – 4 month programme of meetings with PBC hub leads and PCT leads. Following these meetings people will then have a link person to contact. NJ, KH and RP are raising the awareness of Pathology. They are raising the profile and selling Pathology services. It was agreed at the meeting an emerging vision is needed for Greater Manchester. The group is keen for Chief Executives to give a mandate, and a paper will be presented to Acute PCT Chief Executives on 15th May 2009. It is hoped that a mandate to look at each Pathology service will be given. Then each discipline can be looked at alongside specific issues e.g. Phlebotomy, Anti coagulation etc in line with the Carter report. A summary paper can then be written.
- The Strategy group are trying to address the threats across the system. Benchmarking could be the key, Carter identified a need to prove value for money across the service. RB enquired if the benchmarking would be at Trust level. NJ explained that the Network is looking to revisit the Keele benchmarking as it recognises different costing mechanisms and that there is a need to invest time and money. AW mentioned that we have benchmarking data going back 10 years but no one outside the lab has ever looked at it. RB mentioned that people need to be aware that these things are coming. Trusts will be asking for costs. SD mentioned that this is already happening. Work is being carried out to look at the different pricing mechanisms as there is a vast difference throughout G Manchester. There will ultimately be a National Tariff. RB asked the group if they have any questions/feedback on SWOT then write to RP or RB.
- SD enquired that as the Network has 2 customers e.g. Acute services using pathology services internally and GP and direct access referrals using the services are both being looked at. NJ confirmed that we are looking at what is required locally on site and future configurations for both customers. RB stated that it was a very open discussion on 6th May. Greater Manchester is ahead of the game by having a network. NJ agreed that we are ahead of the game we know all the Darzi/Carter issues and due to the current economic climate we are aware of the need to make savings without affecting quality. RB stressed the importance of named deputies as this will help the group to move forward.
- The SWOT analysis carried out in G Manchester was discussed at the Strategy group. Workforce planning and quality were high on the agenda. NJ explained that the weaknesses identified in Microbiology are all the issues that the Network is trying to address as they are the same issues identified through Carter's report.
- **Notes of 12th March 2009 Meeting & Matters Arising** – The minutes of the previous meeting were agreed.
- RB confirmed that she would send the January bulletin through to RP and LK for circulation.
- **MRSA** – MT raised the difficulties encountered with the MRSA screening project. A large group is needed including PCT leads. MT feels there is a bias towards Manchester PCT as it is one of the largest PCTs. RB stressed the need for standardisation throughout PCTs. SD commented that all networks feed back to a group that contains a representative from each PCT. This gives a level playing field for all PCTs to have their say. MT remarked that when producing documents at Microbiology level they do not represent other PCTs. Manchester is the biggest and they have the general consensus. Other PCTs should be included. PT commented that statistics cannot be compared over all PCTs due to non

standardisation. Some labs take 1 swab others 3 swabs. You cannot compare like for like. RB commented that this is a quality issue. Although we are all aware of cost savings we need to improve quality. NJ commented that one of the main issues to arise from the Strategy group was setting quality metrics according to Darzi's agenda for improvement. SD remarked that contracts should reflect professional opinion. MT commented that political issues often cloud professional opinion. EK commented that all labs may be achieving their targets but not in the same way. MT mentioned that labs across G Manchester are not working as one due to individual pressures from Trusts, PCTs etc.

- MT commented that she had circulated the guidelines for elective admissions 10/03/09 but to date had received only one comment which was about looking at different approaches. SD enquired where the guidelines had been circulated. MT confirmed only within this group. RB commented that SDs attendance was required. MT suggested recirculating and asking for comments again. RB explained that a paper needed to be produced by March 2009. SD commented about the need to produce the paper for G Manchester. MT commented that she feels professional opinion will be over ridden by the PCT as they are leading on this. SD said the document is a basis for a minimum standard and PCTs can add clauses to contracts. It was agreed to arrange a meeting after the 25th May to discuss MRSA screening. SD mentioned that isolation is the biggest issue in the Scottish guidelines due to the initial costs. The number of isolation beds needed in G Manchester would cost £15 million and this is not a possibility. Costs will reduce after the first couple of years.
- SD commented that he had produced a quick model based upon the Scottish model. SD confirmed that he had looked at resources needed but this had been according to figures at Christmas. All elective patients must be screened by 2011. SD explained that the focus of the model has now changed and we need to look at the consequences of screening all patients but not isolating them all. SD expressed a desire to join the group on a regular basis to move things forward, once documents are approved they need to go to Commissioners and be built into contracts. RB commented she was confident that would be achieved this year or next. SD explained that a business case needs to be built for PCR to look at value for money.
- **How to do it?** – In the absence of SM this agenda item has been carried over to the next meeting
- **Hepatitis C Strategy for G Manchester** – The CBS have been hired by Heywood, Middleton & Rochdale PCT to look at the current service. They have been asked to look at the journey from patient pathway. Siobahn Fahey (SF) and Julie Cunningham (JC) began work 18 months ago, if your lab is currently testing for Hep C then SF and JC along with David Jones (DJ) and Paul Klapper (PK) will be paying you a visit to audit your lab. RB asked the group whether JC, SF and DJ should attend the next Microbiology NAG meeting. Salford, Pennine, Wigan, Bolton, Stockport and Tameside currently carry out testing.
- There will be an all day World Hep C Event held at Manchester Town Hall on 19/05/09
- There will be a half day GM Stake Holder Event on 12/06/09
- **Weekend Working** - PT apologised for the lateness of his report but explained that a majority of replies had been received late. PT suggested that as the observations in the report are his observations it would be a good idea for everyone to take the time to read and digest the report and comment at the next meeting. PT thanked the 8 labs that had responded and shared their information. 2-3 labs offer routine testing on Saturdays. All labs are aiming to give a routine Saturday service and an emergency Sunday service. The information provided to PT lacked knowledge regarding opening hours and number of staff. The big question is how labs prioritise workloads. All labs are doing what they can with the resources they have. The priority seems to be on processing new samples coming in. RB commented that lab work should be 24/7, as testing at the end of the week is just as important as the beginning. Best practice will always recommend a 7 day service. The group discussed how best to move forward. RB expressed concerns due to the pressure on lab staff and encouraged lab staff to go to their managers and explain that this is a clinical governance issue. Flexible working is built into new staff contract but longer serving staff do not have the same contract.
- PT acknowledged that some tests are not urgent and so maybe a Friday afternoon triage could be introduced and tests could be prioritised by a senior member of staff. PU disagreed with labs testing 24/7 and commented that staff should have a day off. EK commented that quality of care should be a standard for 7 days a week. MS commented that new Pennine staff are contractually obliged to work weekends. SS enquired as to whether the requirement would be for same amount of core staff at weekend as in the week. PT explained that this was not necessarily the case. As a group we could all agree which tests need to be done, best practice will always be 7 day working. RB commented that on the whole this was a good piece of work quite eye-opening as many labs are trying to give a good Saturday service but do not provide a full service on Sunday. NJ commented that due to extended hours for GPs and the mandatory evening surgery specimens are being taken late. RB felt that it was time for staff to go back to managers with their concerns. RB also noted that Pennine are ahead of the game where GP Order Comms are concerned, with paperless requesting reducing booking in times. PT explained that there were a couple of good models to pursue. PT suggested that all comments and suggestions should be sent to him for follow up.

- RB suggested resending the questionnaire specifically to ask for information on volume of staff at weekend and opening hours. NJ agreed that it would be useful to share best practice models. MS commented that there are no standard working hours for laboratories. RB asked lab 9 to respond to PT's questionnaire so that we have 100% compliance.
- **Have you seen?** – MT to send information from the Scottish Health Protection website to RP
- **PAG Update** – Summary circulated. PAG 1 working hard on quality standards. PAG 2 big issues are clinical governance and connectivity. PAG 3 is on hold. PAG 4 Workforce still awaiting response to consultation on MSC. PAG 5 IM & T Lab2Lab meeting scheduled for Monday. Clinisys are still an issue. PAG 6 transport is still on hold. Labs are efficient but transport of specimens is not. Labs not happy to receive samples at 2pm and GPs not happy with one daily collection. MS commented that this work has already been done. NJ commented that this issue has not gone away and will be revisited. PAG 7 website link to be included in the minutes www.gmpath.net.
- Any Other Business – MT mentioned a piece of work regarding hand hygiene in labs and PPE equipment. MT asked for permission to circulate the questionnaire to the group.
- IBMS CPD certificates were available

Actions

- RB to send a copy of the article on the second Carter report and DH response from the January 09 edition of the RCPATH Bulletin to RP for circulation
- Lab 9 complete weekend working questionnaire and return to peter.taft@srft.nhs.uk
- Members to complete questionnaire on weekend staffing levels and hours of opening and return to peter.taft@srft.nhs.uk
- Draft plan for universal elective MRSA screening to be recirculated and comments returned to moira.taylor@stockport.nhs.uk
- MT to send information from the Scottish Health Protection website to RP
- MT to arrange meeting of MRSA subgroup

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

- None

Date and Time of Next Meeting

- Thursday 16th July 2009, 2pm – 4pm, One Central Park, Manchester, M40 5BP.