

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
Thursday 16th July 2009, 2pm – 4pm

In attendance			Apologies	
Louise Bell	LB	Salford Royal NHS Foundation Trust	Erika Duffell	GMHPU
Eric Bolton	EB	HPA NW/ CMFT NHS Trust	Wayne Goddard	Trafford Healthcare NHS Trust
Reeta Burman	RB	Pennine Acute Hospitals NHS Trust	Ibrahim Hassan	UHSM NHS Foundation Trust
Peter Chadderton	PC	Royal Bolton Hospital NHS Foundation Tr	Azhar Iqbal	Royal Bolton Hospital NHS Foundation Tr
Dave Ellis	DE	HPA NW/ CMFT NHS Trust	Barbara Isalska	UHSM NHS Foundation Trust
Barzo Faris	BF	Trafford Healthcare NHS Trust	Richard Mallard	HPA/ CMMC NHS Trust
Camelia Faris	CF	WWL NHS Foundation Trust	Ken Mutton	HPA NW
Keith Hyde	KH	GMPCTs	Hari Panigrahi	Pennine Acute Hospitals NHS Trust
Neil Jenkinson	NJ	GMPCTs	Kate Ryan	Salford Royal NHS Foundation Trust
Ed Kaczmarek	EK	HPA NW/ The Christie NHS Foundation T	Andrew Turner	CMFT NHS Trust
Laura Kidd	LK	GMPCTs	Emma Watson	Stockport NHS Foundation Trust
Sarah Maxwell	SM	Stockport NHS Foundation Trust	Ivor Cartmill	Pennine Acute Hospitals NHS Trust
Rachel Pearson	RP	GMPCTs	Steve Downing	GMPCTs
Maurice Sidorczuk	MS	Pennine Acute Hospitals NHS Trust	Naeem Khattak	Pennine Acute Hospitals NHS Trust
Moiria Taylor	MT	Stockport NHS Foundation Trust	Jeff Seneviratne	GMPCTs
Tina Tennant	TT	Royal Bolton Hospital NHS Foundation Tr	Sue Spilsbury	Salford Royal NHS Foundation Trust
David Slater	DS	GMPCTs	Peter Taft	Stockport NHS Foundation Trust
Chinari Subudhi	CS	Salford Royal NHS Foundation Trust	Philip Unsworth	Tameside Hospital NHS Foundation Trust
David Weston	DW	HPA NW	Alan Wills	East Cheshire NHS Trust
Allan Wilcox	AW	WWL NHS Foundation Trust		

Discussion Points

- RB welcomed the group.
- **Chair's Communications** – RB drew the group's attention to the discussion that took place at the last Board meeting regarding the Strategy Group, with some members expressing concern about the 20% figure.
- The minutes of the Board meeting are available to read.
- **Notes of 8th May 2009 Meeting & Matters Arising** – MS asked for an amendment to be made to page 2 paragraph 3 of the last minutes changing the word 'elective' to 'emergency'. Other than this the minutes of the previous meeting were agreed.
- Feedback on SWOT analysis – RB confirmed that this will be touched upon later in the meeting.
- **Network Strategy Group** – RB explained to the group that both Darzi and Carter mention Pathology services as being important but low profile. NJ, KH and JS meet with commissioners and PCTs to raise the profile. Commissioners ask about the 5 – 10 year vision for pathology. The main messages are consistent. From commissioners it's tendering, from clinical directors it's our vision and from directors of finance it is the bleak financial outlook. NJ explained that following on from the North West Economic Summit Greater Manchester needs to save £800 million in 2010. SM enquired where the 20% came from. The CEs do not want anymore 'salami slicing' they wanted a radical target. They want an improvement in quality and efficiency whilst sustaining an on site presence. KH confirmed that the 20% is overall across GM not out of Trust budgets. The 20% fits with Darzi and Carter. EB commented that anything less than 20% would not even have got us on the table with CEs. KH made the point that if we are sensible and make this professionally led and work together collaboratively we have a fighting chance. RB expressed the need to get support from the CEs. The Network asked for a mandate from the CEs to carry out a feasibility study. Mike Burrows (MB) and Andrew Foster (AF) went to their colleagues and got agreement and support. Unfortunately there were issues regarding timing and the fact that the 20% target had not yet been ratified by the Board.
- NJ confirmed that we need to steer our own destiny and have a professionally led solution, be proactive rather than have this done to us by the commissioners. NJ confirmed that individual targets can be counted in the 20% and it may even be that we need to spend money in pathology in order to save costs further down the patient pathway. The general consensus is that things will change by Jan/Feb 2010.
- KH circulated the information pack and pointed out the letter to CEs asking for all tender activity to be suspended during the feasibility study. Anticoagulation and Cytology cannot be stopped as the tendering process is already underway. RB asked how we can stop tendering. KH explained that we can only ask CEs and commissioners to suspend. KH would like Trusts to come to NJ so that he can take issues to the relevant NAG group to deal with and find a solution collaboratively.
- TOR – RB informed the group that there is a need for a Microbiology Deputy for the Strategy Group. LK will email the group asking for nominations.

- Milestones/timetables - NJ briefly explained the timeline. The Network is looking to report back to the CEs January 2010 with an interim report and potentially hold a stakeholder event also in January 2010. The process entails speaking with the NAGs and PAGs throughout July – Sep and then looking at the options Jan – Mar 2010. We can then put together an implementation plan. There will be some slippage nothing is set in stone. This is our opportunity to show we are proactive and currently we are ahead of the game. Come March 2010 if we have not achieved our goals then reorganisation will be done for us by external bodies. We need to focus on Primary care issues, phlebotomy, transport and IT links. RB enquired about GP Order Comms. KH explained that some Trusts are more advanced than others but we are all getting there. There have been issues around software which are being resolved. KH also mentioned the GM Wide LIMS business case that has been put forward to the ICT Board.
- MS commented that 75% of our budget is staffing. This will be at the back of everyone's mind. KH reminded the group about 'spend to save' and Modernising Scientific Careers. The question is 'Is there a better way?' The point was made that we need to think together and come up with 10 good ideas from Microbiology that will potentially produce what we need. EB confirmed that we need innovative ways to cut costs and work collaboratively. MS pointed out that Pennine has already done this, that everything links together transport, IT etc. AW mentioned that labs are working collaboratively, cross cover is about to start for Haematology at Wigan Bolton and Salford. RB pointed out that clinicians don't care where labs are as long as they have the results in front of them. EB pointed out that Lab2Lab will link us all together. That this will save money and also improve quality. KH asked the group if we are going in the right direction. The group agreed that although some of these decisions are life changing we have to 'bite the bullet' and EB pointed out one Trust alone could not make these changes but pulling together we can.
- SM summarised we have to have 10 concrete things that we agree and focus on e.g. Shutting labs, skill mix etc. If we just keep talking nothing will get done. KH disagreed as the situation is at the beginning of 2010 we will have to go to CEs and say this is what we have you signed the mandate now are you getting to let us get on with it or get someone in externally. EB suggested we all go away and think about this as not all trusts are represented today and LK will organise another meeting to be held before September.
- Potential External Advisors – KH asked the group to go away and think who they would want to nominate and then get a short list together.
- DH Service Improvement Bids update – KH explained that the Network has submitted 2 bids, One for Clinical Leadership and one for Clinical dashboards. Wigan and Salford are starting to work with clinical dashboards. AW and JE agreed to help with this.
- Quality Metrics – KH asked the group to mull over the list of Safety, Outcomes and Patient Experience.
- KH explained that the Network will be reporting back to MB on 24th July 2009. All feedback will go to the Strategy group and Board before it goes anywhere else. This will hopefully be achieved by December 2009. EB commented that there is the risk that we will do all the work and it then be taken away from us. KH agreed there is a risk. KH further explained that once we have a list of 10 agreed things to look at, the 2nd phase of further planning can begin. The Network will work in conjunction with the CBS (Commissioning Business Service) to prepare a business case. RB and EB commented on the TB work that goes to Newcastle and asked how achievable is getting this work done in GM.
- KH explained that there is the possibility of there being a collaborative GM Pathology Services tariff and then distributing work. The group had reservations about a tariff due to the current differences between labs with regard to expenses at sites. The group agreed that the proposed IT links are essential.
- **Network Advisory Group (NAG) Issues:**
- MRSA – MT reminded the group that she had circulated a document regarding the screening of elective patients for comment by the 12/07/09. To date no comments have been received. In light of this MT asked if the document could therefore be ratified by the group. RB asked for everyone to be given one more week due to workload pressures. The group has been given to the end of the month to comment and then the document will be presented to the Board at the meeting on 7th August.
- MT also pointed out that the current document produced for screening high risk patients is 2 years old and has therefore been reviewed. MT agreed to send both documents for LK to circulate again. The group has till the end of the month to comment on both documents. Once both documents have been accepted there will be an audit of both before the move to screen everyone. An audit is planned for Jan/Feb 2010. MT will produce an Audit questionnaire.
- How to do it Leaflet? – SM explained that the leaflets have been revamped and if the group would like they could be put onto the GM Pathology Network website. SM has recently given a presentation regarding the unnecessary testing of urine. RB suggested using this presentation to take to GPs to raise awareness of the costs involved in unnecessary urine testing. DS suggested that the presentation could be used for GP Order comms so that the presentation pops up when GPs ask for a particular test. It was again suggested it should also go onto the GM Path Network website.
- Weekend Working - PT had given his apologies so this item has been deferred.
- X Lab Update – DS commented that it seemed all the things you have talked about in this meeting are underpinned by IT. DS feels that every lab should have an IT section. Earlier the group discussed if we have the tools needed to capture the information required. DS took the opportunity to confirm we have the tools. GP Order comms will tie your GPs in. Some

- trusts have done the minimum required whilst some are ahead of the game. Once GPs are tied into a lab and given a good service they will be happy. Also they will be happy that you involved them.
- DS confirmed the current situation with the installation of interfaces. DS explained the issues being experienced with Clinisys but was happy to report that Clinisys are now on board with the project and things can now move forward and price negotiations can begin. DS confirmed that Chlamydia testing between SHH and MRI had been successful. The next stage is to get a GP on board to push requests through to SHH using the system and then ward order comms testing can also begin.
 - DS confirmed that there has also been some CA199 testing between SHH and Tameside although there have been a number of minor problems and this testing is not yet successful.
 - In conclusion this is a difficult project but we are making progress. DE made the point that Lab2Lab requires a lot of lab resources to be successful and stated that labs need to make those resources available.
 - PC enquired if there was a timeframe from Clinisys now that they are playing ball. DS confirmed that negotiations need to take place first.
 - DS informed the group about the advances being made regarding GPs seeing secondary care results via the electronic database. GPs love this although the disadvantage is that the GP looks for patient information by NHS number and the hospital invariably uses the hospital case number. This means that information is not always tied together within the system. The other advantage is that results can be downloaded so there is no need to test the patient again. DS was asked about the results being viewed but he OOH companies. DS explained that there is no technical issue to prohibit this but there are information governance issues regarding patient confidentiality and data sharing agreements.
 - JS and DS are preparing a business case for a GM wide LIMS system. The old legacy systems will soon need replacing and the benefits to patients of a GM wide LIMS system would be huge. DS used the amount of time Christie spend getting information together when a patient is referred to them as an example. A GM LIMS system would mean that all the information is available immediately.
 - Virology Update (Hepatitis C Strategy for G Manchester) – RB made apologies to Julie Cunningham (JC) as the agenda was too full for inclusion for our July meeting and so an invitation has been extended to JC to attend the September meeting.
 - EB commented that he had received an email from Erika Duffell complaining that she had not received HPC data from labs as requested. EB contacted JC to find out who they have requested the info from as if it is the incorrect person then it is unlikely they will receive the information.
 - Swine Flu Update – EB confirmed that the NHS moved from the containment to treatment phase 2 weeks ago. Testing numbers have dropped. Now only testing samples from serious hospital cases not testing the community. SM enquired if the lab was still happy to receive swabs. DE confirmed that yes the lab is still taking samples 7 days a week. SM enquired if it is still ok to use the testing kits in the community.
 - EB commented on the difficulties experienced as different Trusts want different things. Some want both negative and positive results phoning through and others only want positive results phoning. DE confirmed that there is a flu hotline 7 days a week. MT enquired percentage wise how many of the results are positive? EB confirmed that prior to the change in phases 12 – 13% of the tests from the community were positive in comparison to Birmingham and London which were 30 – 35% positive. The group discussed the ability to gain access to results electronically. Currently Hope Hospital, SHH and Pennine have this facility. The group agreed that others would find it beneficial but EB confirmed that although this is possible it will take time to plan and organise. DE stressed he would need to know which labs require access.
 - RB enquired if there is a POCT kit for Swine Flu available? EB confirmed there is no kit that is Swine Flu specific.
 - MT enquired the best way for managing staff? EB confirmed that the NHS Pandemic Flu document states staff that have had pandemic flu can return to work and nurse patients. There is no way of managing and testing staff. MT enquired if a person is ill and treated with Tamiflu and then becomes ill again will they be treated with Tamiflu again. EB confirmed this is the case. EB also confirmed there is enough Tamiflu to treat everyone in the country. SM commented there is not enough to treat people twice. EB also explained to the group that unlike usual flu viruses the elderly are not the most vulnerable. MT asked if there has been any resistance yet. EB confirmed that so far no patients have shown resistance. All positives results are sent for resistance testing.
 - New Products - Tried and Tested - RB mentioned a letter from Prof. Darzi dated 30th June 2009 (Gateway reference 12123) entitled High Quality Care for All. RB felt that this information could help to determine our quality metrics
 - Have you seen? – MT mentioned a document regarding the reporting of notifiable diseases and agreed to send it to LK and RP for circulation. MT also mentioned a letter from the Chief Medical Officer, Sir Liam Donaldson of the DH re: Keeping separate records. (Gateway reference 11985) The letter advises against keeping separate medical notes.
 - Update on SWOT Analysis -
 - **PAG Update** – The PAG Progress report is available to read.
 - **Any Other Business** –
 - IBMS CPD certificates were available
 - MRSA De Colonization – The group discussed the issue regarding some GPs not being prepared to carry out MRSA follow ups. GPs are stating that they have nothing to do with de colonization. DH guidance states this is a whole Health

Economy issue not a secondary care issue. How can this feedback be given to GPs? RB agreed to speak to DIPC. There is a need to identify a person who will inform GPs across GM. RB suggested a letter to MB regarding this subject. PCTs need to inform GPs it is part of their job to co operate. EB suggested bringing this up through the PEC chairs.

Actions

- LK to email the group for nominations for a Microbiology Deputy for the Strategy Group
- LK to organise a meeting prior to the September NAG meeting
- Group to suggest potential external advisors
- Group to send feedback to JS and RP regarding Quality Metrics
- Group to give feedback on both MRSA documents by the end of July
- MT to send notifiable disease info to LK and RP for circulation to the group
- LK to circulate info RB referred to
- RB to speak to DIPC

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

- None

Date and Time of Next Meeting

- Friday 18th September 2009, 2pm – 4pm, One Central Park, Manchester, M40 5BP.