

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 18th September 2009, 2pm – 4pm

In attendance			Apologies	
Louise Bell	LB	Salford Royal NHS Foundation Trust	Robert Berry	Tameside Hospital NHS Foundation Trst
Eric Bolton	EB	HPA NW/ CMFT NHS Trust	Steve Downing	AGMPCTs
Reeta Burman	RB	Pennine Acute Hospitals NHS Trust	Erika Duffell	GMHPU
Ivor Cartmill	IC	Pennine Acute Hospitals NHS Trust	Barzo Faris	Trafford Healthcare NHS Trust
Julie Cunningham	JC	Commissioning Business Service	Camelia Faris	WWL NHS Foundation Trust
Peter Chadderton	PC	Royal Bolton Hospital NHS Foundation T	Wayne Goddard	Trafford Healthcare NHS Trust
Diane Dean	DD	Pennine Acute Hospitals NHS Trust	Ibrahim Hassan	UHSM NHS Foundation Trust
Andrew Dodgson	AD	CMFT NHS Trust	Azhar Iqbal	Royal Bolton Hospital NHS Foundation Tr
Kirsty Dodgson	KD	CMFT NHS Trust	Naeem Khattak	Pennine Acute Hospitals NHS Trust
Dave Ellis	DE	HPA NW/ CMFT NHS Trust	Paul Klapper	HPA NW
Siobhan Fahey	SF	Commissioning Business Service	Sarah Maxwell	Stockport NHS Foundation Trust
Phil Hudson	PH	Collinson Grant Healthcare	Ken Mutton	CMFT NHS Trust
Keith Hyde	KH	GMPCTs	Hari Panigrahi	Pennine Acute Hospitals NHS Trust
Barbara Isalska	BI	UHSM NHS Foundation Trust	Ahmed Qamrduddin	CMFT NHS Trust
Neil Jenkinson	NJ	GMPCTs	Kate Ryan	Salford Royal NHS Foundation Trust
Ed Kaczmarek	EK	HPA NW/ The Christie NHS Foundation	Jeff Seneviratne	GMPCTs
Rizwan Khan	RK	Royal Bolton Hospital NHS Foundation T	Maurice Sidorczuk	Pennine Acute Hospitals NHS Trust
Laura Kidd	LK	GMPCTs	Sue Spilsbury	Stockport NHS Foundation Trust
Richard Mallard	RM	HPA/CMMC NHS Trust	Peter Taft	Salford Royal NHS Foundation Trust
Robert Nelson	RN	WWL NHS Foundation Trust	Tina Tennant	Royal Bolton Hospital NHS Foundation Tr
Rachel Pearson	RP	GMPCTs	Andrew Turner	CMFT NHS Trust
Moira Taylor	MT	Stockport NHS Foundation Trust	David Weston	HPA NW
Philip Unsworth	PU	Tameside Hospital NHS Foundation Trst	Pauline Westbrook	Trafford Healthcare NHS Trust
Stephen Voysey	SV	Collinson Grant Healthcare	Allan Wilcox	WWL NHS Foundation Trust
			Alan Wills	East Cheshire NHS Trust

Discussion Points

- RB welcomed the group and asked all members to introduce themselves.
- **Hepatitis C Strategy** – JC and SF talked to the group about the future service for the Hep C. SF began by thanking all the labs present who supplied data regarding figures from last year. SF explained that the Hep C strategy was developed in 2005 due to a number of issues across Greater Manchester and that the Hep C strategy are trying to raise public awareness regarding testing. The strategy is across the whole pathway (testing/treatment/post-treatment) and is engaging with a number of stakeholder groups, including laboratories. The Hep C strategy comprises of several project areas including:-
 - Testing – dry blood spot in drug clinics
 - Communications/Social Marketing Campaign
 - Prison Campaign
 - Research, Training & Workforce Development
 - Blood Born Virus Prevention
 - Treatment Project
- Service Redesign Group – the aim of which is to develop and agree the best clinical pathway for Hep C diagnosis and treatment in GM. In February 2009 the Stakeholder Groups decided to look at how the Hep C service should be delivered. A business case regarding service delivery models is currently being prepared to go to DoFs, DoCs and CEs and the deadline for this business case to be presented is December 2009.
- SF and JC explained to the group that Dr Paul Klapper (CMFT) has been developing algorithms but that they were unsure of the development status or the groups view.
- The group discussed the current pathway for Hep C testing and the pilot model CMFT are currently testing.
- EB stressed the need to define the best clinical algorithm and the SF agreed the need to tighten up draft algorithms from Dr Klapper and send to RP/LK for circulation to the group. Dr Klapper is currently on annual leave until Monday 21st September 2009. DE agreed to get algorithms to SF. RB stressed that Microbiologists are only a small part of the jigsaw. The group agreed to send comments back to the Hep C team by November 2009.
- RB noted that this project ties in well with our next agenda item the 20:20 vision as the Strategy work as the savings made in the Hep C strategy can be included in Pathology.
- **Network Strategy Group** –

- KH informed the group of the Listening Event: Meeting the needs of Primary Care on Wednesday 7th October 2009. KH encouraged colleagues to attend and submit abstracts to RP. KH confirmed that an abstract from Dr Klapper would be welcomed.
- RB introduced SV and PH to the group and explained that Collinson Grant Healthcare has been commissioned to facilitate the achievability of the 20% feasibility study. PH stressed that Collinson Grant has been commissioned to guide and facilitate only not to make decisions.
- SV confirmed the Networks objectives and KH reconfirmed where the 20% saving in efficiency and 20% improvement in quality originated from. SV explained that by the end of October/beginning November each NAG discipline will have produced a briefing paper to be discussed at the November NAG meetings. SV explained that after this meeting Collinson Grant will launch the E Room. Each member of the group will receive an email invitation to join the E Room. Members can edit their details and change their passwords. Each week a new topic for discussion will be posted in the E Room. The E Room can be accessed at <https://www.collinsongrant.com/eroom/clients/GMPN> SV explained that group members can post topics for discussion themselves.
- If any changes are made to discussions in the E Room members will receive an email alert. Any members wishing to comment on a topic/discussion anonymously must email SV directly at svoysey@collinsongrant.com
- SV explained that the E Room houses a folder for each of the NAG disciplines and that the previous 2 NAG groups had expressed the desire for the folders to be public. Those present also agreed that it would be best if all folders were open to everyone.
- NJ stressed to the group that at the next Strategy Group meeting on 22nd October 2009 NAG chairs will be expected to give a brief presentation.
- **The Future Service** – The group began by looking at what the customer wants and the group agreed that what the customer wants is not always what the customer needs. IC discussed consolidation using Pennine as an example, it has worked well and been effective. DE also mentioned that PHLS consolidated and it has been effective and efficient. RM stressed that a single management structure is needed for effective consolidation. PC commented to be wary of managed networks and federated management as this suggestion has already been looked at and dismissed. RK commented that IT connectivity is the key to success. EB reminded the group that consolidation is fine as long as all partners agree. RB mentioned that when Pennine consolidated the Trusts wrote to hospital consultants to ask what they wanted. The feedback was that consultants were more concerned with the availability of results and consultant pathologist advice than the location of the lab. Good transport is also key.
- RB mentioned new services;
- CDiff typing - funds have been secured for this thanks to help from the Network and HPA. All CDiff typing is carried out by the HPA
- Harmonise testing policies for C Diff
- MRSA screening – elective and non urgent by 2011. All hospitals are having to cope with very large volumes.
- SV commented that the Bio NAG had discussed pressures on future demand due to requestors not understanding what they are asking for (inappropriate testing). RB confirmed this and the group agreed.
- **Technology** – DD commentated that standardisation has its benefits e.g. ref ranges and common currency. There are also cost implications as if all using the same then potential price reduction. EB commentated that standardisation helps training of nurses and doctors and would therefore improve the quality of care. DE mentioned Pathlinks and Glasgow and noted that their success was underpinned by standardisation of instrumentation, IT and centralised procurement.
- PH commented that all the reviews carried out with federated networks the only successful ones have been the ones with single management.
- IC commented that the legacy lab IT systems are very old and need updating. RM added that there is a lot of lab instrumentation coming to the end of its life a lot of technology available but investment is needed. KH stressed that nothing should be ruled in or out at this stage.
- **Demand** - The group discussed GP Order Comms and the ability to stop inappropriate testing. RM commented that there is no incentive to stop inappropriate testing as Trusts are paid for it. DE stressed we should develop care pathways and manage demand that way. RB stressed it is better to educate our users when and where to use tests. Users should be aware of the cost of tests as they vary so much. RM mentioned that tests are not audited we need to look at the number of specimens coming from GP practices. Some PCTs are aware and do audit but we need to know if practices are above or below the norm and educate them. Stockport and Salford PCTs have carried out work on demand.
- PC reiterated that we need a single IT system. KH confirmed the business case for a GM single LIMS system is underway so we need to concentrate on other areas. EB confirmed that a GM single LIMS system would not be ready for 5 years so we need to plan for the next 5 years. The group discussed the need to be flexible to meet demand. There is increasing political pressure to move work into the private sector. There is a continuing trend to commission services and there are a number of drivers to make us make decisions.
- PH asked the group if savings could be made simply by standardising the internal cost variations of urine samples. Tests vary from £1 to £3 so a 20% saving is 60p that's all you have to reduce your costs by to make a 20% efficiency saving. PC

- commented that costs vary largely from Trust to Trust. DD asked the group if the cost variations are also about the mathematics and accounting and how you reach that figure.
- SV agreed that there is potentially the opportunity to standardise the lab costs. PC argued that the biggest variations from Trust to Trust are the overhead costs. PU stressed that manpower is the biggest cost.
 - **Workforce** – IC commented that labs have been making savings for years squeezing and squeezing. We have looked at staff structures. 20 years ago labs were staffed by fully qualified BMS' but now labs are staffed by staff not fully qualified. EB commented that we have to protect the quality of service and therefore deskilling is not the answer. RB commented that NJ and KH have already mentioned we may need to invest initially in technology for example 24/7 labs. IC agreed that a Chlamydia machine in a lab running 12 hours per day could run 24 hours per day if manned. PC commented that maybe we do not need to reduce staff just change our thinking. KH commented that we need to think collaboratively, KH reminded the group that this study is clinically led and we need to lead this study or have it done to us.
 - RB commented that microbiologists are constrained by their Trusts. Before information was never shared and an individual may think radically but the CE of that Trust may not agree. NJ reminded the group that both Acute and PCT CEs are agreeing and looking at collaborative working. EB mentioned the old saying "that a microbiologist would rather use another microbiologist's toothbrush than methods." There is a need to standardise across the region. EB mentioned that antibiotic prescribing has had a big impact and that other such changes may mean we do not see a huge saving in Pathology but we will further down the care pathway and that counts. EB commented that Pennine have undergone this process and asked if the members present from Pennine can confirm if they have made significant savings as if not then there is no point the Network considering consolidation as an option. RB confirmed that Pennine have made huge savings and although initially it was difficult to merge 4 labs once the decision to centralise had been made the overall impact had been positive. The group agreed that sharing the Pennine learning is vital. RB confirmed that if the labs had not centralised then it would not have been possible to have the technology and machinery we have now. Pennine were mindful of taking work from other labs but it was the only way forward. Technology will be a driver, currently POCT in microbiology is not as advanced as in other disciplines but it will have to change due to demand. KH enquired if there has been a review of the centralisation of Pennine. DD and RB confirmed that a meeting was taking place today and the feedback will be made available as soon as possible.
 - BI commented that the second wave of Swine Flu will hit us soon and then labs will have to think collaboratively as it is hard to manage increased demand with a reduced workforce.
 - IC enquired what is an appropriate TAT for tests. Labs can report results in 7 hours but there is no one in general practice to tell. KH stressed that other NAGs agree and that this is our opportunity to define appropriate TATs
 - **Cross Cutting Themes** - SV explained that a number of sub groups will be formed each having a representative from each NAG discipline. The groups will meet in October once or twice to discuss the following cross cutting themes:-
 - Maintaining an appropriate on-site presence at each hospital (minimal or optimal?)
 - Reducing costs (improving efficiency)
 - Improving quality (increasing effectiveness)
 - KH informed the group that he will be attending a meeting regarding patient access to results and enquired about the group's views on this topic. KH continued that there is a view that patients own their own results and if their GP is away then a patient should be entitled to their results. The group asked what the patient will do with this info if their GP is away? IC commented that there is a need to send results out with a layman's explanation in an attempt to avoid unnecessary worry.
 - **4.1 Notes of 16th July 2009 Meeting & Matters Arising** – The minutes were agreed and there were no matters arising.
 - **4.2 Chair's Communications** – RB asked again for representatives for the Strategy Group.
 - RB asked that all members take the time to sit down and think about both the Hep C strategy and the 20:20 vision and think about the areas where we can make savings. RB asked everyone to get together 4 or 5 things that they can do and send them to RP for discussion.
 - RB mentioned to the group that at the last GM Pathology Network Board meeting in August the CE for WWL Andrew Foster had informed the members of a 2 day NW Economic Summit at which the DoFs had made numerous references to the consolidation of Pathology Services. This will not go away it is in the minds of CEs.
 - RB informed the group that the CDiff document has been ratified by the GM Path Board. RB informed the group that the Board would like this to be presented to Commissioners and an audit should be arranged for later in the year. RB asked AD to produce a questionnaire to be filled in by the group at the end of November.
 - RB informed the group that the MRSA document had also been ratified and agreed as a minimum standard and stated that again an audit would be useful. RB took the opportunity to thank everyone for their hard work on C Diff and MRSA. MT confirmed that as well as an audit a study of outcomes would be useful. The group agreed on the following dates Nov/Dec 2009 for C Diff audit and Jan 2010 for the MRSA audit.
 - RP to put the ratified MRSA and CDiff documents onto the GM Pathology website.
 - **TB Commissioning Plan for GM** - EB and RB explained to the group that PCTs requested a TB clinical service within the community. There will be a specification to standardise processes and diagnostic treatment of patients. EB informed the

group that a business meeting will take place on Friday 25th September 2009. The GM TB minimum standard will be used as the baseline. RP and LK to circulate the TB audit results to the group for review.

- **4.3 For Information: Updates**

- **MRSA** – MT confirmed that there was no update for the group
- **Weekend Working** – PT had given his apologies
- **4.4 IBMS CPD** - Certificates were available

Actions

- DE to send algorithms to SF
- SF to send draft algorithms to RP/LK
- RP/LK to circulate draft algorithm to group for comment by November 2009
- Nominations for Strategy Group representatives to be emailed to LK/RP
- Group members to send cost saving ideas to RP/LK
- AD to produce C Diff audit questionnaire ready for use in November 2009
- MT to produce MRSA audit questionnaire
- RP to upload ratified MRSA and C Diff documents onto the GM Pathology website
- RP/LK to circulate TB audit results to the group

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

- None

Date and Time of Next Meeting

- Thursday 12th November 2009, 2pm – 4pm, One Central Park, Manchester, M40 5BP.