

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

Microbiology/ Virology/ Mycology NAG
 Manchester Suite, Holiday Inn, 888 Oldham Road, Newton Heath, Manchester M40 2BS
 Thursday 29th July 2010, 2pm – 4pm

In attendance			Apologies	
Reeta Burman	RB	Pennine Acute Hospitals NHS Trust	Eric Bolton	HPA NW/ CMFT NHS Trust
Dave Ellis	DE	HPA NW/ CMFT NHS Trust	Ivor Cartmill	Pennine Acute Hospitals NHS Trust
Camelia Faris	CF	WWL NHS Foundation Trust	Andrew Dodgson	CMFT NHS Trust
Sue Fraser	SF	Salford Royal NHS Foundation Trust	Kirsty Dodgson	CMFT NHS Trust
Keith Hyde	KH	GMPCTs	Barzo Faris	Trafford Healthcare NHS Trust
Richard Mallard	RM	HPA/CMFT NHS Trust	Azhar Iqbal	Royal Bolton Hospital NHS Foundation T
Rachel Pearson	RP	GMPCTs	Neil Jenkinson	GMPCTs
Maurice Sidorczuk	MS	Pennine Acute Hospitals NHS Trust	Ed Kaczmariski	HPA NW/ The Christie NHS Foundation
Sue Spilsbury	SS	Stockport NHS Foundation Trust	Maeve Keaney	Salford Royal NHS Foundation Trust
Chinari Subudhi	CS	Salford Royal NHS Foundation Trust	Rizwan Khan	Royal Bolton Hospital NHS Foundation T
Moira Taylor	MT	Stockport NHS Foundation Trust	Laura Kidd	GMPCTs
Andrew Turner	AT	CMFT NHS Trust	Paul Loy	Pennine Acute Hospitals NHS Trust
Philip Unsworth	PU	Tameside Hospital NHS Foundation Trst	Sarah Maxwell	Stockport NHS Foundation Trust
David Weston	DW	HPA NW	Robert Nelson	WWL NHS Foundation Trust
			Hari Panigrahi	Pennine Acute Hospitals NHS Trust
			Ahmed Qamruddin	CMFT NHS Trust
			Debasis Sanyal	CMFT NHS Trust
			Jeff Seneviratne	GMPCTs
			Tina Tennant	Royal Bolton Hospital NHS Foundation T
			Pauline Westbrook	Trafford Healthcare NHS Trust

Discussion Points

- **Welcome and Introductions** – RB thanked members for attending.
- **Notes of 3rd June 2010 and any matters arising** – RB reminded members that there had been an open discussion at the last meeting and hoped that members felt the minutes had captured everyone's views. The minutes were agreed and there were no matters arising.
- **Chair's Communications** – Network Board Meeting 4th June 2010
- RB shared some of the key points made by Andrew Foster at the last Board meeting:
- Key messages from the new government include more competition, more choice, open up to the private sector, increased levels of savings. SHAs will be replaced and PCTs will not be undertaking commissioning. RB felt there was a particular threat from the private sector for primary care work and informed members that there is work at Pennine on savings from demand management
- CEOs expressed a wish for any proposed model to be independently financially assessed and further work is required to ensure that all Trusts receive fair shares of any savings made.
- CEOs recognised that individual Trusts may need more immediate local solutions and RB hoped that members would be able to provide an update on local discussions that are taking place.
- RB emphasised the need for a governance framework to avoid various parts of the Network going off at different tangents. RB referred to rumours of 'ABCP' i.e. anyone but Central and Pennine. She hoped that members would be open in discussions and felt that fragmentation into sectors, particularly where these exclude some laboratories, will leave the service vulnerable to the independent sector.
- No options were discussed at the Board, which is next due to meet on 27th August 2010.
- **Pathology Transformation Updates** – KH felt that collaboration across GM is essential to meet the challenge set. He emphasised that whilst SHAs and PCTs will cease as organisations, key leaders, such as Mike Farrar and Mike Burrows will remain in the system.
- **National** – At the most recent national forum on 8th July 2010, the message was clear that the Treasury have banked the Carter savings. An acceleration of this message is expecting to come through to SHAs.
- **SHA** – KH reported that the SHA Pathology Modernisation Board has now been established, with the first meeting held on 21st June 2010. Membership includes the three pathology networks in the SHA as well as programme management, strategic HR and finance support from NHS NW. The group has established terms of reference and will meet again in September 2010.
- **Network** – KH emphasised that his and JS's view is that the NHS should be retained as the preferred provider of pathology services. However he did accept that it may be necessary to involve the private sector to deliver some aspects of the service e.g. transport. KH reported that the GM Commissioning Programme Board was keen for a 'Plan B', which would probably be some form of tendering.

- KH reiterated RB's call for a programme of governance and felt that the local discussions taking place outside of the Network arrangements, and to the exclusion of CMFT and Pennine were worrying. CEOs have failed to give the Network a mandate. KH explained that this is because they see pathology as a potential paradigm. Work to determine the number of CSLs required for Greater Manchester is currently being scoped.
- KH suggested that there will be a 'big bang' in the autumn, which could either be tendering of primary care pathology services, or a strong directive from the DH to implement the changes described in Ian Barnes' recent letter (one core lab per SHA).
- KH felt that tendering direct access pathology would have a destabilising effect on the ability of labs to support the pathology needs of their Acute Trust. PCTs would take out money at price, not cost and KH felt there are lessons for the pathology community as a whole on the outcome of the recent tenders for cervical cytology. These will see all the Cumbria and Lancashire work done by Central Manchester and all the Greater Manchester work done by Pennine.
- **Local** – CF reported that a Pathology Transformation Board has been created for Bolton, Salford and Wigan, with discipline workstreams established. The disciplines have been tasked with carrying out an options appraisal by November 2010 so that the three Trust Boards can make a decision in December 2010. CF confirmed that there will be no on-site microbiology at Wigan and explained that there is work to be done on costings, particularly around IT, transport and estates. CS added that microbiology is ahead of the other disciplines and may have to wait for the others to catch up as nothing can happen in isolation. Bolton, Salford and Wigan are also looking at other clinical services. The process is being driven by the three CEOs. RB felt that this CEO drive was needed for the rest of GM. KH agreed and referred to the £100m investment in pathology in GM, the majority of which has been in estates at CMFT, Pennine and Tameside.
- MT reported that Stockport lab is being given direction from the Trust Board and that talks have taken place between Stockport, Trafford, Tameside and Wythenshawe. This is at the stage of basic scoping of current service provision and it is expected that a project board will be set up. There is a lack of clarity on the remit of laboratory professionals, who are waiting to be told what to do and further uncertainty following the announcement of abolition of the HPA as a statutory organisation and the transfer of its functions to the Secretary of State.
- PU asked about the relationship between CMFT and Serco. RM explained that the approach from GSTS came to the top of the Trust and there has been minimal involvement from laboratory professionals. RM suggested that GSTS could be a partner for the Network as a whole, to provide investment in transport and IT.
- MS explained that Pennine are not in discussions with any other labs. Having already consolidated across 4 sites they are now focusing heavily on internal demand management. CMFT are also not in discussions with any other labs.
- KH suggested that local plans may not go far enough and may be overturned by national events. RM agreed that this fragmented approach could be self defeating. MT suggested that more local action could be felt to be the most practical and achievable option.
- Members agreed that there was a leadership vacuum at GM level.
- **Model for redesigned microbiology services** – PU challenged the view that the NHS is necessarily better as a provider of pathology services. KH argued that the expertise is in the NHS, but that we could learn from the independent sector e.g. the boards of private diagnostics companies like Quest are dominated by pathologists and we could use the experience of the independent sector to improve areas such as transport. DE reminded members that the Transport PAG had struggled because it had not been possible to unpick the resource for pathology transport.
- KH informed members of consolidations elsewhere e.g. in the Republic of Ireland where there are proposals to reduce the number of laboratories from 46 to 3. There is also a move to just three centres for cervical cytology for the whole of Canada. MS felt this makes the current local discussions look like tinkering. RM agreed and felt that there needed to be a consistent message from CEOs. MS suggested that pathology is still low on CEOs agendas. RB suggested that the NAG should develop a single vision for microbiology services in GM, but recognised that we will remain answerable. SF felt it was important to consider pathology services as a whole, not just individual disciplines.
- KH informed members of current thinking around 'Health Care Groups' and shared services/shareholder models of service delivery, which could be ideal for GM pathology services.
- RB argued that labs need to be open 24/7 and make optimal use of existing resources given the likely lack of further capital investment.
- RM felt that clear leadership through a single organisation was essential for successful reconfiguration, citing the experiences of PHLS and Pennine. He also suggested that the organisation of microbiology services in Wales is one that the Network could learn from.
- PU argued that laboratory professionals would be dissatisfied with a completely top-down approach to pathology transformation from which they had been excluded but felt that the views of the professionals carried little weight.
- **Modernising Scientific Careers** – KH reported that there is a NW Oversight Board for MSC and that he sits on this Board representing the SHA Pathology Transformation Board. KH emphasised the need to ensure the two agendas, on pathology transformation and workforce reconfiguration are joined up. KH explained that at the recent MSC Roadshow at the Reebok Stadium, Sue Hill stated that there are up to £250m savings possible from the change in skill mix resulting from the implementation of MSC. It is not clear whether this is in addition to the Carter £500m.

- **Rapid testing of unbooked women in labour – agreeing a new process** – DE explained that this issue has been raised through the Greater Manchester Sexual Health Network, who are keen to scope current arrangements and potentially commission a service for Greater Manchester. Women who present in labour unbooked (i.e. who haven't had any antenatal testing done) need rapid testing, particularly to confirm their HIV status, so that prophylaxis can be given to the baby if necessary. MRI lab has dealt with 12 cases in the past year from across GM; 10 of these were in normal working hours. Because the numbers are small, arrangements tend to be ad hoc and this may prevent the most timely availability of results. Members agreed that they needed to a protocol in conjunction with their local midwifery services.
- **Any other business –**
- MRSA Screening of non-elective patients – RB asked members to update on progress:
- Stockport – lots of discussions taking place including around issues such as whether the swab needs to be moistened as the cost of salines may be prohibitive.
- Tameside – have been doing for a while; nose swab only
- Salford – moving towards
- Pennine – now testing 25% of emergency admissions. Business case on the number of swabs being considered. Lack of side wards at NMGH. 2 swabs per patient will generate an enormous workload for the lab across Pennine's 4 hospital sites.
- UHSM – 80-85% compliant. 2 swabs – nose and groin
- CMFT – on track
- Wigan – started last month, now screening 75% emergency admissions.
- Swine Flu – it was noted that there is a second wave in the southern hemisphere, with two deaths in India this month.
- IBMS CPD – Certificates were available.

Actions

- Bolton and USHM to respond on rapid testing for unbooked women in labour; all members to agree protocol in conjunction with their local midwifery services.

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

- Need for clear and collective leadership from CEO community

Date and Time of Next Meeting

- Friday 17th September 2010, 2pm – 4pm, Manchester Suite, Holiday Inn Manchester Central Park, 888 Oldham Road, Manchester, M40 2BS