

Greater Manchester Pathology Network Board Meeting
Friday 6th February 2009
Salford Suite, St. James' House, Salford M6 5FW
2pm - 4pm

Notes of the Meeting

1 Present

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| Dr Mohammed Al-Jafari (MA) | - Chair, RCPATH NW Regional Council, Consultant Pathologist North Cheshire Hospitals NHS Trust |
| Dr Gordon Armstrong (GA)* | - Consultant Histopathologist, Salford Royal NHS Foundation Trust |
| Dr Reeta Burman (RB) | - Consultant Microbiologist/NAG Chair, Pennine Acute Hospitals NHS Trust |
| Dr Neha Dalal (ND) | - Clinical Director, Tameside Hospital NHS Foundation Trust |
| Dr Mina Desai (MD) | - Consultant Cytopathologist/NAG Chair, CMMC Hospitals NHS Trust |
| Mr Andrew Foster (AF) | - Joint Chair, GM Pathology Network/Chief Executive, Wrightington Wigan & Leigh NHS Foundation Trust |
| Ms Susan Gillespie (SG) | - Director of Pathology, Wrightington, Wigan and Leigh NHS Foundation Trust |
| Dr Richard Hale (RH)** | - Consultant Histopathologist, Stockport NHS Foundation Trust |
| Prof Keith Hyde (KH) | - Deputy Clinical Director, CMMC Hospitals NHS Trust/Network Clinical Lead |
| Mr Neil Jenkinson (NJ) | - Network Director, Greater Manchester Pathology Network |
| Mr Richard Mallard (RM)★ | - Pathology Manager, Health Protection Agency / CMMC Hospitals NHS Trust |
| Mrs Rachel Pearson (RP) | - Network Business Manager, Greater Manchester Pathology Network |
| Dr Jonathan Shanks (JS) | - Director of Pathology, The Christie NHS Foundation Trust |
| Ms Denise Smith (DS)♦ | - Service Manager, Royal Bolton Hospital NHS Foundation Trust |
| Mr Allan Wilcox (AW) | - Pathology Manager, Wrightington, Wigan and Leigh NHS Trust |
| Ms Patricia Zukowskyj (PZ)♦♦ | - Associate Director of Diagnostics, Trafford Healthcare NHS Trust |

*representing Dr Mansel Haeney, Clinical Director of Pathology, Salford Royal NHS Foundation Trust

** representing Dr Gillian Burrows, Director of Pathology, Stockport NHS Foundation Trust

★ representing Prof Eric Bolton, Clinical Director, Health Protection Agency / CMMC Hospitals NHS Trust

♦ representing Dr Andrew Hutchesson, Pathology Clinical Lead, Royal Bolton Hospital NHS Foundation Trust

♦♦ representing Mr David Rowlands (Pathology Managers' Forum)

In Attendance

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| Dr Richard Byers (RBy) | - GM&C HMD Lead, CMMC Hospitals NHS Trust |
| Mrs Mags Dewsnap (MDe) | - Temporary Administrator, Greater Manchester Pathology Network |

2 Apologies

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|---------------------------|--|
| Dr David Alderson (DA) | - Director of Pathology, Trafford Healthcare NHS Trust |
| Dr Brian Benatar (BB) | - Director of Pathology, Pennine Acute Hospitals NHS Trust |
| Prof Eric Bolton (EB) | - Clinical Director, Health Protection Agency / CMMC Hospitals NHS Trust |
| Dr Gillian Burrows (GB) | - Director of Pathology, Stockport NHS Foundation Trust |
| Dr Mike Burrows (MB) | - Joint Chair, GM Pathology Network; Chief Executive, Salford PCT |
| Dr Trevor Carr (TC) | - Director of Pathology, Royal Manchester Children's Hospital |
| Dr Andrew Hutchesson (AH) | - Pathology Clinical Lead, Royal Bolton Hospital NHS Foundation Trust |
| Dr Mansel Haeney (MH) | - Clinical Director of Pathology, Salford Royal NHS Foundation Trust |
| Dr Sezgin Ismail (SI) | - Director of Pathology, UHSM NHS Foundation Trust |
| Dr Lorna McWilliam (LM) | - Consultant Histopathologist/NAG Chair, CMMC Hospitals NHS Trust |
| Dr Kate Pendry (KP) | - Consultant Haematologist/NAG Chair, Wrightington, Wigan & Leigh NHS Foundation Trust |
| Mr David Rowlands (DR) | - Pathology Manager, UHSM NHS Foundation Trust |
| Mr Jeff Seneviratne (JSe) | - Biochemistry NAG Chair/Network Clinical Lead |
| Dr Andrew Turner (AT) | - Consultant Virologist, CMMC Hospitals NHS Trust |

3 Chair's Communications

AF reported that he has now completed visits to all of the Network Advisory Groups by attending the Histopathology/Cytology NAG meeting on 27th January 2009 where Greg Rayner (SRFT) gave what AF felt was a very impressive presentation on a locally developed cancer reporting IT solution.

4 Notes of the meeting held on 12th December 2008

The minutes were agreed as a correct record.

5 Matters Arising

On Action 115 - KH to contact Rajan Madhok re: GM Pathology Network representation on the CLRN Board - KH reported that he has received a response explaining that the CLRN has a formal structure laid down by the Department of Health. However, Dr Andrew Hutchesson (Pathology Clinical Lead, Bolton) is a member of the CLRN Board as he is the R&D Director for Bolton and KH agreed to pursue GM Pathology Network engagement with the CLRN via this route.

Action 119 - KH to pursue GM Pathology Network engagement with the CLRN via Andrew Hutchesson

On Action 116 - NJ to discuss variations in H Pylori funding with PCTs - NJ reported that he will be meeting with PCTs on Tuesday 10th February 2009 and would follow this up.

On Action 117 - Communications Strategy and Priorities for 2009 to be agreed at the next meeting - see below under agenda item 6 - Network Development.

On Action 118 - NJ/KH to develop proposals for a Network Consolidation Panel - see below under agenda item 6 - Network Development.

No further matters were raised.

6 Network Development

KH was keen to facilitate a discussion on the implications of Carter and Darzi for the Network and laboratories in Greater Manchester. KH highlighted the following key players who spoke at the recent Frontiers in Laboratory Medicine (FiLM) conference (27-28 Jan 2009, Birmingham):

- **Dr Steve Ryan** - Clinical Pathway Groups (Healthier Horizons) Lead, NHS Northwest
- **Dr James Kingsland** - Merseyside GP and President of the National Association of Primary Care

KH explained that at the FiLM conference Dr Kingsland spoke about 'make and buy diagnostics' i.e. greater use of point of care testing; buying in what can't be delivered at the point of care (possibly from the independent sector).

- **Dr Amir Hannan** - Hyde GP and Primary Care Lead for NHS Northwest (also Clinical Lead for GM CATS).

KH explained that Dr Hannan took over the Shipman practice in Hyde and that his innovations in real time digital medicine are therefore well observed. Dr Hannan allows patients to have electronic access to their health record, including immediate access to lab results. KH explained that whilst this is a potentially contentious issue for laboratory professionals, Dr Hannan has tested the clinical governance of the arrangements and has received no complaints since the service was established 12 months ago. NJ highlighted that around 600 patients are signed up to this service, mostly those with long term conditions. More information can be found at the practice website: <http://www.htmc.co.uk>

KH showed a short video highlighting global trends and technological developments, which Dr Hannan had used as part of his presentation to the FiLM conference.

Priorities for 2009

KH explained that these priorities have been developed following discussions with a number of stakeholders. NJ highlighted that the Network is linked in across systems both regionally and nationally and that the priorities identified are in line with those across the system.

KH highlighted the potential threats to local services e.g. private providers of pathology to GM CATS actively marketing for primary care pathology; potential tenders for anticoagulation and cytology services and reported that whole pathology services are being tendered in other parts of the country (e.g. Bedford). KH therefore felt that pathology services in Greater Manchester need to ensure that they are fit for purpose and responsive to primary care.

RB felt that MRSA remains a major issue and that there was a need for the SHA to drive a standardised approach to universal elective screening, which all Trusts must implement by March 2009. RB expressed concern that PCTs in the Pennine patch have approached other providers about this service without contacting the local laboratory. RB also felt that the development of a Greater Manchester molecular testing service for TB should be a priority for 2009.

Implications of Carter 2 and DH response

KH summarised the 20 recommendations of the second Carter report, highlighting the following:

- Development of quality standards
- Review of accreditation process - KH suggested that it is likely this will be brought under the auspices of UKAS.
- Development of Networks with a clinical and commercial director. The role of National Clinical Director for pathology will be carried out by Ian Barnes.
- Clinical governance for all providers of pathology services, including point of care.
- IT connectivity as a matter of priority- the Network, via the IM&T PAG, is managing two key projects on electronic GP requesting and lab to lab links.
- Need for services to be more responsive to users' requirements, particularly addressing the accessibility and convenience of phlebotomy and sample collection services. KH highlighted that this was a key issue when the Network met with PEC Chairs.
- Quality and safety of service
- Consolidation of specialist services
- Workforce reform
- PCTs/Providers to work together to develop cost effective plans for implementation of Carter proposals - KH explained that this recommendation would be the focus of this meeting's discussions.
- Tariff - initially looking at community based and specialist pathology
- Benchmarking - Primary Care
- Department of Health to develop commissioning guidance and model contracts
- National formulary
- Innovation

KH suggested it would be beneficial for each of the Network Advisory Groups to do a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis of the Carter recommendations and DH response from a discipline perspective.

Action 120 - NAGs to do SWOT analysis of the Carter recommendations and DH response

MA felt that there was no appetite for a managed network but questioned whether the Carter recommendations could be successfully implemented through existing arrangements. Using the example of cytology services, he suggested that whilst there may be strong arguments for resisting tendering, the service must be able to provide a better alternative in order to avoid this. KH was of the view that it is too risky to tender cytology services. AW felt that that it was important to consider the affordability of pathology services, and whether the current configuration of services was affordable.

Strategic vision for the Network

KH felt that it was the role of the Board to draw up strategic plans for the next 5-10 years which could be ratified by Acute and PCT Chief Executives. AF agreed that it was important for the Board to have a political discussion about where the Network positions itself on the spectrum of network activities which ranges from sharing best practice to being a single organisation running pathology services. RM explained that he has worked for a managed network for 38 years (PHLS then HPA) and felt that strong leadership and a clear financial framework are essential to the effectiveness of these arrangements.

KH reported that he and NJ had presented the Network, and the view that there is no appetite for a managed Network in Greater Manchester, at the recent FiLM conference. NJ explained that the Greater Manchester Pathology Network is different from other pathology networks nationally as it has been built around clinical engagement and with the aim of ensuring that pathology services manage their own destiny. In contrast the drivers for a number of other networks (e.g. Coventry and Warwick, PathLinks, East Kent) have been financial and these networks are effectively organisations in their own right.

AF felt that at present Greater Manchester has no real process for reaching strategic decisions about pathology services (e.g. centralisation, number of providers, critical mass). Whilst the Association of GMPCTs may identify issues to be addressed and take the view of the Network as the expert body advising commissioners, AF felt that this presents a challenge to the Network in providing a collective view and balancing this against the perspective of individual Trusts within the Network. KH suggested that the Network could act as a sounding board for the wider commissioning community.

AF felt that the Network needed a mechanism for resolving disagreements between member Trusts and suggested that some rules should be drawn up around this, with the possibility that disagreements be referred to a pathology network in another locality. AF also felt that the Network needs to be able to answer the difficult questions about services that commissioners are likely to pose e.g. what balance of independent sector and NHS providers. AF questioned whether the Network was truly capable of providing impartial advice on pathology services given the vested, and sometimes conflicting, interests of its members. SG agreed that it would be challenging to exclude self interest when looking at contentious issues.

AF emphasised that PCTs are not concerned with protecting NHS pathology services. In the context of World Class Commissioning and the Contestability Framework, PCTs are keen to introduce competition to drive up the quality and value of services. SG felt that labs should therefore ensure that they are providing best value. NJ agreed that there is a need for services to be best value and to demonstrate this by challenging the view in the system that pathology is inefficient, but recognised that some PCTs will embrace the drivers in World Class Commissioning to consider tendering all services. In the context of the reconfiguration of cytology services, NJ felt that the professionally managed solution proposed by the Network would be less disruptive than a tendering exercise, but that it will be necessary to convince the system of the Network's ability to manage the change. AF agreed that it was important to help commissioners to achieve quality and value for money. He suggested that the Network should ask commissioners what they hope to achieve by tendering and consider whether the Network can deliver these benefits in a different way.

ND gave the perspective of a smaller hospital explaining that she looks to the Board to be as fair as possible in everything and that she would not want every decision being taken to result in part of the local service being taken away. DS agreed that the Board needs to understand how potentially destabilising decisions can be for local laboratories. ND argued that the driving force should be clinical excellence. NJ felt that 'consolidation' has to be a two way process - whilst some specialist services should be centralised, as technology develops other services could be decentralised and potentially delivered at the point of care. KH added that consolidation was also about developing services in the region for work that is currently sent to other national centres, for example thalassaemia.

NJ explained that the Greater Manchester Pathology Network now needs to think about the strategy for the future during the next stage of network development. He tabled draft terms of reference for a Strategy Group, which would be a subgroup of the Network Board and on behalf of the Board, Association of GMPCTs and Acute Trusts, evaluate the implications of the Carter and Darzi reviews and facilitate the development of medium and longer term strategic direction. The Strategy Group will also explore the set of challenges that would have to be overcome for the Network to provide a stronger model of 'managing' pathology services to include dispute resolution and advice on service development.

It is proposed that the Strategy Group will meet on a quarterly basis and its recommendations will be further developed and ratified by the Network Board. The proposed membership of the Strategy Group is as follows:

- Acute Chief Executive
- PCT Chief Executive
- Network Clinical Leads
- Nominated representative from each Network Advisory Group
- SHA representative
- Process for Investment and Reform representative (Financial)
- Network Director
- Network Business Manager

MD suggested having a users' representative on the group (e.g. GP or primary care).

NJ recognised that the terms of reference would be refined by the group once constituted. It was agreed that the draft terms of reference would be circulated to all Board members for consideration and would be further discussed at agreed at the next Network Board meeting on 3rd April 2009.

Action 121 - RP to circulate draft terms of reference for Strategy Group

Action 122 - Terms of reference for Strategy Group to be agreed at the next Board meeting

Network Communications Strategy

NJ explained that the main aim of the strategy is to ensure that anyone with a question about pathology will come to the Network for best advice from the system. NJ recognised that this may not have been the case in the past, but was confident that the profile of the Network has now been sufficiently raised in the system. MD agreed that the Network was now getting recognised regionally and nationally and that it was beneficial in forming links with other organisations e.g. cancer network, PCTs, Department of Health.

SG felt there was a lot of work to be done in terms of linking with PCTs and ensuring that commissioners understand the services that the local laboratory can offer.

NJ felt it was the role of Board members to act as ambassadors for the Network and to champion the Network within their own organisations.

SHA Clinical Pathway Groups/Clinical Leadership

KH explained that Steve Ryan (SHA Clinical Pathway Groups Lead) has approached the Network to become involved in the next stage of the groups' work - ensuring delivery of the recommendations made in 'Healthier Horizons for the North West'. Given the short deadline for applications (closing date 13th February 2009) it was agreed that the NAG chairs should put their names forward to ensure some pathology representation and that the NAG chairs could later nominate representatives to facilitate input.

Action 123 - NAG chairs to ensure Network input into SHA Clinical Pathway Groups

7 Any other business

Network Advisory Group/Priority Action Group Updates

The minutes of the most recent meetings have been circulated electronically.

Lab 2 Lab Project

The minutes of the project board meeting held on 19th Jan 09 and the Project Manager's Report have been circulated electronically.

Haematological Malignancy Diagnostics Service and Haemoglobinopathy Service

Updates from these services have been circulated electronically.

8 Date of Next Meeting

Friday 3rd April 2009, 2.30pm-4.30pm - Salford Suite, St James House, Salford, M6 5FW

****Please note change of time****