

**Greater Manchester Pathology Network Board Meeting**  
**Friday 5<sup>th</sup> June 2009**  
**Salford Suite, St. James' House, Salford M6 5FW**  
**2pm - 4pm**

**Notes of the Meeting**

**1 Present**

Dr Mohammed Al-Jafari (MA)	- Chair, RCPATH NW Regional Council, Consultant Pathologist Warrington & Halton Hospitals NHS Foundation Trust
Dr Gordon Armstrong (GA)	- Consultant Histopathologist, Salford Royal NHS Foundation Trust
Dr David Bisset (DB)*	- Consultant Histopathologist, Royal Bolton Hospital NHS Foundation Trust
Prof Eric Bolton (EB)	- Clinical Director, Health Protection Agency/Central Manchester NHS Foundation Trust
Dr Reeta Burman (RB)	- Consultant Microbiologist/NAG Chair, Pennine Acute Hospitals NHS Trust
Dr Gillian Burrows (GB)	- Director of Pathology, Stockport NHS Foundation Trust
Dr Mike Burrows (MB) (Chair)	- Joint Chair, GM Pathology Network; Chief Executive, Salford PCT
Ms Jackie Elliott (JE)	- Directorate Manager, Salford Royal NHS Foundation Trust
Mr Len Fielding (LF)**	- Pathology Directorate Manager, Pennine Acute Hospitals NHS Trust
Ms Susan Gillespie (SG)	- Director of Pathology, Wrightington, Wigan & Leigh NHS Foundation Trust
Dr Andrew Hutchesson (AH)	- Pathology Clinical Lead, Royal Bolton Hospital NHS Foundation Trust
Prof Keith Hyde (KH)	- Deputy Clinical Director, Central Manchester NHS Foundation Trust/Network Clinical Lead
Dr Sezgin Ismail (SI)	- Director of Pathology, UHSM NHS Foundation Trust
Mrs Laura Kidd (LK)	- Network Administrator, Greater Manchester Pathology Network
Mrs Rachel Pearson (RP)	- Network Business Manager, Greater Manchester Pathology Network
Mr David Rowlands (DR)	- Haematology NAG Chair, UHSM NHS Foundation Trust
Mr Jeff Seneviratne (JSe)	- Biochemistry NAG Chair/Network Clinical Lead
Dr Jonathan Shanks (JS)	- Director of Pathology, The Christie NHS Foundation Trust
Mr Allan Wilcox (AW)	- Pathology Manager, Wrightington, Wigan & Leigh NHS Foundation Trust
Ms Patricia Zukowskyj (PZ)***	- Associate Director of Diagnostics, Trafford Healthcare NHS Trust

\*representing Dr Mina Desai, Consultant Cytopathologist/NAG Chair, Central Manchester NHS Foundation Trust

\*\*representing Dr Brian Benatar, Director of Pathology, Pennine Acute Hospitals NHS Trust

\*\*\*representing Dr David Alderson, Director of Pathology, Trafford Healthcare NHS Trust

**2 Apologies**

Dr David Alderson (DA)	- Director of Pathology, Trafford Healthcare NHS Trust
Dr Brian Benatar (BB)	- Director of Pathology, Pennine Acute Hospitals NHS Trust
Dr Neha Dalal (ND)	- Clinical Director, Tameside Hospital NHS Foundation Trust
Dr Mina Desai (MD)	- Consultant Cytopathologist/NAG Chair, Central Manchester NHS Foundation Trust
Mr Andrew Foster (AF) (Chair)	- Joint Chair, GM Pathology Network/Chief Executive, Wrightington Wigan & Leigh NHS Foundation Trust
Dr Matthew Helbert (MH)	- Consultant Immunologist, Central Manchester NHS Foundation Trust
Mr Neil Jenkinson (NJ)	- Network Director, Greater Manchester Pathology Network
Dr Lorna McWilliam (LM)	- Consultant Histopathologist/NAG Chair, Central Manchester NHS Foundation Trust
Dr Andrew Turner (AT)	- Consultant Virologist, Central Manchester NHS Foundation Trust

**3 Chair's Communications**

Department of Health Pathology Service Improvement Programme

MB informed members of a letter from Deirdre Feehan (Pathology Programme Manager, Department of Health) inviting Expressions of Interest for a DH- funded programme of Pathology Service improvement. Four key areas are to be included as identified by NHS Improvement and the DH, they are:

1. Cancer pathway - histopathology - end-to-end pathway
2. Access to Phlebotomy services - primary and secondary care
3. Development of clinical dashboards
4. Clinical leadership in improvement methodology/Lean

The deadline for expressions of interest is 1<sup>st</sup> July 2009 and discussions will take place around submitting Network bids. Further information is available from the NHS Improvement website:

<http://www.improvement.nhs.uk/diagnostics/pathologyimprovement/tabid/56/default.aspx>

**Action 128 - NJ and Clinical leads to consider feasibility of a GM Network bid to DH under the Service Improvement Initiative.**

HSJ Pathology Modernisation Conference (14<sup>th</sup> May 2009)

MB reported that he had attended this conference as a speaker and participated in an interesting debate about whether Carter's objectives for consolidation can be better achieved through other methods.

#### **4 Notes of the meeting held on 6<sup>th</sup> February 2009**

GA sought clarity that the Terms of Reference for the Network Strategy Group had been approved at the Network Board meeting held on 3<sup>rd</sup> April 2009, as this was not documented in the minutes and expressed concern that the Terms of Reference had subsequently been changed to include the following:

**To explore the set of challenges and options for each discipline to continue to drive quality improvements and secure future service developments whilst achieving efficiency savings of 20% and ensuring the sustainability of future pathology services in Greater Manchester**

MB agreed that the minutes of the meeting held on 3<sup>rd</sup> April 2009 should be amended to document the approval of the Strategy Group Terms of Reference. He went on to explain that the 20% efficiency savings had emerged from discussions at the first meeting of the Strategy Group on 6<sup>th</sup> May 09 as an aspirational target. JE explained that she had attended the Strategy Group meeting and repeated the concerns she had raised at that meeting that any proposals from the Strategy Group should not be shared beyond the Network until they have been ratified by the Network Board. This is detailed in the Terms of Reference for the Strategy Group and JE felt this was a particularly important principle, given that not all Trusts are represented on the Strategy Group. However a paper had gone to Acute Chief Executives on 15<sup>th</sup> May 2009.

MB explained that the paper had been supported by Acute Chief Executives and that all organisations had been represented at Chief Executive level, but recognised the flaws in the process. He went onto explain that PCT Chief Executives had received the item for information only.

The minutes were otherwise agreed as a correct record.

#### **5 Matters Arising**

On Action 124 - MB to invite Martin Gibson to the next Network Board meeting - Martin Gibson could not attend today's meeting and this action and agenda item have been carried forward.

On Action 125 - AF to ensure Acute CEs aware of Network Strategy Group - AF attended a meeting with Acute Chief Executive colleagues on 15/05/09.

On Action 126 - NH to bring paper re: Benchmarking to next Board meeting - NJ could not attend today's meeting but the paper was circulated to the group, to be discussed under Agenda Item 8 - Network Strategy Group

On Action 127 - C Diff guidelines to be circulated/formally presented to the Board - Andrew Dodgson could not attend today's meeting so this action and agenda item has been carried forward.

In addition the following matter was raised:

Pathology Garden at RHS Tatton Flower Show (22-26 July 2009)

JSe reported that this project would be going ahead with funding being raised from sponsorship. JSe felt this represented a great opportunity for both the Network and the Pathology community to promote themselves and asked members to volunteer any diagnostic company contacts that may be willing to provide sponsorship. MB agreed that the project represented an excellent communication opportunity and offered the services of the Salford PCT Communications team to facilitate this in terms of press releases and liaising with local media outlets.

**Action 129 - MB to secure support of the Salford PCT Communications team for promoting the Pathology Garden at RHS Tatton Flower Show.**

**6 Presentation of C Diff Guidelines for Commissioners**

This item has been carried forward

**7 Comprehensive Local Research Network**

This item has been carried forward

**8 Network Strategy Group**

Feedback on SWOT Analysis and first meeting of the group

KH explained that initial discussion at the Strategy Group was about a vision evolving from the NAGs, but that during the discussion AF felt that the Network needed to be set a more defined challenge and suggested a 10 - 20% cost reduction, whilst improving quality and retaining on site services. KH explained that both Chief Executives felt the Network needed a mandate from all Acute and PCT Chief Executives to explore this challenge and agreed to sound out their colleagues. (MB did this verbally; AF took a more formal approach and presented a draft paper.)

KH reiterated that everyone at the Strategy Group would have preferred to bring the suggestion to the Board first for further discussion and felt it was regrettable the Chief Executive meetings took place beforehand. JSe argued that AF's rationale was that continued small changes would have a 'salami slicing' effect and be a greater threat over the longer term. JSe also highlighted that the higher figure of potential savings from pathology in the second Carter report (£500 million per annum) has been picked up by all the DH and that some local PCTs are actively considering market testing primary care pathology services. He felt that the Network was being presented with an opportunity for a professionally led vision for local services.

MB noted the justifiable concerns of the Board, but recognised that it was necessary to set out ambitious goals to get the attention of Acute Trust Chief Executives, who have previously been content to keep pathology services on the periphery. MB highlighted that all organisations were consulted albeit at Chief Executive level. MB felt that the most sensible way forward was for the Network, via the Strategy Group and Board to look at the feasibility of the 20% target. From a commissioning perspective, MB explained that the 10 PCTs in GM could choose to work towards a single contract for pathology services across the conurbation. MB argued that a key purpose of the Network is self-determination to secure the future of NHS Pathology Services in Greater Manchester. MB emphasised that PCT Chief Executives didn't take a decision but have given the Network a mandate to explore the feasibility of the aspirational targets. JE stressed that this Board should have known first and decided. SI commented that this Board may not have agreed and enquired as to whether any other services will be required to make 20% cost savings. MB accepted these points, but highlighted the wider context of NHS funding (i.e. the need for the NHS as a whole to make cost reductions of up to £20 billion) and the rapid external timescale for this. MB informed members that the SHA is leading a summit for all Chief Executives in the North West on the region's response to the economic downturn on 16<sup>th</sup> July 2009. MB felt it was important for the Network to be proactive in these unprecedented economic times.

AH asked if the TOR were set in stone as he also harboured concerns regarding the cost savings and there being no mention of quality or timescales. JE felt she could not sign up to the terms of reference that included the 20% figures and many Board members agreed.

GA expressed specific concern about the following points in the paper taken to Acute Chief Executives:

- Achieve efficiency savings of 20%
- Measure and improve quality by 20%
- Sustain on-site presence of necessary personnel and services in each Trust
- Ensure sustainability of future pathology services in Greater Manchester.

In particular, GA felt that the paper infers to the CEs that the Board has given these figures due consideration and agreed them, neither of which is the case. GA also felt that there was no evidence base for the figure of 20%, that it was not clear whether this was an average for the Network and that it gave no recognition of what labs have already achieved.

MB asked the group to confirm commitment to the principle of the 4 points with the omission of any figures. MB explained that if the Board accepts the principles, the figures set out an aspiration. Whether the Board likes it or not, Carter sets out significant figures for potential cost reductions and MB argued that the figures would be verbalised amongst Chief Executives even if they did not appear in the paper. MB argued that there should now be a piece of work to test the feasibility of the aspiration.

The Board were in agreement with the principles and with MB's suggestion that a feasibility study now be carried out. DB questioned how improvements in quality could be measured and MB recognised that this was an issue for consideration.

EB recognised that money will come out of pathology services in one way or another and felt it was naïve to think that there are alternatives to working together that would achieve sustainable services for the future.

MB apologised on behalf of the 2 CEs and offered to draft a communication to colleagues stating that the 20% reduction was not formally approved by the Board and so a feasibility study will be carried out. MB agreed to circulate this draft communication to the Board for comment.

<b>Action 130 - MB to draft communication to CEs and circulate to Board for comment</b>
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KH mentioned that at recent meetings many PBC commissioners within Greater Manchester are talking about tendering pathology services. MB informed the Board that he would happily go to PCT CE colleagues and ask them to agree not to tender until the Board are in a position to report back. GA asked for clarification that MB was suggesting all 10 PCTs would put tendering on hold. MB confirmed that he would suggest putting tendering on hold until the feasibility study has been completed.

PZ pointed out that if CEs want a 20% cost reduction over 5 years then they cannot also expect internal cost saving targets to be met. EB agreed with this point. JSe felt it was also important to recognise that appropriate and timely pathology could create bigger savings across the wider healthcare system. MB agreed to highlight this health economics perspective in his communication to CEs.

SI suggested that as Pathology is already underfunded and reasonably priced for a crucial service that an alternative service should be looked at. MB commented that this argument did not hold any value as all services will be looked at in the next 5 years. JS explained that the cost reduction is a challenge to the whole of Pathology. MB suggested we be proactive now and not leave it too late otherwise we could find ourselves in a worse situation where larger cost savings have to be made. MB highlighted potential share holding models where services are not owned by a single organisation and have shared governance arrangements. DB added that we cannot continue to shave a bit off here and there we need to be radical. DR commented that he had no objections to carrying out a feasibility study and no objection to the 20% target as long as that target remains within the group and does not go to the CEs. DR also commented that the Strategy Group needs to be fully representative of all Trusts and disciplines.

MA highlighted that consultant pathologist time is a major element of cost, but that it is important to recognise that some of this time is delivering clinical services e.g. lipid and anticoagulation clinics, infection control, MDTs etc. MA felt that pathologists should not be discouraged from taking a more active role in the treatment of patients and argued that this may result in savings elsewhere. MB felt it was important to draw a distinction between lab diagnostics and the clinical contribution.

SI commented that NAGS are not well attended. KH responded that they need to be. SI commented that our services are patient based and therefore due to workloads cannot always attend meetings. DB explained that if people realised important decisions about their services were going to be made they would make more effort to attend. MB added that clinicians need to be responsible for safeguarding the future of their service. KH confirmed that the whole idea is that this is a clinically led service, clinicians make the decisions they need to attend the NAGS.

MB brought the discussions to the conclusion that a communication to the CEs will be drafted up and circulated to the Board for comment. The paper will express that the 20% is an aspirational figure and that CEs cannot expect the 20% target and also the internal targets. MB will also arrange for a hold to be put on all tendering activity. MB then asked the group for confirmation that everyone supports this direction. GA asked for the reference to the 20% figure to be removed from the TOR. KH and JS confirmed that the 20% would be removed from the bullet points discussed earlier.

**Action 131 - JS/KH to remove references to 20% from Network Strategy Group TOR**

MB asked the group to pass any details to him regarding imminent tenders so that he may have discussion with the relevant people. EB to supply MB with the details regarding the tendering of TB services and cc to RP.

**Action 132 - All members of Network Board to inform MB of details of imminent tenders**

Benchmarking

The group discussed the pros and cons of benchmarking, there are mixed views as it does not indicate quality. Carter himself could not use benchmarking and commissioned his own survey.

KH explained that JSe is an expert in this area and we should use his expertise. NJ is keen to use benchmarking in the absence of any metrics. JS explained that people dipping in and out gives no value to the people that stay in. JE commented that Keele is not compatible with Telepath. PZ mentioned that it is not just pathology information that is needed finance information is also needed and historically there have been issues surrounding gaining the relevant financial information. If CEs want benchmarking they will have to get DoFs on board to give support. MB informed the group that should the feasibility study progress to an actual piece of work we will need some form of analytical data collection. JSe stated that the information needs to be collected by the end of July 2009.

**9 Network Advisory Groups**

Biochemistry

JSe explained to the group that the last minutes of the Biochemistry NAG had been circulated. Briefly JSe explained that the changes had been coordinated to HbA1C reporting as from 01/06/09. JS mentioned the Harmony conference taking place in Birmingham on 10<sup>th</sup> November 2009.

Haematology

DR explained that there is continued low attendance at the meetings and this is causing concern. DR suggested speaking with JS to look at the possibility of resurrecting the joint Blood Sciences NAGs. DR updated the group on the anticoagulant service tender for Manchester PCT. Originally discussions took place regarding a network approach to the tender but it has been decided upon an individual trust approach. DR mentioned the market engagement day on Monday 01/06/09.

**Action 133 - DR and JS to discuss resurrection of Joint Blood Sciences NAG**

KH explained that work on a business case for a Greater Manchester Therapeutic Apheresis Service is ongoing.

Histopathology/Cytology

DB explained that the discussions at the last NAG meeting mirrored the discussions today. Some services are out to tender and others are under consideration. DB updated the group on the

discussions surrounding PACS and maternal deaths e.g. currently there is no regional expert for maternal deaths.

DB felt that the tendering of Cytology services needs to be brought to a resolution swiftly as the current uncertainty is destabilising current services as it is not possible to fill vacancies and there is a backlog of work following an increase in demand for cervical screening ('Jade Goody Effect') This month's Histo/Cyto NAG meeting was the last to be chaired by Lorna McWilliam (LM). No one has come forward to replace LM and the deputy Richard Hale (RH) has too many other commitments. DB has offered to become the new NAG chair. The Board endorsed this.

The group revisited the issues around HER 2 and RP stated that Steve Downing (SD) is looking at the HER2 figures in preparation for future discussions. JS informed the group that a meeting has been scheduled with Anne Yates (AY) for week commencing 15/06/09 to develop quality standards and JS will provide an update at the 7<sup>th</sup> August Board meeting.

RP informed the group that the currently PAG 1 is addressing the HER2 issues and looking to widen the group membership. Group members commented that other labs need to be included and that potentially HER2 should be within the Histo/Cyto NAG and not in a PAG. JS reiterated to the group that a way forward is currently being investigated.

<b>Action 134 - JS to provide HER2 update at next Board Meeting 7<sup>th</sup> August 2009</b>
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Microbiology

RB informed the group that attendance at the NAG is good and that general overall representation is also good. RB updated the group regarding the MRSA screening policy and mentioned that it is probably best to deal with the MRSA issue in house to stop outside laboratories taking the work. RB also updated the group regarding the Hep C strategy and the weekend working audit. RB stressed that she would like to provide a 24/7 service.

<b>10 Priority Action Groups</b>
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PAG 5 - IM&T

Lab2Lab

JSe updated the group on the successful testing between 2 Telepath systems (Stockport and MMMP). JS is very optimistic regarding iSOFT systems. JS and NJ met with the Clinisys representative on 4<sup>th</sup> June 2009 and he will take forward the issue of an affordable reasonable interface system.

GP Order Comms

JSe reported that this is progressing well. From figures collected in April 09 JSe highlighted that GP Order comms has been rolled out to 47 practices in Pennine, 20 in Stockport and 42 in South Manchester, and smaller numbers by other labs, largely because of technical issues with the InPractice GP system.

<b>11 For Information</b>
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HMD Update

The report was tabled.

<b>12 Any other business</b>
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Haemochromatosis

The group briefly discussed the targeted screening proposal for Greater Manchester and it was agreed that if no further comments were received then MB would write to the Director of Public Health, NHS Bury explaining that currently this is a low priority for the Network.

<b>Action 135 - MB to write to the Director of Public Health, NHS Bury - TC to contact RP</b>
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Refresh of NAGs and PAGs Distribution Lists

LK informed the group that a refresh for the NAGs and PAGs is underway and asked for everyone's assistance in this task

Pathology Managers Forum Representation

PZ explained to the group that since DR is attending the Board meetings as Haematology NAG chair JE will be attending future meetings to represent Pathology Managers.

Immunology Contract

LF informed the group that the tendering process for Pennine's Immunology work was completed this week, with the work being awarded to Central Manchester.

<b>13</b>	<b>Date of Next Meeting</b>
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The next meeting will take place at 2pm - 4pm on Friday 7<sup>th</sup> August 2009 in the Salford Suite, St James House, Pendleton Way, Salford, Manchester, M6 5FW.