

Greater Manchester Pathology Network Board Meeting
Friday 7th August 2009
Salford Suite, St. James' House, Salford M6 5FW
2pm - 4pm

Notes of the Meeting

1 Present

Dr Brian Benatar (BB)	- Director of Pathology, Pennine Acute Hospitals NHS Trust
Dr David Bisset (DB)	- Consultant Histopathologist/NAG Chair, 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 Trevor Carr (TC)	- Clinical Director/Consultant Clinical Scientist, Central Manchester NHS Foundation Trust
Dr Mina Desai (MD)	- Consultant Cytopathologist/NAG Chair, Central Manchester NHS Foundation Trust
Ms Jackie Elliott (JE)	- Directorate Manager, Salford Royal NH Foundation Trust
Mr Andrew Foster (AF) (Chair)	- Joint Chair, GM Pathology Network/Chief Executive, Wrightington Wigan & Leigh NHS Foundation Trust
Ms Susan Gillespie (SG)	- Director of Pathology, Wrightington, Wigan & Leigh NHS Foundation Trust
Mr David Hamer (DH)*	- Head Biomedical Scientist, Royal Bolton Hospital NHS Foundation Trust
Dr Matthew Helbert (MH)	- Consultant Immunologist, Central Manchester NHS Foundation Trust
Nigel Humble (NH)**	- Pathology Services Manager, Tameside 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
Mr Neil Jenkinson (NJ)	- Network Director, Greater Manchester Pathology Network
Mrs Laura Kidd (LK)	- Network Administrator, Greater Manchester Pathology Network
Dr Lia Menasce (LM)	- Clinical Director, The Christie NHS Foundation Trust
Mrs Rachel Pearson (RP)	- Network Business Manager, Greater Manchester Pathology Network
Mr Jeff Seneviratne (JSe)	- Biochemistry NAG Chair/Network Clinical Lead
Dr Jonathan Shanks (JS)	- Director of Pathology, The Christie NHS Foundation Trust
Ms Patricia Zukowskyj (PZ)***	- Associate Director of Diagnostics, Trafford Healthcare NHS Trust

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

**representing Dr Neha Dalal, Clinical Director, Tameside Hospital NHS Foundation Trust

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

In Attendance

Dr Richard Byers (RBy)	- GM&C HMD Lead, Central Manchester NHS Foundation Trust
Dr Andrew Dodgson (AD)	- Consultant Microbiologist, Central Manchester NHS Foundation Trust
Mrs Samantha Ekin (SE)	- POCT Co-ordinator, Stockport NHS Foundation Trust

2 Apologies

Dr David Alderson (DA)	- Director of Pathology, Trafford Healthcare NHS Trust
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 Mike Burrows (MB) (Chair)	- Joint Chair, GM Pathology Network; Chief Executive, Salford PCT
Dr Neha Dalal (ND)	- Clinical Director, Tameside Hospital NHS Foundation Trust
Dr Andrew Hutchesson (AH)	- Pathology Clinical Lead, Royal Bolton Hospital NHS Foundation Trust
Mr David Rowlands (DR)	- Haematology NAG Chair, UHSM NHS Foundation Trust
Dr Andrew Turner (AT)	- Consultant Virologist, Central Manchester NHS Foundation Trust
Mr Allan Wilcox (AW)	- Pathology Manager, Wrightington, Wigan & Leigh NHS Foundation Trust

3 Chair's Communications

AF reported on the NW Economic Summit - a 2 day event attended by all Chairs, Chief Executives and Medical Directors from NHS organisations across the North West on 16-17 July 2009. This is important background information to the development of the 20:20 vision for pathology services in Greater Manchester. At this event the published financial forecasts were set out by Richard

Douglas (Director of Finance at the Department of Health). Whilst the comprehensive spending review will be suspended until after the General Election, the Treasury is forecasting a deficit of £138 billion in 2009-10 with the strong expectation that this gap will have to be closed in subsequent years.

Although there have been public reassurances about NHS funding AF explained the difference between the public sector fixed budgets (Departmental expenditure limits (DEL) - includes DH) and non-fixed budgets (annually managed expenditure (AME) e.g. social security payments, interest on international debts). A large increase is expected in AME and this means that DEL will have to decrease. In short commentators estimate that the NHS can expect spending cuts of 5% per year for at least three years.

The Association of GMPCTs submitted a paper to the NW Economic Summit which highlighted the significant pressure the PCTs are under to reduce expenditure, highlighting a target efficiency for Greater Manchester of £800 million. The paper also highlights the case for consolidation of pathology services.

4 Notes of the meeting held on 5th June 2009

The minutes were agreed as a correct record.

5 Matters Arising

On Action 124 - RP explained that Martin Gibson had been invited to attend today's meeting but had in fact passed the Network Board back to Deepak Bhatnagar (DB). The GM Pathology Network Board has previously had a presentation from DB (1st August 2008) so this closes the loop regarding Comprehensive Local Research Network and it has now been removed from the agenda. RP reminded members that the Network retains a link to CLRN via Dr. Andrew Hutchesson who sits on both Boards.

On Action 127 - See Agenda item 7 - Presentation on C. Diff Guidelines

On Action 128 - See Agenda item 6 - Network Strategy Group

On Action 129 - JSe reported that the RHS Tatton Flower Show project had been very successful. The garden received media coverage and had been awarded the silver medal. There will be a catered event held at Stepping Hill Hospital on Wednesday 30th September 2009 to thank everyone in the Pathology community that has taken part. The event will be an opportunity to discuss the prospect of taking part next year.

On Action 130 - See Agenda item 6 - Network Strategy Group

On Action 131 - See Agenda item 6 - Network Strategy Group

On Action 132 - See Agenda item 6 - Network Strategy Group

On Action 133 - DR and JSe have agreed to resurrect Joint Blood Sciences NAG meetings from November 2009

On Action 134 - See Agenda item 8 - For Approval - Quality Standards for HER2 Testing

In addition the following matter was raised:

Response letter to Genetic Haemochromatosis - RP updated the group that a response has now been received from Dr Peter Elton, Director of Public Health, NHS Bury. "There does appear to be reasonable, although not conclusive, evidence that testing people with abnormal liver function tests for iron overload and, if this is positive, testing for genetic haemochromatosis is beneficial. However there is not a clinical consensus in Greater Manchester to institute such a service. As such, the Greater Manchester PCTs do not wish to pursue the matter. However if there is a change in the clinical consensus, the PCTs would be willing to reconsider their position." RP pointed out that this has been a demonstration of savings to Pathology through professionally led advice to Commissioners.

Update

KH updated the group that so far a Strategy Group Information Pack has been produced and circulated via the NAGs and PAGs meetings. KH, NJ and JSe have visited half of the clinical directors, the NW Improvement Alliance, Cheshire & Merseyside Cancer Network and also Cumbria & Lancs. Pathology Network.

With regard to the 20% initiative, no one wants to reduce costs but our current situation leaves us with no choice and no one has had a better idea. The general consensus is that a professionally led solution is the way forward.

The NAGs and PAGs have been asked to supply examples of best practice and consider the options for cost savings by January 2010 to feed back to the CEs.

DB commented that thus far this has been a great piece of work and an opportunity to avoid the fragmentation of services. DB also commented that we all first heard about this in June and now it is nearly September we need to make progress.

MD commented that as far as Cytology is concerned an improvement in quality will achieve an improvement in costs. Cytology cannot work collaboratively whilst people are tendering the service. NJ confirmed that currently there is no confirmation what responses have been received to the Prior Information Notice for Cervical Cytology Services in Greater Manchester (closing date for responses was 31st July 2009).

KH drew the group's attention to the letter to the Pathology community regarding the 20:20 vision and this was supported in principle by all present. He asked for any drafting comments back by Friday 14th August 2009. It was agreed that after that date the letter will be cascaded internally. AF commented that we now need to push ahead show support by putting names to the letter.

Action 136 - Group to send comments re 20:20 vision letter to LK by Friday 14th August 2009 at the latest.

Process/Timeline

SG enquired if there was a timeframe for the 20% efficiency saving. NJ confirmed that this has not been set so as to include as many savings as possible. As the first stage is to carry out a feasibility study, timescales will be considered as part of this.

Benchmarking/Data sharing

After discussions with the Clinical Directors and Pathology Managers it has been decided to commission a mini Keele benchmarking exercise over the next 3 months to measure our baseline in terms of costs, staffing and activity.

Facilitation

NJ explained to the group how the Network team intend to implement the 20:20 vision.

Information will be gathered during September through the NAGs and PAGs.

There will be engagement with lower grade staff.

A Primary Care Event will take place on Wednesday 7th October 2009.

A large Stakeholder event is currently being planned for January 2010.

7 Presentation of C Diff Guidelines for Commissioners

AD gave a presentation to the Board entitled “C. difficile Guidance: Recommendations of the Microbiology NAG”. AD explained during the presentation that the current national situation regarding cases of C.diff. has improved but that the NW is not progressing as well. C.diff. targets are now set within NHS contracts. If a Trust exceeds a target by 1% that equates to a 0.2% loss in budget and this could equate to £1,000,000. Recently there has been coverage regarding the possible fining of Trusts who exceed targets.

AD explained that the Micro NAG has produced a guidance document around the DH and HPA recommendations. The document covers 11 areas of practice and has 97 recommendations in total. AD put together a multi disciplinary group including microbiologists, BMS’, infection control nurses and antibiotic pharmacists. The document is an aspirational document as a consensus could not be reached.

RB explained that the Micro NAG would like to take this document forward to be approved by the Board and used for audit purposes. RB stressed that the document should be presented to Commissioners, PCTs and Acute Trusts. RB asked the group to ratify the document. SG enquired whether an aspirational document should be ratified.

AF suggested the document was signed off as aspirational and the group agreed to ratify the document accordingly.

A copy of the presentation is attached to these minutes.

Action 137 - LK to circulate presentation electronically

8 For Approval

Therapeutic Apheresis

KH spoke on behalf of DA and explained to the group that there is currently limited service provision for Therapeutic Apheresis within GM. The current service available is very ad hoc. KH explained that there is now a need to involve the CBS to develop a business case in conjunction with the advice of the Apheresis Task Group.

MH confirmed that from an Immunology view this move has his full support.

GB confirmed that an Apheresis service would meet NICE guidance.

In general the Board supported the decision to develop a business case and move the project forward.

Action 138 - MB to approach DoCs/CBS for Project management support on Apheresis.

MRSA Guidance

RB explained that an MRSA sub group has been convened from the Microbiology NAG group. RB briefly explained that due to the DH intention for all patients to be screened by March 2011 the MRSA subgroup have drafted a document entitled “MINIMUM STANDARDS FOR SCREENING FOR MRSA COLONISATION IN PATIENTS ADMITTED TO ACUTE HOSPITALS” and the group asked for comments from the Micro NAG by 31st July 2009. RB confirmed that there have been no comments received so that it can be assumed everyone is happy with the content.

JSe enquired if there will be variations to the document and RB explained it is a MINIMUM standards document. EB confirmed the document is to be used as the starting point. This document was approved by the Board.

Quality Standards for HER2 Testing

JSe explained that as the current 3 lab arrangement cannot be sustained under the commissioning rules. A decision has been taken to widen the PAG 1 membership and change the

original decision to restrict laboratories carrying out HER2 testing. The PAG 1 group have put together a draft Quality Standards document and agreed that all laboratories that meet the standards can perform HER2 testing.

The Board endorsed the document

POCT - Ratification of the Quick Reference Guide

SE explained that although all laboratories have use their own “How to” guides they are not necessarily accepted by the CPA. With this in mind the PAG 2 POCT group have drafted together a “Quick Reference Guide (QRG) for POCT Equipment Template”, to be used as a standard guide. This will be used as an appendix to the SOP. JSe enquired if the draft will carry an official logo and how it will be implemented. SE suggested the Network logo is used as this will ensure a standard approach. SE explained that as long as the QRG is a controlled document it will be acceptable to CPA.

The Board endorsed this document for Acute use.

Developing the business case for a single LIMS for GM

JSe explained that Peter Walsh, a representative from the GM ICT Programme Board suggested looking into a single LIMS system for GM at the PAG 5 IM & T meeting. JSe took the suggestion to the ICT Board on 13th July 2009 and the idea was received enthusiastically. JSe would like formal approval from the Network Board in order to continue.

DB gave strong support as this is seen to be vital for Histopathology and the care of cancer patients.

The group enquired about the difference between a single LIMS system and Lab2Lab. JSe explained that L2L sends work to another laboratory and a single LIMS system would give the whole GM region the ability to see all other lab results.

BB commented that this would raise a number of issues including the day to day management of the database and security issues. BB felt that this project was much bigger than it seems and is very ambitious.

JSe agreed it is very ambitious but stressed currently we are looking to develop a business case only.

The Board gave their support to the development of a GM LIMS business case.

9 For Information

Network Advisory Groups

Histopathology/Cytology

Letter to Dr Mike Burrows re: Cervical Cytology Issues

DB has written to MB regarding the 2 current Cytology issues: Surepath processing machines and the future configuration of Cervical Cytology in GM. MB was unable to attend the meeting today so this item will be carried over to the next Board meeting.

Action 139 - Place Cervical Cytology Issues on next Board agenda

Trafford

PZ attended today to formally advise the GM Path Network Board of Trafford’s intention to put their Histopathology and Non-gynae Cytology service out to open tender. PZ anticipates expressions of interest to be advertised in the next 2 months. PZ confirmed that this decision has been reached by the Trust Board due to the guidance around the competition and contestability framework.

PZ summarised that Trafford are having trouble providing a Histo/Cyto service.

PZ confirmed that Trafford could still look to work collaboratively. AF enquired if there are any Trusts that could help? PZ confirmed geographically yes.

The group discussed whether a professionally led solution can be found for Trafford and stressed that tendering would not be ruled out as the Histo/Cyto NAG may decide that is the best way forward.

MD commented that Trafford have made their decision to tender based upon the fact that Cervical Cytology is currently out to tender. MD confirmed that Dr Petula Chatterjee, Cancer Network Chair has written to MB to support a professionally led solution.

JSe pointed out that there are 2 potential compromises to what the Network is trying to do:- The tendering of Cytology which NJ is trying to stop and now the tendering of Histo and Non Gynae Cyto at Trafford. JSe confirmed that the decision by Trafford is due to the inability to sustain the service any longer. The costs to Trafford are 2.3 times higher than the national median. PZ clarified this decision has been cost and quality led. KH enquired if there is any possibility of persuading Trafford to look at an alternative route.

DB stressed that the group just wants the opportunity to try first and offered to write to the Chief Executive of Trafford Acute Trust, Mr Ron Calvert. AF confirmed he would be happy to co sign the letter. DB and PZ are to discuss this option and content of the letter outside this meeting.

Action 140 - DB and PZ to meet and discuss content of letter to Ron Calvert
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DB will draft the letter and send to AF.

Action 141 - DB to draft letter and send to AF

KH expressed that Trafford's situation could be the tipping point and cited Ireland as an example. The country has lost a whole body of expertise and what if the tendering solution does not work out. There is now no one else available to carry out the work.

BB commented that Trusts are in competition with each other and he supports tendering. DB commented that we have been in competition in the past but now we have the Network and lets co operate otherwise the Network will have to be dissolved. We are all members of Trusts it is difficult but not impossible.

RBy reminded the group of the HMD project in collaboration with The Christie. It could have been a competition and CMFT could have done it alone but it would have cost more money and been much more difficult, so the Network is a good thing.

MH commented in response to BB's comment that whilst Pennine are making Immunology savings due to the tendering process all of those savings could have been made between Pennine and MRI had they just sat down together. MH is confident the Trusts could have got to the same place.

JE commented that the PCTs have taken no notice of the letter from the CEs as anticoagulation tenders are still underway. KH stressed that the anticoagulation tenders were well underway long before the letter was sent.

PAG 5 - IM&T

Lab2Lab

JSe updated the group on the resilient testing between 2 Telepath systems (Stockport and MMMP and also Stockport and TGH). David Slater is currently on annual leave but upon his return the organisation of the roll out will begin. JSe explained meetings have taken place with Clinisys and there has been some movement on their part but cost negotiations need to take place.

Haemoglobinopathy Update

This report was available for the group to read

HMD Update

KH updated the group that he has had notification of secured funding for the project and explained that the planning of the implementation of Phase II is in the final stages.

10 Any other business

There was no other business to discuss.

11 Date of Next Meeting

The next meeting will take place at 2pm - 4pm on Friday 2nd October 2009 in the Salford Suite, St James House, Pendleton Way, Salford, Manchester, M6 5FW.