

Greater Manchester Pathology Network Board Meeting
Friday 4th June 2010
The John Bray Suite, Holiday Inn Manchester Central Park,
888 Oldham Road, Manchester, M40 2BS
2pm - 4pm

Notes of the Meeting

1 Present

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 David Bisset (DB)	- Consultant Histopathologist/NAG Chair, Royal Bolton Hospital NHS Foundation Trust
Mr David Brayshaw (DB)*	- Directorate Manager, 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/Biochemistry NAG Chair
Dr Trevor Carr (TC)	- Clinical Director/Consultant Clinical Scientist, Central Manchester NHS Foundation Trust
Ms Jackie Elliott (JE)**	- Directorate Manager, Salford Royal NHS 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
Dr Matthew Helbert (MH)	- Consultant Immunologist, Central Manchester NHS Foundation Trust
Mr Nigel Humble (NH)***	- Pathology Manager, Tameside Hospital NHS Foundation Trust
Dr Andrew Hutchesson (AH)	- Pathology Clinical Lead, Royal Bolton Hospital NHS Foundation Trust
Prof Keith Hyde (KH)	- Network Clinical Lead/Deputy Clinical Director, Central Manchester 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 Roman Pylypczuk (RPy)	- Haematology NAG Chair, Salford Royal NHS Foundation Trust
Mr Dave Rowlands (DR)★	- Pathology Manager, UHSM NHS Foundation Trust
Mr Jeff Seneviratne (JS)	- Network Clinical Lead
Mrs Carolyn Trembath (CT)♦	- Commissioning Lead, Acute Care, NHS Trafford
Mrs Patricia Zukowskyj (PZ)♦♦	- Associate Director of Diagnostics, Trafford Healthcare NHS Trust

*representing Prof Eric Bolton, Clinical Director, Health Protection Agency/Central Manchester NHS Foundation Trust

**representing Dr Gordon Armstrong Clinical Director, Salford Royal NHS Foundation Trust

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

★representing Dr Sezgin Ismail, Clinical Director of Pathology, UHSM NHS Foundation Trust

♦representing Mrs Gina Lawrence, Director of Commissioning, NHS Trafford

♦♦representing Mr Allan Wilcox, Pathology Managers Forum Representative, WWL NHS Foundation Trust

In Attendance

Dr Tony Cumming (TC) - Consultant Clinical Scientist, Central Manchester NHS Foundation Trust

2 Apologies

Dr Gordon Armstrong (GA)	- Clinical Director, Salford Royal NHS Foundation Trust
Prof Eric Bolton (EB)	- Clinical Director, Health Protection Agency/Central Manchester NHS Foundation Trust
Dr Mike Burrows (MB)	- Joint Chair, GM Pathology Network; Chief Executive, NHS Salford
Dr Neha Dalal (ND)	- Clinical Director of Pathology, Tameside Hospital NHS Foundation Trust
Dr Mina Desai (MD)	- Consultant Cytopathologist/NAG Chair, Central Manchester NHS Foundation Trust
Dr Sezgin Ismail (SI)	- Clinical Director of Pathology, UHSM NHS Foundation Trust
Mr Nigel Palmer (NP)	- Divisional Manager, Royal Bolton Hospital NHS Foundation Trust
Mr Allan Wilcox (AW)	- Pathology Manager, Wrightington, Wigan & Leigh NHS Foundation Trust

3 Part 1 Emerging Vision 2pm - 3pm - Presentation and Board Discussion

AF welcomed members and introductions were made. AF explained that the bulk of today's meeting would be taken up with agenda items 3 and 4.

NJ gave a presentation to the Board which detailed the background to the 20:20 Emerging Vision project, the Network and its structure, the CEO challenge set in May 2009, feasibility study, context, the QIPP agenda, the 3 emerging models and conclusions.

The presentation then detailed the phases for the second part of the project from determining the optimal model through to implementation.

NJ concluded with messages and recommendations.

Action 154 - LK to circulate 20:20 Emerging Vision presentation.

AF opened up the discussion to members with questions.

DA commented on the project timescales as individual Trusts are under increasing pressure to give savings within this financial year, yet the emerging vision seems geared towards 2011 onwards. NJ recognises this is an issue and stressed that within the governance procedure asked for by the CEOs local and operational issues have been asked to complement the bigger picture. JE also expressed concerns around the timelines being too far in the future as SRFT is experiencing HR issues due to lack of clarity surrounding the potential locations of the consolidated labs. This is leading to the workforce being unsettled and staff members seeking alternative employment putting the Trust in an awkward position not knowing whether to replace staff or wait so as to avoid redundancies at a later stage.

MA enquired how training will be affected and what this region will be able to offer. JS confirmed that there has been no specific discussion around training other than it has been recognised it is an important activity that needs to be protected.

KH informed the group that MSC will play a major part in this project and there will be a MSC update under agenda item 8.

PZ enquired if the project brief within NJs presentation will be circulated to members and asked if it had been approved by this Board.

Action 155 - LK to circulate Project Brief.

AF summarised the Board discussion and the group agreed that we need make savings now and there is a need to look at early wins. AF stressed we must deal with staff anxiety, the timing of decisions and revisit the original timescale and perhaps make amendments.

AF gave a National update to the group and explained that the new government are stressing more competition, more choice, open to the private sector, levels of savings, SHAs will be replaced and PCTs will not be undertaking commissioning. GP commissioning will be at the heart of the new system. AF explained the need to bring into GPs into the Network. KH informed the group of a letter from Dr Ian Barnes, National Lead for Pathology citing 1 core lab per SHA and the need to deliver plans to the DH by June 2010.

JS explained that at the last National Pathology Forum meeting on 25th May the focus of the meeting was on understanding what is stopping pathology modernisation. Mary Newman, Head of Clinical Strategies at the DH explained that the Treasury view is that the DH and NHS have had 4-5 years to do something about Pathology and have not delivered. England has been slower to change than other areas of the UK, with a more top-down approach being taken in the latter. The fact is the money is out and individual savings need to be made but if we work at level 3 we can make more substantial and effective long term savings. GM has some of the best developed plans in the country.

AF moved on to the Pathology Modernisation Board set up by Dr Mike Cheshire, Medical Director at the SHA and explained that the deadline for the nominations for an Acute and PCT CEO lead and Clinical Leads was the 7th May 2010 and that the first meeting will take place on 21st June 2010. AF confirmed that it had been agreed at the last Board meeting on 14th April that AF, MB, JS and KH would be the nominated representatives for the Network. Some members felt that this had not been discussed and agreed and AF pointed out that as the Chairs of the Network Board and Clinical leads for the Network it appeared to be an obvious choice. Some members expressed the desire to nominate an existing Clinical Director. There is currently a lack of clarity regarding the TOR for the Pathology Modernisation Board and its aim. Based upon these factors

the group had a discussion during which AF argued strongly in favour of KH and JS and the outcome of which was for KH and JS to be the initial Leads and seek to widen the membership and clarify the aim of the group. The Board agreed to review this position once Terms of Reference for the SHA Board were available.

4 Part 2 Network Board Business 3pm - 4pm - Chair's Communications

AF explained that both sets of CEOs wish for the Network proposed model to be independently financially assessed and at the next CEOs meeting on the 25th June 2010 AF expects formal sign off and agreement by all CEOs regarding the project and funding. AF explained that different healthcare governance models will be explored and the issue of sovereignty will be dealt with.

AF explained that further work is required to ensure that all Trusts receive fair shares of the savings made.

AF touched upon the rumours circulating about members having individual agendas and clearly stated that there are no other discussions about the future of GM Pathology other than at this Board.

AF also confirmed that his CEO colleagues recognise that individual Trusts have more immediate pressing issues such as Trafford histopathology services being out to Tender and the situation with Bolton, Wigan and Salford and that there is a need for local changes to complement the 20:20 Emerging Vision.

Members commented on the difficulties being experienced when interacting with colleagues outside this Board. When pressed about where and how the savings will be made it is hard to explain and justify. Some Trusts cannot wait for the bigger picture to begin in March 2011. KH commented that he would like NJ to have been party to the discussions taking place regarding local changes and that the message to take back to colleagues is we are on the right path. Similar changes are occurring elsewhere in the UK and we are in line with the recommendations of the Carter Review.

DA and LM raised concerns about specialist services and AF confirmed that we are not simply evaluating which model will be the cheapest but give the best quality and service. Other criteria needs to be included and specialist services will be protected. AF reiterated that Pennine have done this and have achieved a 20% saving. AF summarised that we should proceed with the second phase of the project immediately, starting with the options analysis and this was agreed.

Action 156 - NJ to look to commission option analysis.

RB commented that sectorisation is happening now referring to the talks going on between Bolton, Wigan and Salford and the talks between UHSM, SHH and Trafford. RB explained that the Micro NAG felt that the B3 or B4 cluster model was better and that we should be looking to 24/7 working. The Micro NAG also felt that it would be beneficial to be told who to work with and go away and get on with it.

AF felt that current views regarding proposed sectors are based mostly on self interest and that the option analysis needs to be completed first before any kind of sectorisation is formalised.

5 Notes of the meeting held on 14th April 2010

The minutes of the previous meeting were agreed.

6 Matters Arising

On Action 142 - MB to discuss with Martin Gibson links with CLRN and MAHSC - MB had given apologies so this action will be carried forward

On Action 149 - MB and AF to present GM LIMS case to respective CEO colleagues on 16th April 2010- This action has been completed.

On Action 150 - NJ to add option B4 (4 clusters) to Paper - This action has been completed.

On Action 151 - All members to email comments and errors to RP, NJ and LK - This action has been completed.

On Action 152 - MB and AF to discuss generation of resource for next stage of 20:20 project - This action has been completed.

On Action 153 - MB and AF to present Emerging Vision case to respective CEO colleagues on 16th April 2010 - This action has been completed.

7 NW haemoglobinopathy genetic diagnostic service - First year audit report

TC explained to the group that prior to the establishment of this service in 2009 there was no haemoglobinopathy genetic diagnostic service in outside the South of England. NW PCTs granted the funding for a NW service which went live in January 2009. TC reminded the group that he had agreed at a previous Board meeting to return and report on progress after the service had run for one year and been audited.

TC highlighted that the key point from the audit has been the improvement in TAT. The report details that in 2009 97 patients used the service at CMFT with an average TAT of 14 days. In 2008 77 patients used the external service and the average TAT was 28 days, thus demonstrating that the new service has halved TATs.

TC explained that although the service is now established it is still developing. Currently there is no pre natal diagnosis facility but this is being looked at along with the possibility of expanding the availability of the general service to other centres in the North of England.

DB enquired if the service accommodates sickle cell and TC explained that there is not a vast call for genetic diagnosis in sickle cell it is mostly thalassaemia. DA enquired when it is likely that pre natal diagnosis will begin. TC responded that it will hopefully be within the next 12 months as currently there is a manpower shortage and the system needs to be robust.

8 Modernising Scientific Careers NW Oversight Board

KH explained that PZ is the Chair of the MSC Oversight Board and that he has a place on this Board, representing the three NW Pathology Networks.

PZ explained that the MSC Oversight Board was set up in February 2010 with the aim of providing a clear and equitable career pathway for all Healthcare Scientists based upon competence. It is a radical plan and with support from the IMSC it will bring all HSCs under the umbrella of registration albeit at 2 levels.

TOR were agreed at the first meeting held on 9th February 2010 following which The England Action Plan was published in March 2010. The Plan clarified the role of the SHA's and tasked them with producing a regional action plane with key deliverables. Volunteers for Early Adopters of MSC were also called for.

The next meeting was held on 14th May 2010 at the TOR were amended and a request was made to Mike Cheshire for a representative from his NW Pathology Transformation Board. Final arrangements were made for the MSC Roads how event at the Reebok Stadium on 13th July 2010.

The NW has 3 Early Adopter Sites as GM is seen as a National front runner.

AH explained that MSC is also looking at the development of curricula and assessment for higher specialist trainees through to Consultant level; the RCPATH is asking all specialties to review this, and it is an opportunity for the Network to review how it is involved in the delivery of this training.

9 For approval

POCT - Ratification of Guidelines for Point of Care Testing in the Community Setting

JS explained that this was the final draft of the document to be ratified. This document will then be circulated to other areas including Commissioners.

The Board endorsed this document.

10 For information

HMD Update

KH confirmed that phase 1 of the HMD system located at The Christie is now operational. £250,000 of funding has been secured for phase 2 which includes Leukaemia's to begin.

11 Any other business

LM enquired how the 20:20 Emerging Vision will link with other Networks e.g. the Cancer Network and the project will accommodate this service within the sectors. NJ confirmed that the Network team is liaising with other Networks including the Children's Network and the Cancer Network and that the aspects are still in the planning stage. LM requested that the specialist diagnostic cancer services available at the Christie (regional and supraregional), to be included in the list of available services in the 20:20 document.

These include review and second opinions for haemolymphoid (HMD), sarcomas, melanocytic lesions, problematic thyroid, and other endocrine tumours, problematic urological, gynaecological and gastrointestinal tumours, FISH for haemolymphoid and other solid tumours.

Neil has agreed to include this in the revised document.

AF commented that this is not an academic project any longer and it is therefore getting more difficult. We as a Network are about to change the working lives of thousands of people and to answer DB's earlier question we need to reiterate to our colleagues that we are saving NHS Pathology services in GM. AF urged members to be ambassadors for the project outside this room and explain to the outside world. If we do not do this pathology services in 1-2 years time will be very different. AF's final message was stay confident, committed and support this.

12 Date of Next Meeting

The next meeting will take place at 2pm - 4pm on **Friday 6th August 2010** at Holiday Inn Central Park, 888 Oldham Road, Manchester, M40 2BS