

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

**Network Strategy Group**  
 Simpson Suite, St James House, Pendleton Way, Salford, Manchester, M6 5FW  
 Wednesday 6<sup>th</sup> May 2009 9:00am-11:00am

In attendance		Apologies	
Eric Bolton	EB	Health Protection Agency NW	Steve Downing
Reeta Burman	RB	Pennine Acute Hospitals NHS Trust	Toni Mathie
Mike Burrows	MB	Salford PCT	Steve Ryan
Mina Desai	MD	CMFT NHS Trust	Lorna McWilliam
Jackie Elliott	JE	Salford Royal NHS Foundation Trust	
Andrew Foster	AF	WWL NHS Foundation Trust	
Richard Hale	RH	Stockport NHS Foundation Trust	
Matthew Helbert	MH	CMFT NHS Trust	
Keith Hyde	KH	GMPN	
Neil Jenkinson	NJ	GMPN	
Laura Kidd	LK	GMPN	
Rachel Pearson	RP	GMPN	
Roman Pylypczuk	RPy	Salford Royal NHS Foundation Trust	
Lance Sandle	LS	Trafford Healthcare NHS Trust	
Jeff Senviratne	JS	GMPN	

**Discussion Points**

- NJ welcomed members and introductions were made
- **Background** – NJ explained that this group has been convened to shape the emerging vision for pathology services in GM, in the context of the Carter and Darzi reviews and also giving consideration to financial pressures facing NHS organisations (zero growth, value for money, World Class Commissioning). NJ emphasised the quality aspect of Lord Darzi's recommendations, and of the 20 recommendations of the second Carter Review, drew particular attention to no. 14: that PCTs should take the lead with providers in drawing up cost effective plans for the implementation of the second Carter report's recommendations.
- **Constitution of Network Strategy Group** -
- **Chair/Vice Chair** – NJ suggested that 2 Clinical Leads should share the Chair. After discussions it was agreed that the group will be jointly chaired by JS and KH.
- **Membership** – It was agreed that meetings would take place if 6 members or more were in attendance. NJ emphasised that members were representing their discipline, not their organisation. NJ asked if the group felt any representation was missing from the current members list. It was suggested that the group should stay in close contact with the Cardiac and Cancer networks and NJ confirmed that TM Director of the Cancer Network had been invited to attend today but on this occasion could not make it. It was also agreed that a representative from the SHA's System Management Team should be invited to join the group. NJ explained that he and the Clinical Leads were currently meeting with Primary Care Commissioning/PBC Leads and would identify a representative from these meetings. It was recognised that Commissioners across GM are a very diverse group.
- KH suggested it would be beneficial to keep Ian Barnes informed about this group and its progress, to ensure that the Network can tap into any national findings for projects and potentially act as a model of other areas.
- MD commented that each member should have a named deputy to attend in their absence.
- **Terms of Reference** – NJ emphasised that the Strategy Group is a subgroup of the Network Board, with any recommendations for the former to be ratified by the latter. AF suggested that we delegate questions to the NAGS/PAGS. Questions regarding Quality Metrics, How to improve quality and how to reduce costs whilst maintaining service would be key questions.
- **Schedule of Meetings** – NJ explained that the Strategy group would discuss for 1 hour each topic area. This would mean 8 areas would be addressed in a year. NJ suggested we up the frequency of the meetings or reduce the time spent discussing the areas so that all areas could be covered. NJ commented that the disciplines should be looked at individually as looking at the service as a whole would risk alienating the individual services. NJ commented that meetings will be put into diaries up to the end of the year. The group discussed when the next Strategy Group meeting should be and it was decided that a meeting should be held late June following the Board meeting on 05/06/09.
- **Discussion on 'What the Group will do'** –
- **SWOT Feedback** – The group went through the Strengths, Weaknesses, Opportunities and Threats identified by the NAGS and Network Board. KH felt there was a lot of commonality and suggested that it be pulled together as one document.

- Top 10 Priorities 2009 – NJ reiterated that the top 10 priorities for 2009 for Primary Care are Phlebotomy Services (including transport), Anticoagulation Services, IT Links, POCT and appropriateness of testing. Priorities for Wider Stakeholders include Strategic Direction post Darzi/Carter, Infection Control, Workforce, Lean, Cytology, Immunology Lab 2 Lab and Cancer. These priorities amongst others make up the Network's work schedule for 2009/2010.
- Communications – KH pointed out that the GMPN has had several meetings with PCT's and have managed to engage with a lot of groups. The main issues to come out of the meetings to date are tendering and cost effectiveness. NJ stated that we are in a position to promote the Network as a source of advice and take issues forward for PCTs via NAGS and PAGS. KH explained that demand management is a big issue for primary care. JS felt it was important to address both over and under requesting and MB agreed that the emphasis should be on evidence based protocols. JS also felt that appropriate use of laboratory services could save costs elsewhere within the patient pathway, but recognised that such savings were more difficult to demonstrate.
- Strategic Vision – AF felt that there are a set of higher level issues that are fundamentally about the role of the Network and where it is positioned on the spectrum that ranges from informal discussion and information sharing to a formally managed Network with responsibility for running all pathology services in Greater Manchester.
- JS felt that the Network is about Pathology Services as a whole and about delivering benefits from these services. KH agreed, recognising that the drivers for other managed networks nationally (e.g. Pathlinks, Coventry & Warwick) were financial and on a much smaller scale than GM. KH felt that it was important to allow the vision for GM to evolve, whilst being mindful of the financial drivers and thus ready as a system to respond when issues emerge. JS agreed that it was important to allow the Network to evolve and to emphasise that this is not a step on the way to a managed Pathology Network, but about assessing the best way of delivering services for the whole conurbation.
- MB felt it was not necessary to commission an external body to review services in Greater Manchester, recognising that there would be better buy in and chance of success from a professionally led review. It was agreed however that this piece of work would require the consent of PCT and Acute Trust Chief Executives.
- Whilst AF recognised that Acute Trust CEs would not readily agree to lose their sovereignty, he argued that they would be keen to hear how to reduce costs and increase quality (as defined by Darzi safety, effectiveness, patient experience) whilst maintaining a link to clinical service in the Acute Trust and felt that he could sell the proposal to his Acute CE colleagues on this basis. It was agreed that both AF and MB would present a paper to their respective CE colleagues at their next meetings on 15<sup>th</sup> May 2009.
- KH commented that even if the Strategy Group does not gain support from the Chief Executives there is still enough work on the table to improve Pathology services in Greater Manchester. JS felt that the group's agenda must be set externally and that the group should respond to the challenges set. KH suggested that the group may be undermined by individual PCTs decisions to tender.
- RH commented that there is a danger for the group to be seen as a group that talks but does not achieve anything. If this is the case people will lose interest and clear milestones are therefore needed. Equally if we are too strong people will feel threatened and withdraw. RH also commented that there has been a dramatic change in the economic climate in the last 18 months and this will most probably lead to a need to save money. EB commented that we need support for Chief Executives and then we need to deliver. EB felt it was necessary to put the vested interests of individual organisations to one side in order to develop a service for the future, recognising the threat that services may be lost to the private sector. EB felt it was essential to engage with younger people working in pathology services to deliver this. RH agreed that this group must be ready to provide direction and advice as if it is not, commissioners will go elsewhere. MB suggested a stakeholder model with benefits for all, rather than hub and spoke which may create winners and losers. NJ commented that we need to let primary care know we can give independent advice. MD commented that we need to prove not only cost but quality and suggested a role for the NAGS in defining quality metrics. MD also commented that we need to engage with secondary care as they need to feel represented. EB felt it was also important to emphasise the significant contribution that laboratories make to the wider public health agenda.
- How the group will function – NJ suggested that for each of the disciplines and priority areas a briefing paper is prepared in advance of the Strategy Group meetings, which will identify the current service arrangements and scope future models and options for delivery for discussion by the Strategy Group. These briefing papers would be worked up by the NAG representative, together with Network Team colleagues and with support from the respective NAG/PAG and would lead to an emerging vision for each discipline, which could be converged into a whole system vision. From this there would be practical pieces of work which would support the under arm of reducing costs and improving quality.
- JS suggested that the NAGs would have to step up a level to meet the needs of the strategy group and RPy felt that the NAGs would benefit from a clear driver.
- KH enquired as to whether everyone within the group in theory is signed up to the idea. RH commented that there was some nervousness around the table. EB commented that if we can make a 20% saving over 5 years it is something to build on. JE asked if the paper would have to go to Board to be agreed. NJ confirmed it would go to the Board 5<sup>th</sup> June 2009. The group agreed to meet again late June 2009.

#### **Actions**

- NJ to prepare summary paper for MB & AF Acute & PCT Chief Executives meetings on 15<sup>th</sup> May 2009
- LK to organise June 2009 meeting
- Members to send details of named deputy to LK
- RP to write to SHA system management team re: representation on the group
- JS to write on behalf of AF/MB to Ian Barnes about the Strategy Group

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

- The strategy group paper and feedback received from CE meetings to be put on agenda for next Board meeting

#### **Date and Time of Next Meeting**

- Tuesday 30<sup>th</sup> June 2009, 2pm – 4pm, St James House, Salford
- Friday 3<sup>rd</sup> July 2009, 2pm – 4pm, St James House, Salford