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

Network Strategy Group
Swinton Suite, St James House, Pendleton Way, Salford, Manchester, M6 5FW
Tuesday 30th June 2009 2:00pm-4:00pm

In attendance			Apologies	
David Bisset	DB	Royal Bolton Hospital NHS Foundation T	Mike Burrows	Salford PCT
Reeta Burman	RB	Pennine Acute Hospitals NHS Trust	Mina Desai	CMFT NHS Trust
Chris Chaloner	CC	CMFT NHS Trust	Toni Mathie	GM & Cheshire Cancer Network
Steve Downing	SD	GMPCTs		
Jackie Elliott	JE	Salford Royal NHS Foundation Trust		
Andrew Foster	AF	WWL NHS Foundation Trust (CHAIR)		
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		
Dave Rowlands	DR	UHSM NHS Foundation Trust		
Lance Sandle	LS	Trafford Healthcare NHS Trust		
Jeff Seneviratne	JS	GMPN		
Gilbert Wieringa	GW	Royal Bolton Hospital NHS Foundation T		

Discussion Points

- **Notes of Previous Meeting and Matters Arising –** The minutes of the previous meeting were agreed as a correct record and there were no matters arising.
- **Feedback from Last Meeting -**
- Final TOR – The group agreed for the 20% figure to be removed from the TOR but it will remain in the paper to the CE's. The group discussed and agreed they are happy with the composition of the group.
- Final CEO Paper – AF apologised to the group for any upset caused by the CEO paper being included in both the Acute and PCT Chief Executive meetings before being discussed and approved by the Board. AF explained that the decision was purely opportunistic as both meetings were taking place and the intent was in no way malicious. All agreed that in future nothing will go out of this group until it has been to the Board as not all Trusts are represented on the Strategy Group.
- Feedback – CEOs – Both PCT and Acute CEOs have agreed to the feasibility study and support it. AF pointed out that they have concerns but on the whole it is supported.
- Feedback – PCTs – The group read and discussed the draft letter from MB & AF to PCT & Acute Trust CEO's. Key points raised by the group included '20% being a huge aspiration', the issue of double counting targets and suspending tender proposals. KH noted that this is our opportunity to show we are a professionally led group. MH commented that tendering is not confined to the Commissioners. We need to look at the potential for the services themselves tendering. AF commented that so far we haven't discussed constraining Trusts. The group reiterated that individual targets should contribute to the 20%. GW commented that if we have a 20% increase in workload over the next 5 years but maintain costs then we have made a 20% saving. All PCTs and PBC hubs are murmuring about tendering services or some parts of services. Our proposal will alleviate the need for tendering and address the issues across the service. The group revisited the discussions surrounding the emergence of the 20% cost saving figure. AF explained that 20% is a marker of seriousness. It is not too small to be insignificant ears will prick up and as a network we may surprise ourselves. The introduction of quality metrics will appeal to professionals. JS mentioned GM wide LIMS, GP Order Comms and Lab 2 Lab all of which have the potential to deliver cost savings.
- Defining the specific exam question – KH explained that currently information packs are being collated that will be circulated to the NAGS and PAGS. The 4 bullet points from the developing the emerging vision for Pathology are the key to defining the specific exam question.
- 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 across Greater Manchester.
- The group discussed how to define efficiency and quality. AF suggested bullet points under the headings EFFICIENCY and QUALITY e.g. errors, accuracy this could be part of efficiency. The group discussed different circumstances including

laboratories that introduce new tests. This will initially cost money but may reduce the number of in patient days within the NHS. The group agreed that such savings would count towards the 20%.

- GW felt that HRG4 could have considerable influence.
- Consolidated SWOT update – RP updated the group that most of the information has now been collated.
- Milestones/timetables – NJ explained the way forward. The September NAGS will provide the 1st line appraisals prior NAGS will mostly be discussion. The timeline suggested and circulated is not set in stone and has been based over a 12 month period. No doubt there will be some slippage. We are looking at a stakeholder event in January 2010 where options will be put on the table for wider discussion. DB felt it was essential for the Network to deliver in a short timescale. KH reiterated to the group that comments on the proposed timeline could be sent to RP and LK. RPy asked where the blood transfusion service will fit in. JS explained that this would be looked at in sub specialisms and suggested a joint Blood Sciences NAG.
- Nominating potential external advisors – KH asked the group if external advisors are required do we have suggestions for whom to contact. NJ reiterated that we may not need to go to the advisors in question but if we are professionally led then we need to have professionals on hand to give independent advice. KH suggested assembling a list of 3 -4 names for further discussion. JS explained that the target should be not to need the external advisors.
- DH Service Improvement bids update – DH announced the Service Improvement bids the day before the Network Board meeting. The Network felt that out of the four we could bid for clinical leadership and clinical dashboards. Bids must be submitted by 01/07/09. Bids have been drafted and the general consensus is to get a bid in and then have further discussions. NJ asked that anyone submitting bids around the DH Service Improvement please send copies as it would be useful to have a library of submissions for GM.
- **Specialist Services/Sub Specialisms –** JS commented that there are a number of specialisms both within and outside the Network which need to be addressed. DR commented that the Blood Transfusion service has its own Network but we need to link that Network into us. MH felt that Immunology would benefit from this. A list of sub specialist services including HMDS, mortuary, andrology etc had been circulated to the group and KH asked for comments and if there were any to be added.
- AF commented that a consequence of defining sub specialisms is we should be able to get costs. Once costs are established then we will know exactly what a 20% saving equates to and these savings outside pathology can be counted in our target. CC enquired as to whether there are any plans to get a Healthcare Economist on board. NJ commented that this goes back to the use of benchmarking as a baseline. Although there are concerns about quality it will give us a baseline. The group enquired about the possibility of getting information from the DOFs and DOCs. SD confirmed that the information exists but someone would be required to collate it. CC suggested asking CEs to sign up and agree to give the information required. JS reminded the group we have one month to collect the relevant information to submit to Keele Benchmarking. It was agreed that a meeting with Pathology Managers would take place outside this meeting and a solution will be finalised. Some form of baseline data will be essential to the work.
- GW commented that a baseline was done for 2004 / 2005 it is a little out of date but it took 6 weeks to collate. JE preferred to re do the exercise rather than participate in Keele Benchmarking.
- **Process for Next Steps** – This was discussed under milestones/timetables.
- **Focussed Discussion** –
- Defining quality metrics - A group of papers were circulated and the group were asked to take a few minutes to read and review the contents a discussion then followed on what will be measured. It was suggested asking commissioners/users what to measure. AF suggested using the areas as per the Darzi report e.g. Safety, Outcomes and Patient Experience. It will do us no harm to present information in a DH friendly format. Comments from the group included what PCTs see as outcomes and discussions around appropriateness of lab testing. RPy commented that service indicators are not new we need to prioritise the top 6 for Pathology. JE commented that we need to reduce 'harm' to our patients. Errors in results, incorrect patient names etc can lead to harm. GW noted that we can use this and focus on the 96% of testing that is accurate. JS commented that harm can be caused in other ways for example carrying out incorrect tests at the wrong time this can lead to inappropriate follow up.
- AF made the point that once you get into the detail the good thing is that 20% doesn't seem such a big challenge as we can all recognise the waste in the system. DB commented that wrong diagnoses are difficult to establish in Histo/Cyto as it can be up to 4 years before an incorrect diagnosis comes to light. RPy suggested discussing with Trust Clinical Governance teams what they would like to see measured. KH brought the discussion to a close and it was agreed to draft up quality metrics and bring them back to the group for comment.
- **Any Other Business –**
- The group took the opportunity to comment individually on the challenge facing the Network. The group feel that they are moving in the right direction although the challenge is huge and an enormous amount of work. RB commented on the need to make sure the Network has the support of the Acute and PCT CE's. AF commented that assurances cannot be given as there is nervousness but the CEs are supporting the feasibility study. The group agree that it is better to be proactive than to have an external body imposing ideas and structures on the Pathology community. Concerns were raised regarding

attendance at the NAG meetings but the consensus is that attendance will improve due to the nature of the impending changes.

Actions

- JS to write on behalf of AF/MB to Ian Barnes about the Strategy Group
- The group to provide any comments on the timeline to RP and LK
- The group to put together a list of potential external advisors for further discussion names to be sent to RP and LK
- Any local Service Improvement bids to be sent to LK and RP
- The group to comment on the sub specialism list and send any to be added to LK and RP
- LK to arrange meeting between NJ/JS/KH and Pathology Managers to agree solution re: benchmarking/baseline data
- KH to bring back quality metrics paper for further comment

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

Date and Time of Next Meeting

- **TBA –** potentially October or November