

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

**Network Strategy Group
One Central Park, Northampton Road, Newton Heath, Manchester, M40 5BP
Tuesday 22nd October 2009 9:00am-12:00pm**

In attendance		Apologies		
Gordon	GA	GM & Cheshire Cancer Network	Brian Benatar	Pennine Acute Hospitals NHS Trust
Armstrong			David Bisset	Royal Bolton Hospital NHS Foundation T
Mina Desai	MD	CMFT NHS Trust	Eric Bolton	NHS North West
Jackie Elliott	JE	Salford Royal NHS Foundation Trust	Reeta Burman	Pennine Acute Hospitals NHS Trust
Andrew Foster	AF	WWL NHS Foundation Trust	Mike Burrows	Salford PCT
Matthew Helbert	MH	CMFT NHS Trust	Chris Chaloner	CMFT NHS Trust
Keith Hyde	KH	GMPN (Chair)	Steve Downing	GMPCTs
Neil Jenkinson	NJ	GMPN	Amanda Doyle	NHS North West
Laura Kidd	LK	GMPN	Richard Hale	Stockport NHS Foundation Trust
Rachel Pearson	RP	GMPN	Toni Mathie	GM & Cheshire Cancer Network
Roman Pylypczuk	RPy	Salford Royal NHS Foundation Trust	Steve Ryan	NHS North West
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

- **Welcome and Introductions** – KH welcomed the members and asked for introductions around the table.
- AF explained that originally the 20:20 emerging vision work was launched for us to be ahead of the game but it is now catching up with us. “Pathology centralization – a virtual certainty” is a quote from a recent email received by AF.
- AF stressed we need to step up a gear and prevent this work being taken out of our hands.
- KH also stressed to the group at a recent conference he attended the same message was given regarding centralising pathology.
- **Notes of the 30th June Meeting and Any Matters Arising** – The minutes of the previous meeting were agreed as a correct record and there were no matters arising.
- **Feedback -**
- **Overview/Timeline** – KH explained that NJ tabled a paper at the last Board meeting showing the timeline for the 20:20 emerging vision work. KH went on to explain that we will be in the first stage - Generation and evaluation of options for future services until the end of December. The next round of NAG meetings will be held throughout November. The New Year will bring the next key stage Determination of preferred option/s and assessment/approval by CEOs.
- JS commented that he had attended the Clinical Leaders Network where Mike Farrar had given a presentation. JS had been asked to comment on the 20:20 emerging vision work currently being undertaken by the Network.
- KH reiterated that we are moving in the right direction and are still on track. KH explained that according to the timeline we should have a definitive list of preferred options by Mar 2010 and a preferred delivery model by Apr 2010.
- **Disciplines** – A representative of each of the NAG disciplines gave an update on the emerging issues and solutions from their September NAG meeting
- **Histology** – GA’s main concern is that the tendering of Histopathology services at Trafford has the potential to de stabilize the Network. AF stressed that he had intervened personally but the Trust was already too far down the tendering route. LS explained that as a whole Trafford is unsustainable and services had to be tendered in order to provide a service to the community. LS also commented that so far the responses from within the NHS far outweigh any other sector. KH reiterated that we staved off tendering of Primary Care Pathology as recently NW London has tendered pathology services for 13 Primary Care Trusts. **Gynae/Cervical Cytology** – The group also discussed the current situation with the Cytology tender in light of the recent quotation from the Secretary of State regarding the NHS being the “preferred provider” when it comes to tendering. The NHS must be given 2 chances before another provider is looked at. A letter from David Nicolson, CBE, Chief Executive of the NHS has been circulated explaining fully the meaning of “preferred provider”. MD expressed frustration at the tendering of Cytology especially as the NHS did not have the 2 chances mentioned by the Secretary of State and given that a professionally led solution is available. The Cancer Network has huge concerns about the gynae/cervical cytology tender as they were in favour if a professionally led solution and now feel that this could have a de-stabilising effect on existing providers e.g. Bolton and Tameside.
- AF commented that some CEs feel a network will never get a solution and the only way to go is tendering. Professionally led can sometimes seems protective. There is a need to stress quality and cost savings more.

- A member of the group from Bolton confirmed that there is a degree of uneasiness at Bolton regarding the collapse of service. The licences for the screening machines are due to expire. An extension has been sought but there are staffing issues as there is a large sickness rate and staff are leaving. KH agreed to follow this up separately with NJ.
- In general a number of issues were raised in Histo/Cyto very relevant to how we might consolidate services.
- Non Gynae Cytology – MD explained that the group felt that the skill mix had not been explored. The group felt that 20% of the workload could be handled by BMS's after training and we have a training school in Manchester. Initial investment maybe required but after that huge savings could be achieved. There is also the opportunity to implement LBC for non-gynae cytology, which would vastly improve quality.
- Haematology – DR explained that his group had discussed a move towards a proper comprehensive blood sciences service. The group discussed workforce issues, it is easy to recruit staff but hard to retain them. Newly qualified staff move from one Trust to another within the region. Haematology labs like many others have absorbed increased workload over recent years without any extra staff. The introduction of new tests can prove problematic and can increase demand and workload unnecessarily and the group feel that this needs to be better controlled. The group also discussed POCT and agreed that standardisation of instrumentation across GM could result in cost savings. If there was a move towards a comprehensive blood sciences service than workforce could be integrated as bands 2, 3 and 4 could work across the disciplines.
- Microbiology – The group looked at infection control, TB services and the Pennine model or some form of PHLS type working as a way forward.
- Biochemistry – The group agreed that demand will continue to increase and resources may decrease. It was felt that IT systems may assist with demand management. The use of POCT is expensive initially but could generate savings further down the line. The group discussed potential joint blood science meetings with Haematology for November but both groups felt there would be no benefit. In terms of increased demand RPy commented that as a service we have encouraged that increase year on year by simply absorbing it. JE stressed that we need to stop wastage and demand increase. There is a need to educate clinical directors within Trusts and stop staff asking for unnecessary tests to be done.
- Immunology – MH explained that at the recent Network Board meeting Anthony Rowbotham had given a comprehensive presentation on Immunology which was mostly clinical driven not lab driven. The key question appears to be 1 hub or 2 and the previously discussed models for reconfiguration will be revisited. MH explained that a meeting will take place later today after which it is anticipated that progress will be made. MH made the group aware of issues around staffing within Immunology. Funding is available but positions are not being appointed due to a lack of candidates, there are trainees in the system but all 4 NW labs have current vacancies. The DoH will be holding their National meeting on 24th November 2009 in Manchester due to the Immunology situation.
- Pathology Managers – The pathology managers explained that currently discussions are ongoing within all 10 Trusts but the group feel they are not currently in a position to report to the Strategy Group.
- Comments were made regarding the concern over the maturity of the Network to deal with the contentious issues emerging. AF explained that the original mandate to undertake this work came from the 10 PCT CE's and 10 Acute CE's. This is the opportunity to make changes for the better for the pathology service within GM and the CE's need the professional expertise in this Network to achieve it.
- AF commented on his disappointment with progress made by the NAG groups, although conversations are taking place they seem to be unfocussed and there seems to be a general acceptance of these issues. AF commented that a number of the issues fall into the Darzi definition of quality: Safety, Outcomes and Patient Experience. AF suggested the collation of a template using the generic headings: - demand management, centralisation, workforce, IT, Lean and Procurement. Then the November NAGs can use this template to focus their ideas and step up a gear.
- E Rooms: update report – RP stated there was very little to report only a quarter of the people invited to join the eRooms have actually logged in. The group discussed introducing more provocative topics. The group discussed asking NAG chairs and Board members to post comments and also potentially turning AF's themes into threads in the eRoom for comment.
- CEOs' comments – AF felt that this had been covered throughout the meeting.
- Emerging issues – Again the group felt this had been touched upon and covered throughout the meeting. Key points are:-
 - Effective demand management will improve quality and reduce costs
 - Reduction of harm and waste will improve quality and reduce costs
- **Process for Next Steps** –
 - The way forward – The Network agreed to prepare for the November NAG meetings and through a mix of facilitation from Collinson Grant Healthcare and templates to focus discussions.
 - The group discussed the use of the term “professionally led solution” and agreed that the private sector will also be able to claim they are supplying a professionally led solution. The Network needs to focus on the aspect of a total solution.
 - There seems to be a constant reference to the Pennine model being a mini version of a potential regional solution. Members of the group expressed that they are not all sure what this model is and what Pennine has achieved. A report by

Pennine is imminent and hopefully this will show the successfulness of the model in question and clarify cost savings. Members of the group suggested asking Len Fielding of Pennine to present at the next Network Board Meeting.

- The group asked once we have the options who will evaluate and decide which options to choose. AF explained that the options will go to the CE's and they in turn will seek the advice of the NAG groups and members of the Network.
- AF stressed that although today's meeting had been useful there was not a large attendance. AF felt it was important to send a communiqué out via email to accompany the minutes of this meeting and recapped that the way forward is:-
- Carry out a mini stock take including the good and the bad
- More focus from the NAG groups
- Increase in enthusiasm and use of the eRoom
- The creation of a template
- **Any Other Business –**
- RHS Tatton Flower Show - JS brought the groups attention to the latest RCPATH bulletin as on the front cover there is a photograph of the Pathology garden at RHS Show, Tatton Park and the GM Pathology Network.
- GM LIMS Project – The group were informed that the first meeting had taken place with the GM LIMS Project Board. A project team will now be chosen as it is hoped that the completion of the business case will lead to the potential procurement of a single LIMS system for all pathology labs within GM.

Actions

- KH and NJ to look into situation at Bolton regarding licence expiry and staff issues
- RP/LK to create template for use at November NAG meetings
- RP/LK to send communiqué via email with minutes

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

Date and Time of Next Meeting

- Tuesday 15th December 2009, 2pm – 4pm, G54, One Central Park, Northampton Road, Newton Heath, Manchester, M40 5BP