

Greater Manchester Pathology Network – Priority Action Group – Meeting Notes/Report

Priority Action Group 1 – HER2
 Wednesday 22nd July 2009, 3.30pm - 5.30pm
 Boardroom, Didsbury House Hotel, Manchester M20 5LJ

In attendance			Apologies	
Mohammed Bashir	MB	Salford Royal NHS Foundation Trust	Monica Argawal	WWL NHS Foundation Trust
Andrew Cotterill	ACo	Pennine Acute Hospitals NHS Trust	David Bisset	Royal Bolton Hospital NHS Foundation Tr
Angela Cramer	ACr	The Christie NHS Foundation Trust	Peter Clark	Salford Royal NHS Foundation Trust
Anthony Gledhill	AG	Salford Royal NHS Foundation Trust	Steve Downing	AGM PCTs
Miles Howe	MH	UHSM NHS Foundation Trust	Karen Graham	The Christie NHS Foundation Trust
Roger Hunt	RH	Stockport NHS Foundation Trust	Martin Hamer	The Christie NHS Foundation Trust
Sezgin Ismail	SI	UHSM NHS Foundation Trust	Keith Hyde	GM PCTs
Laura Kidd	LK	GM PCTs	Neil Jenkinson	GM PCTs
David May	DM	Tameside Hospital NHS Foundation Trust	Nick Telford	The Christie NHS Foundation Trust
Julie O'Brien	JO	Stockport NHS Foundation Trust	Malcolm Timmins	Stockport NHS Foundation Trust
Mark Pearson	MP	Royal Bolton Hospital NHS Foundation Tr	Tom Wilson	Pennine Acute Hospitals NHS Trust
Rachel Pearson	RP	GM PCTs		
Helen Scott	HS	WWL NHS Foundation Trust		
Denise Smith	DS	Royal Bolton Hospital NHS Foundation Tr		
Jeff Seneviratne	JS	GM PCTs		
Sami Titi	ST	Pennine Acute Hospitals NHS Trust		
David Walsh	DW	WWL NHS Foundation Trust		
Andrew Yates	AYa	Tameside Hospital NHS Foundation Trust		
Anne Yates	AY	Salford Royal NHS Foundation Trust		

Discussion Points

- AY welcomed a number of new members.
- **Minutes of meeting held on 22nd April 2009** – agreed as a correct record
- **Matters arising –**
- Leica invitation to tour Newcastle laboratory - AY has not received summer dates yet and will chase Leica again.
- AY began with a brief historical look at the decision made in 2005/2006 to allow only a certain number of laboratories in Greater Manchester to carry out HER 2 testing. The reasoning behind this was a desire to avoid requests for funding of additional equipment/staff. It was originally agreed there would be one lab per cancer network but the GM&CCN successfully argued for a greater number of providers in their area. Of the laboratories that submitted tenders 3 were chosen. AY explained that if this same issue was raised today it would be dealt with very differently as the NHS now had different rules. The issues surrounding the decision to make these changes began before the GM Pathology Network was formed.
- It has been decided that it is no longer justifiable to restrict laboratories from HER 2 testing. Quality standards will have to be agreed and met for all labs wanting to offer a Her2 service. The introduction of quality standards will hopefully reassure both the Cancer network and help the PCT's.
- MP commented that he has always disagreed with the decision as the 3 labs chosen were not recognised as leaders in breast screening. Members of the group expressed support for the decision to include other labs within GM and believe this is the right way forward. Members believe it will improve turnaround times and benefit patients.
- JS explained there will be no funding for equipment and suggested that eventually HER2 issues will be dealt with via the Histopathology NAG. Currently Oldham PCT hold the funding for HER2 testing and labs carrying out testing can invoice Oldham PCT. JS hopes this will continue at least for the next financial year.
- MP confirmed that Bolton made the decision to fund the HER2 testing from within the Trust. MP explained that Bolton sends their FISH testing to Christie and if funding is available to fill the deficit Bolton would be keen to pursue this. SI asked for clarification regarding the financial status. AY and JS explained that due to SD's absence it is difficult to discuss finances as JS and AY are not aware of funds available.
- The group asked for general clarification on the costs involved with HER 2 testing. AY confirmed it is £60 per HER 2 test including staff costs. The group briefly discussed the potential for charging and funding of retrospective testing. It was confirmed that the central funding was for early breast cancer diagnosis not for retrospective testing or metastases. ST raised the point that funding should include for metastatic cancer, but it was again stressed that at this moment in time, we are not funded for this.
- **Quality standards** –AY informed the group that the draft quality standards are widely based upon NICE and the published UK standards for Her 2 testing. AY pointed out that SD had confirmed PCT's can write quality standards into SLAs and that he would be keen to adopt such an approach if the number of labs providing Her2 testing is to increase in this area.

The group decided the most productive way to discuss any issues arising with the draft standards was to go through point by point and discuss.

- The group discussed the following:-
- **Technical Standards** - The only issue was the use of the word appropriate with regard to training. The group raised the issue of who will decide what is deemed 'appropriate'. Suggestions made included secondments from labs wishing to carry out testing to well practised and recognised labs currently meeting all the relevant standards or training given by the providers of Her2 testing reagents. A London based course for BMS's was also discussed. The phrase is taken from the UK Standards for laboratories providing Her2 services .
- **Quality Assurance** - All members of the group confirmed their labs are CPA accredited. The group asked for bullet points 4 and 5 under this section to be merged into one bullet point. The group discussed at length the suggestion to participate in a local EQA scheme. The group felt that as all laboratories are part of a national EQA scheme this was unnecessary. JS explained that as we are making changes we need to demonstrate that we are working collaboratively not competitively. JS conceded that a local EQA scheme may not be the correct solution but there remains a need for a process. AY commented that there is no common methodology throughout GM. AC commented that work is all audited so methodology is irrelevant. MP commented that the National EQA is very rigorous. JS explained the need to encourage discussion, working together and information sharing. AY suggested if a lab was experiencing problems with a kit then they could ask another lab to run the sample also. AC suggested a workshop and SI agreed with the principle of information sharing and seconded the suggestion to have an annual workshop. JS agreed with this route.
- **GMPN general standards for participating laboratories** – The group discussed turnaround times for IHC and FISH and agreed that a target needed to be set. The group agreed on 90% within 10 working days for IHC testing and FISH a further 10 working days from receipt and noted that this could be revisited at a later date and revised if necessary.
- UHSM and Pennine confirmed that they wish to begin HER2 testing. Both UHSM and Pennine will issue a letter of intent including a starting date. Tameside indicated that they may in the future wish to provide a Her2 service but would not want to start this presently. Bolton and Wigan will both continue to perform IHC Her2 testing at their respective sites. Salford Royal will continue to perform both Her 2 IHC and FISH testing. AY and JS will discuss the outcomes of this meeting with the cancer network and clarify the financial situation.
- **Audit** – AC confirmed that she has not received all the information she requires yet.
- **Local EQA scheme** – Peter Clark has offered apologies so this item has been deferred.
- **Funding Flows, Costs and Benchmarking** – Steve Downing (SD) (Strategic finance lead for AGMPCT's) has offered apologies for today's meeting. AY confirmed that there will be changes but felt it was very difficult to discuss this subject without input from SD. SD will attend the next Histopathology NAG Meeting.
- **Any other business**
- **IBMS CPD Certificates** – were available
- **Roche Sponsorship** – AY pointed out to the group that today's meeting will be the last sponsored by Roche. AY reiterated to the group that Roche had organised a hot buffet for the group as a farewell gesture and thanked Sharon for sponsoring the meetings. JS asked the group how long the members feel we need to meet separately before the HER2 work becomes part of the Histopathology NAG and it was thought that the work of the PAG would be completed within 12 months. After this, the group may well meet in a different forum eg a technical workshop.. LK confirmed that the next meeting in October will take place at One Central Park, Manchester and the group agreed a mutually convenient time.

Actions

- AY to contact Leica re Tour of Newcastle Laboratory and demonstration of Leica Her2 IHC test
- UHSM and Pennine to issue letters of intent including starting dates.
- AY & JS to meet with cancer network
- AY & JS to clarify financial situation
- AY & J to amend draft Quality Standards and redistribute for comment
- LK to invite SD to attend the next Histopathology NAG meeting
- AC to chase any outstanding information required to complete her audit.

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

- To Ratify the Standards for HER2 Testing agreed by the PAG.

Date and Time of Next Meeting

- Wednesday 21st October 2009, 3.30pm – 5.00pm, One Central Park, Northampton Road, Manchester, M40 5BP