

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

Priority Action Group 1 – HER2
Monday 19th April 2010, 2pm-4pm
G54, One Central Park, Newton Heath, Manchester, M40 5BP

In attendance			Apologies	
Nick Bullough	NB	Tameside Hospital NHS Foundation Trust	Angela Cramer	The Christie NHS Foundation Trust
Andrew Cotterill	AC	Pennine Acute Hospitals NHS Trust	Anthony Gledhill	Salford Royal NHS Foundation Trust
Steve Downing	SD	GM PCTs	Karen Graham	The Christie NHS Foundation Trust
Julie O'Brien	JO	Stockport NHS Foundation Trust	Roger Hunt	Stockport NHS Foundation Trust
Rachel Pearson	RP	GM PCTs	Neil Jenkinson	GM PCTs
Paul Purnell	PP	UHSM NHS Foundation Trust	Laura Kidd	GM PCTs
Craig Rogers	CR	WWL NHS Foundation Trust	Mark Pearson	Royal Bolton Hospital NHS Foundation Tr
Jeff Seneviratne	JS	GM PCTs	Susan Pritchard	UHSM NHS Foundation Trust
Denise Smith	DS	Royal Bolton Hospital NHS Foundation Tr	Malcolm Timmins	Stockport NHS Foundation Trust
Nick Telford	NT	The Christie NHS Foundation Trust		
Anne Yates	AY	Salford Royal NHS Foundation Trust		

Discussion Points

- **Minutes of meeting held on 25th January 2010** – agreed as a correct record
- **Matters arising** – It was agreed that any outstanding actions would be carried forward to the next meeting of the Histopathology NAG. These are:
 1. AY to arrange letter to the Cancer Network
 2. Pennine, Tameside and UHSM to keep in touch regarding potential start dates for HER 2 testing
 3. Testing sites to return signed copy of Quality Standards

Priority Action Group Issues

- **Mandatory Tariff – HER2 Testing** – JS gave a brief overview of HER2 testing in GM. The service was set up and funded by the PCTs, with funds held by Oldham PCT. Three testing laboratories were approved (Stockport, Salford and Christie) and received block payments based on identified volumes. This changed to funding on a cost per case basis and through discussions with SD, the way the service is provided was changed so as not to arbitrarily restrict the number of providers, so long as all providers met agreed quality standards. It was understood that the cost of HER2 testing would eventually be incorporated into the tariff for breast cancer.
- SD reported that he has been advised by the Department of Health that the costs of HER2 IHC and FISH testing are already built into the breast cancer tariff and are therefore funded by the PCTs through the tariff. For the past year, HER2 IHC and FISH testing have been funded twice. SD explained that laboratories would now have to recover the costs either from their own Acute Trust or the referring Acute Trust, through either internal charging mechanisms or a provider to provider recharge.
- SD expressed disappointment that the DH had not informed PCTs and Trusts of the change sooner and expressed concern that this approach could stifle new developments since PCTs will be reluctant to fund them separately if they do not know when they will go into tariff.
- SD explained that the tariff is an average price per patient and includes all costs which contribute to the delivery of the service. For breast cancer this includes the costs of HER2 IHC and FISH testing.
- SD explained that he has informed PCT Directors of Finance of the change, and will also write to Acute Trust Directors of Finance to inform them of the changed funding arrangements effective from 1st April 2010. SD agreed to keep the group informed of any responses from Acute DoFs.
- PP highlighted that UHSM now had to consider whether to fund the testing in-house or pay bills from their current provider (Christie).
- NT reported that he had informed the Christie finance department, who were surprised and suggested that there is a local tariff in place. SD explained that national tariff takes precedence.
- It was reported that invoices sent to Oldham PCT by Bolton and Wigan for HER2 IHC testing in 2009-10 have not been paid. SD informed DS and CR that these invoices would be paid.
- JS asked members if they felt the issue should be addressed collectively.
- SD explained that laboratories could now choose to be in open competition with each other and choose their own price for the service, or they could agree a standard price as a group that will cover the costs of the service.
- JS suggested that providers could agree a standard price, and felt that this approach would be in line with the wider emerging vision work. JS informed members that both Acute and PCT CEOs have accepted the principle of consolidation of pathology services in GM and economic modelling to support this.

- JS asked if there was any information available about prices outside of GM. NT explained that this was difficult to obtain. SD suggested that labs should start by looking at how much the service costs, then ensuring that this is covered by the level of income. JS highlighted that in order to develop a Network tariff, labs would have to be willing to share cost information. Members suggested that the price that was funded (HER2 IHC £60; FISH £183) could be a starting point. AY highlighted the potential variations in costs owing to the use of different technologies and pointed to the need for faster turnaround than was the case when the services were first established. JS suggested the need to reduce costs in the current climate.
- SD asked for information on test numbers. Testing was originally commissioned on 3000 HER2 IHC and 600 FISH tests per year. In 2008-9, 2577 IHC and 510 FISH tests were carried out. AY agreed to collect figures for 2009-10.
- There was some discussion about whether bills from reference labs should be paid by the referring laboratory or the original referring clinical department. JS highlighted that the former is usually the case for referred tests but SD felt that the latter was more sensible.
- JO questioned the value of quality standards and how they would be enforced given the change to funding arrangements. JS explained that the standards were developed to provide assurance to the Cancer Network and SD added that meeting quality standards would be an advantage for laboratories competing in an open market. SD suggested that the quality standards would be incorporated into the breast cancer contract.
- Members felt they would need to have discussions within their Trust about a way forward.
- It was agreed that HER2 testing would be an agenda item at the next Histopathology NAG meeting (6th May).
- **Any other business**
- IBMS CPD Certificates – were available
- Meeting venue – RP asked members for their opinion on the new car parking arrangements for One Central Park. The general view was that they were less convenient, being some distance from the venue and that members would prefer to meet at the Holiday Inn for this reason. RP highlighted that the costs of both venues are similar.

Actions

- SD to write to Acute Trust Directors of Finance regarding HER2 testing funding and keep the group updated on any responses.
- AY to collect data on test volumes for IHC and FISH for 2009-10

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

Date and Time of Next Meeting

- To be confirmed – issues will be discussed at the Histopathology NAG in the first instance