

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

Priority Action Group 2 – POCT
 Monday 6th July 2009 2.00 pm – 4.00pm.
 G54, One Central Park, Northampton Road, Newton Heath, Manchester. M40 5BP

In attendance			Apologies	
Jean Burns	JB	The Christie NHS Foundation Trust	Christine Hill	Trafford Healthcare NHS Trust
Carol Chadwick	CC	Central Manchester NHS Foundation Trust	Keith Hyde	Central Manchester NHS Foundation Trust
Brendan Devine	BD	Pennine Acute Hospitals NHS Trust	Neil Jenkinson	GMPCTs
Samantha Ekin	SE	Stockport NHS Foundation Trust	Michelle Miller	Tameside Hospitals NHS Foundation T
Kath Hayden	KH	Central Manchester NHS Foundation Trust	Gillian Tranter	Trafford Healthcare NHS Trust
Laura Kidd	LK	GMPCTs	Judith Ball	WWL NHS Foundation Trust
John Kirk	JK	UHSM NHS Foundation Trust	Emma James	Central Manchester NHS Foundation Trust
Rachel Pearson	RP	GMPCTs	Lodzja Pitchford	Royal Bolton Hospital NHS Foundation Trst
Dave Trinick	DT	Salford Royal NHS Foundation Trust	Jeff Seneviratne	GMPCTs
Gilbert Wieringa	GW	Royal Bolton Hospital NHS Foundation Trst	Keith Wiener	Pennine Acute Hospitals NHS Trust
			Carolyn Williams	Royal Bolton Hospital NHS Foundation Trst

Discussion Points

- **Minutes of Meeting held on 18th May 2009** - agreed as a correct record.
- **Matters Arising** – there were no matters arising.
- **Network Strategy Group** –
- Terms of Reference – RP explained that 6 -8 weeks ago the Board set up a sub group (The Network Strategy Group). They charged this sub group to carry out a feasibility study for PCT and Trust CEs on how to achieve the following objectives:-
 - Achieve efficiency savings of 20%
 - Measure and improve quality by 20%
 - Sustain on-site presence of necessary personnel and service in each Trust
 - Ensure sustainability of future pathology services across Greater Manchester
- RP explained that the 20% is a marker of seriousness as due to the economic squeeze PCTS are looking to tender some part or all of pathology services. It has been agreed with the support of both PCT and Acute Trust CEs to carry out a feasibility study over the next 12 months to look at the targets set, the feasibility of making 20% costs savings and future models for Pathology. BD raised concerns over the lack of POCT representation on the Strategy Group. RP and SE confirmed that both JS and GW sit on the Strategy Group. RP introduced the information pack circulated at the meeting, the cover sheet states all the future NAG meeting dates and made it clear that all members are invited to attend if they so wish.
- Confirmation of Final CEO paper – RP ran through the CEO paper and explained about the follow up letter to PCT CEOs striking a deal to avoid double target counting and placing all tendering on hold for the duration of the feasibility study.
- Milestones/timetables – RP ran through the timeline for the next 12 months and explained to the group that we should be in a position to go back to CEs in January 2010 with an interim progress update. RP further explained that it is likely to be the September NAG meetings before the work really begins as up till then it will mostly be discussion. SE asked about each of the NAGs and PAGs developing a briefing paper and asked what this will entail. RP commented that this is unclear at present.
- Nominating potential external advisors – RP explained that POCT is on the radar and personnel from this group can be called upon as and when needed. GW felt it would be difficult to arrange a dedicated POCT rep. on the Strategy Group. Again RP and SE commented that GW, JS and NJ are always very pro POCT. SE felt that if a POCT issue arose this group would be engaged to advise. The group agreed.
- DH Service Improvement bid update – The Network submitted bids to support clinical leadership and the development of quality metrics.
- Specialist services/sub specialisms – RP explained that sub specialisms are also to be included. The collated SWOT has identified issues. The feasibility work is the network response to what has been identified.
- Defining Quality Metrics – RP suggested that the group members read the quality metrics paper included in the information pack and the group discuss it in more detail at the next meeting in August. RP mentioned that quality will be measured in accordance with the Darzi definitions of Safety, Outcome and Patient Experience.
- RP offered to take questions from the group.

- SE commented that this was a daunting task and a huge amount of work. KH commented that presumably the 20% referred to came from the Carter recommendations. KH enquired if we manage to make 20% savings who will benefit? GW explained that this has not been clearly defined yet but not formulating a plan could open the door to tendering and which company could provide a service akin to what we currently have even with its inefficiencies. RP reiterated that the 20% is not definite the feasibility study will address whether the 20% is feasible. It gives the Pathology community the opportunity to steer our own destiny 20% may not be the outcome. What will happen if we cannot save 20% has not been addressed yet.
- CC enquired how a secondary care lab achieving a 20% saving would feedback into the bigger overall 20% target. GW confirmed that this had not been clearly defined. DW went onto explain that measures need to be defined. Again if a service achieves a reduction in sickness rate from 5% to 4% will this count as a reduction in inefficiency.
- BD felt that until the new standards are published defining measures is very hard to do. Who is the customer, GP, patient PCT.? RP commented that all of them are infact the customer. BD commented that all of them require different things.
- GW explained that currently the clinical leads Jeff Seneviratne and Keith Hyde are working to clearly define the areas discussed.
- **Priority Action Group Issues**
- Quick Reference Guide: RP explained that this agenda item had been carried forward from the last Board meeting as SE could not attend. RP assured the group that ratification of the Quick reference Guide would be discussed at the Board meeting on 7th August 2009.
- Changes to HbA1c Reporting: JK attended a meeting with Siemens where there seemed to be confusion over what upgrades they could offer to existing software and what they could do to resolve the issues around DCA. Siemens have sent out conversion charts. The group discussed the issue surrounding the £2,000 cost to upgrade the DCA system. Vantage users are receiving a free upgrade. The consensus in the group is that the DCA must be able to at least upgrade to report in the new units as Vantage is only a new system most users are on the DCA system.
- The group decided to draft a letter to Siemens from the Network to give some weight to the argument against having to pay £2,000 to upgrade the DCA system. CC agreed to draft letter.
- Network Standards for POCT: SE confirmed she had received information from all members bar two. SE agreed to collate the information received to date and draft the standards. Once the remaining information is received it will be added and then the draft paper will be brought to the August meeting for comment. BD raised concerns regarding the change in CPA guidelines and SE explained that the Network Standards is a basic guide.
- **Any Other Business –**
- IBMS CPD - Certificates were distributed to those attending.
- Point of Care Diagnostics Market Adoption & Technology Trends Conference - SE commented that the agenda looked very good but that the cost is very high especially when including travel and accommodation. SE asked anyone planning to attend to feedback into this group. SE suggested emailing the host company SMI to organise a potential discount for NHS employees. LK agreed to do this.
- October Conference – SE informed the group of a conference taking place on 21st October 2009 specifically aimed at POCT Coordinators. SE agreed to email details to anyone interested in attending.

Actions

- RP to send Quick Reference guide to Board 05/06/09
- JK to push Siemens for formal response regarding dual reporting and the production of a conversion wheel.
- JK to forward network standards to SE
- SE to collate individual standards into one document for comment at July's meeting
- SE to contact MHRA regarding amending their standards.
- CC to draft letter to Siemens re: DCA upgrade for the HBA1c reporting

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

- None

Date and Time of Next Meeting

- Monday 17th August 2009, 2pm- 4pm, One Central Park, Manchester. M40 5BP