

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

Priority Action Group 4 – Workforce
 Wednesday 29th July 2009
 G54, One Central Park, Northampton Road, Manchester, M40 5BP

In attendance			Apologies	
Gail Buggy	GB	Pennine Acute Hospitals NHS Trust	Sadhna	Pennine Acute Hospitals NHS Trust
Christine Hill	CH	Trafford Healthcare NHS Trust	Bhatnagar	
Andrew Hutchesson	AH	Royal Bolton Hospital NHS Foundation Trust	David Bisset	Royal Bolton Hospital NHS Foundation Trst
Keith Hyde	KH	Central Manchester NHS Foundation Trust	Susan Clark	The Christie NHS Foundation Trust
John Kane	JK	Salford Royal NH Foundation Trust	Mina Desai	Central Manchester NHS Foundation Trust
Laura Kidd	LK	GM PCTs	Angela Downes	HPA NW
Helen Liggett	HL	Healthcare Science Workforce Lead	Len Fielding	Pennine Acute Hospitals NHS Trust
Rachel Pearson	RP	GM PCTs	Jenny Gillies	Salford Royal NHS Foundation Trust
David Rowlands	DR	UHSM NHS Foundation Trust	Richard Hale	Stockport NHS Foundation Trust
Sue Spilsbury	SS	Stockport NHS Foundation Trust	Neil Jenkinson	GM PCTs
Patricia Zukowskyj	PZ	Trafford Healthcare NHS Trust	John Kane	Salford Royal NHS Foundation Trust
			David Keefe	Central Manchester NHS Foundation Trust
			David Money	Tameside Hospital NHS Foundation Trust
			Cheryl Pylypczuk	Salford Royal NHS Foundation Trust
			Jeff Seneviratne	GM PCTs
			Denise Smith	Royal Bolton Hospital NHS Foundation Trust
				Trust
			David Walsh	WWL NHS Foundation Trust
			Alan Williams	East Cheshire NHS Trust

Discussion Points

- **Notes of 11th February 2009 Meeting** - Agreed as a correct record, there were no matters arising and DR confirmed his actions have been completed.
- **Network Strategy Group**
- KH explained that he NJ and JS have always wanted the vision for pathology services to emerge naturally and concentrate on professionally led solutions, whilst being mindful of the economic climate. Greater Manchester needs to save £800,000,000 from 2010.
- KH gave a brief overview of the information pack including an update of the DH Service Improvement Bids as the Network has submitted bids for Clinical Leadership and Clinical Dashboards. KH, NJ and JS have been raising the profile of pathology services. The usual reaction from commissioners upon mentioning lab medicine is tender pathology services. Many common views received from clinical directors and associates are that it is time for the Network to have a vision which should come from the NAGs.
- The Strategy Group is a sub group of the Network Board and has representation from both PCT and Acute CEs.
- KH recommended the group read the following documents “Dealing with the Downturn” from the NHS Confederation website and the “NHS NW 2009 Regional Summit – Greater Manchester PCTs’ Solution Set”. At the first meeting of the Strategy Group AF suggested a new rationale no more ‘salami slicing’, agree an aspirational target of 20% to take to both PCT and Acute CE colleagues informally for agreement. MB did this but AF chose to take a formal paper and table it as an agenda item to his colleagues. The potential target of 20% had not yet been agreed by the Network Board. The target has been the subject of many strong views but as there are no better suggestions it has been agreed that this is the way forward. MB had suggested commissioning external consultants at the meeting but KH, NJ and JS had stressed this had been done before and that a professionally led solution was the best way to go. GB enquired about the possibility of a Pathology Trust. KH commented that this suggestion had started to surface again and people were talking again about the ‘shed on Trafford Park’, a more collaborative way of working could be considered something similar to Pennine. JK felt that the management consultants route was definitely the wrong way to go.
- The group discussed the issue of double counting targets and KH explained that savings will be to benefit both PCTs and Trusts and all will be counted as a Pathology saving. KH explained to the group that the CEs realise collaborative working is needed not competitiveness. The Network has a mandate signed by both Acute and PCT CEs to consent to the Network carrying out a feasibility study over the next 12 months. KH, NJ and JS met with MB last week where MB expressed a desire to see the Networks proposals by November 2009. It has been agreed that the proposals will be ready for the CEs January/February 2010. Then all the CEs will need to decide which ones the Network will pursue and they will need to sign to say they will allow the Network to carry out this work.

- KH explained that a letter has gone to all the PCT and Acute CEs regarding the feasibility study asking commissioners not to tender primary care services for the duration of the study. Anticoagulation and Cytology are unlikely to be included in this as the tendering process is already underway.
- Defining Quality Metrics – KH commented that clearly input from the PAG 4 Workforce group is crucial. KH further explained that all NAG and PAG groups are being asked which quality indicators they would like the Network to focus on. DR enquired if there is any timescale attached to the 20% saving. KH confirmed as of yet there is no agreed timescale. CH asked if HPA will be included. KH again confirmed that this will be the case and asked the group to encourage colleagues to attend this PAG group as 70% of budgets is staff. PZ commented that today's meeting had no medical representation. RP confirmed that overall we have representation.
- Workforce PAG Response
- DR circulated a list of 20% efficiency saving ideas across GM workforce. The group discussed ideas 1 – 13. PZ commented that some interest had been shown regarding consultant on call rotas at the microbiology NAG meeting. PZ explained that a number of Trusts are already sharing throughout the disciplines. PZ also felt that there was sharing potential for BMS on call rotas. CH informed the group that the Chemistry department at Trafford has had no out of hours consultant cover for 2 years and they have experienced no problems. CH went on to suggest if cover is not needed then do not supply it. The group discussed the need for on call experience to be on the curriculum for trainees. JK mentioned that SRFT do not have a POCT co-ordinator and would be happy to share with another Trust. GB commented that they have a POCT co-ordinator that covers 4 hospitals. Each site has an associate which does all the leg work it works very well.
- AH suggested the local assay finder could be extended to other areas/disciplines. Biochemistry is looking at this and suggested Haematology could do the same. This could produce savings but may increase travelling time. GB commented that Histos have to go to individual sites for MDTs. PZ suggested video conferencing as it works well at Liverpool.
- PZ suggested centralising tests like Immunology, MRI carry out tests ABC and Hope Hospital carry out XYZ. CH commented that the biggest saving would be on the tests that go out of the region as then making savings on transport too. CH felt that currently testing is largely centralised within GM. GB pointed out that virtually all GP work for Pennine is now carried out at the Royal Oldham Hospital. Staffing is 8am – 10pm. The down side to this solution is emergency work takes longer than at other sites. GB explained that Pennines achievement has not been easy it has taken 5 years and only included 4 labs. The Network is proposing a similar solution throughout GM it will be a huge undertaking. GB mentioned the problems Pennine are experiencing meeting the MRSA screening target for 2011. Pennine are looking to build an extension to house MRSA screening. PZ enquired what other Trusts are planning to do in regard to MRSA. KH may need to look at a central MRSA screening facility for the Region but this will potentially bring transport issues. DR commented that the IT links will be a big benefit.
- At this point RP updated the group on Lab2Lab and the GM LIMS business case. RP explained that these solutions will not happen overnight but they would address many of the issues within the pathology community. CH pointed out that the IT proposals will mean spending money. RP explained that the long term savings will be worth it.
- DR asked the group for their thoughts on scope to upskill staff. GB confirmed that Pennine are looking to put MLAs on night work.
- The group discussed benchmarking and agreed that if used constructively it could be beneficial. CH and JK withdrew from Keele and UHSM dipped in and out. All agreed that Keele is too vague. CH enquired the reasoning behind benchmarking. Is it to establish which lab is most costly? DR explained that the idea is to define which lab is the most efficient and then look at the feasibility of applying those systems etc to other labs within the region. DR commented that commissioners look at quality metrics. RP commented that accreditation is taken for granted. It is taken as read that you are doing it correctly. The group discussed information sharing and RP confirmed that info will be shared amongst the Network team not Trusts due to potential misuse of the information. JK expressed concerns that specialist labs would be annihilated due to labour intensive more costly tests. RP enquired if we should be using more POCT kits within the community. The group agreed that the kits cost more money. GB commented that transport will need to be improved. GB pointed out that PAG 6 and PZ did a lot of good work until transport departments were included.
- **PAG Issues**
- Modernising Scientific Careers – Deliberative Event – PZ reported to the group regarding the workshop that had taken place on Wednesday 22nd July. The workshop was visually unusual and the input came from the delegates as did the outcomes. The delegates were split into 'pods' and PZ was part of the assistant/associate practitioner group. There seemed to be a large amount of confusion around bandings and career paths.
- GB reported on her experience at the event as GB was in the practitioner group as opposed to the assistant/associate practitioner group. GB reported that there will be a 3 year under graduate programme run by the university. Over the 3 years there will be placements within the different disciplines of pathology. RP raised the issue of appeal with such a vague degree. GB confirmed this had been touched upon at the event and all had expressed their concerns.
- HL had attended the same workshop in London. HL explained that the intention is for the main document re Modernising Scientific Careers to be released in the autumn. This seems a very tight timescale. There seems to be confusion

surrounding whether the under graduate programme will run as well as or instead of the current degree. The group discussed the current career pathway and the potential changes. The group concluded that the proposed updated career pathway is very similar to the current career pathway. RP pointed out that the career pathways are there for pathology it is other healthcare science careers e.g. audiology that do not have pathways currently. Pathology already has career pathways mapped out.

- In conclusion PZ, GB & HL felt some confusion as they were only allowed to attend certain parts of the workshop and so have not been given the full picture. HL informed the group that after the deliberative event the SHA Scientific Workforce Team had a meeting where the Comms people mentioned the need to circulate information due to confusion. It was agreed that there would be a press release following the two events and there has been talk around having something more regular. HL feels it is not realistic to have outcomes and documentation by the autumn. HL explained that Neil McLauchlan is working with the other 9 SHAs to make sure that whatever the outcomes are everyone will be doing the same. HL also gave the group a brief update on the genetics pilot.
- PZ mentioned there was other confusion around the deliberative event as there was no list of attendees, couldn't recognise anyone or hold any discussions with colleagues. JK stressed that there was no opportunity to send a deputy. HL explained there was also confusion around the invitation letters and the number of places available.
- Next Steps – DR suggested we look at 3 – 4 overarching schemes. Centralising as opposed to de-centralising or look at skill mix. GB commented that skill mix has been done to death and is something Trusts are supposed to do annually anyway. GB suggested members return to their individual Trusts for discussions and then return to the group with examples of good practice from within their Trusts.
- JK suggested the Network collect workforce planning data. Ask lab managers to provide info about their workforce. RP could adapt the information to include all staff.
- **Any Other Business**
- HL commented that as DR could no longer attend the Healthcare Sciences Workforce Group a new representative is needed. GB volunteered to take over from DR.
- HL made reference to the NWHCS website and MSC updates
- RP informed the group that the Pathology garden "That Awkward Corner" at this years RHS Tatton Flower Show received a silver medal.
- IBMS CPD certificates were available

Actions

- All members to discuss potential cost and efficiency saving ideas within their individual trusts and return with good practice to the next meeting for further discussion
- All members to get agreement from their trust about sharing of information
- All members to discuss within their trust the value of joining the Keele benchmarking scheme compared to having a local (simpler) scheme

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

- None

Date and Time of Next Meeting

- Wednesday 4th November 2009, 2pm – 4pm One Central Park, Manchester M40 5BP