

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

Priority Action Group 5 – IM&T
 Monday 19th January 2009 11.30am-1pm
 Pathology Seminar Room, Royal Oldham Hospital, Rochdale Rd, Oldham OL1 2JH

In attendance			Apologies	
Paul Bishop	PB	UHSM NHS Foundation Trust	John Ardern	Central Manchester NHS Foundation Trst HPA NW GM Pathology Network
Mark Bramhall	MB	Central Manchester NHS Foundation Trust	Alan Blackley	
John Doyle	JD	The Health Informatics Service	Neil Jenkinson	
Mark Gillespie	MG	The Christie NHS Foundation Trust		
Dave Hoctor	DH	Central Manchester NHS Foundation Trust		
Dave Johnson	DJ	Trafford Healthcare NHS Trust		
David Lee	DL	Royal Bolton Hospital NHS Foundation Trst		
Gwynne Lloyd	GL	Stockport NHS Foundation Trust		
Steven McCann	SM	Stockport NHS Foundation Trust		
David Money	DM	Tameside Hospital NHS Foundation Trust		
Drew Morgan	DMo	X-Lab Systems		
Yoni Parshan	YP	UHSM NHS Foundation Trust		
Rachel Pearson	RP	GM Pathology Network		
Greg Rayner	GR	Salford Royal NHS Foundation Trust		
Stuart Rogers	SR	Stockport NHS Foundation Trust		
Jeff Seneviratne	JS	GM Pathology Network		
David Slater	DS	Pennine Acute Hospital NHS Trust		
Peter Walsh	PW	NHS Manchester		
Gary Walton	GW	Pennine Acute Hospitals NHS Trust		
Tim Winstanley	TW	WWL NHS Foundation Trust		

Discussion Points

- JS welcomed the group. As there were a number of new attendees, introductions were made.
- **Notes of 24th November 2008 meeting** – agreed as a correct record.
- **Matters arising** – JS reported that a separate meeting was to be arranged on Cancer Reporting Solutions.
- **GP Order Comms** – updates on GP Order Comms implementation were given as follows:
- **CMMC** - DH reported that there had been little progress because of resource issues within the Trust as the IT project manager has now left the Trust and there are commitments to other projects, particularly the Lorenzo roll out.
- **Pennine** – 16 live sites with a further 19 scheduled. Currently all EMIS sites. Latest date for DLM280 is mid Feb 09. GW reported extremely positive feedback and DS added that the first site to go live has now asked for paper reporting to be switched off. GW felt it was beneficial to have a GP champion for the project. DS invited members to visit the lab after the meeting to see how the system has been set up.
- **Stockport** – 12 practices now live all EMIS-LV or EMIS-PCS. Microtest and iSoft GP systems now working. Still awaiting DLM 280 patch for In Practice. Roll out has been delayed by move to single blood sciences system in the lab.
- **Tameside** – roll-out underway with plan. Noticeable improvements in data quality. Not sending histopathology results electronically as PMIP not validated for histopathology
- **Salford** – GR reported that piloting is about to commence with two EMIS-LV and one EMIS-PCS sites.
- **Wigan** – 4 EMIS sites live and a roll out plan for remaining EMIS sites. TW highlighted some problems with iSoft sites – the Anglia interoperability solution has to be loaded locally onto every PC; Anglia are currently rewriting this so that it will sit on a central drive.
- **Bolton** – pilot with one iSoft site running since the beginning of Jan 09, 3 further iSoft sites identified as well as 2 EMIS sites. The majority of GPs in Bolton use In Practice, for which DLM 280 is still awaited.
- **UHSM** – rolled out to 6 sites over the past two weeks, plan to complete by end Feb 09. Changing to https secure connection.
- **Trafford** – 2 pilot sites live. DJ still has reservations about the HL7 interface, which is not working as it should. Roll out cannot commence until these issues are resolved.
- With the exception of Pennine all GPs are printing requests onto plain A4 paper
- In terms of GPs being able to see secondary care results, DS explained that this is currently being taken through the Trust clinical governance Board at Pennine.
- DS highlighted that Pennine are also working with GPs to do electronic requesting for cervical cytology in anticipation of the target to achieve a 14 day TAT. SR explained that Stockport have also enabled GPs to request cervical cytology electronically.

- DS explained that Pennine do a lot of GP work overnight and asked about the reporting of severely abnormal results. There is no data field in Labcentre for the patient phone number, but it can be retrieved from the GP system and put into 'other details'.
- **HMD IT System** – DS reported that a decision has now been made on the supplier for the HMD IT System (Slidepath). The ten day period where the unsuccessful suppliers can challenge the decision has passed without any challenge being made.
- **IT Strategy** – JS felt it was still important for the PAG to consider a long term IT strategy for the Network. PW reported that there is a project underway for a single laboratory IT system for the whole of Wales (see: <http://www.wales.nhs.uk/ihc/page.cfm?pid=27095>). PW agreed to explore this further and obtain a copy of the Wales business case.
- **Lab-2-Lab Project** –
- **iSOFT** – DS reported that all iSOFT interfaces have now been ordered – ideally Salford PCT need to be recharged before the end of the financial year so that this money does not need to be carried forward. PW emphasised that PCTs have limited ability to take forward funds into the next financial year.
- The iSOFT work package document details roles and responsibilities, risks, escalation pathways and what products iSOFT will provide. The only element of concern in the work package document was the statement: 'Provision of LabLab Link Facilities in Blood Transfusion and Cellular Pathology would be subject to further commercial arrangements'. Whilst referred histopathology work is low volume and complex, the text based reporting should be no different in principle to microbiology. DS agreed to discuss amending the wording of this with John Caffrey (iSOFT L2L Project Manager) and to circulate the work package document once agreed.
- A meeting to discuss the draft functional design specification took place with iSOFT on 8th January 2009. This will use ARES for requesting and PMP for reporting. At the iSOFT specification meeting it was agreed that the NHS number should be the primary identifier. Whilst the lab number/case number could be an additional field it was recognised that there may be duplication of these numbers across different Trusts. DS recognised that an NHS number is not always available and agreed to investigate the level of NHS number usage in GM labs. DS also explained that DOB, Sex and Forename would also be used as matching criteria. GW highlighted that all matching fields are not always available for e.g. GUM records. JS explained that where no match could be made the request would sit in X-Lab and this could be queried.
- JS explained that the NHS number will start to become part of the lab record with increased electronic requesting from GPs and links to PAS and DS highlighted the requirement for the NHS number to be a searchable item on all clinical systems by the end of 2009.
- For biochemistry, haematology and immunology the interface can cope with reflex orders – an order would not be created in the originating lab system, but results can be received, so long as the test is already set up in the originating lab system.
- DS explained that manual intervention is required for order cancellations/amended results i.e. updates cannot be made by an external system. Whilst this is an unlikely scenario, DS explained that an SOP would be needed for how it should be handled. DMO explained that X-Lab keeps a history of all results.
- For microbiology results will be sent back as a block of text. DS explained that iSOFT are working with AB and DJ to see how results display when transmitted by sending test PMP files from MMMP to Trafford as DJ has a microbiology background.
- JS reported that the first version of the software should be available in the next 2-3 weeks and that there would need to be communications with Trust IT departments around opening firewalls for testing. DS agreed to put a project plan together once he had dates from iSOFT and emphasised that this project is at the forefront of technology and lab practice.
- DS explained that there would be the following pilots:
 1. MMMP/Trafford – testing microbiology reporting
 2. Stockport/MMMP – sending Chlamydia requests – high volume (approx 12,000pa) – resource issue as not currently booked into Telepath at Stockport
 3. Stockport Biochemistry to SRFT Biochemistry
 4. MRI Immunology to SRFT Immunology
- Any issues arising from testing will be communicated to the PAG
- DMO explained that the X-Lab hardware will be hosted by The Health Informatics Service (THIS) and will operate on the N3 network. DMO will provide X-Lab software training for the pilot sites. Colleagues at THIS will also be trained on the X-Lab software and will provide training to lab users as the system is rolled out.
- **Clinisys** – JS reported that Clinisys have not changed their pricing structure and are still insisting on the CDM software, which would need to be hosted on a server somewhere within Greater Manchester. PW emphasised that no additional funding would be available from the GM ICT Programme Board. DS explained that he had discussed the issues with Clinisys costs with the lab managers at Bolton, Wigan and Pennine. They agreed that it was sensible to get Lab2Lab working with iSOFT first, but recognised the implications on project finances. DS explained that NJ was exploring options for carrying the money forward with both Salford and Manchester PCTs.

- Technidata – DS reported that he now has the contact details for Technidata but has not yet made contact. He explained that all Microbiology work from the Christie is referred out, and is booked into the PAS system (Medway) rather than the LIMS (Technidata). There could therefore potentially be two interfaces required for Christie – into the PAS for microbiology and into the LIMS for the other disciplines. DS agreed to discuss options with IT staff at Christie.
- JS felt that overall good progress was being made on the L2L project and thanked DS for his efforts.
- **Any Other Business** –
- Venue for meetings – If anyone would like to host the next meeting let RP know, otherwise it will be held at One Central Park, Northampton Rd, Manchester M40 5BP– see <http://www.onecentralpark.co.uk/content.php?pageID=7>
- IBMS CPD certificates were available

Actions

- DS to circulate iSOFT work package document once agreed
- PW to obtain copy of the Wales business case for a single pathology IT system.
- Members to let RP know if they would like to host the next meeting

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

- None

Date and Time of Next Meeting

Monday 2nd March, 11.30 am, One Central Park, Northampton Road, Manchester M40 5BP