

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

Priority Action Group 5 – IM&T  
 Monday 20<sup>th</sup> April 2009 09.30am-12pm  
 G54, One Central Park, Northampton Road, Manchester, M40 5BP

In attendance			Apologies	
Mark Gillespie	MG	The Christie NHS Foundation Trust	Steven McCann	Stockport NHS Foundation Trust
Neil Jenkinson	NJ	GM Pathology Network	Peter Walsh	NHS Manchester
Dave Johnson	DJ	Trafford Healthcare NHS Trust	Dave Hocter	CMFT NHS Foundation Trust
Laura Kidd	LK	GM Pathology Network		
David Lee	DL	Royal Bolton Hospital NHS Foundation Tst		
David Money	DMo	Tameside Hospital NHS Foundation Trust		
Drew Morgan	DM	X-Lab Systems Ltd		
Yoni Parshan	YP	UHSM NHS Foundation Trust		
Rachel Pearson	RP	GM Pathology Network		
Greg Rayner	GR	Salford Royal NHS Foundation Trust		
Jeff Seneviratne	JS	GM Pathology Network		
David Slater	DS	Pennine Acute Hospital NHS Trust		
Gary Walton	GW	Pennine Acute Hospital NHS Trust		

**Discussion Points**

- **Notes of 2<sup>nd</sup> Mar 2009 meeting** – agreed as a correct record.
- **Cancer Reporting Solutions** – JS reminded members that a number of solutions are now commercially available and explained that it has not been possible to evaluate these without the requirements of histopathologists being documented. In the meantime GR has worked closely with histopathology colleagues to come up with a local solution at SRFT (isoft). NJ feels that GR's solution is a more pragmatic approach but feels that the issue of cost and the best use of GR's time need to be addressed. NJ mentioned the possibility of bringing up the funding situation at the GM ICT Programme Board on 11/05/09. It was noted that Pennine Acute Trust has bought Pathosys, but do not use it extensively. GW reported that Pennine have introduced a Clinisys data warehouse system which is set up to automatically send data to the Cancer Registry and that the NWCIS have been very happy with this. This Clinisys data warehouse is a potential solution for the labs with a Clinisys LIMS. GW pointed out that there is an issue with the software structure as currently once information is sent electronically to text based software tables etc lose structure and information is sometimes lost. GW is trying to get software simplified to eliminate this problem.
- GR gave the group an update on progress made to date:
- A Project board and team have been set up at SRFT with the support of Dr Gordon Armstrong (Clinical Lead). GR gave out screen shots showing how the system works to date. Currently there is a hot key within the Telepath system which when pressed an automated form appears. Once filled in the information is stored. GR has recently been working on breast cancer reporting and has implemented a way for the reports to be updated with receptor status. GR reported that Basal Cell is now being used and that the form for colorectal has been developed, but needs checking by the consultant histopathologists. GR explained that he has only had feedback from Tameside. JS reported that he had heard positive feedback but GR commented that no one had contacted him directly. NJ and JS agreed to speak to Gordon Armstrong/Jackie Elliott about implementing GR's solution more widely across GM.
- **Demonstration of X-Lab Software** - DM gave a presentation regarding the software to help the group familiarise themselves with the system. DM explained that connection will be through an N3 Internet browser. One of the main benefits of this will be the ability to log on from anywhere. The server will be hosted by the Health Informatics Service at Calderdale. DM talked the group through security configurations and explained that access is dependent upon permissions set within the system. Unique bar codes will be used for mapping and identifying samples. The process of request management was explained. Requests can be set up and cancelled as needed. This means that test routes can be automatically set up to reduce the margin for error. DM explained that the LIMS interface is a robust interface and that they have chosen to go with HL7v3 format as it is future proof. DM explained that the X-Lab interface specification is publicly available. DM explained to the group that the system will be able to match patient identification through the interface. The process flow states were explained. The software will be able to show the status of samples at all stages. DM envisaged the possibility of having future links to such as DHL and Fedex so that the transport status of samples can also be checked. The system stores test results and routes but not patient information. The benefits of this system are the removal of duplicate data entry, reduction in process delay, reduction in admin and a searchable database of results. The next steps for X-Lab are a central hub, performance management, quality including CPA accreditation, business intelligence, RFID tagging and transport and international links.

- DM showed the group the layout of the software and talked them through the steps in using the system. A digital dashboard appears showing incoming and outgoing requests. A manual submission form can be accessed and completed and then a request for testing can be created. The system will generate a barcode unique to each sample. The codes are stored to reduce the risk of duplicate barcodes. Courier and packaging options can then be chosen for outgoing shipments and it will be possible to print a picking list. DM explained that the intention is for X-Lab to be as automated as possible, with notification sent where user intervention is required. DM highlighted that notifications can be by email, text or RSS feed and welcomed any other suggestions for notification formats. DM explained that it will be possible to subscribe to notifications. The receiving lab can identify the status of samples e.g. arrived/missing/damaged and the system can be then be updated. The sending lab can set up routes within the system so that certain tests are automatically routed to particular places and the receiving lab can set up automatic acceptance of routes for certain tests from particular labs. JS mentioned the use of the term 'authorised' and group discussion lead to the change of term to 'accepted'. The key to the system's success lies in the ability of LIMS to interface. DM confirmed that multiple tests can be performed per sample under one reference number providing the tests are all to be carried out at the same lab. DM explained that as long as the system is given a patient's forename, surname and DOB it will come back with all the possible patient matches and ask the user to choose the correct patient. Obviously incorrect spelling will have a bearing on this. Where there is no NHS number, the local PAS system will be interrogated for possible matches. The group raised the issue of PID information being overwritten. DM reassured the group that this could not happen as due to clinical governance no patient information or history is stored. DM emphasised that X-Lab is a transacted system. DM explained that a number of small discrepancies have come to light. X-Lab has been building these into the software to eliminate the issues. The pilot test will be Chlamydia between Stepping Hill Hospital, Stockport and MRI Microbiology as there are 12, 000 tests carried out annually. This will be a big win if the system is successful. The initial test pilot between Stepping Hill and MRI will commence May to Early June 2009. Stepping Hill and MRI Microbiology have already updated their isoft training accounts. Stockport has already assigned a Lab2Lab Project Lead and the MRI has appointed Alan Blackley and Dave Ellis. JS mentioned issues around Lorenzo and Apex and suggested that DS meets with DH. DS reported that he is attending the DLM Board meeting at MRI on 22/04/09 to raise awareness of the requirements of the project. DS explained that a vast amount of testing will be required to ensure that the system works. It is not yet clear how long this will take, but DS agreed to keep the group informed via the newsletter and meetings.
- DS asked the group to look at the brainstorming notes and bring to light any issues. GW highlighted the issue of additional clinical information that may be required e.g. patients that have recently travelled abroad. DMO explained that part of the message includes clinical comments and recognised the need for dialogue between labs to ensure that electronic requesting will work. This may require some changes to LIMS set ups. DMO and DS are to visit the MRI and look at how the system is currently set up and the process for requests.
- **Lab-2-Lab Project Update** – DS reported that he has not been in touch with Clinisys since the last meeting as the focus of the work has been on the isoft interface. DS explained the possibility of the dedicated Clinisys server (for CDM) being hosted by the Health Informatics Service, though it is not clear whether Clinisys would accept this. JS felt it was important to ensure that the eventual solution is the preferred one for the Network. DS reported that currently there is a suggestion that the Health Informatics Service could host the system, but Clinisys are yet to respond to this suggestion.
- Technidata – are still to respond to DS email.
- DS is now following up other contacts. DS commented on the need to publicise the system and its benefits and confirmed that a 4 page newsletter is in production and once completed it will be distributed to both this group and a wider audience such as IT managers at Trusts, and Network Stakeholders.
- DS has been liaising with contacts from Hampshire and the Isle of Wight and Kent and Medway as they are currently procuring a system and DS felt it was useful to discuss common issues especially around suppliers.
- DL asked when DS envisaged Clinisys would get involved. DS explained that Clinisys costs are currently prohibitive. DS explained that the intention was to prove that the software/interface works with isoft before entering into a discussion with Clinisys as this would put the Network in a stronger position. JS anticipated entering into talks in the second half of 2009.
- GW explained that it would not be acceptable to have both X-Lab and Clinisys systems. JS said that there was a need to get Clinisys labs throughout the UK to want to join with us and share in the X-Lab solution.
- DM commented that they have already made the service specification available to Clinisys but to date have had no response. He explained that Southampton had asked X-Lab to organise a quotation from Clinisys but they had refused as X-Lab are not the client. Discussions around this issue had taken place and issues surrounding support of the system had also been raised.
- **GP Order Comms** – JS explained that the Network were keen to have documented information on progress so that any barriers can be identified and any support required can be understood. RP sent out GP Order Comms Survey electronically with the last reminder for this meeting. RP has received 6 out of 9. JS enquired what the main barrier appears to be from the 6 received. Inpractice connectivity is the main issue arising. It was agreed to wait until all surveys have been received back at the GM Pathology Network office then the completed surveys can be taken to the GM ICT Programme Board on 11/05/09 at Stockport PCT. An update on Lab2Lab will be given at the GM ICT Programme Board

as they granted the funding. JS explained that the Network are starting to talk to commissioners at different levels and that the information will also be useful to demonstrate how labs are working to improve services. It was agreed to chase the outstanding GP Order Comms surveys this week.

- **HMD IT System** – DS reported that Slidepath are working with the service to implement the IT system. The current paper based phase has been studied and Alpha system software developed which was demonstrated last week. The initial feedback is very positive and many people were very impressed with what they had seen. Project team meetings have now been scheduled.
- **Any Other Business** –DS raised the issue of Immunology and GP requests. JS and NJ explained that a meeting has been scheduled to take place 29/04/09 with Matthew Helbert at the MRI and JS agreed to raise this issue. DS explained that the GP Order Comms software is being set up to include immunology requests and DS would like a list of standard questions re: clinical information received to use within the software. A regional list would mean that when Lab2Lab goes live it will already be standardised and everyone will work the same way. JS felt it would be useful to work towards similar standardisation for all disciplines. NJ commented that Matthew Helbert has agreed to join this Network Board as Immunology Lead.
- JS mentioned that Wales had been invited to attend todays meeting but could not make it. RP confirmed that PW has a list of the next 3-4 meeting dates but has not received any confirmation of which date is suitable.

#### Actions

- NJ/JS to discuss resource/time allocation re: wider implementation of GR's cancer reporting solution with Gordon Armstrong/Jackie Elliott
- DH, YP and TW to send GP Order Comms survey to RP asap
- JJ/NJ to discuss Immunology input into GP Order Comms set up when they meet with Matthew Helbert on 29/04/09.
- RP to chase PW re: Simon Gillings (Wales) visit

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

- None

#### Date and Time of Next Meeting

Monday 1<sup>st</sup> June 2009, 9.30 am, One Central Park, Northampton Road, Manchester M40 5BP