

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

Priority Action Group 5 – IM&T
 Monday 15th June 2009 09.30am-12pm
 G54, One Central Park, Northampton Road, Manchester, M40 5BP

| In attendance | | | Apologies | |
|------------------|-----|--|-----------------|--|
| Alison Cartmill | AC | CMFT NHS Foundation Trust | John Ardern | CMFT NHS Foundation Trust |
| Mark Gillespie | MG | The Christie NHS Foundation Trust | Alan Blackley | HPA NW |
| Laura Kidd | LK | GM Pathology Network | Dave Hocter | CMFT NHS Foundation Trust |
| David Lee | DL | Royal Bolton Hospital NHS Foundation Tst | Keith Hyde | GM Pathology Network |
| Steven McCann | SM | Stockport NHS Foundation Trust | Neil Jenkinson | GM Pathology Network |
| David Money | DMo | Tameside Hospital NHS Foundation Trust | Dave Johnson | Trafford Healthcare NHS Trust |
| Drew Morgan | DM | X-Lab Systems Ltd | Neil McAuley | Pennine Acute Hospital NHS Trust |
| Yoni Parshan | YP | UHSM NHS Foundation Trust | Stuart Rogers | Stockport NHS Foundation Trust |
| Rachel Pearson | RP | GM Pathology Network | Gary Walton | Pennine Acute Hospital NHS Trust |
| Greg Rayner | GR | Salford Royal NHS Foundation Trust | Patricia Willis | Royal Bolton Hospital NHS Foundation Tst |
| Jeff Seneviratne | JS | GM Pathology Network | | |
| David Slater | DS | Pennine Acute Hospital NHS Trust | | |
| Ashley Sykes | AS | X-Lab Systems Ltd | | |
| Peter Walsh | PW | NHS Manchester | | |
| Tim Winstanley | TW | WWL NHS Foundation Trust | | |

Discussion Points

- **Notes of 20th Apr 2009 meeting** – agreed as a correct record.
- **Cancer Reporting Solutions** – JS informed the group that he and NJ have scheduled a meeting with Gordon Armstrong and Jackie Elliott for 15th July 2009 to discuss cancer reporting solutions. The group were informed that Pathosys is now being rolled out within Pennine Acute.
- **Network Strategy Group** – JS briefly reported that the Network Strategy Group had been set up by the Network Board to proactively address network issues that arise. At the meeting held on 6th May 2009 Andrew Foster (Acute Chief Executive) stressed that the Network should face up to the challenges presented. Both the Acute and PCT Chief Executive (who Chair the Network Strategy Group) met with their respective colleagues to obtain a mandate for the Network enabling them to carry out a feasibility study in regard to potential cost savings throughout pathology services of 20%. The group discussed the potential 20% figure. PW pointed out that pathology has not been singled out all services have been given a minimum target of 10%. This is an opportunity to pull together and carry out this work in-house rather than commissioners bringing in an external company. JS commented that this is also an opportunity to put together a business case for potential cost savings in other areas through pathology (i.e. a £20 pathology test could save £100 per patient)
- This puts this particular group in an important position especially where the GM LIMS is concerned.
- **GP Order Comms** – JS confirmed that currently Pennine has rolled out 66 practices with 88 waiting. DS commented that INPS sites are an issue, when rolled out they failed straight away. DL confirmed that in Bolton most of the sites are INPS sites. DS updated the group that the DLM280 project has been pulled and that he will be attending a software demonstration at Strangeways. GP confirmed that they have 3 Emis pilot sites up and running. SM confirmed Stockport have 22 live Emis sites with a further 39 awaiting roll out. Other Stockport sites are awaiting patches, software testing and interfaces to be completed prior to testing and roll out. DM explained that Tameside are awaiting Indigo to develop software re: barcodes. Once the software is complete the pilot sites can be tested and then rolled out. YP confirmed that in South Manchester all Emis sites are complete and the INPS sites need to be completed next. TW confirmed that Wigan have rolled out 15 Emis sites with 4 awaiting roll out as well as a further 11 iSoft, 40 Vision and 2 Healthysoft sites.
- AC commented that, at MRI, the test pilot is limited. Immunology needs to be added and Microbiology has only just gone live. AC highlighted that the Central Manchester IT system has been overwhelmed and a dedicated resource is needed. JS highlighted that the biggest benefit of GP Order comms to GPs will be the ability to look at previous hospital results e.g. A&E etc. Central Manchester is currently the only Trust not allowing this facility. AC pointed out that risk management is currently being carried out and the initial indications are more favourable than before. JS explained that progress could be reported to the ICT Board. PW commented that the ICT Board will want to see the roll out of all Emis sites and see targets set by the end of the financial year.
- **Lab-2-Lab Project Update** – DS reported that since the beginning of June 2009 3 successful testing days have been carried out between Stepping Hill Hospital and MRI Microbiology regarding Chlamydia testing. This proves that the connections between Stepping Hill and XLab and MRI and XLab are up and running. With regard to security issues, VPN links between Stepping Hill and MRI will be in place within the next 4 weeks. The next stage will be to get a GP on board to check the

links work from GP to Stepping Hill and MRI. The system needs to run 24/7, at the moment tests cannot prove this. Recently the interface dropped and did not restore itself. DM explained that this has been rectified now.

- DS highlighted how well the project is running and that several other labs have become interested such as Liverpool, York and East Lancs. DS highlighted the issues MRI had been experiencing with the availability of the iSoft Apex software. This problem has not been resolved and Paul Irvine is currently investigating.
- Clinisys – DS informed the group that the proposed meeting with Clinisys is yet to take place. Clinisys had their annual meeting last week and DS pointed out a number of slides from the meeting presentation which had caused interest. JS informed the group that he and NJ had met with Jim Goodier of Clinisys and asked him to arrange a meeting about the interface.
- DS highlighted that from the lessons learned so far it is recommended that the sending lab needs to discuss software with the receiving lab as adjustments may be needed. This reminded the group that an iSoft user manual is required from Paul Irvine and X Lab also needs to provide a user manual.
- Technidata – are still to respond to DS email.
- DS highlighted the need to develop a roll out plan for iSoft by the end of August 2009.
- JS highlighted the need for all participants to have resources ready and available. Dates need to be set up for iSoft and other software upgrades. YP pointed out that the University Hospital of South Manchester needs an ARES software upgrade. DS pointed out that Immunology needs to be included as soon as possible, but is waiting on hardware upgrade at Hope and Apex interface at MRI. DMO mentioned that Tameside would like to be linked to South Manchester for anticoagulant and vitamin D testing. Once the links and pilots are completed a roll out can be organised. YP enquired how long the upgrades would take. DS responded a couple of weeks maximum.
- AC asked for clarification of compatibility between the ARES interface and Apex as this would be a valuable tool for GPs. DMO confirmed that all iSoft sites should be able to send and receive and asked if there is an install schedule for A Res to be on all iSoft sites. DS volunteered to speak to Paul Irvine regarding the schedule.
- TW highlighted that as there is currently no working solution for Wigan there was an alternative idea. TW explained that there is currently an installed, paid for unused interface to a microbiology analyser. TW enquired whether X Lab could pick up results from this analyser. JS commented that this could provide a potential solution for labs that only send samples out and receive results. DS pointed out that X Lab does not currently pick up data the interface pushes the data to them. DMO commented that this solution would entail X Lab developing software. DM confirmed that he would be happy to look into this. DS preferred to speak to Clinisys first and try to reach an agreement, the more people that find a way around the Clinisys issue the less weight we have. JS highlighted that potentially X Lab may need to convert reporting. The group agreed that Wigan is in a unique position and that this provides a potential solution for them if a suitable agreement cannot be reached with Clinisys. DS asked for thanks to be recorded for everyone involved at both Stepping Hill and MRI and for all their hard work and support.
- GM Wide LIMS - PW and JS have organised a conference call with NHS Wales regarding the progress of introducing 1 LIMS system for all of Wales. PW explained that the aspects of most interest are the business case, governance process and how all PCTs came to agree. Was there a driver that united all the PCTs. JS and PW explained that if the ICT Board agree the potential of this system on 13th July we will be in a position to start putting together a business case for Greater Manchester. The GM wide LIMS system has potential for large cost savings. Each trust currently has IT costs so it must be more cost effective to have one system. The benefits and possible problems need to be explained. JS asked the group to clarify that everyone is in agreement regarding examining a business case to move this forward. DS highlighted a lot can be learned from Pennine and their achievements through using one IT system. PW highlighted the potential clinical benefits and used the introduction of PACS in Greater Manchester to share images as an example. AC agreed there are benefits but pointed out it is a mammoth task. It was agreed that if Wales and Kent & Medway can find a way to be successful so can Greater Manchester. JS highlighted to the group that all the legacy systems will need replacing at some stage and the question remains is there something out there that will address all the current shortcomings. PW responded that if there is Wales will find it they have already shortlisted 6 suppliers.
- RP suggested that PW and JS need to start the ground work and that from the beginning the ability to report several different reference ranges needs to be paramount. YP enquired how Trusts will feel about sharing their patient information. It was pointed out that this is already happening within Radiology.
- **Any Other Business –**
- IBMS CPD Certificates – were available
- NAGs and PAGs distribution list refresh – LK reminded the group that a refresh of all distribution lists is being carried out and asked for support with this process and explained that it is an opportunity for the group to confirm what days and times suit best for meetings in 2010. The group agreed to leave the meetings on Monday mornings for 2010.
- Pathology Clinical Leaders for IT - JS explained that the SHA had received request from Professor Gifford Batstone, National Clinical Lead for Pathology at CfH for nominations to join a national group. The meetings will be held bi-monthly and JS agreed to report back into this meeting. The group agreed for JS to join.

- Pathology Service Improvement Projects - RP confirmed that bids have been invited for projects in Histopathology, Phlebotomy, Clinical Leadership and Clinical Dashboards and that both individual bids and network bids are being put together in readiness for the 01/07/09.
- Smart Cards and Pathology - RP highlighted an issue with Smart cards and Connecting 4 Health. RP circulated a short survey and asked for feedback.

Actions

- DS to chase Paul Irvine for iSoft user manual
- DS to chase X Lab for user manual
- DS to speak to Paul Irvine regarding schedule of software upgrades
- PW and JS to begin ground work for GM Wide LIMS

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

- None

Date and Time of Next Meeting

Monday 27th July 2009, 9.30 am, One Central Park, Northampton Road, Manchester M40 5BP