

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

Priority Action Group 5 – IM&T  
 Monday 28<sup>th</sup> June 2010 11.30am-13.00pm  
 Manchester Suite, Holiday Inn Manchester Central Park, 888 Oldham Road, Manchester, M40 2BS

In attendance			Apologies	
Alan Blackley	AB	HPA NW	John Ardern	CMFT NHS Foundation Trust
Nick Bullough	NB	Tameside Hospital NHS Foundation Trust	Paul Bishop	UHSM NHS Foundation Trust
Dave Hoctor	DH	CMFT NHS Foundation Trust	Alison Cartmill	CMFT NHS Foundation Trust
Dave Johnson	DJ	Trafford Healthcare NHS Trust	Howard Gray	NHS Stockport
Laura Kidd	LK	GM Pathology Network	Keith Hyde	CMFT NHS Foundation Trust
David Lee	DL	Royal Bolton Hospital NHS Foundation Tst	Neil Jenkinson	GM Pathology Network
Nigel Martin	NM	UHSM NHS Foundation Trust	Neil McAuley	Pennine Acute Hospital NHS Trust
Steve McCann	SM	Stockport NHS Foundation Trust	David Money	Assistant Project Manager
Greg Rayner	GR	Salford Royal NHS Foundation Trust	Rachel Pearson	GM Pathology Network
Jeff Seneviratne	JS	GM Pathology Network	Rick Pope	CMFT NHS Foundation Trust
David Slater	DS	Project Manager	Tim Winstanley	WWL NHS Foundation Trust
Richard Smethurst	RS	Stockport NHS Foundation Trust		
Gary Walton	GW	Pennine Acute Hospital NHS Trust		
Allan Wilcox	AW	WWL NHS Foundation Trust		
Neill Yeoman	NY	The Christie NHS Foundation Trust		

**Discussion Points**

- **Welcome and Apologies** – JS welcomed the members
- **Notes of 10<sup>th</sup> May 2010 meeting** – agreed as a correct record and there were no matters arising.
- **Cancer Reporting Solutions** – GR confirmed that this project is ongoing and that 4 out of the 6 minimum data sets are in use and the other 2 are near completion. The iSoft user group on 10<sup>th</sup> June 2010 gave some mention of a solution but nothing concrete. iSoft are promoting a word processor which costs £10,000 with a further cost of £1,500 per user as their solution.
- Priority Action Group Issues –
- **Lab-2-Lab Project - update on progress** –
- iSoft – DS confirmed that the iSoft/Telepath connection with MMMP and SHH and MMMP and Trafford for Chlamydia is continuing to be successful. SHH has a live link to MMMP but has not progressed the Lab2Lab profile. Testing between SHH and TGH commences on 2<sup>nd</sup> July for csf Xanthochromia. A link for Haem/Coagulation between TGH and UHSM has been established and testing is progressing well. An additional link for Vitamin D with UHSM is currently underway and testing will then commence. SRFT link to Trafford has been successfully tested. The free text report problems have been resolved using the links between UHSM and TGH all sites have now been informed of this but there is still no further progress due to lack of resources.
- **Clinisys** – DS explained that Pennine is the pilot Clinisys site and initially the following test routes have been set up between Pennine and Immunology and MRI:-
  - Anti nuclear antibody including Centromere
  - Anti CCP
  - Anti TTG
  - C3 and C4
  - Anti double stranded DNA
- Further tests have been set up including CD4. Abnormal flags are causing an issue. Testing will continue into early July and final testing including electronic requests from a GP surgery through to results back into the GP system. A GP practice has agreed to assist. It is anticipated that this test route will go live by the end of July and the next Clinisys site to begin testing will be Bolton followed by WWL.
- The group discussed issues around confirmation testing at reference laboratories. This generally involves the reference lab repeating the investigation carried out at the local lab and charging for this addition to the confirmatory investigation. There are issues around labs being prepared to accept responsibility for using other labs results.
- Issues are arising with the set up of Telepath and Labcentre at UHSM. Lab comments are 64 characters long but display on the screen as a max 55 characters. It prints correctly but as the future is paperless it is an issue that needs resolving.
- DS is hopeful that the workshop will be a catalyst for this project.
- **Technidata** – DS confirmed that Technidata have been in contact and a meeting is being scheduled.

- Lab2Lab Workshop - DS explained that currently 35 people have registered. DS reminded the group that it is not just for IT staff and urged members to encourage other colleagues in different disciplines to attend. The first half hour of the workshop will concentrate on bringing everyone up to speed with the project and explain the infrastructure, software, testing and live accounts.
- X-Lab will give a brief 10 minute introduction on X-Lab and a demonstration on how a test route is set up. X-Lab staff will be available to answer individual queries after the workshop finishes.
- Speakers will talk about their Lab2Lab experiences and will include Alan Blackley (MMMP) and Sue Durham (SHH), David Johnson (Trafford), David Slater (GMPN) and Robin Lythe (MRI) and Geoff Lavelle (TGH).
- The workshop will then concentrate on Telepath and Clinsys progress and Issues.
- GP Order Comms – JS informed the group that at a recent meeting he received a lot of very positive feedback from a Bury GP but appreciates there are members who have GPs not as positive. JS asked for clarification that members have reached a point where all practices that can be connected have been.
- AW confirmed that the Sunquest/Anglia system is working very well. The Trust is integrating ICE and as such has been forced to take an upgrade from ICE which is now causing new problems. To date several unsuccessful fixes have been sent to the Trust and this situation has put back the progress of connecting the remaining 9 sites in WWL.
- UHSM confirmed that they are looking at the same system due to a request from Radiology.
- RS reported that approx. 60% of sites are on EMIS and are already live. The majority of outstanding GP practices which are not on electronic ordering are from Microtest and equates to about 25% of the Stockport GP's. RS confirmed that testing with Microtest has begun and a site is almost live. RS is hopeful the site will be live by the end of the week. If this is the case it will be very significant step for SHH.
- DL confirmed that Bolton has 26 out of 49 practices live. Seven practices have just merged into one and this will be a quick win for Bolton as soon as it goes live. DL pointed out that a number of practices have been enabled and refuse to use the system point blank. One used slow broadband speed as an excuse and DL feels you will always get some practices that will not use the system due to the nature of GPs and practice managers. GW referred the group to the 80/20 rule.
- GW confirmed that Pennine has 120 out of 166 practices established. They are experiencing issues with planning upgrades as the system is seen by the practices to be critical. DS commented that some GP practice run 06.45am – 21.30pm leaving the only downtime available to carry out upgrades as being midnight or weekends.
- AB commented that a single LIMS system will outperform this as only 1 GP solution will be required and it can be designed to be more robust.
- GW suggested pulling together a document of the positives and negatives. LK pointed out that this piece of work had been started but very little information had been forthcoming. It was agreed to complete the initial work and LK will email members again.
- DJ confirmed that Trafford are currently awaiting a response from UHSM regarding the use of the Openet system to give GPs access to view patient results for both Trusts. If this goes ahead and the information governance concerns are laid to rest then at a cost of £4,000 this solution could benefit the other Trusts that can use it. RS commented that this model may be a far cheaper way of sharing results than a GM LIMS system. This would deliver a large proportion of the cost saving proposed in the GM LIMS document regarding repeat requesting when transferring of patients between hospitals
- HMD Update – The system is working internally, there have been a couple of glitches but the Lymphoma service is on the whole very happy. Once the said glitches are resolved this can be rolled out to other Trusts.
- Funding has been secured for the second phase of HMD.
- GM Single LIMS Project & update on All Wales project – JS confirmed that the SOC for the GM LIMS project has been accepted by CEOs and as such a full business case will now commence. JS confirmed that the all Wales system will be provided by Intersystems which is not a company GM is familiar with. Wales are very confident they will deliver the system required. All the discipline groups were unanimous that this was the system of choice.
- SM enquired if the SOC was presented to CEOs as being supported by this PAG as SM has huge concerns about the document and its financial information. As a Trust Stockport would not support and furthermore SM thinks that half of the other GM Trusts would not support either. DS and JS confirmed that this was not the business case but a SOC. RS feels that there are many flaws in the outline which prohibit a decision being made whether it is viable to proceed with a full business case.
- JS pointed out that the document in question is owned by the GM Pathology Network Board not this PAG and that the members of this PAG had the opportunity to comment on the content. DS confirmed that the document in some parts is based upon assumptions and that DS worked closely with a DoF from an average size Acute Trust on the GM LIMS Board to identify the relevant financial information.
- SM feels that the Single LIMS assumes that there will be a single pathology service within GM. DS and JS said this is incorrect and reiterated that the all Wales LIMS system was purchased on the original basis of 14 labs. The SOC does not dictate any particular delivery model for the LIMS just the requirements. The concept has always been that the system would be flexible and support a variety of possible services.

- SM and RS reminded the group that the DH is cutting back on supporting and financing new IT projects. DS agreed and pointed out that the Connecting for Health budget is under severe scrutiny and no project will go ahead without a sound and convincing business case.
- DS explained some of the problems experienced during the writing of the outline. The two main issues being what supplier would give a price for the system when there is no specification and gaining confidential financial information from all 10 Trusts within GM. DS reiterated that the outline gives only a flavour and asked SM to put his concerns on paper as they need to be highlighted in the actual business case. JS defended DS's paper as it was written in response to a direct request from the GM LIMS Board. JS explained that the procurement angle in the document came from the realisation after long conversations with Wales that IT systems fall into the same procurement rules as other items.
- GW commented that the document is a good starting point and is a catalyst for us to have these discussions and ask the relevant questions and get the business case right. GW felt that this can be tackled better as a group rather than as individual Trusts.
- It was agreed that the full business case will go back to each Trust for agreement and sign off. It maybe that only 6 of the 10 Trusts agree and the other Trusts may want to opt out of the system which is their right as individual organisations.
- JS continued that it was made very clear the system will facilitate any delivery model. If we become a single service the LIMS will be essential and it may be that the savings from the business case will not stand up alone but will in conjunction with the 20:20 vision.
- Trusts within GM are looking to consolidate services, SRFT, WWL and Bolton are a prime example and a meeting will take place on Monday 5<sup>th</sup> July 2010 to look at how the IT will work across the 3 Trusts. AW confirmed that the CEO of WWL, Andrew Foster had commented that the DH never looks at funding but that the CEOs involved recognise that funding will be needed and will explore all the possible routes to gain that funding. AW commented that he would like to see a single system for SRFT, WWL and Bolton that is not separate from the other GM Trusts.
- The group discussed the ongoing issues of manpower at The Christie to gain patient information after a referral and the possible solution of a shared data warehouse for GM and the problems incorporating all the data could encounter.
- The group were reassured that this PAG would be involved in all the discussions and SM and other members offered to gain the relevant information that will be needed to complete the business case. DH felt that personally a single LIMS is the only sensible way to go forward and although some of the figures may not be correct we are not at that stage yet. AB felt that the single LIMS will be key to sharing work within the region and it would provide more feasible delivery models.
- Open Discussion Forum – GW explained that Pennine are moving GPs towards a paperless environment. A system has been set up to send report acknowledgements back into PMIP. GW explained that a lot of conversations had to take place with other organisations to make the move possible as the system had to run smoothly and back up needed to be in place to make sure everyone was confident the system is robust. Any reports not viewed electronically after 72 hours in the system are automatically printed out and this has now been changed to 48 hours. Printouts for negative MRSA results have been turned off in high turnover areas. Departments within the Trust are asking GW to turn their areas off. GW estimates that 2 million pieces of paper have been saved and this does not even touch on the amount of staff time saved and patient treating time. GW continued that when implementing this you have to accept the negatives and listen and resolve issues for people. In general this has realised savings for the Trust in time and efficiency. RS enquired if the system provides electronic sign off and GW confirmed it does not but that the audit trail shows who has viewed the reports and clinical support has been given to this and SOPs and guidelines have now been changed in line with this. RS confirmed that SHH have switched off paper to some wards by using Indigo Review to allow reports to be viewed. A quote has been requested to enable electronic sign off.
- JS suggested that all members read GW's report and that this is discussed further at the next meeting. NM explained that UHSM have embarked on a similar project but have met with resistance and clinicians are not very proactive at looking at electronic results. GW's solution of automatic printing after 48 hours would solve this issue.
- **Any Other Business** –
- Telepath Systems User Group – NB informed the group that he had been elected chair of the Telepath Systems User Group and both NB and NM made it very clear at the meeting that Telepath need to improve their support.
- IBMS CPD Certificates – were available

#### Actions

- Members to encourage colleagues in different disciplines to attend the Lab2Lab workshop
- LK to collate positive and negative GP comments
- SM to email DS with GM LIMS concerns
- All members to read GW's paper on the paperless environment for further discussion

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

- None

**Date and Time of Next Meeting**

Monday 13<sup>th</sup> September 2010, 11.30am, Manchester Suite, Holiday Inn Manchester Central Park, 888 Oldham Road, Manchester M40 2BS