

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

Priority Action Group 5 – IM&T
 Monday 9th January 2012 11.00am -13.00pm
 Corporate Suite, Holiday Inn Manchester Central Park, 888 Oldham Road, Newton Heath, Manchester, M40 2BS

In attendance			Apologies	
Nick Bullough	NB	Tameside Hospital NHS Foundation Trust	Alan Blackley	HPA NW
Alison Cartmill	AH	CMFT NHS Foundation Trust	Dave Hctor	CMFT NHS Foundation Trust
Gavin Hodge	GH	CMFT NHS Foundation Trust	Neil Jenkinson	GM Pathology Network
Laura Kidd	LK	GM Pathology Network	Dave Johnson	Trafford Healthcare NHS Trust
Jeff Seneviratne	JS	GM Pathology Network	David Lee	Bolton Hospital NHS Foundation Trust
Rick Smethurst	RS	Stockport NHS Foundation Trust	Nigel Martin	UHSM NHS Foundation Trust
Gary Walton	GW	Pennine Acute Hospital NHS Trust	Steve McCann	Stockport NHS Foundation Trust
			Greg Rayner	Salford Royal NHS Foundation Trust
			Neill Yeoman	The Christie NHS Foundation Trust
			Tim Winstanley	WWL NHS Foundation Trust

Discussion Points

- **Welcome and Apologies** – JS welcomed the members and apologies will be added to the minutes.
- **Notes of 9th September 2011 meeting and Any Matters Arising** – JS suggested as the group had not met since September it would be of benefit to revisit the last minutes and actions.
- **Data Sharing Agreements** – LK confirmed that the only outstanding DSA is WWL. LK will continue to chase TW for this and once all DSAs are received they will be countersigned and returned to Trusts.
- **National Laboratory Medicine Catalogue** – JS explained that the draft list for Biochemistry with proposals for standardised units and decimal places had not been circulated to the group after the last meeting as it was also to be discussed with the Biochemistry NAG. Since the September meeting an email from the President of the RCPATH has been circulated to Clinical Directors regarding instances where the incorrect read code from the Pathology banded code list has been used and different units of measurement required. This situation could potentially lead to patient safety issues and as such the RCPATH is asking all laboratories to check and if necessary amend any discrepancies. JS enquired if any members present have seen the email in question. RS confirmed he replied to the email and received a list of Read codes/discrepancies for SHH all of which were amended prior to Christmas. JS enquired if this had been a time consuming exercise and RS confirmed it had taken several staff members an afternoon to complete. JS asked if there were many errors and RS clarified that there are different degrees of error. Some are simple typing errors.
- AC confirmed that CMFT has also received the email but there seems to be an issue regarding ownership and which department should take responsibility. AC and GH offered to investigate further following today's meeting.
- GW explained that as the email had been circulated to Clinical Directors it would have been disseminated to Heads of departments rather than the IT department.
- JS said he would circulate a copy of the original email to the group along with any further information and also asked if RS would be prepared to share SHH's list to help the group. RS reiterated that if you respond to the email you will automatically receive the list for your individual Trust with full instructions.
- **Clinisys Releases** – LK explained she had been in touch with Graeme Chalk who confirmed that Clinisys Labcentre is managed against a single release per year. The latest release version 1.9 is currently out on beta and will be available on general release at the end of February 2012.
- The group agreed the minutes were an accurate record.
- **Priority Action Group Issues** –
- **CareFX Update** – JS explained to the members that there has been little progress on this project since the last meeting due to an increased focus on the 20:20 vision and attempts to agree a collaborative approach for GM. JS informed the members that he had attended an Acute CEO meeting in the hope of facilitating an agreement but the Acute CEOs failed to agree on a single approach for Greater Manchester. This left the Commissioners with the only option to move to the next level in the assurance and escalation process and tender GP direct access work for GM. Should a tender for the region continue the CareFX project would need to be rethought and to date no monies have been identified to fund the project.
- JS explained that although the tender process has now begun there is still a window of opportunity to achieve a collaborative solution.
- JS suggested a pilot project in GM with an Indigo and an Anglia site would be a possible next step, once the process to achieving the 20:20 was clear. The group discussed the differing needs dependent upon the direction of travel (tender or collaboration) and what facilities the portal should provide as GPs do not want to lose the electronic access to patient results currently offered to them and will not be prepared to hunt in multiple systems. JS explained that the portal will

search and display all patient results in a downloadable format thus eliminating the issues raised. The group enquired about costs and JS confirmed that start up costs would be approx. £150K or less. AC felt a large block on progress would be that both Sunquest and Tquest have no intention of being involved. JS explained he met with both Indigo and they have since provided quotations. RS commented that both providers have suggested they could provide a similar system themselves. JS explained that the next step should be a small proof of concept with more than one site. RS commented that the proof of concept must prove it can connect to both Indigo and Sunquest systems. RS also felt that should the current collaborative working within the South Sector continue a results portal would be a necessity.

- GW commented that due to similar smaller scale experiences at Pennine there are serious concerns regarding patient care/data quality and monitoring e.g. who will have access. GW stated that in terms of CareFX there is interest to see the level of flexibility the system will provide and how it will integrate operationally into current systems. GW suggested it would be beneficial to speak to existing system users. The group went on to discuss information governance issues and agreed that nothing can move forward until the outcome of the tender is known. AC commented that this project should continue regardless of the tender outcome as a genuine clinical need has been identified.
- Lab-2-Lab Progress Report – JS updated the members present on the monthly statistics from XLab. Currently there are 4 labs sending work and 3 receiving. AC confirmed that there has been a recent flurry of activity and all seems to be going well.
- GW commented that the iSoft system seems to have issues and JS explained that historically iSoft were very interested in the project but later decided they would like to bring their own rival product to market. The project suffered the opposite situation with Clinisys who initially did not wish to be involved but now are very supportive and actively promote the NPEX link. AC felt very disappointed that NPEX did not set up a user group to give further support to users. JS suggested that NPEX attend the next PAG meeting in March or a separate meeting is organised. The group were very keen and JS suggested that any specific issues be forwarded to LK prior to the meeting for discussion. JS agreed to speak to X-Lab.
- RS informed the group of the difficulties experienced trying to get TGH live on NPEX. NB confirmed that NPEX have attended site but still the system is not live. RS felt that although the system is of benefit the project is suffering as it has been handed over to the departments involved and there now seems to be a lack of technical knowledge and apathy regarding the addition of new tests. GW stated in his experience it is easier to work with like-minded Trusts that also wish to progress. RS reiterated that the system provides an opportunity to share work within the South Sector and within the region but when you have to decide where to focus your energy it is obviously on the IT needs within the South sector. RS reported to the group that he and AB met regarding virology but there is no enthusiasm from the labs involved.
- GW felt that perhaps the issue is cultural as at Pennine the labs have an IT Lead who bridges the gap. RS agreed as he himself was the lab IT Lead and since moving to become IT Manager no one has replaced him within the laboratory.
- Cytology Update – GW reported that of 588 practices within the region 316 have now received patches and are connected enabling them to receive electronic results. GW confirmed that he has spoken with the Commissioners regarding electronic requesting which has been placed on hold pending the tender outcome. GW has entered into discussions with fringe practices but is experiencing issues with Salford PCT. The group suggested the lack of co-operation could be linked to the tender situation. JS enquired whether the figure quoted of 316 is increasing. GW confirmed this to be the case. GW explained that the different cultures within PCTs is causing issues as the system is up and running and ready to roll but Salford PCT is holding this up causing frustration at Pennine and SHH as Stockport GPs have lost the electronic system they initially had access to. JS enquired if GW could break down the 316 and the remaining 272 out of 588 into PCTs and send the information to LK so as to establish which PCTs are hindering progress. Once armed with the evidence the Commissioners could be approached for help. JS also suggested RS list any specific issues relating to Stockport and forward them to LK so that he could raise them with Howard Gray, Director of IM&T, NHS Stockport.
- GP Order Comms – progress reports – LK circulated the January 2012 RAG Report and JS noted that it has now been 12 months since any information has been received from Salford. UHSM is refusing to share information as it is deemed to be commercially sensitive. RS explained that Stockport's figures will not change due to issues with the one remaining GP practice to be connected. It was therefore agreed to change the number of practices feasible to connect to reflect this. GH offered to forward an update to LK for CMFT. The group discussed the opportunity to gain any information regarding the use of the system and LK agreed to investigate the figures further. AC commented that a beneficial side effect of this project seems to be the roll out of Ward Order Comms as many sites now have an internal system. GW confirmed that Pennine are still looking into PatientCentre but that the project is not without its complications. AC reported that although CMFT are still using their old system they are looking to change.
- Open Discussion Forum – JS suggested that as the group has not met for some time and in light of the current changes within the region perhaps each Trust present would give an update regarding IT within their individual Trust.
- CMFT – AC explained that a business case has been put to the TMB for a single LIMS system as the Trust is currently working with 3 which will increase to 4 with the merger of Trafford Healthcare NHS Trust on the 1st April 2012. The recommendation to the Board will be to go to the market and currently work is ongoing preparing a specification.

- Pennine – GW confirmed that the Clinisys contract has a further 3 years to run and although the provider recently tried to “sunset” some modules, but after escalation to both the Trust and Provider Boards Clinisys has now agreed to support them until the end of the contract.
- South Sector – RS reported that SHH and TGH are looking at how they can communicate with the systems currently in place. Once there is agreement on where services will be based the IT needs can be properly identified. RS and NB confirmed that there have been significant discussions at Board level as to where clinical services will be based and that business cases are all based upon current workload meaning any changes to GP direct access work within the region would have to be reflected in the business cases.
- The group discussed the general usefulness of these meetings and contemplated the future role due to changing arrangements within the region. The group felt that regardless of the outcome there is still a role for this PAG.
- **Any Other Business –**
- GMPN Business Manager – JS explained that RP’s three month secondment to the Cancer has now finished and as result RP has accepted a permanent full time position as a Senior Project Manager.
- IBMS CPD Certificates – were available.

Actions

- LK to chase WWL re: outstanding DSA agreement
- RS to forward SHH discrepancy list to LK
- LK to recirculate RCPATH email re: Pathology banded code list and any additional information
- NPEX issues to be forwarded to LK
- JS/LK to arrange meeting with NPEX
- GW and RS to forward PCT information to LK
- LK to amend Stockport GP Order Comms figures
- GH to forward GP Order Comms update to LK
- LK to request Trusts to report on GP Order Comms use of system

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

- None

Date and Time of Next Meeting

Monday 5th March 2012, 11.00am – 1pm, Holiday Inn Manchester Central Park, 888 Oldham Road, Newton Heath, Manchester M40 2BS