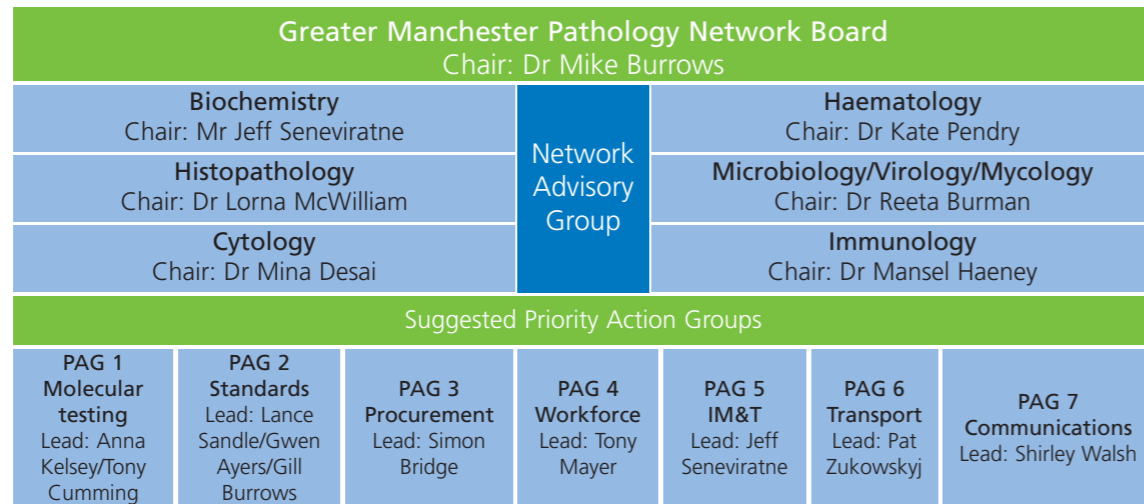


How does it work?

The organisation is structured to allow network advisory groups (NAGs) and priority action groups (PAGs) to prioritise issues - see the structure diagram on the right.



Immunology NAG issues <ul style="list-style-type: none"> ✓ North West Group 	Cytology NAG issues <ul style="list-style-type: none"> ✓ QA standards ✓ Capacity in Cytology ✓ New techniques ✓ Advanced biomedical scientist 	Microbiology/virology/mycology NAG issues <ul style="list-style-type: none"> ✓ Non-specific virology ✓ Testing/links to community undertaken
Haematology NAG Issues <ul style="list-style-type: none"> ✓ Implementation of NICE guidelines around new tests/funding ✓ Training for community/PCT-led anti-coagulation clinic testing haematology guidelines group ✓ Ensure best clinical use of laboratory investigations 	PRIORITY ACTION GROUPS <ul style="list-style-type: none"> ✓ Molecular Testing ✓ Standards ✓ Procurement ✓ Workforce ✓ IM&T ✓ Transport ✓ Communications 	Histopathology NAG issues <ul style="list-style-type: none"> ✓ Reconfiguration of cancer services ✓ Services and delivery ✓ Education and training ✓ CPA reports and standards ✓ Human Tissue Act
Virology <ul style="list-style-type: none"> ✓ TB testing methods, standards and contact tracing ✓ C Difficile ✓ MRSA screening/management ✓ TB/antibiotic testing outside ✓ NW referral path ✓ Automated machinery in microbiology, share knowledge and good practice 	Biochemistry NAG issues <ul style="list-style-type: none"> ✓ Harmonisation of reference ranges ✓ Costing and pricing of tests/directory of services ✓ Guidelines and demand ✓ Management ✓ Audit activities 	

Priority areas

'Barriers to change' identified in the Carter Review report are currently being addressed by the Network's Board, NAGs and PAGs.

The Board and NAGs <ul style="list-style-type: none"> ■ the fact that the management of pathology services, especially financial, is overly influenced by the priorities and financial health of the host trust ■ the exclusion of pathology from local delivery planning processes and investment strategies. 	Transport <ul style="list-style-type: none"> ■ the fragmentation of sample collection services, which limits the opportunity for delivering an efficient patient-focused service ■ the questionable quality of logistical support for laboratory services, especially the transport of samples.
NAGs and PAG 2- Standards <ul style="list-style-type: none"> ■ the high degree of variability in test repertoire, investigation protocols and guidelines ■ inconsistency in the application of data to inform the systematic optimal configuration of pathology services ■ the fragmentation of parts of the service, particularly point-of-care services. 	PAG 5 - IM&T <ul style="list-style-type: none"> ■ the lack of end-to-end IT connectivity, which limits effective order communications and decision support.
PAG 7 - Communications <ul style="list-style-type: none"> ■ among commissioners, the lack of understanding about the tests available, leading to sub-optimal and, occasionally, inappropriate use. 	PAG 4 - Workforce <ul style="list-style-type: none"> ■ the current complex makeup of the pathology workforce and the absence of a definition of functions and skill mix to deliver a modern pathology service ■ the difficulties implementing workforce change and development at a local level, often linked to a lack of investment.

the Greater Manchester Pathology Network



Special launch issue

Welcome

Mike Burrows, Lead Chief Executive and Chair of the Greater Manchester Pathology Network

Welcome to the second edition of the Pathology Network's newsletter - in it, we aim to highlight and reinforce the messages that came out of the Network's official launch event last month, and keep those of you who weren't able to attend the event informed.

It was good to see so many faces at the launch. Lots of you have since said that

you found it extremely informative and a great opportunity to network - which was, of course, one of the main aims of the event!

We were fortunate enough to persuade Chris Price, a leading member of the team undertaking Lord Carter's national review of pathology services in England, to open proceedings. His presentation distilled the Carter report and offered useful pointers for future planning.

Chris' thought-provoking ideas, along with those of our other speakers, certainly raised awareness of the critical need for collaboration within such a competitive environment as pathology services. They also underlined the basic premise that diagnostic services must be built around patients, and change-managed in order to avoid fragmenting services to the disadvantage of patients.

It's clear that to modernise pathology services, we must work closely with primary care providers and service commissioners - and it will be easier, and ultimately more efficient, to do this within a network. Although seen by many as a 'back office' function, pathology is a critical function and we have a great opportunity to respond to fast-moving changes and forge new relationships that will help us promote pathology services.

Our organisation is still relatively young, but already we have set up an environment where we can collectively redesign pathology - within a network environment, pathology staff can be in charge of their own destiny, and continue to break down barriers and develop services that are truly integrated.

Finally, I'd like to say 'thanks' to our event sponsors - Clinisys, Dako, Medical Solutions plc, Roche Diagnostics and Sarstedt.

Premiership service kicks off at Reebok Stadium

PATHOLOGY NETWORK'S OFFICIAL LAUNCH

More than 110 people working in and around pathology services across the region converged for the official launch of the Greater Manchester Pathology Network on November 16.

Representatives from the 10 PCTs and the 10 acute trusts that make up the collaborative, along with some from across the North West region joined guests from the independent sector at Bolton FC's Reebok Stadium, for an event that aimed to raise the profile of the new organisation among staff and national health professionals.

Professor Christopher Price, a member of the Carter Review team, led the speakers' panel. Chris is a visiting professor in clinical biochemistry at the University of Oxford, and his main areas of interest are in evidence-based laboratory medicine and outcomes research, particularly in relation to point-of-care testing.

Panel

Other panel members included the National Primary Care Lead, Dr David Colin-Thomé, a GP with more than 35 years experience. Dr Colin-Thomé talked about the challenges facing the reform framework, practice-based commissioning in primary care and issues around the registered list. He discussed laboratory services - in a key position to manage chronic disease as they are able to schedule requests for tests at appropriate intervals and trigger reminders or alerts - and competition from the private sector.

Dr Jeff Seneviratne, chairman of the Clinical Biochemistry Specialty Panel of the UK National Pathology Benchmarking Review and a former member of the Department of Health's Pathology Modernisation Guidance Steering Group, stated the need for pathology services to 'make an impact' outside acute hospitals.

Workforce planning

He said that workforce planning and development is crucial to successful modernisation of the service. He commented: "I hope the clinicians - the users of pathology services - will feel the benefits of working within a network. The process of managing change would be difficult to do without the network structure."

Network Director, Neil Jenkinson, gave an overview of the new Network, its structure, progress to date and aspirations for the future.

Professor Peter Morgan-Capner, Associate Medical Advisor at NHS North West, chaired the panel's Question and Answer session. Topics discussed included Clinical Assessment, Treatment and Support (CATS), the independent sector, network management and accountability, cartels and contestability, competition and collaboration.

IT'S EARLY DAYS...

...BUT ALREADY WE'RE MOVING FORWARD

Although the Network Board was set up a year ago and the organisation established properly in February this year, the fully structured Network has only been up and running since August.

So it's good to know that already, there is potential for some 'early wins'.

Work on introducing specialist services, developing technology, transport and procurement and expanding links with other networks is well underway, and progress to date includes:

• GP order comms

This will enable GPs to request tests electronically - a key issue for pathology, as it represents a high proportion of the workload.

• IT connectivity

Lab-to-lab links for referred tests.

• HER2

A model of provision across Greater Manchester HER2 testing - all women with breast cancer to be tested to see if Herceptin would be a suitable treatment.

• Links with other networks

For example, with the local cancer services network (for HER2 and HMD testing), the renal network (Chronic Kidney Disease), and the Cumbria and Lancashire Pathology Network.

• Haemoglobinopathy

The development of a service for Greater Manchester - currently only offered in Oxford/London.

• Haematological Malignancy Diagnostics (HMD)

Specialist service development for Greater Manchester and Cheshire.

• Immunology

Work is ongoing on a model for the future delivery of specialist immunology services in Greater Manchester.

• Standardisation

We are looking at how we can standardise units/reference ranges.

• Transport

Priority Action Group (PAG) 6 has begun tackling the issue of inter-hospital transportation of samples.

• Procurement

We are working with the Greater Manchester Collaborative Procurement Hub to identify potential cost savings on common purchases, such as consumables.

What happens next?

It's vital that trust and engagement among staff working in pathology services continues to grow - for the benefit of patients in the long term.

Network Director, Neil Jenkinson, said: "The Network is an advocate for pathology services and we need to be organised and capable of engaging with commissioners. It's about trusting and respecting each other's capabilities.

"We need to share information with commissioners to support their agenda, reduce waste and release resources to be used elsewhere. There's a real need for services to be more primary care facing, and for pathology to be transparent and proactive in better demonstrating its value in the patient pathway."