

Pathology Clinical Reference Group Meeting Minutes

10:00am – 12:00am, 23rd July, 2013
Notes

Present: Nicola Bienz (Chair), Siraj Misbah (Co-Chair), John Wood, Catherine O’Sullivan, Lorraine Clarke, Helen Eagleton, Katie Jeffrey, Finlay Love, Jacquie Armitage, Gordon Sturmeay, Craig Roberts, John Nelson, Liz Thorne, Ian ?

Apologies: Ali Al-Bahrani, Geoff Lester, Aarti Chapman, Lorraine Amos, Tim James, David Sinclair,

| Notes | Who – action |
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| <p>1. Minutes and Actions (from last meeting)</p> <p>2. Action – Patient Representative Our Chair introduced Gordon Sturmeay as the groups Patient Representative. Gordon contracted Gullain-Barre Syndrome which resulted in a month stay within ICU at the Royal Berks Hospital. There were other complications which will be highlighted within his patient story.</p> <p>At our next meeting Gordon’s Patient story to be presented to the group. At this next meeting it is hoped that we could get a member of the ICU team at RBH to attend the meeting for a Q&A session</p> <p>Action – Leadership Training Finlay Love informed the group of training options available through the NHS Leadership Academy. Finlay will highlight this information by means of a bulletin when the minutes go out. Essentially there are two options available 1. For emerging leaders (Low to Mid Management) an on-line 20x40min programme leading to accreditation & points to take on to next level. 2. A tailored made programme for either executive staff or for those who currently sit on a board. This includes 6 (4 + 2) days residential course. Both programmes are free but must be supported by management at their Trust. Training, accommodation & subsistence will be supplied free by the Leadership Academy at Leeds for senior management; however Travel costs will not be included.</p> <p>No other actions</p> <p>3. Presentation on Pathology shared services including IM&T procurement Dr John Wood gave the group an interesting & very informative presentation on the complex project reconfiguration of pathology laboratory services across Southampton, Portsmouth & the Isle-of-Wight. This included logistics & IM&T solutions</p> | <p>FL to create presentation & present story with LC to Group. LC to find out what tests would have been carried out</p> <p>FL & GS to find ICU staff member to attend</p> <p>FL to highlight Training opportunities within bulletin & initiate Training requirements on behalf of the group</p> |

4. Update on Point of Care Testing within the community project

Finlay informed the group that he had now visited all associated Point of Care Testing leaders or equivalents of the group with the exception of Portsmouth who he will be visiting in September. In all cases he had support for the proposed business model. The project details have now been uploaded to the Thames Valley Health Knowledge Team web site. Lorraine Clarke has completed her investigative work on Hospital services within the CRG including Pathology services for each Trust. This information has also been uploaded to the web site. Lorraine is also working on a questionnaire on POCT to give us a better picture on the services provided across the Group.

Finlay asked Siraj Misbah if he could support his application for the release of statistical information relating to Abingdon EMU. Siraj suggested speaking to Tim James as he had very strong links with Abingdon EMU.

The project is now moving into its 2nd phase which will involve Finlay & Lorraine contacting & engaging CCG leads for CRG Trusts. This could prove to be difficult as previous experience on engaging CCGs has proved little return.

FL to contact Tim James for assistance in getting information

5. Clinical Commissioning Groups – Do you have a pathology lead?

Catherine O’Sullivan opened a discussion on CCGs & how well did the Trusts represented at the meeting know their CCG leads. As expected it was a mixed response from those present with Oxford having a good dialogue from the start by using a direct approach. Oxford has rolled out pathology commissioning saving ideas in conjunction with their CCG. Saving ideas included, ‘£’ signs against tests in ICE, to persuade GPs to question whether it was really necessary to request an expensive test for their patient. They have also introduced a help line to enable GPs to consult their pathology service on tests.

It should be noted that not all CCGs are as advanced as Oxford, many are still getting their own house in order. Often the structure of the Trust dissuades Pathology contacting their CCGs directly as they are told to go through an in-house commissioning/contracts department in the first instance. It is also recognised that pathology costs are viewed as a relatively small cost to commissioners compared to other services.

It was agreed that it would be a good idea to include representation from CCGs at future meetings, however the meeting would have to be structured in a way to be an attractive option for CCGs to attend.

FL to consult those present on contacts Trusts have with their CCGs & come up with some ideas on how to include them at a future event/meetings

6. Laboratory Reconfiguration Update

Winchester and Basingstoke

Basingstoke site – new Pathology build currently at architect stage. Will be 18-24 months to start. Open plan, integrated Pathology build as Laboratory Medicine not individual discipline.

Pathology LIMS integration. Although using Win Path some challenges as major problems with results from Trust to Primary Care.

Win Path believed to be event based not patient master index. Winchester system will be used in Cell Path across sites.

Cerner has been turned off in Winchester and replaced with ICE which is now used across all sites. Aiming to use ICE for inpatients so 100% of requests will go through ICE.

Looking at having a hot lab in Winchester, mortuary on both sites and although Basingstoke will be the main for molecular work there will be some performed in Winchester.

The 2 Trusts are 22 miles apart and there are transport difficulties with Serco.

When re-configuration is complete there may be a requirement for fewer staff. There is no intention to involve a private provider.

There will be emergency 24/7 service at Winchester but it is not yet known how this will be provided. Currently out to consultation.

Berkshire

Original model discussed 2 years ago, tender to partner has failed due to VAT and redundancy costs.

Work was being done on moving services between RBH and HWPH when a potential Heatherwood and Wexham Park global Trust merger with Frimley was proposed. This is currently under discussion and led to wider discussions to merge laboratory services over five sites. Frimley has already merged laboratories with Ashford St Peters and Royal Surrey, Guilford.

Discussions are on-going about an off-site factory-laboratory hub for all the locations. The two Berkshire Trusts and the Surrey partnership need agreement before going ahead.

Such a large scale development may cause interest from the competition commission (chaired by Lord Carter). Navigating this may be costly, time consuming. From the CRG perspective, concern was expressed that such a large merger would not lead to cherry picking work from other areas as this would undermine other Trusts and the CCG.

Buckinghamshire

Microbiology and Cell Path rationalisation and centralisation across Buckinghamshire is complete. Now need to carry out the process for Blood sciences. The plan is to have a main hub at Stoke Mandeville with a hot lab at Wycombe. The Clinical team are not really supportive as a 24hrs service is deemed necessary on the Wycombe site.

There is a joint procurement with Oxford to replace equipment in Blood sciences. This will involve a certain amount of risk as building work is required. Some higher grade staff have already been lost through the re-configuration.

Apart from procurement discussions also looking at other collaborative work with Oxford like Consultant cover.

Oxfordshire

There are a lot of projects planned for when the time is right to take forward.

Includes:

- Procurement project with Bucks
- Internal reconfigurations have led to 1/3 of Band 8 staff removed through voluntary redundancy.
- University and Research working together on a major project around Molecular diagnostics
- Running 3 sites in Oxford and one site in Banbury as one.
- Exploring joint partnerships with near-by hospitals

7. AOB/Date and venue of next meeting

It was proposed that members will be included on the Thames Valley Health Knowledge Team bulletin circulation which focuses on a 'Community of Interest'. Finlay will also create a specific community of interest bulletin on Pathology which will be distributed following each CRG meeting. Members who receive these bulletins are encouraged to either let the knowledgetem@tvhiec.org.uk of email addresses to add to our database or pass on the bulletin to Pathology staff.

Date and venue of next meeting

The next meeting will be on **Tuesday 1st October 2013 10am to 12am** at the Newbury Manor House – London Road, Newbury, Berkshire, RG14 2BY