

Pathology Services Transformation

Project Board – Project Plan Approval Meeting

Minutes

23 June 2010 - 13:30 – 15:00

Fleming Room, Victoria House, Fulbourn

Attendees:

Name	Organisation
Paul Zollinger-Read	NHS Cambridgeshire (Joint Chair)
Anna Dugdale	Norwich & Norfolk FT (Joint Chair)
Susan Stewart (SS)	Papworth Hospital
	Royal College of Pathologists
	NHS EoE Patient Safety Group
Marion Wood	Colchester University Hospitals NHS Foundation Trust
Tim Wreghitt	Health Protection Agency
	Royal College of Pathologists
Danielle Freedman	Luton & Dunstable hospital
	Royal College of Pathologists
Andrew MacPherson	NHS East of England
Jacqui Bunce	NHS Hertfordshire
Ian White	NHS East of England (Secretariat)
Amanda Gadsby	NHS East of England (Workforce SME)
Hemel Desai	NHS East of England
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Nick Kirk	Papworth Hospital, Pathology Services Manager Representative
Jo Whittaker	Cambridge University Hospitals NHS Foundation Trust
Ron Zimmern	PHG Foundation Steering Group for the National Genetic Testing Network
Stuart Shields (StS)	NHS Peterborough
Helen Williams	Norwich & Norfolk FT
Fiona Peshett	NHS South West Essex for Tom Abell

Apologies:

Stephen Dunn	NHS East of England
Robert Alexander	DH Pathology Programme
Annette Howlett	NHS EoE Competition Panel
Hossein Khaled	NHS Suffolk
Anthony Whitaker	NHS East of England
Tom Abell	NHS South West Essex (represented by Fiona Peshett)

Item	Description	Action By
1	<p>Welcome</p> <p>PZR opened the meeting and welcomed everyone to the meeting. Apologies and deputies noted as above. It was confirmed that the meeting would be chaired by PZR.</p>	
2	<p>Approval of Minutes of 11 June 2010</p> <p>Minutes of 11 June were approved as a true and accurate record of the meeting.</p>	
3	<p>Matters Arising</p> <p>PZR advised that following 11 June meeting he had contacted public health to commence the literature review as requested. He was currently awaiting confirmation of when they would be able to complete the review and respond and would update the next meeting.</p>	PZR
4	<p>Project Update Report</p> <p>HD introduced the project update report and noted its purpose to provide an overview of actions and issues since the last project meeting. These included:</p> <ul style="list-style-type: none"> • the Project Initiation Workshop planned for 19 May 2010 was successfully arranged and well attended included key note speech by Dr Ian Barnes, National Pathology Transformation Lead for Department of Health; • summary notes from the workshop have been completed and circulated; • benchmark data analysis template was completed, issued and responses have been received from the majority of providers and around half of commissioner organisations. Top level analysis has been completed; • a summary project plan to the completion of stage 2 has been drafted and is included within the Project Initiation Document (PID); • the project terms of reference has been updated to reflect revised membership agreed at PSB1; • a marketing and stakeholder engagement plan has been drafted for approval and is included in the Project Initiation Document; • a clinical service design sub group has been established and had its inaugural meeting on 17 June 2010. • Managed several requests from DH and NHS EoE QIPP offices for information concerning the project 	

	<p>It was noted that issues arising were included in the agenda and that these would be covered at the appropriate point.</p>	
5	<p>Project Initiation Document – For Approval</p> <p>The draft PID was circulated with the papers and comments received from AD and DF. HD/IW agreed to include these amendments in the final version. It was noted/agreed that:</p> <ul style="list-style-type: none"> • Project Board membership should include a pathology laboratory representative from within the region with substantial experience of large scale automated laboratories. NK to ask the Pathology Managers Group • A patient representative was agreed and the establishment of a patient sub group considered. ADM to contact LINKs and invited propose a representative. • There was some concern that timescales were unrealistic but noted that national and regional pressures around the QIPP agenda in particular mean that the project should proceed as quickly as possible, regardless of leave and other commitments. • A more detailed project plan would be developed following the approval of the outline plan in Annex D. • The EoE Management Board of Commissioner Chief Executives confirm they wished to project to proceed without further delay and that they were committed to developing new commissioning contracts this year. • The EoE Management Board had also asked that PSB include GP cluster representation. However not all clusters could be present as this would become unworkable. PZR to advise potential representatives. • A commissioning subgroup should be established to develop the commissioning business case and outputs. PZR to draft terms of reference. • It was agreed that definitions of terms ‘quality’ and ‘standards’ should be developed as these words are often misused and are likely to feature much in this project. • The national specification is underway but concerns were expressed about when it would be available and content not clear. Therefore PSB should seek to develop in parallel and review as and when a national specification is available. • It was considered that the national and regional plans may be on a divergent course. • Chris Price should be contacted about commissioning and map of medicine. • There are already a range of pathology service performance measures and we should not abandon these. 	<p>NK</p> <p>ADM</p> <p>ADM</p> <p>PZR</p> <p>PZR</p> <p>PZR</p> <p>HD</p>

	<ul style="list-style-type: none"> • There were some inconsistencies in the PID around objectives and role of PSB and these should be resolved. • The risk log needed further development particularly around logistics/transport of samples and consumables, Information systems, sustainability and reporting. • Members asked to review the remaining section of the PID, TOR, marketing and engagement plan, project plan and risk log and notify IW/ADM of any proposed changes by Friday 25 June 2010. 	All/IW
6	<p>Data Collection</p> <p>HD introduced the benchmark data report, noting it is the headline summary version. Ten Trusts to date had confirmed agreement to share the data with PSB and six more had not replied. In addition 16 of the 18 providers had responded with one advising it was having difficulty completing and one confirming it will be sent shortly. It was agreed that ADM/SD should chase the remaining Trusts requesting their early response.</p> <p>It was agreed that as expected the pathology managers would need to validate the data to remove inconsistencies of approach and errors as far as possible. HD/IW to attend the Pathology Managers Group on Monday 28 June. NK to confirm details.</p> <p>The data analysis should show a third column in addition to own and direct, that of work conducted for other organisations.</p> <p>It was acknowledged that the data, due to its collection and reporting methods and historical nature, would never be 100% accurate but that following the pathology managers' review and ironing out issues arising should be accepted as the dataset for future work.</p> <p>It was agreed that Genetics activity and cost information should be included in the final report.</p> <p>Outputs will be brought to the next PSB meeting.</p> <p>The data providers, including the six non-respondents should be advised that PSB will issue the data to Pathology Managers for the 28 June Meeting PM on 25th, unless Provider CEOs objected.</p> <p>It was felt that GPs and PBC would be unhappy with the suggestion that the activity data was "Commercial in Confidence" data.</p>	<p>ADM/SD</p> <p>DH/IW NK</p> <p>HD</p> <p>HD</p> <p>HD</p> <p>HD</p>

	<p>It was considered unnecessary to pseudo anonymise the data by replacing names with numbers as it would be fairly obvious as to which was which in any event. The data collection was now outstanding just three sets of information and this was expected shortly. HD to continue to chase.</p>	<p>HD</p>
<p>7</p>	<p>Clinical Design Update – For Information</p> <p>DF provided an update from the inaugural meeting of the group where DF was chair and spokesperson in the absence of SS. It was noted that Ian Barnes letter concerning the suggestion that each region had just one central laboratory had not been well received by the provider community. The group felt it was likely that more than one possibly up to four may be needed but wished to undertake ensure that the design was based around turnaround requirements for tests prior to drawing up options.</p> <p>The Clinical Design Subgroup would write to regional representatives (SACs and development groups) for each specialty and ask them to complete turn around times for each test based on seven levels of response. The list and tests were being developed now and would be issued within a few days. The groups should then have four weeks to reply. It was important that data was returned and reviewed prior to 23 July. Need to put a date in here to be clear and remind everyone to who and by when</p> <p>As no representative of cellular pathology had been present this area was postponed until this PSB3. SS to pick this up with colleagues.</p> <p>It was acknowledged that PSB will not “know what good services are” unless the plans were worked up from first principles rather than merely choosing an arbitrary number of sites.</p> <p>It was not expected that the group would arrive at a single proposal but rather a limited range of options for further evaluation.</p> <p>The phrase “hub and spoke” was considered unhelpful and “managed networks” was agreed.</p> <p>It should be noted that splitting patient samples is often difficult and time-consuming and so testing processes may not be as simple as initially appears.</p> <p>Some considered Point of Care testing within hospitals is a</p>	<p>Approval</p>

	<p>local issue and should remain with local laboratories.</p> <p>Need to note the full process from pre to post analytical and the difference between the assay and the test (which includes interpretation) and that these two can be separate. In setting turn around times it will be necessary to effectively describe the level of detail required for reporting.</p> <p>Role of pathology in protecting the patient is crucial.</p> <p>Overall the agreed options and solutions needed to be locally 'owned'.</p> <p>The rapid advancement of technology, particularly molecular testing, will need to be taken into account.</p> <p>Outputs of the sub group should be shared regionally with anybody within the specialty development group.</p> <p>There is no regional development group for cellular pathology, SS to advise how liaison within EoE should be undertaken.</p> <p>Infection control colleagues will need to be involved for microbiology.</p>	<p>SS</p> <p>SS</p>
<p>8</p>	<p>Defining Key Performance Indicators – For Discussion</p> <p>HD introduced the papers provided from DH and others concerning KPIs and noted the need to complete the templates, both EoE and DH. PSB are being asked to develop effective key performance indicators for the service as re-designed.</p> <p>It was agreed that a discussion section should be set up on the NHS Networks site and that members and anyone within region be invited to suggest and discuss potential KPIs. Joint Chairs to write to leads for cascade all Board leads to bring to attention of their professional groups . All members to actively promote participation.</p> <p>It was noted that the service transformation may adversely affect some KPIs, for example time to result, in some areas.</p> <p>The Public Health Observatory should be contacted to participate in KPI development. Possible measures might include measures or outputs at resident population level.</p> <p>Some KPIs may not easily fit into the four sections</p>	<p>HD</p> <p>AD/PZR/All</p> <p>HD</p>

	<p>proposed Financial, Workforce, Activity, Quality and developers should not be constrained by these titles.</p> <p>It was considered that the headings from the Pathology Futures paper might be helpful, e.g patient experience, patient safety etc. MW to circulate the descriptions for the seven effectiveness tests.</p>	All/MW
9	<p>QIPP Template Update – For Discussion</p> <p>The KPI element of the QIPP template response was covered under item 8 above.</p> <p>It was noted that it was expected that a public consultation would be required once options and proposals had been developed. This would be part of stage 3 of the project. Meanwhile HD to assess the four tests identified by the Secretary of State in recent statements.</p>	HD
10	<p>Any Other Business</p> <p>The issue of potential need to market test the provision of pathology services was discussed. This was a staff concern that having been involved in setting the change processes and actions that in the end they were not able to provide the new service. It was confirmed that the purpose of the joint approach is to reach change through co-operation and thereby the best possible outcome for all. This should achieve the goals required and obviate the need for large scale competition. It was however the alternative route if the co-operative approach was unsuccessful.</p> <p>It was expected that there would be different models of care nationally and that a one size fits all solution may not necessarily be appropriate.</p>	
11	<p>Date of Next Meeting:</p> <p>Telephone conference: 29 July 2010 14:00 to 16:00 hours Dial in details to follow with agenda a week before the meeting.</p>	ALL

Future Meeting Dates:

Teleconference

29 July 14:00 -16:00

Meeting (SHA)

12 August 13:30 - 15:30

Teleconference

28 September 9:00-11:00

Meeting (SHA)

7 October before 10:00 – 12:00noon

Teleconference

11 November before 10:00 - 12noon

Meeting (SHA)

6 December 12noon - 14:00

DRAFT COPY SUBJECT TO PSTPB Approval