

# **Pathology Services Transformation**

## **Project Board – Project Initiation Meeting**

### **Minutes**

1<sup>st</sup> April 2010 - 13:00 – 15:30  
(Refreshments 12:15)

Fleming Room, Victoria House, Fulbourn

#### **Attendees:**

<b>Name</b>	<b>Organisation</b>
Dr Paul Zollinger-Read	NHS Cambridgeshire (Joint Chair)
Anna Dugdale	Norwich & Norfolk FT (Joint Chair)
Dr Susan Stewart	Papworth Hospital Royal College of Pathologists NHS EoE Patient Safety Group
Dr Marion Wood	Colchester University Hospitals NHS Foundation Trust
Dr Tim Wreghitt	Health Protection Agency Royal College of Pathologists
Dr Ron Zimmern	PHG Foundation Steering Group for the National Genetic Testing Network
Robert Alexander	DH Pathology Programme
Andrew MacPherson	NHS East of England
Nick Kirk	Papworth Hospital, Pathology Services Manager Representative
Ian White	NHS East of England (Secretariat)
Amanda Gadsby	NHS East of England (Workforce SME)
Gary Theobald	NHS East of England (Workforce SME)
Andrew Geddes	NHS Hertfordshire
Buddug Jones-Bennett	NHS South West Essex

#### ***In Attendance***

Malcolm Nudd	South London Healthcare NHS Trust
Samantha Sherratt	NHS East of England
Hemel Desai	NHS East of England
Jason Kirk	Ipswich Hospital
Debo Ademokun	Ipswich Hospital

#### ***Apologies:***

Stephen Dunn	NHS East of England
Annette Howlett	NHS EoE Competition Panel
Jacqui Bunce	NHS Hertfordshire - Andrew Geddes Attending
Alison Reid	NHS Peterborough
Hossein Khaled	NHS Suffolk

Dr Danielle Freedman

Anthony Whitaker

Tom Abell

Luton & Dunstable hospital  
Royal College of Pathologists

NHS East of England

NHS South West Essex – Buddug Jones-Bennett  
Attending

Item	Description	Action By
1	<p>Welcome</p> <p>PZR opened the meeting and welcomed everyone to the inaugural meeting of the Pathology Services Transformation Project Board (PST). Apologies and deputies noted as above. It was confirmed that the meetings would be chaired by one of the two chairs designate PZR and AD.</p>	
2	<p>Introduction and aims of the project</p> <p>ADM introduced the background and the facilitative role of the Strategic Projects Team (SPT) in establishing structure and delivery, the aims to the project and outline why the meeting had been called today.</p>	
3	<p>National Pathology Forum Update – Tim Wreghitt</p> <p>TW summarised the National Pathology Forum meeting held on 23 March 2010. It was the latest in a series of meetings hosted by DH that TW attended at the request of Dr Winter, NHS EoE Medical Director. TW had attended earlier meetings alone but was joined by IW on 23/03 and would attend with HD and the project manager (to be appointed) in future.</p> <p>The purpose of the meeting for Department of Health (DoH) to gain an understanding of what initiatives were planned or underway within the ten SHA's.</p> <p>It was noted that the forum would allow PST to update DoH on progress with transforming pathology and gain experience from other regions.</p> <p>TW updated PST on the Pathology Futures meeting. The main purpose of the meeting is to explore how information technology can support future delivery of pathology services. HD had attended the most recent meeting on 25 March and noted that in general we wanted to make sure we were aligned with national objectives. At present some regions are ahead of EoE but EOE may be the key driver in the future due to the pace of the PST project.</p>	TW/HD/IW

4	<p>South London Pathology (SLP) Transformation – Case Study  Malcolm Nudd - Business Transformation Manager, South London Healthcare NHS Trust</p> <p>MN gave a presentation on the transformation of pathology services for three hospitals within the same NHS Trust in South London. Copy attached. The following comments were noted:</p> <p>Additional barriers included:</p> <ul style="list-style-type: none"> <li>• IT systems</li> <li>• The three trusts did not have a single finance mechanism but were working to achieve this.</li> <li>• Outstanding capital investments including equipment/reagent contracts.</li> <li>• Loss of GP income by Trusts, but its loss would be a driver for change.</li> </ul> <p>Other notes:</p> <ul style="list-style-type: none"> <li>• Now creating a single laboratory, there have been redundancies following Trust change procedures.</li> <li>• Savings had been in line with Carter report, 20%, target was £3.2m but expecting to achieve £4m.</li> <li>• At an early stage SLP undertook a user survey asking for information on user desires, for example test result return times. This had proved very useful in defining the service.</li> <li>• It was found that, instead of a results only service, GP's wanted access to advice as a key performance indicator.</li> <li>• face to face Microbiology advice was now part of corporate infection control service</li> <li>• Service was currently 24 hours on all sites but not all clinical services are supported at all sites, will only be 24 hours on those with A+E and maternity services and major surgery.</li> <li>• The project came out of frustration from earlier failures to re-organise and financial pressures</li> <li>• Focus should be on quick wins- review of send away tests and consolidation, review of low volume tests and consumables (non contract related- achieved significant savings)</li> <li>• Good communication key</li> <li>• Standardisation of equipment key</li> <li>• Three steps standardisation, rationalisation centralisation</li> <li>• Had success with demand management through provision of education and training of GP's.</li> <li>• Following a question on services requiring frozen sections MN noted that whilst these services needed to be covered effectively, it was important not to focus on the high end of pathology testing that make up less than 2% of the total pathology activity. Whilst concerns about the importance of these tests can be understandable, if</li> </ul>	
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	<p>the objectives of the PST are to drive down the costs of "community pathology" the focus should be on the routine cold work that makes up over 80% of the workload in the EoE.</p> <ul style="list-style-type: none"> <li>• It may well be that only 3 laboratory hubs are required in the EoE, there is a need to focus debate.</li> <li>• The South London reconfiguration had led to significant redundancies and associated cost.</li> </ul> <p>PST thanked MN for his presentation.</p>	
5	<p>Draft Project Initiation – For Discussion</p> <p>ADM introduced the draft project initiation document, it was noted that this reflected the earlier Operations Board paper and the 2009 review and needed some development, particularly detailed project and communications plans and risk log.</p> <p>General Comments</p> <ul style="list-style-type: none"> <li>• Fundamental to achieving the objectives will be an understanding the contractual landscape - existing contracts may limit the pace and/or extent of change.</li> <li>• Current contracts may limit transparency and change process, for example there are block, fee per patient or service, analytical and pathology interpretation services contracts agreed locally and regionally.</li> <li>• Specialist pathology may be very different to routine work.</li> <li>• RA noted that a significant proportion of pathology costs were associated with PBR (60-75%). The responsibility for savings or reconfigurations relating to this work lay with the Trusts, unless supported by policy. FT's may chose to make savings elsewhere and avoid difficult issues.</li> <li>• There is a danger of losing sight of the overall objectives if too much emphasis is placed on the detail.</li> <li>• It is important that members consider the potential benefits to the NHS locally as a whole and the project does not reduce to a commissioner vs provider split.- However, the objectives/agenda of both may be very different.</li> <li>• There is a need for effective risk sharing to stabilise the transition period</li> <li>• Direct access pathology is estimated at £650m of the £2.5bn national spend so concentrating on primary care work and specialist testing, as proposed in the objectives would not deliver the savings required or meet the objectives of the Carter Review.</li> <li>• Need to consider role of pathology in research, both research work undertaken in NHS laboratories and NHS work undertaken in research laboratories as part of patient care and also in undergraduate teaching.</li> </ul>	HD

	<p><b>Terms of Reference and membership – For approval</b></p> <p>It was noted that authority for PST came from the NHS East of England Operations Board, represented by the PCT Chief Executives. It was for PST to accept, reject or propose amendments to the terms of reference (TOR) as it would be held to account. Overall PST accepted the TOR subject to the following:</p> <ul style="list-style-type: none"> <li>• Need to define “community pathology”. HD to produce draft definition to circulate prior to next meeting.</li> <li>• Recognise that different areas and services will require differing solutions.</li> <li>• Clinical representation should be distinct from “provider” representation. It was noted that more than one request had been received for some existing PST places including Director of Finance. It was agreed that whilst not all providers could be represented at the Project Board, NHS provider stakeholders should be asked to nominate a number of representatives to join the project board. The proposed meeting on the 19 May to be discussed later in the agenda could provide a forum for agreeing involvement and representation including how many individuals.</li> <li>• A genetics representative was required, Joanne Whittaker was proposed. ADM to organise an invitation</li> <li>• Dr Helen Williams was agreed as a representative of Clinical Microbiology</li> <li>• Dr Wood would represent Haematology and liaise with DA and other colleagues as required.</li> <li>• It was important not to arrive at a “Cambridge” dominated board.</li> <li>• May need to approve subgroups as the project progresses.</li> <li>• Membership should reflect organisational diversity.</li> <li>• Representation should consider specialist commissioning group, and it may be necessary to invite Trevor Myers at some stage.</li> <li>• Deputies should be permitted provided that they were effectively briefed and empowered to make decisions on the behalf of those they represent.</li> </ul> <p><b>Services Data Collection Exercise – For information</b></p> <p>The data collection exercise was introduced. This had been based on an exercise in NW England with additional suggestions from reviewers prior to issue to PST. It was acknowledged that that the purpose of the data collection is to collect the overall picture of services across the patch and it should concentrate on the significant issues at this stage</p> <p>It was noted that in a NW London project 50 tests covered</p>	<p>ADM</p> <p>ADM</p> <p>ADM</p>
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	<p>over 90% of the cost base with a long tail of other tests. RA added that the ratio may change as the activity from GPSI's and the shift in services from secondary care increases, but this will still be only a small fraction of the services.</p> <p>It was agreed the template should be issued as soon as possible and seek to include:</p> <ul style="list-style-type: none"> <li>• Property information on investment commitments and requirements, leases etc.</li> <li>• Considering any service gaps</li> <li>• Confirmation of definitions and further guidance</li> <li>• Ensure improved understanding of existing unused equipment capacity in terms of hours not utilised per week. This could be compared with manufacturer quoted data.</li> <li>• Genetics activity</li> <li>• Haematology and Blood transfusion work</li> <li>• Academic laboratory work if significant.</li> <li>• Splitting routine screening from clinical workload.</li> <li>• Cellular pathology activity</li> <li>• Consultant multi-disciplinary team support activity</li> <li>• Details of type of commissioner contract with provider, block, cost and volume etc.</li> </ul> <p>It was also agreed to approach the NHS EoE CPH to enquire what pathology projects they have running if any and if none to establish whether we could add consumables to the work program to achieve an early win.</p> <p><b>Finance – For information</b></p> <p>It was noted that NHS EoE Operations Board had agreed funding for the first 9 months of the project, circa £20-25k per Commissioning organisation. Updates against would be provided to future meetings.</p>	<p>ADM</p> <p>ADM</p>
6	<p>Project Initiation Workshop – For discussion</p> <p>HD introduced the idea of holding a regional workshop with representation from across the region. The purpose of the meeting would be to define “what good pathology services would look like” across East of England. It would draw on the Carter, Frontline and East of England 2009 Reports.</p> <p>A provisional date 19 May 2010 had been proposed as Dr Ian Barnes, National Clinical Lead for Pathology, is available in the morning and a central Cambridge venue had been identified. It was agreed to proceed with this date noting invites would need to be distributed</p>	<p>HD/IW/ADM</p>

	immediately to meet the 6 week notice deadline.	
7	<p>Any other business.</p> <p>Communications</p> <p>As noted within item 5, PID, it was necessary to develop a comprehensive, open communications plan as soon as possible. This was to ensure all stakeholders were kept informed and to avoid conspiracy theories. It was agreed that, so far as possible, giving due regard to personal data and commercial confidentiality, that all work of PST should be open and transparent.</p> <p>It was noted that NHS East of England Strategic Projects Team (SPT) already have a public website and information will be published here under a specific pathology section.</p> <p>SPT have a freephone number and freepost address to ease communications and this was available for this project.</p> <p>It was agreed that minutes should be produced as follows:</p> <ul style="list-style-type: none"> <li>• Date of meeting – Day 0</li> <li>• Draft to chairs – Day 1</li> <li>• Chairs approval – Day 2</li> <li>• Issue to PST members and attendees (confidential and subject to correction) – Day 3</li> <li>• Comments to SPT – Day 4</li> <li>• Published draft to website – Day 5.</li> </ul>	<p>All</p> <p>SS</p> <p>SS</p> <p>IW</p>
8	<p>Date of Next Meeting:</p> <p>Telephone conference: 21 May 2010 10am to 12 noon Dial in details to follow.</p>	ALL

Future Meeting Dates:

**Teleconference**

May – 21 – 10:00 – 12:00noon – To be confirmed, subject to possible change to PM 19 May 2010

**Meeting (SHA)**

23 June 14:00 – 16:00

**Teleconference**

29 July 14:00 -16:00

**Meeting (SHA)**

12 August 13:30 - 15:30

**Teleconference**

28 Sept 9:00-11:00

PATH006

**Meeting (SHA)**

7 Oct before 10:00 – 12:00noon

**Teleconference**

11 Nov before 10:00 - 12noon

**Meeting (SHA)**

6 Dec 12noon - 14:00

DRAFT COPY SUBJECT TO PSTPB Approval