

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

Priority Action Group 2 – POCT
 Monday 23rd February 2009 2.30 pm – 4.30pm.
 G54, One Central Park, Northampton Road, Newton Heath, Manchester. M40 5BP

In attendance		Apologies		
Jean Burns	JB	The Christie NHS Foundation Trust	Judith Ball	WWL NHS Trust
Carol Chadwick	CC	Central Manchester NHS Foundation Trust	Brendan Devine	Pennine Acute NHS Hospitals Trust
Mags Dewsnap	MD	GMPCTs	Emma James	Central Manchester NHS Foundation Trust
Samantha Ekin	SE	Stockport NHS Foundation Trust	Neil Jenkinson	GMPCTs
Keith Hyde	KH	Central Manchester NHS Foundation Trust	John Kirk	UHSM NHS Foundation Trust
Lodzja Pitchford	LP	Royal Bolton Hospital NHS Foundation Trst	Fiona Noden	Salford Royal NHS Foundation Trust
Jeff Seneviratne	JS	GMPCTs	Rachel Pearson	GMPCTs Pennine Acute Hospitals NHS
Gillian Tranter	GT	Trafford Healthcare NHS Trust	Keith Wiener	Trust
Dave Trinick	DT	Salford Royal NHS Foundation Trust	Gilbert Wieringa	Royal Bolton Hospital NHS Foundation Trst
Carolyn Williams	CW	Royal Bolton Hospital NHS Foundation Trst		

Discussion Points

- **Minutes of Meeting held on 12th January 2009** - agreed as a correct record.
- **Matters Arising**
- **Standard 'Quick' SOP** – SE passed around a copy the 'Quick SOP' in its proposed format for discussion. This would be an appendix to the main SOP and its format should be standard across the network. Ratification deferred until the next meeting after which it will be sent to the board for approval. When approved it must be ensured that all SOPs have this as an appendix for quick referral. A copy will accompany the minutes of this meeting.
- **Changes to HbA1c Reporting:** Diabetes UK/ACB have produced 2 documents on the changes for Laboratory Professionals and Clinical Healthcare Professionals. From the 1st June 2009, HbA1c will also be reported in mmol per mol (IFCC units) with dual reporting to be phased out over 2 years until only IFCC units are used. It was agreed at the Bio NAG that dual reporting should be consistent across the NW.
- There were 3 volunteers from the Bio NAG to draw up a consistent approach for approval, and despite the problems all agreed it was necessary to get involved to bring about change. DT agreed to provide the group with this information. It was felt that this group should also put forward ideas to handle reporting standardisation. SE suggested that reports should contain (NGSP) units (%) then the IFCC units next to it until manufacturers come up with a solution.
- JS highlighted the fact that results are often fed into other databases so continuity and compatibility are essential. SE commented that often results from POCT and Labs and both need to be written into the patients notes. JS observed that this raised issues around current reporting methods from POCT units and wondered if the POCT suppliers will calibrate their machines to show the mmol units.
- JS suggested that the Bio group should have a representative from the POCT group. This would need to be someone who had experience of all/most devices and could anticipate issues for referral to both Lab and Clinical professionals as a network document. CW agreed that awareness needed to be raised and changeover issues addressed.
- The group discussed anticipated problems with labs reporting using a dual standard. It was agreed that a letter should be sent to them explaining the problems that might arise if results are not reported in both ways.
- The group discussion then focused on manufacturers and it was agreed that coordinated official pressure should be brought to bear on them. The main ones seem to be Siemens and TOSO. SE suggested that she speak to Lynn (the Bayer representative) as Chair of the group in order to get a formal response from Siemens. JS highlighted that the issues of other suppliers should also be known and a group comprising DT, JK, KW and BD was formed to do that. DT will feed back for the group
- **Network Standards for POCT** – Main focus of document for PCTs for when they redesign services to include POCT, this was the best way. Volunteers for other standards are:-
 Commercial use of POCT – LP and CW to put together guidelines for the Commercial use of POCT.
 Selection of Equipment - GT has a document on this to be circulated with the minutes.
 Implementing POCT – JB agreed to put together a document to include training and instruction suggestions
 Standards ideas need first draft by July 6th. Brief outline for next meeting.
- **Any Other Business** – IBMS CPD Certificates were distributed to those attending.
- **SE told the group that the SBK Conference, 'Delivering Pathology in the Community'**, had offered a half hour slot (10.40 – 11.10) to speak about the network and what we wanted to achieve with POCT and the standards required. SE offered to present but did not want to both write and present the piece as it should be a group effort. JS said he can't be there but will help to prepare and CC agreed to put together the presentation but needs feedback (as soon as possible) on thoughts about what the group wants to achieve and where they see the group going. JS commented that a unified approach was

needed so that PCTs dealing with more than 1 hospital get a better idea. SE voiced the example of a COPD nurse needing data for blood gases and going to the networks website. LP voiced the concern that people were already doing too much and did not have the time to pass data to them. SE agreed to respond to SBK and say that she will do the presentation 'on behalf' of the network, but thoughts from the group must be sent to CC this week.

- Commissioners - Diabetes company coming into tender re diabetes testing. A company had tried to approach the commissioners at the PCT and were told that they didn't want to know unless money was involved. Are we producing standards and are we approaching the wrong people? JS commented that the PCT is supposed to have WCC, but if it is just on price then things will change continually. We need to discuss with the PCTs how we can assist with standards on purchasing to obtain consistency, reliability and quality. We would do it better as a network with a more consistent approach.
- Keith Hyde (Network Clinical Lead) presented to the group a presentation on Darzi/Carter reviews and how the network is responding to the recommendations made by the reviews. The group were asked to think of the implications of these reviews for POCT and to complete SWOT analysis forms for the next meeting.
- Carter/Darzi SWOT Analysis for POCT – KH feels that this analysis will help to deliver a better quality service, and maybe write a service package for delivery.
- Discussion around commercial companies (eg. Drs Lab) taking any opportunity to get into the NHS (are accredited) with offers to do POCT. LP commented that apathy abounds due to overwork and it needs a driver to get people involved.
- KH requested that the SWOT be returned asap. MD to send SWOT electronically with minutes.
- KH feels that opinion in the SHA is changing slowly

Actions

- MD to send a copy of the proposed Quick SOP with the minutes for appraisal by all before the next meeting
- DT to provide a copy of the BIO NAGs proposed standard approach to dual reporting to the group members.
- SE to speak to Lynn (the Bayer representative) as Chair of the group in order to get a formal response from Siemens.
- Network Standards for POCT – On selection of Equipment, GT has a document on this to be circulated with the minutes.
- SE will respond to SBK to do presentation on behalf of the network
- Network Members to get back to CC as soon as possible with thoughts on what the group is about
- MD to send SWOT electronically with minutes

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

- None

Date and Time of Next Meeting

- Monday 6th April 2009, 2pm- 4pm, One Central Park, Manchester. M40 5BP.