

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

Priority Action Group 2 – POCT
 Monday 18th May 2009 2.00 pm – 4.00pm.
 G54, One Central Park, Northampton Road, Newton Heath, Manchester. M40 5BP

In attendance			Apologies	
Judith Ball	JB	WWL NHS Foundation Trust	Jean Burns	The Christie NHS Foundation Trust
Samantha Ekin	SE	Stockport NHS Foundation Trust	Christine Hill	Trafford Healthcare NHS Trust
Emma James	EJ	Central Manchester NHS Foundation Trust	Keith Hyde	Central Manchester NHS Foundation Trust
Laura Kidd	LK	GMPCTs	Neil Jenkinson	GMPCTs
John Kirk	JK	UHSM NHS Foundation Trust	Michelle Miller	Tameside Hospitals NHS Foundation T
Rachel Pearson	RP	GMPCTs	Gillian Tranter	Trafford Healthcare NHS Trust
Lodzia Pitchford	LP	Royal Bolton Hospital NHS Foundation Trst		
Jeff Seneviratne	JS	GMPCTs		
Dave Trinick	DT	Salford Royal NHS Foundation Trust		
Carolyn Williams	CW	Royal Bolton Hospital NHS Foundation Trst		
Keith Wiener	KW	Pennine Acute Hospitals NHS Trust		

Discussion Points

- **Minutes of Meeting held on 23rd February 2009** - agreed as a correct record.
- **Matters Arising**
- **Carter/Darzi SWOT Analysis for POCT** – Following on from the presentation at the last meeting the group completed a SWOT analysis for POCT. A summary of the discussion around the SWOT analysis is detailed in the table below.
- SE asked what would be done with the SWOT? JS explained that the various issues raised from the SWOT analysis will be discussed by the Strategy group (a subgroup of the Network Board). Each discipline will be represented at the group along with the Chief Executive, Network Chairs, members of the cancer and cardiac network, a primary care user and a patient rep. The group will look at the issues and also look at the potential savings identified in Carters 2nd report. (upto £500m) JS explained that large savings need to be made in Pathology and it is better to take our destiny into our own hands. JS felt that it is important to consider different ways of delivering pathology services, to make savings both within pathology and the wider healthcare community (e.g. by preventing inpatient episodes). JS suggested that PCOT, especially on the community will be an important factor in this. The Strategy group has asked for a mandate to be issued by the Chief Executives of both Acute and Primary Care Trusts. Meetings were being held on 15th May and a decision on the mandate is awaited.
- In addition, JS reported that he, NJ and KH have been meeting with commissioners to rise the profile of the Network as a source of expert advice, and to get the message in the system that anyone thinking of making changes to Pathology services should come to the Network in the first instance.
- **Quick Reference Guide:** SE asked for the group to ratify the quick reference guide as once ratified it can go to the Board for approval and then it can be used. EJ enquired as to the purpose of the quick reference guide and SE explained it is a way to standardise the format as trust regulations meant it was not possible to standardise the full SOP. It will become an approved format for all GM hospitals and labs.
- The group ratified the quick reference guide and SE asked RP to send to the Board for approval at the meeting to be held on 5th June 2009. Feedback will be given at the next POCT meeting on 6th July 2009.
- **Changes to HbA1c Reporting:** The group discussed the HbA1c meeting which had taken place at Trafford. POCT was discussed at this meeting and DT commented that a letter is to be circulated this week from Lance Sandle confirming the intended process for dual reporting until June 2011.
- SE informed the group that she had received a response from Siemens regarding the software issues and upgrade. The DCA Vantage will not be ready to dual report until Oct 09. However the DCA 2000 will not be upgraded and there will a charge of £2k for the necessary software. SE is unhappy with the response and has gone back to Siemens and is awaiting a reply. EJ suggested informing the MHRA about Siemens response. JK attended meetings recently with Siemens. At the meetings Siemens agreed to look at potentially producing a conversion wheel similar to a gestation wheel. The group agreed that this would be very beneficial and SE charged JK with pushing this forward and getting a formal response from Siemens.
- **Network Standards:** JK agreed to forward his section and SE will collate and send to RP for circulation. RP to email Jean Burns re: implementation section. SE explained that that the July 09 draft document will be ready for the comment at the next meeting. SE explained that this document has a number of subheadings and different members are responsible for different headings. SE asked the group to send her any relevant subheadings for the document. JS suggested showing the Clinical Governance section to the Network Board.

- EJ commented that there has been a rumour that the MHRA is amending their standards and enquired if they should be contacted to assess when the changes would take effect. SE agreed to contact the MHRA.
- **Any Other Business –**
- IBMS CPD - Certificates were distributed to those attending.
- SBK Conference - SE explained that the talk she had given was a brief outline of the POCT group and the Network. The talk was very well received and all feedback was very positive. A copy of the presentation is available by email.
- Tatton Flower Show – JS explained to the group that a Pathology garden has been planned for this year's Tatton Flower Show. It is hoped that The Royal College of Pathologists will underwrite the overall cost of the garden whilst company sponsorship is sought. JS asked if anyone would like to temporarily sponsor the garden due to a cash flow issue.
- Diabetes Awareness Day – JS informed the group of the Diabetes Awareness Day event being held at Manchester Town Hall on 20th June 2009. JS enquired if the group felt it would be beneficial to have a Pathology stall at the event. SE offered to attend and support and offered an array of literature for POCT which could be used
- Self Care Conference – JS explained that there will be a Self Care Conference on Thursday 4th June 2009 at Aintree Race Course, Liverpool. A copy of the agenda and a booking form are available upon request from LK

Actions

- RP to send Quick Reference guide to Board 05/06/09
- JK to push Siemens for formal response regarding dual reporting and the production of a conversion wheel.
- JK to forward network standards to SE
- SE to collate individual standards into one document for comment at July's meeting
- SE to contact MHRA regarding amending their standards.

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

- None

Date and Time of Next Meeting

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

Carter/Darzi SWOT Analysis - POCT



<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> ➤ Necessary Service ➤ Accredited ➤ Professional expertise ➤ Adaptable ➤ Pro-active ➤ Quality service ➤ Patient focussed ➤ Clinical perspective 	<p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none"> ➤ Understaffed (POCT) ➤ Perceived cost (POCT) ➤ Retention/recruitment ➤ Low IT infrastructure in POCT ➤ Lack of rules for POCT ➤ Marketing ➤ POCT not well established ➤ Should POCT be a discipline? ➤ POCT seen as a threat by most disciplines ➤ Lack of understanding and therefore engagement by “users”
<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> ➤ Influence redesign of POCT services ➤ Influence interaction with clinical colleagues ➤ Raise profile through marketing ➤ IT ➤ EPR ➤ Governance for POCT 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> ➤ Private sector ➤ Workforce planning ➤ Diagnostics companies marketing directly ➤ Centralisation ➤ Lack of resources (staff and funding) as POCT expands ➤ Litigation ➤ Perceived as being bureaucratic
<p style="text-align: center;">Cross-cutting issues</p>	