

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

Priority Action Group 2 – POCT
 Monday 9th November 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
Carol Chadwick	CC	Central Manchester NHS Foundation Trust	Gillian Burrows	Stockport NHS Foundation Trust
Brendan Devine	BD	Pennine Acute Hospitals NHS Trust	Christine Hill	Trafford Healthcare NHS Trust
Samantha Ekin	SE	Stockport NHS Foundation Trust	Dave Hoctor	Central Manchester NHS Foundation Trust
Kath Hayden	KH	Central Manchester NHS Foundation Trust	Keith Hyde	Central Manchester NHS Foundation Trust
Emma James	EJ	Central Manchester NHS Foundation Trust	Neil Jenkinson	GMPCTs
Laura Kidd	LK	GMPCTs	Fiona Noden	Salford Royal NHS Foundation Trust
John Kirk	JK	UHSM NHS Foundation Trust	Lodzia Pitchford	Royal Bolton Hospital NHS Foundation Trst
Rachel Pearson	RP	GMPCTs	Jeff Seneviratne	GMPCTs
Keith Wiener	KW	Pennine Acute Hospitals NHS Trust	Tina Tennant	Royal Bolton Hospital NHS Foundation Trst
Carolyn Williams	CW	Royal Bolton Hospital NHS Foundation Trst	Dave Tierney	UHSM NHS Foundation Trust
			Gillian Tranter	Trafford Healthcare NHS Trust
			Dave Trinick	Salford Royal NHS Foundation Trust
			Gilbert Wieringa	Royal Bolton Hospital NHS Foundation Trst

Discussion Points

- **Minutes of Meeting held on 7th September 2009** – The minutes were agreed in principle but BD asked for some elaboration regarding the GM LIMS business case. RP explained to the group that the Network is currently preparing a business case for a single LIMS system for all pathology services within GM. LK agreed to email the minutes of the GM LIMS Project Board meeting for information purposes.
- **Matters Arising** – there were no matters arising.
- **Priority Action Group Issues**
- BIO NAGs Standard Dual Reporting & Formal response from Siemens re: HbA1c Reporting: SE explained that both of these issues have hit a brick wall. Siemens are currently producing a conversion chart and wheel. The Siemens wheel has a limit of 9 but JB explained she has produced her own chart with a limit of 14 and offered other group members copies if required.
- CC confirmed that the Siemens representative had agreed to realign all Vantage machines from Friday 13th November and CC urged the group to contact the representative and form an orderly queue. BD confirmed that the representative had agreed to send the software needed to upgrade direct to BD.
- The group agreed to record in the minutes their dissatisfaction at the way in which Siemens have dealt with the DCA2000 and Vantage issue.
- The group also decided to write to Siemens and BD has been charged with drafting a letter to Hilda Crockett from the Network.
- Network Standards for POCT: SE explained that the draft Network Standards have been amended and redistributed them to the group. BD asked for clarification on whether the document will be circulated to commissioners. SE explained that the document is not meant to be prescriptive but to offer issues to consider. BD felt some expansion and details was needed in parts and SE felt that being too specific may frighten people off carrying out POCT testing. JK felt that the use of too much jargon would inhibit commissioners and others outside the realm of POCT from using the guide.
- The group discussed potential ways to condense the document. SE agreed to redraft including the changes suggested by group members and circulate for comment. The deadline for comments is 27th November 2009 and LK and RP will continue and finish this work for SE as she will not be available.
- CC enquired about the response the draft document had received at the 'Listening Event – Meeting the needs of Primary Care' day at Bredbury Hall on Wednesday 7th October 2009. SE confirmed the response had been positive but that many of the attendees were not from Primary Care.
- Chair –LK explained she has received 2 nominations for a chair to replace SE whilst on maternity leave. The position will be for 1 year and then SE will resume as Chair. LK agreed to send a ballot paper to the group via email and then collate the responses. The group has until 30th November 2009 to respond after which LK will announce the person who has received most votes. The runner up will take the position of vice-chair.
- **Any Other Business** –
- IBMS CPD – LK apologised for certificates not being available and offered to post them to members requiring them.

- Glucose Tolerance – JB enquired as to whether the BIO NAG group are looking at standardisation within glucose tolerance testing. JB went on to explain that Wigan is experiencing a number of issues with POCT glucose testing. KH felt it would be useful to know which sites do capillary blood glucose by POCT prior to a GTT and what cut off they use to stop a GTT going ahead. LK to email group members following the meeting to ask for responses. KW explained that the BIO NAG are looking at GTT Protocols in general. The POCT group members asked KW to take back the issue to the BIO NAG at the next meeting.
- DKA Ketone Strip Testing – JK enquired how many of the labs represented at the meeting take finger prick tests for blood ketones as if the patient is in peripheral shutdown the accuracy of the result is compromised as stated in the test insert. The group discussed the differences between children and adults and DKA. KW intimated that a document on this subject is due for circulation imminently.
- HIV POCT – SE explained that an email had been received from the GM Sexual Health Network regarding HIV POCT. SE went on to explain that the Microbiology department at Stepping Hill will not subscribe to the use of HIV POCT testing so SE cannot be of any help. EJ confirmed that Central use HIV POCT at the Lesbian and Gay Foundation and agreed to send further information. BD confirmed there has been interest from Pennine about HIV POCT testing but a business proforma has never been completed.
- EJ clarified that Virology at CMFT recommend the blood route not saliva. CMFT use a blood screen to test for HIV1, HIV 2 and P24 antigen. There is concern that the HIV 2 antibodies are not picked up by the current test as well as they should be, but this is not a major issue as HIV2 is found mostly in people of African descent and most people with HIV2 also test positive for HIV1. There is no one currently on the books at CMFT who has tested as HIV 2 and is not HIV 1 positive also. The group asked for confirmation of the lab protocol at CMFT and EJ confirmed 3 positive tests are required before a diagnosis of HIV positive is recorded. The same protocol is abided by for POCT.
- HPC Audit – SE wanted to warn group members that she has recently been audited by the HPC and failed. SE pointed out that the process is not as simple as it seems. SE followed the examples on the HPC website as guidance. SE supplied all relevant evidence. SE has to resubmit within 28 days or her name will be removed from the HPC register. SE has resubmitted and will receive a decision within 4-6 weeks. SE enquired if any members are currently undergoing HPC audit or have lab staff undergoing HPC audit as she would be very interested to compare submissions.

Actions

- LK to amend minutes from the last meeting and email the minutes from the GM LIMS Project Board Meeting
- BD to draft letter to Siemens and forward to LK
- SE to amend Network Standards for POCT and recirculate for comment.
- LK and RP to complete work on Network Standards for POCT on behalf of SE
- LK to email group members ballot paper for response by 30th November 2009
- LK to distribute CPD IBMS certificates
- KW to take Glucose Testing issue to BIO NAG
- Group members to confirm what glucose testing POCT is used in which areas.
- EJ to send info on HIV POCT at LGF to LK/RP

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

Date and Time of Next Meeting

- Monday 1st February 2010, 2pm- 4pm, Room 3.10, One Central Park, Manchester. M40 5BP