

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

Priority Action Group 2 – POCT  
 Monday 15<sup>th</sup> March 2010, 2.00 pm – 4.00pm.  
 Manchester Suite, Holiday Inn, 888 Oldham Road, 888 Oldham Road, Newton Heath, Manchester, M40 2BS

In attendance			Apologies	
Judith Ball	JB	WWL NHS Foundation Trust	Gillian Burrows	Stockport NHS Foundation Trust
Emma James	EJ	Central Manchester NHS Foundation Trust	Carol Chadwick	Central Manchester NHS Foundation Trust
Laura Kidd	LK	GMPCTs	Brendan Devine	Pennine Acute Hospitals NHS Trust
John Kirk	JK	UHSM NHS Foundation Trust	Samantha Ekin	Stockport NHS Foundation Trust
Lodzia Pitchford	LP	Royal Bolton Hospital NHS Foundation Trst	Kath Hayden	Central Manchester NHS Foundation Trust
Jeff Seneviratne	JS	GMPCTs	Keith Hyde	Central Manchester NHS Foundation Trust
Gillian Tranter	GT	Trafford Healthcare NHS Trust	Neil Jenkinson	GMPCTs
Dave Trinick	DT	Salford Royal NHS Foundation Trust	Fiona Noden	Salford Royal NHS Foundation Trust
Carolyn Williams	CW	Royal Bolton Hospital NHS Foundation Trst	Rachel Pearson	GMPCTs

### Discussion Points

- **Minutes of Meeting held on 7<sup>th</sup> November 2009** – The minutes were agreed as a correct record.
- **Matters Arising** – there were no matters arising.
- **Letter to Siemens** – LK circulated a draft letter from BD to Siemens. The group agreed the letter and asked for the Network Director, Neil Jenkinson to sign it on behalf of the Network. The group discussed which sites are affected by the situation with the DCA 2000 models and LK agreed to email the group and collate an up to date equipment list.
- **Priority Action Group Issues**
- **Network Standards for POCT** – The group revisited the Network Standards work begun by SE. The document has been redrafted and circulated for comment but LK confirmed no comments have been received and it was therefore agreed LK will recirculate the latest draft to the group and ask again for comments. EJ raised the potential concern regarding POCT accreditation and explained that the DH is putting together a set of standards and therefore does the group need to put forward a separate set of standards. Other members mentioned that the DH Standards will not be mandatory and also discussed whether the DH Standards are infact standards or guidelines. LK was asked to contact Gilbert Wieringa for clarity regarding the situation with the DH Standards and give a presentation at the next meeting.
- **E Learning** – This is a “Skills for Health” led initiative which will be internet based. EJ is currently working on a module which is due to be completed at the end of March. The launch is planned for 13<sup>th</sup> May 2010 in Glasgow so watch this space.
- **PAG Priorities for 2010** – JS asked the group if they had thought about their priorities for 2010. The group expressed the desire to resolve the issues around the Network Standards. JS explained to the group that Addenbrookes are using POCT for emergency work and asked the groups views on the potential of this to be implemented in GM. EJ envisaged that MRI or some of the larger sites with labs a distance from A&E could utilise a mini POCT lab. JB mentioned the appointment of an external consultant at Wigan to look at the situation with the current lab as it is due to be demolished by summer 2011. It maybe that there is a lack of funding for a new build and there maybe a greater need for the use of POCT. JS asked how much the group know about the 20:20 Emerging Vision and gave the following update:-
- In May 2009 the 10 Acute and PCT Trust Chief Executive challenged the Network with the task of achieving a 20% cost saving and 20% quality improvement whilst maintaining an on site presence and long term sustainability of service. There were discussions around the appointment of management consultants but it was agreed that a professionally led solution was the correct way forward. Currently the 20:20 Emerging Vision SOC is in draft form and is paper that will provide a list of appraisal options for GM. The document will be presented to the Strategy Group on 26<sup>th</sup> March followed by the GM Pathology Network Board on 14<sup>th</sup> April. After a period of consultation the paper will then be presented to the CEs in May/June 2010.
- **GM LIMS Update** – JS explained that Project Manager David Slater has been tasked by the GM LIMS Board with the production of a Strategic Outline Case. This development has meant there has been no current need for the GM LIMS Team to meet and there are no more meetings currently scheduled. The timeline for the 1<sup>st</sup> stage is end of March 2010. The initial estimate for the procurement of the single system is £5 – 10,000,000. This figure will have to justify expenditure and benefits. NHS Wales have made a decision on their preferred provider but the decision is not in the public domain as yet and the budget has been set at £7,000,000 for 13 sites across Wales.
- **Hypoglycaemia Audit for Diabetes Patients** – JK explained that at UHSM POCT glucose connectivity is used to determine hypoglycaemia in patients with diabetes. Insulin therapy has been identified as a high risk therapy within UHSM. An audit has begun using a cut off of 4mmol/ l anything below this level is deemed to be a hypoglycaemic episode and between 12 – 20 instances per day have been identified. There is evidence that diabetic patients experience longer lengths of stay

in hospital (on average between 3-10 days longer than other patients) JK asked if other members would like to take part in the audit noting that it as only possible where Trust's had connectivity for their POCT glucose. EJ enquired about the source of the supporting evidence and if it is available? JK confirmed that the evidence was from UHSM benchmarking data and EJ asked for it to be forwarded. JK agreed to compose an email for LK to circulate and collate the responses.

- **Any Other Business –**
- IBMS CPD – LK apologised for certificates not being available and offered to post them to members requiring them.
- Glucose Tolerance – The group revisited the issue raised by Wigan who is experiencing a number of issues with POCT glucose testing due to fringe surgeries and community phlebotomy. The group talked about finding out 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 explained that the Bio NAG is looking at a standard GTT protocol for GM. LK will email the group members to find out what protocols and cut offs are being used in the individual Trusts and then report back to the Bio NAG and this PAG group.
- HIV POCT – At the last meeting EJ confirmed that Central use HIV POCT at the Lesbian and Gay Foundation and agreed to send further information. EJ explained to the group that due to the Firewall at CMFT she had been unable to email the SOP as previously discussed. EJ will endeavour to provide the info in an alternative format.

#### Actions

- LK to email group re: Up to date site equipment lists and collate responses
- LK to recirculate latest draft of POCT Network Standards and ask for comment.
- LK to invite GW to give a presentation on DH Network Standards at the April meeting
- JK to forward reference material to EJ re: hypoglycaemia
- JK to compose email to group re: hypoglycaemia audit and LK to circulate and collate responses
- LK to email group re: current GTT protocols and cut offs and report back to Bio NAG and PAG 2
- EJ to provide info re: HIV POCT

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

#### Date and Time of Next Meeting

- Monday 26<sup>th</sup> April 2010, 2pm- 4pm, Venue TBC