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

Priority Action Group 2 – POCT
Monday 26th April 2010 2.00 pm – 4.00pm.
The Manchester Suite, Holiday Inn Central Park, 888 Oldham Road, Newton Heath, Manchester, M40 2BS

In attendance			Apologies	
Jean Burns	JB	The Christie NHS Foundation Trust	Judith Ball	WWL NHS Foundation Trust
Carol Chadwick	CC	Central Manchester NHS Foundation Trust	Gillian Burrows	Stockport NHS Foundation Trust
Laura Kidd	LK	GMPCTs	Brendan Devine	Pennine Acute Hospitals NHS Trust
John Kirk	JK	UHSM NHS Foundation Trust	Keith Hyde	Central Manchester NHS Foundation Trust
Lodzia Pitchford	LP	Royal Bolton Hospital NHS Foundation Trst	Emma James	Central Manchester NHS Foundation Trust
Jeff Seneviratne	JS	GMPCTs	Neil Jenkinson	GMPCTs
Dave Trinick	DT	Salford Royal NHS Foundation Trust	Rachel Pearson	GMPCTs
Gilbert Wieringa	GW	Royal Bolton Hospital NHS Foundation Trst		
Carolyn Williams	CW	Royal Bolton Hospital NHS Foundation Trst		

Discussion Points

- **Minutes of Meeting held on 15th March 2010** – The minutes were agreed in principle but JS raised a typing error on page 1 where Addenbrookes has been misspelt. LK will rectify immediately.
- **Matters Arising** – JK referred the group to a letter within the circulated documents from Dr Naveed Younis, Consultant Physician & Endocrinologist at UHSM regarding the ongoing Hypoglycaemia Audit for diabetic inpatients at UHSM. JK asked members to read the letter prior to the June meeting at which it will be an agenda item for discussion. JS enquired if the POCT results have been confirmed by the laboratory. JK explained that a vast majority of instances are OOH and therefore due to the practicality of getting an OOH venous sample they have not been confirmed. JK confirmed that the results of the audit will be published tomorrow and that JK will circulate them to the group for information. JS stressed that as there has been a reported 12 – 20 instances per day it would be worthwhile the lab confirming that the instances are hypoglycaemic and a retrospective audit on a proportion of the results confirmed.
- **Priority Action Group Issues**
- HbA1c – DCA 2000/Vantage – LK circulated a copy of the letter sent to Siemens on behalf of the Network and a recently received response form Hilda Crockett, Marketing Manager Point of Care. NJ has suggested that we might have more leverage to improve the upgrade price with Siemens if we replace them on a Network wide basis. The group discussed the issues of identifying where the DCA 2000s are in the community and how many there are in use. LK has been asked to clarify the amount and location. JK suggested that once locations and numbers of DCA 2000s are identified the relevant people involved should be asked if they wish to upgrade to DCA Vantages. GW also suggested we should first discover what deal Siemens would be prepared to offer us if we upgraded on mass.
- POCT Equipment List – LK circulated the latest site equipment list and explained that no response has been received from Bolton, Pennine, The Christie and Tameside.
- Network Standards for POCT – The group confirmed that they are happy with the latest version of the Network Standards for POCT and this document will now go to the GM Pathology Network Board meeting on the 4th June 2010 for ratification. The group discussed how to move forward following ratification and agreed to send the document to Commissioners with a covering letter asking for a list to be supplied to the Network office stating any current equipment that falls into the category of POCT. JS agreed to also talk to NJ regarding the next steps.
- Accreditation of POCT Services – GW gave a presentation to explain the situation nationally with the accreditation of POCT services. GW explained that following the Darzi report in June 2008 which quoted high quality at the heart of the NHS and the 2nd phase of the Lord Carter of Coles report in Dec 2008 it was recommended by Darzi that the regulation of POCT services was to be introduced and that following on from Carter pathology services should be subject to mandatory accreditation including POCT. GW demonstrated the progress to date:-
- Development of E-learning package by Skills for Health
- Establish POCT accreditation by UKAS based upon ISO 22870
- Accreditation of POCT by CPA (UK) Ltd based upon ISO 15189
- E-Learning Package by Skills for Health – Emma James is one of the authors of the E-Learning package which has approximately 50 modules. GW showed a selection of slides demonstrating the structure and tone of the package and further explained that it is aimed at nurses or high street pharmacists. It is a very practical but simple hands on guide.
- UKAS Initiative – UKAS has set a standard and anyone can apply to be an accredited POCT provider 'hub'. The 'hub' will then liaise with 'spokes' such as poly clinic, A&E, pharmacy, supermarkets and many more. The 'hub' tells users what it expected of them if they want to be part of an accredited scheme. In December 2009 UKAS accredited UNILABS making it

the first UK 'hub'. UKAS inspect the 'hubs' and 'spokes'. Participation in the scheme is voluntary but a Commissioner can insist on using an accredited 'hub'.

- CPA (UK) Ltd – The CPA are due to publish their standards in June 2010.
- Emerging Issues –
- Assigning competency standards to E-Learning for POCT - The group discussed the possibility of linking employee ESR records as a document that holds their competencies on ODL and this will link to 15 Trusts within the UK when it goes live. Accreditation by ISO 15189 versus ISO 22870 – Why 2 schemes? 1 by UKAS and 1 by CPA. It is looking likely that CPA will accredit secondary care hospitals and peripheral sites using ISO 15189 and will monitor and visit every 'hub' and 'spoke' whereas UKAS will accredit the high street and community (pharmacies and supermarkets) using ISO 22870 and only monitor at a selection of 'hubs' and 'spokes.' Based upon this the CPA accreditation will be better for the NHS as their scheme is much more in depth. The risk to members is that the 'spokes' that are sub standard can pull down the 'hub' and similarly a 'hub' that is not up to standard could see all its 'spokes' collapse overnight.
- JS felt that there is an argument for having both schemes within an organisation, the labs under the CPA and the community settings that the labs support under the UKAS scheme thus keeping the lab accreditation separate. JS also enquired if there is currently any pressure to merge both schemes and have one standard. GW confirmed that discussions regarding the dangers of 2 schemes running side by side are currently taking place and there is a suggestion that the best parts of both schemes should be taken to create one national scheme. There is also the recognised need for a cross organisational model and this is one of the reasons that the CPA deferred the launch of its standards last week.
- JK confirmed that he is attending the CPA meeting in Birmingham and that after this more information may be available to the group. JS enquired if, for example, Lloyds Chemist could apply to be an accredited 'hub'? GW confirmed they could but it is felt they currently do not have the expertise and would probably become a 'sub-hub.' GW explained that accreditation status lasts 1 year in the first instance after which it is extended to 3 years. JS enquired about the costs to participate and GW confirmed that UKAS charge a 'hub' approx £15,000 per year to be accredited and the group felt that you would need a substantial number of 'spokes' for this to be a viable value for money option. CC enquired how you would persuade people to take the UKAS or CPA route especially if there are issues with funding the UKAS route. GW stated there is no answer to this at the moment. JS stated that it is unlikely that funding will come from public sources now so only the private sector, for example, Lloyds and Boots the Chemist will be able to take the UKAS route. PCT's and Acute's will take the CPA route. CC asked what take Lloyds/Boots have so far taken on accreditation? GW was unsure but felt that as organisations although they recognise the need to be accredited if providing clinical services they have been very slow to take up the offer.
- 20:20 Emerging Vision Update – JS explained that at the last meeting the group discussed PAG priorities for 2010 and that further to this discussion there is a need for the priorities to look at the POCT delivered and specifically how this would be controlled within the possible reconfiguration of pathology services across GM as the redesign will lead to an increased use of POCT. JS explained that the 6-7 page CE summary on the feasibility study for the redesign of pathology services went to the GM Pathology Network Board on the 14th April 2010 for discussion. This summary has now been slimmed to 2 pages. The document was then presented to both PCT and Acute CE's at their meetings on the 16th April by Mike Burrows and Andrew Foster. JS reported that there has been broad support and more enthusiasm than expected from both sets of CE's. Concerns regarding process and governance have been raised and there is the acceptance that a further stage of work now needs to be completed. JS explained that the CE's had originally challenged the Network with 4 main objectives which are:-
- The achievement of efficiency savings of 20%
- Measurement and improvement of quality by 20%
- Sustaining on-site presence of necessary personnel and services at each Trust
- Ensuring sustainability of future pathology services in Greater Manchester
- JS further explained that a number of options emerged from the study:-
- Option A - Collaborative Model
- Option B - Consolidated Model
- Option C - Centralised Primary Care Model
- JS continued that option B has been recommended and the next stage will be economic and capacity modelling along with an implementation plan. Funding and resources are now being sought for the next phase to begin. JS also explained to the group that the strategic outline case for the procurement of a single LIMS system for GM has also been accepted and supported and will follow a similar procedure. GW enquired on timescales regarding the modelling and also who will lead on this? JS explained that currently the Network is unsure who will lead as we have not been able to confirm if the necessary expertise can be sourced within the NHS. If external expertise is needed then finances will need to be made available. It has been suggested that the CBS can accommodate us but it will be 2-3 months before we can return to the CE's with an update. NJ is currently giving thought on how we can progress regarding a suitable governance model. The group asked about the GM LIMS project and JS reported that a ball park figure of approx £7 million has been quoted based upon rough quotations and the predicted spend in Wales. Estimated savings on existing contracts of £2 million per year

indicate a 30% pay back at this stage. The source of funding needs to be identified but there is an understanding even in the current economic climate that you cannot bring about change without investing. JS reminded the group that we need to take £25 million savings out of GM to cover our portion of the Carter £500 million saving. The current expenditure for pathology in GM is £100 -125 million and this needs to reduce to £80 – 100 million by 2014.

- JB enquired if there is an estimate for job cuts and JS explained that the process will be managed over a period of years allowing for natural wastage etc. Realistically we cannot spend money on redundancies at this time. JS explained that we have to find new ways of working and skill mix needs to be investigated. The group agreed that single organisational working will not solve the problem it must be addressed across GM. The group discussed the proposed implementation of MSC and the impact it could have. The group agreed that as implementation is due for 2012 it is something that will impact more on the next generation and will not solve any current issues. JS finished by informing the group that the SHA are now setting up a Pathology Transformation group lead by the Medical Director Dr Mike Cheshire and have till June 2010 to come up with plans that show how they will achieve their share of the Carter savings.
- **Any Other Business –**
- IBMS CPD – certificates were available.

Actions

- LK to amend minutes from the last meeting and rectify typing error re: Addenbrookes.
- Hypoglycaemia Audit for diabetic inpatients at UHSM to be placed on next agenda
- JK to circulate results of UHSM audit.
- LK has been asked to clarify the amount and locations of community based DCA 2000s
- Representatives from Bolton, Pennine, The Christie and Tameside to respond to site equipment update request
- Network Standards for POCT guidelines to be taken to GM Pathology Network Board for ratification.

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

Date and Time of Next Meeting

- Monday 7th June 2010, 2pm- 4pm, Manchester Suite, Holiday Inn Central Park, Manchester, M40 2BS