

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

Priority Action Group 2 – POCT
 Monday 7th June 2010 2.00 pm – 4.00pm.
 888 Suite, Holiday Inn Central Park, 888 Oldham Road, Newton Heath, Manchester, M40 2BS

In attendance			Apologies	
Laura Kidd	LK	GMPCTs	Judith Ball	WWL NHS Foundation Trust
John Kirk	JK	UHSM NHS Foundation Trust	Carol Chadwick	Central Manchester NHS Foundation Trust
Rachel Pearson	RP	GMPCTs	Keith Hyde	Central Manchester NHS Foundation Trust
Jeff Seneviratne	JS	GMPCTs	Emma James	Central Manchester NHS Foundation Trust
Gillian Tranter	GT	Trafford Healthcare NHS Trust	Neil Jenkinson	GMPCTs
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 26th April 2010** – The minutes were agreed as a correct record.
- **Matters Arising** – The group reviewed the actions from the last meeting and LK agreed to follow up her action regarding DCA2000s in the community. CW confirmed that Bolton Outpatients have not been approached regarding upgrading their DCA2000. The machine was purchased in 2006 and they have a conversion table. JS confirmed that he had spoken with Hilda Crockett of Siemens at a recent meeting and could confirm that the very early DCAs are not upgradable but if we as a group can gather the relevant issue regarding the size of the issue Hilda will attend one of our meetings and seek to resolve the issue. JK confirmed that the Paediatric department at UHSM would pay to upgrade as their machine is now 7 years old. RP and JS explained that they are trying to establish DCA 2000 locations in Primary Care via the medicines management team.
- LK explained that currently there is no POC Co-ordinator at Tameside and JK offered to speak to the previous co-ordinator about the site equipment updater list as she is now employed at UHSM.
- **CPA Accreditation Update** – JK confirmed he had attended the CPA conference in Birmingham on 28th April 2010 at which the CPA had initially suggested that with the introduction of the new POCT regulations they intended to visit all sites with POCT equipment. The CPA had not realised the amount of POCT equipment and it became apparent to them at the meeting that a snapshot will have to be done as with the other accreditation audits. JK continued that the afternoon open meeting with assessors had been an eye opener. JS enquired if at the meeting the differences between the CPA and UKAS schemes had been discussed? JK confirmed that the CPA feel the schemes are the same other than UKAS in internationally recognised. LK agreed to circulate the CPA additional standards for POCT facilities.
- JS drew the group's attention to an email sent by Carol Chadwick (CC) following on from the presentation given by Gilbert Wieringa (GW) at the last meeting. CC has suggested that the Network itself could act as a HUB and the Trusts be spokes. The group briefly discussed this and agreed as both CC and GW had given apologies further discussion should take place at the next meeting.
- **20:20 Emerging Vision Update** – JS explained to the group that the Network is now looking at how to take this piece of work forward and secure the necessary funding to evaluate the preferred model including economic modelling. JS explained that there is a need to deliver against the financial requirements but to look at other prerequisites. The next task is to look at the number of CSLs and ESLs needed across GM for each discipline. JS informed the group that the CEOs have expressed their intention to have the proposed model independently financially assessed. JK confirmed that UHSM is currently in talks with SHH and Trafford and the group discussed the talks currently ongoing between Bolton, Wigan and Salford. JS reiterated that although talks have begun all work needs to complement the bigger picture. DT confirmed that the current proposal for B/W/S is to centralise Micro at Bolton and Histo to Salford. JL confirmed that UHSM is asking for voluntary redundancies.
- LK confirmed that the Network Standards for POCT had been ratified by the GM Pathology Network Board and JS confirmed he would now liaise with NJ regarding the next steps. RP and JS felt it would be beneficial to send out the POCT Network Standards as part of the reconfiguration of pathology services to show that POCT has an important role to play in developing services and how best to implement it.
- **Priority Action Group Issues**
- **Hypoglycaemia Audit for Diabetes Patients** – LK circulated copies of the audit and JK explained that the audit was based upon 100 cases within a one month period. JK continued that the audit has highlighted errors in the sliding scale, the administration of insulin and poor management and documentation. As a result of this the ward charts at UHSM have all been revamped. JK expressed that the audit was made possible due to the connectivity on glucose meters and asked which other Trusts have connectivity. LK agreed to check this information on the update site equipment list. JS suggested setting alerts for hypoglycaemia from the meters to Telepath and then the lab can monitor how many hypos and the audit

could then include if the situation had been dealt with correctly. JK explained that treatment has already been included in the audit. JS enquired if treatment is different for someone measuring between 1-2 and someone between 3-4? JK confirmed that the guidelines are the same. JK expressed interest to see if the introduction of the "Think Diabetes" campaign and the audit will make a difference when the next audit is carried out 6 months. JK also confirmed no other Trusts have contacted him regarding carrying out a similar audit. JS felt it would be beneficial to take this to the BIO NAG and circulate the issue to a wider audience as they may wish to begin audits.

- JK felt that the outcome of the audit could be used as a case to secure funding for connectivity within Trusts. This could also be linked to the evidence regarding length of stay and morbidity and mortality. JS agreed that connectivity provides the opportunity to audit and discover root cause. LK to email the BIO NAG and circulate the UHSM audit results.
- **Any Other Business –**
- IBMS CPD – certificates were available.
- CPA Accreditation Presentation – JS showed the group the presentation from the CPA conference recently held in Birmingham. The presentation began by defining POCT and explaining accreditation is based upon ISO 15189 for medical labs and the standard used by the NHS. With the introduction of POCT the standard ISO 22870 was designed for quality and competence and should be used in conjunction with ISO 15189. JS detailed the additional standards relevant to POCT and what they will mean for labs. The standards contain the following categories:-
 - Organisation and quality management system
 - Personnel
 - Premises and environment
 - Equipment information systems and materials
 - Pre examination process
 - Examination process
 - Post examination process
 - Evaluation and quality assurance
 - Specific additional standards have been introduced to each category.
 - The group discussed the need for labs to appoint a designated POC representative and have training and review programmes in place.
 - The group discussed that agreements between other healthcare organisations have evolved and as such there is now a need for SLAs to be out into place. The group also felt in light of the new standards it was time to revisit who we see as another healthcare organisation even within the NHS.
 - JK confirmed that the CPA feels it is acceptable to set up your own EQA scheme to deal with non conformities.
 - It was also confirmed that that the CPA certificate will now identify the organisations that comply with the combined standards for the lab with the POC service and the POC service.
 - The group felt that it would now be worthwhile to compare our Network Standard document against the new standards to ensure all aspects have been covered and have an initial introduction to the CPA accreditation scheme within our document.
 - The group agreed that labs need to take responsibility for POC and that the new additional POCT specific standards are beneficial.

Actions

- LK to clarify the amount and locations of community based DCA 2000s
- JK to liaise with previous Tameside POC co-ordinator re: site equipment update request.
- LK to circulate the additional CPA standards for POCT accreditation and the CPA presentation.
- LK to check which Trusts have connectivity.
- LK to email UHSM audit results and covering note to the BIO NAG

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

Date and Time of Next Meeting

- Monday 6th September 2010, 2pm- 4pm, Manchester Suite, Holiday Inn Central Park, Manchester, M40 2BS