

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

Priority Action Group 2 – POCT
Monday 16th January 2012, 2.00 pm – 4.00pm.

Corporate Suite, Holiday Inn Manchester Central Park, 888 Oldham Road, Newton Heath, Manchester, M40 2BS

In attendance			Apologies	
Anna Beaumont	AB	School of Healthcare Sciences, MMU	Judith Ball	WWL NHS Foundation Trust
Samantha Ekin	SE	Stockport NHS Foundation Trust	Carol Chadwick	Central Manchester NHS Foundation Trust
Keith Hyde	KH	GMPCTs	Raheela Bibi	Tameside Hospital NHS Foundation Trust
Emma James	EJ	Central Manchester NHS Foundation Trust	Jeff Seneviratne	GMPCTs
Laura Kidd	LK	GMPCTs	Gillian Tranter	Trafford Healthcare NHS Trust
Louise Miller	LM	School of Healthcare Sciences, MMU		
Michelle Miller	MM	UHSM NHS Foundation Trust		
Lodzia Pitchford	LP	Royal Bolton Hospital NHS Foundation Trst		
Jackie Whitehurst	JW	Pennine Acute Hospitals NHS Trust		
Gilbert Wieringa	GW	Royal Bolton Hospital NHS Foundation Trst		
Carolyn Williams	CW	Royal Bolton Hospital NHS Foundation Trst		
Frida Arvidsson	FA	Diasend		

Discussion Points

- **Welcome and Introductions** – SE welcomed the members and introductions were made as the group has not met since July 2012.
- **Minutes of Meeting held on 25th July 2011** – The minutes were agreed as a correct record.
- **Priority Action Group Issues**
- **Presentation by Diasend** – FA showed the group a short film which highlighted the communication issues faced by patients and healthcare professionals. Following this FA explained to the group that Diasend is a hub that all glucose meters and pumps attach to and upload data to the Diasend website (diasend.com.) The data can then be accessed by both the healthcare professional and the patient and displayed in a uniform way which is easy to understand. FA explained that Diasend is produced by the parent company Aidera, a Swedish company that bought the product to market in 2006. No additional software is needed as Diasend uses the GSM (mobile telephone) network. The four most commonly used leads in the UK are initially provided but there is also the facility to pair instruments via the infra red eye. SE enquired how the product differentiates between different meters. FA explained that the system recognises the serial number, brand and model of the meter which can then be saved to a patient profile. More than one meter can be added to a profile. In order for patients to download their data from home additional software is required and any information downloaded and not saved to a patient profile is automatically eliminated at midnight for security purposes. Patients can choose to either have information for personal use or share with clinics. The system is updated 4 times a year and these updates which are designed to accommodate new meters to the market are included at no extra cost.
- AF gave a very informative slide presentation demonstrating the website set up and step by step instructions that showed the facilities and options available. AF confirmed that all information is downloadable and printable. SE enquired who is using the system and FA confirmed that users are mostly GP practices based in Portsmouth, Bristol, Leeds, Scotland, Ireland and London amongst other locations. There are currently 30 clinics live but none in the NW or GM. MM enquired if the system can differentiate between live data and QC tests as this would affect the data/graphs/trends. FA explained that the system simply downloads everything regardless of dates/times being correct/incorrect the idea is not to tamper with the data at all. CW enquired if certain results can be omitted but again FA stressed there is no ability to edit or delete. The group asked for clarity regarding the systems unique identifier and FA explained that this is the username/password followed by the meter serial number. EJ asked in the interest of patient ease if a patient visited a chain of pharmacies could one database exist or would a database be needed for each branch. FA confirmed that only one database would be needed. The group could see the value in the system but was not sure at present that it would be supported by healthcare professionals within the community. The group expressed an interest to see the system in use and to gain feedback from existing users. FA explained that Diasend are currently offering a one month free trial and urged any interested party to contact her for further details. KH stressed that NHS Manchester will be looking for innovations for QIPP.
- **Metro POCT Update** – KH explained to the group that NHS Greater Manchester took the decision on Thurs 12th January not to tender GP direct access work for GM following acceptance of a proposal for a single solution from 5 of the 9 GM Trusts. Letters have now been circulated to the Acute CEOs of the remaining GM Trusts (CMFT, Pennine and Bolton) offering the same terms. If rejected the GP direct access work for these 3 Trusts will be tendered. KH continued that the region now needs to focus on the QIPP agenda by identifying innovations and defining quality. One such innovation is the

Metro project. KH explained that this project will provide a new 'one stop' facility for demonstration of POCT, training, validation and competency assessment in the vicinity of 'Corridor Manchester'. The facility will be available for patients, GPs, healthcare professionals, including nurses.

- MMU through the School of Healthcare Sciences has secured funding for a two-year proof of concept project which will examine the feasibility of developing a long-term partnership with the NHS and POCT equipment manufacturers to create a learning hub for individuals involved in POCT for a range of conditions and therapies including diabetes, anaemia, HIV and anti-coagulant therapy. Initially the unit will be based at the John Dalton building but if successful will be relocated into the community after the initial 2 year pilot ends. KH introduced Anna Beaumont (AB), NHS Interface Officer at Manchester Institute of Healthcare Science and Louise Miller (LM), IHCS Intern – Projects. LM is an MMU Intern, a new initiative whereby recent MMU graduates are employed for a short period of time (LM has a 6 month contract) to give them experience of the world of work and to enable them to be in a better position when applying for jobs. Interns are employed to assist with specific projects and LM is assisting with the Metro-POCT project. KH asked members to agree to allow LM to contact them with a view to organising educational visits. KH explained that a project board is now in place which includes a GP along with SE and EJ in an advisory capacity. Simon Kimber who has now been employed as Project Manager on a 3 day (per week) contract is currently holding discussions with BIVDA. The next stage is to employ a BMS locally 1-2 days per week and 2 PhD students (1 of which will be jointly funded by MMU and NEQAS).
- JW enquired if the training and competence assessment will be aimed at hospital staff and KH clarified it will be community based staff but that this could be extended to hospital based staff in conjunction with interested Trusts. SE explained to the group that she and EJ have been advising on which are the most utilised tests within each discipline. SE confirmed that Urine Dipstick had been chosen for Microbiology and the members present concurred. EJ explained that Urine Dipstick is a universal test that unlike some others is unlikely to be phased out. The group discussed the differing needs of users as some will want a bread and butter service whilst others will want a more in depth sophisticated service. MM enquired if workshops will be run or the training will be more tailored. KH commented that these decisions have not been agreed yet and as such feedback and suggestions from this group would be appreciated. EJ pointed out that due to the nature of the project there will be trial and error and any idea/suggestion warrants further investigation and SE felt workshop events would be of great benefit. KH informed the group that at a recent GP Commissioning event in respect to the question what can NHS pathology do for you in GM the message was clear anticoagulation clinics followed by POCT. KH speculated that a half day conference should soon be organised and asked that any project issues be placed on the agenda for discussion by this group.
- SE enquired if any diagnostic companies have signed up to the project and KH confirmed that Sysmex, Allera, BIVDA and 2 other companies have given their support. Roles are still to be determined and companies are being asked how they wish to be involved e.g. cash or equipment. SE stressed that the project needs to remain vendor neutral and EJ agreed that the credibility of the project could otherwise be affected.
- Siemens Update – CW confirmed that Bolton have finally upgraded to a DCA Vantage and SE confirmed that SHH has now upgraded both DCA 2000s to Vantages. LK explained that at the last meeting there was confusion regarding who the current Siemens representative is. LK confirmed that Dr Matthew Siddons (MS) is the Account Manager for Central North and Della Kirby (DK) is the POC Sales Specialist for our region. LK has arranged for MS to attend the March meeting and urged members to forward any Siemens issues/concerns via email prior to the meeting.
- MM stated that UHSM has experienced an issue with the Clinitek urine dipstick and pregnancy test. MM was contacted by DK who requested an urgent meeting as a field safety notice was imminent due to an increase of false positive pregnancy results from 4 - 7%. DK explained that all kits were to be withdrawn with immediate effect and no alternative would be provided. MM commented that there was also no support or advice. MM stated that UHSM has recently experienced a similar issue with an I.L GEM 4000 blood gas analyser which was handled completely differently. There is a high probability that the casing around the membrane on the potassium electrodes will crack and as a result the manufacturer is supplying an alternative machine. The group commented collectively on the appalling customer service received by Siemens. EJ informed the group that CMFT had been subjected to the same experience but was actually informed that although a field safety notice was to be issued Siemens could not specify what the problem was. EJ contacted the UK Quality Manager who was unaware of the issue. Members involved in the recent debacle shared their frustration at receiving a strategic and rushed email at 9pm on a Friday night. The email explained the situation and how refunds can be obtained but the attached forms appear to be very unclear.
- SE explained that SHH has not encountered the same issue as UHSM and CMFT as the Clinitek system has not gone live yet. In general the group feel that Siemens presence at the March meeting will provide an opportunity to air their feelings collectively giving more weight to their argument that a solution is needed to both the Clinitek and the DCA 2000 issues.
- EJ informed members that CMFT are currently trialling the DXpress Reader by Chirus, a machine which could provide a solution to the Clinitek issue. EJ offered to forward all details to LK for circulation to the group. Any interested members can then contact Chirus direct. EJ is currently evaluating the DXpress but informed the group that a colleague at Liverpool has trialled the analyser and will be presenting her findings at FOCUS. The group has concerns regarding the lack of research and development at Siemens, the case with H bA1c being an example.

- RCPATH KPI Update – LK reminded the group that at the last meeting in July members were asked to comment on the proposed KPIs for pathology which include *Suggested CPA standards beyond ISO 15189* acknowledging the need for the profession to define standards and how they should be measured so that the remit of CPA in accrediting pathology services can be widened to include the measurement of performance against these standards. One of these specifically relates to POCT. EJ agreed to read and comment on the standard in question and forwarded comments to LK. After a brief discussion the group agreed that the standard is unclear and it was agreed to wait for further information, clarity and guidance.
- IBMS POCT Guidance Update – CC had given her apologies for today's meeting so the group decided to defer this agenda item.
- **Any Other Business** –
- IBMS CPD – certificates were available.
- CPA Accreditation for POCT – SE informed the group that SHH is now the first accredited laboratory in the UK against the new CPA POCT standards. SE praised the Peer assessors involved after the group had previously expressed their concerns.
- POC Instrument Database – SE asked LK to circulate the most recent information and asked members to update and return to LK.
- POC Benchmarking – SE enquired if any members present currently utilise benchmarking for POC. Members commented that the National Pathology Benchmarking Service at Keele University includes some POC. LK suggested referring this item to JS as he is involved with pathology benchmarking.
- Inform II Glucometers – JW made the group aware of an issue with the Roche Inform II glucometer currently affecting Pennine. Since August 2011 13% of the meters have been experiencing download issues. Roche are aware of the “bug” which there is currently no “fix” for due to uncertainty around it being software or firmware based. Roche are working towards a resolution but the issue has now gone global. JW will attend an update meeting with Roche on Friday 20th January 2012. The latest recommendation is to disconnect the meter and use only as a hand held instrument.
- MM commented that UHSM are experiencing a different issue with the Inform II glucometer. If the meter does not scan a patient's wristband correctly the machine automatically defaults to 999999 and then allows the user to continue with analysis. SE reported that they don't have this issue and SE agreed to check and report back to the group.
- GMPN Business Manager – LK explained to the group that following a three month secondment to the GM & Cheshire Cancer Network Rachel Pearson has resigned as Business Manager and accepted a full time permanent position. The group wished RP well for her future.

Actions

- All members to forward Siemens issues/concerns to LK
- EJ to forward Chirus details to LK for circulation to the group
- LK to add IBMS POCT Guidance Update to March agenda
- LK to circulate POC Instrument Database to be updated and returned to LK
- LK to contact JS re: POC benchmarking
- SE to circulate Inform II scanning “fix” to MM

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

- None

Date and Time of Next Meeting

- Tuesday 20th March 2012, 12pm- 2pm, Holiday Inn Manchester Central Park, 888 Oldham Road, Newton Heath, Manchester, M40 2BS.