

Notes from the Pathology User Group Meeting

<b>Date of meeting:</b> 24 <sup>th</sup> October 2014 @ 13:30hrs.	
<b>Held at:</b> Pathology Meeting Room 1, Royal Berkshire NHS Foundation Trust (RBFT)	
<b>Present:</b> Michelle Jennings, Manager, Brookside; Dave Asplin (DA), Quality Manager, RBFT; Ann Halford (AH), Central Services Manager; RBFT; Maria Harris, Phlebotomist, Chapel Row Surgery; Angela Slattery, Eastfield Surgery; Carole Jenner, Practice Nurse, Chapel Row/ Newbury PBC; Nicola Brock, GP, Parkside Family Practice; Mark Sleeman, Clinical Scientist, Biochemistry, RBFT.	
<b>Apologies:</b> Jo Spicer, Pathology Liaison, Wallingford Medical Practice; Phillip Haynes, Partner, Brookside; Andy Button (AB), Practice Manager, Swallowfield Surgery; Geoff Lester (GL), CSUD, RBFT.	
<b>Notes</b>	<b>Action</b>
The notes from the last meeting were agreed.	
<b>Consumable Orders</b> Being pursued and on list of projects for IT and for consideration as part of ICE system. We will contact all when there is progress.	
<b>Pricing on ICE</b> This is awaiting agreement on banding prices with the commissioning groups	CCUs/ RBFT
<b>Smear takers using ICE</b> This action is complete	
<b>Clinical Governance</b> No trends or major changes in unlabelled/ mislabelled samples from surgeries with 16 out of the 31 occurrences in the last quarter. 1/3 from one surgery which are being reviewed with the surgery. Any clinical governance issues that arise, please pass to Dave Asplin, Quality Manager to resolve. No other clinical governance issues were raised.	
<b>Quality &amp; Service issues</b> Private patients were discussed, especially those wanting tests for work/ travel which is not covered by the NHS. RBFT asked that surgeries highlight the fact that patients will be charged for this service and, if they come to the hospital for the phlebotomy, they will be asked to pay prior to the samples being taken. Cash is taken by the phlebotomists or by credit/ debit card via the hospital cash desk. If private patients come to phlebotomy with sample containers, they will be charged for the phlebotomy. If the request is from a source not covered by us, we will stabilise if required and send on to the requesting hospital to test unless it is a time sensitive test which we would perform here. Also, we need to know who to send the results to as we cannot give results directly to a patient.	Please note

<p>Those who took the time to complete the on-line User Satisfaction Survey were thanked. The results in their raw form were discussed and an action plan drawn up from this and handed out at the meeting. These actions are being reviewed by us now and information will be sent to all and posted on the handbook. One point to note is that the odd result sent to the wrong place should be returned to Dave Asplin or Ann Halford via post, e-mail ( to <a href="mailto:dave.asplin@nhs.net">dave.asplin@nhs.net</a>, if confidential information) or by fax to 0118 322 7566.</p> <p>We are receiving multiple forms at times, sometimes with repeat tests. This means we can be performing tests unnecessarily. Please note that you can edit/ add an order onto the ICE system right up until we wand in at the laboratory.</p> <p>Please note it is important to tick the “fasted” tick-box when taking a sample and leaving blank if not.</p> <p>On the last page of the ICE request form it id possible to enter the date you wish the sample to be taken. This was demonstrated at the meeting in response to a request.</p> <p>The temporary suspension of the microbiology CPA accreditation was discussed. This was due to CPA and us agreeing we needed a little more than 8 weeks to properly resolve some findings (mainly based on the new ISO15189) hence automatic suspension. We have submitted all the evidence to clear all the findings in less than the agreed timescales and are happy that we now meet the CPA standard fully. Unfortunately, the new rules mean we have to have another visit before suspension can be lifted. CPA are suggesting that October is probably the earliest they can arrange this. We will keep you informed.</p>	<p>DA</p> <p>ALL to note</p> <p>ALL to note</p> <p>DA</p>
<p><b>Topic of the Day</b></p> <p><u>Pathology reconfiguration –</u></p> <p>An update was given on the ongoing work concerning a Berkshire/ Surrey pathology service. An outline business case was presented to all the hospital boards who all agreed to move to the next stage of a full business case now being developed. It is planned to present to the hospital boards in the next few months with a view to the new service model starting April 2015 subject to agreement. A decision on the location of the main laboratory will be made after agreement.</p>	
<p><b>Any other business</b></p> <ol style="list-style-type: none"> <li>1. A discussion on the forthcoming introduction of monovettes containing preservative for urine. When a date for introduction is decided, this will be communicated in advance. To note: these (pink top) are only to be used for microbiology tests. Biochemistry must be in the yellow top monovettes.</li> <li>2. Change of viral transport media. The recent note sent out concerning this was discussed and explained.</li> <li>3. New NICE guidance received the morning of the meeting was mentioned concerning the use of ACR rather than PCR for CKD. RBFT agreed to review and report.</li> </ol>	<p>DA</p> <p>MS</p>

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4. A request from us that any expanded surgery opening times or introduction of clinics be notified to us in advance so we can ensure appropriate staffing levels to handle.	ALL to note
<b>Date of next meeting</b> TBA. DA to send out possible dates for the next meeting and go with the majority vote.	DA

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