

**Notes from the Pathology User Group Meeting**

<b>Date of meeting:</b> 23 <sup>rd</sup> . June 2011 @ 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; Richard Rogers (RR), Principal BMS, Haematology, RBFT; Mark Sleeman (MS), Pre-reg Clinical Biochemist, RBFT; Jo Spicer, Pathology Liaison, Wallingford Medical Practice; Geoff Lester (GL), CSUD, RBFT; Nicola Brock, GP, Parkside; Richard Croft, GP, Tilehurst Village Surgery; Angela Slattery, Eastfield Surgery.	
<b>Apologies:</b> Mary Rawlinson, Nurse Practitioner, Burma Hills; Phillip Haynes, Partner, Brookside; Glen Higgins, Practice Manager, Sonning Common Health Centre; Karen Batsford, IM&T Manager, Balmore Park Surgery; Louise Mander, Balmore Park Surgery; Paul Robinson, Clinical Biochemist, RBFT; Andy Button, Practice Manager, Swallowfield Surgery; Carole Jenner, Practice Nurse, Chapel Row/ Newbury PBC; Geoff Pinney (GJP), Pathology Services Manager, RBFT; Sarah Morton, GP, Balmore Park Surgery; Janice Greenhill, Reading Walk in Health Centre.	
<b>Notes</b>	<b>Action</b>
The notes from the last meeting were agreed.	
<b>Security of telephoned results</b> System via the use of the Practice NHS e-mail code introduced across all pathology after successful trial. Reported as still working OK. Complete.	
<b>GP Electronic Order Processing (EPR – Electronic Patient Record)</b> This is now part of the EPR project. An update on progress was given – see under “Topic of the Day”. X-ray results will be included and a link into the hospital EPR is also part of the plan. Mark Sleeman has visited some Practices to see how the results look at the receivers’ end and is continuing this exercise which is proving a worthwhile exercise for all parties.	MS
<b>Consumable Orders</b> This was one of the projects put on hold by Trust IT so effort could be directed at the EPR project. Justification package has been submitted for funding. Our recent User Survey indicated that this is still seen as an area that could be improved and this has been passed on as further justification. Being monitored.	AH
<b>Reporting/ Coding urine protein/ creatinine ratios</b> Completed. All leave Pathology with QOF coding.	
<b>Helpline</b> Practices tend to phone direct to clinicians so affects patients more. Switchboard now direct patients to pathology. Will be reviewed after implementation of EPR/ pathnet/	AH to monitor

<p>GP electronic ordering.</p> <p>For adding biochemistry tests, please use <a href="mailto:biochem.add@royalberkshire.nhs.uk">biochem.add@royalberkshire.nhs.uk</a>. Use of the pathology lab number helps with these requests (an 8 digit number usually beginning with a 2).</p>	
<p><b>Fasting Lipid Profile</b></p> <p>Agreed that ideally these should include HDL and will do under the electronic system as part of “clinical scenario tests”. Till then ask for “HDL” in Any Other Tests box if needed. Can be added via the add-on e-mail link above. Specimens are kept in lab store for approx 7 days. We are looking to move tests around on our analysers to be able to provide a better service and this was explained in more detail.</p>	
<p><b>Vision Interpretation of Results</b></p> <p>Being investigated. Results sent out correctly, listing probably by Vision but interface also being checked.</p>	MS
<p><b>Reference Range Summary</b></p> <p>All reviewed and actions completed.</p>	
<p><b>Different Venue for Meeting</b></p> <p>It was asked whether a similar meeting to this could be held in Newbury. RBFT looked into this and held one in Newbury in January 2011. Actions from this meeting will also be reviewed at this one. Complete.</p>	
<p><b>Making public pathology clinical performance</b></p> <p>EQA – (External Quality Assessment) is the UK wide measure. This is something that has been encouraged and RBFT are happy for users to see the results. There is a lot of information relating to this (results for every test) and ending this out en bloc was felt to be too unwieldy. RBFT are looking at how to put a link from the handbook to this information and present it as practically as possible.</p>	GL
<p><b>How often should you test cholesterol?</b></p> <p>Dr. Cabreu is looking to produce guidance and DA will circulate this when available. It is planned to have ready for the next GP Desktop.</p>	GL
<p><b>Hard copy Haemoglobinopathy results.</b></p> <p>This is a different system so turning off the need for paper copies to selected surgeries is not straightforward. A solution is being investigated.</p>	AH
<p><b>Interface for “Rio” system</b></p> <p>After discussion, this appears to be widely used, including by dieticians, although limited in use/ flexibility. There are no interfaces available at present. It will be raised as part of the EPR project.</p>	GL
<p><b>Topic of the Day</b></p> <p><u>Service Improvements</u></p> <p>A discussion took place about the service. Points noted were:</p> <ul style="list-style-type: none"> <li>• It was stated that the new IT system will improve how we report ranges and</li> </ul>	

<p>highlight abnormalities.</p> <ul style="list-style-type: none"> <li>• X ray results are included in the electronic requesting.</li> <li>• Obtaining certification for use of the new EPR system was reported as the reason for delay in implementation.</li> <li>• RBFT are hoping to implement electronic order processing in advance of EPR now.</li> <li>• The reconfiguration of pathology within Berkshire was discussed. Consolidation should save money however it was emphasised that RBFT intend to involve users in producing the specification for the new service and aim to continue to provide a first class clinical solution as an integral part of the new service.</li> <li>• The Bracknell clinic is now open to provide a service nearer to home for our users in this area. It provides renal dialysis, radiotherapy, imaging and chemotherapy along with a small pathology presence giving phlebotomy and some basic analytical haematology and biochemistry. The pathology service is happy to welcome our Wokingham area users to this new clinic bearing in mind there are only two phlebotomy rooms. We are open from 09:00 to 16:30 on weekdays. The address of the clinic is given at the end of these notes.</li> </ul> <p>Any queries or suggestions please contact us (Dave Asplin, Quality Manager, <a href="mailto:dave.asplin@royalberkshire.nhs.uk">dave.asplin@royalberkshire.nhs.uk</a>, tel.- 0118 322 7975; fax - 0118 322 7566; Ann Halford, Central Services Manager, <a href="mailto:ann.halford@royalberkshire.nhs.uk">ann.halford@royalberkshire.nhs.uk</a>, ext.7753; Geoff Lester, Clinical Director, <a href="mailto:geoff.lester@royalberkshire.nhs.uk">geoff.lester@royalberkshire.nhs.uk</a>).</p>	
<p><b>Clinical Governance</b></p> <p>AH is developing an improved method of recording errors so these can be reported regularly at these meetings.</p> <p>No other clinical governance issues were raised.</p>	AH
<p><b>Quality &amp; Service issues</b></p> <p>Pathology explained that a temporary shortage of specimen bags was due to their attempts at reducing waste by reusing certain of these bags (and hence reducing call-off quantities from supplier) being halted due the excessive time taking to sort. Apologies were made for any shortfalls and it was stated that deliveries are now back to normal.</p>	
<p><b>Any other business</b></p> <ol style="list-style-type: none"> <li>1. Cascade requesting and its implications was discussed. It was agreed that professional judgement should be used.</li> <li>2. Suitability of urine samples was covered by Dr. Shabnam Iyer (SI), Clinical Microbiology. It was agreed that as much as possible needs to be done to prevent unnecessary or unreliable testing. Surgeries are to emphasise this to their patients.</li> </ol>	GPs/ Practice Staff

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<p>3. and RBFT are to look at producing some brief guidance on this.</p> <p>4. Charging for testing for non-clinical reasons such as required for some jobs. It is PCT policy not to pay for such tests. RBFT therefore invoice the patient unless it is made clear on the request form it is for a clinical reason or the Practice will accept the invoice on behalf of the patient. It was requested that Practices make this clear at the time to avoid queries by patients when they receive the invoice.</p> <p>5. Patients ringing pathology for their test results as requested by their clinician was discussed as this occurs. GPs do not do this for their requests and it was thought this may be a misunderstanding on being asked to ring the Trust for tests requested by Trust clinicians and the assumption by the patient/switchboard that, if test results are required, pathology is required. All to make it clear that it is the Trust clinicians (or their secretaries) that should be contacted.</p> <p>6. Self testing of warfarin patients was raised by RR. RBFT do not support POCT at present although we are reviewing this with the hope to provide in the future.</p> <p>7. The requesting of CA125 and its merits was discussed</p> <p>8. DA thanked those who participated in our User Survey. The report is on the pathology handbook and pathology have drawn up an action plan to resolve any issues arising.</p>	<p>SI/ DA</p> <p>GP's/ Practice Staff</p> <p>ALL</p>
<p><b>Date of next meeting</b></p> <p>TBA. DA to send out possible dates for the next meeting and go with the majority vote.</p>	<p>DA</p>

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Attached: Report on suitability of urine samples.