Royal Berkshire NHS
NHS Foundation Trust

Notes from the Pathology User Group Meeting

Date of meeting: 2nd. February 2012 @ 13:30hrs.	
Held at: Pathology Meeting Room 1, Royal Berkshire NHS Foundation Trust (RBFT)	
Present: 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), Clinical Biochemist, RBFT; Nicola Brock, GP, Parkside; Angela Slattery, Eastfield Surgery; Andy Button, Practice Manager, Swallowfield Surgery; Carole Jenner, Practice Nurse, Chapel Row/ Newbury PBC; Phillip Haynes, Partner, Brookside; Tim Walter, GP, Falklands Surgery; Shabnam Iyer (SI), Consultant Microbiologist, RBFT.	
Apologies: Jo Spicer, Pathology Liaison, Wallingford Medical Practice; Geoff Lester (GL), CSUD, RBFT; Desiree Warren, Practice Manager, Priory Avenue Surgery; Mary Rawlinson, Nurse Practioner, Burma Hills.	
Notes	**Action**
The notes from the last meeting were agreed.	
GP Electronic Order Processing (Anglia ICE) and EPR – Electronic Patient Record An update on progress was given – see under "Topic of the Day " Mark Sleeman is continuing his visiting the Practices to see how the results look at the receivers' end and aid with ICE implementation.	
Consumable Orders 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 actively pursued.	AH
Vision Interpretation of Results Investigated. Results sent out correctly, listing probably by Vision but interface also being checked. No more occurrences and checks carried out. Closed.	
Making public pathology clinical performance EQA – (External Quality Assessment) is a UK –wide quality measure 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. Presently not a high priority but we are happy to provide this information upon request.	GL/DA
How often should you test cholesterol?	

Dr. Cabrera Abreu is looking to produce guidance shortly and DA will circulate this when available	DA
Hard copy Haemoglobinopathy results. This is a different system so turning off the need for paper copies to selected surgeries is not straightforward. A solution is being investigated but taking a lower priority than ICE and EPR.	AH
Interface for "Rio" system After discussion, this appears to be widely used, including by dieticians, although limited in use/ flexibility. There are no interfaces available at present. It has been raised as part of the EPR project.	
Suitability of urine samples Surgeries are emphasising requirements to patients and storing samples cold. Transport company being provided with ice packs and reception have a fridge so samples received in good condition to test. Guidance was issued.	
Charging for testing for non-clinical reasons/ private patients This was discussed and DA stated that discussions were ongoing between the Trust and Practices to standardise this process throughout West Berks. If the surgery have charged the patient, this should be written in the clinical information box. We would still charge £10 for phlebotomy if the patient comes to the Royal Berks.	
Patients ringing pathology for their test results Discussed and actions completed.	
Topic of the Day Service Improvements – GP electronic order comms A discussion took place about the service. Points noted were: • ICE roll out has started and first Practice has been successful. MS is overseeing the roll out. Aim is to have completed by end of June. • .MS is looking at a drop-down box of clinicians so "copy to" clinicians can be selected. Presently, a significant number of results going to the wrong person are "copies to" • Please note that Mark Sleeman's e-mail address is mark.sleeman@nhs.net. Any queries or suggestions please contact us (Dave Asplin, Quality Manager, dave.asplin@royalberkshire.nhs.uk, tel.- 0118 322 7975; fax - 0118 322 7566; Ann Halford, Central Services Manager, ann.halford@royalberkshire.nhs.uk, ext.7753; Geoff Lester, Clinical Director, geoff.lester@royalberkshire.nhs.uk); Geoff Pinney, Pathology Services Manager, geoff.pinney@royalberkshire.nhs.uk.	
Clinical Governance AH has developed an improved method of recording errors so these can be reported regularly at these meetings. The error rate remains similar.	

No other clinical governance issues were raised.	
Quality & Service issues The sending of results to wrong GP were discussed. It was stated by the Practices that microbiology results are the main problem. ICE should resolve this when fully implemented but DA/AH agreed to look into this. Paediatric phlebotomy was discussed. There is no national guidance available. The Trust had hoped to have all paediatric phlebotomy performed in dedicated children's wards. This has proved impractical in all cases. Pathology phlebotomy therefore still offer the service at the South Block unit only. If they are unable to take a sample they will refer to the Kempton Day Bed Unit. If patients are being sent to South Block phlebotomy, please ensure parents/ guardians have the cream to put on their children prior to arriving for the sample taking (1 hour before recommended). AH is looking at the possibility of our phlebotomists being trained to apply the cream themselves if necessary (presently not permitted). N.B. we cannot perform the "heel pricks" (for testing of long term jaundice).	DA/ AH
Any other business 1. It was agreed that RBFT should continue to generate tests in the laboratory such as iron, B12 and folate when Haematology results indicate that this would be clinically useful, providing that a valid sample exists in Clinical Biochemistry. This saves recalling and re-bleeding a patient. With red cell folates, generating in the laboratory is not practical so recommendations to obtain a sample from the patient are given. Only 30% of recommendations result in the laboratory getting such a sample, yet 50% of these tested indicate deficiency, indicating that serum folate alone is not a good basis for commencing folate therapy. Please therefore try to follow any recommendations. RR is to produce some guidance notes. 2. When we receive requests on forms from out of the area, we try to stabilize and forward to their pathology as it is difficult for us to get the results back to the right person. If the surgery request on our forms, it is easy and quick to get the results back. Please note that, if we need to forward to the out of area pathology, please ensure we have the samples Monday to Thursday. 3. When swabs are sent post surgical procedure, please supply as much information as possible including type of surgery. Any signs of infection post prosthetic surgery should be flagged and patient referred back for review. 75% of joints can be saved if infection is found early enough. There is no time limit for this. SI/ DA in conjunction with orthopaedics will produce some guidance on this. N.B. swabs should be stored in a fridge. 4. Tubes required for Thrombophilia were discussed. RBFT to look at the Pathology Handbook to ensure this reflects latest requirements. 5. It was noted that PSA, B12 and other hormone tests are often received with an additional red-topped tube. We only require one SST tube for these tests. 6. Angela Tappin, Jenny Toland and Henry Carpenter were welcomed for the	RR SI/DA DA/AH/RR

pathology tour.	
Date of next meeting TBA. DA to send out possible dates for the next meeting and go with the majority vote.	DA

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