

Notes from the Pathology User Group Meeting

Date of meeting: 6 th September 2012 @ 13:30hrs.	
Held at: Pathology Meeting Room 1, Royal Berkshire NHS Foundation Trust (RBFT)	
Present: Michelle Jennings, Manager, Brookside; Jo Spicer, Pathology Liaison, Wallingford Medical Practice; Dave Asplin (DA), Quality Manager, RBFT; Ann Halford (AH), Central Services Manager; RBFT; Karen Ellaby, Nurse Practitioner, RWINC; Zoe Vincent, Phlebotomist, Downland Practice; Maria Harris, Phlebotomist, Chapel Row Surgery; Richard Rogers (RR), Principal BMS, Haematology, RBFT; Mark Sleeman (MS), Clinical Biochemist, RBFT; Angela Slattery, Eastfield Surgery; Andy Button, Practice Manager, Swallowfield Surgery; Carole Jenner, Practice Nurse, Chapel Row/ Newbury PBC; Vicky Lock, Head BMS Microbiology; Shabnam Iyer (SI), Consultant Microbiologist, RBFT; Jacqui Osypiw (JO), Head Clinical Biochemist, RBFT.	
Apologies: Geoff Lester (GL), CSUD, RBFT; Desiree Warren, Practice Manager, Priory Avenue Surgery; Mary Rawlinson, Nurse Practitioner, Burma Hills; Phillip Haynes, Partner, Brookside; Nicola Brock, GP, Parkside; Raj Sharma, GP, Chatham Street Surgery.	
Notes	Action
The notes from the last meeting were agreed.	
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 but low priority within the Trust with the new EPR system. Looking at possibility of using ICE.	AH/ MS
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 and putting a link from the handbook to this information and presenting it as practically as possible does not appear to be a practical solution. We are happy to provide this information upon request. No further action planned at present.	
How often should you test cholesterol? Dr. Cabrera Abreu has produced guidance and DA has circulated this. Complete.	DA
Hard copy Haemoglobinopathy results. This is a different system so turning off the need for paper copies to selected surgeries and is not possible with our present IT systems. It will be reviewed when a new IT system is being considered.	

<p>Results to wrong place</p> <p>All microbiology errors are being fed to one of the seniors in the area (Jerry Wigmore – JW) who has generated a spreadsheet to analyse and look for trends. Also AH working with them for guidance information.</p>	<p>AH/ JW</p>
<p>Folates guidelines</p> <p>This is being prepared and it is intended to be incorporated within the ICE requesting system.</p>	<p>RR</p>
<p>Post prosthetic surgery guidelines</p> <p>These have been issued and circulated. Complete.</p>	
<p>Tubes required for thrombophilia</p> <p>Handbook updated. Action complete.</p>	
<p>Topic of the Day</p> <p><u>Service Improvements –</u></p> <p><u>GP electronic order comms</u></p> <p>ICE roll out ongoing and working well. MS is overseeing the roll out.</p> <ul style="list-style-type: none"> Please note that Mark Sleeman’s e-mail address is mark.sleeman@nhs.net. <p><u>Pathology Reconfiguration</u></p> <p>An update was given. Presently detailed discussions are being held with the selected partner. An in-house comparator is being used to ensure quality and value for money. It is planned the Trust boards of RBFT and Wexham Park meet in October to decide whether to go forward with the joint venture as the solution. We will keep our users informed.</p>	
<p>Clinical Governance</p> <p>No trends or major changes in unlabelled/ mislabelled samples from surgeries.</p> <p>No other clinical governance issues were raised.</p>	
<p>Quality & Service issues</p> <p>Taking alcohol the day prior to a GTT was discussed. It was stated that alcohol can affect triglyceride results and some guidance will be produced.</p> <p>There are a number of surgeries using “Codegate”. Please note that the NHS number must be numeric and NOT a barcode. If a barcode, our readers try to interpret as a test.</p> <p>To improve the quality of urine samples received, they should be refrigerated ASAP and separate transport bags would be appreciated. The transport vehicles now have cool boxes to ensure temperatures maintained. Please note that bloods should not be refrigerated.</p>	<p>JO</p> <p>Surgeries please note</p> <p>Surgeries please note</p>

Any other business	
<p>1. The Trust are implementing paediatric phlebotomy in a child friendly environment from 16th September. Details have been circulated.</p> <p>2. Private patient charges were discussed. Category 2 work (e.g. for travel, work/university, medical schools) is not funded by the PCT and therefore chargeable. This must be made clear to patients at the time of sample requesting as they are querying having to pay when sent an invoice. RBFT agreed to give some guidance on what is covered by NHS, category 2 and private.</p>	<p>AH/ DA</p>
<p>3. Internet. We are discussions with the Trust web team about putting key information from the pathology handbook on the public web site as the handbook is only accessible from a NHS portal. This should include the User Service, Patient Information, Requesting Instructions, Sample Containers, Investigations and Reference Ranges. We will inform you when completed.</p>	<p>DA</p>
<p>4. Dr Shabnam Iyer discussed urine testing and the use of urine microscopy as a clinical tool. Could clinicians please let her know (via dave.asplin@nhs.net) what actions they take on receipt of a urine microscopy result as we are reviewing the quantity and need of this test [DA to provide guidance]. Correct use of the dipstick and urine culture test is OK. The HPA website document "Diagnosis of UTI – Quick reference guide for primary care" gives guidance. Link is:- http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947404720 . Could you please record on the request form whether MSU, catheter etc. and if already on anti-biotics.</p>	<p>Clinicians please note/ DA</p>
<p>5. RBFT are looking at replacing the equipment testing urines. Samples of collection beakers were shown (to replace the monovettes). These were thought to be an improvement, especially for older patients. A lip on the beaker to aid pouring was considered to be useful. Please note that the "Standards for Urine Culture Collection and Transport" have been updated to remove the reference to boric acid tubes (as these are not available) and stating that samples >48 hours old renders them too old to test. Updated version attached to these notes.</p>	
<p>6. The situation on pricing information on ICE was raised. This is with our Trust IT and we are hoping for completion by the end of the year.</p>	<p>MS to monitor</p>
<p>7. Also asked was when X-ray would be included on ICE. Planned in 2 weeks for receipt. Sending of results is proving difficult with the present IT systems. MS agreed to look at.</p>	<p>MS</p>
<p>8. Request made as to whether RBFT could turn off paper smear results. AH agreed to look into this and whether it would affect histopathology results.</p>	<p>AH</p>
<p>9. Please note if an urgent sample, it is advisable to phone through so we can look out for it. 7708 or 7723 if microbiology.</p>	<p>Note</p>
<p>10.</p>	

Notes from the Pathology User Group Meeting

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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Royal Berkshire Bracknell Clinic address is:

Bants Bridge

Bracknell

Berkshire

RG 12 9BG

Main building telephone 01344 692 900; pathology reception is 01344 693 932

Dave Asplin

Pathology Quality Manager

Dave.asplin@royalberkshire.nhs.uk

Ext. 7975

Ann Halford

Central Services Manager

ann.halford@royalberkshire.nhs.uk

Ext. 7753

Mark Sleeman

Clinical Biochemist

Mark.sleeman@nhs.net