



Scottish Microbiology and Virology Network (SMVN)

Steering Group Meeting



Minutes

Subject: SMVN Steering Group Meeting
Author: Emily Ross (v0.1)
Dr Fiona MacKenzie (v0.2)
Date: Thursday 18 January 2018
Location: The Melting Pot, Rose Street, Edinburgh, 10.45 – 16.00

Attendees:

Dr Gillian Orange,	Lead Clinician	SMVN (Chair)
Dr Fiona MacKenzie	SMVN Manager	SMVN
Dr David Ashburn	Lab Manager/Head BMS	NHS Highland
Mrs Liz Blackman	Senior Programme Manager	National Services Division
Ms Marilyn Clark	Lab Manager/Head BMS	NHS Tayside
Mr Paul Clyde	Commodity Manager	National Procurement
Dr Tom Gillespie	Clinical Lead	NHS Lanarkshire
Mr Billy Hislop	Category Manager	National Procurement
Mr Stephen Hughes	Virology / Ref Labs	NHS Greater Glasgow & Clyde
Ms Lisa Hunter	Lab Manager/Lead BMS	NHS Ayrshire & Arran
Mrs Catriona Johnson	Programme Associate Director	National Services Division
Ms Liz Kilgour	Lab Manager/Head BMS	NHS Forth Valley
Dr Ian Laurenson	Clinical Lead	NHS Lothian
Ms Claire Lawrie	IMS Programme Manager	National Services Division
Dr Michael Lockhart	Consultant Microbiologist	Health Protection Scotland (HPS)
Mr Peter Machell	Lab Manager/Head BMS	NHS Borders
Dr Mairi MacLeod	AST Group Chair	NHS Greater Glasgow & Clyde
Miss Emily Ross	Programme Support Officer	National Services Division
Dr Noha el Sakka	Clinical Lead	NHS Grampian
Mr Robbie Weir	BMS	NHS Forth Valley
Dr David Yirrell	Clinical Lead	NHS Tayside

Via teleconference:

Dr Claire Alexander	Clinical Scientist rep	NHS Greater Glasgow & Clyde
Dr Martin Connor	Clinical Lead	NHS Dumfries & Galloway
Ms Adele Foster	Service Manager	NHS Dumfries & Galloway

Apologies:

Dr Abhijit Bal,	Clinical Lead	NHS Ayrshire & Arran
Ms Lesley Beveridge	Lab Manager/Head BMS	NHS Grampian
Dr Adam Brown	Clinical Lead	NHS Highland
Dr John Coia	Specialty Advisor (Micro)	NHS Greater Glasgow & Clyde
Dr Craig Ferguson	Clinical Lead	NHS Fife
Dr Rory Gunson	Consultant Virologist	NHS Greater Glasgow & Clyde
Dr Ed James	Clinical Lead	NHS Borders
Dr Sara Jamdar	ICD representative	NHS Greater Glasgow & Clyde
Dr Ingo Johannessen	Specialty Advisor (Virology)	NHS Lothian
Dr Brian Jones	Clinical Lead	NHS Greater Glasgow & Clyde
Mr Eamonn Keyes	Deputy Laboratory Manager	NHS Orkney
Dr Alistair Leonard	Consultant Microbiologist	Scottish Government
Ms Julie Mallon	Lab Manager/Lead BMS	NHS National Waiting Times Centre
Mr Ian McCormick	Lab Manager/Head BMS	NHS Lanarkshire
Mr Stephen McGlashan	Lab Manager/Head BMS	NHS Fife
Ms Linda Mulhern	Lab Manager/Head BMS	NHS Lothian
Mr Ian Pritchard	Lead BMS	NHS Western Isles
Mr Robert Wardrop	Laboratory Manager	NHS Shetland
Ms Janet Young	Technical Services Manager	NHS Greater Glasgow & Clyde

PART A Supplier issues

1. WELCOME & APOLOGIES

G. Orange welcomed everyone to the meeting. Apologies were as above.

2. THERMO-FISHER: RECENT / CURRENT ORDER & DELIVERY ISSUES

For this agenda item the following guests were present:

- Mr Stewart Blair Director of Media Operations, Thermo-Fisher
- Mr John Hanson European Sales Director, Thermo-Fisher (teleconference)

P. Clyde reported that the national culture media contract is managed by National Procurement. We are currently in year four of a five-year framework agreement in place with three suppliers: Thermo-Fisher, E and O Laboratories and bioMérieux.

On 14 December 2017, NHS Dumfries & Galloway first reported an issue with Thermo Fisher (Oxoid) deliveries. Subsequently all other Microbiology Departments in NHS Scotland reported issues via the SMVN Operational Group (SMOG) and these were flagged to National Procurement by F. MacKenzie on behalf of the SMVM on 21 December 2017. The issues were significant and threatened the delivery of Clinical Microbiology services in Scotland over the festive period. The purpose of Thermo Fisher's presence at the meeting was to ascertain what went wrong with Thermo-Fisher supplies and to ensure a similar situation does not arise in the future.

Feedback from laboratories:

D. Ashburn stated that NHS Highland suffered serious shortages of agar plates the week before Christmas and had to request the redistribution of supplies from other Health Board areas. There was continued uncertainty as to when supplies critical to the service would be delivered. At the time of the meeting, supplies were still outstanding from his December order.

M. Clark stated that laboratories were given conflicting information from Thermo-Fisher Customer Services – that issues had been resolved when they had not been. Laboratories had to accept non quality controlled plates to keep services running. An early warning communication from the company via National Procurement should have been actioned. This would have allowed laboratories to implement timely contingency plans.

Similar to other Health Boards. S. Hughes said that NHS Greater Glasgow and Clyde had experienced issues since before the festive period. Their Managed Service Contract (MSC) provider had not been made aware of issues by the supplier.

L. Kilgour said that NHS Lanarkshire had been experiencing issues since early November highlighting that their MSC provider was also unaware of any issues.

Company response:

The following information was presented by the company:



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S. Blair apologised for the disruption to laboratories, noting that this was not how the company intended to operate. He agreed that Thermo-Fisher should have acted differently and was investigating a better communications process.

The recent supply issues had been caused by contamination in one vessel in Perth which meant 350,000 agar plates had to be scrapped. S. Blair noted that Thermo-Fisher experienced a contamination event infrequently, approximately every three years. There was also an issue with a shortage of Amphotericin. The company was working on getting stock levels of plates back up and had temporarily increased working hours to achieve this.

J. Hanson emphasised that Thermo-Fisher were embarrassed to be in such a situation and apologised for the disruption and lack of communication. He noted that there were several issues to address including the supply issues, communications and company staff turnover.

P. Clyde noted that the company had made a number of false promises regarding deliveries and orders. He emphasised that the company must regain its full stock supply and the confidence of the Scottish Microbiology and Virology community. It was highlighted that the ongoing situation needed to be micromanaged in order to restore confidence in the company as Thermo-Fisher could still not confirm delivery dates. F. MacKenzie asked for an immediate action on the part of Thermo Fisher to send real time information on orders, back-orders and delivery dates to the SMVN via National Procurement. This should be carried out manually in the immediate future and could not wait until IT infrastructure changes could be made. J. Hanson agreed to provide the requested information and to provide daily updates to the customer service team. **Action: Thermo-Fisher, National Procurement**

P. Clyde noted that further discussions would take place offline so that outstanding issues could be solved.

F. MacKenzie suggested that this issue was a serious enough risk to service provision that it should be flagged at a higher level and should be added to the Diagnostic Steering Group (DSG) risk register. The risk was a red risk over the festive period but could now be downgraded to amber. **Action: F. MacKenzie**

Any remaining issues that laboratories experience should continue to be E-mailed to the SMVN Operational Group (SMOG), F. MacKenzie and National Procurement colleagues.

PART B Governance & Support

3. ANNUAL PERFORMANCE REVIEW (APR)

In advance of the meeting, the following had been circulated:

- SMVN Annual Report 2016 – 2017
- SMVN Annual Workplan 2017 – 2018
- SMVN Mid-term report 2017 – 2018
- SMVN 5-Year plan

Minutes from the APR are not yet available. They will be circulated as soon as possible.

4. SMVN REVIEW – RECOMMENDATIONS

- a. COMMUNICATION STRATEGY
- b. RISK REGISTER

G. Orange noted that the communication strategy had previously been circulated and discussed at length at the last Steering Group meeting. A draft risk register has been compiled and requires to be developed. It will be sent to the Steering Group when it has been progressed further. **Action: F. MacKenzie, E. Ross**

The SMVN Review final report was circulated prior to the meeting. Section 7 of the report details four recommendations made by the Expert Review Group (ERG). The ERG had noted the need for ongoing review of the implementation of these recommendations. The recommendations were discussed.

5. SMVN CLINICAL LEAD POST: 2018 - 2021

G. Orange noted that the Clinical Lead post had been advertised with a closing date of 31st January 2018. Interviews had been scheduled for the middle of February 2018.

6. SMVN TERMS OF REFERENCE (ToR)

The SMVN ToR had not been updated since March 2014.

It was noted that some Steering Group members fulfil more than one role.

It was agreed that SMVN membership should include all members of staff working in a Medical Microbiology or Virology department in NHS Scotland. As per the previous meeting, quarterly newsletters will be cascaded to all staff via laboratory Managers.

It was agreed that the following should be added to the Steering group:

- Chair of the Antimicrobial Susceptibility (AST) Group who will also represent SAPG.
- Infectious Diseases (ID) doctor. This person will be identified via the informal ID network or the Scottish Government Specialty Advisor.
- Scottish Health Protection Network (SHPN) representative. M. Lockhart will seek advice on a suitable representative. **Action: M. Lockhart**
- Healthcare Associated Infection (HAI) Programme Board member. M. Lockhart will seek advice on a suitable representative. **Action: M. Lockhart**
- National Network Management Service secretariat. This will include attendance of somebody from the Information Management Service, as required.

A. Leanord will come to the end of his term as Medical Advisor to the Scottish Government HAI Policy Unit. He will be asked for a suitable replacement. **Action: F. MacKenzie**

There have been difficulties engaging the Infection Prevention and Control Doctors (IPCDs).
G. Orange will contact the IPCD informal network about this. **Action: G. Orange**

The following will be included in the ToR:

- The current Clinical Lead appointment process should be reflected in the ToR.
- Subgroup activity, including workplan delivery, will be regularly reviewed.
- The five year workplan be added to the overall remit.
- The role of Steering Group members will be expanded to include responsibility for leading identifiable, key areas of the workplan and to include communication to the rest of their organisation (not necessarily Health Board).
- Red risks will be highlighted to the DSG.
- Reporting arrangements and governance will be updated to reflect the updated NNMS / DSG structure.

The Terms of Reference will be updated with the suggested amendments.

Action: F. MacKenzie, L. Blackman

7. SMVN WEBSITE

The 2017 website statistics were circulated in advance of the meeting.

It was useful to see a comparison with other diagnostic network websites. SMVN website was visited 4,913 times in 2017 (SPAN: 4,651, SCBMDN: 2,956, SCIN: 2,522).

The password (SMVN17!) for the members' page of the website will be included in the next newsletter.

a. **Representatives on external groups – update**

It had previously been agreed that E. Ross would take responsibility for keeping a log of SMVN representatives on external groups and updating a page on the website for each group to include information, ToR, up-to-date minutes and a schedule of meetings. No progress had been made on this for a number of months. This should be address as a matter of priority.

Action: E. Ross

b. **Hosting live databases**

This facility is available on the website and can be created by E. Ross.

PART C Reports from External Meetings / Stakeholders

8. MINUTES OF LAST MEETING / REVIEW OF ACTIONS (23 August 2017)

A number of amendments to the minutes of the last meeting were required:

- | | |
|-------------------------|---|
| Point 3, top of page 3: | G. Orange was to contact the lead of the informal IPC doctors' network; Keith Morris. |
| Point 5B | Stakeholders to be invited to the SMVN educational meeting were HPS and SAPG. |
| Point 6B | "... it is some since.." should be changed to "... it is some time since.." |

Otherwise, the minutes were accepted as an accurate record of the meeting.

As an update – regarding the reduction in funding for Clinical Scientist training posts across Scotland – it was noted that this had been raised as a risk at DSG and would be discussed at the upcoming DSG Advisory Group meeting.

9. Diagnostic Steering Group Meeting – December 2017. Feedback:

a. Mycobacterial services – options

G. Orange attended this meeting and presented the mycobacterial services outline business case. She noted that it had been well received and the SMVN had been asked to carry out an options appraisal for mycobacterial services across Scotland.

DSG had noted that five laboratories currently provide culture testing in Scotland and this could be reduced and offered on a regional basis.

It was noted that Public Health England (PHE), amongst other bodies, had recommended molecular testing be made available to specific groups of patients with results available in one-two working days.

The Steering Group discussed several possible options covering the relevant three classes of tests: microscopy, culture and molecular testing. Options discussed included) a status quo, 2) carrying out testing in three centres (one in each region), 3) centralising molecular testing and 4) placing molecular testing in all Microbiology laboratories.

It was highlighted that this could be an opportunity to look at demand optimisation of Mycobacterial testing.

It was agreed that a short life working group (SLWG) will be established to develop the options appraisal. It will have a finite lifespan and should develop the options appraisal by October 2018 in readiness for the next DSG where the SMVN is the "topic of the day".

Action: F. MacKenzie

b. Faecal PCR

Plans to develop a full business case have been postponed due to publication of NICE guidelines in January 2017 advising that further evidence needs to be collected before rollout of faecal PCR can be recommended. The SMVN had proposed carrying out work to gather further evidence but the Scottish Health Technologies Group (SHTG) were first tasked with scoping out current work being carried out in this areas across Scotland. There had been no communication from the SHTG in months and they will be chased for an update. .

Action: E. Ross

The recent / current flu outbreak had resulted in point of care testing being introduced rapidly across Scotland. A "look back" exercise could be carried out ahead of the next flu season.

10. DATA / IT

a. Shared Services: data and IT groups

D. Ashburn is the SMVN representative on the national data and IT groups. He reported that the IT group was developing high level specifications for a LIMS system, including interconnectivity within, between and outwith Boards. The National Pathology Exchange (NPEx) system may enable connectivity. Currently it is better suited to numerical data than text-based results. An NPEx roadshow is due to take place in Edinburgh on 25th January.

He noted that Shared Services will not be supporting a further year of the Keele University Benchmarking Service (KUBS), however this should not stop Health Boards from subscribing if they wish to. A workshop will take place on 31st January, with aims of defining a national data set that would:

- Inform more meaningful benchmarking data collection
- Provide more granular data for service improvement
- Populate the national laboratories data mart

D. Ashburn had send out a survey to SMOG in December 2017 to ascertain what tests are carried out where. He reported that he had received 9 completed or partially completed responses out of 17. Some labs had not completed crucial elements of the questionnaire. The survey had originally been suggested by the north Region Microbiology Group. Additional labs are required to complete the survey before analysis of the data can begin.

b. Position paper on Keele University Benchmarking Service (KUBS)

P. Machell reported that the position paper had been overtaken by recent national decisions on benchmarking.

c. Benchmarking – Consultant Staffing update

F. MacKenzie had worked with the Information Management Service (IMS) to analyse the data collected but the IMS had made some major errors in the analysis meaning F. MacKenzie had to carry out analysis and write the report herself. She is due to meet C. Lawrie to discuss this and other issues with the IMS. A further report will be developed as well as further analysis of the data collected. Assurances were made to Health Boards that the data collected would be anonymous. C. Lawrie advised that if the IMS knew the data sources, the data could be analysed according to population. F. MacKenzie noted that some data were potentially sensitive and she would have to get permission from Health Boards to present it by Health Board.

F. MacKenzie had circulated a report she had prepared for the DSG Advisory Group for information only. She has “sense checked” all the data and is confident in its accuracy and that the comparator KUBS and ISD data are incorrect. The DSG Advisory Group had advised that a similar exercise could be undertaken to look at scientific workforce data.

d. Benchmarking – all Scotland report

At the last meeting it was agreed that Steering Group members should forward their 2017 KUBS returns to the IMS. Of nine Health Boards which take part in KUBS, only four had forwarded their data. NHS Tayside were in the process of cleaning their data but would forward it as soon as possible. It was highlighted that NHS Greater Glasgow & Clyde (GG&C) had queried what the data would be used for.

C. Lawrie reported that SMVN would retain ownership of the data.

e. Information Management Service

C. Lawrie reported that her team is available to carry out data collation and analysis on behalf of the network. They are funded as part of network support service.

11. DISTRIBUTED SERVICES / REGIONALISATION

a. Design Group

G. Orange reported that there had been three meetings of the Design Group. There are some concerns regarding governance. It was hoped that regions would take forward work, and that the Design Group would have oversight.

b. Feedback from 3 regions

P. Machell reported that the East region had been hoping to set up an MSC for the whole of the region, however it had not progressed due to several obstacles. There had been several positive early wins and good Microbiology representation at meetings.

N. el Sakka reported that the North held a high level meeting with good participation from all lab disciplines and all six Boards. There have also been several Microbiology-specific meetings. David Ashburn and Adam Brown had good IT expertise and a portal had been set up to encourage discussion and sharing of documents. D. Ashburn had developed a survey to ascertain what tests were carried out where. This is being progressed.

It was noted that the Western region had been slow to start and only one high level meeting had taken place.

12. NATIONAL STANDARD METHODS STEERING GROUP FEEDBACK

M. Lockhart dialled into the last meeting. G. Orange could not attend. There is representation from HPS and the SMVN on the group but not from the Scottish Microbiology Association (SMA) although its logo appears on documents.

13. HPS: PUBLIC HEALTH MICROBIOLOGY UPDATE

a. SHPN Public Health Microbiology ToR

The ToR were circulated in advance of the meeting for information only. M. Lockhart reported that there had been little governance for Public Health Microbiology to date. It is a functional group of the SHPN and did not wish to duplicate the work of others. The group first met in Autumn 2017 and would next meet at the end of January 2018. Minutes of meetings can be circulated with future Steering Group meeting papers for information.

b. SHPN Public Health Microbiology Strategy – Scotland

M. Lockhart reported that a draft strategy had been drafted by the SHPN Public Health Microbiology team. C. Alexander asked if engagement with private laboratories had taken place. M. Lockhart noted that there had been a request from private laboratories and services providing human results to share information with HPS. This also included Scottish Water.

c. SHPN Reference Laboratories Advisory Group ToR

M. Lockhart reported that the group had not yet met. The group will be a forum for any reference laboratory issues. The SMVN will be represented on the group which includes D. Yirrell and M. Connor.

M. Lockhart reported that the structure for the new Lyme disease reference laboratory was being submitted through various structures. Once funding had been approved it will go live in Raigmore Hospital in the summer.

M. Lockhart shares invoices received by NSD for samples that reference laboratories refer to PHE. He is happy to continue doing so if this is a useful exercise.

PART D SMVN – subgroups and reports

14. AST SUBGROUP UPDATE

a. 2018 EUCAST BPs / software upgrades

M. McLeod reported that the SMVN, bioMérieux and National Procurement hold quarterly meetings. There is now a process in place to update Scottish Vitek with current EUCAST breakpoints and interpretive criteria annually in as short a time frame as possible. These are currently being rolled out for 2018. The process appears to be straightforward and no laboratories have reported any problems so far.

b. bioMérieux contract extension

M. McLeod reported that discussions are ongoing and bioMérieux will offer 12, 18 and 24 month extensions to the current contract. She noted that discussions were still ongoing regarding who has responsibility for security patching and purchase of computers.

c. *Candida auris* testing

The AST group will establish an antifungal Short Life Working Group (SLWG).

d. CPO testing

The AST Group developed Scottish guidelines for CPO detection based on the SMIs. The guideline included national standardised reporting codes and comments. Several Health Boards had already implemented the testing and reporting recommendations. The rest will be followed up.

15. SMVN OPERATIONAL GROUP (SMOG)

a. SMOG Update

P. Machell reported that the group had not met for some time. He noted that SMOG membership is comprised of Health Board Lab Managers but could be widened if necessary.

It was agreed that the outline papers developed by SMOG members (below) should be written up as full papers in the style of a scientific paper for publication. **Action: P. Machell**

b. Snapshot questionnaire update

The snapshot questionnaire update was circulated with papers for information.

c. Blood cultures – SMI variation / gap analysis

The blood cultures report was circulated with papers for information. J. Young wrote the outline report but was not available to attend the meeting and discuss the paper. She will be asked to write the paper up in full. **Action J. Young**

d. Urines – SMI variation / gap analysis

The urine analysis report was circulated with papers for information. J. Young wrote the outline report but was not available to attend the meeting and discuss the paper. She will be asked to write the paper up in full. **Action J. Young**

e. *C. difficile* testing audit

The *C. difficile* testing audit was circulated with papers for information. L. Mulhern wrote the outline report but was not available to attend the meeting and discuss the paper. She will be asked to write the paper up in full. **Action J. Young**

f. HVS demand management

S. McGlashan wrote the outline report but was not available to attend the meeting and discuss the paper. He will be asked to write the paper up in full. **Action S. McGlashan**

It was noted that the national Demand Optimisation Group will reconvene. It was suggested that leg ulcers, mycobacteria and HVS demand management be included in their remit.

g. Scottish transport system – paper

The Scottish transport system paper (by I. McCormick) had been circulated at the last minute before the meeting. It was suggested that Steering Group members provide feedback direct to I. McCormick.

A national transport system may need trained drivers and there would be governance issues. A sample recipient may be expected to have a mechanism for transportation but there are funding issues. It was suggested that discussions could take place on who handles transportation for PHE / the rest of the UK. It was agreed that HPS would progress this.

Action: M. Lockhart

h. Institute of Biomedical Science (IBMS) policy - BMS prescribing of drugs

I. McCormick had circulated an E-mail to the group for discussion. It was thought that this topic is more relevant to e.g. Haematology BMS staff involved in warfarin clinics than antibiotic prescribing.

16. WATER TESTING – QUESTIONNAIRE

G. Orange had drafted a questionnaire but HPS wished to include additional questions for their purposes. The questionnaire will be sent out via the IPCD informal network and one response per Board will be solicited.

Action: G. Orange

17. SMVN EDUCATIONAL MEETINGS

a. 3 November 2017 – Edinburgh

The IMS had collated feedback and prepared a report. Unfortunately it contained errors in the simple data analysis. The report had been circulated prior to the meeting for information. Feedback was generally very positive with the exception of the catering.

b. 2018 meeting(s)

F. MacKenzie asked for suggested topics and speakers. The following were suggested:

- Molecular testing and next generation sequencing
- Faecal PCR
- Reference laboratory
- Diagnostic microbiology
- Influenza and other respiratory illnesses
- Point of care testing
- NHS Lothian – what they have learned from laboratory automation
- How to build resilience into a Once for Scotland agenda
- *Mycoplasma genitalium* testing [NHS Lothian Molecular Microbiology]

It was agreed to plan an event in June 2018.

Action: F. MacKenzie

PART E Consultations

18. RECOMMENDATIONS FOR TESTS AND INVESTIGATIONS IN THE DIAGNOSIS OF PROSTHETIC JOINT INFECTION AFTER TOTAL KNEE REPLACEMENT (TKR) IN SCOTLAND – DRAFT FOR COMMENT

A meeting arranged by the orthopaedic surgeons took place and was attended by a number of Microbiologists including T. Gillespie. The orthopaedic surgeons circulated a paper to the SMVN for comment. F. MacKenzie is collating comments (deadline 22 January) to return to the orthopaedic surgeons on behalf of the SMVN.

In discussion, there were concerns about a) using blood culture bottles for joint aspirates, b) the recommendations to incubate plates for ten days and c) cell counts. Different departments carry out cell counts and it was suggested that data on who carries out cell counts on different sample types may be useful. **Action: all Steering Group members**

19. GRAM NEGATIVE BACTERAEMIA SURVEILLANCE – DRAFT PAPER

The paper was circulated in advance of the meeting. G. Orange noted it had been discussed at a SARHAI meeting where it received a negative reaction. Reducing cases of bacteraemia should be addressed.

20. ANY OTHER BUSINESS

G. Orange noted that *Mycoplasma genitalium* testing has been offered by NHS Lothian Molecular Microbiology. It was suggested that this could be a topic at the SMVN Educational meeting.

As this was G. Orange's last meeting as Clinical Lead, the Steering Group thanked her for her hard work over her three year tenure.

21. DATE OF NEXT MEETING

It was noted that these would be organised once a Clinical Lead had been appointed.