



Scottish Microbiology and Virology Network (SMVN)

Steering Group Meeting

19 September 2019



Minutes

Subject: SMVN Steering Group Meeting
Author: Grace Cervantes (v 0.1)
Dr Fiona M. MacKenzie (v0.2)
Date: 19 September 2019
Location: Meridian Court, Glasgow

Attendees:

| | | |
|---------------------|------------------------------|----------------------------------|
| Dr Martin Connor | Lead Clinician | SMVN (Chair) |
| Dr David Ashburn | Lab Manager / Head BMS | NHS Highland |
| Dr Abhijit Bal | Clinical Lead | NHS Ayrshire & Arran |
| Dr Linsey Batchelor | Consultant Microbiologist | NHS Dumfries & Galloway |
| Liz Blackman | Senior Programme Manager | National Services Division |
| Grace Cervantes | Programme Support Officer | National Services Division |
| Dr Ben Cooke | Consultant Microbiologist | NHS Forth Valley |
| Sandra Currie | Clinical Scientist | HPs |
| Lisa Hunter | Lab Manager / Lead BMS | NHS Ayrshire & Arran |
| Catriona Johnson | Programme Associate Director | National Services Division |
| Geraldine Kaminski | BMS | NHS Tayside |
| Liz Kilgour | Lab Manager / Head BMS | NHS Forth Valley |
| Dr Ian Laurenson | Clinical Lead | NHS Lothian |
| Claire Lawrie | Programme Manager | Information Management Service |
| Dr Michael Lockhart | Consultant Microbiologist | Health Protection Scotland (HPS) |
| Peter Machell | Lab Manager / Head BMS | NHS Borders |
| Dr Fiona MacKenzie | SMVN Scientific Manager | SMVN |
| Dr Mairi Macleod | AMR Diagnostics Group / SAPG | NHS Greater Glasgow & Clyde |
| Dr Aleks Marek | ICD representative | NHS Greater Glasgow & Clyde |
| Ian McCormick | Lab Manager / Head BMS | NHS Lanarkshire |
| Dr Sarah Whitehead | Consultant Microbiologist | NHS Lanarkshire |

Apologies:

| | | |
|---------------------|-----------------------------------|---|
| Dr Claire Alexander | Clinical Scientist rep | NHS Greater Glasgow & Clyde |
| Lesley Beveridge | Lab Manager / Head BMS | NHS Grampian |
| Joel Briggs | Lab Manager / Lead BMS | NHS Western Isles |
| Dr Craig Ferguson | Clinical Lead | NHS Fife |
| Adele Foster | Lab Manager / Head BMS | NHS Dumfries & Galloway |
| Stephen Hughes | Lab Manager / Virology / Ref Labs | NHS Greater Glasgow & Clyde |
| Laura Imrie | Nurse Consultant IPC | Health protection Scotland |
| Dr Ed James | Clinical Lead | NHS Borders |
| Dr Brian Jones | Clinical Lead | NHS Greater Glasgow & Clyde |
| John Mallon | Lab Manager / Head BMS | NHS Greater Glasgow & Clyde |
| Julie Mallon | Lab Manager / Lead BMS | NHS National Waiting Times Centre |
| Stephen McGlashan | Lab Manager / Head BMS | NHS Fife |
| Dr Keith Morris | Medical Advisor | Scottish Government |
| Linda Mulhern | Lab Manager / Head BMS | NHS Lothian |
| Dr Will Olver | Clinical Lead | NHS Tayside |
| Dr Vanda Plecko | Consultant Microbiologist | NHS Highland |
| Ian Pritchard | Lead BMS | NHS Shetland |
| Dr Noha el Sakka | Virology Specialty Advisor | NHS Grampian |
| Lesley Shepherd | Professional Advisor | Scottish Government |
| Dr Becky Wilson | Consultant Microbiologist | NHS Orkney |
| Dr Dave Yirrell | Consultant Microbiologist | Scottish Health Protection Network (SHPN) |

1. WELCOME AND APOLOGIES

M. Connor welcomed everyone to the meeting. Apologies were noted as above. F. MacKenzie highlighted that the National Waiting Times Centre, NHS Fife, NHS Grampian, NHS Orkney, NHS Shetland and NHS Western Isles were not represented at the meeting.

PART A SMVN ANNUAL PERFORMANCE REVIEW (AP) (minutes to follow)

2. ANNUAL REPORT 2018-19

SMVN ANNUAL WORKPLAN 2019 - 20 / SMVN 5 YEAR PLAN

The Group was commended on its good progress and the Commissioner commented that the report was very well written.

The workplans were noted and progress was discussed with the Commissioner.

F. MacKenzie highlighted concerns about work initiated and agreed by groups external to the SMVN (e.g. the National Laboratories Programme: NLP) which added to / directly impacted the pre-existing SMVN workplan. Additional and unexpected items from the NLP were being added to the workplan that the network may not be in a position to deliver on.

PART B GOVERNANCE AND ACTIVITIES

3. MINUTES OF PREVIOUS MEETING OF 19 MARCH 2019

The minutes were approved as an accurate record of the meeting with the following changes:

- Point 25: ECOSS Quality Improvement 'S. Currie would become Public Health Scotland' - this should be corrected.
- Point 25. Needs reviewed completely. HPS will provide amendments.
- Point 24 did not reference the specific report.

4. SMVN STEERING GROUP TERMS OF REFERENCE

It was highlighted, although the SMVN includes all subspecialties, there has been poor attendance at SMVN meetings by Virology representations. Two Virology groups have been in place since before the SMVN was implemented (SCVCG and SDVG). These groups are chaired and supported by a single Virology Consultant who is also the Virology Specialty Advisor (currently N. el Sakka). N. el Sakka currently provides all of the administrative functions without support and this results in late issue of minutes and information.

The possibility of the Virology Groups having a Chair that is not the Specialty Advisor in order to share the workload was discussed. Distributing the Virology leadership may encourage improved collaboration. Virology attendance at SMVN Steering Groups will be encouraged.

SCVCG / SDVG terms of reference should be requested and reviewed. If not available, new ToR will be developed. Key personnel within Virology will be identified and included in the ToR. F. MacKenzie agreed to liaise with N. el Sakka.

Action: F. MacKenzie

Feedback is needed to ascertain if Infectious Diseases will become a formal network.

5. COMMUNICATION

SMVN newsletters are distributed 3-4 times per year and the website is in the process of being redeveloped.

The group agreed to P. Machell's proposal that the SMVN newsletter may be distributed locally along with Health Board laboratory newsletters. This should increase its reach.

The SMVN newsletter should be placed on the website in such a way as to ascertain e.g. who is reading it, which articles are most popular, time spent reading each article etc. At the APR meeting, the Commissioner discussed the importance of having a Communications Strategy in place and of the need to evaluate the impact of any changes made.

Action: G. Cervantes

6. RISK REGISTER

The Risk Register required further development. It was suggested that a SLWG could take this forward. Workforce risks should be coloured red to emphasise importance. The register is lengthy and should be prioritised. All risks should be formally risk assessed. L. Blackman will seek support within the NNMS to assist with this.

Action: L. Blackman

7. LABORATORY ACCREDITATION UPDATE

Discussed under agenda item 27a.

8. MICROBIOLOGY AND VIROLOGY – LEVELS OF SERVICE/ REGIONAL SUB GROUPS

The papers previously developed by G. Orange had been re-circulated to the group. Discussions on developing a plan of action for a Distributed Services Model were ongoing.

9. CLINICAL ADVICE CALLS: AUDIT

M. Connor reported that time restrictions had inhibited progress. It would be a beneficial quality improvement exercise to review the numbers of calls coming into departments and to highlight issues. M. Macleod and A. Marek volunteered to develop and share a draft questionnaire with the group and seek feedback before issuing via Survey Monkey. Survey Monkey support will be provided by G. Cervantes.

Action: M. Macleod, A. Marek, G Cervantes

10. CLINICAL MICROBIOLOGY TRAINING

N.el Sakka had previously submitted a report to the Royal College of Pathologists Scottish Council and this had been circulated to the SMVN Steering Group which was asked to:

- Endorse development of Clinical Scientist and BMS Advanced Practitioner training to fill gaps created by diminishing numbers of Medical Microbiology / Virology trainees / consultants.
- Endorse creation of posts for Clinical Scientist and BMS Advanced Practitioner.

M. Connor advised this had been added to the DSG Risk Register.

I. Laurenson highlighted that there had been no mention of Infection Control which should be captured along with impacts of losing European staff after Brexit.

L. Kilgour discussed that unspent trainee Medical Microbiologists funding cannot be transferred to train Healthcare Scientists.

The DSG Workforce Planning Report highlighted the shrinking footprint of service provision and the potential loss of staff and issues which require immediate attention.

11. SMVN EDUCATIONAL EVENT: SPONSORSHIP AND FEEDBACK

On par with previous events, 80 delegates attended the 2019 event with very good feedback on the presentations. Five companies had sponsored the event with additional companies expressing an interest in sponsoring the 2020 event.

The event space had been congested as another network event took place at the same time and this would be avoided in future.

During the APR discussions, the Commissioner had advised that guidelines are being developed on external sponsorship of network meetings.

PART C SMVN SUB GROUPS: REPORTS AND UPDATES

12. SMVN OPERATIONAL GROUP (SMOG)

Two SMOG meetings had taken place since the last SMVN Steering Group meeting and a further meeting was planned for 2nd December 2019.

Blood Culture and *C. difficile* Audit

A 2nd short data collection exercise was underway to ascertain if there had been any changes and prior to finalising the report.

Staff Duties and Sustainable Workforces

D. Ashburn provided a list of approximately 200 duties he had collated which detailed the diverse range of duties undertaken by laboratories staff. This list required further work and he planned to take the revised list to the December SMOG meeting with a view to reporting back to the next SMVN Steering Group meeting on 12 December 2019.

Containment Level 3 (CL3) facilities

This is now a SMOG standing agenda item. It is hoped that Scottish Training can be developed.

Benchmarking data / report

D. Ashburn has worked with Gavin Hallford (IMS data analyst) on the data. He shared presentation slides. In particular, he discussed highly variable test referral costs incurred by different Health Boards. This area reflects potential savings if Health Boards can obtain consistent low prices. There was a good evidence base for his work, although more work is required to develop this. The difference in the quality and value of tests would be considered, in addition to the price.

13. IPCD SUB GROUP

Terms of Reference

Draft Terms of Reference had been developed by A. Marek and F. MacKenzie and will be revised on an ongoing basis. A date for the first face-to-face meeting will be identified. The SMVN Steering Group fully supports the group. Infection Control Doctors should be supported in their governance structure and made aware that any immediate concerns can be raised directly with Chief Executive Officers. **Action: A Marek**

L. Blackman advised that HPS will solicit sessional support for advice on new builds. The SMVN will play a role in seeking to recruit candidates into those roles. Further information will be feedback to the SMVN Steering Group in due course. **Action: L Blackman**

Feedback

The Scottish Government Health Department asked the Scottish ICDs via the SMVN to provide comments on a draft document describing “the role of the infection control doctor”. Following the Vale of Leven enquiry there was a request for a description of the roles and responsibilities of the infection control doctor. A draft was developed by HPS but not finalised. The draft was circulated around the Scottish ICDs and comments were collated by A. Marek. The IPCDs raised a number of points. Particularly concerning the increasing specialisation of the role and the merits or otherwise of this. The fact that numerous people are required to cover the different aspects of the job. There were also comments on the relationship of the job with the board medical director.

The Programme Director for the National Elective Care Programme requested the Scottish ICDs through the SMVN to consider how to secure adequate microbiology input into the new build projects taking place at the Golden Jubilee National Hospital. The E-mail from the National Elective Care Programme was circulated around the email list of the Scottish IPCDs asking for their thoughts. A. Marek collated feedback. The majority of the recommendations from the IPCDs highlighted the time requirement for this type of work and the fact that backfill must be provided for other duties. Expertise in new build projects are not universal.

- The main recommendations from the ICDs were that adequate time must be allocated projects at an appropriately early stage.
- Backfill of the usual duties of the ICD must be provided.
- There should be recognition that the expertise required to support large new build projects are not universal and consideration may be given to centralising this.

14. MICOBACTERIAL SERVICES – MOLECULAR DIAGNOSTICS

Implementation of TB molecular diagnostics had dominated a large proportion of F. MacKenzie’s time over the past year and her efforts and achievements had been commended at the SMVN Steering Group APR.

The current governance process for business cases is complex and has been complicated by the formation of the National Laboratories Oversight Board (NLOB). F. MacKenzie highlighted that the TB molecular work is a test case that has encountered many unexpected issues along the way. Hopefully lessons will be learned and the governance / process for future cases will improve.

The TB case has received approval from the DSG, NLOB, Board Directors of Finance and Board Chief Executives. It is now being progressed by dedicated National Procurement (NP) colleagues who anticipate that contracts will be signed by mid November 2019 with equipment / testing rolled out during the first quarter of 2020. An Implementation Group Stakeholder meeting will be organised to agree diagnostic algorithms.

NP colleagues initiated a competitive tender process involving development of a specification, evaluation and scoring criteria and publication of a Prior Information Notice. Having liaised with all the companies that responded to the PIN, National Procurement independently concluded that only one company can supply a testing platform that fits the “Once for Scotland” requirement: Cepheid’s GeneXpert. NP have contacted NHS Supply Chain colleagues in England to obtain costs for the relevant Cepheid products as they are on their list. NP had a meeting with Cepheid at the beginning of September to discuss the work and negotiate on price. Two of the larger Health Boards have indicated they may not sign up to the contract. Early indications are that this will have a significant impact on the price per test (a difference of c. £10 per test). Any lack of buy in and cost increases for remaining Health will have to be escalated to the DSG.

The group felt there would be unfair and negative implications affecting the other Health Boards if some opted out and all agreed that this matter should be addressed as soon as possible.

This is a pivotal time in the history of the project / the SMVN. A 'Once for all Scotland' approach should be taken to procuring equipment for TB molecular testing.

Some Health Boards currently have contracts with the Cepheid and some have managed service contracts. It was requested that these be reviewed as their current prices may be lower. F. MacKenzie will look into this. **Action F. MacKenzie**

NP personnel plan to write to all Directors of Finance seeking a written commitment from each Board and highlighting the potential impacts if Health Boards do not sign up to the use the Cepheid GeneXpert.

These issues would be raised at a forthcoming SHPN TB network meeting (20 September 2019) which M. Lockhart co-chairs. M. Connor and F. MacKenzie should have been invited onto this group but have not received an invitation to the meeting. This will be invited by M. Lockhart. **Action M. Lockhart**

15. FAECAL PCR UPDATE

In 2016 / 2017 the SMVN started to develop an outline case to introduce rapid molecular diagnostics for investigation of faecal specimens for enteric pathogens. This however, coincided with a NICE publication of an assessment of the published literature on the clinical and cost effectiveness of integrated multiplex PCR tests for identifying gastroenteritis pathogens. NICE concluded that, at the time, there was insufficient evidence to recommend routine adoption of these technologies within the NHS but stated that the tests do show promise and highlighted the need for further evaluation on health outcomes and resource in clinical practice.

Other parts of the UK have adopted and rolled out the technology for routine diagnostic use. It has been rolled out across the whole of Wales, much of Ireland and parts of England.

The SMVN completed a topic referral form and submitted it to the SHTG, requesting a review of more recent literature published since the NICE publication.

SHTG has developed an "evidence synthesis" report on the topic – previously circulated to the SMVN Steering Group. It was felt that it reflected an insufficient review of the current literature and use of faecal PCR methodology in the UK.

The UK SMI B30 is currently under review and will form part of the new gastrointestinal syndromic document which we expect to be published in mid-2020.

The SMVN has requesting a more in-depth review of any available evidence with guidance and / or advice and has submitted a new topic referral form to SHTG.

L. Batchelor advised that the SHPN GIS sub group had met the day before and she agreed to send an update via F MacKenzie. **Action: L. Batchelor**

16. AST / AMR DIAGNOSTICS SUBGROUP AND SAPG UPDATE

An AST meeting was scheduled to take place on 24 October 2019. The remit of the group is being broadened.

Awareness had been raised around EUCAST and BNF antibiotic dosing changes and the implications to microbiology reports.

NP staff planned a meeting to discuss an extension to the Vitek consumable contract and F. MacKenzie will liaise with M. Macleod on meeting dates. From an AST point of view, there appeared to be no other viable option other than to continue with the bioMérieux Vitek systems. AST the last meeting the possibility of using an alternative (cheaper) system for urine ASTs was discussed with the Ayrshire & Arran AST representative announcing that this Health Board would imminently move towards an alternative system for urine testing. This however was refuted by L. Hunter.

17. VIROLOGY (SCVCG / SDVG) UPDATE

No Virology representation was in attendance to provide an update.

N. el Sakka had sent draft minutes of the last SCVCG meeting (27/03/19) to F. MacKenzie the day prior to the SMVN Steering Group meeting.

18. WATER TESTING QUESTIONNAIRE

M. Connor clarified a number of ongoing issues which had delayed progress with this work. Many laboratories in Scotland were looking to have their water testing accredited. The West of Scotland were considering offering this as a regional service based in Glasgow.

Water testing falls under the remit of the IPC group and will be taken on by the newly formed group going forward.

Action A. Marek

PART D STAKEHOLDERS

19. NATIONAL STANDARD METHODS STEERING GROUP FEEDBACK

M. Connor had been unable to attend the last meeting and no update was available.

20. PUBLIC HEALTH MICROBIOLOGY SCOTLAND

a) ECOSSE Data Roll Out Improvement Project (EDRIP)

S. Currie presented an update of this ongoing project.

EDRIP aims to standardise data being submitted to ECOSSE across all NHS Laboratories and to quality assure the data contained therein. The process requires a direct extract of data from the LIMs for a specified period. The extract is then compared to the data received by ECOSSE through the automated route. Any anomalies are then investigated and where possible fixed. On completion of EDRIP, the labs are requested to submit a further extract to ensure that all issues have been addressed.

EDRIP has commenced and is currently live with NHS Tayside and NHS Shetland. They are currently working with NHS Lanarkshire, NHS Orkney and NHS Grampian and are currently addressing issues that have been identified through the process. They are also preparing to start work with NHS Forth Valley. Planned rollout dates for each lab were shared.

b) Scottish *E. coli* O157/STEC Reference Laboratory (SERL) repertoire review

A process to agree definitions for what should constitute a reference laboratory test/service was approved by DSG, RLAG, RLOG and SMVN and the repertoire review process was developed to operationalise the agreed definitions. SERL was agreed as the test of change laboratory.

The STEC Faecal PCR test will be de-designated as a reference laboratory test in Scotland. This is because the most immediate impact of an STEC Faecal PCR test is on clinical management of the patient, and the more rapidly the result is provided, the more rapidly appropriate clinical management and local public health management to prevent spread, can be instigated. However, it was agreed that as there is currently no alternative method for service delivery in Scotland, then a process should be developed to allow cross charging for the current STEC Faecal PCR service provided by SERL to diagnostic laboratory services in Scotland. The preferred timescale for the introduction of this charged for service would be April 2020 and in the short to medium term the same service would continue to be delivered by SERL. In the medium to long term it

was thought possible that the apparent advantages of Multiplex Faecal PCR testing being provided by diagnostic laboratories in Scotland could lead to it replacing the need for the SERL STEC PCR service. But the implications of such a change and the various points identified above will need to be addressed and consensus reached, which will take some time.

The SMVN Steering Group discussed potential funding implications of this decision.

F. MacKenzie requested that the current costs of this test should be abstracted from the SERL budget and it should be established if this amount will be deducted from the amount of money top sliced from Health Board budgets that goes to SERL and repatriated to the Health Boards. Costings and financial arrangements will be clarified by M. Lockhart.

Action M. Lockhart

c) PHE SLA review

A draft table outlining the proposed tests which will be covered by an SLA between PHE and NSS was circulated. Any test not listed in the table will not be funded and will be charged to the referring laboratory.

The table will be re-sent to the SMVN Steering Group who should feedback if there are tests missing from this list. Deadline for feedback is the end of September.

Action: M. Lockhart / F. MacKenzie / ALL

d) Update on progress / next steps for Scottish Public Health Microbiology Strategy technical and expertise aims TE01 AND TE02

A paper had been circulated which summarised (i) progress of current nationally agreed lab standards and audit of adherence to those standards (UKAS) and (ii) collation of a comprehensive set of lab methods (UK SMI). The paper recommended:

- SMVN / DGS (AG) continue to work with Health Boards that are not currently accredited
- SMVN / SMOG / DSG continue to monitor and maintain the list of accredited laboratories
- SMVN / NLP work on aligning Health Board and SMI procedures
- SHPN Public Health Microbiology group determine the current situation with non-NHS laboratories

e) Viral genotyping

This is being progressed by HPS. A formal proposal will be submitted to recommend rollout of the service. No timeline was known at present.

21. HPS / SHPN / SCOTTISH GOVERNMENT UPDATE

No update was available.

22. IBMS UPDATE ON ADVANCED PRACTITIONERS

A. Wilson (IBMS President-Elect) attended the meeting to address this agenda item. The origins of this initiative had arisen from protracted discussions and the fact that advanced practice is perceived variably. In his opinion, advanced practitioners should operate at consultant level and should be either medics or Clinical Scientists. He had provided an update on this work to the DSG Workforce Planning Group for their report.

The IBMS states that “IBMS Advanced Specialist Diplomas link to professional doctorates and consolidate the highest levels of knowledge and expertise whilst demonstrating expertise within a discipline. They are aimed at the most senior members of our profession with the ability and opportunity to undertake some roles that are commensurate with those of medical consultants”.

The diploma has been developed jointly by RCPATH and IBMS and will be offered in Cervical Cytology and Histopathology first. It may be possible to develop it for Medical Microbiology, if there is a need. A joint RCPATH / IBMS Board has responsibility for delivering the qualification including setting exams, dealing with appeals, training and mentoring. The Board will meet on 7 October 2019. Its ToR are still in draft format and cannot be shared yet. The Board is drawing up specific duties which should be detailed within advanced practitioner job descriptions. It is anticipated that the roles will focus on interpretation of results and offering clinical advice.

A. Wilson stated that there are no official advanced practitioners in NHS Scotland yet but some BMSs are already fulfilling these roles and may have gradually evolved into them ‘under the radar’. No formal recognition of the roles may pose a risk and there is a need to ensure individuals are competent and to ensure they are supported and protected. A. Wilson has had early discussions about advanced practitioners on Microbiology / Virology with staff from NHS Lanarkshire and L. Kilgour.

Some of the medics present thought that, even if a scientist holds the FRCPath, a lack of medical training may be prohibitive to being able to offer clinical advice.

A. Wilson will feedback general discussion at the SMVN Steering Group meeting to inform the Board meeting on 7 October. Additional comments may be sent to A. Wilson by E-mail by 7 October.

Action: ALL / A. Wilson

PART E NATIONAL GROUPS: FEEDBACK

23. DIAGNOSTIC STEERING GROUP (DSG)

a) DSG feedback

L. Blackman reported that the DSG / DSG Advisory Group met recently. Major items included the final report from phase two of the Demand Optimisation Programme, which had been approved, noting the need for the networks to own the QI workstreams going forward. A draft was included in meeting papers and the report was to be finalised and made available at the Realistic Medicine Conference on 8 October 2019.

It was noted DSG had a new chair, Mr Paul Hawkins, Chief Executive of NHS Fife, who planned to revise the governance structure. Mrs Blackman confirmed her intention to involve NMDNs in this process.

b) DSG WORKFORCE PLANNING SUB GROUP REPORT

L. Blackman highlighted the final report of the DSG Workforce Planning Subgroup and commended the support and involvement of SMVN members, including D. Ashburn, L. Batchelor and T. Gillespie. The report acknowledged that previous reports making similar recommendations had not been implemented and so recommended ongoing monitoring of implementation. This process had begun by mapping the 13 recommendations to ongoing workstreams. A workshop was planned for 25 November 2019 when gaps would be identified and an implementation plan s agreed.

24. DEMAND OPTIMISATION (DOG)

a) DOG PHASE II REPORT

L. Mulhern was not present but provided a written update which had been shared with the SMVN Steering Group in advance of the meeting.

Phase III of the Demand Optimisation work was underway with the end goal of handing responsibility onto the individual networks / work streams.

b) High Vaginal Swabs (HVSs)

Problems have been encountered with this work. NHS Dumfries & Galloway and NHS Ayrshire & Arran could not get agreement from their sexual health departments to trial the NHS Fife model which utilises pH paper. NHS Dumfries & Galloway developed a new protocol with their sexual health department but NHS Ayrshire & Arran have not been able to get agreement to use this. This was brought up at the DOG meeting and there was some discussion about whether there was a national sexual health team that could be approached. It was thought that NASH could be approached to seek some guidance. L. Mulhern will speak to K. Templeton to ask if she knows who might be the best person to approach.

Action: L. Mulhern

c) Leg ulcer swabs

Baseline figures for NHS Lothian are available along with Scottish guidance on how and when swabs should be taken. L. Mulhern is unsure how best to progress this work. Dr L. Munro (GP in Forth Valley) has reported that most GPs should know about when to take / not take leg ulcer swabs and said that a lot of the time it is district nurses who take and send swabs when visiting patients. District nurses are not employed by the practices but by the Health Boards. L. Mulhern suggested taking the guidance to NHS Lothian PLIG group and remind the GP practices of its existence and to ask if they follow it. She will ascertain who best to speak to about the district nurses and see if information can be circulated to them too.

Action: L. Mulhern

d) Urines

Baseline figures from NHS Fife have been provided but no protocol as yet. Their project has gone well but seems to require a great amount of work in the labs. Other labs have also done DO projects and might not want to follow the NHS Fife approach.

One of the things discussed was the 'Pharmacy First' project that was first instigated in NHS Forth Valley where prescribing of trimethoprim to women with uncomplicated UTIs (not pregnant etc) can be done at certain pharmacies. This means patients don't go to GPs so there is no chance to have a sample taken meaning less samples coming in. This is something each Health Board should be asked about to see if it has been implemented more widely. If so, has it been any help in reducing numbers of urines coming into the labs? L. Mulhern will ask NHS Forth Valley labs if they know about this and if so, did they notice a drop in numbers? It looks like NHS Lothian have something similar set up. L. Mulhern will ask about it locally and see if it is widely used or not.

Action: L. Mulhern

25. NATIONAL LABORATORIES PROGRAMME (NLP)

J. Henderson, Programme Director for the National Laboratories Programme (NLP), was grateful for the opportunity to engage diagnostic networks (including the SMVN) to ensure the right steer to deliver the NLP programme of work to improve ways of working on the front line and deliver the best possible patient outcomes and optimise available resources.

J. Henderson talked through the following Distributed Service Model (DSM) Guiding Principles presentation stating that the priority is to take a “system wide” approach and not necessarily to simply focus on laboratories.



NLIIP

The National Laboratories Information and Intelligence Platform (NLIIP) has been paused. The NLP is running an options appraisal to establish the best way forward and it is hoped that a solution will be identified by the end of October 2019. 31 October 2019. J. Henderson stated that it would be helpful to have access to national datasets.

D. Ashburn sought clarification on what exactly was required of the NLIIP group and expressed his disappointment at the lack of progress.

P. Machell talked about difficulties in obtaining the level of data requested and suggested that innovations are required to address this. J. Henderson advised that support has been sought from PHI and NSD and an approach is being made to Informatics at NHS Tayside as they do a lot of work with lab data. Ultimately it is hoped to have all of NHS Scotland's data on one platform and accessible.

An innovation event was schedule to take place on 29 November 2019 and all are welcome to attend. Further information will be sent by J. Henderson.

Action J. Henderson

Governance

J. Henderson presented the NLP governance organisational chart. F. MacKenzie emphasised that network representation is required on all NLP sub-groups as well as the LOB as it is the networks that will drive and deliver the work with support from the NLP. J. Henderson agreed that the governance should be reviewed. L. Blackman agreed to review the structure and provide feedback.

Action: L Blackman

Discipline specific reviews / distributed services models

J. Henderson advised that a phased approach will be taken to deliver the reviews by the end of March 2021, starting with Histopathology followed by Immunology, Microbiology and Virology and Blood Sciences. She has earmarked 1 January 2020 as the start date for the SMVN work. It is intended that a business case for a DSM for each network will be presented to Health Board Chief Executive by the NLP.

J. Henderson advised that a SLWG will be formed for each discipline with representatives from each of the regions. The reviews will involve large data gathering exercises followed by a series of workshops with workshop outputs informing the DSM. The SLWGs will recommend which stakeholders to liaise with and advise which workshops would drive forward. It is hoped that all Health Boards and key users will be represented at the workshops. Some work is required on the governance approval process.

When questioned by F. MacKenzie, J. Henderson agreed that:

- The SMVN Steering Group will inform the NLP approach to the Microbiology and Virology project and will involve true partnership working. None of the NLP programmes of work can be delivered without a lead from the networks and without significant investment from the networks.
- The SLWGs and workshops will have network representation.

- No business cases will be presented without full endorsement from the network

F. MacKenzie pointed out that it would be very difficult to incorporate the service review / DSM work into the already stretched SMVN workplan during the current year ending 31 March 2020. The SMVN has already kick started the standardisation work in conjunction with the NLP and has added this to the already full and endorsed network work plan. F. Mackenzie stated that the earliest start date for the service review / DSM work would be April 2020. J. Henderson agreed to delay the start of the SMVN work until April 2020 at the earliest.

J. Henderson hoped to utilise data that the networks have already gathered and gave assurance that she will liaise with Claire Lawrie (IMS) about this in advance. She also committed to provide a more detailed timeline and clarification on what will be required for this work.

Action: J. Henderson

F. MacKenzie explained that the networks, including the SMVN, have already fully participated in numerous NLP workshops that saw no output and sought assurances that the proposed plan of work will be delivered in partnership with the networks. This should not simply be yet another data gathering exercise. J. Henderson gave assurances to this effect and said she hopes to make demonstrable change.

J. Henderson agreed to share the draft workshop design template, project plan and other available information.

Action: J. Henderson

26. LABORATORIES OVERSIGHT BOARD (LOB)

I. Godber (Biochemistry network Clinical Lead) represents the managed diagnostic networks on the LOB. It was highlighted that the networks do not receive feedback from the LOB and this should be remedied. It was agreed that DSG AG should be provided updates from the LOB. L. Blackman would progress this.

Action: L. Blackman

27. REGIONAL UPDATES

Both the North and West regions are regionalisation of TB smear and culture.

The East region had mainly focussed on the blood sciences contract.

28. STANDARDISATION

The first SMVN Standardisation meeting was held with support from the NLP on 11 September 2019. The plan is to review alignment with the SMIs. S. Higgins will project manage this for the SMVN.

L. Kilgour was concerned that Health Boards will be expected to adopt the same detailed SOPs meaning they will have to use the same equipment, agar plates, suppliers etc. Assurance was given that this is not the purpose of standardisation. The purpose has a much higher level and is looking for minimum deviation from the SMIs with a view to standardising test requesting / reporting structures to inform the new national LIMS.

29. ANY OTHER BUSINESS

L. Kilgour advised that NES are soliciting Microbiology / Virology generic learning material for a new Healthcare Science page within Turas Learn which has the ability to host E-Learning and other training resources on a National platform. L. Kilgour will circulate the relevant information to the SMVN via F. MacKenzie.

Action: L. Kilgour

29. DATE OF NEXT MEETING

Thursday 12 December 2019, SHSC, Edinburgh.