



Scottish Microbiology and Virology Network (SMVN)

Steering Group Meeting

12 December 2019



Minutes

Subject: SMVN Steering Group Meeting
Author: Veronica Mesquita (v 0.1)
Dr Fiona MacKenzie (v0.2)
Date: 12 December 2019 (11.00am – 3.30pm)
Location: Carrington Suite, SHSC, Edinburgh

Attendees:

Dr Martin Connor	Lead Clinician	SMVN (Chair)
Dr Claire Alexander	Clinical Scientist Rep	NHS Greater Glasgow & Clyde
Dr David Ashburn	Lab Manager / Head BMS	NHS Highland
Liz Blackman	Senior Programme Manager	National Services Division
Dr Ben Cooke	Consultant Microbiologist	NHS Forth Valley
Dr Noha el Sakka	Virology Specialty Advisor	NHS Grampian
Dr Craig Ferguson	Clinical Lead	NHS Fife
Dr Ed James	Clinical Lead	NHS Borders
Stephen Hughes	Lab Manager / Virology / Ref Labs	NHS Greater Glasgow & Clyde
Lisa Hunter	Lab Manager / Lead BMS	NHS Ayrshire & Arran
Liz Kilgour	Lab Manager / Head BMS	NHS Forth Valley
Dr Ian Laursen	Clinical Lead	NHS Lothian
Dr Michael Lockhart	Consultant Microbiologist	Health Protection Scotland (HPS)
Dr Fiona MacKenzie	SMVN Scientific Manager	SMVN
Dr Mairi Macleod	AMR Diagnostics Group / SAPG	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
Dr Aleks Marek	ICD representative	NHS Greater Glasgow & Clyde
Stephen McGlashan	Lab Manager / Head BMS	NHS Fife
Veronica Mesquita	Programme Support Officer	National Services Division
Linda Mulhern	Lab Manager / Head BMS	NHS Lothian
Caroline Thompson	Section Manager	NHS Borders
Dr Sarah Whitehead	Consultant Microbiologist	NHS Lanarkshire

Teleconference:

Dr Linsey Batchelor	Consultant Microbiologist	NHS Dumfries & Galloway
Adele Foster	Lab Manager / Head BMS	NHS Dumfries & Galloway
Dr Vanda Plecko	Consultant Microbiologist	NHS Highland

Apologies:

Libby Aguero	Service manager Bacteriology	NHS Tayside
Dr Abhijit Bal	Clinical Lead	NHS Ayrshire & Arran
Lesley Beveridge	Lab Manager / Head BMS	NHS Grampian
Joel Briggs	Lab Manager / Lead BMS	NHS Western Isles
Laura Imrie	Nurse Consultant IPC	Health protection Scotland
Peter Machell	Lab Manager / Head BMS	NHS Borders
Ian McCormick	Lab Manager / Head BMS	NHS Lanarkshire
Dr Keith Morris	Medical Advisor	Scottish Government
Dr Will Olver	Clinical Lead	NHS Tayside
Ian Pritchard	Lead BMS	NHS Shetland
Lesley Shepherd	Professional Advisor	Scottish Government
Dr Becky Wilson	Consultant Microbiologist	NHS Orkney
Dr Dave Yirrell	Consultant Microbiologist	Scottish Health Protection Network

A. SMVN GOVERNANCE & ACTIVITIES

1. Welcome and apologies

Dr Martin Connor welcomed everyone and round the table introductions were made. Apologies were as noted above.

2. Minutes of previous meeting of 19 September 2019

Item #14. "Micobacterial" should read "Mycobacterial". Otherwise the minutes were accepted by the group.

3. Minutes of Annual Performance Review

The minutes of the Annual Performance Review had not yet been received. L. Blackman will chase these up. **Action: L. Blackman**

4. SMVN Steering Group (Terms of Reference / attendance at meetings)

At the last meeting, it was agreed to review SCVCG's terms of reference (ToR). SCVCG is an official sub-group of the SMVN. It was noted that there had been no SCVCG / Virology representative at recent SMVN Steering Group meetings. SCVCG now has a Deputy Chair, Dr Jill Shepherd, who will attend meetings if N. el Sakka is unavailable. F. MacKenzie and N. el Sakka were drafting the ToR to align them with the other SMVN sub-groups. They will need to be approved by the SCVCG. It was noted that the minutes from the SCVCG March 2019 meeting had been circulated with the Steering Group meeting agenda but the group had met since then, in November. November minutes will be circulated once ready.

NHS Greater Glasgow & Clyde: B. Jones has retired and there are now two Clinical Leads. M. Macleod represents North Glasgow and Christine Peters represents South Glasgow. These changes will be reflected in the ToR.

NHS Borders: P. Machell is due to retire in February 2020 and it was reported that he will not be replaced. The current Blood Sciences lab manager will also manage Microbiology. There was discussion regarding the local decision not to replace the Microbiology Laboratory Manager role. It was reported that the Band 8 post will be replaced by an additional Band 6 post. The most senior BMS staff in Microbiology will be two Band 7s. This will lead to a major change in structure / governance at the department. When asked, it was clarified that no formal risk assessment took place in advance of the decision being taken. Concerns have been raised locally. M. Connor, on behalf of the SMVN, offered to request a risk assessment. E. James agreed to write a letter to M. Connor formally highlighting changes within NHS Borders. M. Connor will then escalate the issues, as appropriate. L. Blackman noted that NHS Borders was the only Health Board not to have submitted benchmarking data for Haematology and Biochemistry. Jackie Scott (Blood Sciences lab manager) is already very busy. There are perceived risks across several of the networks and these need to be highlighted immediately to prevent further governance issues.

Other names to be added to the Steering Group were Julie White (Virology, NHS Lothian) and Rory Gunson (Virology, NHS GG&C). **Action: F. MacKenzie**

5. Risk Register

The risk register was an action from last meeting. L. Blackman reported that the NNMS had asked for support for a SLWG but there had been no progress. They were in the process of putting in new PSO support and it was decided to raise this again once that support had been arranged.

Action: L. Blackman

6. SMVN website

a. Statistics

L. Blackman reported that the website continued to be accessed regularly and was the most popular website of the diagnostic networks. Google Analytics will be used going forward for site statistics. The reason for the high number of hits for the SMVN website was thought to be due to the member's area which is more developed than those of the other networks.

F. MacKenzie reported that there had also been governance issues with the SMOG forum. But these had all been addressed and the group could move forward in creating the forum.

b. Updates

L. Blackman provided an update. G. Cervantes had created separate pages on the website for external groups with SMVN representation. It is the responsibility of the representatives to forward minutes of meetings to be posted on the member's area. G. Cervantes had sent a message to the list of SMVN representatives but some had not replied. F. MacKenzie will send a message out to this group to clarify who is representing the SMVN on specific groups.

Action: SMVN Reps and F. MacKenzie

7. SMVN Communications Strategy

No update was available as G. Cervantes was unable to attend the meeting.

8. Laboratory accreditation / UKAS

M. Connor was unable to attend a recent Scottish meeting with UKAS but D. Ashburn had attended and had circulated a letter that was issued providing an update.

Most Health Boards and Diagnostic Networks had submitted an SBAR in advance of the meeting with UKAS, highlighting issues. UKAS gave a presentation and asked for dates for a stakeholder meeting in the next 6 months. One of the outcomes of the meeting had been a commitment to hold biannual stakeholder meetings including regional and network representation. D. Ashburn was nominated to represent the SMVN.

Alternative options for Scotland have been considered and proposed by David Stirling. D. Ashburn had written and submitted a response on the proposal on behalf of the SMVN indicating that the alternatives were not viable with a preference to continue with UKAS.

The three island Health Boards do not have UKAS accreditation. There had been a proposal for larger Health Boards to facilitate the islands (NHS Grampian to support NHS Shetland and NHS Orkney and NHS Highland to support NHS Western Isles) but this has not been confirmed.

The island Health Boards already use the same SMIs / SOPs and quality management systems as their larger counterparts. There did seem to be an equivalence around the country with the smaller boards. It was also noted that this was a work stream on the North region agenda. M. Connor requested updates from the North on this situation.

9. Scottish Microbiology / Virology – levels of service / regional updates

a. Levels of Service

Definitions of minimum levels of service have not yet been progressed. D. Ashburn noted that SMOG tried to address this via the benchmarking data collection with limited success. The Royal College of Pathologists does not appear to provide definitions although target turn-around times should provide a guide. The SMIs provide some guidelines and it was suggested that these could be a starting point. C. Ferguson informed the group that the British Infection Association had published a document looking at service levels and offered to send the document to F. MacKenzie.

Action: C. Ferguson

It was highlighted that standardisation crossed a variety of work streams, including SMIs. The National Laboratories Programme (NLP) business case for March 2021 delivery of standardisation work streams. The group cautioned against lowering standards, instead recommended having optimal levels. “Black box technology” would help remote / rural areas achieve shorter turnaround times. Attaining the right skill mix is more important than larger numbers of staff in remote / rural sites.

b. Regional updates

The North and West regional updates were circulated with this meeting agenda but they were not specific to microbiology and virology.

West Region: The West Scotland laboratory board meeting had recently taken place. All Health Boards / disciplines were represented with the exception of microbiology reps from NHS Lanarkshire and Ayrshire & Arran. M. Connor noted that originally the idea with the meetings had been to have a representative from the individual networks, and the information would feed out to the services. The West Region are discussing TB culture and regionalised solutions for water testing.

North Region: D. Ashburn attended the North Region Steering Group but not necessarily on behalf of SMVN. N. el Sakka had originally attended North Region Steering Groups meetings as NHS Grampian Microbiology Service Director, but now only overall Laboratory Directors attend meetings.

East Region: It does not have SMVN representation at meetings.

It was reiterated that the SMVN reps on any sub-groups should be feeding back to the whole SG, as well as their own services. F. MacKenzie acknowledged that there may be no direct feedback related to the discipline, but it still would be useful to have the feedback from the three regions so that there were no assumptions. The Laboratory Oversight Board assumes that the regions are liaising direct with diagnostic networks but this is not necessarily the case. F. MacKenzie will contact the regional Clinical Leads to ask to be added to the distributions lists. Relevant information can then be forwarded to the SMVN Steering Group.

Action: F. MacKenzie

10. Clinical advice calls: audit

A. Marek reported that a few Health Boards had not yet completed the survey. The data will collated, analysed and distributed ahead of the next meeting. **Action: A. Marek**

11. Clinical Microbiology Training / advanced practitioners – feedback from meeting with Scotland’s Chief Medical Officer

M. Connor reported that this group met the previous week. Attendees included the Chief Medical Officer (CMO), David Stirling, Karen Stewart and NES and reported the following from the meeting:

There were concerns about training numbers / training in Histopathology as well as Microbiology. The expanded clinical role of Consultant Microbiologists will likely leave a gap on the laboratory side. It is unlikely that training will be modified to take this into account. Gaps could be filled by BMS Advanced Practitioners and Clinical Scientists. There are only 6 Clinical Scientist training posts in Scotland across all specialities. Training only takes Clinical Scientists to part 1 of the RCPATH and there is no funding to allow them to progress to part 2. It was decided to look into this as a possible solution.

D. Stirling and K. Stewart were leading a group to propose solutions to be presented to the CMO. The CMO had expressed concerns that this problem had been investigated for Radiology and Radiologists did not want non-meds carrying out medical roles. The CMO had been assured that the opposite was true for the SMVN which is enthusiastic for this development. Allan Wilson (IBMS President and SPAN Scientific Manager) attended the meeting and highlighted that this would only work if additional roles were created and there were staff to fill the roles. Advanced Practitioner roles need to be defined. IBMS and RCPATH have created a group to look into a certificate programme.

B. SMVN OPERATIONAL GROUP (SMOG)

12. SMOG updates

a. General SMOG Update

D. Ashburn reported that the group met 2 December 2019 and discussed:

i) **Workforce for the future.** SMOG data gathered on Advanced Practitioner roles could be used to help standardise AFG bands and create a consensus job profile. This work could inform a Distributed Services Model. The plan was to continue collecting information on job profiles and workforce to monitoring the situation with accurate figures and for benchmarking purposes.

ii) **C. difficile paper.** Original data gathered by SMOG was a few years out of date and had to be updated but the recommendations in the original report had not changed. HPS guidelines for testing were still to be followed and consistent wording for reports was recommended (links in with standardisation work stream). This item will be closed off once the final paper is circulated.

There were concerns expressed about posting SMVN reports, papers and guidelines on the website in case the press would misquote the SMVN.

It was decided to place such information on the password protected members' area of the website. Other networks do post guidelines on their websites but do not publish how individual labs perform against guidelines.

The SMVN needed to put a system in place to deal with freedom of information requests / inquiries relevant to information available on the website. It is uncertain if there is an NSS policy on what may be released. L. Blackman will ask the NSS communications team for advice and this will be reviewed at the next meeting. **Action: L. Blackman**

There was a question about how the recommendations were being reviewed. It was suggested that some of this work could be handed over to the Standardisation Group.

b. Blood cultures - SMI variation / gap analysis – final report

M. Lockhart noted that he was unsure how the recommendations would be addressed. Two out of the fourteen labs did not have Containment Level 3 (CL3) facilities. NHS Shetland, Orkney and Western Isles do not have CL3 facilities but they do have class 1 safety cabinets. A risk assessment could be written to deal with this issue and sits with the individual Health Boards.

c. Draft Benchmarking report

D. Ashburn reported that the benchmarking report had been updated slightly since it was sent to the Steering Group. E.g. cost savings are now referred to as cost reduction. The IMS was working on the Atlas of Variation section as well.

Some members commented on the data on repatriation of tests sent to England. It would be helpful to work together with the NSS on this topic.

Overall, the group commended the high quality of data that had been collected. The report had not front page and L. Blackman and F. MacKenzie both offered to send over examples used for other SMVN reports.

C. SMVN SUBGROUPS: REORTS AND UPDATES

13. IPCD subgroup

A. Marek reported that the subgroup met for the first time and there had been good representation from Health Boards. One of the main points discussed was updating the roles / responsibilities document. The group will send out a survey with NSS support.

The group had also discussed and agreed to their ToR. They had created a good contact lists. The sub-group had been discussed and well-received at the last DSG.

The Centre of Excellence had also been set up. M. Connor attended as an SMVN representative.

14. TB molecular diagnostics: update

F. MacKenzie gave an update as follows:

After completion of the relevant approval and procurement processes, F. MacKenzie sent a letter to all NHS Board Microbiology Laboratory Managers and Clinical Leads on 31 October 2019 clarifying the position regarding procurement of molecular diagnostics for TB in NHS Scotland along with a copy of a letter sent by National Procurement to Board Directors of

Finance for written authority to conduct a national call-off contract to implement TB molecular diagnostics. The letter to DoFs was sent by National Procurement on the same day, 31 October 2019.

At the time of the meeting, a positive response had been received from the majority of Health Boards. Significantly however, written authority had not been received from the two largest Health Boards, Greater Glasgow & Clyde and Lothian resulting in National Procurement putting the procurement process on hold. NHS Great Glasgow & Clyde had communicated to National Procurement that they would not sign up to the call-off contract, preferring to use in-house methods. NHS Lothian communicated that they remained neutral but could not agree to the call-off contract if GG&C didn't as that would most likely lead to a revised, higher price.

At the recent DSG meeting on 5 December 2019, Paul Hawkins (Chair) expressed his concern that unanimous commitments to sign up to the national procurement process had been received by Health Board Chief Executives and DoFs at meetings earlier in the year, but individual Health Boards were still refusing to do so, demonstrating a major issue with various governance structures. P. Hawkins agreed to contact the NHS GG&C Chief Executive to progress the process. This case will be looked at to learn lessons for future business cases.

F. MacKenzie informed the group that there may be a benefit in the delay as (once the process can continue) as Cepheid will be able to roll out new 10-colour systems which will be able to run multiple assays in a single cartridge. If the procurement process can moved on imminently, it is hoped that systems can be put in place and be fully operational by the end of March 2020.

F. MacKenzie will arrange a joint implementation meeting to include the SMVN, clinicians / stakeholders and Cepheid. The group agreed this was a good plan. **Action: F. MacKenzie**

15. Faecal PCR update

SMVN had been collaborating with the Scottish Health Technologies Group (SHTG) towards a literature review / guidance on the topic. To date SHTG had only carried out an "evidence synthesis" but there were plans to look at a more robust review of literature.

It was noted that Wales and Ireland had implemented faecal PCR without the need for as robust a review.

The SMVN had set up a group of interested individuals. The Scottish Health Protection Network (SHPN) were also looking at setting up a group looking at faecal PCR and it was suggested that the two groups collaborate. An update will be provided at the next SMVN Steering Group meeting. **Action: F. MacKenzie**

16. SMVN AMR Diagnostics / SAPG update

M. Macleod reported that the group was progressing a number of projects such as non-Vitek AST standardisation.

EUCAST breakpoint and S/I/R changes will be rolled out in 2020.

There has been increased clinical engagement / attendance at meetings. Of importance are the ongoing changes to reporting of intermediate AST results and addressing dosing as per

EUCAST recommendations (intermediate results applicable only with high antibiotic doses). There is variation in reporting of I / doses and a consistent approach across NHS Scotland will be progressed.

An ESBL SLWG has been established to look at testing / reporting and will meet on 14 January 2020.

Negotiations continue with bioMérieux for a contract extension for Vitek consumables, service and maintenance.

The group is also looking at alternative methods of AST for urine testing.

SAPG: M. Macleod represents the SMVN on SAPG.

National neutropenic guidelines had recently been published.

The Scottish One Health National Action Plan (SOHNAP) was set up to ensure coordination between all stakeholders involved in delivering the UK 5-year action plan on AMR.

17. **SCVCG update**

N. el Sakka reminded everyone the SCVCG is an official sub-group of the SMVN. The group's ToR were being re-formatted to follow the SMVN format. The group has appointed a deputy chair: Dr Jill Shepherd. Either N. el Sakka or J. Shepherd will attend future SMVN steering group meetings as SCVCG representatives. It was agreed the SCVCG minutes will be uploaded to the SMVN website.

N. el Sakka reported that the Royal College of Pathologists Microbiology and Virology Specialty Advisory Committees (SAC) have merged and will meet twice a year with 11 members. The SMVN had produced a document in 2018 on Microbiology / Virology training and it was presented to the SAC. It was noted that more work is needed on training / support of non-medical staff. Funding and budget issues limit progress.

It was highlighted that the Scottish CMO does not have a Microbiology specialty advisor. This issue had also been raised at the APR. L. Blackman will liaise with Dr Wheelans, NSS Medical Advisor, about this.

Action: L. Blackman

D. **NATIONAL GROUPS: FEEDBACK**

18. **National Laboratories Programme (NLP)**

a. **Laboratories Oversight Board**

M. Connor attends these meetings and stated that there were no new updates.

b. **National Laboratories Programme**

F. MacKenzie and M. Connor had both been invited to blueprint subgroup. A slide presentation for this programme had been circulated with the meeting agenda. They reported that the standardisation work will help inform an SMVN Service Review / Distributed Services Model (DSM). At a previous SMVN Steering Group meeting, J. Henderson agreed that any reports on Service Review / DSM will be signed off / owned by the SMVN.

The SMVN Service Review timeline may have to be delayed to align with other relevant projects. F. MacKenzie would be meeting with Jess Henderson in early January 2020 to discuss this further.

c. **Atlas of Variation: update and next steps**

L. Blackman reported that it was going well and at a stage where it could begin being shared and used. Two versions of the atlas are being prepared and there is a limited number of licenses. One is simpler platform for GPs to interrogate their own data and is due to be launched in NHS Lothian in January 2020. The other is an expanded version for use by labs. Licenses had been made available to access the Atlas and an initial group of users identified. It is proposed to have one user per lab and L. Blackman encouraged people to contact her to find out who specified users are.

SMOG agreed to add tests to the existing data set. There was a lack of clarity regarding HIV and Hep-C data requests (diagnostic versus antenatal samples). For the current data collection request (issued beginning of December 2019), it was agreed that each lab should send data on as many tests as they wish for both HIV and HCV however they should make it clear what data they are returning e.g. first-line antibody or antibody / antigen screening test, confirmatory serology test, PCR, viral load etc., diagnostic test or antenatal screening. They should also clarify which samples they are testing e.g. blood or dried blood spots (but probably not saliva). For future data collection. SMOG / D. Ashburn will recommend to the SCVCG what data should be collected.

(After the meeting D. Ashburn sent the following E-mail proposing specific data collection criteria).



L. Mulhern represents the SMVN on the Demand Optimisation group but has been unable to attend recent meetings. It is hoped to have better two-way communication between the SMVN and DOG going forward.

A number of people raised concerns that they had not seen the recent request for data and it was clarified that there is a single point of contact for each Health Board (covering all disciplines). The request has not been cascaded within some Health Boards yet.

There was discussion regarding NHS Lothian's decision to test antenatal samples for HepC, as no other Health Boards do so. There was a request for relevant guidelines to be made available. The most recent national guidelines regarding HepC testing stated there was no benefit to testing all pregnant women. I. Laurenson clarified that there had been an NHS Lothian decision to implement this quality improvement project to identify patients with Hep-C in line with a political drive to identify / eradicate HepC. These individuals were already being tested and there was no additional workload in the lab. However, it was acknowledged this may also be a waste of time as this patient group is not high risk. Currently there is no evidence this policy should be rolled out nationally. It was also noted that, as antenatal screening is a Scotland-wide programme, there should no variation.

Pure antenatal screening may be left out of Atlas as it was already being carried out in a uniform fashion nationally. Rather, the Atlas should be collecting routine diagnostic data.

The next data request was due to go out 30 March 2020. The group requested some clarification ahead of this request.

d. Demand Optimisation – update / next steps

L. Mulhern represents the SMVN on this group but had been unable to attend recent meetings. She reported there had been no progress with Microbiology projects and raised the point that she was not sure if the best projects had been selected. The NHS Lothian leg ulcer test project had stopped as everyone was already aware of the guidance. It did not make much difference to the numbers that were being submitted. In NHS Fife it has been a success however, they were unsure if it could be rolled out anywhere else, as it had involved a lot of input from the lab. Also, they were struggling to source the second phase of data gathering. The Steering Group asked if they could get a report as there had been no feedback yet. L. Mulhern will ask NHS Fife for a written report to submit it to the SMVN Steering Group.

Action: L. Mulhern

High vaginal swabs: two health boards had offered to help but were unable to agree on the protocol. NHS Ayrshire & Arran were happy with their algorithm and were still planning to go ahead with a pilot project in early 2020, following national guidelines. The NHS Dumfries and Galloway sexual health team had come up with their own algorithm. They still wanted to do the work (but without use of pH paper). It was recommended that they both continue and simply do it in two different ways.

e. LIMS consortium procurement

Papers from the DSG meeting the previous week had been sent out along with the agenda to update the group on this work. S. McGlashan reported that structure for various groups to build their own specifications had been developed. Proposed timescales were quite tight. The process is being looked at in a discipline specific manner. The plan was to go out to a series of user / supplier engagement days ahead of the final specification going live. The goal was to have the invitation to tender go out at the end of March 2020, with an estimated 12 months for the tender process. The initial aim was to have a system that could be called down by the end of March 2021. It was noted that it was very important to get this initial specifications part correct, as everything would flow from there.

f. Standardisation

J. Mallon was the SMVN representative on the national group. There had been no meetings recently. There had been a Microbiology Standardisation meeting chaired by S. Higgins and supported by NLP on 20 November 2019 to look at mapping SOPs against SMIs. At that meeting a work plan was agreed. The next meeting was scheduled for January 2020.

19. Diagnostic Steering Group (DSG) (Advisory Group)

DSG (Advisory Group) feedback / governance

L. Blackman reported on the DSG group. The previous DSG meeting had Microbiology and Virology as topics of the day. The TB business case was as discussed above. The network's work plan had been commended.

It had been recommended that, going forward, DSG and National Lab Programme governance structures align as there was recognition that the two structures had a lot of the same people / topics involved in both groups. This would hopefully prevent duplication of work.

E. STAKEHOLDERS

20. National Standard Methods Steering Group feedback

C. Alexander presented that the draft enteric SMI had been circulated for comment with a very short turnaround time. The SMI working group had provided comments for modification of the SMI but the draft circulated still contained errors. C. Alexander reminded everyone of the importance of providing scrutiny and feedback on SMIs. There was still the opportunity for her to feedback to the working group.

Increased representation from Scotland is required. I. McCormick had represented the SMVN but was no longer in a position to do so. F. MacKenzie will circulate an E-mail looking for a replacement.

Action: F. MacKenzie

21. Public Health Microbiology Scotland

A paper had been circulated in advance of the meeting.



SMVN SG Dec 19
Agenda Item 22 HPS

M. Lockhart reported that his team was grateful for all of the input SMVN had provided on the ECOSSE improvement project.

He reported that the PHE SLA should be sent out before Christmas. 16S sequencing was highlighted due to the variation in practice; many Health Boards were outsourcing this test. The PHE invoice did not contain enough details to clarify the situation. A decision was needed on whether or not it is a reference test and should therefore be funded. He suggested that the SMVN / SMOG could investigate the variation. NHS GG&C were looking at validating a WGS based test and comparing it to the PHE method and could present their findings to the SMVN in early spring 2020.

With regards to the list of infection threats project, HPS will ask the SMVN for support – specifically, which infection threats are not covered by national surveillance systems? This will allow HPS to move resources as appropriate.

M. Lockhart reported on the workforce education framework. A final document had been signed off at the recent Public Health Microbiology Group meeting. It would be formally launched at a Public Health Microbiology Study day in February 2020.

M. Lockhart provided some information on the information governance development. He was interested in knowing if there were good links in place within the infrastructure to ensure GDPR compliance. Some Steering Group members already had these in place. They were also conducting a needs analysis to look into support coming from non-NHS labs.

M. Lockhart reported that HPS had been asked to develop an idea on a centre for excellence, focusing on the built environment. A portion of this planning was related to microbiology support – it was noted that an SMVN representative would be helpful in this regard.

With regards to pathogen genomics, a lot of work was being done in this area. HPS were looking into delivering a centrally funded viral genotyping service for Hep A, E, Influenza A and enteroviruses. Funded sources are being investigated. Cost will be in the region of £12 / test. This diagnostic service should be in operation by 1 April 2020.

M. Lockhart mentioned Salmonella and Shigella testing. The reference lab will stop offering routine phenotypic antibiotic sensitivity testing and will, instead, carry out WGS for epidemiological purposes. Diagnostic labs will have to carry out AST. Antiserum testing was stopped and also replaced by WGS. The relevant documents will be endorsed by the SMVN and re-issued through SMVN.

Action: M. Lockhart

With regards to the ref lab advisory group, M. Lockhart highlighted that there were transport issues for high risk samples. They wanted to ensure that there was consistency in practice. He warned that this would be coming up in the near future as something to be looked into.

There were questions about the flu point of care testing and ensuring that the group were sending results to HPS. M. Lockhart asked members to notify him if their NHS Board did not add these results to the LIMS.

Action: Members

22. HPS / SHPN / Scottish government update

M. Lockhart announced that the new Public Health Scotland would be launched in April 2020. Most of HPS would move to PHS. The remaining part would stay with NSS.

23. Any other business

K. Templeton submitted a paper that had been circulated to the group late. The paper highlighted that BASHH guidance recommending testing for *Mycoplasma genitalium*. It may be possible to offer this on a regional basis in NHS Scotland. This meant that Scotland would increase testing which had significant financial implications. There was a suggestion that this could become a specialist test offered by NHS Lothian. K. Templeton asked that this be referred to DSG for discussion. The group agreed testing should be offered regionally. It was thought that there was no need to bring this to the attention of the DSG as any additional costs required meant compliance with the BASHH guidelines and the group felt that it was a Health Board issue. This will be progressed by the Health Boards / regions. It is already being addressed in the East and West meaning only the North needs to find a solution.

NHS GG&C had plans to go live with testing in January 2020 using the Speedx system. They had estimated that this would result in about 1,000 tests per year.

It was also announced that Public Health England / Bristol were no longer offering a clinical Chlamydia services. Lothian were offering PCR which works at a genus level - if positive, further speciation could be carried out. F. MacKenzie will circulate a letter from Bristol along with information about the service offered by NHS Lothian once further information was received from K. Templeton.

Action: F. MacKenzie

24. Date of next meeting

The next meeting will be held 25 February 2020 and the venue had yet to be confirmed.