In this issue

New Pensions Governance

PRG Testing Issues

Lab Tests Online-UK Goes for a NAPP

Screening in Coventry

Thanks Rick for All You Did
The pulse of patient care

Patient care is at the heart of what we do. Roche is your partner in patient cardiac care.

It’s the broad range of cardiac biomarker testing we offer that ensures diagnosis and monitoring is effective and safe. Uniquely, we provide convenient solutions from hospital through to community.

The cobas® portfolio enhances integrated patient care across primary and secondary care boundaries. This facilitates better patient management and improved patient pathways to ensure better outcomes.

your diagnostic companion

Roche

www.roche.co.uk
ACB Membership Benefits

William Marshall & Andrew Taylor

Many organisations such as ours provide a range of membership benefits in addition to those related directly to the business of the organisation. These may include discounted rates for insurance, financial advice, travel, leisure activities and many others.

At its recent meeting, Council considered and approved a proposal that the Association should contract with Parliament Hill Ltd to provide a range of such benefits to our members.

The benefits will include ones that are likely to appeal to members of all ages and degrees of seniority. Projections suggest that members may be able to ‘save’ the whole of their membership subscriptions by availing themselves of even a small number from the impressive range of benefits that will be available.

Parliament Hill Ltd is a firm that specialises in this activity. It currently has 65 organisational clients, and provides benefits for nearly two million members.

Access to the benefits will be through a dedicated website, accessible through the members’ page of the ACB website.

It is planned to launch this project in October, through ACB News, the website, an email to all members for whom we have email addresses and a demonstration at EuroLabFocus.

Stanley Egglestone

It is with great sadness that we announce the death of Dr Stanley Egglestone in Spain after a relatively short battle with myeloma.

Stan was a founder member of the ACM and was a well liked, popular and respected senior Clinical Scientist in the field of microbiology.

He will be widely missed by his many friends and colleagues.

Advances in Clinical Analysis 2014

19th September 2014

Roben’s Suite, Guy’s Hospital, London SE1 9RT

Organised by The Chromatographic Society and the Separation Science Group of the Analytical Division of the Royal Society of Chemistry and accredited by the Royal College of Pathologists.

Full details on: www.rsc.org

Sudoku

This month’s puzzle

Last month’s solution

CHEMISTRY
MRSYETHCI
TYIHRMES
YTMCHIESR
REHSMYCIT
SICRTEYMHI
IMRTYCSHE
ECTISHRYM
HSYERMITC
**PhiCal® Calprotectin**  
& **TNFα blocker monitoring**

**IBD diagnostics & therapy control**

**PhiCal® CALPROTECTIN ELISA**
- PhiCal® Calprotectin ELISA

**CALPROTECTIN RAPID TESTS**
- PreventID® CalDetect® 50/200
- PreventID® CalScreen®

**TNFα blocker ELISA PANEL**
- TNFα blocker monitoring (infliximab, adalimumab, golimumab)
- TNFα blocker anti-drug antibodies (infliximab, adalimumab, etanercept)
- TNFα blocker total anti-drug antibodies (infliximab, adalimumab)

---

**EuroLabFocus 2014**

**Industry Session Immundiagnostik AG**

**IBD: Biochemical Markers for State-of-the-Art Diagnosis and Therapy Monitoring**

**Thursday, October 9, 10:55 – 11:45, Room #12**

In UK distributed by:

**BIOHIT HealthCare**  
**Innovating for Health**

www.biohithealthcare.co.uk

www.immundiagnostik.com
AQMLM Symposium

Impact of the Barnes Review on Quality Management

Wednesday 12th November 2014
Birmingham Research Park

This Symposium will focus on how implementation of the review’s recommendations will affect the training, development and everyday lives of Quality Managers and leads across clinical laboratories.

Provisional Programme

09:00  Registration and Coffee
09:50  Introduction
      Dr Jonathan Middle
10:00  Quality Review: Implementation and Expectations
      Dr Ian Barnes
10:30  Impact on the Quality Management Team Preparing for ISO 15189 Assessment
      Mr John Ringrow, UKAS
11:10  CQI: Changing the Culture in Pathology
      Dr Peter Cowling, RCPath
11:50  Delivering the Pathology Quality Review: the Quality Manager’s Perspective
      Ms Debra Padgett, IBMS
12:30  Buffet Lunch
13:30  Engaging Patients by Directly Providing Advice on Laboratory Test Results
      Professor Eric Kilpatrick
14:10  The Enhanced Joint Working Group
      Professor Tim Reynolds
14:50  EQA Results in the Public Domain
      Mr Finlay MacKenzie
15:30  Tea
16:00  Key Strategies for Using Social Media in the Clinical Laboratory
      Dr Jonathan Berg
16:40  Close

Further information and registration is at www.aqmlm.org.uk/?q=forthcoming
Fees range from £65 for AQMLM Members paying online to £100 for non-Members requiring invoicing
Diagnostics for Digestive Health

Modern diagnostics to support clinical decision making in gastroenterology.

IBD Screening and Monitoring
- Calprotectin Tests
- Anti-TNFα therapeutic drug monitoring

Symptomatic Colorectal Cancer Screening
- Qualitative Faecal Immunochemical Tests

Come and see how to impact Patient Pathways on Stand 82 at EuroLabFocus

www.alphalabs.co.uk
Focus 2015

‘Gollwng ffiniau y labordy meddygol’
Breaking Boundaries in Laboratory Medicine

As previously announced in the May issue of ACB News, Focus 2015 is coming to Wales and is being held in the iconic Wales Millennium Centre in Cardiff from 8th-11th June 2015. The National ACB conference has not been held in Wales since 1985, and a lot has changed since then both in terms of Cardiff and Clinical Biochemistry!

Below are the members of the Local Organising Committee and their roles for this meeting:

- David Cassidy, Chair & Treasurer
- Andrew Day, Scientific Programme Committee Chair
- Ian Godber, National Meetings Secretary
- Mark Weaver, Corporate Members
- Catherine Bailey, Treasurer
- Michael Melhuish, Social Programme
- Sarah Neale, Gina Sanki and Avril Wayte, Promotion & Publicity
- Carol Evans, Local Sponsor Contact

The members of the Scientific Programme Committee from the South West and Wessex Region, chaired by Andrew Day, are Ruth Ayling, Ann Bowron, Graham Bayly, Peter Beresford, Francesca Mills, Mandy Perry and Paul Thomas.

An exciting programme has been put together by the committees and updates will start to appear on the Focus website as news progresses (www.focus-acb.org.uk).

Look out for your Invitation to Participate which should be issued at EuroLabFocus in Liverpool next month.

We look forward to seeing you in Cardiff!

Present day Cardiff bay
As part of the evaluation of an immunoassay for a renal tubular protein a recovery experiment was performed by spiking 500 µL of urine with 50 µL of protein standard containing 2000 pg/mL. Assay of the unadulterated urine and urine/standard mixture gave values of 210 pg/mL and 350 pg/mL respectively. Calculate the percentage recovery and determine if it is significantly different from 100%. Assume there was no error involved in spiking the urine and the analytical standard deviation is 10 pg/mL.

Table of z-distribution:

<table>
<thead>
<tr>
<th>P(%)</th>
<th>10</th>
<th>5</th>
<th>2</th>
<th>1</th>
<th>0.2</th>
<th>0.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>z</td>
<td>1.65</td>
<td>1.96</td>
<td>2.33</td>
<td>2.58</td>
<td>3.09</td>
<td>3.29</td>
</tr>
</tbody>
</table>

\[
\% \text{ recovery} = \frac{(\text{Measured protein in mixture} - \text{Protein in urine}) \times 100}{\text{Protein standard added}}
\]

Correction must be made for dilution of the urine by added standard – and vice versa:

Corrected protein from urine = \(\frac{\text{Vol urine} \times \text{Concn urine}}{\text{Total volume (urine + standard)}}\)

Total volume = Volume urine + Volume of standard = 500 + 50 = 550 µL

Corrected protein from urine = \(\frac{500 \times 210}{550}\) = 191 pg/mL

Corrected protein added = \(\frac{\text{Vol standard} \times \text{Concn std}}{\text{Total volume (urine + standard)}}\)

= \(\frac{50 \times 2000}{550}\) = 182 pg/mL

\[
\% \text{ recovery} = \frac{(350 - 191) \times 100}{182}
\]

= \(\frac{159 \times 100}{182}\)

= 87% (to 2 sig figs)

The calculation involved subtracting one analytical reading from another. Whenever two results are added (or subtracted) the combined standard deviation is the square root of the sum of the squares of their individual standard deviations. In this case the standard deviation (s) is the same for both measurements so that the calculation becomes:
Combined \( s = \sqrt{2s^2} = \sqrt{2 \times 10^2} = \sqrt{200} = 14.1 \text{ pg/mL} \)

Since the difference between the two readings is multiplied by 100 and divided by the corrected concentration of protein in the standard (both constants) the combined standard deviation must also be multiplied and divided by these values.

\[
\text{s of recovery} = \frac{\text{Combined } s \times 100}{\text{Corrected protein added}} = \frac{14.1 \times 100}{182} = 7.75\%
\]

Finally calculate the z-score for the measured recovery of 87% compared with a value of 100% which has a standard deviation of 7.75%:

\[
z = \frac{100 - 87}{7.75} = 1.68
\]

From tables of \( z \) this value corresponds to a probability between 5 and 10% so that the measured recovery of 87% is not significantly different from 100%.

N.B. Due to the combined variation of two analytical measurements the calculated 95% confidence limits for a recovery of 100% are 85 to 115%. Therefore, there is little point in performing a recovery experiment using a single pair of measurements. A large enough number of replicate analyses should be carried out to minimize the effect of analytical variation.

**Question 161**

A 65 year old married woman in good health has just discovered that her brother is homozygous for the C282Y haemochromatosis gene mutation. Her sister has been tested and has the normal genotype. Her own genotype is as yet unknown. The population gene frequency for C282Y is 8%, and the lifetime penetrance is estimated to be 30%.

Calculate the probability of each of the possible genotypes in both the woman and her partner, and use these data to determine the probability that their child will develop clinical haemochromatosis. You should ignore any possible contribution from any other genetic loci associated with haemochromatosis.
Lab Tests Online-UK Goes for a NAPP

Rebecca Leyland, Luton

The National Association of Patient Participation (NAPP) charity was formed in 1978 to enable local patient participation groups (PPGs) to network nationally. It promotes and supports patient participation in primary care providing a foundation for the unique partnership between patients, GPs and their practices. PPGs work with GP practices includes helping patients take more responsibility for their healthcare, contributing to continuous improvement of services and quality of care, fostering improved communication between the practice and its patients and providing practical support for the practice. PPGs are becoming increasingly important to enable patients to have a say in the way healthcare services are delivered to best meet their needs and the needs of their community. Dr Patricia Wilke, the Honorary President and Chairman of NAPP and member of the Online-UK board, is a strong supporter of Online and personally invited the team to attend the NAPP annual conference. The invite was graciously accepted and we were honored to attend.

Busy Day on the Stand

The day started early and before registration opened we set up the new promotional stand, leaflets and posters. People were immediately intrigued and wanted to know more about Online-UK, the background to the website and what it can offer patients. I was surprised at the number of people who hadn’t heard of the website and it was a pleasure to introduce them to the breadth of information that’s available at their finger tips in language that’s easy to understand. The new leaflets and posters were well received and we left with a list of delegates who registered to find out more. It was encouraging and rewarding to receive such positive feedback throughout the day; the overall concept of the website was highly praised and people were surprised to find out that it is a non-commercial organisation. We were complimented on how professional everything was. Delegates were delighted to be told that everything was free of charge and that there was no catch, no hidden agenda and no hidden costs. It really helped us to reaffirm that the purpose of the website is to support patients to understand laboratory tests better with no other agendas to detract from this.

Networking with Exhibitors

There was also the opportunity to network with the other exhibitors who included; RCGP, EMIS, Patient online-NHS England, SystmOne and NIHR. EMIS and SystmOne had live
demonstrations of their patient portals for reviewing pathology results. It was encouraging to see that the clinical software suppliers are working towards the target set by the Department of Health information strategy to provide online access for patients to view their test results by June 2015. However, there were significant issues with the format and presentation of the results via the patient portal, with small, illegible fonts and a lack of units and reference ranges. The potential risk of misinterpretation of results by patients is further confounded by these seemingly simple factors and strongly suggests that urgent action is required by both patient groups and laboratory professional bodies to engage and offer advice for this process. It was a great opportunity to introduce the companies to Lab Tests Online-UK and explain the potential benefits of incorporating links to the website in their patient results portal.

**Lab Tests Online-UK is celebrating its 10th Anniversary this year!!**

Please join us in the exhibition hall at EuroLabFocus on Wednesday 8th October from 18:00-19:30 to celebrate and find out how you could get involved.

---

**ScheBo® • Pancreas Elastase 1 Quick™ Test**

Qualitative rapid test for ‘faecal elastase’

- Confirm or exclude pancreatic exocrine insufficiency
- Results within minutes
- Easy to perform
- Economical, even when testing individual samples

---

Ivor Smith, ScheBo® • Biotech UK Limited, P.O. Box 6359, Basingstoke, RG22 4WE, U.K.
Tel: 01256 477259 • Fax: 01256 327889 • E-mail: i.smith@schebo.co.uk • www.schebo.co.uk
ScheBo® • Biotech UK Limited is a corporate member of the ACB
This is the fifth in this series of pensions briefings ahead of the introduction of a new Career Averaged Revalued Earnings (CARE) based NHS pension scheme from 1st April 2015. Although not strictly a pensions issue, in this article I describe the Total Rewards Statement initiative which is shortly to be rolled out across England and Wales. Of less immediate importance to individuals, but fundamental to the role of Trades Unions in the governance of the pension scheme and future changes to it, I also describe the new governance bodies and structure formed by the Public Services Pensions Act 2013.

However, before getting into that material we have an update on the issue discussed in FCS Briefing 3 about Survivor Benefits. Since the publication of that article the NHS Business Services Authority (the organisation that administers the pension scheme) released in May 2014 a helpful booklet “A Survivors Guide to the NHS Pension Scheme” (version 1), detailing in one place for each of the 1995 and 2008 schemes how the survivors pension arrangements work.

The booklet can be downloaded from: http://www.nhsbsa.nhs.uk/Pensions/Documents/Pensions/Survivors_Guide_(V1)_online_05.2014.pdf

**Total Reward Statements (TRS)**

The TRS arises from a policy that all employees should have a clear statement of all elements of their “reward” for working with an employer, including an annual statement of their pension benefits. It will be available to all members of the NHS Pension Scheme. The more cynical may say that this is just a way of employers listing all of the low cost benefits that their staff might enjoy instead of a proper pay rate for the job. Nevertheless it is true that one of the issues raised by the Working Longer Review project was a high level of ignorance amongst employees of the real value of their employment package, including accrued pension benefit.

Your annual pay, pensionable pay and tax statement continue to be in the form of your P60 which should be issued to all PAYE employees within one month of the end of the tax year. That legal document should be kept safe each year. Your TRS statement is a service facilitated by the now high prevalence of the Electronic Staff Record and will include a pensions Annual Benefit Statement (ABS) as an estimate of your accrued pension and what it might be worth when you eventually reach Normal Pension Age (NPA). The accuracy of that figure will necessarily be limited as no assumptions can be made about your career progression or future inflation over the, sometimes, decades before your NPA. However it will give an indication. As you approach NPA the estimate will increase in accuracy, allowing you to predict important issues such as potential shortfall and optimum time to take retirement. We are told that it will be even less feasible to estimate pension benefits in the 2015 scheme so these will not be included in the TRS.

The TRS, which applies only to England and Wales, has been developed firstly in 2012 as a
paper-based pilot in two organisations with 10,000 statements and then as a second wave electronic technical pilot in 15 organisations with 65,000 statements. These two exercises ironed out lots of technical issues and raised lots of employee’s questions. The system is now ready for national roll-out from the end of August 2014. Roll-out will be in three tranches working from the north to the south in August, September and October 2014. A detailed list of NHS organisations in each tranche is at: http://www.nhsbsa.nhs.uk/Documents/TRS/TRS_ABS_tranches_2014.pdf

Each employer has been working to a 20 week project timeline to ensure the launch timetable is delivered.

There should be major communications campaigns at local level where employers will brief their own staff in more detail. If not, then get your FCS local representative to ask questions in your local negotiating and consultative forum.

Thereafter your TRS update should be available to you annually probably in September or October of each year.

The TRS is fully internet-based and will be available via a personal secure access through the NHS information portal. Your access should be given to you by your employer. It consists of a welcome, log-in home page and then three separate personal areas:

- **Finance Overview** which lists basic ID information, basic pay, other allowances, non-pay benefits and your employers contributions to your pension.
- **Employers Page** which is where the employer will tell you about the list of non-pay benefits, salary sacrifice schemes etc that they offer.
- **Pension Page** which will detail when you joined the scheme, your NPA, the notional value of your pension were you able to retire now (not really a realisable sum) and your pension estimate at NPA, assuming steady state in your career progression. It will also indicate as a reminder who you have nominated to receive lump sum and benefits should you die in service.

More information about TRS can be obtained from the NHS Employers website: http://www.nhsemployers.org/your-workforce/pay-and-reward/reward/total-reward-in-the-nhs/total-reward-statements

This now includes a link to a podcast from one of the pilot trusts.

**Pensions Governance**

Again the following formally applies only to the England and Wales NHS Pension Scheme, although the various bodies mentioned all have attendees or observers from Scotland and Northern Ireland.

The NHS Pensions Governance Group was set up in 2005 as a partnership sub-group of NHS Staff Council, therefore in the context of terms and conditions negotiation, for the development of the 2008 scheme. The Public Service Pension Act 2013 requires that the governance of public sector schemes comes more into line with private sector occupational pension schemes. From 1st April 2015 each public sector scheme must have two new statutory “Boards” to assist the “Scheme Manager” (in the case of the NHS Schemes this is the Secretary of State for Health).

- **Pensions Board:** This body has the responsibility for “assisting the Scheme Manager” in securing compliance with all relevant pensions law, regulations and directions – as well as the relevant Pension
Regulator’s codes of practice. This role is one of providing assurance in, and governance of, the scheme administration. It is composed of six scheme member representatives, six employer representatives and an independent chair, plus observers and advisors. The independent chair is being appointed through the formal public appointments process. The Board has not yet met.

- **Scheme Advisory Board:** This Board is to provide advice to the responsible authority (i.e. Secretary of State), at the authority’s request, on desirability of changes to the scheme. This remit effectively fulfils the former role of the Pensions Governance Group. It has a wide membership from all the NHS unions including the BMA (which has observer status at NHS Staff Council), NHS Employers, Department of Health, representatives from Scotland, Wales and Northern Ireland governments and is attended by the NHS Business Services Authority, Government Actuarial Department and an independent actuarial advisor (KPMG).

FCS has secured seats on both of these Boards and will report back to the FCS Committee.

To conclude this series of briefing articles, next time will be a “Pensions Jargon Buster” as a reference glossary of the abbreviations and acronyms on the subject.

---

**PBG Testing Issues**

Here is the British and Irish Porphyria Network (BIPNET) consensus response to the withdrawal of the Thermo Fisher Scientific Porphobilinogen (PBG) Test kit:

The first line test for the investigation of suspected acute porphyria is urine porphobilinogen. This analysis should be available within 24 hours of sample receipt. The withdrawal of the PBG Test kit (formerly known as the “Trace kit”) by Thermo Fisher Scientific has created the problem of how to replace this test for the investigation of possible acute porphyria attacks in an out of hours situation as there is no commercially available comparable kit.

The two known screening methods (Watson Schwartz and Hoesch) do not use ion exchange resin to remove non-PBG reactants although the Watson Schwartz does so by back extracting secondary interferents into solvent. However, in our view reverting to these methods would be a retrograde step in testing, as these assays were responsible for the majority of the quality issues many years ago.

We would suggest that the Bio-Rad method kit (ALA/PBG by Column Test #187-1002 or PBG by Column Test #187-6001) is a viable alternative as, although it takes longer to perform, it is fully quantitative and is far more sensitive.

In some areas of the country, local hospitals have grouped together and one laboratory does all the PBGs by the Bio-Rad method thus ensuring best use of the kit and concentration of analytical skills.

If you would like any advice about the practicalities of using the Bio-Rad kit please contact one of the BIPNET specialist laboratories (www.bipnet.org.uk) who use this method themselves.
A Welcome in the Valleys

Tracy Keys, Senior Clinical Biochemist, Gloucestershire

A fantastic national training course was held at the University of South Wales in Pontypridd at the end of June. The location was beautiful and we were grateful that our visit coincided with such un-British weather!

The fourth “new-style” training course started with an old-style Sunday night pub quiz, which taught us all a thing or two: which English city has the highest tree-to-person ratio – apparently it’s Sheffield!

Following a warm welcome the first session was chaired by Professor John Geen (Wales Regional Tutor). Dr Stuart Moat kicked Monday morning off with a general overview of paediatric biochemistry which set the tone nicely. We benefited from two really engaging and interactive talks by Roanna George that covered hyperammonaemia and hypoglycaemia. Dr Nadia El Farhan took us through neonatal jaundice and Dr Duncan Cole shared his clinical experiences of storage disorders. The last paediatric talk, given by Dr Moat, covered a range of rare disorders that tend to present with abnormalities in common tests. This reminded everyone to keep rare disorders at the back of their minds, since we all have the potential to pick up cases from seemingly “everyday” sets of results.

The afternoon session was chaired by Mr John Tovey and included a presentation on EQA interpretation followed by an interactive workshop, led by Annette Thomas. The example cases challenged even the most experienced participants and alerted everyone to the more subtle causes of a dubious EQA report.

R&D and the NIHR

We spent Monday evening in the picturesque setting of Llancaich Fawr Mansell Hall. Dr Brian Tennant gave a lecture on his hugely varied role in research at Cwm Taf, which complemented Dr Owen Driskell’s talk on NHS research and the NIHR. The delegates were then treated to a tour of the sixteenth century manor house, guided by costumed ‘footmen’ who remained firmly in character throughout, in truth! We noble folk then settled down for a lovely meal and relaxed our brains for a while.

Next were 7 truly excellent interactive case presentations using the University’s electronic
voting system, covering topics such as maple syrup urine disease, assay interference and abnormal LFTs. Demonstrating how much we all learnt from Roanna’s talk the previous day, 96% of the audience correctly identified that a urea cycle disorder was likely in the case presentation from Emma Evans (STP from Lancashire Teaching Hospital). Emma then followed on with the results from the plasma amino acid profile and urine organic acid profile, which confirmed that an argininosuccinate synthetase deficiency was the most likely cause.

**Tips for Passing FRCPath Part 1**
After lunch, Avril Wayte and Dr David Cassidy gave us a brief pep-talk on how to pass and survive FRCPath part 1 and then let us get on with some analytical essay-writing in groups.

Each group presented their essay plan at the end, for which we received invaluable feedback from Avril and David. They ended the session with warm wishes of good luck. We were all very grateful for their help and advice.

In the final session of the course, Dr Carol Evans took us through infertility investigations and emphasised the difficulties around deciding progesterone cut-off levels for ovulation. Rachel Still ended the day with a very useful talk on biochemistry of abnormal pregnancy which was filled with up-to-date information from clinical guidelines.

So it was with full brains that we said goodbye to the University of South Wales, thanked the organisers and set off home. We had all benefited from a jam-packed course filled with useful information and invaluable advice from experienced scientific and medical colleagues. We were very grateful to Keri, Gina and Liz who had done a truly amazing job with organising and co-ordinating the speakers, venue, activities, food, accommodation and price.
Training and Screening in Coventry

Kathleen Gallagher, Coventry

A scientific meeting was held at University Hospital Coventry in June to celebrate the career of Dr Steve Smith. The invited speakers were individuals who have worked closely with Steve in one aspect or another throughout his career. As one of the newest Clinical Scientists to the department, the day provided a fascinating insight for me into how the role and duties of the Clinical Scientist have changed during Steve’s career and also a glimpse at what the future may hold for those of us entering the field.

The training of Clinical Scientists has always been an aspect of the job that Steve enjoyed during his time at UH, and many of his past and present trainees attended. The first talk by Dr Frances Boa provided an overview of the Modernising Scientific Careers programme from the initial consultation right through to the present day. The programme was rolled out in 2010 in England, and so far has focused on the Scientist Training Program (STP). Dr Boa gave an overview of how the scheme was developed and its subsequent expansion to include a vast range of disciplines. From the perspective of an STP student it gave me an idea of just what a mammoth task this was and how many organisations have had to collaborate in order to develop the program.

The first set of STP Trainees have just finished their final assessments and many of the Biochemistry Trainees are now employed in new posts. This is an excellent sign that despite the significant changes to the organisation of training, the trainees exiting the 3 year STP are still of a very high standard and are thus in a position to become future leaders in laboratory medicine.

Moving to Faecal Immunoglobulin

Professor Eric Kilpatrick discussed the implications of the proposed plans to make patient results accessible online. Issues regarding how the patient will access the results and which healthcare professionals would be providing the interpretative advice were highlighted. These developments may require a change in the role of the biochemist to encompass significant direct patient interaction. With this would come a host of considerations including training, ensuring patient confidentiality, documenting advice given, staff resourcing and appropriate supportive infrastructure, which would need to be addressed.

Whilst Steve has retired from his role as Consultant Biochemist at UHCW he continues in his role as Director of the Midlands and...
North West Bowel Cancer Screening Hub. Professor Stephen Halloran’s talk entitled ‘Bowel cancer screening – the future looks even brighter!’ discussed the evidence base for the screening program and the process of developing and expanding a pilot scheme. The uptake in the pilot scheme was very good and the majority of people went on to participate a second time. The faecal immunochemical test for haemoglobin is now the recommended screening test in Europe for bowel cancer and Stephen reviewed some of the advantages over the guaiac ‘faecal occult blood test’. These included the provision of semi-quantitative results, a higher specificity for human blood, the requirement for only one sample and capacity to detect lower concentrations of blood.

Dr Dave Worthington delivered an interesting account of the development of the antenatal Down’s syndrome screening programme, describing the input from DEQAS and the National Screening Committee. The talk illustrated the benefit this has had to patients through standardising the national performance of the test. Dave interspersed his talk with amusing photos of Steve ‘back in the day’ enjoying himself at laboratory parties or trips out with colleagues.

Neil Anderson, Director of Coventry and Warwickshire Pathology Services, rounded off the day with a review of how the laboratory environment and the demands on the service have changed over the past few decades and paid tribute to the great work and achievements of Steve Smith. The day’s talks well truly reflected Steve’s achievements throughout his career and his continuing interests and it was a fitting way for us to all wish him luck in his busy semi-retirement.
Professor Rick Jones was a leading figure in the development of health informatics, particularly in the field of pathology. He was a crucial influencer in the development of the pathology network based in the Leeds area and co-founded the Yorkshire Centre for Health Informatics (YCHI) at the University of Leeds.

Rick was a delightful person with a mischievous sense of humour as well as being a polymath who combined academic excellence with rock climbing, mountain walking and musical talent as a bass guitarist. It was apparent from his time at Manchester Grammar School that he was academically gifted and he also joined in a wide range of school activities and developed the strong socialist principles that guided the rest of his life.

Rick won a place at Corpus Christi, Oxford to study medicine, qualifying in 1978. Following house officer posts he obtained membership of the Royal College of Physicians in 1980 before embarking on research as an MRC Training Fellow in the Nuffield Department of Medicine in Oxford working with Professor Dermot Williamson. He gained a DM for his studies on Insulin Metabolism in Mammary Lactogenesis in 1988.

In May 1983 he moved to Leeds as Tutor in Medicine and in 1985 transferred to a career in Chemical Pathology as a Senior Registrar before gaining the posts of Senior Lecturer, School of Medicine, University of Leeds and Honorary Consultant Chemical Pathologist, Leeds Teaching Hospitals Trust in 1990.

As Head of Chemical Pathology and Immunology Services at Leeds Teaching Hospitals Trust 1992-2004 working with Dr Ian Barnes, the department grew to be amongst the largest in the UK following mergers between the United Leeds Teaching Hospitals Trust, the Bradford Teaching Hospitals Trust and the St James University Hospitals Trust. During this time he was responsible for the development of the integrated IT services for pathology and retained responsibility for strategic IT issues in the Pathology Directorate in his later academic role. The University of Leeds awarded him a Chair in Chemical Pathology and Health Informatics in 2014 in recognition of his work in chemical pathology, informatics and education.

National Informatics Issues

With the NHS Information Authority, Rick helped engineer the introduction of the national system for electronic reporting of laboratory data to GPs – the Pathology Messaging Implementation Programme (PMIP) – a system that sends 50 million messages a year. The PMIP system includes standards for information content, structure, management and security of electronic pathology reports messaging between laboratories and GPs. It has been operational since 2000 and has been implemented across
the whole of the NHS. Building on the lessons from PMIP, Rick was the originator of the concept of a National Laboratory Medicine Catalogue (a vision for a BNF equivalent for laboratory/diagnostic tests) which is expected to underpin future data exchange in the NHS using SNOMED-CT and HL7 coding. This work continues as a collaboration between NHS England, The Pathology Catalogues Executive Team at the College, X-Lab and the Health and Social Care Information Centre (HSCIC).

Rick was instrumental in overseeing the specification and roll-out of a common IT system for genetics laboratories in the UK which is providing a standardised, modern platform for the expanding field of DNA and cytogenetic testing. His group has developed software used by a number of diagnostic companies for clinical decision support, statistical analysis and control of QA schemes for extra-laboratory point-of-care testing. He has been involved in a number of UK and international informatics projects including the NHS Clinical Terms Project and the formation of the UK National Institute for Health Informatics.

**The Future is Bright . . . and Full of Young People**

Rick pioneered the use of population data to produce a diagnostic atlas of the utilisation of pathology tests in primary care, to audit the standardisation of pathology messages and to create population based reference ranges.

A different side of Rick has been seen at pathology-related gigs playing his bass guitar and he was central to organising the Focus Fringe at the ACB’s annual meeting. He was a founder member of *Blues Positive*, a four-piece band in the Leeds and Bradford scene formed in 2004 and playing up-tempo Chicago blues at a wide range of pubs, clubs and festivals.

All his friends and colleagues have admired his fortitude in continuing to pursue his vision despite a ten year struggle with myeloma. He has always been generous with his time and experience in helping both students on the YCHI MSc course, believing that bright young people can change the world, and those much more senior. Through YCHI and Leeds Medical School he has influenced a generation of students and leaves behind a cohort of disciples to carry forward his vision.

Rick was a highly principled man of the utmost integrity who had a vision of the role of informatics in healthcare that he pursued with boundless enthusiasm, eternal optimism, self-effacing modesty and a rather mischievous wry smile. Although pathology has lost one of its great innovators, his vision and innovative ideas will steer many future developments.

*GB, IB & CJ*
ACB News Crossword

Set by Rugosa

Off to the Alps . . .

Well, we did Miami in the Spring, and now we head to the Austrian Alps for a Summer walking holiday. What a stress buster week of amazing views and hospitality all at very reasonable prices. Ski resorts in Europe have worked hard to entice us to extend their season with summer walking, mountain biking and paragliding all on offer. Let’s head to the Wildschonau valley where the towns of Niederau and Oberau are great base for some amazing walks. Ski tour operators Crystal and Inghams also offer summer trips which including flights from regional airports, transfers and half board in decent hotels are around £500 for late bookings. Ski passes for the gondolas are included to help you get up the mountain fast. For on-line readers get a feel for what you will experience by clicking right here … …

Across

6  Structures with differing significance for physician and dentist (7)
7  Puzzle – spinal column injured but no claim (7)
9  What pupil tries again? (5)
10 No endless hospital treatment of chronic AIDS tumour (9)
11 Ill-managed abnormal cell description (7)
13 Reported delay of some gravity (6)
15 Sad – erratic car gives rise to potentially fatal emergency (7,6)
19 Get away from shattered Sunday peace (6)
20 Visits doctor not against process of division multiplication (7)
23 Creature unlikely to be seen by curious zoo patron (9)
24 No gain in measuring incorrectly this kind of sample (5)
26 Cast out preparation of dissociated salts (7)
27 Learn about church char (7)

Down

1  Save wild birds (4)
2  Man outfaces violent malefactors (6)
3  Frequency of recurrence in cardiac management (9)
4  Replacing green energy in scheme (8)
5  Point taken, good lab sees adapted test can be done on capillary blood (5,5)
6  A burden to the other side (6)
7  Standard model (4)
8  Relaxed sport sauntered, run out (6)
12 Unit abandons chronic AIDS treatment for infectious venereal ulcers (10)
14 Man so rich generates multiple overtones (9)
16 Ply the first five of 26 together to achieve a double state (8)
17 Model philosopher’s hidden Greek city (6)
18 Parliamentary leader revoked promise about altered form with corresponding constituents (6)
21 Duplicate set-up of glands (6)
22 Many shares (4)
25 Closed chain gang (4)

Last month’s solution

ACB News | Issue 617 | September 2014
Oral Fluid Test Kit for Drugs of Abuse Including ‘Legal Highs’

- Ideal for use at remote locations
- Allows opposite sex sample taking
- Kit contains everything you need to collect the sample and send to our NHS laboratory

Service and Pricing:
- 1 working day turn round
- Results can be sent electronically
- Costs: Kit - £6; Analysis: £20

See the demonstration video on our ‘SWBH Pathology TV News’ YouTube channel

Our Oral Fluid Test Panel:

- Opiates: Morphine, Codeine, DHC, 6-MAM
- Opioids: Thebaine, Methadone, EDDP, Buprenorphine, Norbuprenorphine
- Cocaine: Cocaine / Benzylecgonine
- Benzodiazapines: Diazepam, Nordiazepam, Oxazepam, Temazepam
- Amfetamines: Amfetamine, Metamfetamine, MDMA, MDA, Mephedrone, 4-MEC
- ‘Legal Highs’: Adamantyl marker, Ethylphenidate, MPA

Other drugs: Ketamine, Tramadol

1: Originally a ‘legal high’ now Class B. 2: Predominant compounds in current smoking products. 3: Major drugs in current powders and pills.

Further information:
info@cityassays.org.uk • www.cityassays.org.uk • 0121 507 4138

Address for samples:
Clinical Biochemistry, City Hospital, Dudley Road, Birmingham B18 7QH
Helping you discover the natural order of a more efficient pathology ecosystem.

There is a simple beauty that stems from a harmonious network. Abbott Diagnostics has the pathology expertise to offer a more holistic approach, helping you better understand process interdependencies to meet performance objectives, lower operational costs and improve patient outcomes. We will partner with you to develop thoughts that create answers, ideas that move you forward. Two viewpoints, one vision: together, we provide insight into the changing landscape of healthcare.

Make the natural selection in the evolution of your healthcare system. Contact your local Abbott Diagnostics representative today.