



# Current SMVN work programme and key challenges

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# High Priority Overview

- Contingency planning/preparedness for Emerging Threats and Outbreak Management
- Develop and promote nationally agreed standards methods for diagnostic tests and for reporting of new (and older) antimicrobial resistance mechanisms
- Optimise potential for Shared/Distributed Services model for Laboratories



# Planning/preparedness for emerging threats

- Ebola/MERS/Zika virus
- Pandemic Influenza
- Bioterrorism
  
- But.....
  
- *Mycobacterium chimaera*?



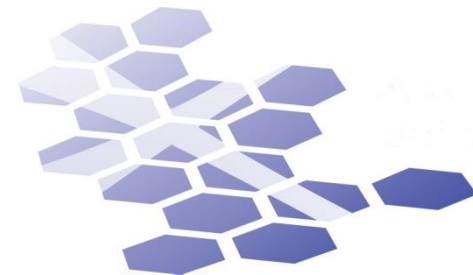
# UK 5-year Antimicrobial Resistance Strategy – 7 key areas

- Where can Microbiologists contribute?
  - Improving infection prevention & control
  - Optimising prescribing practice
  - Improving professional education, training & public engagement
  - Developing **new** drugs, treatments & **diagnostics**
  - **Better access to and use of surveillance data**
  - **Better identification and prioritisation of AMR research needs**
  - Strengthened international collaboration



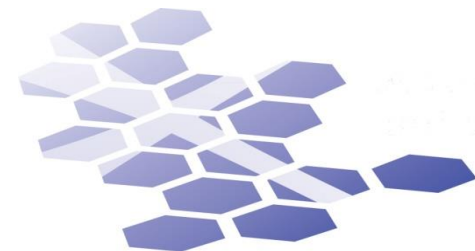
# Standard methods for diagnosis and reporting of antimicrobial resistance

- What have we achieved so far?



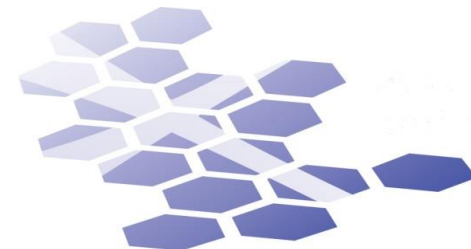
# Standard methods for diagnosis and reporting of antimicrobial resistance

- What have we achieved so far?
  - All labs in Scotland have the bioMérieux Vitek 2 for sensitivity testing
  - All labs in Scotland use agreed “Scottish cards”
  - All Vitek machines use EUCAST breakpoints
  
  - Plans for implementation of 2017 & 2018 EUCAST breakpoints



# Standard methods for diagnosis and reporting of antimicrobial resistance

- Develop/disseminate/promote Scottish guidelines for detection of CPE/CPO in collaboration with new Scottish Antimicrobial Resistance Laboratory
  - Follow algorithm recommended in Standards for Microbiology Investigations No. 60 (PHE SMI)
  - Standardise reporting comments as suggested in SMI
  - Follow guidance for referral of isolates issued by Scottish AMR Ref Lab



# Key Challenges

- Are the right people being screened?
- There is potential for variation within the SMI
  - What is the correct primary agar to use?
  - What is the role of PCR tests for screening or for rapid local confirmation?
  - Need for culture confirmation for epidemiology
- Getting results back to the ICTs rapidly to free optimise use of isolation facilities
- Making sure everything is captured by surveillance systems





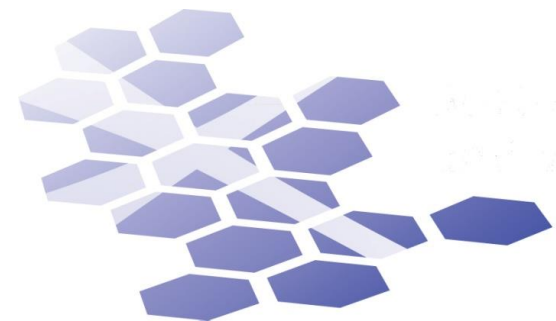
# Nationally agreed Diagnostic Standards for Microbiology tests

- Audit, review and update CF guidelines
- Gap analyses and lab variation compared to PHE Standards for Microbiology Investigations (SMIs)
  - Blood cultures
  - Urines
- Review and audit reporting of ESBL-producing bacteria
- Prepare outline Business Case for faecal PCR testing across Scotland



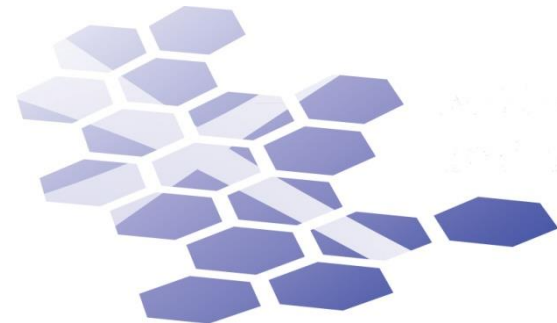
# Shared/Distributed Services project

- The “Once for Scotland” approach
- Applies to Aseptic Pharmacy/HR/Estates/  
Radiology/Laboratories/Finance/other
  - Reduce variation across Scotland
  - Clinical and Cost Effectiveness
  - Sustainability & Resilience
  - Recruitment & retention of staff



# Key Challenges for Laboratories Shared Services Project

- Lack of shared IT or ability to interface from Board to Board
- Governance structure is all at Board level
- Managed service contracts in place in Labs
- Budgets are devolved down to Diagnostics/Lab level even within Boards
- Lack of integrated transport system
- How does this fit with new 3 territorial Board “groupings” (North/South East/West)?
- “Once for Scotland” vs. Supplier monopoly?



# Shared Services project - 3 high level workstreams

- **Technology**
  - Digital Health & Care Strategy
- **Workforce**
  - Health & Social Care Workforce Plan
- **Finance**
  - Regional Financial Plans



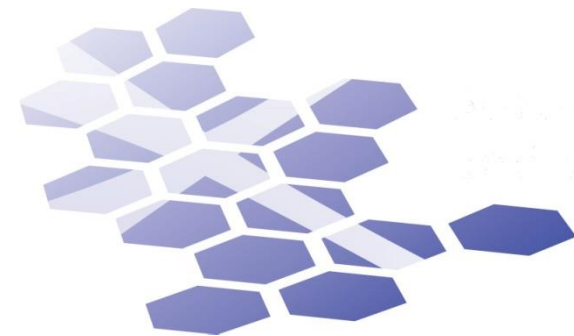
# SMVN Workplan – our contribution to Shared Services

- Contribute to Shared Services outline & full Business Case (which will go to Chief Execs)
- Gap & variation analyses of compliance with SMIs (including demand optimisation)
- Explore use of NPEx to improve inter-lab communication
- Explore feasibility of developing common IT reporting codes and text



# Key Challenges for SMVN

- Time and Manpower!
- Only funded for 0.5 WTE for Network Scientific Manager and 1 PA for Clinical Lead
- **Informal** network that relies on volunteers and goodwill to get work done
- SMVN is currently undergoing review by NSD that is taking up time



# What else could we consider?

- Standardise even further (where appropriate) how tests are carried out in the laboratory and **how they are reported to clinicians?**
- Work with Health Protection Scotland to **improve surveillance** of antimicrobial resistance

