

**BASHH Scotland miscellanea
survey
May 2010**



Method

- Surveymonkey
- Emailed to all people on BASHH Scotland mailing list with functioning email address
- 54 people
- 28 respondents



Health Board

Respondents

Ayrshire & Arran

1

Borders

1

Fife

4

Forth Valley

1

Grampian

4

Greater Glasgow & Clyde

6

Highland

1

Lothian

8

Tayside

1



Test result times

3. In general, over the last month, how many days has it taken for the following results to be available to your department? eg arriving in NASH or available when you look them up in the lab system? [Create Chart](#) [Download](#)

	1-3 days	4-7 days	8-14 days	>14 days	Haven't a clue	Response Count
Syphilis serology (initial test)	14.8% (4)	63.0% (17)	18.5% (5)	0.0% (0)	3.7% (1)	27
HIV serology (initial test)	48.1% (13)	37.0% (10)	11.1% (3)	0.0% (0)	3.7% (1)	27
HIV viral load	4.0% (1)	16.0% (4)	36.0% (9)	16.0% (4)	28.0% (7)	25
Show replies Any comments?						7
<i>answered question</i>						27
<i>skipped question</i>						1



Syphilis serology

- 7-14 days in Fife and Grampian



Comments

- RESULTS NOT AVAILABLE WITH NASH YET. PROBLEMS WITH LAB RETURNING SOME RESULTS DUE TO VARIOUS REASONS
- concern over syphilis serology confirmation from edinburgh
- positive results for syphilis can take over 14 days
- HIV/syph serology can be fasttracked if necessary. 1 day result
- all routine tests now electronic TRT around 36 h for serology



Are you able to order X-rays without including identifiers such as name and CHI number? ie by just using clinic number/NASH number plus DOB?



Result

yes	5	(19%)
no	16	(59%)
not sure	6	(22%)

4 yes and 4 no from Lothian

1 yes, 3 no and 2 not sure from GG&C



Comments

- I think radiology requests should have identifiers and any clinical details can be conveyed to reporting clinician by phone/e mail if concerns re confidentiality
- PACS wont let this and i dont think we should be exceptional here/ have not had any problems when i have explained to pts that their scan or XR may need to be available to others later on
- currently require name, address etc as appointment sent to patient's address. have not tried using NaSH number plus DOB. pretty sure only clinic number will not be accepted
- have to use name chi for histopathology



Conclusions

- Hard to determine as situation obviously unclear in many boards
- Some advantages to anonymity - eg if patient is hospital employee.
- Great advantages to having results available in future.
- Best approach - “quiet word” with radiologist re details of case - ie HIV/syphilis status?



The Royal Society of Medicine in London has trialled web-casting UK BASHH meetings such as the Friday OGMs but is not currently offering this. How likely would you be to use this facility to participate in UK BASHH OGMs or other short meetings?



• Occasional	15	54%
• Avid user	9	32%
• no - I go	2	7%
• no - too busy	2	7%



Comments

- networking is important if working in a small clinic to avoid becoming isolated. In very bad road conditions it would be better than not attending.
- May not be an avid user, but certainly interested to do whenever possible.
- much more likely to use this than travel down as has significant impact on clinical commitments.
- esp with volcanic ash cloud
- I would also consider if not available to go

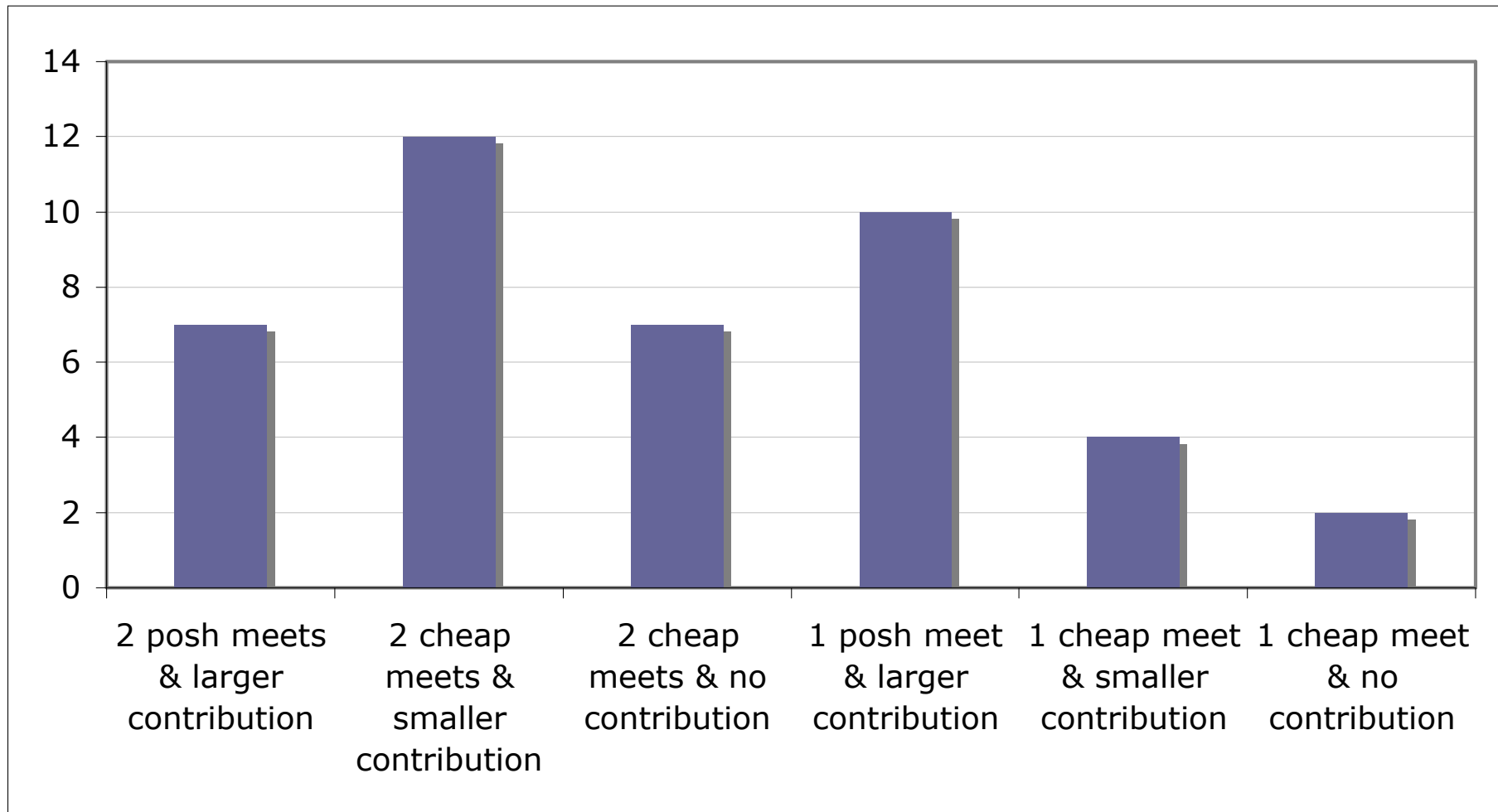


Outcome

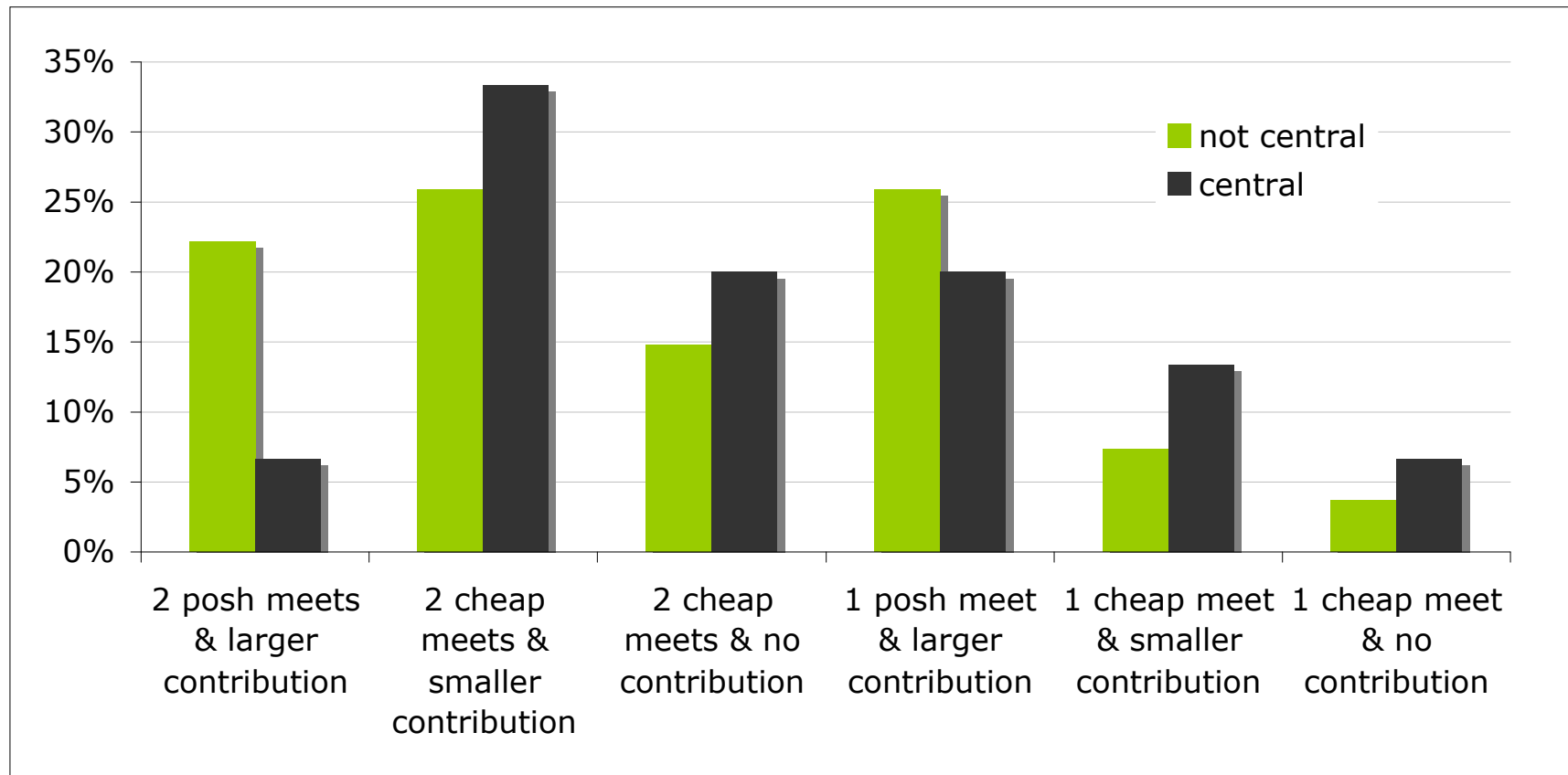
- Will feed this back to BASHH central to encourage further development of service.



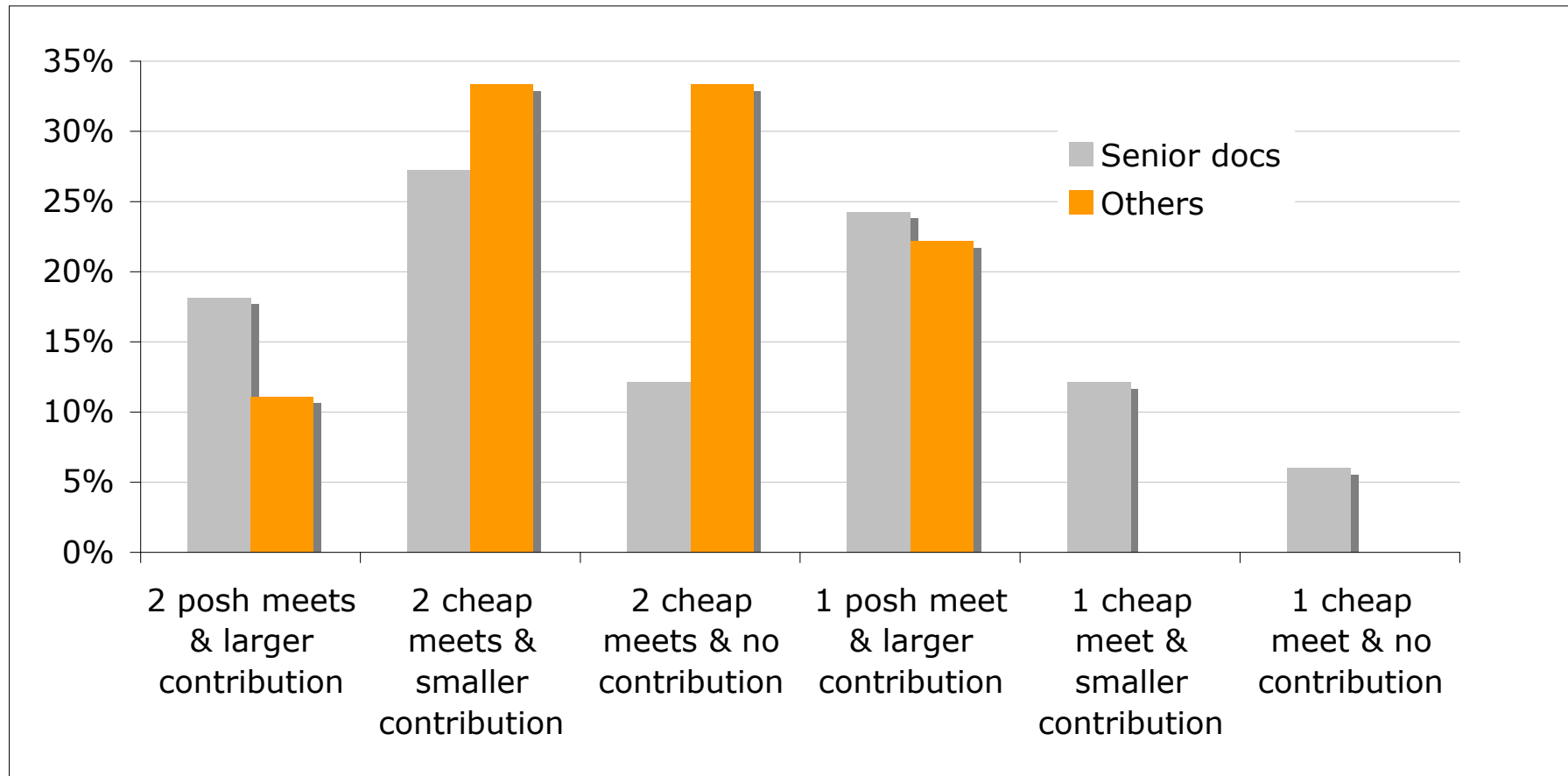
Future meetings



Preferences by rurality



Preference by role



Comments

- Anything would be fine for me!
- usually only able to go to one of these so nice to have a choice
- agree we have to move on from posh hotels and try and do things more cheaply i dont think a contribution would put seniors off altho we do pay XXCX for BASHH membership already.
- We could consider a yearly department charge based on staff numbers. This would help with multidisciplinary attendance.
- we all pay a membership fee to BASHH and most of us don't get to London meetings or get to participate in the London-centric activities. I would strongly oppose having to fund our regional meetings - they should be subsidised by UK BASHH
- ...If there is a need for 2 meetings a year, it may be prudent to think about cheaper venues (but I guess they still come with a cost!). I am also happy to pay but think that would be less appropriate if there were 2 meetings a year - so perhaps a 'big one' where you pay and a smaller one in 'cheap' venue. I think you might need to consider your pricing structure - does it divide into these groups exactly given that there is often a wide scope of attendees?



Comment

- There's support for:
 - Having meetings in cheaper venues
 - Twice yearly
 - Contributing to cost - amount to be decided.
 - Based on whether get study leave funded rather than role?

