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Pathology is often seen as a service that sits in the background, but it is often the case that pathology, as a service department, still needs to provide the service that its users want. It is exciting to see Pathology leading with initiatives such as the anti-spiking project. There is also lots of other work being done regarding biomarkers as replacements for echo cardiograms and cystoscopies. There are many things we are doing and looking into at the moment to increase our remit...

**Newsletter Spotlight***Nigel Roberts*

If you have any requests for topics you'd like to see in future newsletters, please let us know...

ANTI-SPIKING PROJECT

You may already be aware from local and national media that before Christmas, EPA launched a pilot Anti-Spiking Campaign in Norwich city centre. Working with clubs and bars in the city, the initial aim of the project was to keep party-goers safe from 'spiking' over the Festive period and beyond. If successful, and if funding is available, we hope to extend the project to include other areas across the EPA region.

Spiking is the surreptitious addition of drugs or alcohol to a person's drink, and has become more prevalent nationwide, with a number of incidents being reported in Norfolk. In addition, there has been a spate of incidents where individuals have been spiked by direct injection into their person. To try and help combat this alarming social issue, the Toxicology laboratory (part of the Analytical and Specialist Chemistry section of EPA) has joined forces with Norfolk Constabulary, the Norwich SOS Bus, selected clubs and bars, and the UEA to offer anti-spiking sample collection kits. Anyone who thinks that they (or a friend) may have been spiked can ask the bar staff or the SOS Bus staff for a free sample collection kit to provide a urine sample, and/or a sample of their drink, which is then submitted to our lab for analysis. We use a technique called quadrupole time-of-flight mass spectrometry (Q-ToF-MS) to analyse the samples. This technology is a type of accurate-mass, high-resolution mass spectrometry, and enables us to identify more than 1600 different substances. Using laboratory testing removes the pitfalls of toxicology point-of-care drug testing devices ('dipstick' urine tests), while still offering a relatively fast turnaround of results to the affected individuals. Samples are submitted anonymously, and tested for substances connected with spiking, with results offered (if desired) via encrypted barcodes linked to the sample.

The pilot has also been gathering important data on how prevalent the problem is, and has been supporting emergency and urgent healthcare workers to treat and support more effectively people who fear they may have fallen victim to this malicious activity.

If you would like further information on the project, please contact Michelle Frost or Paul Brookes, via the Toxicology laboratory at the NNUH.

Left to right: Emma Miler (Senior Clinical Biochemist), Dr Javier Gomez (Consultant Chemical Pathologist), Paul Brookes (Chief Biomedical Scientist), Michelle Frost (Specialist Biomedical Scientist and campaign founder), Devyani Patel (Biomedical Scientist), Priyasha Patel (Biomedical Support Worker), and Dr Emily Leach (Consultant Clinical Biochemist), who are part of the Norfolk and Norwich University Hospital Anti-Spiking Campaign.

**TROPONIN AND ACUTE CORONARY SYNDROME (ACS)**

Troponin is an excellent marker in the investigation of acute coronary syndrome (ACS) and in recent years the introduction of high sensitivity troponin I (hs-TnI) has allowed for more rapid triaging of patients both in and out of hospital. Although hs-TnI can be used in the investigation of other disorders, it is primarily for ACS and therefore is treated within the laboratory as an urgent test, with strict phoning protocols to ensure that no patient is missed. Patients presenting with ACS must also be treated with high urgency to ensure best outcomes.

Recurrent incidents have been reported in the recent past, with elevated Troponin results requested in primary care not being urgently actioned. Very unfortunately, one of those incidents had a fatal outcome. As a consequence, and in agreement with the CCG's and Cardiology, troponin therefore cannot be requested within Primary Care. There may be exceptional circumstances for this request, but any patient with a suspected ACS should be referred to Rapid Access Chest Pain Clinics or to the hospital for urgent assessment as appropriate.

USER SURVEY RESULTS

Many thanks to those of you who responded to our Pathology User Survey last year. Unfortunately we only received eight replies so it's been difficult to draw conclusions about satisfaction levels, however, these are our responses to some of the comments raised:

Q: Can you take away the pop up message to ask about HbA1c if known diabetic and the 'must be 2 months apart'?

A: A new process for requesting HbA1c has been implemented.

Q: Can we have later collections and some at weekend collections?

A: This has been discussed with the CCG but would incur additional costs.

Q: The Virology Department is amazing, they are mostly available when needed and always happy to discuss difficult cases.

A: Thanks, that's good to know!

We will be looking at ways of improving our capture of user feedback in future, including a "contact" section in our new EPA website... www.easternpathologyalliance.nhs.uk

EPA WEBSITE VIA ICE

GP's are now able to access the 'Department' pages of the new Eastern Pathology Alliance website (www.easternpathologyalliance.nhs.uk) using a link available on ICE via the user guides page.

The 'Department' pages replace the old user manuals for each department and are very user friendly, easy to navigate and continually updated with the latest information which we hope you will find useful.

Click on the booklet to open the EPA website in a new window.



CONFRONTING CORONAVIRUS: A LABORATORY PERSPECTIVE

Our Microbiology Department responded rapidly to Covid-19 to meet the challenge of analysing and providing results of Covid-19 tests for staff, patients, and the public. Initially testing nose and throat swabs for current infections, they have since expanded their service to include antibody testing for NHS staff and other key workers. They began testing in February 2020 and analyse in excess of 700 tests per day from across Norfolk and Waveney and as far afield as Ipswich and Colchester, providing results within 24 hours.

Joshua Caitens-Smith, a Medical Laboratory Assistant, describes what it's like working for the team:

"When it was announced that a novel virus was emerging in a small rural province halfway around the world, the atmosphere in the laboratory was full of speculation. We were concerned, but most importantly, we were determined. Determined to do our very best to provide our services to those in need, no matter the potential impact on our own lives and families.

"I watched something incredible happen when SARS-CoV-2 made its way to our shores. I saw every one of my colleagues put themselves forward to help in any way they could. Everybody started coming to work earlier, and leaving later. Volunteers from across the Norwich Research Park offered their expertise in droves.

"The clinical virologists worked around the clock to make sure that we were kept up to date with developments. Our microbiology department management team channelled the full potential of our diverse and multi-skilled team, and directed our effort to where it would be most valuable at the time. Every single person in this department has given their all these last few months, and none of us are showing any sign of stopping.

"I have only been in this department since February 2019, having graduated from university the summer before. I have seen such a magnificent and inspirational progression happen in that short time, something I believe to be a testament to human kindness and adaptability. If I am proud of anything in my job, it is the people-focused attitude of all levels, and the respect, dedication and expertise demonstrated day in and day out by everyone here. We will continue to provide an exemplary service during these uncertain times, and we will continue to do it with a smile."

 Eastern Pathology Alliance **NHS**

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CLINICAL DETAILS ON REQUEST FORMS

Relevant clinical details for blood requests are essential to interpreting the urgency of abnormal results, and to discern whether the GP or 111 (OOH) need to be alerted with an urgent telephone call – in line with our local policy and National guidelines. Unfortunately, sometimes the field of Clinical Details in ICE only contains irrelevant characters such as # * , . or words like "request" or "test" etc.

Please can we therefore request that you ensure that you and your staff include relevant clinical information when completing your requests, to enable the laboratory staff to interpret the urgency of highly abnormal results, so that we can help you and your patients.

Thank You.

www.easternpathologyalliance.nhs.uk