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Questions or comments?

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Eastern Pathology Alliance



www.easternpathologyalliance.nhs.uk

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

EPA LAB NEWS

The last couple of years has seen a huge increase in pathology testing, running over 30% annually in some major assays, however, we know that not all results are viewed. In particular, assays such as B12/Folate, have seen big increases - please think before you repeat these tests. There is very good guidance on repeat testing issued by the Royal College of Pathologists and if you have any concerns please ask us.

Nigel Roberts

Newsletter Spotlight

STANDARDISED CATEGORIES AND TURNAROUND TIMES

Following a recent review of laboratory processes, categories of tests and TATs have been standardised to align with current practice in other NHS laboratories...

Urgent requests: Results will be available within 60 minutes of the sample being received in the laboratory. The GP/surgery must organise urgent transport for the sample/s, and the laboratory (Specimen Reception) must be informed in advance

Routine requests: TAT 24 hours, except weekends and BHs where results will be available the following working day

Specialist tests: TAT vary depending on the complexity of the test or the need to be sent to another laboratory for analysis. Details for each test are available on the [EPA website](http://www.easternpathologyalliance.nhs.uk)

CHEST PAIN - TROPONIN REQUESTS

REMEMBER, as agreed with the ICB, under **NO** circumstances is troponin to be requested in primary care and sent to the laboratory in the routine transport. Unfortunately, serious clinical incidents have happened in the past.

Patients with suspected ACS must be sent to the Emergency Department or the Rapid Access Chest Pain Clinic for full assessment in order to avoid potential critical delays.

Only in exceptional cases, if the above process cannot be followed, the Troponin request **MUST BE DISCUSSED AND AGREED** with the Duty Biochemist at NNUH (via Switchboard on 01603 286286) and urgent sample transport to the laboratory organised by the GP.

CORRECT CENTRIFUGATION OF SAMPLES

Please ensure that the correct centrifugation procedures are being followed. Incorrect centrifugation procedures will affect patient results and may result in sample rejection.

Guidance for centrifugation of BD vacutainers can be found on the BD website:

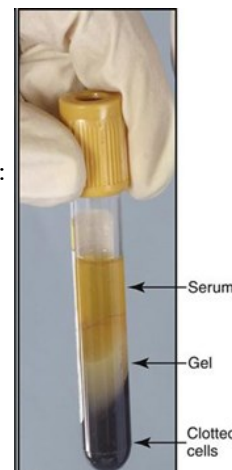
<http://www.bd.com/resource.aspx?id=30770>

Important elements of the centrifugation procedure:

- Ensure BD Serum SST vacutainers (Yellow top) are left at least 30 mins before centrifugation
- Ensure the settings for time and speed are correct for your centrifuge

A correctly centrifuged BD Serum SST tube should have an even layer of gel separating the cells from the serum, as shown in the image

If there are any queries regarding sample centrifugation, please contact **George Bailey** on **01603 646651**



AMENDED ICE REQUEST FORMS & REPRINTED FORMS

We are noting an increase in the number of amended ICE request forms arriving in the lab again...

Please be aware that you must not amend an ICE request once it has been completed.

Although the system will allow you to amend your request and the printed form will look as if the amendment has been accepted, only the original information is downloaded within the barcode so you will not receive the additional tests you have asked for.

If you have missed a test off your original request, you must delete the original request off ICE and make a completely new request.

Please also do not produce multiple copies, reprint or photocopy request forms from ICE for multiple use. Each request form contains a unique number which can only be used by the laboratory once. Each time a patient needs to be bled a completely new request must be made in ICE.

ONLINE ANDROLOGY APPOINTMENTS

Patients are now being asked to book their appointments for fertility or post vasectomy semen analysis tests online. Website details are provided on the WEBICE request form generated by their GP/clinician.

The direct link to the online appointment booking system is: Andrology streaming form - Formstack (<https://drdoctor-nnuh.formstack.com/forms/andrologyservice>)

Patients can also access the link and a QR code via the Eastern Pathology Alliance (EPA) website: <https://www.easternpathologyalliance.nhs.uk/departments/andrology/>

and also the NNUH and QEHL hospital websites.

The QR code is also provided on the patient information leaflet that you should print and give directly to the patient with every new request.

If a patient is unable to access the online appointment booking system themselves, they can ask someone else to book it on their behalf or contact the laboratory office on 01603 646524.



SCAN HERE

MICROBIOLOGY UPDATES

Campylobacter serology

We write to notify you of the suspension of Campylobacter serology with immediate effect. This is because the Reference laboratory in Preston has withdrawn the test. We are seeking alternative accredited tests.

Streptococcal serology

From 18/11/23 Anti-DNase B will no longer be available for streptococcal serology due to the manufacturer discontinuing production of the kit and unfortunately, we have not been able to find a suitable replacement.

Virology respiratory service

Due to increasing demand on the virology respiratory service we have made some changes to the diagnostic pathways from 27/11/23.

The ICE tabs within the Microbiology page have been updated as illustrated here...

Samples being sent for respiratory virological investigation have 2 options:

BACTERIOLOGICAL EXAMINATION	BACTERIOLOGICAL EXAMINATION	VIROLOGICAL EXAMINATION
<input type="checkbox"/> *ASPIRATE/FLUID (Lower Resp)	<input type="checkbox"/> *SWAB (Lower Resp)	<input type="checkbox"/> *COVID/FLU/RSV ONLY - NOSE & THROAT SWAB
<input type="checkbox"/> *ASPIRATE/FLUID - IN BLOOD CULTURE BOTTLE	<input type="checkbox"/> *TISSUE (Lower Resp)	<input type="checkbox"/> *COVID/FLU/RSV ONLY - SPUTUM
<input type="checkbox"/> *BRONCHIAL WASHINGS (UPPER LOBE)		<input type="checkbox"/> *COVID/FLU/RSV ONLY - NPA
<input type="checkbox"/> *BRONCHIAL WASHINGS (LOWER LOBE)		
<input type="checkbox"/> *BRONCHIAL WASHINGS (MIDDLE LOBE)	<input type="checkbox"/> *ATYPICAL PNEUMONIA-THROAT & NOSE SWAB	<input type="checkbox"/> *RESPIRATORY PCR - THROAT & NOSE SWAB
<input type="checkbox"/> *BRONCHIAL WASHINGS (LINGULAR LOBE)	<input type="checkbox"/> *ATYPICAL PNEUMONIA-BRONCHIAL WASHINGS	<input type="checkbox"/> *RESPIRATORY PCR - BRONCHIAL WASHINGS
<input type="checkbox"/> *COUGH SWAB (Lower Resp)	<input type="checkbox"/> *ATYPICAL PNEUMONIA-ENDOTRACHEAL FLUID	<input type="checkbox"/> *RESPIRATORY PCR - ENDOTRACHEAL FLUID
<input type="checkbox"/> ENDOTRACHEAL TUBES ARE UNSUITABLE FOR MICROBIOLOGY	<input type="checkbox"/> *ATYPICAL PNEUMONIA-NPA	<input type="checkbox"/> *RESPIRATORY PCR - NPA
<input type="checkbox"/> PLEASE USE ENDOTRACHEAL SECRETIONS	<input type="checkbox"/> *ATYPICAL PNEUMONIA-SPUTUM	<input type="checkbox"/> *RESPIRATORY PCR - SPUTUM
<input type="checkbox"/> *ENDOTRACHEAL SECRETIONS		<input type="checkbox"/> *RESPIRATORY PCR - TISSUE
<input type="checkbox"/> *LIQUID PUS (Lower Resp)	<input type="checkbox"/> *BRONCHIAL WASHINGS FOR PCP	<input type="checkbox"/> *RESPIRATORY PCR - INDUCED SPUTUM
<input type="checkbox"/> *NASO-PHARYNGEAL ASPIRATE (Lower Resp)	<input type="checkbox"/> *INDUCED SPUTUM FOR PCP	
<input type="checkbox"/> *PUS SWAB (Lower Resp)	<input type="checkbox"/> *GALACTOMANNAN - BRONCHIAL WASHINGS	
<input type="checkbox"/> *SPUTUM		

Option 1

***COVID/FLU/RSV ONLY** – Throat & Nose swab/Sputum/NPA

This option includes PCR testing for SARS-CoV-2, Influenza A, Influenza B and RSV.

This option is suitable for most patients.

Option 2

***RESPIRATORY PCR** – Throat & Nose swab/Bronchial washings/Endotracheal fluid/NPA/Sputum/Tissue/Induced sputum

This option includes an extended respiratory PCR testing for SARS-CoV-2, Influenza A, Influenza B and RSV, Parainfluenza, Rhinovirus, Enterovirus, Adenovirus, Parechovirus, Human Metapneumovirus, Seasonal coronavirus, Mycoplasma pneumoniae, Legionella pneumophila, Legionella longbeachae, Chlamydia pneumoniae, Chlamydia psittaci.

This option is for admitted patients from the following groups: Infant/child, immunocompromised, ITU patient, chronic lung condition. If they do not meet these criteria, a pop-up advises to request *COVID/FLU/RSV only option.

In order to maintain turn-around times and to ensure that patients get the correct test it is crucial that the correct option is selected in ICE.

Norfolk & Norwich University Hospital, Level 1, East Block
Colney Lane, Norwich, Norfolk, NR4 7UY



Eastern Pathology Alliance **NHS**

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NEW FH IDENTIFICATION SERVICE

A New service identifying patients with Familial Hypercholesterolaemia is being rolled out across Norfolk & Waveney

Familial Hypercholesterolaemia (FH) is an autosomal dominant disorder that greatly increases the risk of coronary heart disease earlier in life. At least 1 in 250 people are affected nationally. People affected have a 50% chance of passing the condition on to their children. Across Norfolk and Waveney (N&W), less than 8% of FH patients have been diagnosed, with around 4,000 patients unaware that they have this potentially dangerous condition.

A new pilot service is being run at Norfolk and Norwich University Hospitals (NNUH), which involves an FH Identification Pathway through which patients at highest risk of FH are being identified. These patients are offered a genetic test and counselling, with their test results sent back to their GP surgery. The N&W Integrated Care Board and Local Medical Council (LMC) have recently sent a communication about the service to primary care.

So far, 24 N&W ICB surgeries have agreed to take part in this new NNUH-run service. If you are a GP Surgery Manager and want to include your surgery in this service, you can fill out a simple [proforma which can be found here](http://www.prescribingservices.org/nnuh-fh-genomic-testing-practice-pro-forma) (www.prescribingservices.org/nnuh-fh-genomic-testing-practice-pro-forma)

Please note that genetic testing for FH can also be requested in primary care, via the [online referral form here](http://www.eastgenomics.nhs.uk/for-healthcare-professionals/genomic-tests/rare-and-inherited-diseases/familial-hypercholesterolaemia-information-zone/) (www.eastgenomics.nhs.uk/for-healthcare-professionals/genomic-tests/rare-and-inherited-diseases/familial-hypercholesterolaemia-information-zone/). Additional information accessible via this link includes the FH Genetic Testing Pathway to check patient eligibility, FH Genetic Testing Pathway FAQs, and the FH Test Order Form.

For any queries about the service please email fhassessment@nnuh.nhs.uk

PATIENT AND USER SURVEYS

EPA is launching continuous Patient and User surveys which will be available on the communications page of the EPA website (www.easternpathologyalliance.nhs.uk). These surveys are a tool to enable us to continue to make improvements to our services.

Participation in the User survey is especially helpful and we would really appreciate your time in completing the brief questionnaire by clicking on the following link: <https://forms.office.com/e/5M2bAWvZHj>

For the Patient survey, we are hoping to be able to display posters with QR codes on them inside surgeries; we are currently working with the ICB to arrange this. The posters will also be seen in various locations around the hospital as any information we can gather from a patient's view point is extremely valuable.

We hope that you can find a few spare minutes to participate as it really will assist us in providing the best service we can for you and your patients. Thank you.

POINT OF CARE TESTING IN PRIMARY CARE SURVEY

Assessment of Current Situation with Point of Care Testing (POCT) in Primary Care

Please find a link and QR code to a brief survey on the current situation with reference to Point of Care Testing (POCT) in Primary Care.

<https://forms.office.com/e/3tbTRAbLHs>

There are recent National recommendations on improving Quality Assurance, identifying best practice, Governance and a more structured approach to providing a Point of Care Testing (POCT) service within Primary and Secondary Care.

In consideration of this, we would be grateful if you could spare a few minutes to complete the attached Questionnaire, as the N&W ICB are aiming to understand the situation and processes currently within Primary Care. The survey is essentially anonymous, but if you have any specific comments or issues, please enter your details in any of the notes sections.

If you have any other questions please do not hesitate to contact me at ian.thirkettle@nhs.net (Dr Ian Thirkettle, Programme Transformation Manager, Diagnostics, N&W ICB)
Thank you.

