PATH NEWS

Biochemistry Add-on Requests

- *Steven McCann, Consultant Clinical Biochemist*

The Biochemistry lab is happy to support the add-on of stable tests from primary care for up to 5 (sometimes 6) days from receipt of the initial sample.

The best way for add-ons is to make another electronic patient request form with the appropriate clinical details and the new test(s) required and **writing large and obvious on the form 'ADD ON TESTS!'** and then send this form to the lab.

This saves the additional trouble of rebleeding the patient, and using another request form means that we have an audit trail of the request. If the sample has been discarded or there is insufficient sample this will be reported back to you.

This system means that the most appropriate staff can manage add-ons in a more timely manner.

We hope you use and find this new process helpful.

NOVEMBER ISSUE 2016

Inside this Issue:

Page 1 – Biochemistry Add-on Requests

Page 2 – Quality: GP Questionnaire Dec 2015 Results

Page 3 – Action Plan from GP Questionnaire
– Estimated GFR (eGFR) now reporting upto 90mL/min!

Page 4 – HIV Testing

Page 5 – Clinical Indicator Diseases for Adult HIV Infection
– Would you like us to visit your practice?

Page 6 – "Tap on the Bugs" Antibiotic Prescribing App
– Poem: If you were a but which bug would you be?

Page 7 – Faecal Calprotectin – different cut-off and general use
– Open Day Photos

Page 8 – Welcome to Cathy Hatch
– Reader Survey

GP Service User Questionnaire December 2015 Results

184 questionnaires were distributed and 21 were returned giving an 11% response rate. Responses came from a variety of GP's, practice nurses, practice managers, nurse practitioners, clinical assistants, receptionists, IT managers.

	Excellent	Very Good	Good	Average	Poor	n/a
SERVICE AVAILABILITY						
1. How would you rate the general availability of laboratory services?	48%	43%	9%			
2. Accessibility to clinical advice within the laboratory is ……..	38%	48%	9%	5%		
3. How would you rate the ease of access to advice and information on tests and procedures?	24%	62%	9%	5%		
SERVICE QUALITY						
4. How do we measure against our service commitment standard: Telephone calls will be answered within 5 rings?	10%	33%	33%	19%		5%
5. How would you rate the timeliness of results produced from the laboratory?	38%	52%	10%			
6. How would you rate the usefulness of the interpretative comments provided?	14%	52%	29%			5%
ELECTRONIC ACCESS						
7. How would you rate the electronic system for accessing laboratory results?	29%	43%	24%	5%		
8. Would you consider cancelling all paper reports and just receive them electronically? (If you already do so please tick Yes)	YES	100%				
	NO					
CUSTOMER SERVICE						
9. How would you rate the Path News publication?	5%	57%	33%	5%		
10. How would you describe the courier service provided by the laboratory?	24%	29%	33%	10%	5%	
11. Do the same collection times ensure sample stability when it reaches the lab?	YES	71%				
	NO	29%				
12a. Are you aware of the late taxi pick up service in conjuntion with Stockport CCG?	Yes	62%				
	No	29%				
	n/a (High Peak)	10%				
12b. Have you used this service?	Yes	24%				
	No	62%				
	n/a (High Peak)	14%				
13. How would you describe the way in which the laboratory deals with comments and complaints?		33%	10%			57%

The survey showed an improvement in satisfaction levels from 87% to 95% since the survey in 2013. However an action plan was drawn up to address the issues raised.

Cont'd…

GP Questionnaire Action Plan

	You said	We did/We Will
1.	You were not happy that the laboratory had stopped doing FOB testing, despite recent new guidance.	Laboratory is considering offering FIT (more specific test) if CCG will commission this.
2.	We do not always read request forms even when a specialist writes the request on the form (a vitamin D was missed).	Missed tests are incident logged (Datix) if identified. Vitamin D tests may not be tested if not clinically appropriate and this is fed back on each request. Samples are kept for 1 month if a discussion is required to regarding this decision.
3.	You found that the admin staff were not always as helpful as the clinicians are and feel that they block calls as if protecting clinicians time. You have requested a dedicated line for clinical advice.	The admin teams do not block calls and we apologise if you have found them unhelpful. The staff have been informed of this response and we will try to improve our customer manner. Sometimes it is not always possible to speak with a consultant but we log every call and audit the response times to ensure that we respond as quickly as we can. We do have a dedicated email which is reviewed daily: snt-tr.pathologyenquiries@nhs.net. All other contact details are on our website and in the pathology guide.
4.	We should be able to request H pylori stools.	We do not hold the contract for H pylori testing for Stockport. Stockport CCG commissioned East Cheshire to provide H pylori testing many years ago. We provide the test for other areas and would be happy to provide the test for Stockport. Please discuss with the CCG.
5.	5% of responses indicated that we offered a poor courier service.	This is only one response but we value this response. As we are unable to identify this response please get in touch with us and we will see if any issues can be resolved.
6.	100% of the responses said they would consider cancelling all paper reports.	The vast majority of GP surgeries do not receive a paper copy report and only get copy reports when requested with the exception of one or two. If you are one of the exceptions and would be happy to just receive an electronic copy then please get in touch and we will arrange this for you.
7.	Only 62% of responses had heard of the late taxi pick up service.	This pilot has been publicised by the CCG for late or weekend phlebotomy clinics. Please contact margaret.drury@stockport.nhs.uk for further information.

Estimated GFR (eGFR) now reporting upto 90mL/min!

Sorry for the recent abrupt change in reporting eGFR which has brought us in line with most labs in Greater Manchester and beyond which all report eGFR upto 90mL/min.

When eGFR was first introduced it was recommended that labs only report results as >60 mL/min rather than give values above 60 as the correlation with true measured creatinine clearance GFR was pretty poor. Please be re-assured that an eGFR of >60mL/min is considered normal unless there is other evidence of kidney damage such as proteinuria, non-urological haematuria, structural abnormalities, reflux nephropathy or chronic glomerulonephritis.

To recap briefly eGFR uses the MDRD (Modification of Diet in Renal Disease) calculation which uses the creatinine result, age and gender of the patient to calculate the eGFR. We know that it is not valid in those <18 years, in pregnancy, malnutrition, amputation, oedema, muscle wasting, extremes of weight and in acute renal impairment. Also, in patients of black ethnicity please multiply the eGFR by 1.2. An item will follow in Path News discussing the move to report Acute Kidney injury Alerts in primary care.

HIV Testing

- ***Dr Anna Garner, Consultant in Sexual Health and HIV***

With 'National HIV Testing Week' approaching at the end of November (Saturday 19th –Friday 25th November 2016), I thought this was a good opportunity to introduce myself to those of you I may not have already met and to highlight the HIV service that is provided at Stockport.

Since joining the Trust in February 2016, there have been some significant changes in Sexual Health and HIV Services. Due to the Health and Social Care Act in 2013, Sexual Health and HIV services have become a little fragmented in that Sexual Health (STI testing and treatment, excluding HIV treatment) falls under the Local Authorities, and HIV treatment and care is currently under Specialised Commissioning (NHS England). With services now falling under Local Authorities, services have been put out to tender, and in September 2016 the Sexual Health Service previously provided by Stockport NHS Foundation Trust was won by Central Manchester University Hospitals NHS Foundation Trust (CMFT). The contract for HIV treatment and care remains with Stockport NHS Foundation Trust (SFT), however, SFT are looking at subcontracting HIV clinical care to CMFT to prevent fragmentation of Sexual Health Services and HIV which are so closely linked.

In a nutshell, Sexual Health Services and HIV care will still continue to be provided at the CHOICES clinic in Stockport (albeit I have moved organisation from Stockport NHS Foundation Trust to CMFT). I will still be aiming to build and further strengthen my links with colleagues at SFT, as we will still be referring patients, in particular our HIV patients, for on-going treatment and care at SFT. One of my main focuses is on HIV testing and early diagnosis and I am currently working with Dr Moira Taylor (Microbiology) and Dr Stephen Bonny (Acute Medicine) to look at HIV testing pathways within the hospital and highlighting HIV indicator diseases which will be encountered in all departments (both surgical and medical).

Please refer to the table below which outlines HIV clinical indicator diseases. We are in the process of finalising the HIV pathway and will seek feedback from colleagues before this is finalised. Ultimately I want to ensure it is as easy as possible for clinicians to be offering and performing HIV testing within their departments, so please do get in touch. I do urge all of you to have a look at the HIV indicator diseases and look at how you might be able to offer patients presenting with these conditions a HIV test.

I am very keen to come to departments to discuss training/ teaching sessions on HIV testing and please feel free to contact me at annalouise.garner@nhs.net or anna.garner@cmft.nhs.uk. Interestingly we have had four new HIV diagnoses in the last few months and this has really highlighted the importance of offering HIV testing in various specialities and formalising a pathway in to our HIV services.

I will finish with a few dates that may be of interest to people. Please do get in touch with any HIV queries (I can be contacted by email as above, or 0161 426 9651 or 0161 4265298 – if no answer please leave a message as this is always checked).

1. **National HIV Testing Week :** Saturday 19th November – Friday 25th November 2016
2. **World AIDS Day:** Thursday 1st December 2016: Stand to be held outside the Canteen
3. **Lunch time Medical Meeting: HIV testing/ updates and management with Clinical Cases, by Anna Garner, Consultant Sexual Health and HIV:** Monday 5th December 2016: at 12:45 in Pinewood House.
4. **HIV testing guidelines** http://www.bhiva.org/documents/Guidelines/Testing/GlinesHIVTest08.pdf (page 7 and 8 lists the clinical indicator diseases)

Clinical indicator diseases for adult HIV infection

	AIDS defining conditions	Other conditions where HIV testing should be offered
Respiratory	Tuberculosis Pneumocystis	Bacterial pneumonia Aspergillosis
Neurology	Cerebral toxoplasmosis Primary cerebral lymphoma Cryptococcal meningitis Progressive multifocal leucoencephalopathy	Aseptic meningitis/encephalitis Cerebral abscess Space occupying lesion of unknown cause Guillain-Barre syndrome Transverse myelitis Peripheral neuropathy Dementia Leucoencephalopathy
Dermatology	Kaposi's sarcoma	Severe or recalcitrant seborrhoeic dermatitis Severe of recalcitrant psoriasis Multidermatomal or recurrent herpes zoster
Gastroenterology	Persistent cryptosporidiosis	Oral candidiasis Oral hairy leukoplakia Chronic diarrhoea of unknown cause Salmonella, shigella or campylobacter Hepatitis B/C infection
Oncology	Non-Hodgkin's lymphoma	Anal cancer or anal intraepithelial dysplasia Lung cancer Seminoma Head and neck cancer Hodgkin's lymphoma Castleman's disease
Gynaecology	Cervical cancer	Vaginal intraepithelial neoplasia Cervical intraepithelial neoplasia grade 2 or above
Haematology		Any unexplained blood dyscrasia: thrombocytopaenia, neutropaenia or lymphopaenia
Opthalmology	Cytomegalovirus retinitis	Infective retinal diseases including herpesviruses and toxoplasma Any unexplained retinopathy
ENT		Lymphadenopathy of unknown cause Chronic parotitis Lymphoepithelial parotid cysts
Other		Mononucleosis-like syndrome (primary HIV infection) Pyrexia of unknown origin Any lymphadenopathy of unknown cause Any sexually transmitted infection

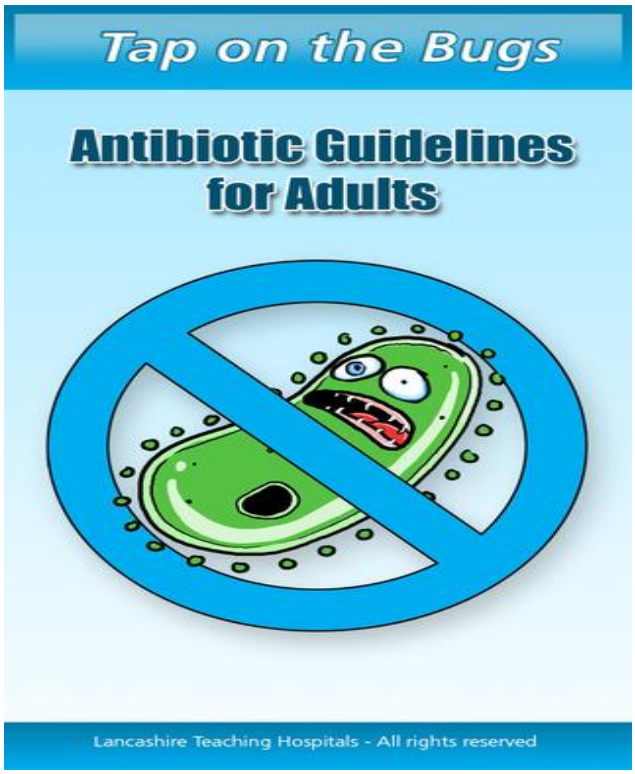
Source: UK National Guidelines for HIV Testing 2008

Would you like us to visit YOUR GP Practice?

We are more than happy to visit you at your GP practices to discuss any relevant issues/topics so please if you have anything you would like more information on …

Just ask!

"Tap on the Bugs"
Antibiotic Prescribing App
For Use Across the Whole of Stockport



The "Tap on the Bugs" App provides the Stockport Antibiotic Guidelines in an easy to use and easily accessible format. It is available on both Android and Apple devices – on phones, iPads etc.

In the App store just search "Tap on the Bugs" or "Antibiotic Guidelines" to find it.

The App is hosted by Lancashire Teaching Hospitals – both Stockport and Preston Guidelines are on there. When using the App please make sure you use the Stockport Guidelines.

The App contains both the Community and Hospital Antibiotic Guidelines. The Guidelines on there can be easily updated so are always current.

The App can be tailored to your needs. So if there are any additions or modifications you require just ask.

Please contact us at:
snt-tr.pathologyenquiries@nhs.net
with any comments or suggestions regarding the App.

If you were a bug which bug would you be?

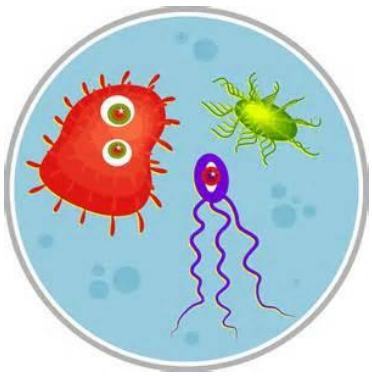
– Dr Sarah Maxwell, retired microbiologist
(previously employed by Stockport NHS FT)

If you were a bug which bug would you be?
And would you be a better bug, a bigger bug than me?
I'd be a broad bug, I'd be a big bug, I'd be a bugger of a bug
Yes me!
Sliding down your sophagus
Squelching thro your gastric goo
Making all your ileum
As ill as ill could be

Or I could be a norty bug
I could be a sexy bug
I could be the sort of bug
That brings an STD!
Swimming up your private parts
Leaving legacy for mind and hearts
Messing up the futures of your own fertility

Or should I be a nice bug?
A cosy, comfy, good bug?
I could be your bosom bug
Yes siree!
Protecting you from horrid bugs
Breaking down your cellulose
Building up your humoral immune - itee !

If you were a bug
Which bug would you be?
And would you be a bigger bug
Could you be a better bug
Than me????



Faecal Calprotectin – how to use in the gastroenterology referral pathways and new cut-off

Faecal calprotectin is being increasingly recognised as a useful test to distinguish between IBD and IBS. Six months after making the test available we were testing 70 samples a month…now we are testing 280 a month with about 40% of this workload from the Gastroenterology team.

Although many of the individual manufacturers of Calprotectin assays are good, there is poor interassay correlation of results, such that the 2013 NICE guidance using a single cut-off for all the different assays is not now deemed appropriate. It has been advised that the ideal cut-off for the assay used in Stockport to refer patients to the gastroenterology team in secondary care for an IBD workup is a calprotectin level of greater than 100ug/g. We have now changed our referral comments to reflect this.

Dr Mahmood has recently given advice on the use of faecal calprotectin in regards to referral pathways to the gastroenterology team at the recent primary care IBD masterclass. Their advice is:

TEST patients aged 20-40 who have had symptoms for at least 6 months.
- If calprotectin level >100ug/g refer to gastroenterology as IBD.

If patient is taking NSAIDs patients need to stop taking these for 3 weeks prior to testing.

NB if appropriate before any referrals to gastroenterology please test for infectious diarrhoea by submission of a faeces sample.

DO NOT TEST if the patient has anaemia, abdominal mass, rectal bleeding, unexplained weight loss, FHx of ovarian or bowel cancer and please refer these patients straight to gastroenterology

STOCKPORT NHS FOUNDATION TRUST
OPEN DAY PHOTOS

We all had a great day on Saturday 9th July 2016 when we dressed as superheroes to support our Trust Open Day. We hope you were able to join us on the day but in case you didn't make it here are a few photos from the Laboratory Medicine stand.

WELCOME TO CATHY HATCH

Before we go we would like to introduce you to Cathy Hatch, our Technical Head of Microbiology. We welcomed Cathy to our team in February this year when she moved to Stockport NHS FT from Tameside General Hospital.

PATH NEWS READER SURVEY

We have had some really useful responses from our survey but would love to hear from more of you.

The survey is still open so if you have not had chance to respond yet it is not too late - you can still let us know your views on what you want to read in your Path News and how often you want to hear from us.

Please click on the link below to give us your views. There are only 5 questions so it should only take a minute.

https://www.surveymonkey.co.uk/r/BM2B9PJ

Thank You

Editorial Team

If you have any comments –pleasant or otherwise, please contact one of the editorial team:

Lynne.Wareing@stockport.nhs.uk
Christopher.Poole@stockport.nhs.uk
Moira.Taylor@stockport.nhs.uk
Margaret.Woolley@stockport.nhs.uk

or visit us at: www.nhslabmedservices.co.uk
General Enquiries: snt-tr.pathologyenquiries@nhs.net