

Laboratory News

Pathology Update for GPs, Practice
and Community Nurses

Royal Devon and Exeter 
NHS Foundation Trust

Edition no: 6 July 2015

This newsletter is designed to enable efficient, relevant and up-to-date transfer of information from the RD&E Pathology departments to all Primary Care users.

Exeter Clinical Laboratory is pleased to announce the launch of our new website earlier this year. You can now access a wealth of information about our services, including an updated test catalogue, anywhere with access to the internet. Please follow the latest information, tips and announcements on the news and twitter feeds (@exeter_lab).

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We are receiving a large number of requests missing the date and/or time the sample was taken. To help us provide a quality pathology result, please ensure this information is provided on the specimen sample(s) and request form.

How to access the Exeter Clinical Laboratory website:

The Exeter Clinical Laboratory website is freely available to everyone:

<http://www.exeterlaboratory.com/>

We would encourage you to use it as it contains useful information regarding the test repertoire we offer, reference ranges, sample types and the circumstances in which particular test requests should be made. There is also helpful information about specimen containers, and limitations of test requests e.g. sample stability.

Please note our new Blood Laboratory Sciences e-mails:

rde-tr.bsaddon@nhs.net

Please use this for any add-on test requests, urgent sample requests, requests for result copies or other routine enquiries. When sending e-mails please could you state in the 'Subject' field: URGENT, ADD ON, COPY or ENQUIRY. This will allow us to triage requests appropriately. Please state patient name, NHS number and date of birth in the main body of the message along with your enquiry details.

This replaces the old e-mail: Rde-tr.RDEBloodScienceAddon@nhs.net

The new clinical advice e-mail is now: rde-tr.biochem@nhs.net

This replaces the old e-mail: Rde-tr.Biochemconsultants@nhs.net

The old e-mail addresses can still be used, as they are auto-forward to the new e-mails. These are secure NHS e-mails and as such meets the requirements for data protection.

Microbiology User Survey 2015

Thank you to everyone who completed our User Survey in Microbiology this year. The response rate was fantastic, and it was really uplifting for Laboratory, Office and Medical Staff to receive all the positive feedback and comments.

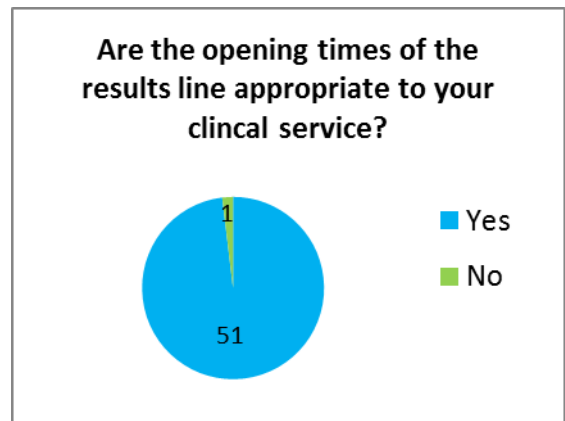
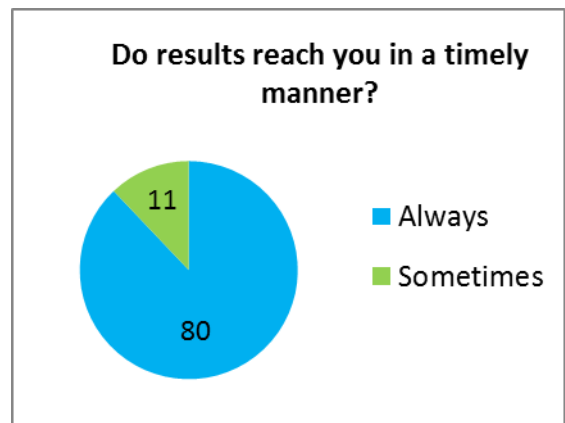
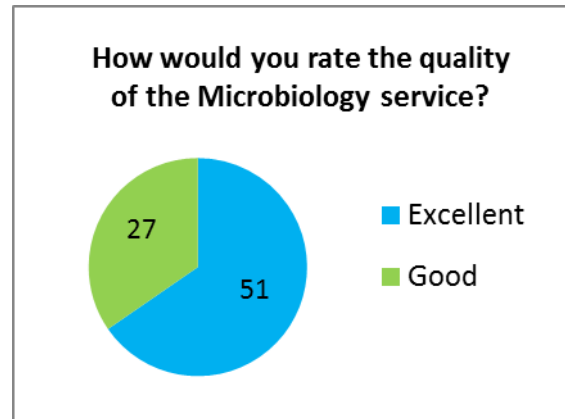
We are endeavouring to answer all queries and to improve our service to you, in particular:

- Update our website (www.exeterlaboratory.com) with links to significant local guidelines, and to Public Health England for outbreaks.
- Improve our reports so that antibiotics released match those you are using.
- Introduce GP OrderComs which will allow you to order tests and access results electronically (I think we are nearly there??).
- Look at later collection times (I'm afraid this is unlikely to happen under current budgetary constraints).
- We will continue to telephone significant results (Group A Strep in sites other than the throat, *N. gonorrhoeae*, stool pathogens (exc *Campylobacter*) and significant seroconversions or new HIV/HepB).

Finally, can I draw your attention to our email (rde-tr.MicroConsultants@nhs.net) which can be used for clinical as well as technical queries, and add on tests – we always answer within 3 days and aim to answer the same day.

Best wishes

Cressida Auckland
(Consultant Microbiologist)



Blood Transfusion:

Blood Group testing for private patients is available at a cost of £66.00. Please contact the Blood Transfusion laboratory for further information if required.

Tel: 01392 402466

Microbiology: Fosfomycin prescribing

You may have noticed fosfomycin as a treatment option on urine specimen reports. This has been in response to increasing antimicrobial resistance. We regularly see coliforms in the community and hospital that are resistant to many different classes of antibiotic.

Fosfomycin can be a very useful agent in these circumstances. It attains high concentrations in the urine (lasting 48 hours in patients with creatinine clearance >10 ml/min). One 3 g sachet usually suffices in treating an uncomplicated UTI. Further doses may be given at 48 hrs following discussion with a microbiologist. In some cases it may obviate the need to attend hospital for intravenous antibiotics.

Although not licenced in the UK (hence it is not in the BNF), fosfomycin is an old antibiotic used in Europe for many years extending to use in pregnancy when necessary. Please note that it is not appropriate for systemic infections or pyelonephritis.

Fosfomycin logistics:

- Community pharmacies do not stock fosfomycin - it is dispensed from the RDE pharmacy
- A fosfomycin proforma is available on the hospital website (link below)
- The case should be discussed with the on call microbiologist (bleep 545 via switchboard)
- The completed proforma is faxed to pharmacy and arrangements can then be made for collection or delivery.
- Side effects are generally minor include nausea, vomiting, diarrhoea and skin rashes

Further information:

Information regarding the fosfomycin proforma and a patient information leaflet are available at:

<http://www.rdehospital.nhs.uk/docs/prof/antimicrobial/Fosfomycin%20Prescribing%20Information%20and%20Proforma.pdf>

Important information regarding requests for malaria screening:

In light of the recent *Ebola* virus outbreak, alongside the risk of patients who may have been exposed to viral haemorrhagic fever, any requests for malaria screening from Primary Care must have the following information before a sample can be booked in and processed. These are:

- 1) Travel history – the exact country(ies) visited
- 2) Date of return to UK
- 3) Any prophylaxis

This information is required for us to complete any referral forms if samples need to be sent to the Malaria Reference Laboratory; samples will not be accepted without this information.

Cellular Pathology: Update on Cervical Screening for GPs and Practice Nurses

Electronic Reporting

As from 27th May 2015 the Cytology Laboratory will be issuing electronic cervical cytology results along with all other pathology results. This is a trial and we will continue to issue the green paper results until we are certain that all areas are able to access electronic results and the system is robust.

Until now you have only received paper reports from the Exeter Cytology Laboratory which you have entered manually onto your system. There is still an element of manual work with electronic results as it is not possible to use read codes for cytology because of the abnormal cytology with negative HPV result and positive HPV with negative cytology results

We would be very grateful for any feedback from your teams, especially those who process the electronic results.

Comments to carina.hume@nhs.net or tracey.stevenson@nhs.net

Reporting of Transformation Zone (TZ) material

The Exeter Cytology Laboratory is now commenting on the presence or absence of Transformation Zone material and this will be printed on the reports to aid sample takers in auditing their own work.

Please note that the absence of Transformation Zone material does not indicate an unsatisfactory smear. Any unsatisfactory samples will be reported as such by the laboratory and a reason given.

Out of Interval Samples

As you are aware smear histories are available on Open Exeter. Please check both the 'Cervical Screening History' and the 'Cervical Screening Reports' sections as Colposcopy may have altered the patient recall.

Please use this as a guide to avoid taking smears out of interval which may result in rejection of samples.

Non-HDL Cholesterol

The local RD+E laboratory is due to start reporting an additional lipid profile parameter, "**Non-HDL Cholesterol**".

As the name suggests, this is simply Total Cholesterol less HDL Cholesterol and represents a summation of all the atherogenic lipid fractions (LDL + VLDL + IDL, etc). It will be calculated and reported whenever HDL is already specified as needed on patients' samples.

This is in line with NICE Guideline 181 published in July 2014 on "Lipid Modification: Cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease" which is inclusive of recommendation 1.3.28 which advises that "... in all people who have been started on high intensity Statin treatment aim for a greater than 40% reduction in non-HDL cholesterol

At present it will NOT be cascaded and reported on all lipid requests because to do so would constitute a significant extra cost pressure to the CCG from measurements of HDL Cholesterol where this test is not currently being specified as wanted.

Update for Doctors who Transfuse Patients in the Community

The Blood Transfusion department would like to tell you about some recent changes to our service.

1. Maximum 2 Unit Transfusions for Patients in the Community.

Over recent years transfusion practice has changed within the RD&E and in line with National Guidelines, we are following a more restrictive transfusion policy. This means that it is unusual, in a patient who is not acutely bleeding, to need to prescribe more than 2 units of blood.

A recent audit of transfusion in the community suggests that some patients are being over transfused and that transfusion practice is becoming out of line with National Guidance. For patients in the community we are therefore planning to restrict requests to 2 units per transfusion.

All requests for transfusion will reviewed by a member of the Hospital Transfusion Team and you may be contacted to discuss the request.

If you have concerns over this change in our practice, please email the Hospital Transfusion team rde-tr.HTT@nhs.net.

2. Sample Validity Changes

In line with National Guidance (BCSH 2012) we are simplifying the sample validity times for blood transfusion.

Patient type	Repeat Sample required
Patient transfused or pregnant within previous 3 months	72 hours before transfusion
Patient not transfused or pregnant within previous 3 months	7 days before transfusion

If the sample is taken within 72 hours of the planned transfusion then the sample will be processed automatically by the laboratory.

If the sample is taken over 72 hours but within 7 days of the planned transfusion then the laboratory will fax you a form to sign to confirm that the patient has not been pregnant nor had a blood transfusion in the previous 3 months and will then process the sample.

Some haematology patients who are transfusion dependent require frequent transfusions and the 72 hour rule could make it more difficult for you to organise these transfusions. If the case is discussed with a Consultant Haematologist, it may be possible to exclude the patient long term from the 72 hour rule, allowing you to use the 7 day sample validity time.

If you have any queries about sample timings, please phone the laboratory on 01392 402460 before the sample is taken or email the Hospital Transfusion Team at rde-tr.HTT@nhs.net.

CONTACT INFORMATION

Blood Sciences:

Add-on test requests & clinical advice

01392 402934. Open between 9 am – 6.30 pm.

Ideally, please call before 2pm.

rde-tr.biochem@nhs.net

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Consultant Clinical Scientist

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Haematology

Haematology laboratory and direction to on-call haematology consultant for clinical advice:

01392 402918 Rde-tr.haemIxadvice@nhs.net

For thrombophilia testing:

01392 402916

Blood Transfusion:

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Routine clinical enquiries

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Cellular Pathology

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Molecular Genetics

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Head of Department

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Any comments or suggestions for Laboratory News?

We hope that you have found this newsletter informative and useful. If you have any suggestions for topics or issues you would like to see in this newsletter, then please contact Dr Mandy Perry, Senior Clinical Biochemist, with your thoughts: mandy.perry@nhs.net