



Exeter Laboratory News

September 2020

COVID-19 / SARS CoV-2

Despite low numbers of COVID-19 cases over the summer, the lab has remained busy, testing around 11,000 swabs a month, with few positives but at a cost of around half a million, currently covered by the government. The testing numbers are already going up to around 1000/day. You will appreciate that the laboratory is still only able to provide a reduced routine microbiology testing service due to the demand for SARS-CoV-2 testing, but we will continue to review this and hopefully with successful recruitment, will be able to return to normal within the next 6 months

As we head into the winter, testing for SARS-CoV-2 is highly important to identify cases in both patients and staff, but we will also need to test for Flu A/B and RSV which adds complexity and cost. The extra results help with isolation, cohorting and treatment. The lab are already seeing increasing test numbers as we assist pillar 2 and test more health care workers/family members with symptoms, testing nearly 1000 swabs/day. At present, we do not have a test validated for saliva so require nasopharyngeal swabs.

Please remember that you can check the website for up to date testing information and email for advice or to request specific testing to rde-tr.MicroConsultants@nhs.net

Serology (antibody) testing has been performed on 17,000 health care workers from across North and East Devon and overall showed a prevalence of around 7% for RD&E and community staff.

Exeter is participating in SIREN study, a national study to monitor NHS staff in terms of acquisition of COVID-19, antibody levels and repeat infection

GP Order Comms



The rollout of the new electronic pathology test requesting system (ICE) is complete and working well. Feedback has been very positive and Chris Carr praised for his hard work

Data shows excellent compliance with ICE ordering across GP practices for blood sciences but microbiology ordering remains varied. Data tables show a wide spread in the number of different test types requested by different practices and it was agreed this data would be useful for GPs to see in order to review and audit local guidelines / protocols. Data will be sent separately but generally highlights huge differences in the number of MSUs

The top tests ordered was again reviewed and there was no impact on urea following use of the pop up box, hence we kindly remind staff to consider the need for urea when ordering bloods

MyCare

The new EPR computer system at RD&E goes live 10th October. A lot of work has gone into this over the last year and hopefully the new system will be a success

Patients will be able access to their own records in future

ICE will be unavailable for requesting from 6pm on Friday 9th October until the morning of the 12th of October to allow transition to the new lab system

Please note bloods should not be ordered in advance for a date beyond 09/10/2020



New Bug Namer Bruker MALDI TOF platform

Microbiology are excited to have a new machine to rapidly identify bacteria and fungi. You might see reports with weird and wonderful organism names on but we will try to add helpful comments to guide your interpretation of them

Blood Sciences have new FBC analysers...you may have noticed!

The blood sciences department have new state of the art FBC analysers that went into service during the summer. It has become apparent that since this time we have been reporting an increased number of high MCV results. Thanks to GLInT (GP-Laboratory Interface team), this issue was highlighted and escalated to us rapidly. We have conducted a thorough investigation and the root cause was found to be:

1. The new FBC analysers run a slightly higher baseline MCV (1-2 f/L bias)
2. Increased numbers of FBC samples received in the laboratory which are >24 hours old. The MCV is known to increase with sample age

The laboratory is taking the following actions to address this issue:

1. Suppression of specific red cell indices (MCV, Haematocrit and MCHC) in samples aged >12 hours to prevent the release of inaccurate results
2. Adjust reference range to increase upper cut-off to 100 f/L

Many thanks to our GP colleagues for flagging this issue to us

Fingerprick phlebotomy technology

RD&E Blood sciences have been awarded a national contract by NHS Highly Specialist Services to test fingerpick blood for special groups. The lab have validated the majority of our test repertoire although it cannot be used for K+ or platelets.

There is scope to submit a business case for the use of this technology across other patient groups, enabling them to take their own blood at home by just a finger prick, rather than need a standard phlebotomy service

If you think there may be a role for this in your service please get in touch!

Blood results copied to GP from ED admissions

We have been made aware that GPs are receiving an increased number of blood results copied to them because their patient has had an ED admission. This is due to COVID-19 when ED had electronic requesting installed which included a tick box option to copy GP in to results

This was an unintended consequence and will stop when we move to MyCare on 10/10/2020!

Apologies for any inconvenience caused

Checkout the genomics work by COG-UK who have been sequencing SARS-CoV2 from across the UK



Finally...

If there are any items you would like GLInT to discuss, please email: rde-tr.MicroConsultants@nhs.net or lisa.beaumont-barns@nhs.net

You can follow the lab team on twitter [@Exeter_lab](https://twitter.com/Exeter_lab)

Remember there is useful information on the Exeter laboratory website www.exeterlaboratory.com

