Pathology newsletter - February 2017

Pathology News

NHS SOUTH WEST LONDON PATHOLOGY

An NHS partnership providing a highly dependable, clinically assured and cost effective diagnostic pathology service

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@swlpathology Email us swlpath.nhs.uk

During November 2016, SWLP undertook an extensive programme of GP engagement visiting all surgeries and community sites informing you of a number of changes taking place in pathology. These visits gave us the opportunity to engage with you, receive feedback and to answer any questions or queries you had about our services. These visits were very informative for us and we would like to thank you for taking the time to meet with us.

As an organisation we always welcome any opportunity to meet with our stakeholders and to share our knowledge and experience with other pathology providers – both NHS and private providers. Innovation is a key driving force within SWLP and we are always keen to discuss how we use technology to deliver services more effectively, increase productivity and reduce costs. Over the past year we've hosted visitors from Europe, Asia, the Middle East, Australia and South Africa.

Our plans over the coming year are to showcase our pathology services with tours of our laboratories on all our sites. This will be a chance for our service users to see how we perform tests and provide us with an opportunity to inform you about best practice when using pathology. We also want to ensure that you get the best from the huge range of tests that are available to order from us.

Finally, I am delighted to share the good news of SWLP's second award win in 2016 – a Health Business Award for Hospital Procurement! With over 80 organisations represented it

was great to receive recognition for developing an efficient procurement strategy which was a key enabler in creating an integrated pathology service across all our partner sites.

As always, if you do wish to get in contact with us, please email us at stgh-tr.SWLPcomms@nhs.net

Saghar Missaghian-Cully
Managing Director

Dr Aodhan Breathnach
Clinical Director

NEW DEVELOPMENTS IN SWLP

Visiting your GP surgery

Lesley Skilton (right) Pathology Reception Supervisor from SWLP showing a colleague at Figges Marsh surgery the welcome pack.

In the last edition of the newsletter we informed you that SWLP would be visiting every GP surgery and community site to deliver information about changes being made to pathology consumables, the post, sample collection bags and contact numbers.

During November these visits took place Each site was given a 'Welcome Pack' containing information on how to contact us; a summary of all transport routes including weekend and evening deliveries; instructions on how to use the new pathology consumables site; new updated blood container information; details of a user survey to get your feedback; our sample labelling policy with examples showing how samples should be labelled; changes to sample collection bags; and the new postal system.

The Pathology Store

The new online ordering system for pathology consumables

In November 2016 a new system for ordering pathology consumables was introduced. The Pathology Store is a new online ordering system - a one stop shop for all pathology consumables.

The system is easy to use and allows you to track your order; place repeat orders; and keep a log of all your previous orders.

Username and password
In November 2016 each practice or community site was visited and a GP welcome pack was left giving details of your username and password to access the site along with an instructions booklet.

Each practice has one account. The account can be accessed and orders can be placed by a number of people as long as they have the username and password.

The account email address
Each account can only have one email address attached to it. The email address you provide will receive the confirmation email and any emails about any items out of stock. If you need multiple people at your site/surgery to be able to access the emails please provide a generic email address.

If you have forgotten your username or you would like a copy of the instructions booklet please contact stgh-tr.SWLPcomms@nhs.net for your details.

New GP Results Line

The new telephone number for results and enquiries is now available for all GPs.

You can obtain results for Clinical Blood Sciences (Chemistry, Haematology and Immunology) and Microbiology.

0208 725 5468

Postal system - reminder

Please remember there have been changes to the postal system.

1. There is a **blue bag** for internal mail clearly labelled with the delivery location details and barcode to avoid any confusion with any other blue bags. If you are at a location that sends or receives a lot of internal mail this may be delivered or collected in a Royal Mail sack.

2. The driver will deliver your internal mail on the first visit of the day and this will be delivered in the blue bag. The driver will collect your outgoing internal mail on the next visit where it will be taken back to be sorted to be delivered the following day.

3. If you have franking mail the current process that you have will remain unchanged.

4. As per NHS guidelines all mail must be put into an envelope and no patient identifiable data should be visible. All items should have a return to sender address on them in case of any delivery issues.

Semen analysis for sperm motility - GPs in Croydon area

In January a reminder about the process for semen testing was sent to GPs in Croydon.

Semen samples should be collected into special pre-weighed containers which have been tested for toxicity. We will supply a limited number (generally 5) of these to your surgery depending on usage. We will operate a system of sending a replacement container whenever we receive a sample. Your surgery should keep an eye on your stock.

Please note the following:

- The laboratory is open for receipt of samples between 8:30am and 3pm Monday – Friday only.

- Due to the labile nature of these samples they cannot be delivered outside of these times.
- Samples must be delivered by hand to the CUH laboratory within one hour of production.
- Samples cannot be sent through the normal laboratory transport.

Semen information leaflet for patients

Latent Tuberculosis Infection Testing

Please follow the instructions below if you need to send Latent TB infection testing samples. Please ensure any phlebotomists working in your practice are aware of the process.

IMPORTANT: DO NOT REFRIGERATE SAMPLE

- Collect 6ml whole blood into the Lithium Heparin (green top) tube, mix by gentle inversion.
- Clearly record date and time sample was taken and GP practice code.

- The sample must be packed with the request form for transport to SWLP in blue LTBI testing bag.
- The sample must be transported at room temperature (17 – 27°C), a lower temperature may result in indeterminate results.

The samples must arrive at SWLP St George's within 16 hours of collection

For more information please visit

http://www.swlpath.nhs.uk/test-information/latent-tb-infection-testing/

or email stgh-tr.LTBI@nhs.net

Malaria Tests

To aid us in the rapid diagnosis and reporting of malaria infections, we would like to ask that patients with a malaria request are referred to their local hospital for the malaria and all other associated blood tests. This is to ensure that samples arriving in the laboratory are as fresh as possible.

Many scheduled afternoon collections also arrive at the laboratory after 5.30pm which means that once the sample has been processed the GP surgery is closed. This can cause delays in patient treatment if the malaria result is positive.

Test Request Forms

Paper forms
Most GP practices and clinics now use some form of electronic ordering to request tests. We would like to ensure that those GPs still making paper requests use standardised forms.

The forms for Microbiology and Clinical Blood Sciences (Haematology, Chemistry and Immunology) are our primary manual request forms and can be downloaded from our pathology consumables store or the website.

Online forms
We are currently in the process of developing forms that can be filled in online. Once these forms are available we will let you know.

Microbiology - Paper Request Form

Clinical Blood Sciences/Immunology - Paper Request Form

Programme of Events

During 2017 we would like to introduce a formal programme of events for all our service users. This will include hospital staff as well as GPs. We will be offering tours of our automated state-of-the-art laboratories as well as clinical information events that you might find useful.

Our clinicians already hold events however we would like to ensure we do this on a regular basis highlighting areas of development and interest to help you make the most of the services we have on offer. We will highlight these upcoming events in this newsletter and on our website.

If you would be interested in finding out more please contact us at stgh-tr.SWLPcomms@nhs.net

Contact Us

If you wish to contact us with regards to any aspect of our service, you can contact us using the email address below. We will ensure it is logged, investigated and resolved.

We are keen to work with all those using our services to ensure our service meets your requirements and expectations.

Please use our secure NHS.net email address to raise any specific points as this will help us address the details at individual patient level.

Please provide the following information:

- Patient's NHS number
- Date of test
- Name of test
- The name of your GP surgery

Email address: stgh-tr.SWLPcomms@nhs.net

There are also contact telephone numbers on our website for clinical advice, enquiries and transport.

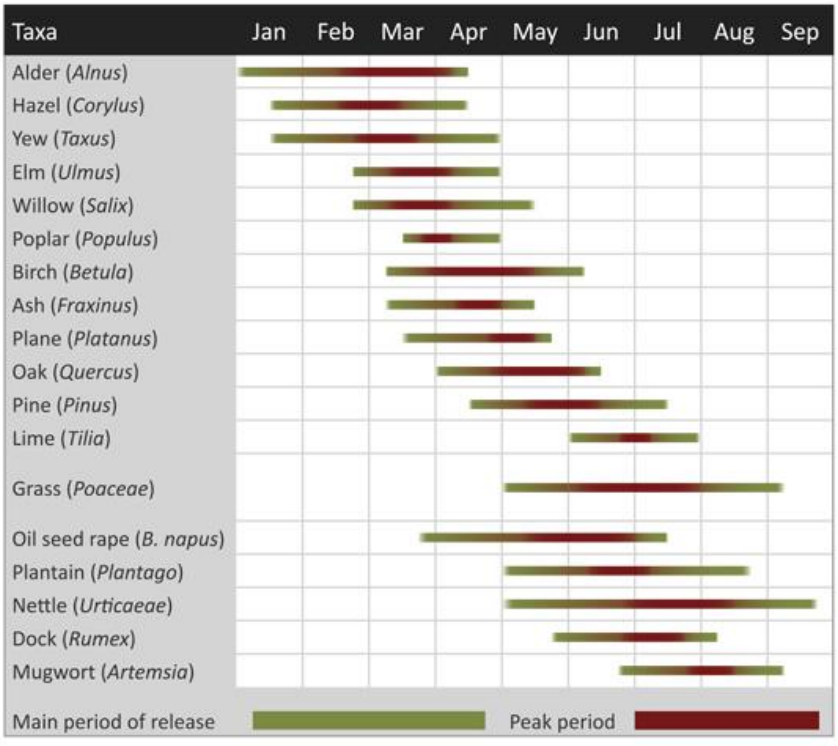
CLINICAL UPDATES

Pollen Allergy

The pollen allergy season is fast approaching with some of the 'early' trees likely to start flowering in the next few weeks. A patient's history is often more useful than measuring total specific IgE to pollens, particularly if the symptoms can be considered with the pollen calendar.

The one below is from the National Pollen and Aerobiology Unit at the University of Worcester.

The Met Office has up-to-date pollen counts by region:
http://www.metoffice.gov.uk/health/public/pollen-forecast

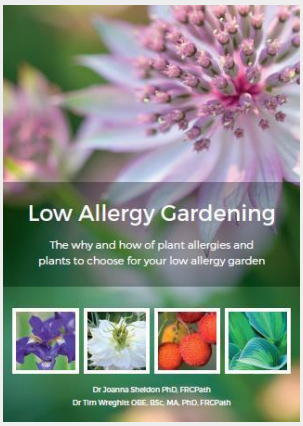


The amount of pollen being released changes during the day. Pollen counts are highest early in the morning (between 5 am and 10 am) when the pollen is being released and in the evening when the air cools and pollens that have been carried up into the air begin to fall to ground level again.

The best time to go out is after rain, which helps clear pollen from the air. There are some fairly simple measures that can be taken to reduce allergen exposure during the pollen season:

Strategies to avoid allergen triggers and allergy symptoms

- Monitor pollen and mould counts
- Keep windows closed when indoors
- Plan your outdoor activities when the pollen count is lower
- Stay inside on dry, windy days
- Take a shower, wash your hair and change your clothes after you've been working or playing outdoors
- Try to avoid mowing the lawn or keep lawns regularly mown to stop them flowering and producing pollen
- If you do need to mow the lawn or do other gardening activities, wear a NIOSH-rated 95 filter mask
- Take appropriate medication beforehand
- Don't hang laundry outside — pollen can stick to sheets and towels
- If high pollen counts are forecast start taking allergy medications before your symptoms start
- Close doors and windows at night or when pollen counts are high
- Apply an effective allergen barrier around the edge of each nostril to trap or block pollens. Allergen barriers are available as balms or nasal sprays and some people have found petroleum jelly can help
- Wear wraparound sunglasses when outdoors to keep pollen out of your eyes
- A hat with a peak or large brim can help keep pollens from your eyes and face
- Pollen counts tend to be high along roads with grass verges (dual-carriageways, motorways). Keep car windows closed and the air intake on 're-circulate' when driving
- Choose a car that is fitted with an effective pollen filter, or get an in-car air filter



More information about allergy and how to choose low pollen plants for your garden is included in the **Low Allergy Gardening Book written by our Consultant Immunologist Dr. Joanna Sheldon and her colleague Dr. Tim Wreghitt.**

The price is £10 (plus P&P) and is available from http://lag-book.co.uk/shop/

Thyroid Function Testing in Primary Care

INTRODUCTION

The suggested interpretative comments are based on the British Thyroid Association (BTA) guidelines (2006) and BTA Executive Committee publication (Clinical Endocrinology, 2015; doi: 10.1111/cen.12824

SCREENING AND SURVEILLANCE

- Stable on T4 - annual TSH check
- T1DM - annual TSH check
- T2DM - at diagnosis FT4 and TSH
- Down's and Turners - annual FT4 and TSH
- Post neck irradiation - annualFT4 and TSH
- Treated hyperthyroid - annual TSH

HYPOTHYRODISM

Diagnosis and when to treat:

Overt primary hypothyroidism *(FT4 low/ low normal + TSH high ie when TSH >10 mU/L)*

- Commence patient on T4 (if transient thyroiditis is excluded)

Subclinical primary hypothyroidism *(FT4 normal + TSH raised ie TSH 6 -10 mU/L)*

- Many cases of subclinical hypothyroidism are transient, suggest confirm abnormality initially. Studies suggest average patient will not clinically benefit from T4 therapy until TSH rises
  above ~10mU/L
- Repeat TSH only at 3 months to exclude transient rise. Request anti-TPO Ab to help determine if autoimmune process is present

On repeat

- If TSH >10 mU/L - start thyroxine
- If TSH lies between 4.2 - 6 mU/L repeat TSH only annually
- If TSH lies between 6 - 10 and TPO Ab positive - repeat TSH annually
- If TSH lies between 6 - 10 and TPO Ab negative - repeat TSH in 3y

T4 REPLACEMENT

Aim: to make patient feel well and restore TSH into normal range. Some patients 'feel well' only when T4 is given at a dose that produces a low TSH.

Monitoring

- Only need to request TSH when patient is stabilised on T4
- When dose is changed (up or down) a period of 2-3 months should elapse before re-test
- The laboratory finds it helpful if the (electronic) request form indicates the patient is on T4

Drugs and T4 therapy

- Some over the counter medications can impair T4 absorption eg PPi's and H2 antagonists, ferrous sulphate, calcium carbonate, soy protein
- The requirement for T4 is likely to increase in hypothyroid patients who become pregnant or who are commenced on anti-convulsants or oestrogen containing oral contraceptives

T3 REPLACEMENT

T3 therapy is rarely required and there is no consistent evidence to recommend the use of combined therapy with T3 and T4.

Measurement of FT4 is of no value in assessing patients on T3 and serum FT3 concentrations are of limited value due to the variability of FT3 in blood after a T3 dose.

HYPOPITUITARISM

Diagnosis

Secondary hypothyroidism should be considered in patients presenting with low FT4 and normal (or only slightly raised) TSH. However, a FT4 in the presence of a normal TSH is most commonly due to non-thyroidal illness or the use of NSAIDs, frusemide or anti-convulsants. If hypopituitarism is suspected an endocrine referral is recommended to undertake further investigation and management.

HYPERTHYROIDISM

Diagnosis

Subclinical hyperthyroidism – TSH 0.1 – 0.27 mU/L; FT4/FT3 – normal

- Spontaneous progression to overt hyperthyroidism is uncommon and that subnormal-detectable levels of TSH frequently return to normal within one year. Suggest repeat at 3 monthly intervals as results often return to normal.

Subclinical hyperthyroidism – TSH <0.02 mU/L; FT4/FT3 – normal

- Exclude moderate and severe illness (non-thyroidal illness) and drugs that suppress TSH (dopaminergic drugs and high dose glucocorticoids)
- Repeat TSH and FT3 1-2 months later. If abnormalities persist – consider referral to endocrinologist to establish diagnosis and give optimal treatment. If treatment is not undertaken patient should be monitored every 3-6 months

Overt hyperthyroidism TSH <0.02 mU/L; FT4 and/or FT3 - high

- Consider referral to endocrinologist to establish diagnosis and give optimal treatment.
- It is important to identify cases of thyroiditis since standard treatment with thionamides is ineffective and contraindicated.

Monitoring

Measurement of serum TSH alone is not adequate since TSH may remain suppressed for weeks-months after initiation of thionamides, especially in Graves' disease, so drug doses should be titrated against measurements of FT4 (or FT3 in cases of T3-toxicosis).

Biochemistry should be checked every 4-6 weeks for the first few months after initiation of thionamides.

Once doses have been reduced to maintenance levels, testing may be less frequent (approximately every 3 months).

Zinc measurement and hair loss

Plasma zinc measurement is sometimes requested in patients with isolated hair loss, to check for deficiency. Although many studies have been published evaluating zinc levels in healthy controls and in patients with hair loss, no clear correlation exists[1,2,3,4]. Most of these studies involved only small numbers of patients and results did not reach statistical significance.

Various guidelines from NICE, British Association of Dermatologists and Primary Care Dermatology Society are available for the three main types of hair loss; androgenetic [5], telogen effluvium[6] and alopecia areata[7, 8, 9]. None of these guidelines mention zinc measurement. Thyroid status and ferritin should be checked, and recent severe stress or infection excluded.

In summary, the evidence base to support zinc testing in isolated hair loss is very limited and requests for this will not be analysed without prior discussion with the laboratory.

References

1. Seong *et al* 2013; Ann Dermatol **25** 405-409. Analysis of serum zinc and copper concentrations in hair loss.
2. Lee *et al* 1997; Ann Dermatol **9** 239-241. Analysis of serum zinc and copper concentrations in alopecia areata.
3. Rushton 2002; Clin Exp Dermatol **27** 396-404. Nutritional factors and hair loss.
4. Arnaud *et al* 1995; Acta Derm Venereol **75** 248-249. Zinc status in patients with telogen defluvium.
5. https://cks.nice.org.uk/alopecia-androgenetic-female
6. http://www.bad.org.uk/shared/get-file.ashx?id=132&itemtype=document
7. Messenger *et al* 2012; British Journal of Dermatology **166** 916-926. British Association of Dermatologists' guidelines for the management of alopecia areata 2012.
8. http://www.pcds.org.uk/clinical-guidance/alopecia-areata
9. https://cks.nice.org.uk/alopecia-areata

Our mailing address is:

stgh-tr.SWLPcomms@nhs.net