

Pathology News



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



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Dear colleague,

I am delighted to be back within South West London Pathology. Having twice undertaken a programme of visiting GP practices and been directly involved in the change to ERS courier I know many practices and have some appreciation of the current challenges and pressures within primary care.

As always the aim of this newsletter is to keep you up to date with service developments and improvements taking place in pathology both operationally and clinically.

There are a number of clinical improvements that have been included in this newsletter. For example we are launching a new enteric pathogen screening test to replace traditional culture based techniques. We are very pleased to be able to introduce this - the new PCR test is rapid, sensitive and specific. It will also benefit our staff working in the laboratory as current culture based testing is time consuming and labour intensive.

We have also introduced an email address for IT queries or issues that you may have. The emails go directly to the IT team who will respond and action any issues raised. We also continue to attend relevant GP focused meetings and are always happy to present or share updates. If you have any large meetings that you would like us to attend please do get in touch via the email below.

Feedback is always welcome - if you have anything you would like to share with us please email us at stgh-tr.SWLPcomms@nhs.net



Simon Brewer
Interim Managing Director



Dr Tim Planche
Medical Director

SERVICE UPDATES

Missed Collections

What to do if the courier doesn't collect your samples

Firstly - please ensure your samples are ready for collection at the scheduled time to ensure the courier can collect the samples and leave immediately.

What should I do if our courier doesn't collect our samples?

At the scheduled time for collection please **check** that your samples have been collected by the courier. If the courier has not collected your samples at the scheduled time please ensure you contact us asap on **0208 266 6510** so we can discuss arranging a collection for you.

If the courier doesn't come at the scheduled time can I put the samples in the fridge?

No, do **NOT** put blood samples for biochemistry /haematology in the fridge as they will not be able to be processed. Please contact us immediately on **0208 266 6510** so we can discuss arranging a collection for you.

Our surgery has a centrifuge - if the samples go into that, can they then go in the fridge?

1. The only samples that should go in the centrifuge are gold top SST tubes. If your surgery has a centrifuge and the sample is a gold top SST tube, put the sample in the centrifuge and spin it (the sample must be left to clot for 10 minutes prior to centrifugation).
2. Once the sample has been spun keep it at room temperature.
3. On your next scheduled collection time make sure the sample is ready for collection just before the courier is due to arrive.
4. Samples do not need to go in the fridge.

Do **NOT** put EDTA samples (lavender top) in the centrifuge or the fridge - keep the samples at room temperature.

Please note samples for microbiology virology such as viral loads or serology should be refrigerated if kept for long period before getting to the laboratory.

What should I do if we still have more samples to be collected after the scheduled collection time?

Please ensure you have all your samples ready to be collected by the time the courier is scheduled to collect from your surgery. If the courier has already called at your surgery at the scheduled collection time and your samples were not ready for collection please phone us on **0208 266 6510** so we can discuss this with you. There may be an additional cost for your surgery because this will be an additional collection.

New IT Email Address

Our IT Team now has an nhs.net email address for SWLP IT - please email them directly if you have an IT related issue.

stgh-tr.swlp-it@nhs.net

Testing for Coeliac Disease



The Immunology Department has been receiving faecal samples for coeliac testing.

Please note that coeliac testing requires a serum (red top) sample.

Ordering Pathology Consumables

All consumables must be ordered through the SWLP pathology consumables website. If you do not have access details or you need further information please contact Lesley.skilton@stgeorges.nhs.uk

Introducing Lesley Skilton, Central Pathology Reception Manager



In my role as Central Reception Manager for the laboratory I will continue to build on our relationships with our GPs. We want to ensure you understand how our service works and how you can get the best from our service.

In particular I can help with any issues regarding pathology consumables (including setting up new users) and transport and couriers /deliveries. If you have any other issues about pathology or you need general information I would be happy to discuss these with you. I have many years' experience within pathology (over 30 years!) so I'm sure I will be able to direct any questions to the relevant colleague within SWLP if I can't assist.

At present I am not planning to do a structured programme of visits to every GP practice – I will be visiting practices as and when needed. However, if you would like me to visit your surgery I would be happy to do this - please contact me to arrange this.

My working hours are Monday to Friday, 9am – 5pm, and you can contact me via email at lesley.skilton@stgeorges.nhs.uk

USEFUL RESOURCES

Key performance indicators

We will now be providing you with key performance indicators for the following tests:

- Full Blood Count
- Potassium
- Thyroid Stimulating Hormone

- Urine Microscopy and Screen

We process hundreds of tests but these are some of the most common tests processed in our laboratories.

Key performance Indicators: November 2017 – February 2018

Results Line - Reminder



Results are available for all our GPs regardless of where you are located. Please ring this number for results rather than your local hospital.

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

0208 725 5468

Contact Us

If you wish to contact us with regards to any aspect of our service, please use 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

Pathology videos

Wandsworth CCG have produced a series of short educational pathology videos which include consultants from SWLP. The playlist contains short educational videos for clinicians on the latest blood testing guidance in Wandsworth.

The videos include Dr Jo Sheldon on Immunology and Allergy and two videos with Dr Leslie Perry on Hormones (LH, FSH & Testosterone) and (TSH & Free T4).

[Click here to watch the videos on Youtube](#)

Guide on Gonadotrophin and Sex Steroid Testing

There are many clinical situations which justify Gonadotrophin and Sex Steroid Testing. The attached guidance has been developed by SWLP to improve the management of patients in Primary Care. The suggested interpretative comments are based on NICE Clinical Guidelines.

Guide on Gonadotrophin and Sex Steroid Testing

Urine Microscopy - changes to reporting

We take the accuracy of our results very seriously at SWLP. Although we can measure the red cell count in urine, red cells lyse on transport to the laboratory and therefore a red cell count measured in a laboratory after a day or two may be misleading. It may underestimate and even miss haematuria.

The reasons given above are why the current haematuria guidelines from the Renal Association/British Association of Urological Surgeons (2008) does not recommend

microscopy for the diagnosis of haematuria in the community (http://www.renal.org/docs/default-source/what-we-do/RA-BAUS_Haematuria_Consensus_Guidelines.pdf?sfvrsn=0).

In order to prevent confusion and in keeping with guidelines we will be stopping the routine reporting of urine red cell counts on Monday 4 June 2018. If you wish to screen for haematuria, we recommend immediate dipstick testing of urine for red cells. On request we can still report urine red cell counts in special circumstances.

These developments are part of ongoing changes to the processing of urines in the microbiology laboratory. We will update you on further changes in due course.

Sensitivity Testing for Campylobacter

Campylobacter species such as *C jejuni* are common causes of gastrointestinal infection. They are infections we frequently diagnose in the microbiology laboratory. Campylobacter infection usually causes a self-limiting diarrhoea that has resolved by the time we grow the organism in the laboratory on special agar plates.

We have traditionally performed antibiotic sensitivity testing on all campylobacter isolates, however this information has very little clinical benefit as the infection is commonly resolved by the time the results are available. Campylobacter infections are usually sensitive to macrolide therapy or with ciprofloxacin.

As a part of a more general improvement of our diagnosis of faecal infections we will be introducing molecular testing for faecal samples to improve accuracy and speed of diagnosis. The first part of this rationalisation of faecal diagnostics we are stopping the sensitivity testing of campylobacter on most specimens. This will allow us laboratory time and save costs to implement rapid molecular faecal testing.

We are planning to test campylobacter isolates for a month a year so we continue to know the best antibiotics to treat empirically for campylobacter and we will continue to be able to test for campylobacter sensitivities on request, in difficult cases such as recurrent infection.

Fosfomycin and Mecillinam Sensitivity Testing on Urine Isolates

In line with Public Health England guidelines on the management and treatment of common infection in primary care (2017), SWLP microbiology department has implemented routine testing of all relevant urine culture isolates for susceptibility to Fosfomycin and Mecillinam as part of first line antibiotic sensitivity testing. Pivmecillinam is the prodrug which is metabolised into the active drug Mecillinam therefore Mecillinam is used for the antibiotic sensitivity testing and the results reflect sensitivity results of the Pivmecillinam.

Introduction of molecular enteric pathogen screening test

The microbiology department at SWLP is introducing a new enteric pathogen screening test from 30 April 2018. This test will replace traditional culture based techniques. The current culture based testing of stool specimens is time consuming and labour intensive. The new PCR test is rapid, sensitive and specific.

The laboratory will be introducing PCR as a screen and traditional culture will only be performed on samples which are positive by PCR. The standard screen for patients with suspected bacterial gastroenteritis will include Salmonella, Shigella and Campylobacter, Verocytotoxigenic E. coli (VTEC), Cryptosporidium and Giardia. A negative PCR result is sufficient to rule out Campylobacter, Salmonella, Shigella and Verocytotoxigenic E. coli (VTEC) as the cause of gastroenteritis.

If there has also been relevant travel history and/or clinical details then an enhanced screen will be used that will also include Vibrio, Entamoeba and Yersinia.

There will be no change in the way that this test is requested.

Salmonella, Shigella and Campylobacter reporting

A negative PCR result will usually be available within 48 hours of submission to the laboratory and will state that Salmonella, Shigella, Verocytotoxigenic E. coli (VTEC) and Campylobacter have not been detected.

If the screening test is positive microbiological culture will be performed. As PCR can detect non viable organisms or low numbers of organisms PCR screens may not always be followed by culture positive results. The clinical significance of PCR positive, culture negative results is currently uncertain.

Verocytotoxigenic *E. coli* reporting

For a negative PCR result will usually be available within 24 hours of submission and will state that verocytotoxigenic *E. coli* has not been detected.

The reporting mechanism for positive results will be different. This is because current culture based tests are only capable of detecting one strain of VTEC, namely *E. coli* 0157.

However other serotypes of *E. coli* may be toxigenic and are capable of causing a similar disease spectrum including haemolytic uraemic syndrome and haemorrhagic colitis. As the PCR test detects the verotoxin genes, these will now be detected. It is anticipated that the number of these will be low.

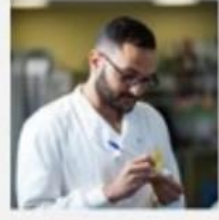
Currently clinicians are contacted directly when an *E. coli* 0157 has been cultured either by the Health Protection team or by a Microbiologist. When the new test is introduced requesting clinicians will also be contacted when the PCR test detects verotoxin genes even if verocytotoxigenic *E. coli* has not been cultured. Public Health will collect case details to assess the public health risk and undertake further action as required.

For further information on the molecular enteric pathogen screening test please contact Carmel Prendergast, Technical Lead – Bacteriology, Department of Microbiology, carmel.prendergast@stgeorges.nhs.uk, 0208 725 5175

Vindications for Troponin measurement in primary care

As a general rule, troponin measurements should not be performed in primary care. If a patient has acute chest pain and a suspected acute coronary syndrome they should be referred immediately to the emergency department (ED). The only indications for measurement in primary care are as follows.

1. A single episode of chest pain of suspected cardiac origin occurring more than 12 hours previously. Here the objective is to confirm or exclude a previous myocardial infarction occurring in the past 12-72 hours in order to initiate appropriate secondary prevention measures and refer for assessment of residual ischaemic burden. Serial episodes of cardiac sounding chest pain should result in a referral to the rapid access chest pain clinic, or, if acute to the ED.
2. When acute hospital admission of the patient would be inappropriate or is against the patient's wishes but documentation that a myocardial infarction has occurred is required for future management.
3. Documented myositis with an elevated creatine kinase (CK) to exclude cardiac involvement.



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Our mailing address is:

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