Northern Devon Healthcare NHS
NHS Trust
Incorporating community services in Exeter, East and Mid Devon

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Edition No. 9

Pathology Department
N. Devon District Hospital
Raleigh Park
Barnstaple
EX31 4JB

Testing Times

Newsletter for Pathology Service Users

Inside this issue:-

Clinical Advice Email Service

ndht.pathologynddh@nhs.net

We are more than happy to provide telephone advice to our medical colleagues, via contact numbers on the back page. If possible we try to take calls directly, but may not be able to do this, if we were in the middle of a busy outpatient clinic, ward round or meeting for example. In such cases, lab staff or a secretary will take a message.

Because we can receive a significant number of calls from primary care each day, we would be grateful if a direct return contact number could be provided to avoid the delays incurred by automated GP switchboards.

For non-urgent enquiries we have introduced an NHS email advice service for all pathology disciplines which has received very positive feedback from those that have used it.

We would like to encourage greater use of this service in the future to improve ease of access to pathology clinical advice.

Dr Jason Coppell

Future developments in Pathology

From the Lead Clinician for Pathology

Visiting many of the local GP practices over the past few months has been a great opportunity to understand how pathology can be developed to help clinical practice in primary care. It is refreshing to see how clinicians are open to challenge of existing practice and, in return, we have been asked some provoking questions which we are now trying to address.

My impression is that clinical algorithms are appreciated and that more guidance on how the laboratory can best be used to answer specific clinical questions is welcomed. We intend to support this practice in future by developing more pathways along with a better and accessible laboratory handbook.

> ***"It is refreshing to see how clinicians are open to challenge of existing practice.."***

It is also clear that the laboratory and clinician requirements to meet the QIPP/CRES agendas are generally well aligned. We are under unprecedented pressure to cut costs at the moment and will be looking to save up to a million pounds from the pathology budget across North Devon. By reducing demand for unnecessary testing, we release capacity to focus on specimens that are of most clinical value. As an example, the reduction in MSU numbers from primary care by a third has been a key enabler for beginning to restructure the way the department works. I believe that similar approaches across pathology will allow for a much more responsive, useful and cost effective service.

I also hope that diagnostics can be used as a driver for wider service redesign, and the wound pathway is an example of how this may progress. Pathology tests are involved in 80% of patient pathways, and my impression is that by getting the diagnostics bit right, a lot of the rest of the management then falls into place.

> ***"By reducing demand for unnecessary testing, we release capacity to focus on specimens that are of most clinical value."***

So, in summary, there are likely to be huge changes in the way we deliver pathology in the coming years, but we must use this as an opportunity to focus on what it is that pathology adds to patient care and make sure that we are providing this service in a way that best fits with the modern clinical practice.

Dr Tom Lewis

Consultant Microbiologist and Lead Clinician for Pathology

http://www.pathologyharmony.co.uk/harmony-bookmark-v7.pdf

Guidance on tumour marker requesting has been published from 'Pathology Harmony' which has had specialist input from The Association of Clinical Biochemists, the Institute of Biomedical Science and The Royal College of Pathologists.

Guidance on requesting PSA, CA125, CEA, AFP/hCG and Paraproteins is available.

Use the web address above to download a copy of the guidance.

Pathology Harmony is an initiative working towards harmonisation in UK pathology laboratories which was established in January 2007.

Semen samples for post vasectomy analysis and infertility investigation

Following an external inspection by Clinical Pathology Accreditation (CPA), a review of the Andrology service has been undertaken and what follows below is a summary of the requirements of the improved ser-

1. Semen analysis

Semen samples will only be processed by the laboratory **Monday to Friday between the hours of 09:00 and 13:00.** Specimens should be received in the laboratory within **1 hour** of the sample being produced and will be rejected if more than 4 hours old.

2. Post Vasectomy Specimens

Guidelines for the assessment of post vasectomy semen samples recommend that the first sample is at least 16 weeks and 24 ejaculates after vasectomy.

In cases of persistent non-motile sperm, it is the responsibility of the referring clinician to advise the individual regarding the low but continuing risk of contraceptive failure. Further fresh samples may be helpful.

3. Vasectomy Reversals

These will be treated as a post vasectomy semen analysis unless otherwise indicated on the request form.

4. Semen Analysis Collection Kit

Specimen collection kits for semen analysis (post vasectomy and infertility investigations) are available on request from Pathology stores Tel: (01271) 322342.

The sample collection kit includes the following:

- Cytotoxicity tested specimen container (60ml wide mouth Sterilin container with white lid
- Microbiology request form
- Instruction sheet
- Specimen bag

Please arrange for any existing semen analysis specimen collection kits to be withdrawn and destroyed or returned to Pathology stores. As mentioned in the memo previously sent to you on the 3rd and again on the 19th July 2012, **any requests for semen analysis using these kits will be rejected.** The new kits contain different specimen containers which have been cytoxicity tested.

5.Report Forms

Post vasectomy samples will now state whether sperm are seen and whether they are motile without quantification.

Infertility samples – In line with WHO guidance (2010) 3 categories of motility will be reported:

- Progressive (replaces rapid and sluggish)
- Non-progressive
- Immotile

Percentage vitality will be performed if progressive motility is <40%.

Reference ranges have also been updated in line with 2010 guidance.

6. Patient Information

New guidance has been produced for the semen donors with instructions on obtaining a quality specimen, time to delivery to the laboratory and the times that the laboratory is able to accept and process these samples:

http://www.northdevonhealth.nhs.uk/new/wp-content/uploads/2012/04/Instructions-for-obtaining-a-semen-sample.pdf

Analysis of semen samples requires dedicated Biomedical Scientist time and in order to provide this throughout the week **samples should be in the laboratory by 1pm at the latest.**

The guidance also provides clear instructions on completion of the form and labelling the sample which is in line with the Pathology department labelling policy.

The guidance from the British Andrology Society 2002 recommends that post vasectomy semen analysis should not be done until 16 weeks after vasectomy. The laboratory will be requesting this information and **specimens will be rejected if received before 16 weeks as this is likely to lead to the need for more sampling than if taken after 16 weeks**. It is important that the whole of the ejaculate is received for analysis and this information is requested by completion of the back of the patient information sheet. Incomplete samples will be rejected as will any leaking or mislabelled samples.

Contact Information

For clinical advice about the Andrology service: contact one of the Consultant Medical Microbiologists.

For technical advice about the Andrology service: contact the Microbiology Laboratory

contact details on the back page.

Request Forms & Clinical Details

Relevant clinical information is required on Pathology request forms, as it forms part of the overall picture of the patient's state of health and helps us to offer the best possible advice to you on treatment of your patients. In some instances, a lack of clinical information may mean that specimens are not processed, particularly for Cellular Pathology specimens and more expensive blood tests.

On a lighter note, some of the more 'irrelevant' clinical information received on request forms from labs around the country are shown below:-

"patient woke up conscious"

"continuous urge" from a prostate specimen.

"GOK" - when GP was asked what this meant, he replied "God only knows!"

Urine sample - "Patient brought urine because it was yellow".

Urine sample - "Patient has tattoos on both arms".

"'overdose of batteries"

"Alcohol XS last night - now drowsy and headache."

"Ankle oedema up to knees, recent above knee amputation."

"I don't want to admit this patient. Please supply normal results to support my decision."

Quality of Service

CPA **Accredited 0606, 1103, 1104**

In January, February and May 2012 the external accreditation body CPA (Clinical Pathology Accreditation Ltd), which assesses the quality of service we provide, visited each section of the Pathology Department and undertook a full assessment against the 'Standards for the Medical Laboratory'.

A total of 15 assessors over 8 days looked at every aspect of the service in great detail. They observed testing processes as they occurred, quizzed staff on procedural processes, assessed information we publish, assessed the management of the 22 blood banks we look after and asked some of you what you thought of the service you receive.

The assessors were very complimentary with what they found and took away some ideas for their own laboratories, however, there were two areas which were highlighted as needing some improvement.

Management of community blood fridges was raised as an area for improvement. The assessors visited three randomly selected community hospitals and found a number of deficiencies. Since the assessments, all deficiencies have been addressed and the Haematology and Blood Transfusion Dept is fully accredited.

In May, the andrology service was identified as needing updating and bringing into line with current national standards. The expert andrology assessor has been working closely with us, advising on which actions to take. All suggested actions have been put in place and we are currently awaiting confirmation that the Microbiology department is fully accredited.

The Cellular Pathology and Biochemistry departments had minor issues to address, all of which have been completed, and both these labs are fully accredited.

The assessors were very complimentary with the way we communicate information to you, particularly in the form of this newsletter, "*An excellent newsletter highlights any changes to users and provides updates and items of interest.*"

Thanks to all of you who offered your views on our service to the assessors, again they were most complimentary: "*The department provides a well-regarded diagnostic … service to the North Devon District Hospital, and surrounding primary care users. Feedback from users of the service indicates that they are very happy with the service provided and that it meets their needs and requirements.*"

Withdrawal of emergency pathology supplies stock—NDDH

Following a recent incident it has, unfortunately, been necessary to withdraw the emergency pathology supplies stock located in a chest of drawers, outside the Pathology Dept entrance.

Laboratory staff still top up supplies of sample bottles and request forms at North Devon Hospital on request from the ward or department. Use internal mail, Fax 2328 or phone ext. 2342 from within the N.D.D.H. or 01271 322342 from outside.

Please ensure you keep adequate supplies for weekend and night use.

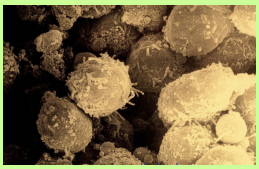
There is no change to distributing supplies to non-NDDH locations.

Cover Photograph

The image under the 'Testing Times' title shows an electron micrograph of 'hairy cell' leukaemia (HCL) showing ruffles & microvilli on the surface of these abnormal B lymphocytes.

HCL is a relatively rare disease. There is only one case for every ten of chronic lymphocytic leukaemia and it affects mainly men, with a median age of 50 years. The male: female ratio is 5:1.These immature and abnormal cells suppress the normal production of white and red cells, thereby increasing the susceptibility to infections, anaemia and fatigue due to a lack of red blood cells, or easy bleeding due to a low platelet count.

HCL is one of several B-lymphoid leukaemias which can be confused with chronic lymphocytic leukaemia and needs to be considered in any differential diagnosis. The main diagnostic test is a bone marrow trephine biopsy, as bone marrow aspirates are difficult to obtain and peripheral blood flow cytometry analysis is not sufficient for diagnosis.



Tea Break Teaser

True of False

1. In patients with HCL there are no enlarged lymph nodes.
2. The main clinical problems result from cytopenias, neutropenia, anaemia and/or thrombocytopenia.
3. With Cladribine and Pentostatin treatments, an important end point is to achieve partial remission.
4. A FBC is of no use in helping to diagnose HCL.

Answers: page 6

Pathology goes on the road

The "Pathology Road show" has now visited 13 GP practices and 5 more are booked. A presentation of practice requesting per GP and per discipline has been presented, together with a sample error rate. According to the headline "GPs to be ranked on lab test use,*" this presentation is very appropriate. *[Click link shown below or type address into your web browser.]*

All the practices show a fairly tight convergence for the blood sciences (Haematology and Biochemistry), but for Microbiology and Histology requests demonstrate some outliers. The requesting patterns are adjusted for size and patient demographic – a "weighting" which is not without criticism but the best available at present.

Common themes have emerged from the post-presentation discussion. In some practices unnecessary and costly CRPs are being requested with monthly DMARD monitoring (CRP is not used to monitor DMARD). Secondly, although practices work around the problem, the collection of samples from practices and the time taken to receive these samples in the laboratory is cause for concern. A recent audit of mean potassium values from local and distant practices revealed a significant difference and this was exacerbated when the weather was particularly cold. The use of a small centrifuge was suggested to give the practices greater flexibility in phlebotomy services and this is to be trialed in one of the more remote practices. Interestingly, while some practices welcomed such technology, others firmly rejected such a suggestion.

A common problem is duplicate test requesting, particularly for recent hospitalised patients whose results are not apparent to the GP. The laboratory is extremely keen to develop an electronic requesting system or "order comms". The hope is that such a system would download patient details directly from the host computers thus avoiding mistakes in patient identification, would show all recent results and requests (from both primary and secondary care), could be rules based on duplicate requesting and linked to "Map of Medicine" type pathways. Unfortunately, this would require capital investment and with the uncertainty of future development, funding has not yet been identified.

Generally the "road shows" have been very positive with interesting and stimulating discussion, and central to our message has been "Can we work in a different way to provide your patients with a more beneficial service? If so we invite your suggestions and ideas. Most surgeries want to see whether changes in practice have improved the service and expect a return visit, so see you next year!

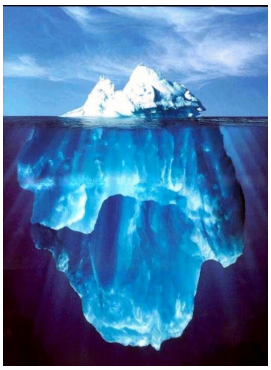
Andrew Lansdell, Principal Clinical Biochemist

Link to article:

http://www.pulsetoday.co.uk/newsarticle-content/-/article_display_list/en7D/13913494/gps-to-be-ranked-on-lab-test-use?p_p_state=pop_up&_article_display_list_INSTANCE_en7D_viewMode=print

From the Hospital Transfusion Team

In response to the Department of Health ruling that "harm from an ABO mismatched transfusion is a never-event" we have recently introduced a "two sample policy" for transfusion. This means that every patient who is to have a red cell transfusion must have a confirmed blood group i.e. the blood group **must** have been tested on two **separate** samples taken at **different times**.



Currently the laboratory receives 12 "wrong blood in tube" cases per quarter. Put another way, this means that 12 samples received in the laboratory were labelled for one patient but when tested were found that to be from a different patient. These are only the ones we are able to identify, who knows how many go undiscovered?

If you are asked to provide an additional sample for a patient, please understand that the reasons behind this request are for the safety of **your** patient.

The Department of Health never event list can be found at:-

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132355

" the laboratory receives 12 "wrong blood in tube" cases per quarter "

Cellular Pathology Turnaround Times

Below is a selection of average figures for the period 1st of December 2011 to 29th February 2012. The times are calendar days and can, therefore, include weekends when the laboratory is closed.

Breast trucut bx 2 days 5hrs
Prostate TRUS bx 4 days 6hrs
Bronchial bx 3 days 13 hrs
Bowel Ca screen 1day 15 hrs
Bowel resections 4 days 20hrs

Diabetes end of year report: 3/10 - Room for improvement

While the number of glucose requests remains almost steady the number of glycated haemoglobin (HbA1c) requests continues to rise rapidly, and this increase in workload, I had hoped would be reflected in better patient management with a decrease in co-morbidities.

So with this in mind the "NHS Atlas of Variation in Healthcare for People with Diabetes,"* makes for interesting reading.
*www.rightcare.nhs.uk

I was surprised to find that the percentage of people in the National Diabetes Audit (NDA) with Type 1 diabetes receiving all nine care processes was a rather miserable 31.9% average in England.

There appears to be no improvement on the previous figures. But looking more closely at the statistics I see that Devon performed better than average, time to celebrate I thought? But no, even the top PCT achieved only 47.9% and the worst only managed a paltry 5.4%.

So are the nine key care processes too difficult to achieve I ask, and find that they consist of a measurement of HbA1c, cholesterol, creatinine, micro-albuminuria, blood pressure and B.M.I, together with a record of smoking status, and an eye and foot examination, all on an annual basis.

" ..two out of three people with Type 1 diabetes have not received the basic standard of care "

So two out of three people with Type 1 diabetes have not received the basic standard of care it would seem. Could this be simply a case of under- or non-recording? Or in order to achieve the 100% target am I to expect a threefold increase in blood and urine request for the key care processes within the next few years?

The figures that have reached the press involve Devon having a significantly higher than average major lower limb amputation, of which approximately half are due to diabetes complications.

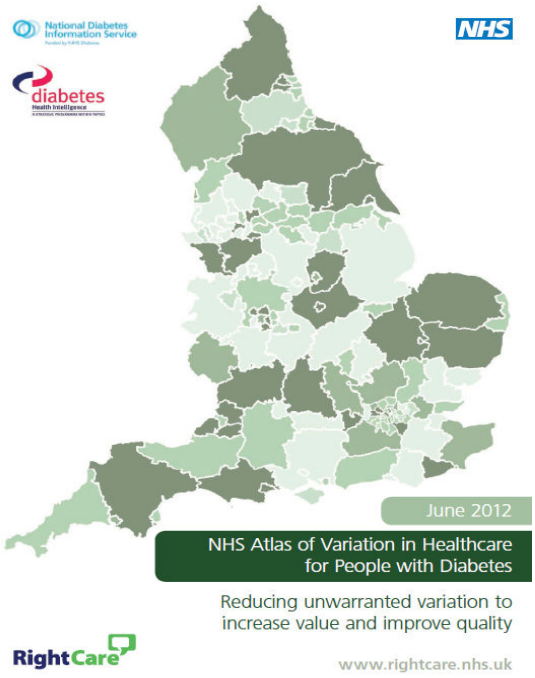
But here the statistics may be misleading, the average percentage of people in England having major lower limb amputations five years prior to the end of the audit period is 0.24% (or 5894 people) which approximates to 39 persons per PCT. The worst PCT would have approximately 80 amputations.

So, an Atlas consisting of 22 maps, 6 case-studies, loads of contributors and all to send the message we must do better.

Is this a good use of NHS funds I wonder, when several of us cannot get capital investment to achieve lower running costs?

Andrew Lansdell

Principal Clinical Biochemist



Specimen Acceptance Policy

Request Forms must be labelled with 3 key identifiers

Specimens must be labelled with 2 key patient identifiers, one of which must be the patient'sfull name, (transfusion specimens & antenatal serology specimens need 3)

Key Identifiers:

Full Name (not preferred names)

Date of birth and

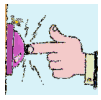
NHS or NDDH hospital number, GUM 'alias' number.

From 1st September 2012

All A/E Specimens must have a North Devon Hospital number—an A/E 'A' or 'E' number alone will not suffice.

Pathology & Radiology requests without a ND hospital will be rejected as agreed with Ms Fionn Bellis, Consultant in Emergency Care.

Ding Dong!



Reminder: the doorbell outside of Pathology is for night time & weekend use only. Please enquire at the open hatch for help between 09:00 and 17:30, Monday to Friday, thank you.

Testing Times—Back Issues

All previous issues of the Testing Times newsletter are available from the Pathology Handbook web pages at:-

http://www.northdevonhealth.nhs.uk/pathology/pathology-users-newsletters/

These are currently seven back issues available.

We aim to provide you with the latest news and information so that you can get the best possible service from us. To help achieve this, the 'Testing Times' is published at least three times a year. If you like the newsletter, why not let us know. Email your thoughts to bruce.seymour@ndevon.swest.nh.uk

Pathology Department

Contact Details

Divisional General Manager – Clinical Support Services

Sharon Bates	*Tel: 3811 (311811)*

Biochemistry Department

Dr John O'Connor, Consultant Clinical Biochemist	*Tel: 01392 402944*
Andrew Lansdell, Principal Clinical Biochemist	*Tel: 2419 (322419)*
Tim Watts, Operational Manager Biochemistry & Haematology Departments	*Tel: 3232 (370232)*
General Biochemistry Laboratory Enquiries	*Tel 2345 (322345)*

Haematology & Blood Transfusion Department

Lead Consultant Haematologist, Dr. Jason Coppell	*Tel: 3198 (349198)*
Sally Williams, Haematology Secretary	*Tel: 3198 (349198)*
Melanie Bowyer/ Cathie Peters, Haematology CNS	*Tel: 3198 (349198)*
Tim Watts, Operational Manager Haematology & Biochemistry Departments	*Tel: 3232 (370232)*
Maggi Webb, Blood Transfusion Manager	*Tel: 2327 (322327)*
Kathleen Wedgeworth I.V. Fluids/ Transfusion CNS	*Tel: 2440 (322440)*
General Haematology Laboratory Enquiries	*Tel 2329 (322329)*
General Transfusion Laboratory Enquiries	*Tel 2327 (322327)*

Microbiology Department

Dr Gail Speirs, Consultant Microbiologist	*Tel: 2798 (322798)*
Dr David Richards, Consultant Microbiologist	*Tel: 2320 (322320)*
Dr Tom Lewis, Consultant Microbiologist	*Tel: 2384 (322384)*
Microbiology Secretary	*Tel: 3199 (349199)*
Colin Parkin, Head Biomedical Scientist	*Tel: 3278 (370278)*
General Microbiology Laboratory Enquiries	*Tel 2347 (322347)*

Cellular Pathology Department

Dr Nicolas Ward, Consultant Histopathologist	*Tel: 3197 (349197)*
Dr Jason Davies, Consultant Histopathologist	*Tel: 3197 (349197)*
Dr Andrew Bull, Consultant Histopathologist	*Tel: 3197 (349197)*
Dr Mary Alexander Consultant Histopathologist	*Tel: 3197 (349197)*
Histopathology Secretary	*Tel: 3197 (349197)*
Lee Luscombe, Head Biomedical Scientist	*Tel: 3754 (311754)*
General Cell. Path. Laboratory Enquiries	*Tel 2340 (322340)*
Mortuary Manager	*Tel: 3754 (311754)*
Bereavement Support Office	*Tel: 2404 (322404)*

Pathology Computer Manager

Julian Bishop	*Tel 2324 (322324)*

Pathology Quality Manager

Bruce Seymour	*Tel 5758 (335758)*

Point of Care Manager

David O'Neill	*Tel : 3114 (349114)*

Pathology Specimen Reception Manager

Ruth Teague	*Tel: 2796 (322796)*

Pathology Supplies/Consumables

Debbie Martinelli & Marcus Milton	*Tel: 2342 (322342)*

N.D.D.H. Switchboard	*Tel 0 (322577)*

Internal telephone extensions are shown above. Numbers in brackets are the direct dial numbers from outside the hospital. Barnstaple area code is 01271.

Laboratory Opening Times

The laboratory is fully staffed from 09:00 to 17:30 Monday to Friday and on Saturday between 09:00 and 12:30 for all departments except:-

Cellular Pathology
Pathology I.T Dept.
Point of Care Testing
} 08:30 to 17:00 Mon-Fri only

Mortuary/Bereavement—08:30 to 16:00 Mon-Fri only

Outside of these times there is an on-call service in operation for Biochemistry, Haematology, Microbiology and the Mortuary departments. Contact the on-call staff via the N.D.D.H. Switchboard on ext. 0 (or 01271 322577 externally) - see below for more details on how to contact the on-call biomedical team.

Getting Advice Out of Hours

CLINICAL ADVICE:-

Biochemistry & Haematology & Microbiology

Clinical Advice from a Pathology Consultant can be obtained outside of normal hours by contacting the N.D.D.H. switchboard—dial 0 from inside the hospital or 01271 322577 and ask for the consultant you require.

GENERAL ADVICE

There are three on-call biomedical scientists (one each for the biochemistry, haematology and microbiology departments) .

The on-call staff request that you do not directly phone the laboratory during on-call periods as they are frequently unable to take calls due to being in other parts of the laboratory, collecting specimens for example.

However, on-call staff can be contacted as follows:

Biochemistry & Haematology: By bleep—ask switchboard to bleep the biomedical staff required.

Microbiology:

Through Switchboard only.

And finally…..

Ambrose Draith sends this round-up of opinions on the plan to make cuts to the NHS.

A British Medical Association's survey shows:

The Gastroenterologists had a sort of a gut feeling about it, but the neurologists thought the government has a lot of nerve. The Obstetricians felt they were all labouring under a misconception. The Allergists voted to scratch it but the Dermatologists advised not to make any rash moves. Ophthalmologists considered the ideas short-sighted while Pathologists yelled, "Over my dead body!" and the Paediatricians said, "Grow up!" The Psychiatrists thought the whole plan was madness, while the Radiologists could see right through it. Surgeons are cut up about it all and have decided to wash their hands of the whole thing. The ENT specialists didn't swallow it and just wouldn't hear of it. The Pharmacologists thought it was a bitter pill to swallow, and the Plastic Surgeons said it puts a whole new face on the matter. The Podiatrists thought it a step forward, but the Urologists are p****d off with the whole idea. The Anaesthetists thought it a gas, but the Cardiologists didn't have the heart to say no.

We hope that you have found this newsletter interesting and helpful. If you would like to see information on a specific topic in the next newsletter, please contact the Pathology Quality Manager, Bruce Seymour on ext. 5758 (or 01271 335758), email bruce.seymour@ndevon.swest.nhs.uk with any requests.

Answers: 1—FALSE: *Approximately 9% of patients have abdominal lymphadenopathy at presentation.* ***2– TRUE. 3-FALSE:*** *With these treatments, full remission is the end goal.* ***4-FALSE:*** *Laboratory evaluation should begin with an FBC, which typically reveals pancytopenia. FBC is inadequate to establish the presence of HCL definitively.*