



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

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For non-urgent clinical enquiries please use our NHS email Clinical Advice Service which covers all pathology disciplines.

Whilst we are more than happy to take phone calls from our medical colleagues we would like to encourage greater use of this service to improve ease of access to pathology clinical advice, should we be unavailable to speak with you directly at the time you call.

Urgent Pathology Tests - New Telephone Number for NDDH Wards

The telephone number that you use to contact Pathology to arrange a porter to collect URGENT specimens has recently changed from ext. 2326 - this number no longer exists.

The new number to dial for urgent Pathology tests is ext. 5767

Testing Times



Newsletter for Pathology Service Users

GP Patients Anticoagulant Service - Summary of the recent process changes

From mid July 2013, changes were implemented to the way anticoagulant services were managed. The following summarises the changes which are now in effect.

Request Forms & Yellow Books

All samples for INR testing should be accompanied by a PATHOLOGY REQUEST FORM as well as the patient's yellow anticoagulant book when available.

Pathology Responsibilities

The Pathology Dept now only has responsibility for producing INR results.

Anticoagulant Queries

All anticoagulant queries should be addressed to the

pharmacy team on 01271 370208, extension 3208, between the hours of 1pm and 5.30pm. Outside of these times there is an answer machine service on this number.

Please ensure your INR patients and your staff are aware of the new telephone number for any anti-

pleted referral form MUST be sent to the pharmacy. This can accompany the



patient's sample. It must include the details of any warfarin doses already taken or advised and a contact number for the patient.

Atrial Fibrillation Patients

Patients starting on warfarin for atrial fibrillation can be initiated in the GP surgery using the Devon wide 2mg loading regime.



-coagulant queries. **Referral Form**

Before any patients can be dosed by the anticoagulant pharmacists a com-

NDHT Staff Users Survey: We asked and you answered

As part of our commitment to continually improve the Pathology Service so that it meets the needs and requirements of its users, we issued a four page questionnaire to staff & consultants, on all NDDH wards, departments, clinics and northern locality community hospitals to assess the current level of satisfaction.

From 317 questionnaires, 63 responses were received which included a wide range of additional comments,

suggestions for improvement, praise and a few gripes.



Senior laboratory managers are currently assessing the responses and developing an action plan to address the suggestions. Areas we

are considering for improvement are telephone enquires, 'add-on' requesting of tests, reporting of paper pathology results and training for paediatric staff on collecting & handling small specimens.

Once the action plan has been finalised we will report the findings of the survey along with how we aim to improve the service. This information will be published on BOB and by way of a Staff Express or Chief Exec bulletin.

Centrifuge Implementation in GP Practices

By the time you read this we should have installed centrifuges in around 18 of our GP practices.

These small, easy to use machines have been greatly welcomed as a means of improving the service to patients and practice staff alike by facilitating the taking and preservation of blood specimens without being hampered by the courier pick-up times.

For more information on how a centrifuge can help your practice, please contact Tim Watts at :

timothywatts@nhs.net

How and why does a centrifuge improve blood specimen preservation and the patient experience?

The problem with blood is that as soon as it is out of the body changes occur to some of its constituents (analytes) that can prevent us getting an accurate picture of the patient's condition. A very good example of this is the analyte potassium which is an important element and present in both red blood cells and plasma.

The level of potassium is much higher in red cells than in plasma but as the sample ages it begins to leak out of the red cells

thus making the plasma level (i.e. what we measure) artificially high.

What is required is separation of red cells from plasma so that any potassium leakage doesn't affect the measured level. Centrifugation achieves just this by forcing the gel in the gold topped blood bottles to form an impervious layer between cells and plasma.

Once a sample has been centrifuged it can be refrigerated overnight and picked up the next day with an accurate result assured.

This has a positive effect on GP phlebotomy sessions as there is no need for patients to have their blood taken before the courier arrives to take specimens to the lab. Phlebotomy sessions could therefore, be extended to later in the afternoons.

NOTE Only gold top tubes should be spun.



EBA 270 desktop centrifuge

Pathology modernisation project

Since the original Carter report and subsequent review of Pathology services in the NHS, there have been several attempts to consolidate services regionally in the SW.

The South West Peninsula Pathology Partnership has undergone two attempts to consolidate services which have not succeeded. Similarly, exploration of local alliances between neighbouring

services have also been unsuccessful.

Therefore, Northern Devon NHS Trust are preparing to go out to the market via a competitive dialogue process to seek expressions of interest and review what options are open to the Trust/Commissioners to provide a sustainable and equally high quality service that meets the

needs of the patients of North Devon.

The intention is to ensure both primary and secondary care services are fully involved with a steering board that comprises representation from both areas. The NEW Devon CCG are working closely with us to work through specifications and requirements for respondents to meet and or exceed.

As the final service design is unknown at this stage, the dialogue process provides the opportunity to develop the service we feel meets our needs which when agreed, will be tendered to the appropriate final bidders. The process is likely to take approximately 12-14 months.

*Neil Schofield,
Head of Commercial & Business
Development*

Cytology Specimens - White is Right!



Container for
CYTOLOGY
specimens (with
yellow form)

We frequently receive specimens for urine cytology investigations in the wrong specimen container. Fluids for cytology should be collected in a **white topped, sterile universal container**, NOT a red top universal container which contains the preservative, boric acid. Cytology investigation involves collecting the cells from the fluid and looking at them through a microscope to diagnose or exclude disease such as inflammation and malignancy.

Boric acid destroys cell structure, rendering this analysis worthless.

Red topped universal containers are for routine microbiological urine culture only.

Summary for Cytology:

- White topped universal container
- Yellow NDDH Cytology request form
- If delayed transport to the lab—please store specimens in the fridge

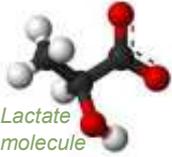


Container for
MICROBIOLOGY
urine specimens
(with blue form)

Biochemistry Updates

Lactates

Lactate levels can now be determined using a blood gas sample on the ABL90 Flex blood gas analyser in Biochemistry. As with all blood gas samples, they should be sent immediately to Biochemistry with a request form detailing appropriate clinical information and where/whom to phone/bleep results.



The current method for lactate estimation (collection of blood or CSF sample in a grey topped fluoride tube sent immediately to Biochemistry for analysis) will continue to be available but will be reviewed towards the end of the year. Please note that CSF lactates cannot be

analysed on the blood gas analyser and must be sent in a grey topped tube.

Tobramycins

From June 2013, Biochemistry are now referring tobramycin requests to the Exeter lab for analysis.

Please could you use the green clinical chemistry & haematology request forms to request this test and include any relevant dose information/times. (There is no change to sample requirements.)

Although requests are being sent by Biochemistry, any clinical advice required should be obtained from a consultant microbiologist - as with gentamicins and vancomycins.

Add-on Requests

A recent audit showed the number of add-on requests

received during one month was 512. 194 were phoned through (urgent add-ons) and 318 were received via add-on request forms.

Extras!

Add-on tests are time-consuming within the department and if the 318 requests received in a paper format were received by telephone the system would become unmanageable.

Thank you for your cooperation in this matter.

Helen Melville
Senior BMS Biochemistry

Editorial Note:
Add on requesting was highlighted as an issue in the recent users survey. We are currently reviewing this process.

Improvements to the Glycated Hb A1c (GHB) Assay at NDDH

Following recent problems with our ageing analyser and subsequent delays in reporting this test, we are pleased to say that we have now installed a second analyser in order to give us a back-up in the event of failure and to ensure that we can now have a more robust method of reporting this important analyte within 24 hours of specimen receipt.

Average turnaround time for this test during July 2013 (from receipt in the lab to result available on the computer system) was:-

4 hours 15 minutes

Hello & Goodbye

After over 40 years service in NHS Pathology Labs, most of those in Barnstaple, we announce the forthcoming retirement of Julian Bishop, Pathology Application Manager. Julian retires at the end of January 2014.

Pathology I.T will be managed by Rob Stradling who is currently working with Julian and learning the job.

Pathology I.T: 01271 322324
ndht.pathit@nhs.net

Two sample rule - Essential for Transfusion Safety. (From the Hospital Transfusion Team)

With patient safety in mind, we would like to remind you of the "two sample rule" 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 17 "wrong blood in tube" cases per quarter. Put another way, this means that 17 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.

Cover Photograph

The image next to the 'Testing Times' title shows a urine specimen from a patient with acute intermittent porphyria (AIP) before (left) and after 24 hours of exposure to light and air. After exposure the urine becomes a dark purple colour due to the conversion of porphobilinogen (PBG) to porphobilin.

AIP is an inherited condition where acute attacks of porphyria, although uncommon, are often difficult to diagnose. About 1 in 75,000 people suffer from them. Acute attacks almost always start with severe abdo pain. Nausea, vomiting and constipation are common. Convulsions and muscular weakness, which may lead to paralysis, are less common symptoms.

Acute attacks are often provoked by drugs, alcohol or hormonal changes, for example, those associated with the menstrual cycle. The most common age for an acute attack is from the late teens to the mid-thirties.

Most people who have one or very few acute attacks make a full recovery and lead a normal life with a few simple precautions.

Tea Break Teaser

True or False

1. At least three-quarters of people who inherit an acute porphyria will never experience an acute attack.
2. There are no advantages of early diagnosis as treatment is the same whenever it is diagnosed.
3. People who have experienced an acute attack greatly reduce the risk of further attacks if they become teetotal for life.
4. The skin is nearly always affected with blisters in acute intermittent porphyria.

Answers: page 4



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 & } Tel: 3232 (370232)
Haematology Departments }
General Biochemistry Laboratory Enquiries Tel 2345 (322345)

Haematology & Blood Transfusion Department

Lead Consultant Haematologist, Dr. Malcolm Hamilton Tel: 3198 (349198)
Sally Williams, Haematology Secretary Tel: 3198 (349198)
Melanie Bonnyer/ Cathie Peters, Haematology CNS Tel: 3198 (349198)
Tim Watts, Operational Manager } Tel: 3232 (370232)
Haematology & Biochemistry Departments }
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 Managers

Julian Bishop & Rob Stradling 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.

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. } 08:30 to 17:00 Mon-Fri only
Point of Care Testing }
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.....



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@nhs.net with any requests.

Answers: 1—True: However in those who do become ill, it appears that additional factors are usually required for an attack to occur. **2—False:** There are two main advantages. 1. Advice about how to reduce the risk of an acute attack can be given. 2. If an acute attack does develop, an early diagnosis will help facilitate prompt treatment. **3—True:** Many doctors experienced in the care of those with acute porphyria recommend absolute avoidance of alcohol. **4—FALSE:** The skin is never affected in AIP. Skin problems occur in 10-20% of adults who have inherited the gene for variegate porphyria.