



## GP Newsletter - Edition 1 December 2019

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Welcome to the first edition of our North West London Pathology GP newsletter and I hope you will find it useful. Let me begin by introducing myself, I am the GP engagement manager for North West London Pathology and I may have had the opportunity to meet some of you in person at practice manager forum or GP locality meetings. My role is to engage with the CCG's and with practices to ensure you are kept informed of any service updates such as test updates or introduction new tests as well resolving any issues and concerns you may have.

North West London Pathology is currently undertaking a huge transformation programme and we recognise the importance of providing regular updates to users of our services. In this edition we will provide an update on what has been achieved to date and our future plans for the transformation programme. We service five CCGs across West London; Central and West London, Hammersmith and Fulham, Hillingdon and Ealing, and will provide regular updates throughout our programme on changes that may affect your practice. These updates are shared with the clinical leads and programme manager for the CCG and any changes/updates are communicated via the communications teams through the weekly bulletins - keep an eye out for these and share with your practice staff. We also attend the practice manager's forums or the GP locality meetings to allow for you to ask questions directly.

I am happy to come along and meet any of you and your teams at your GP practices to understand your pathology need and would welcome your feedback on its contents and any ideas on what you would like to see in the next edition.

Please contact me on [rupinder.gill2@nhs.net](mailto:rupinder.gill2@nhs.net)

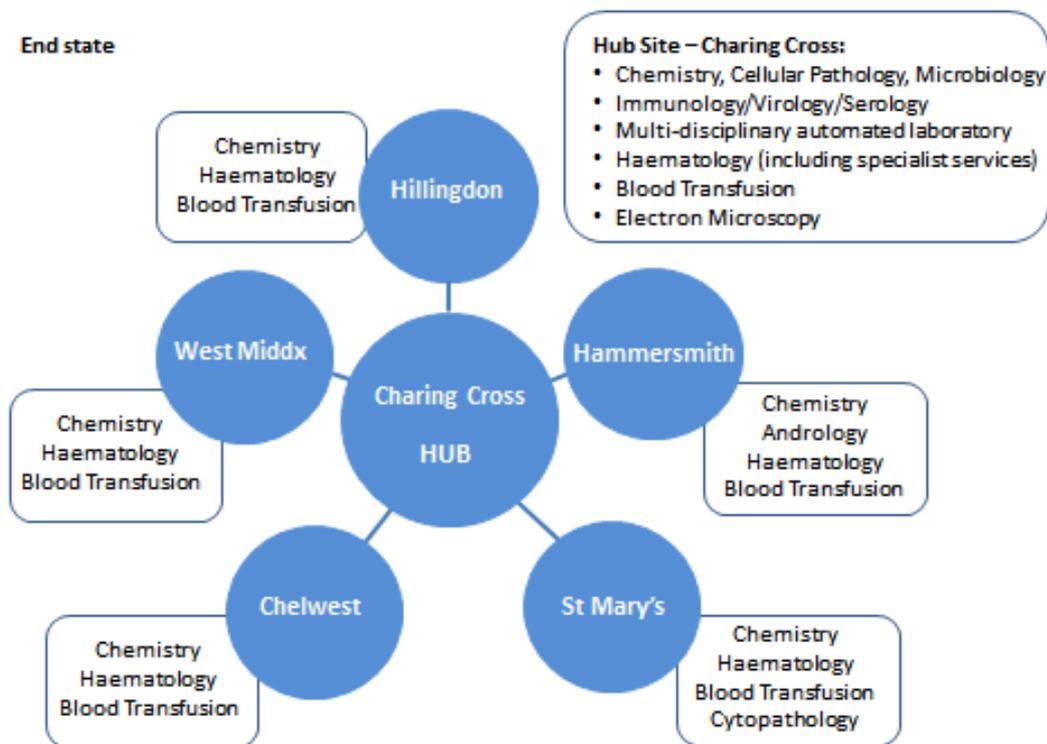
**Wishing you all a wonderful festival holiday and a very Happy  
New Year!**

## North West London Pathology - Who we are?

We are a partnership between Imperial College Healthcare NHS Trust, Chelsea and Westminster NHS Foundation Trust and The Hillingdon Hospitals NHS Foundation Trust and have come together to develop a new model for delivering pathology services.

North West London Pathology is based on a 'hub and spoke' structure; the majority of routine, specialist and non-urgent activity will be centred at Charing Cross Hospital (hub). Urgent tests required for immediate patient management and treatment will be performed in 24/7 essential service laboratories based on-site in the other hospitals in the group (spokes).

Our "End state" will be configured as shown below:



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## Transition Update

The transformation programme details the timescales for the changes taking place at each of the hospital sites to establish the "Hub and Spoke Model". Extensive planning began and was finalised in June 2018 with expected completion by Autumn 2020. A dedicated programme management structure and team, with leads for all the different workstreams, is in place to complete the transformation.

The progress made to date that has impacted the services provided to GP's is as follows:

#### December 2018

- successfully changed blood collection devices for The Hillingdon Hospitals trust and GP's (Hillingdon and Ealing).
- installation of a new Alifax automated platform for ESR (erythrocyte sedimentation rate).
- move of Microbiology testing from Hillingdon Hospital to Charing Cross Hospital.

#### February 2019

- completion of phase one of the new Cellular Pathology laboratory on the 3<sup>rd</sup> floor at Charing Cross hospital.
- opening of the interim Clinical biochemistry laboratory (ground floor) at Charing Cross.

#### Changes for 2019/2020

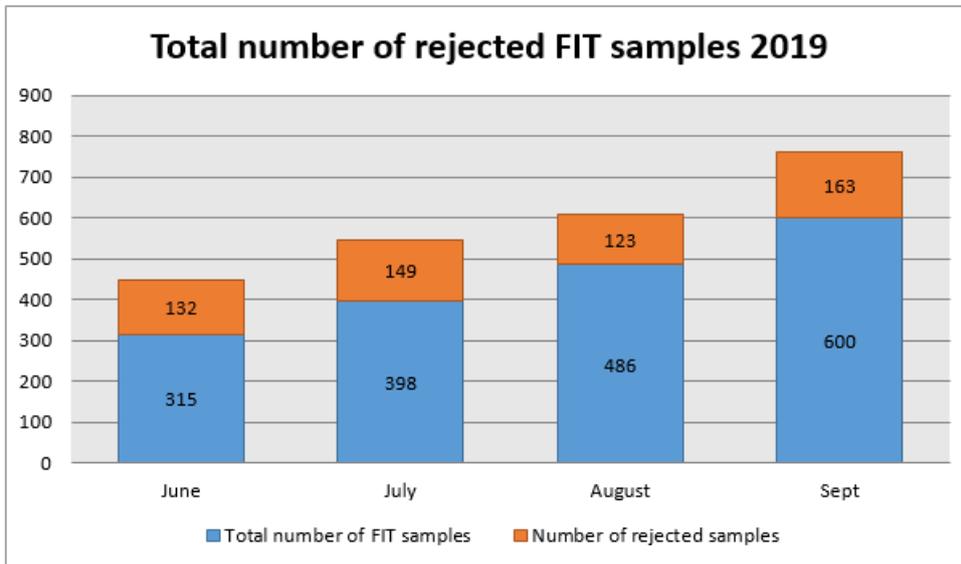
- On 4 November pathology transport provider changed for our Ealing GP practices from the Hillingdon hospital trust to DHL to align with our other sites. The new contract with DHL will introduce temperature monitoring of the samples collected from GP practices as extremely cold and hot temperatures may affect some tests.
- Creation of a multi-disciplinary automated laboratory (MDAL) that will be ready to open early next year on 1<sup>st</sup> floor of Charing Cross hospital
- In 2020 work will begin on the redesign of central specimen reception at Charing Cross hospital which will include the introduction paperless requests.
- The Hillingdon Hospitals will have both Laboratory Information Management System and equipment changes during 2020. This will impact on GP practices as we would require practices that have EMIS and SystemOne systems to support NWLP with the testing of the new IT system. We will be contacting you nearer the time with more details on the upcoming changes. In the interim if you are interested in helping with the testing please get in touch with us.

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## Service updates

### Faecal Immunochemical Test (qFIT)

Since offering qFIT to all GP's from this summer, the number of rejected samples are being monitored as we are receiving a high number of samples in the wrong container. qFIT requires a special collection bottle which is essential for qFIT analysis.



To help prevent the rejection of FIT requests please ensure:

- patients are handed the correct kit, blue lid stool pots will be rejected.
- qFIT sample are collected in OC-FIT sample tubes as below:



**OC FIT container**



**Blue -lid stool container**

**Useful links:**

<https://www.nice.org.uk/guidance/dg30>  
<https://www.nice.org.uk/Guidance/NG12>

## Introduction of new containers for urine microscopy

In May 2019 we introduced boric acid containers for urine microscopy. The use of boric acid helps to main the quality of urine samples, preventing cell degradation and overgrowth of organisms during transport to the laboratory.

The boric acid in these containers will interfere with urine dipstick testing. Therefore, the following guidance should be followed:

- The sample collected in the cup, supplied part of the collection kit, should be used for the dipstick testing.
- Following the dipstick testing the urine should be decanted into the boric acid tube and sent to the laboratory.
- If the sample is being collected by the patient at home, the plain white capped tubes can be used instead.
- The white capped containers should be used for other tests such as Legionella, Pneumococcal antigen, urine pregnancy (HCG) tests and other biochemistry urine tests.



**Red capped containers**



**White capped containers**

## Introduction of NT-pro-BNP

In October we changed our B-type natriuretic peptide (BNP) to amino-terminal pro-B-type natriuretic peptide (NT-proBNP) for our Tri-borough GP's.

This change has been included in the review of the NWL pathways and more information is located via:

[https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwondon/files/documents/heart\\_failure.pdf](https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwondon/files/documents/heart_failure.pdf)

NT-proBNP has now been made available to both Ealing and Hillingdon CCGs as of Monday 9<sup>th</sup> December 2019.

Please note that the NT-proBNP can be measured in serum (yellow top) so a separate sample is not required in addition to routine U&E requests.

## Sample handling - Good practice reminder

### Collection details

- ✓ Sample should be taken as near to your courier collection time as possible to ensure sample is received on the same day in our laboratory and protect sample integrity.
- ✓ Correct collection date and time of the sample should be on the request form **AND** the sample container.

### Patient details

Ensure both the request form **AND** the sample containers are labelled with the actual collection date and time. This should be updated if the request date is provided on the ICE request form.

The following should be clearly visible on the request form **AND** the sample and container:

- Patient's first name **AND** surname
- Date of birth
- NHS number

If **ALL** of this information is not provided, the sample will be rejected.

### Storage samples

- ✓ **Microbiology samples** – urine, faeces, swabs and sputum may be stored in the fridge.
- ✓ **Blood samples**—must only be stored at room temperature.
- ✗ **Blood samples**—do **NOT** put them in the fridge.

## Blood test service

If you do not offer sample collection at your practice we do offer a walk-in phlebotomy services for GP patients at the following sites:

Site	Type	Days	Timings
Charing Cross Hospital	adult	Monday - Friday	08.00 - 18.45
Hammersmith Hospital	adult	Monday - Friday	08.00 - 18.45
St Mary's Hospital	children only	Monday and Wednesday	09.00 - 11.00
Hillingdon Hospital	adult	Monday - Friday	07.00 - 16.00
Mount Vernon Hospital	adult only	Monday - Friday	07.00 - 16.00

St Mary's hospital **do not accept adult GP patients**, please ensure you do not send your patients to this hospital.

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## Clinical updates

### 10 most practical and useful tips for primary care



Written by: Dr Luke Moore (Consultant Microbiology & Infectious Diseases, North West London Pathology and Chelsea & Westminster NHS Foundation Trust)

- 1. Urine dipstick results for nitrates and/or leucocytes have a sub-optimal sensitivity and specificity.** Send midstream urine for culture and susceptibility for all pregnant women, men, infants, and children with symptoms and signs suggestive of urinary tract infection. (NICE children **UTI guideline**: <https://www.nice.org.uk/guidance/cg54>, Adult UTI guideline: <https://www.nice.org.uk/guidance/ng109>)
- 2. Urine samples from which we grow a single organism of >100,000 cfu/ml have susceptibility testing undertaken.** A limited number of these susceptibilities are released on the report, in line with first line therapy in the NICE guidelines (<https://www.nice.org.uk/guidance/ng109/chapter/recommendations#choice-of-antibiotic>). However if your patient is intolerant or allergic to antimicrobials, do call to discuss the case and access further susceptibilities for that organism.

3. **Where patients have recurrent thrush (either vulvo-vaginal or oro-pharyngeal thrush) send a swab and label it “recurrent thrush”.** The laboratory team will then speciate the *Candida*, and undertake susceptibility testing for antifungals. Those *Candida* species resistant to fluconazole may well be susceptible to other agents such as itraconazole, or where pan-azole resistant dequalinium may be of use.
4. **When testing for sexually transmitted infections, be very clear what sample you are sending and what the limitations of that swab type** are (for example high vaginal swabs or molecular swabs, and whether self-collected or collected by a healthcare professional. Ensure your practice policy is in line with the Department of Health Framework for sexual health improvement in England (<https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england>). A useful algorithm for testing can be found on page 11 of the national standard operating procedure (<https://www.gov.uk/government/publications/smi-s-6-sexually-transmitted-infections>).
5. **Patients presenting with cellulitis un-responsive to flucloxacillin should have a wound swab sent** if there are skin breaks/pus, but where the skin is cellulitic but intact, wound swabs are not helpful. Instead send an MRSA screen, as the patient’s colonising *Staphylococcus aureus* may be playing a role and a patient with MRSA and cellulitis will need alternative antimicrobials guided by susceptibility testing.
6. **Patients who have recurrent skin and soft tissue infections (boils, cellulitis) should have a nose swab sent** to determine colonisation with Panton-Valentine Leukocidin (PVL) producing *Staphylococcus aureus*. Send a nose swab and label it “PVL *S. aureus*”.
7. **Ear swabs for otitis externa are set up to determine the presence of bacteria (predominantly *S. aureus*, beta-haemolytic Streptococci, and *Pseudomonas spp.*) and some *Aspergillus spp.* (mainly *A. niger*).** If a patient has a difficult to treat otitis externa and there is a concern about a fungal infection (non-response to topical antibacterials etc.) then send a dedicated swab for “fungal culture” and this will get a prolonged culture at a variety of temperatures suitable for growing fungi.
8. **Where onychomycosis is being considered, nail clippings can be useful to differential a fungal cause from other conditions such as psoriasis.** Interpreting the result can be difficult however, particularly when yeasts (*Candida spp.*) are grown as these can be both pathogens or (more frequently) commensal. If there are fungal elements seen on direct microscopy, then this is fairly predictive of onychomycosis. If there are no fungal elements seen on direct microscopy, but in the subsequent prolonged culture a fungus is grown, it may be less clear whether this is a pathogen or a commensal. Speciation of the fungus allows prediction of which antifungal agents are likely to be effective.
9. **Throat swabs for patients with pharyngitis are useful, particularly where there is recurrence after conservative management, or after first line antimicrobial therapy has failed.** Group A *Streptococcus*, Group C/G *Streptococcus*, *S. aureus*, and some anaerobes (*Fusobacterium necrophorum* etc.) may be pathogenic. Where patients are allergic to penicillin, there is growing resistance to macrolides and lincosomides, so susceptibility testing can help direct whether agents in these classes can be used, or whether a tetracycline may be used.
10. If there is a need for **further discussion with an infection specialist, there is a mobile phone (07827904038) held by a North West London Pathology Consultant Microbiologist Monday-**

**Friday 9am-5pm for advice on patients** for whom samples have been sent to our centralised laboratory (hosted at Charing Cross Hospital).

## **Pathology GP education event update**

We held our last pathology GP educational event for the year at Charing Cross hospital on Thursday 21 November 2019. The event was well attended by GP's from around London with presentations from our clinical teams on:

1. Female Infertility and the Role of the Laboratory
2. Parathyroid Hormone (PTH)
3. Rise Carbapenemase Producing Enterobacteriaceae (CPE)

The slides are available on our website: <http://pathology.imperial.nhs.uk/> under latest news section.

We will be holding another two events next year with the first one being held in March 2020, more information will follow in the New Year.

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