

New website launch

The Pathology Department at Peterborough City Hospital is proud to announce the launch of its new website!

The website includes information on a number of areas of the Pathology service including Pathology requesting, specimen collection and transport, and details of the tests available.

The website can be here or at the following web address:

<http://www.pch-pathlab.com>

We are hoping that our service users will find the website a useful source of information, and as such, we would welcome any feedback. Please contact us on peh-tr.chemimm@nhs.net if you have any suggestions.



PATHOLOGY

Newsletter

1st Edition 2013

<http://www.pch-pathlab.com>

Diagnostics Services Manager - Imaging & Pathology

Randle Milne, (previously Diagnostic Imaging Services Manager), took over the new role of Diagnostic Services Manager with effect from 1st October 2012. Randle oversees the development of Pathology and Diagnostic Imaging both internally, and on a more strategic level with our commissioners and other provider organisations.



Randle has been in his post for 17 years and has a wealth of experience and leadership skills that will help Pathology to continue in its development after what has been a difficult, challenging and rewarding year for the Department during the recent East of England tendering programme. Randle will continue to have a similar role within Diagnostic Imaging, overseeing the national replacement programme for the Picture Archiving Computer System, PACS, and Any Qualified Provider for diagnostic services, AQP, so that both clinical areas can move forwards in tandem.

The very tough financial climate, affecting all organisations, will create many healthcare challenges for Diagnostic Services to face going forward, to ensure they offer local, high quality, appropriate and value for money services, as well as appropriately managing the rising clinical demand for all diagnostics.

Randle said: "I'm very proud to be a part of the very skilled, experienced and committed teams throughout the Diagnostic Services in Pathology and Diagnostic Imaging. I have no doubt of the very high quality services that they will continue to provide."

New Associate Clinical Director for Pathology Service

Consultant histopathologist Dr Elizabeth Astall has worked for the Trust since 2003. During this time she has been Lead Clinician for Pathology Services, Head of Histopathology, and Head of the Pathology School for the Eastern Deanery.



Elizabeth has recently taken up the post of Associate Clinical Director for Pathology Services as well as her role of head of cytology services.

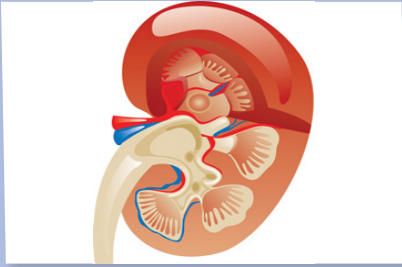
Elizabeth said: "My aim is to provide clinical leadership to pathology service development

and to build on relationships between users of the service and our pathology team. There are many opportunities ahead and by working together I believe that we can provide the best service for our patients. Pathology can be central to the transition from the primary to secondary care and it is my intention that by providing further guidance/reflex testing in conjunction with a pathology result we can streamline services for patients, reduce duplication of effort for both general practitioners and secondary care providers and add 'value' to the test result.

Pathology is in a significant state of flux at the moment with rationalisation of services onto fewer sites which entails some changes to who actually provides the service; this is an evolving process and is been replicated across other regions, for instance across the borders into the East and West Midlands.

Given the above changes our team aims to maintain a focus on providing a safe and high quality service during any transitional arrangements that may affect your practice; this is a two way process and any constructive feedback is appreciated."

Detection of acute kidney injury



Acute kidney injury (AKI) is a common condition which can be presented in primary care, as acute admission to hospital or develop during a hospital admission.

Most often AKI presents as part of an acute illness or secondary to medications, typically in frail and elderly patients with complex co-morbidity. Only about 10% of cases are due to a primary renal problem.

In line with national guidance (RCPE UK Consensus Conference on AKI, Nov 2012) Peterborough City Hospital, Clinical Biochemistry, is introducing an automated E-alert across primary and secondary care, which will include the AKI stage.

Reports for creatinine will look like this:

Creatinine	(H) 400 µmol/L	(50-120)
AKI staging	3	
eGFR	(L) 14 ml/min	

Possible AKI – Assess clinically & review medications.

For guidance on management of AKI in primary care please see the Trust's GP extranet.

What change is significant?

For the last two years, the Clinical Biochemistry department has used 'reference change values' to determine significant changes in individual results. The significance of a change is calculated based on published data of how much the test result varies within individuals on a day to day basis, and also how much the results produced by the laboratory varies on a day-to-day basis. We have used this for tests such as HbA1c (where it has been useful in identifying patients whose diabetes control has significantly improved or deteriorated) and sodium.

If you feel it would be useful to be alerted to significant changes in particular tests, please contact the laboratory (peh-tr.chemimm@nhs.net).

HPV Testing goes live in (Cytology)



The NHS Cervical Screening Program was introduced to reduce the incidence of cervical cancer. It is now a well known fact that cervical cancer is caused by the Human Papilloma Virus (HPV) infecting cervical cells via minor trauma or during

As part of the new guidelines we have been given the go ahead to implement HR HPV triage and will be carrying out this test from the 6th August 2012

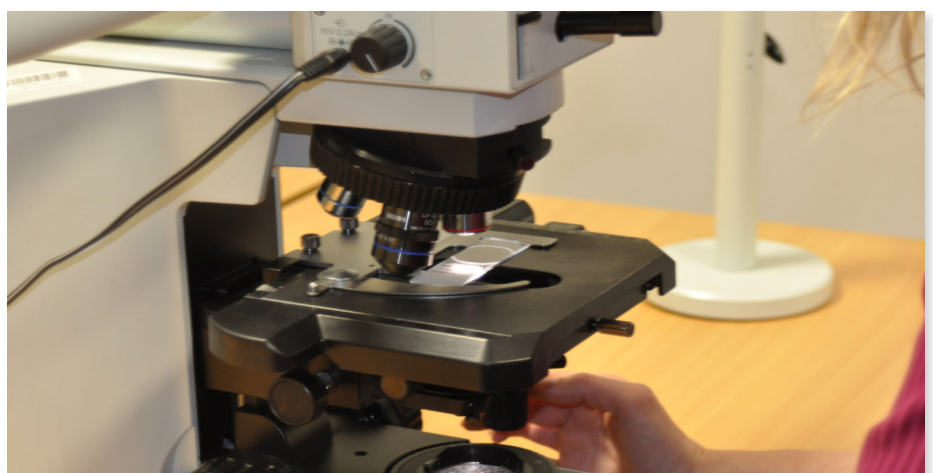
Not all patients will receive a HPV test in fact patients with a negative sample or a high grade abnormality (Moderate, Severe or Glandular) will notice no change in their initial treatment. Due to the introduction of the HR HPV triage the management of patients with a low grade (Borderline or Mild Dyskaryosis) abnormality will however be changing.

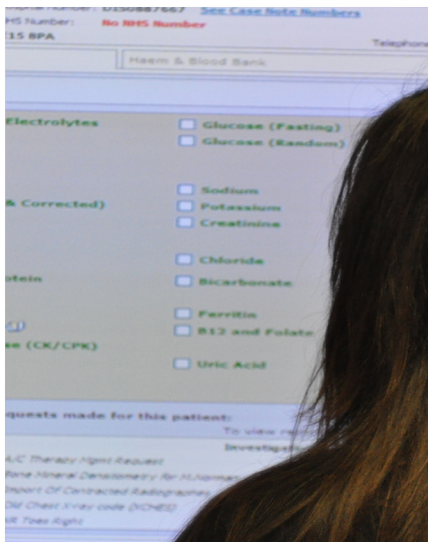
Initially HR HPV implementation will be for new cases of low grade atypia and Test of cure (TOC) will be carried out for any new patient post treatment for cervical intra-epithelial neoplasia (CIN). In 2013 TOC will be extended to all patients that are on early recall following treatment. This is all documented in the information packs (HPV triage and test of cure) which has been sent out staff who perform smear tests, and has also been discussed at the HPV testing in primary care training session.

New reporting codes in Cytology what do they mean?

As you will probably already have started to notice there have been some changes to the written Cytology report. In line with new national guidelines the national code and HPV status will be present on the report as will the action code. Due to the implementation of the High Risk HPV (HR HPV) testing you will notice the presence of new national codes (G,B,M,N and E) these identify abnormality, You will also notice numerical values (9, 0 & U) to identify HPV status. The action codes have remained the same (A, S, R & H).

The new national guidelines (ABC revision 3) has us moving away from the current reporting system towards the Bethesda system so you may have already seen that the wording of the reports has also been altered to reflect this. We feel that the wording of the reports is self explanatory but if you have any queries regarding the new changes please do not hesitate to contact us. You can e-mail our cytology department at peh-tr.cytology@nhs.net





Electronic requesting for all

Electronic requesting via Sunquest ICE is now available for all GP surgeries served by the pathology service based at Peterborough City Hospital.

Electronic requesting and reporting greatly improves the turnaround times for the Pathology service and improves data quality, as such it's use is actively encouraged. Currently, >90% of requests to the laboratory are electronic, and we hope to make that higher.

If you have any queries regarding electronic requesting please contact the laboratory (peh-tr.chemimm@nhs.net) or

visit our website

(<http://www.pch-pathlab.com/>).



connect



COMING SOON



[FACEBOOK.COM/NHSPETERBOROUGHPATHOLOGY](https://www.facebook.com/NHSPETERBOROUGHPATHOLOGY)

Mandatory training

With the implementation of HR HPV testing it is more important than ever that you attend an update course.

These courses form part of the mandatory update for staff who perform cervical smear tests.

The implementation of HR HPV testing means that the management of some patients will be changing and in order for you to be able to offer correct information and support to your patients these update courses lead by Cytology clinical staff offers the opportunity to clarify the changes, ask questions and to top it all off lunch is provided.

For more information on upcoming training/ update sessions please contact

Jackie Blatchford on 01733 466634 or

Mary Hirschfeld on 01733 678173

Cytology visits

If you are reading this it is highly likely that the samples you take are sent to Peterborough Cytology Department which is located on the fourth floor of Peterborough City Hospital.

The department is made up of a wide range of staff including Assistant Technical Officers, admin staff, Biomedical scientists, Cytoscreeners and Pathologists.

Although the bulk of our work is the cervical screening program we also carry out diagnostic Cytology on fluids and urine samples.

If you would like to see the department or to look down a microscope at some slides please contact Julia Rogers on 01733 678175



Non-NHS Pathology Tests A Reminder

A number of Pathology tests that we are asked to perform, sit outside of NHS funding and as such will attract a charge.

Pre-employment screening (including tests for lead levels), emigration testing and tests for overseas visitors are probably the majority...but there will be others.

On the request paperwork these should be indicated as 'Private' (not NHS) - Failure to place the request correctly may result in delays to testing whilst we check with the requester that an invoice is expected and will be paid.

The invoice will usually be sent to the patient, unless otherwise instructed by the requesting clinician, so patients should be advised to expect an Invoice and given some idea of the cost.

As a simple rule, if it's not associated with the diagnostic process or follow up after treatment, it may well attract a charge. It is always worth checking with the laboratory first to ensure that you have the correct information and prices.

Contact details for further information:-

Pathology Admin Office - 01733 678436 (Heidi Setchfield – Laboratory Administrator)