



Newsletter Questionnaire – Your findings

Clyde Sector

With the publication of the 3rd edition of the Primary Care Newsletter we asked for some feedback on its usefulness and relevance.

We had a 40% response rate and the results are summarised below:

- The main staff groups that utilise the newsletter are GPs, practice nurses and practice managers.
 - 83%** found the newsletter relevant and **94%** found it easy to read.
 - All respondents found the newsletter a useful way of communicating.
 - 69%** of respondents found a hard copy useful in addition to the electronic copy.
 - User suggestions included: information on turnaround times, reasons for sample rejection; guidance on avoiding over-investigation and a “hot topic” section.
- We hope to address these in future editions.

Thank-you to all respondents for providing this feedback as this helps us evidence the usefulness of the newsletter and guides us as to future content.

Increased numbers of Clostridium difficile cases in NHSGGC

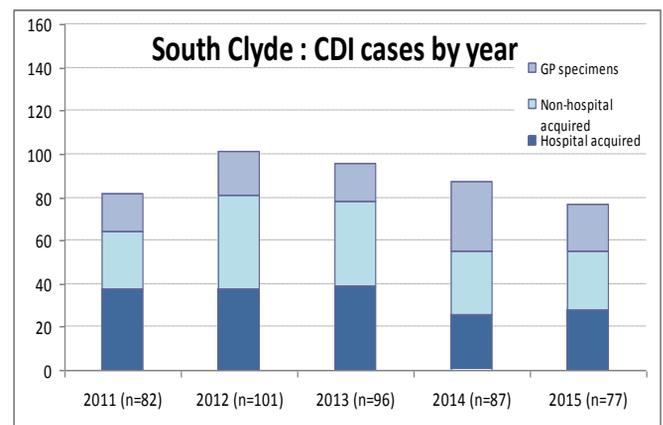
Local CDI surveillance figures for October - December (Quarter 4) 2015 indicate that NHSGGC has had a total of 140 patient cases. This is an **increase of 39%** upon the previous quarter. Only 40% of these cases are hospital acquired (n=56). However, the cumulative annual number of positive specimens sent by GP practices remains relatively stable for both NHS GGC in total and South Clyde sector specifically.

One of the main risk factors associated with CDI acquisition is exposure to broad spectrum antimicrobial therapy, mainly co-amoxiclav.

Prescribing rates of co-amoxiclav in hospitals have increased and non-guideline use of co-amoxiclav is common, especially for respiratory infections and UTI.

Analysis of the susceptibility data for most common respiratory pathogens (*Haemophilus influenzae* and *Streptococcus pneumoniae*) show stable low resistance rate to doxycycline which remains an appropriate choice for non-complicated respiratory infections.

Non-susceptibility to co-amoxiclav for pathogens isolated in community urine samples is around 20% for the last two years in South Clyde sector while non-susceptibility rate for Nitrofurantoin remains low.



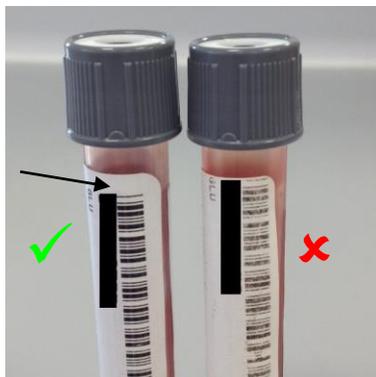
What's new?

- Intrinsic Factor - This service has now relocated to Immunology at the Queen Elizabeth University Hospital from Lanarkshire to help improve turnaround times for this test.
- Serum Urate Unit Change – The reporting units for serum urate changed from mmol/L to $\mu\text{mol/L}$ on 1st Feb, in line with UK Pathology Harmony. A result formally reported as 0.2 mmol/L will now be reported as 200 $\mu\text{mol/L}$.
- Over the coming months you will see a change in Biochemistry/Haematology reports from separate green and pink reports to printing all on white paper.



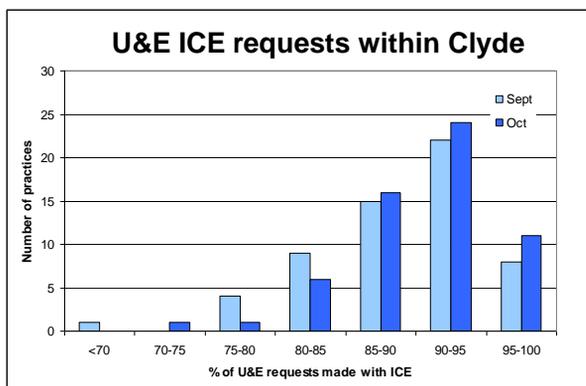
Tip of the ICE tube

- 1) Can users check the alignment of their label printers as labs receive samples where only part of the label has printed. The barcode reader cannot read the barcode if the label is misaligned.



- 2) Samples for Microbiology and Blood Sciences should be sent separately in blue and green transport bags respectively.

This ensures the laboratory reception is able to process GP samples quickly.



An audit was undertaken for September and October 2015 of all U&E requests received by the laboratory from primary care.

90% of requests for U&Es made by practices with ICE installed were made using ICE during this period. In September five practices had less than 80% of their U&E requests made using ICE, in October only two practices had less than 80% of their U&E requests made using ICE.

All practices achieved more than 80% of U&E requests using ICE in September and/or October showing the benefits of ICE are being recognised by GP practices.

Paracetamol levels in Staggered Overdose

In light of several recent requests for measurement of paracetamol levels in patients who have taken staggered overdoses, the Biochemistry laboratory wishes to highlight that awaiting the results of paracetamol levels may delay the appropriate treatment of a staggered paracetamol overdose and is of limited utility in ruling out an overdose requiring treatment.

Current recommendations for assessment of a staggered overdose are available in:

BNF Emergency Treatment of Poisoning section

<http://dx.doi.org/10.18578/BNF.532741283>

NHSGGC Medicines website:

<http://app.ggccprescribing.org.uk/api/guideline/14/>

Further information is available in Toxbase.

We would note that whilst the NHSGGC guidelines recommend paracetamol levels at presentation there is no guidance available as to the interpretation of paracetamol levels in staggered overdose unless they are taken 24 hours after last paracetamol ingestion and we cannot advise on the interpretation of such levels. We would recommend that if paracetamol levels are to be measured <24 hours after last paracetamol ingestion that this is only done if it will not delay appropriate treatment of the patient per the guidelines above. Note that all guidelines recommend treatment in situations of uncertainty.

We would be delighted with your feedback on issues that you would like us to address in the newsletter. We are also keen to reach as large an audience in primary care as possible. Do you have suggestions how we can widen distribution better?

Comments or suggestions can be sent to:

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