



QFIT Service

Clyde Sector

As part of the revised colorectal patient pathway, the QFIT test can now be ordered through GP ICE. A copy of the "QFit - Laboratory Guidance for GPs" is available on the NHSGGC Biochemistry website:

www.nhsggc.org.uk/about-us/professional-support-sites/biochemistry/north-glasgow-biochemistry/laboratory-newsletter-north-glasgow/

A QFIT website will be available soon with links to the referral pathway, information for users and FAQs.

Audit of CEA requesting in primary care in NHSGGC (2017)

Introduction

An audit of primary CEA requesting was carried out over a period of 1 year across all practices in NHSGGC. CEA measurement is only recommended for monitoring of patients with known colorectal cancer (CRC) following treatment. This is largely due to its lack of specificity and sensitivity:

- CEA may be elevated for a variety of reasons leading to confusion and unnecessary further investigation.
- CEA lacks sensitivity for early stage CRC – potentially leading to false reassurance of the patient.

Aim

The aim of the audit was to determine the frequency of CEA requesting in primary care and whether these requests are made in line with recommended guidelines.

Main findings

- 1634 CEA requests were received from 200 GP practices across NHSGGC in 1 year.
- There was significant variation in the number of CEA requests made by practices, ranging from 1 to 121 (fig 1).
- In addition, there was significant variation in CEA requesting between GPs within individual practices (fig 2).
- The majority of requests (92.6%) were not based on valid reasons for CEA testing. Most patients did not have a previous diagnosis of CRC. A variety of other reasons were given for requesting including "screening" and investigating changes in bowel habit.
- Cost implications – cost of CEA request = £3.50. There were 1513 inappropriate requests in period studied suggesting a potential cost saving of £5296 per annum.

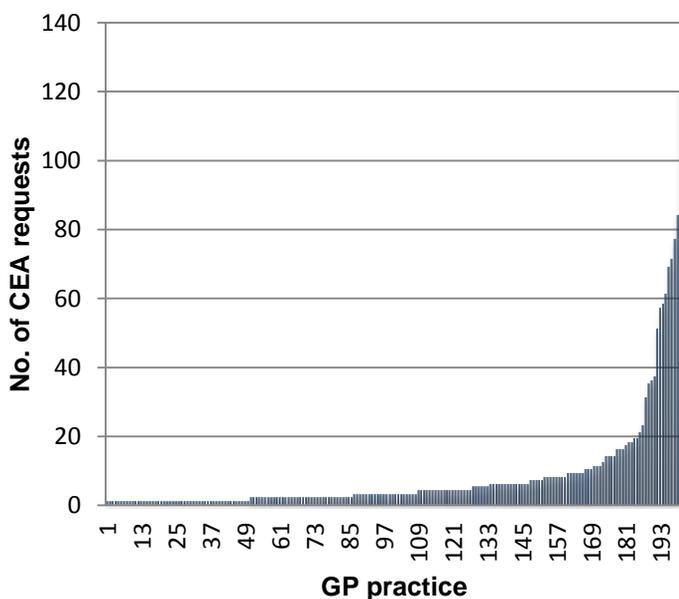


Figure 1. Variation in CEA requesting by GP practice across NHSGGC

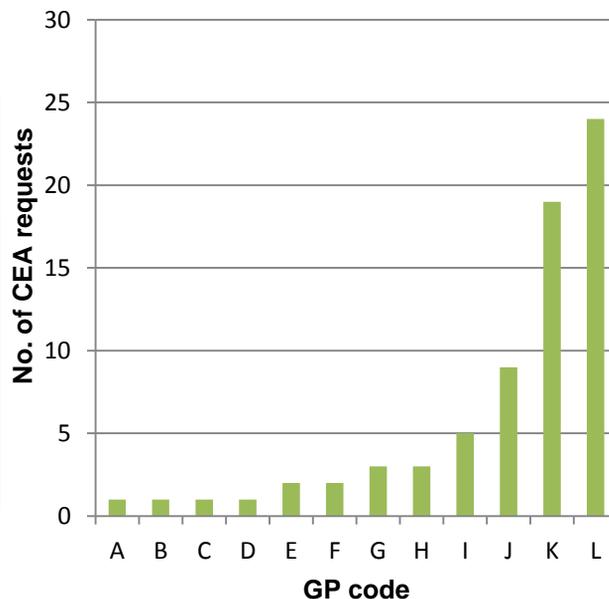


Figure 2. Variation in CEA requesting by GP within a single GP practice



The full audit report can be accessed on the NHSGGC Biochemistry website:

<http://www.nhsggc.org.uk/about-us/professional-support-sites/biochemistry/nhsggc-specialist-endocrine-laboratory/tumour-markers/>

Related Guidelines

- Scottish Cancer Referral Guidelines website: <http://www.cancerreferral.scot.nhs.uk/>
- SIGN 126: Diagnosis and management of colorectal cancer (2011; revised Aug 2016)
- NICE clinical guideline CG131. Colorectal cancer: diagnosis and management (2011; updated Dec 2014)
- NICE guideline NG12. Suspected cancer: recognition and referral (2015; updated Jul 2017)

Tumour Marker Requesting Bookmark

A bookmark "Tumour Marker Requesting - Guidance for Primary Care" has been developed by the Scottish Clinical Biochemistry Managed Diagnostic Network (SCBMDN). Incorporating published evidence-based guidance, it has the support of NHS Scotland, the Scottish Realistic Medicine programme, the Royal College of Pathologists and the Scottish Primary Care Cancer Group.

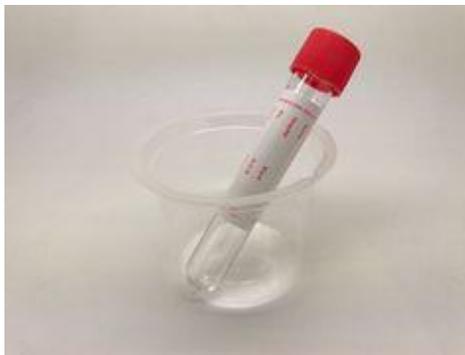
The bookmark can be accessed via the NHSGGC Biochemistry website, which also has information on a selection of other tumour markers.

<http://www.nhsggc.org.uk/about-us/professional-support-sites/biochemistry/nhsggc-specialist-endocrine-laboratory/tumour-markers/>

Microbiology – Introduction of Primary Urine Tubes

Primary urine tubes have been introduced as they can go directly onto the laboratory analyser, which removes the laboratory having to pour the urine samples into a secondary labelled tube. This has always been a potential source of risk, as we need to be sure that the patient sample is being poured into the correctly labelled tube. This had also introduced delays in processing in the past, as this step has to be done before we can load the urines onto the analysers.

GRI Microbiology receives 500 urines per day and QEUH 700 urines a day. It is hoped that the introduction of the primary tubes together with the implementation of new automated robotic analysers, will allow us to speed up specimen processing and improve turnaround times



The tubes will not stand up on their own however the plastic collection cups have a small indent in the top of the cup to make pouring them into the primary container easier. The tube is designed to be filled by having the urine container in one hand and filling it from the plastic cup containing urine in the other hand.

The new Microbiology red top boric acid containers, can be ordered through the Pecos ordering system in the normal way (in bags of 50 containers and cups) using Pecos product details: 327230 – 16 x 100mm Tube Boric Acid with Sample Cup.

The product code is in Pecos and if you are unable to view it, then this may be related to your access permission for the Pecos system. If you have any problems with ordering the new Pecos order codes then please contact the Procurement helpline at HillingtonStores.ZendeskCustomerServices@ggc.scot.nhs.uk

Microbiology would be grateful if GP practices could migrate to the new urine primary tubes as soon as possible, as the laboratory currently receives both the primary tubes and the traditional 30ml containers during the changeover to the new containers.

We would be delighted with your feedback on issues that you would like us to address in the newsletter.

Comments or suggestions can be sent to:

John Mallon (John.Mallon@ggc.scot.nhs.uk), Dr Iain Jones (iain.jones@nhs.net) or Martin Wight (martinwight@nhs.net)