Laboratory News
Please circulate to all members of staff within the practice
NHS Greater Glasgow and Clyde
Issue 13
December 2022

North Glasgow Sector

PTH Requesting from Primary Care

An audit on the appropriateness of Primary Care parathyroid hormone (PTH) requesting was carried out at GRI Biochemistry. This was prompted by a report from the endocrinology team at GRI and QEUH on the increased number of clinic referrals due to inappropriate PTH requesting in primary care. The NICE guideline from 2019 "Hyperparathyroidism (primary): diagnosis, assessment and initial management" was used as a standard.[1]

PTH requests from primary care between June and August 2021 were gathered. Clinical details and other biochemical investigations (serum adjusted calcium, alkaline phosphatase, phosphate and vitamin D) were reviewed and the requests labelled as "appropriate" or "inappropriate".

A total of 289 PTH tests were requested. Of these, 99 (34.3%) were appropriate, whilst 190 (65.7%) were inappropriate. This indicated that two third of PTH requests audited over a 3 months period were deemed to be "inappropriate".

Recommendations

PTH should only be requested when serum adjusted calcium is confirmed as greater than 2.6 mmol/L or less than 2.1 mmol/L. Where abnormal alkaline phosphatase and low serum phosphate are accompanied by a serum adjusted calcium within the reference range, PTH measurement is not indicated.

Further Information

The full audit report can be viewed on the North Glasgow Biochemistry website:
https://www.nhsggc.scot/downloads/audit-of-pth-requesting-in-primary-care-2021/

Reference

1. https://www.nice.org.uk/guidance/ng132/resources/hyperparathyroidism-primary-diagnosis-assessment-and-initial-management-pdf-66141715991749

Audit of qFIT and faecal calprotectin requesting from primary care

The new guideline for faecal testing in patients with persistent GI symptoms is now available to view at https://clinicalguidelines.nhsggc.org.uk/media/2233/faecal-calprotectin-final.pdf. The guideline recommends that:

1. qFIT be mainly used as a 1st line investigation (once infective causes have been excluded);
2. Faecal calprotectin (fCalp) should be reserved for monitoring of patients with known IBD or in the investigation of ongoing GI symptoms with negative Culture & Sensitivity (C&S) and qFIT.

Before the new version of the guideline was published, the Biochemistry Department performed an audit to determine the frequency of qFIT/fCalp co-requesting. In March 2021, a total of 2820 fCalp were received by North Glasgow Biochemistry, of which 879 (31%) were inappropriately requested in parallel with a qFIT as 1st line investigations, **corresponding to a total cost of £32,479.05**. We also noted that some GP practices and individual consultants were co-requesting qFIT/fCalp more often than others (figure 1). Finally, analysis of 200 of the 879 inappropriate fCalp requests revealed that majority were not preceded by microbiology testing (C&S) to exclude infectious agents as the cause of lower GI symptoms (table 1).

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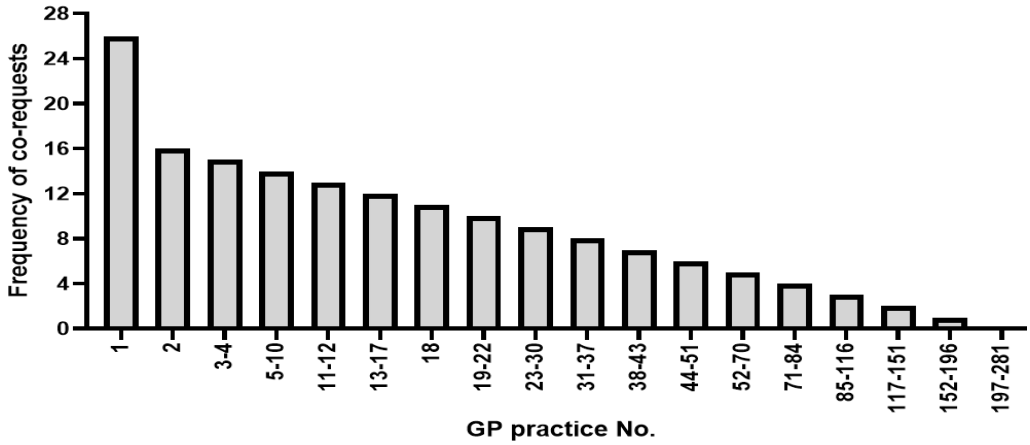

Figure 1. Frequency of co-requesting of qFIT/fCalp tests per GP practice

Therefore, in line with the new guideline, we would like to ask primary care practices to assist us in improving the use of these tests. We would ask that **fCalp be reserved for monitoring of patients with known IBD or in the investigation of patients with ongoing lower GI symptoms with negative C&S and qFIT**. We hope with this to decrease the high volume of inappropriate fCalp requests, which would help save resources and overall improve the turnaround time of fCalp tests.

	No.	%	Positive Microbiology results
Total CHIs analysed	200	100	NA
No stool sample with qFIT/fCalp co-request	120	60	NA
Stool sample on the same day as qFIT/fCalp co-request	41	21	7 (17%)
Stool sample 1 week prior to qFIT/fCalp co-request	2	1	0
Stool sample 2 weeks prior to qFIT/fCalp co-request	1	0.5	0
Stool Sample 1 month before qFIT/fCalp co-request	3	1.5	0
Stool sample 1 month AFTER QFIT/FCALP co-request	5	2.5	0%

Table 1. Microbiology testing associated with qFIT/fCalp co-requests.

QFit Pickers, Labelling & Electronic orders

Could we encourage all staff who give out the pickers to patients to check the expiry dates of the pickers, label them appropriately using the GP ICE label and make sure the patient knows it is most important to return the specimen to the surgery ASAP.

The electronic orders drop off the IT system after 10 days and Lab staff are spending lots of time manually PIDing these samples which can lead to delays and increased PID errors.

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? Comments or suggestions can be sent to:

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