ACB News

The Association for Clinical Biochemistry & Laboratory Medicine | Issue 665 | June 2020

In this issue

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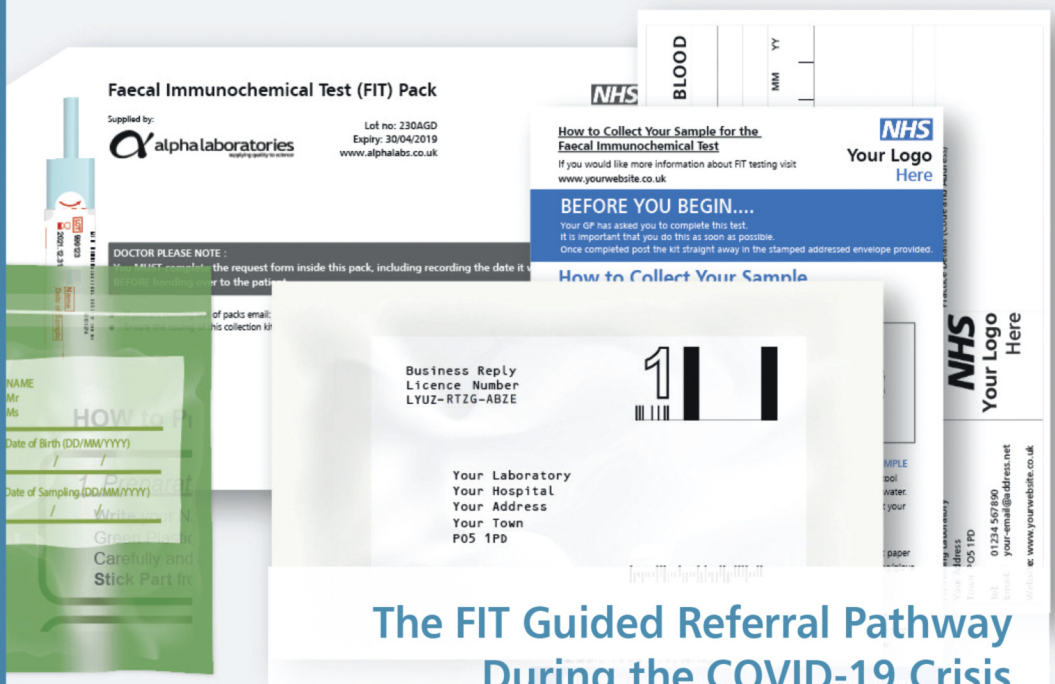

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ACB News

The bi-monthly magazine for clinical science

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The Association for
Clinical Biochemistry & Laboratory Medicine

Better Science, Better Testing, Better Care

COVID-19 statement from the ACB President: Better science, better testing, better care

I hope you are all well. Since the last message I wrote, so much has changed and developed and our knowledge base on COVID-19 has expanded exponentially. That is in no small part down to the involvement of ACB Members in the translation and delivery of new tests, and new processes and algorithms to benefit the patients we serve. All of this whilst still keeping the excellent existing service running.

First and foremost, I want to applaud ACB Members for your dedication, professionalism and unstinting hard work over the last few months. Never has our strapline 'better science, better testing, better care' been more important than it is now as we battle to get COVID-19 under control, with the appropriate use of diagnostic tests, at the centre of delivering the best possible patient care. All this against a backdrop of intense media comment. Whilst media and public interest in our profession is to be welcomed it is essential that what is reported is accurate and so we've put a range of activities in place to address this.

We've partnered with the Science Media Centre to provide expert responses to journalists' questions, we are sending out regular Expert Briefings on testing, and we are using our website and social media to share official briefing and advice. We have also allowed free access to journal articles relating to COVID-19.

I'd like to express huge thanks to our volunteer experts: Rob Shorten, Alex Yates, Liz Bateman, Hazel Borthwick, Rachel Wheeler and Kam Chatha, who have been providing responses to media enquiries at pace – sometimes

within the hour. And we hope the weekly COVID-19 e-newsletter has been helpful in keeping you up-to-date with current advice and guidance and helped you to feel connected to the ACB community. Please do continue to contribute.

Thanks must also go to the *ACB News* team who are working to tighter deadlines to ensure our content is current in the ever-changing environment where a week seems like a month.

We have enjoyed hearing your stories throughout and sharing to keep Members connected so do please keep sending us your news to **communications@acb.org.uk** ■

Professor Neil Anderson

News from the ACB HQ

As I write this, we have just ended week seven of lockdown due to the COVID-19 pandemic. As a team we are immensely proud of the work that our members are doing in labs all over the country to roll out and scale up NHS testing capacity to offer the best possible diagnosis and care to patients. It is a privilege to support you while you carry out this vital work.

We're working hard to make sure we continue to maintain services to members from our homes and are busy upgrading the ACB membership software and working on the new website for launch later in the summer. Our thanks go to the Communications Committee, led by Kam Chatha, for all the preparation work they did last year to drive this much needed change.

We're in the midst of preparing for the ACB's first virtual AGM in June which presents its own special challenges with the design of a new voting system and management of a large number of people on video and phone links. We had some practice at our first virtual Council Meeting last week chaired by our President Neil Anderson. Details for participation in the AGM will be e-mailed to you soon.

We are really grateful that we subscribed to new emailing services just before lockdown, as our poor internet connection stopped us accessing the database for the first few weeks. A desperate plea to Virgin Media and a couple of mad cycle rides by me up to Tooley Street have managed to sort the issue and we now have internet speeds five times faster than before! Something I know members who regularly visit the

office will appreciate.

It seems as though we may soon be returning in a phased way to the Office and we will certainly plan to have a skeleton staff *in situ* as soon as we can – starting with those that live closest and ensuring we follow safety guidelines.

Over the next few weeks we'll be firming up our plans for future meetings. We'll also be making some changes and consolidation to deliver costs efficiencies; we're thinking long-term as we prepare to make a formal bid to host EuroMedLab 2025.

We're all looking forward to getting the Office in Tooley Street back up and running with a renewed vigour, and we look forward to welcoming you there, or at one of our meetings, as soon as we are advised it is safe to do so.

In the meantime, stay well and stay safe and carry on with the incredible work. ■

Jane Pritchard

COVID-19 – What is the ACB doing?

Laboratory testing has never been so high profile in the press as it is today. The ACB has been working in several ways to help get accurate information to the press and public, as well as keeping our membership informed with this rapidly changing situation. Within a few weeks the ACB set up several ways to keep the press and our membership informed.

Since early April 2020 we have been:

- Releasing statements and expert briefings to the press on topics such as different testing methods and the need for trained, registered staff to accurately interpret results (see links below).
- Promoting statements and expert briefings on social media channels.
- Rapidly responding to journalist enquiries with accurate scientific information via the Science Media Centre.
- Updating a new webpage for COVID-19 updates and resources: **www.acb.org.uk/whatwesay/covid19-updates**
- Sending regular COVID-19 updates/ newsletters to our membership.

Communicating accurate scientific information and raising the profile of NHS laboratory staff during the COVID-19 pandemic

Issued articles can be accessed here:

- Expert briefing COVID-19 diagnosis, patient assessment and monitoring, 4th April 2020: **http://www.acb.org.uk/whatwesay/acb_newspage/2020/04/04/acb-expert-briefing-on-covid-19-diagnosis-patient-assessment-and-monitoring**
- Expert briefing on the vital role of NHS laboratories in providing quality testing for COVID-19 leading to the best possible patient care, 30th April 2020: **http://www.acb.org.uk/whatwesay/acb_newspage/2020/04/30/acb-expert-briefing-on-the-vital-role-of-nhs-laboratories-in-providing-quality-testing-leading-to-the-best-possible-patient-care**

This was all done thanks to Committee staff giving their time voluntarily and with a small team at the ACB Office.

We hope this work will contribute to promoting accurate scientific information and raising the profile of NHS laboratory staff during the COVID-19 pandemic.

Please send COVID-19 related stories (especially good news stories!) and updates that may be relevant to the ACB membership to include in the COVID-19 updates newsletter by emailing **communications@acb.org.uk**

If you would like to be a registered ACB Spokesperson with the Science Media Centre, please get in touch via **communications@acb.org.uk** – note, you will need to be able to respond to enquiries within 2 hours. ■

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Lockdown Life

Message from the Editor

How do I start this? So much has happened since we started putting the last edition together at the beginning of March. The seriousness of the situation really hit me in mid-March when I travelled to London for a UKAS assessment. This was before the official lockdown, but the train station car park was empty and there were few people on the train; in London the streets were quiet. The following morning, UKAS issued their updated Policy on Remote Assessments and our Assessment was therefore cancelled there and then. So, back home to do the Remote Assessment. The lockdown was announced a week later.

This will have affected our Members in different ways and, through a message to Ruth Lapworth, our President Neil Anderson invited Retired Members to share their experiences, good and bad.

This section is a compilation of the responses that we received, which I felt gave an insight to the differing effects of the current situation. As I read through them I felt a range of emotions – see what you think! ■

Cathryn Corns, Retired Consultant Clinical Biochemist writes ...

Many years ago, wearing my military historian's hat, I was an 'expert' of the 1918 'flu pandemic'. So, when I saw reports of a novel coronavirus infection taking hold in China, I watched its development closely. By the end of February, it seemed clear, to me at least, that this was no passing outbreak, it had all the hallmarks of WHO's 'Virus X' and a possible pandemic. I began making preparations for 3-6 months of lockdown (my friends thought I was mad), stocking up on things that would be needed and may be difficult to obtain – including plenty of food and medicines for my elderly whippet!

When lockdown arrived, it caused me no great problems; I'm not worried about being on my own, my friends' farm is only a couple of hundred yards away, so Todd (my whippet) and I have plenty of space to roam round the fields, away from people. There are alpacas to feed and baby ducks to look after (they are another story – I have a dozen ducks imprinted on me who follow us on dog walks). I have plenty to do, writing up 50 years-worth of family history research will keep me occupied, along with the garden. I miss my trips to the theatre and lunches with family and friends, but we stay in touch with each other.

My neighbours and I soon established a barter system. I make lots of home-made bread; fortuitously, I had over-ordered yeast a few weeks before lockdown and my farming friends give me bread wheat, which grinds into a very acceptable flour. In exchange for bread or flour, I receive chocolate (so much for the lockdown diet!), hot pancakes from next door, eggs, fruit, veg and cakes. Life was fine. Lockdown was OK. But –

On 20th February, I had my annual mammogram, a follow-up to my breast cancer four years ago. I had no concerns, the tumour had been very small and ER positive, so lumpectomy, radiotherapy and aromatase inhibitors meant I had a very good chance of being cured. However, on 21st March I received a card asking me to attend an urgent appointment at the breast clinic.

The mammogram had shown an area of calcification. Ultrasound and biopsy done, it appeared that there was a new cancer in the same breast. Told to return in a week for pathology results, it seemed a long wait. I knew that this would mean a mastectomy, but all surgery locally was suspended, except for life-threatening conditions. Was I to spend lockdown with a malignant tumour, untreated?

However, the news was about as good as I could hope for; it is a fairly small Grade 2 cancer, ER positive. The surgeon, who I know and trust, told me that I did need a mastectomy but there was no prospect of immediate surgery. However, by changing the aromatase inhibitor to one with a different mode of action, this should stop further growth and spread of the tumour. This would buy time, so that surgery could be delayed for 6 months or so, when, hopefully, the worse of the Covid-19 pandemic has passed.

I am a fairly psychologically robust individual, who is quite good at not worrying about things I cannot change. Because I understand that the interim treatment is likely to be effective in delaying any spread, I can cope with the prospect of delaying the necessary surgery. Even so, I am anxious; the slightest discomfort in my axilla worries me, will my monthly self-examination reveal a lump, indicating the tumour is growing?
The new aromatase inhibitor comes with a long list of common, serious side effects, including cholesastasis, hepatitis, leucopenia, haemolysis – but I take it, gratefully, every day.

I am lucky; hopefully, my cancer can be managed until routine cancer surgery begins again. Others, with ER negative tumours, or those who do not yet know they have cancer because their mammograms have been cancelled, have a ticking time-bomb. How many people will avoid catching Covid-19 but become a hidden statistic when they die in a few years' time as the result of what had been a treatable cancer?

In the meantime, I can wander the fields with Todd, admire nature, laugh at the ducks, feed the alpacas, carry on with our local bartering system and have passing conversations with my friends and neighbours when we clap for the NHS. Life goes on, but it is a strange, unreal, sort of life.

Tony Horn writes ...

The Covid-19 pandemic reminds me of the sacrifices, resilience and some events of the past. In my parents' generation during the Second World War it was a time when food choices were limited and clothes were make do. When a young family member made the ultimate sacrifice for our freedom that we had generally, there was often no funeral or a grave to go to. The sacrifices were huge in that generation that went on to create the NHS as a legacy for us to value today.
In some respects the pandemic has only given a very brief experience with its own brand of unpleasantness and cruelty.
It was enough to remind me to mark June 2021 as another occasion to visit the Normandy beach landings and remember a great uncle who I never got to meet.
I also hope we shall have somewhere in the UK that we can visit and remember those in the NHS who made the greatest sacrifice for all of us in this current pandemic.

I recall being 21 years old, having just got a biochemistry degree at university and not being sure whether to pursue a career using my degree or do something completely different. I was on the island of Crete, I remember sitting at a table with a Greek family for several hours enjoying their company. They asked me what I did,

and all I could respond with was that it was medical biochemistry. They were so happy with the answer and then very soon I understood why as the person sitting next to me was lifted out into a wheelchair. He had suffered with polio and it reminded me why I had chosen a particular path 3 years earlier. So this pandemic could well have impacts on many young people in this country as to what they want to do with their lives and career. Some could choose to go into the NHS or Social Care, or into the pharmaceutical industry, manufacturing, engineering or pathology and diagnostics. The pandemic has shown what is really important and is a reminder of our dependency, kindness and value of others.

The pandemic has also focussed some attention on the politicians who lead us and reminded me of times when they did not follow the science that much. I recalled a politician eating a hamburger and was quite relaxed about bovine spongiform encephalopathy and another individual who was convinced that the entire UK egg production was contaminated by *E-coli*. In fairness, I recall some other politicians that have gone to significant lengths to try and save as many lives as possible during the HIV pandemic and delivering B meningitis vaccine in the late 1990s with the aim of saving 250 children's lives a year. The issue with Covid-19 is the astonishing speed it has erupted and spread. It would be interesting to find out later what actions could have been done and whether some of the issues could have been managed better at a later date. Certainly anyone in charge would have needed to make careful judgement calls and these always have an error rate. It is practically impossible for anyone to get things 100% right and hindsight does reveal the unanticipated actions of others that may not always be foreseen. It is therefore important to look at things in a constructive way if we are to build a better future and for it to be long lasting perhaps in the manner and spirit of how the NHS was created after the Second World War.

Back to the present. An experience that many of us may have observed as we take an exercise walk, is lockdown behaviour of others. I have many neighbours that I would regularly wave and talk to. A significant number I hardly ever saw. I lost track how many grateful faces that gave a quick wave or smile from a window, but I never knew them at all. The experience of lockdown in our homes has perhaps made our world feel smaller than it was before. I am not sure how our greater appreciation for the world and people will be once we come out of lockdown. What I do know is that for many of us it would have been desperately lonely without the calls from friends and in my case having my wife as company. Again I do feel that it will leave many of us to appreciate our connections, to be more aware of our fragility. This may encourage us to maintain our efforts to keep such relationship resources we have to be stronger, knowing how precious they are.

John O'Connor writes ...

I retired from my role as Consultant Clinical Scientist at the Royal Devon and Exeter NHS Trust in May 2018. My retirement experience has been very positive, but like the "Curates Egg" I miss many aspects of professional life: working in a busy Blood Sciences Laboratory and the day to day challenges of clinical decision making and sometimes, even the more mundane aspects of being the rostered "duty biochemist". Most of all I miss all the staff in my old department, and the Trust in

general, from porter to Chief Executive.

I was Lead Scientist for my Trust for 5 years and that included acting as "honest broker" for fellow scientists working across the life, physical and measurement disciplines. Especially in disputes they may have had with senior management in the context of personal grievances or professional concerns around departmental re-organisation. I enjoyed some of those challenges, but I'm happy to admit, many of those situations were less so rewarding.

In preparation for retirement, I stumbled across an advert for "Volunteer Visitor Guide" for the Royal Albert Memorial Museum in Exeter. I applied and was accepted. I was a bit taken aback with the preparation to take up the role, 14 hours of training videos is pretty daunting. But I persevered and have been showing individual visitors and organised groups around the museum for 2 years now. I also have enjoyed one to one sessions with adult autistic visitors, who are otherwise overwhelmed with the sheer size of the building and the scope of what there is to see. Recently I have been training for Egyptian and Roman tours for primary school parties. I was just about to start these when the dreaded Covid kicked in. Interestingly, I carried out several tours with Italian and Chinese tourists throughout January and early February. I had a horrible bug throughout the last 2 weeks of February with Covid symptoms, which I also passed on to my wife. I just wonder about the time this virus has been in the UK?

The other activity I have become very involved with is the University of the Third Age. I run the Tiverton computer group and am actively involved in the Philosophy, Economics, Industrial Heritage and Science groups. With my IT interests I have been actively involved in evaluating tele-conferencing IT solutions for all the U3A groups in our part of Mid Devon. We ended up choosing Zoom, and its proven a lifeline for the self isolating seniors.

A highlight in retirement was to return to ACB central in Tooley Street last year to receive the ACB Fellows award. This was a real privilege and honour for me and it was fantastic to meet other nominees and Executive Committee members. A day I will never forget.

Being recently retired (within 3 years) from the NHS. I was able to offer myself for re-employment. I did this via the NHS IA portal and on April 7th had a telephone interview with a very nice lady from Capita. I discovered that the HCPC has already re-registered all professionals who have retired within the last 3 years and had been given a temporary register number that you will need to have ready for the process, should the idea of a temporary return to work interest you. In the interview you will be asked for a passport scan, recent proof of UK address and an honesty declaration. The thing which concerned me the most, (aside from getting infected with Covid, if indeed, I had not already had it) was the requirement that I would need to catch up with my NHS mandatory training!

They provide a link in preparation for your return to active service: **www.elfh.org.uk/programmes/coronavirus/**

And as an added bonus, no need to register or login with an NHS account.

This was one part of the Curates Egg I thought I finally scrambled years ago, oh well!

If any retirees go down this route, the next stage is an email from your Regional Co-ordinator (*copy received, but not included).*

I have been in contact with my previous colleagues, who say the routine Blood Sciences Laboratory workload has diminished significantly (about 75%) and

my services are not currently required. But I await with interest to see if there are any other areas my old skills may assist in.

To all my friends and ACB Members: take care and stay safe.

Peter Woodford, ACB Fellow and former CSO at DoH writes ...

Just a note to say I'm alive and well, singularly fortunate in having good supply chains for medications and other necessities and Skyping with daughter and grandchildren.

The only major change is not being able to offer a piano recital for friends every Sunday morning, which has been Susan's and my only means of hospitality for the past two years – too old and decrepit to host dinner parties as we used to. My heart goes out to others who are suffering terrible deprivation or loss. ■

Support for Retired Members

Ruth Lapworth MBE, Organiser, Retired Members' Group

We recognise Retired Members might be experiencing particularly difficult periods of isolation. If you would like to connect by email or telephone with other Retired Members in the current circumstances, let us know by emailing **retired.connections@acb.org.uk** ■

Send us your good news stories

Have you heard about a lab doing incredible work on COVID-19 testing? Or perhaps you'd like to share how you're staying positive during self-isolation? Email **communications@acb.org.uk** with your experiences during this difficult time to share with other Members. ■

Have you seen inaccurate reporting of science in the press?

The ACB has a role in ensuring that the influencers of public opinion are hearing from experts to inform their reporting. If you see inaccurate science reporting of COVID-19 testing in the press, please let us know asap by emailing **communications@acb.org.uk** and the ACB Communications team will consider how best to respond to make sure the inaccuracies are corrected, for example, by issuing an expert briefing to the press. ■

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Annals for Clinical Biochemistry publishes Open Access COVID-19 papers

- Wiese O & Zemlin A. (2020). ANNALS EXPRESS: Coronavirus disease 2019 (COVID-19) and the renin-angiotensin system: a closer look at angiotensin-converting enzyme 2 (ACE2). **https://doi.org/10.1177/0004563220928361**
- Ismail A (2020). ANNALS EXPRESS: Serological tests for Covid-19 antibodies: limitations must be recognised. **https://journals.sagepub.com/doi/10.1177/0004563220927053**
- Gaze, D C (2020). ANNALS EXPRESS: On the Clinical Utility of Cardiac Troponin measurement in COVID-19 Infection. **https://doi.org/10.1177/0004563220921888**
- Lippi G, South A M, & Henry B M (2020). ANNALS EXPRESS: Electrolyte Imbalances in Patients with Severe Coronavirus Disease 2019 (COVID-19). **https://doi.org/10.1177/0004563220922255**

Lord Bethell thanks NHS and PHE laboratory community

We are delighted to relay a letter received from Lord Bethell on behalf of the Department of Health and Social Care thanking all of the NHS and PHE laboratory community for your work towards the COVID-19 testing target.
http://www.acb.org.uk/docs/default-source/temp/ps(i)-letter-to-nhs-and-phe-labs

NICE Guidelines Programme and COVID-19

Since mid-March, NICE have focused on supporting the health and care system with a new series of rapid COVID-19 related guidelines, and with other therapeutically-critical guidance. From 1st June, NICE will plan a phased restart of publishing draft and final (non-COVID) guidelines.

NICE will publish finalised guidelines as soon as possible and will prioritise other topics according to those that will best support the system in its return to normal working.

As they restart their committees, they will take into account continuing pressures on their committee members, such as those with frontline clinical or care roles, and on stakeholders who they need to participate in consultations.

NICE are conscious that the COVID-19 situation is changing all the time and will continue to review their plans and update their stakeholders accordingly. For more information, please visit: **www.nice.org.uk/covid-19** ■

ACB to launch COVID-19 Scientific Scholarships

ACB are excited about the upcoming launch of a new Scientific Scholarship programme to advance research on COVID-19 infection and testing for use in a laboratory setting. More details to follow soon. ■

Lancashire Teaching Hospitals NHS Foundation Trust rolls out COVID-19 antibody testing

Lancashire Teaching Hospitals NHS Foundation Trust has been chosen for the first wave to roll out the COVID-19 antibody testing on the advanced Clinical Biochemistry Roche analysers delivered by expert clinicians and scientists. ■

Keep up to date with COVID-19 news on the ACB website:
http://www.acb.org.uk/whatwesay/covid19-updates

Tax arrangements for NHS staff and those returning to the NHS

A message from Davina Collison, Deputy Head of Public Affairs at HMRC

Many NHS staff will be experiencing changes in their employment, including those taking on additional shifts or returning to the NHS, as well as individuals volunteering to support the health service.

For those NHS staff choosing to take on additional work to help with the response to the COVID-19 outbreak, HMRC has been working with tax agents and employers, who organise tax arrangements on behalf of employees, about ensuring they put people on to the correct tax code. You can find out here how to check if you're on the right tax code: **https://www.gov.uk/tax-codes**

HMRC has also published new guidance on how staff returning to work for NHS Trusts and local authorities will be taxed: **https://www.gov.uk/guidance/tell-hmrc-about-staff-who-return-to-work-for-nhs-trusts-and-local-authorities-during-the-coronavirus-covid-19**; and guidance for local authorities and NHS Trusts supervising unpaid volunteers: **https://www.gov.uk/guidance/guidance-for-local-authorities-and-nhs-trusts-supervising-unpaid-volunteers-during-the-coronavirus-covid-19**

We are aware of an unfortunate increase in tax avoidance schemes and scams being targeted at NHS staff. You can find out more about these avoidance schemes here: **https://www.gov.uk/guidance/tax-avoidance-promoters-targeting-returning-nhs-workers-spotlight-54** ■

FCS Briefing – Special provisions of employment during COVID-19 emergency

Members are being asked to perform new tasks and work in ways and for hours which may not reflect their usual way of working. All of this is at a time when we all have new responsibilities for looking after the health of ourselves and our families.

It is important to ensure consistency and clarity on how national terms and conditions of employment reflect the necessary nature of the COVID-19 pandemic response and the reliance on staff (including the novel groups of returning-retired and students nearing the end of training) at this difficult time.

NHS Staff Council unions and NHS Employers have agreed a number of temporary changes to Agenda for Change and continue to work on more. **http://www.acb.org.uk/whatwesay/acb_newspage/2020/04/20/fcs-briefing---covid** ■

LabTests Online COVID-19 Testing

Please help us to share this excellent new COVID testing resource for patients, drafted by the RCGP Optimal Testing group:

https://labtestsonline.org.uk/tests/coronavirus-covid-19-testing

Now available

GA-map® COVID-19 Test

Detection of SARS-CoV-2 virus in faecal samples

Among COVID-19 patients, $\frac{1}{3}$ report typical GI symptoms, and up to 50% have SARS-CoV-2 RNA detectable in their stool samples. SARS-CoV-2 can infect and multiply in intestinal cells. Detection of SARS-CoV-2 is possible in faecal samples even after a negative respiratory sample test, and up to 40 days after infection.

The new GA-map® COVID 19 Test

- Offers a wider testing window than nasopharyngeal testing to minimise false negatives and confirm eradication
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- Is an important decision tool for patient care management and healthcare worker exposure
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Information from Press Releases from CliniSys

Hampshire Hospitals work with CliniSys to send negative COVID-19 test results to staff by SMS

Hampshire Hospitals NHS Foundation Trust (HHFT) is sending text messages to staff who have been tested for COVID-19 and whose tests have come back negative.

The move is thanks to a rapid piece of development work by CliniSys, in collaboration with Shaun Goldsmith, a results system specialist at HHFT. CliniSys has created new functionality in its order communications and results reporting system, ICE, to send a standard text message through the Trust's telecommunications system.

This will save the Trust many hours that would otherwise have been spent on administration and telephone calls. It will also get negative results to staff faster, so they can return to work, leave temporary accommodation, or tell their families they can leave self-isolation if they are symptom-free.

Shaun Goldsmith, ICE and Microbiology System Manager at the Trust, explained:

Shaun Goldsmith of HHFT demonstrating the text system

"Our ambition is to run 1,000 COVID-19 tests a day, so we needed an automated or near-automated way to get the negative results to staff. Using ICE to generate text messages will speed up the process and avoid lots and lots of telephone calls. It will also enable the Trust to focus on calling those people who do test positive, who will need support and advice."

CliniSys has developed completely new functionality in ICE to meet the Trust's request and is now offering this to NHS organisations that would like to take a similar approach.

CliniSys provides Severn Pathology with vital lab link to NHS Nightingale Hospital Bristol

CliniSys has delivered a laboratory link for NHS Nightingale Hospital Bristol (Nightingale Bristol), so clinicians can request tests for patients and receive the results electronically.

The pathology systems specialist responded rapidly to a request from Severn Pathology for a piece of integration work. This work was to link the IT systems used by the labs at North Bristol NHS Trust with the IT systems used by the Nightingale Bristol. The IT systems used by the Nightingale Bristol are run out of University Hospitals Bristol and Weston NHS Foundation Trust.

The integration enables the CliniSys WinPath laboratory information system used by North Bristol to pick up requests for tests placed in the version of CliniSys ICE used by the Nightingale Bristol and return the results through the ICE system.

Severn Pathology, a partnership between North Bristol NHS Trust and Public Health England, has installed blood gas analysers and other point of care devices at the

Nightingale Bristol to take these measurements.

The new facility will provide up to 300 intensive care beds for coronavirus patients, if local services in the Severn region need them. Severn Pathology has undertaken additional steps to support the NHS response to the coronavirus. It has used NPEx, the national pathology network, to link the labs across the south west of England, so they can spread the load of COVID-19 testing.

It has also redeployed staff who are not carrying out tests to support routine work onto the COVID-19 effort. Severn Pathology will soon have the capacity to run 8,000-10,000 tests per day for NHS staff, frontline workers, and patients.

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Annual General Meetings

Thursday 25th June 2020

Due to the ongoing COVID-19 pandemic this year's Annual General Meetings will take place by audio/video conference. We hope you can join us to receive an update on the Association's activities over the past year, hear our aims for the future, and to have your say.

The Association for Clinical Biochemistry and Laboratory Medicine Annual General Meeting will commence at 15:00 and the **Federation of Clinical Scientists' Annual General Meeting** will commence at 15:30.

Notices will be sent to Members shortly and will include the agendas, minutes of the previous AGMs, details regarding any special resolutions of the Association, and instructions for how to join on the day.

We look forward to welcoming you to the 67th ACB AGM and 23rd FCS AGM, the first for each to be conducted remotely via audio/videoconference in these unprecedented times. ■

Condolences

It is with regret that we must inform you of the sad news of the following deaths: ACB Retired and Founder Member Mr Ronald Smith who died in early April aged 93; and ACB Overseas Ordinary Member Dr Josep Queralto who died in March.

We also include an obituary for Lynn Faulds Wood on page 33. Her connection with the ACB is that she launched Lab Tests Online-UK back in 2004. ■

Sudoku

This month's puzzle

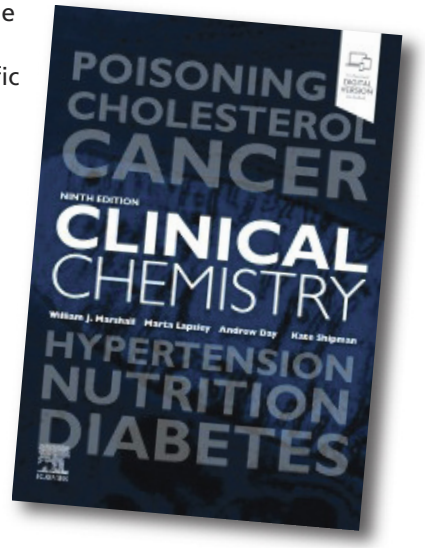
			Y	I	S			
		Y	R		M	T		
T	Y		C		H		M	I
		M				E		
I	E						S	T
S			I	T	R			M
Y								H
M	R						T	E

Solution for April

H	E	R	Y	C	S	M	T	I
Y	T	S	M	H	I	R	C	E
C	M	I	R	E	T	Y	H	S
T	C	Y	E	M	R	S	I	H
R	S	E	T	I	H	C	Y	M
M	I	H	C	S	Y	E	R	T
E	R	M	H	T	C	I	S	Y
I	Y	T	S	R	M	H	E	C
S	H	C	I	Y	E	T	M	R

New edition –
Clinical Chemistry (9th edition)

Authors: William J. Marshall, Márta Lapsley, Andrew Day & Kate Shipman



Clinical Chemistry considers what happens to the body's chemistry when affected by disease. It provides introductory coverage of the scientific basis for biochemistry tests routinely used in medicine – including tests for the assessment of organ function, diagnosis and monitoring disease activity and therapy efficacy. Each topic area begins with a concise description of the underlying physiological and biochemical principles and then applies them to patient investigation and management. The regular use of case histories helps further emphasise clinical relevance and chapter key points, as well as provide a useful starting point for examination revision.

The clear and engaging writing style appreciated by generations of readers has been retained in this latest edition, while the content has been thoroughly updated throughout. The approach and scope of this trusted text makes it ideal for integrated undergraduate medical curricula and postgraduate medical training.

The complementary eBook version (with the printed book), including additional cases and self-assessment material, completes this superb learning package.

- Updated to incorporate the latest changes in practice – including new tests and the most recent evidence-based guidance.
- 'Light bulb' sections give practical advice and clarify difficult concepts or potential pitfalls.
- New 'Red flag' boxes highlight the results which should cause immediate concern to clinicians.
- Updated references to core guidelines reflect latest best practice.
- (Print) includes complete, downloadable eBook on Student Consult.
- Also bonus materials – interactive Clinical Cases and MCQs – to reinforce interpretive skills, check understanding and aid exam preparation.

Clinical Chemistry will be released on 1st June 2020.

Order your copy from the publishers, Elsevier, and receive a 10% discount:

https://www.uk.elsevierhealth.com

Recent workforce developments: May 2020

Charles van Heyningen, National ACB Lead for Workforce

Jonathan Scargill, our Deputy Workforce Lead, has reported on the ACB membership. The report shows a 4% reduction in the total ACB working membership over the last 3 years, particularly Ordinary Members, down from 1197 to 1151, and the reductions apply to Clinical Scientists, Medical Pathologists and Biomedical Scientists. Only AfC band 6 scientists show an increase in numbers from 135 to 170 over this period. Of the 1,263 ACB Members included, 509 (40.3%) are Trainees and 462 (36.6%) are listed as having the full FRCPath qualification.

A National Immunology Clinical Scientists Workforce Report was produced by Dr Alison Whitelegg, Consultant Clinical Immunologist at Portsmouth Hospitals NHS Trust. Her survey identified 68 Clinical Scientists who are either training, working or qualified in Clinical Immunology in the UK. Over the last six years, 25 Trainee Scientists have completed the STP in Clinical Immunology. Most of these stay on within the specialty after the training.

Data on recruitment, Trainees and retirements in Clinical Biochemistry has been studied.

There have been on average 6 Medical Trainee appointees yearly over the five years 2014 to 2018. Over the next 5 years, 40 Medical Consultants are due to retire and about 40 Medical Trainees are expected to complete training.

On average 20 Trainee Scientists are appointed annually to STP posts in Clinical Biochemistry (HEE data). For 2020, there are 29 new STP posts available. NSHCS recruitment interviews are not possible with the viral pandemic and an online process is being used with the aim of having a new cohort of Trainees for September 2020. They have published an updated list of posts available for this year's intake and interviews are being held by Skype or similar technology. Most, about 85%, of the STP Trainees stay on in the specialty after completing the 3 years.

Over the next 10 years, 80 Consultant Clinical Scientists (AfC bands 8c-9) and 22 band 7-8b Clinical Scientists are due to retire. Of these Consultants, 34 are expected to retire over the first 5 years. Our findings suggest that enough medical doctors and Clinical Scientists are being recruited and trained to replace retiring Consultants over the next five years.

There are 29 Regional Pathology Networks under development in England of which 76% are on track and on target for 2020/21. Planning includes the appointment of a full time Workforce Lead for each network. A report[1] in 2018 found that pathology networks have achieved higher savings compared to non-consolidated single laboratories and that savings have been achieved with negligible staff redundancies. Over 5 years, only 0.7% of staff have been made redundant but 26% have been transferred to a new organisation. The report concluded that the long-term impact on the pathology workforce and the quality of pathology services is worth further investigation.

Reference

1 Satta G, Edmonstone J. Consolidation of pathology services in England: have savings been achieved? *BMC Health Serv Res*. 2018 November 15; **18(1)** 862.

The Diggle Microbiology Challenge

These multiple-choice questions, set by Dr Mathew Diggle, are designed with Trainees in mind and will help with preparation for the Microbiology Part 1 FRCPath exam.

Question 18 from February's ACB News

A HCW sustains a needle stick injury from an IVDU. These are the blood results from the IVDU:

- *HepBsAg – negative*
- *antiHepBc – negative*
- *HIV 1&2 Ab – negative*
- *HVC Ab – positive*
- *HCV RNA – detected*

Which of the following is the best course of management for the HCW?

A) Reassure the HCW that there is no risk of transmission

B) Test the HCW immediately for HCV RNA

C) Test the HCW at 4/52 for antibodies to HCV

D) Test the HCW at 6/52 for HCV RNA

Answer

D) The best course of management is to test a Health Care Worker (HCW) at 6/52 for HCV RNA which may be detectable at this stage. HCV serum at baseline, 6/52, 12/52 and 24/52 after exposure. Test for HCV RNA at 6/52, 12/52, and for anti-HCV at 12/52 and 24/52.

There are two parts to the detection of HCV in this case in a HCW (who is part of a possible BBFE), we have both serology and PCR. The PCR can detect RNA quite early on, however serology is also important and useful, especially further on in the possible exposure, thus the above statement covers all aspects, both 6 weeks for RNA and then at 12 weeks, along with serology at 6, 12 and 24w and we also look at anti-HCV at 12w and 24w.

Question 19

Can you link the correct organism with the pathogenicity described?

1. *Vibrio cholera*
2. *Clostridium tetani*
3. *Clostridium botulinum*
4. *Bacillus anthracis*
5. *Corynebacterium diphtheriae*

A. *Increases adenylate cyclase with overproduction of cAMP, leading to a net outflow of fluid and electrolytes.*

B. *Produces oedema factor and necrosis factor and protective factor to cause disease.*

C. *Binds Ach synthesis by interference with ribosylation of elongation factor.*

D. *Blocks inhibitory neurones in CNS resulting in spastic paralysis.*

The answer to Question 19 will appear in the next issue of ACB News – enjoy!

Immunology News: Who do you talk to?

Rachel Wheeler, Sarah Linstead & Wendy Armstrong, South West London Pathology, St George's Hospital, London

On 12th February the ACB Southern Region Scientific Meeting was hosted by Immunology at St George's Hospital, London. The theme was communication between the laboratory and the world around it – doctors, other healthcare staff, the media and the general public. The meeting's excellent speakers covered a wide range of topics.

We started the day with a presentation from Consultant Haematologist, Dr Fenella Willis. Dr Willis described the vital role of the laboratory in the rapid diagnosis of myeloma, as well as the part it plays in the monitoring process and assessment of prognosis. In a disease such as myeloma, where delayed diagnosis can have such a negative impact on prognosis, it is critical that we recognise significant results, and ensure prompt communication with requesting clinicians. The laboratory can also provide a critical link between Primary Care and the hospital haematology team, further helping patients receive specialist care in a timely manner.

Dr Tim Wreghitt, Consultant Clinical Virologist at Addenbrookes Hospital, gave us an entertaining talk about his experiences, together with Dr Joanna Sheldon, running the Royal College of Pathologists' stand at the RHS Chelsea Flower Show. He regaled us with tales of royalty and other celebrities, illustrated with many striking photos of the various famous people who had visited over the years. He shared his insights into the hard work that goes into public engagement, but also the huge rewards, such as witnessing a 'lightbulb' moment when someone connects with the science being presented.

Professor David Oliveira, who specializes in immunological renal disease at St George's Hospital, spoke of the contribution that laboratory tests make to the diagnosis and treatment of renal disease. He highlighted, in particular, the phospholipase A2 receptor antibodies associated with membranous glomerulonephritis. The Biochemists in the audience found it particularly helpful to hear about renal disease from a more immunological perspective.

Next, we heard a fascinating talk on work developing the production of medicines in plants. Dr Julian Ma, Director of the Institute for Infection and Immunity at St George's Hospital, described how plants can be used to produce recombinant proteins, including the production of specific antibodies in tobacco plants. He has a powerful vision of this technology enabling poorer countries to manufacture (or rather grow) their own medicines locally. He described the communication challenges along the way, particularly dealing with public perceptions of genetic engineering.

There was an ulterior motive for this meeting though, as the day culminated in a talk from Dr Joanna Sheldon, Director of the Protein Reference Unit at St George's Hospital, who is retiring this year. Jo gave us her perspective on laboratory communication by drawing on her long experience from working in the NHS. Who knew the bell-shaped curve could tell us so much! She emphasised the importance of

personal communication with our colleagues; of knowing who we are talking to on phone calls and with emails, to deliver the best patient care.
Dr Sheldon retired in May, and leaves behind a long-lasting legacy in the Protein Reference Unit, but also in all those Immunologists and Biochemists who have benefited from her teaching over the years. We would like to personally say a heartfelt thank you to Jo!

There are many areas of medicine where results and expertise from the different pathology disciplines play an important role in patient diagnosis and treatment, contributing hugely to an improved patient experience. This meeting demonstrated how we can learn from colleagues in other laboratory specialties, and how the tools of good communication are valuable to us all. We would encourage everyone to consider using their regional meetings as an opportunity for cross-discipline communication and joint learning. ■

Dr Tim Wreghitt and Dr Joanna Sheldon with Joanna Lumley at the Chelsea Flower Show

Publication Deadlines

To guarantee publication, please submit your article by the 1st of the preceding month (i.e. 1st July for August 2020 issue) to:

editor.acbnews@acb.org.uk

We try to be as flexible as possible and will accept articles up to the 20th to be published if space allows. Otherwise they will be held over to the next issue.

If we are aware that articles are imminent, this gives us more flexibility and we can reserve space in anticipation.

If in doubt, please contact Ian Hanning, Lead Editor, via the above e-mail. ■

Deacon's Challenge Revisited

No 8 – Answer

A patient receiving total parenteral nutrition is receiving 11.8 g nitrogen/24 h as amino acids. Urinary urea excretion is 580 mmol/24 h.

Indicating what assumptions you make, calculate whether she is in positive or negative nitrogen balance.

MRCPath November 1999

First calculate the urinary nitrogen excretion from the urea excretion:

Formula of urea: $CO(NH_2)_2$ Atomic weight of nitrogen = 14

Therefore each mmol of urea contains 2 x 14 = 28 mg of nitrogen

and the urinary nitrogen excretion is 580 x 28 = 16240 mg/24 h

Divide by 1000 to convert to the same units as intake (g/24 h):

Urinary nitrogen excretion = $\frac{16240}{1000}$ = 16.2 g/24 h (3 significant figures)

Nitrogen balance = nitrogen intake – nitrogen excretion

= 11.8 – 16.2 = -4.4 g/24 h

Therefore the patient is in negative nitrogen balance.

Assumptions made:
No other significant route for nitrogen excretion (i.e. urea loss via gut, sweat or fistulae).
No other significant nitrogen loss in the urine (i.e. amino acids, ammonia etc).
Urine flow adequate to minimise urea reabsorption.
That all amino acid nitrogen is converted to urea.

These assumptions are never true and it is quite common for urinary urea to account for between 60-90% of nitrogen loss. Adjustments have been proposed to attempt to correct for other nitrogen losses:

Addition of 20% to allow for other urinary nitrogen losses.

$$\text{Adjusted urinary nitrogen excretion} = 16.2 \times \frac{120}{100} = 19.4 \text{ g/24 h}$$

Addition of 2g/day to account for other routes of loss (e.g. faeces).

$$\text{Adjusted total nitrogen excretion} = 19.4 + 2 = 21.4 \text{ g/24 h}$$

$$\text{Adjusted nitrogen balance} = 11.8 - 21.4 = -9.6 \text{ g/24 h}$$

So the patient would be in an even greater negative nitrogen balance.

Question 9

A male adult with Type 1 Diabetes Mellitus forgot to take his insulin. His blood glucose concentration, which was 5 mmol/L, rose to 15 mmol/lL in two hours.

Estimate the effect on his plasma sodium concentration, assuming that no other water intake nor loss of water from the body takes place during this time, indicating what assumptions you make.

MRCPath November 1998

Frontiers in Laboratory Medicine Day 2

Gemma Reidy, Senior Clinical Biochemist, UHCW NHS Trust

On Wednesday 29th January I was fortunate enough to attend the second day of the FiLM meeting as an Emerging Leader delegate. This thought provoking day aimed to open up discussion around Pathology Networks and the lessons that can be learnt going forwards. Dr Bill Morice from the Mayo Clinic in Minnesota, US, opened day two by summarising talks from the previous day encouraging laboratories to drive innovation, and how the formation of networks within Pathology can further this ambition.
The morning session consisted of inspirational talks from leaders in their fields from all four corners of the United Kingdom and the afternoon concluded with prestigious guests from further afield parts of Europe and the United States.

David Wells, Head of Pathology Consolidation at NHS Improvement, described how consolidation of services can provide operational benefits that lead to service improvements. Networks cannot thrive based on 'empires of old' as the needs of the service dictate their establishment, with the most successful being driven by laboratory requirements and not finance departments. Future contracts should be drawn up to include education and sustainability, allowing innovation to become a normal part of the network function. Whilst a benefit of network establishment should see the cost per test decrease, the use of the Pathology Quality Assurance Dashboard can be used as a tool to improve standardisation throughout the networks.

Dr Bill Morice, Mayo Clinic

From a Scottish perspective Dr Bill Bartlett described how the complex geographical landscape in Scotland complicated the already difficult task of forming effective Pathology networks. Although the Scottish Government were the driving force for the change as a cost saving measure, the Scottish laboratories have aimed to establish a value centred approach by proposing a distributed service across clinical networks. Whilst establishing a network, ensuring a continuation of service is necessary and effective data management and IT services are essential. In order to ensure equality of access to all Scottish patients, three network regions were formed, each with a Chief Executive that reported to a National Oversight Board, with a focus on total cost of care. The Scottish networks aim to focus clinicians and laboratories on the patient with the use of patient centred KPIs.

Dr Michael Ryan presented a Northern Ireland viewpoint on the formation of Pathology Networks. This region of the UK was driven to form networks as laboratory services collapsed due to difficulties in recruiting and retaining qualified and competent laboratory staff. For this region political 'empires of old' again proved to present a challenge to creating a network within the existing 5 Pathology Trusts. Whilst equality of representation was desired, getting those that opposed the change on-board was very difficult. Establishing a representative network board enabled network decisions to be ratified and agreed but making these a reality remains difficult. The continued lack of standardisation increases risks as well as costs, and a consensus based approach to reference ranges, SOPs and coding is still desired for the region.

Presenting a Welsh outlook, Annette Thomas, from Cardiff and Vale University Health Board, offered an exciting account of the creation of a very successful POCT network across Wales. This was driven by inequality in service across Wales leading to the Health Boards coming together to direct the Welsh Government as to what was needed for improvement. A single POCT website was created as a resource for all the Health Boards and procurement of services was value based, as it included not only equipment but also training and informational retrieval as examples.

The morning talks highlighted that when developing a Pathology network, each region of the UK will have different drivers for change and each will experience unique obstacles along the way. Pathology laboratories must work together in order to steer the focus to a value based and patient centred approach, to ensure Networks are not established on cost saving decisions alone. Pathology-led developments need to consider not only instrumentation and staff numbers, but also IT capabilities, data handling and future training. By doing this education, sustainability and innovation will form part of network structures that can provide equality of services to all patients across the UK.

As networks grow, so does the quantity of data generated. The afternoon sessions provided insight into the world of big data and the huge possibilities it provides to drive advances in healthcare and Pathology. The potential exists to revolutionise diagnosis, treatment and monitoring of diseases, which could provide a huge cost saving for the NHS as a whole. To do so requires the translation of big data into something meaningful. The NHS has responded to this opportunity by developing Clinical Bioinformatics roles within healthcare science, in anticipation that each laboratory in the future will benefit from having a big data expert. A balance needs to be maintained between model complexity and human interpretability however, and the conflict

between individual and public health drivers needs to be carefully managed.

The formation of Pathology networks and utilisation of modern IT systems have been successfully implemented in the field of Cellular Pathology to tackle an impending workforce crisis.
The development of algorithms for the analysis of digitised pathology images has allowed digital pathology to reduce workloads, resulting in focus centring on clinical samples requiring urgent attention. These can then be reviewed by Histopathologists across a network to provide equality of services for all regions.

Dr Sam Roberts, Director of Innovation and Life Sciences from NHS England, closed the presentations by describing the role of her department in giving patients access to best innovative practice within the NHS. The Board look at what Diagnostic Guidance has been released by NICE and at the nationwide uptake of these processes. The team then approach networks to ask them what barriers are preventing implementation of these recommendations and what is needed locally to overcome them. They aim to provide a motivator to get action in place by providing funding for change.

There are exciting times ahead for Pathology, as we learn to work together to continually improve and innovate our NHS. This means working with colleagues from the same discipline across the nation, but also with academics and those in private industry to develop tools for improvement. Government bodies can help pull this together by identifying ideas to progress and providing local guidance when required, so that our nation continues to provide a world class healthcare service. ■

The Geoffrey Walker Award 2020

Hannah Delaney, Chair, ACB Trent, Northern & Yorkshire Committee

The Geoffrey Walker Award was established in 1999 in recognition of Dr Walker's contribution to Clinical Biochemistry in the Yorkshire-Trent Region. Dr Walker served as Secretary of the ACB (1972-1976), Chair of the Yorkshire-Trent Region (1978-1980) and as the Yorkshire-Trent Representative on the ACB Council (1981-1983). In 1992 he was made an Emeritus Member of the ACB in view of his exceptional contributions to the Association.

The award is open to all ACB Members within the Trent, Northern and Yorkshire (TNY) Region who are in active training. Applicants are required to do a short oral presentation of original work performed during their professional training.

After a few years of inactivity, we were delighted to receive three applicants this year. The presentations took place at the end of the Spring TNY Scientific Meeting in Sheffield. First up was Roger Bramley, a Clinical Scientist training at Leeds Teaching Hospitals NHS Trust. Roger presented his work on Purines and Pyrimidines: Method Development and Clinical Utility. Starting with a helpful reminder of the purine and pyrimidine pathways and the clinical manifestations of pathway disorders, Roger then went on to describe his work on setting up and validating a LC-MS/MS method for nineteen compounds with clinical utility. He then described his pilot study in which, not only did he verify reference ranges and diagnostic cut-offs, but he actually identified an undiagnosed patient with APRT deficiency! Next up was Divya Patel, also a Clinical Scientist training at Leeds Teaching Hospitals NHS Trust. Divya presented an overview of her work on Tyrosinaemia. Divya reminded the audience of how tyrosine is synthesised, its function as precursor for a number of important biological molecules, its metabolic pathway and the five inherited disorders caused by enzyme deficiencies in this pathway. TYR1 is the most severe form of tyrosinaemia and early identification and treatment leads to a better prognosis. Divya's work looked at developing and validating a quantitative LC-MS/MS method for the marker succinylacetone, to replace a qualitative and time-consuming colorimetric enzymatic assay

Roger Bramley of Leeds Teaching Hospitals NHS Trust being presented with the Geoffrey Walker Award by Hannah Delaney, ACB TNY Committee Chair

which has the added disadvantages of observer bias.

Last up was Adam Lomas, a Specialty Registrar in Chemical Pathology/Metabolic Medicine at Sheffield Teaching Hospitals NHS Foundation Trust. Adam presented his data on Renal Phosphate Handling Testing. Adam looked at the indications and interpretation of TmP/GFR and patterns of requesting and reporting at STH. His data suggested that the quality of testing could be improved by standardising the pre-analytical and post-analytical phases. A great end to three fascinating talks. It was impressive to see what a high standard of work is going on in the TNY region. After a tense few minutes whilst the panel of judges deliberated, the scores were in. Many congratulations to Roger Bramley for winning the title of Best Presentation. Roger was given an engraved award in permanent recognition of his achievements. In addition, he was awarded a £100 book token and a £1,000 bursary towards the cost of attending a national or international meeting. Book tokens worth £50 were awarded to Divya and Adam.

All in all a great end to our Spring Scientific Meeting. ■

Lynn Faulds Wood

Lynn Faulds Wood, who died of a stroke on 24th April at the age of 72, was a Scottish television presenter and journalist. She presented the consumer affairs programme *Watchdog* between 1985 and 1993 and the *Lynn'll Fix It* consumer slot on GMTV from 2003 to 2009. She was diagnosed with stage 3 bowel cancer in 1991 and was found to be clear of the disease five years after surgery. That illness led her to use her training and personal experience to campaign for better diagnosis and treatment of bowel cancer. She founded the charity Beating Bowel Cancer in 1997, followed by Lynn's Bowel Cancer Campaign in 2003, and was also active at European level, co-founding the European Cancer Patient Coalition in 2003 (ecpc.org) with the motto "Nothing about us without us!". Lynn was the first Chair of ECPC's Steering Committee.

Lynn was a hugely effective patient advocate and an obvious choice to represent the voice of patients at the Launch Event for Lab Tests Online (UK) on 16th June 2004. She joined Mike Hallworth (LTO (UK) Chair 2002-2008), Rosie Winterton MP, then Minister of State at the Department of Health and Sue Hill (Chief Scientific Officer) at Richmond House in London to inaugurate the new website. Speaking at the event, Lynn said *"Patients love to know what is being done to them, and they have a right to know. Lab Tests Online is a great way to find out!".*

Stephen Halloran MBE, former Director of the South of England Bowel Screening Hub and founding Editor of LTO (UK) writes: *"Lynn's unexpected skirmish with bowel cancer death when 41 years old triggered a life-long commitment to help others avoid this all too common disease. She championed changes to lifestyle and nutrition, to early detection by awareness and screening and to the adoption of innovative treatments. Her initiatives, the charity Lynn's Bowel Cancer Campaign, and the European Cancer Patient Coalition have increased awareness and improved early treatment. Lynn's enthusiasm, energy and the dogged determination, cultivated whilst a consumer champion as the Watchdog reporter/presenter, equipped her for a contribution from which so many have benefited."*

Lynn Faulds Wood (left), Rosie Winterton MP and Mike Hallworth at the LTO (UK) launch event in June 2004

Lynn graduated from Glasgow University with an MA in Languages and was awarded an honorary DLitt from Glasgow Caledonian University in 2004 for services to bowel cancer.

She is survived by her husband, John Stapleton, also a journalist and broadcaster, and their son Nick. ■

MJH

Industry Insights: June 2020

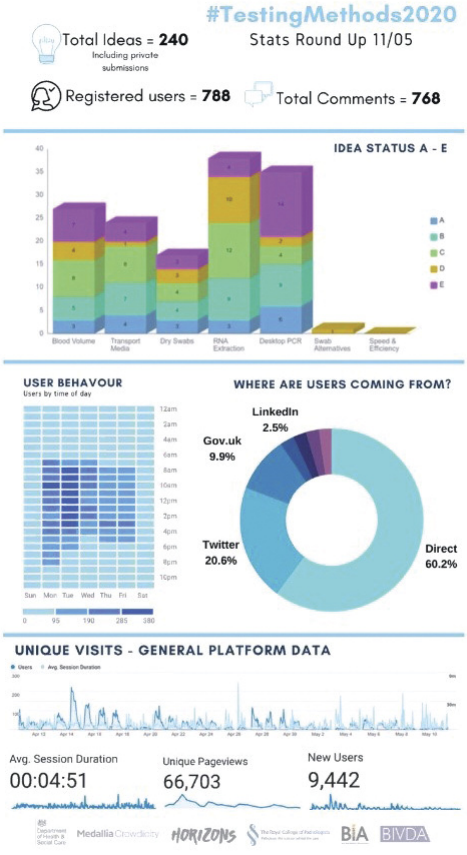
Doris-Ann Williams, Chief Executive, BIVDA

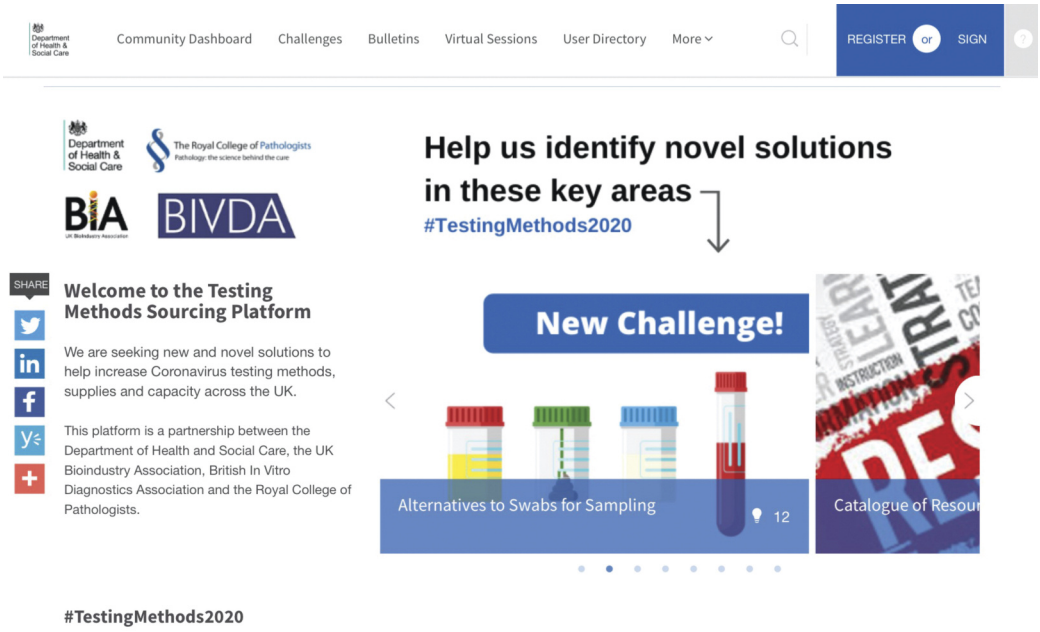
I never imagined when I last wrote for the *ACB News* in February that the COVID-19 infection would become such a massive pandemic. Like for many of you, my life has been totally dominated by working on COVID related issues for the last two months but it has brought a few positives with it and rapid adoption of innovation is one. So I thought I'd share one piece of innovation which I have been a part of delivering.

When the Secretary of State for Health and Social Care, Matt Hancock MP, made the statement about delivering 100,000 (PCR) COVID-19 tests by the end of April, industry had only been properly engaged in discussions the day before. So BIVDA put on the record in the press that this ambition was a Government target and industry had not committed to any numbers. Obviously BIVDA and our members were supportive and I was part of a group involved in some brainstorming over the weekend of 4th and 5th April regarding pinchpoints in the delivery. A chance remark during that thinking was 'how great it would be if we could crowd source ideas in the same way money is collected to fund projects' brought us to NHS Horizons and the creation of the Testing Methods Platform for idea challenges (**https://testingmethods.crowdicity.com**).

This was duly launched the following Friday (Good Friday) to some trepidation. Would anyone notice over a Bank Holiday weekend? But people did and with some push from social media, a small community began to gather. Anyone can submit ideas to a challenge idea and there is an ability to post things privately if these can't be in the public domain for IP or other reasons – although we encourage public sharing if possible. People can also build on ideas with comments or just register and read for interest.

The most incredible thing was the team spirit within the group of officials, NHS Horizon, the Crowdicity guys (who are amazing) and the 'champions' Professor Jo Martin, Professor Dame Sue Hill, Sonia Gandhi (Crick Institute), Steve Bates (BIA) and myself. Over the three weeks after the launch we met on





line very morning to discuss, refine and sort out the ideas that were being added to the page. I've learned lots about the social science involved through the enthusiasm of Helen Bevan and her team at NHS Horizons. Even the DHSC Minister Lord Bethell, who was given responsibility for the COVID Testing Strategy by the Health Secretary, has been enthused, is registered as part of the online community and tweeted about it.

At the time of writing in mid-May, there had been two seminars hosted under the Pathology Alliance to talk about the Testing Methods platform and its activities which have been attended by around 200 people from around the world – the Platform has enabled global reach. It is likely that a similar method will be employed as activity around the pandemic continues and other aspects of healthcare need innovative ideas at speed. I'd encourage anyone to have a look and maybe this will become one of the things in our new normal moving forwards. ■

ACB News Crossword

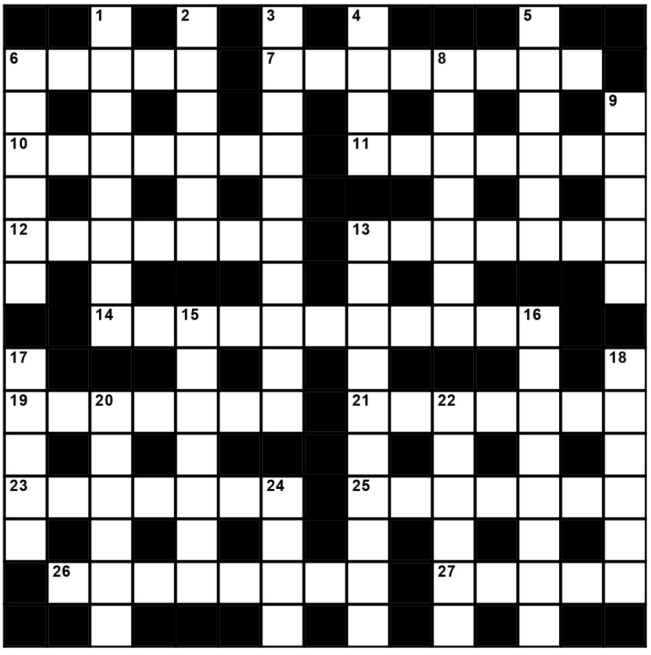
Set by Rugosa

Across

6 Very serious vegan upset getting starter of rarebit instead of nuts (5)
7 Debate is involved with current metabolic problems (8)
10 Structures with differing significance for doctor and dentist (7)
11 Noises return around start of school term (7)
12 Capacity satisfied (7)
13 Worry angel cake odd, loaf lopsided (7)
14 Mutable carniverous pathogen (11)
19 Representative (old flame) got stout (7)
21 Treated call about "Go back one" as reasonable (7)
23 Provides treatment of many itches (7)
25 Old book describes flighty nurse embracing doctor (7)
26 This abdominal structure, twisted, could be it, nothing less! (4,4)
27 German and French express their affirmation for Board constitution (5)

Down

1 Cavil and nag dreadfully about current production (8)
2 Dieting can produce such a body (6)
3 Entrance badly contaminated – not on! (10)
4 Permit transfer (4)
5 Clarify concerning financial penalty (6)
6 Doctor challenged but held out, got scan (6)
8 One who tries writing to the Queen? (7)
9 Sneak about secret enemy (5)
13 Wangle the first valid original measure of the stretch between peaks (10)
15 Obsequious person, nine in class (7)
16 Synthesis of first stable enteric hormone (8)
17 Lawrence starts current high school (5)
18 Injured playmates not yet for possible transfusion (6)
20 Acid sort of emergency care assistant to come in shortly (6)
22 Caper put doctor in gaol (6)
24 Heard trained while tight (4)



Solution for April Crossword