Lothian NHS Board

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Date: 08/03/2024
Your Ref:
Our Ref: 8419

Enquiries to : Richard Mutch
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Dear

FREEDOM OF INFORMATION – ARTHRITIS

I write in response to your request for information in relation to arthritis within NHS Lothian.

Question:

1. In 2022/2023 (or for the last recorded year with data available), in your Trust/Health Board, how many of the following did you record?
   a) Paediatric patients with suspected septic arthritis in native joints
   b) Paediatric patients with suspected prosthetic joint infection (PJI)
   c) Adult patients with suspected septic arthritis in native joints
   d) Adult patients with suspected prosthetic joint infection (PJI)

Answer:

This data is not formally collected "all" aspirations of suspected infected joints (native or prosthetic) for adult patients. This will also differ according to acute or chronic infections in the prosthetic group of patients. As those with chronic infection may be managed more as a planned case whereas a patient/s with a suspected acute infection are likely to be managed as an emergency. Regarding C/D – this data is not collected (rheumatology)

Under the Freedom of Information Act NHS Lothian is not required to create new records to enable it to respond to your enquiry. This information is not collated or held in aggregate form and it would be necessary to review all case files relating to patients over the period you have requested to assemble the information you seek. Even if NHS Lothian did this – and there would be significant cost implications in doing so – it would be unable to respond in full to your request. The information requested is therefore exempt under section 12.1 – Cost.

Question:

2. Does your Trust/Health Board follow or have any locally developed/adapted guidelines for the diagnosis and treatment of septic arthritis in native joints and prosthetic joint infections in both adults and paediatric patients?
   a) If yes, please state which guidelines have been adapted and please provide a copy of your local guidelines

Answer:

BOAST guidelines: BOA Standards for Trauma and Orthopaedics (BOASts) – There is no local guidance.

Question:

3. When investigating suspected septic arthritis in native joints in both paediatric and adult patients, is a synovial fluid sample collected before or after antibiotics are administered and commenced?
   a) Is joint aspirate collected in ED/triage, Assessment unit, inpatient ward, or theatre?
   b) Who typically performs the procedure and collects the sample? (Please specify job role)
   c) Does the above differ for suspected prosthetic joint infections? If yes, please clarify how this differs

Answer:

Ideally aspiration prior to commencement of antibiotics, however this is dependent on the clinical scenario. The joint could be aspirated in all the stated areas in point (a). For some joints such as a hip joint this would typically need imaging for the procedure, and this may be done in the radiology department under ultrasound guidance or in theatre under x-ray guidance. The aspiration would typically be performed for the orthopaedic ST or consultant. However, this can also be undertaken by the ED team or the radiology team. Generally, more prosthetic joint aspirations are undertaken in the theatre, but again depending on clinical scenario.

Question:

4. What clinician would typically manage paediatric patients with suspected septic arthritis in native joints? (please select one or multiple)
   I. Paediatric Consultant
   II. Orthopaedic Consultant
   III. Infectious Diseases Consultant
   IV. Other (please specify)

Answer:

i. Initially the paediatric orthopaedic consultant following that it would be the infectious diseases consultant

Question:

5. Are patients discharged before culture results from synovial fluid aspirate are received? If yes, what requirements need to be met before patients are discharged?

Answer:

Not generally. But this depends on the clinical scenario. If a patient fluid confirms gout they may be discharged with worsening advice prior to culture results. The oncall team will then

follow the patient up with the results. This depends entirely on the overall clinical picture and level of suspicion of a septic joint. Cases are sometimes discharged with advice to return if worsening and for the team to follow up the results as they come through.

Question:

6. For adult and paediatric patients with suspected septic arthritis of native joints, what are the mean turnaround times (in hours, or if more appropriate, working days) for results on the following tests from receipt of specimen: (please provide an answer for each result) -
   a) Gram Stain
   b) Culture
   c) Blood culture
   d) White blood cell count

Answer:

6.	Unable to get this information from the LIMS but have provided info based on target TaT
a.	Same day as receipt
b.	Up to 6 days for positive. Negatives at 48h
c.	Negatives at 48h. Positives up to 7-8 days
d.	Same day as receipt

Question:

7. Does your Trust/Health Board conduct PCR testing of bacteria from synovial fluid of patients who have suspected septic arthritis of native joints?
   a) Is this testing conducted on site?
   b) At what point is testing requested – when the culture is negative or on request?
   c) How long is the average turnaround time for results from receipt of specimen?
   d) What organisms are routinely tested for?

Answer:

a.	No
b.	On request
c.	7 days
d.	See https://media.gosh.nhs.uk/documents/Bacterial_and_Fungal_PCR_Service_Summary.pdf

Question:

8. Does your Trust/Health Board conduct 16S PCR testing of bacteria from synovial fluid of patients who have suspected septic arthritis of native joints?
   If yes:
   a) Is this testing conducted on site?
   b) At what point is testing requested – when the culture is negative or on request?
   c) How long is the average turnaround time for results from receipt of specimen?
   d) What organisms are routinely tested for?

Answer:

a.	No
b.	On request
c.	7 days
d.	See https://media.gosh.nhs.uk/documents/Bacterial_and_Fungal_PCR_Service_Summary.pdf

Question:

9. For joint infections, in your Trust/Health Board, please confirm the following:
a) Which roles or stakeholders are involved in the design of diagnostic pathways and introducing change/pathway improvement?
b) Which team(s) hold the budget for investing and implementing in new technologies across the pathway (e.g. rapid diagnostic testing)?

Answer:

a.	Individuals involved in relevant clinical and scientific aspects of Laboratory Medicine service, Individuals from clinical service(s) relevant to the diagnostic pathway
b.	Laboratory Medicine and specific clinical area's interested in new technologies

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: https://org.nhslothian.scot/FOI/Pages/default.aspx

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing, Midwifery and AHPs
Cc: Chief Executive