

Wrightington, Wigan and Leigh Teaching Hospitals

NHS Foundation Trust

Information Governance Department

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WN1 1XX

Email: foi@wwl.nhs.uk

Web: www.wwl.nhs.uk

Ref: FOI/2024/9609

Date Received: 8th February 2024

Response Due: 7th March 2024

Date: 16th April 2024

Dear Sir/Madam,

With reference to your request for information received on 8th February 2024, I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we do hold the information you have requested. A response to each part of your request is provided below.

In your request you asked:

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)**

This information is not centrally recorded as the Trust does not code “suspected” arthritis.

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**

The Trust follows National Guidelines.

Paediatric – <https://www.boa.ac.uk/resource/boast-the-management-of-children-with-acute-musculoskeletal-infection.html>

Adults – <https://academic.oup.com/rheumatology/article/45/8/1039/1784962>

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?

An out of theatre setting.

b) Who typically performs the procedure and collects the sample? (Please specify job role)

A suitably trained and qualified health care professional, this could cover various job roles.

c) Does the above differ for suspected prosthetic joint infections? If yes, please clarify how this differs

Suspected prosthetic infections are preferentially aspirated in a theatre environment.

4. What clinician would typically manage paediatric patients with suspected septic arthritis in native joints? (please select one or multiple)

- I. Paediatric Consultant - X**
- II. Orthopaedic Consultant – X**
- III. Infectious Diseases Consultant**
- IV. Other (please specify)**

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?

Yes. Improving clinical picture with corresponding improvement in inflammatory markers.

Questions for lab/diagnostic team(s):

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

2-4 Hours

b) Culture

Direct culture 48 hours, enrichment culture 96 hours (if positive)

c) Blood culture

5 Days

d) White blood cell count

2-4 hours

7. Does your Trust/Health Board conduct 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?

N/A

- b) At what point is testing requested – when the culture is negative or on request?**

N/A

- c) How long is the average turnaround time for results from receipt of specimen?**

N/A

- d) What organisms are routinely tested for?**

N/A

- 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?**

No, sent to GOSH

- b) At what point is testing requested – when the culture is negative or on request?**

On request

- c) How long is the average turnaround time for results from receipt of specimen?**

7 Days

- d) What organisms are routinely tested for?**

Group B strep, Group A Strep, S. aureus, Kingella, Strep Pneumoniae

Joint question – input from both clinician and lab/diagnostic team:

- 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?**

Orthopaedics, Rheumatology, Microbiology

- b) Which team(s) hold the budget for investing and implementing in new technologies across the pathway (e.g. rapid diagnostic testing)?**

Pathology

If you are not entirely satisfied with this response, please do not hesitate to contact the Information Governance Department via the email address provided. If we do not hear from you within 40 days, we will assume that we have been able to accommodate your request under the Freedom of Information Act 2000.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Sanjay Arya', with a long horizontal stroke extending to the right.

Sanjay Arya
Medical Director

PLEASE NOTE:

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to: Information Governance Department, Wrightington, Wigan and Leigh NHS Foundation Trust, Suite 9, Buckingham Row, Brick Kiln Lane, Wigan, WN1 1XX.

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision at:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire, SK9 5AF

Helpline number: 0303 123 111