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Request for Information Reference: 02.24.22

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Email only

5th March 2024

Dear

Freedom of Information Act 2000 – Request for Information

Thank you for submitting a request for information which we received on 8th February 2024 in relation to County Durham and Darlington NHS Foundation Trust (the Trust). Your request has been processed under the provisions of the Freedom of Information Act 2000 and I am now able to provide you with a response.

Your request was in relation to Joint Infection Services and I am providing the following information in response to your specific questions:

FOI Request:

I am writing to request your assistance with an open government request relating to your joint infection services according to the Freedom of Information Act 2000.

Please kindly complete the below questions.

Questions for clinical team(s):

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

6

b) Paediatric patients with suspected prosthetic joint infection (PJI)

0

c) Adult patients with suspected septic arthritis in native joints

36

d) Adult patients with suspected prosthetic joint infection (PJI)

59

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

There is no formal pathway in place for the treatment of these very rare patients, there is no MDT. Paediatric patients are treated by all on-call consultants and normally with the advice of Paediatric Infectious diseases Great North Children's Hospital.

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

Trauma and Orthopaedics Department

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)**

Paediatric consultant

- 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 patients are discharged before these results are available if they are clinically well.

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

Urgent samples within 2 hours of receipt

7. Culture

Initial culture results 2-4 days depending on growth and follow up tests, enrichment culture results: 7-10 days.

8. Blood culture

Incubated for 7 days, culture results depend on the time it takes to flag positive.

9. White blood cell count

Semi-quantitative - performed as part of gram stain within 2 hours.

- 10. 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?**

No

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

Would send for 16S PCR

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

d) What organisms are routinely tested for?

See question 8

11. Does your Trust/Health Board conduct 16S PCR testing of bacteria from synovial fluid of patients who have suspected septic arthritis of native joints?

Yes

If yes:

a) Is this testing conducted on site?

No

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

Both on Consultant Microbiologist Request

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

8 days

d) What organisms are routinely tested for?

This would depend on age of patient – combination of Strep. pneumoniae, Staph. aureus, Strep. agalactiae, Strep. pyogenes, Kingella kingae.

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

12. 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?

Orthopaedic service with input from clinical specialist services (diagnostics), ED etc. depending on pathway.

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

This would depend on the technology – if diagnostic it would likely sit within the Clinical Specialist Services care group performing the test (e.g. pathology or radiology) in collaboration or support of Orthopaedic service.

In line with the Information Commissioner's directive on the disclosure of information under the Freedom of Information Act 2000 your request will form part of our disclosure log on the Trust's website. However please be assured that we anonymise all responses prior to adding them to the disclosure log.

I hope that this response has provided you with the information you had requested. If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me by telephone or in writing. If however, you are dissatisfied with the way in which your request has been handled and would like an internal review, you will need to contact me in writing at the above address or via cdda-tr.cddftfoi@nhs.

If you remain dissatisfied with our response following an internal review you have the right to appeal to The Information Commissioner at Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. More information is available on their website; www.ico.gov.uk.

Yours sincerely

Corporate Records and Freedom of Information Facilitator