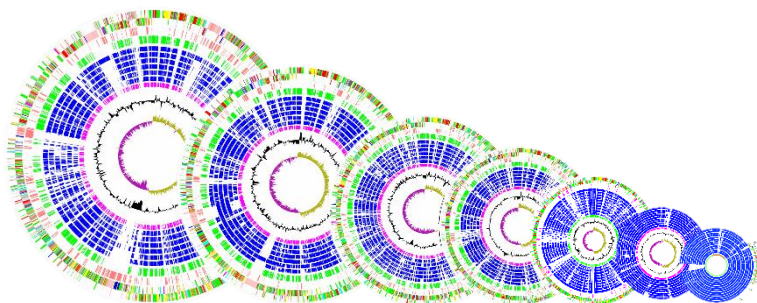


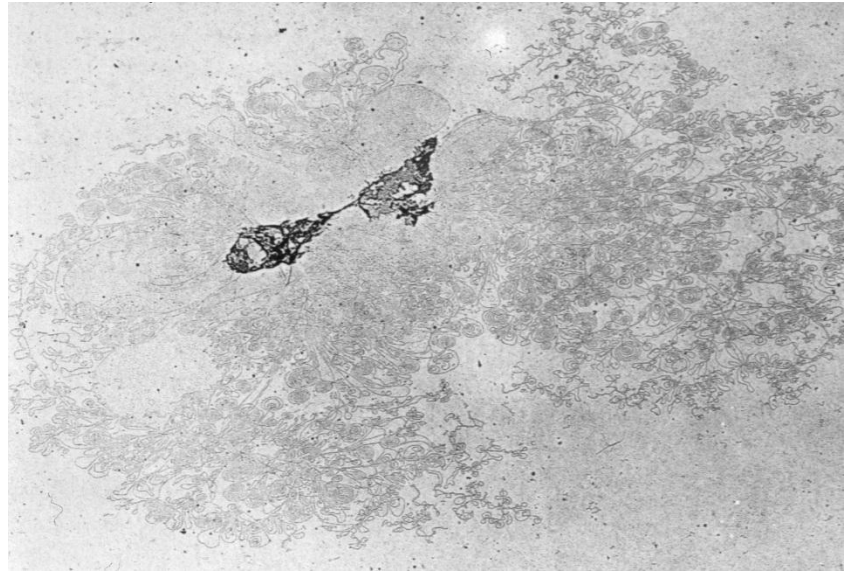
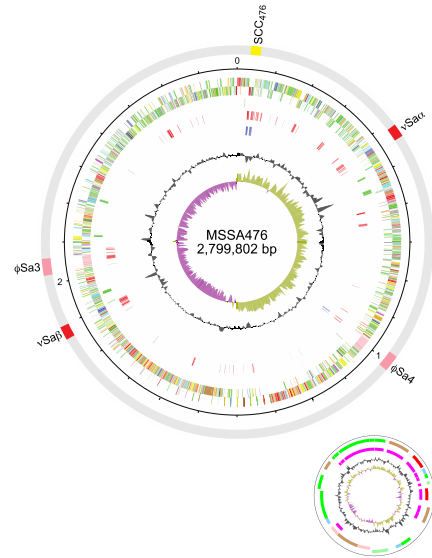
Implementation of Whole Genome Sequencing (WGS) in Microbiology Reference Services

Prof Matt Holden, University of St Andrew and Health Protection Scotland on behalf of the Dr Camilla Wiuff, Strategic Lead Microbiology, Health Protection Scotland and the WGS Service Transformation Group



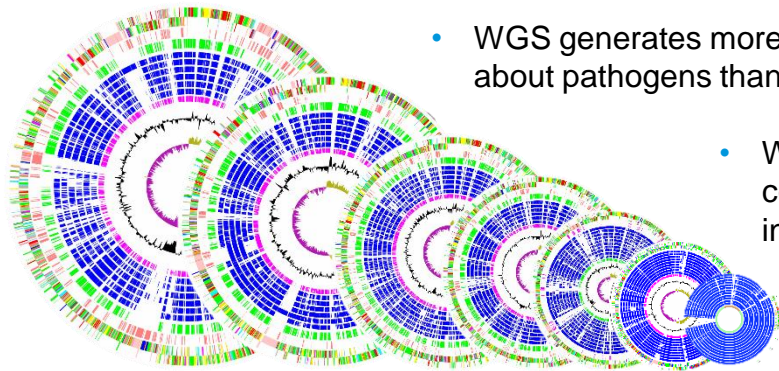
Healthcare Science Annual Event, 70th Anniversary of the NHS Celebrating Achievement Building Influence
28th June 2018

Whole Genome Sequencing and Genomics



WGS is a game changer in the global fight against infection

- WGS is a new technique that allows us to read the genetic code of bacteria to guide optimal treatment, track their spread and break the chain of disease transmission.
- WGS generates more accurate and comprehensive intelligence about pathogens than any other technique.
- WGS will transform how we investigate and control outbreaks and how we manage infected patients.



The journey to WGS in public health microbiology in Scotland

- Prior to 2013, individual Scottish reference laboratories had established collaborative WGS research projects with academic partners
- However, there was no coordinated approach to implementing WGS in public health microbiology (PHM) services
- A national workshop on future WGS based PHM services initiated a coordinated approach to introduction of WGS technology in two reference centres in Glasgow and Edinburgh (2015)



Our strategic objective

....is to implement and provide a sustainable, resilient, responsive, high quality and cost effective microbial WGS capability for NHS Scotland.

The WGS Implementation Group

Clinical governance

Since 2015 the national steering group, **WGS Implementation Group**, has driven and overseen structured implementation of WGS

Since 2017, the WGS IG was included in the Scottish Health Protection Network's (SHPN) coordination of national public health developments

Operational developments

The **WGS Service Transformation Group** has contributed to development of all parts of the service, including laboratory methodology and setup, bio-informatics analysis and IT built



Health
Protection
Scotland



University of
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WGS Service Transformation Group (WGS STG)



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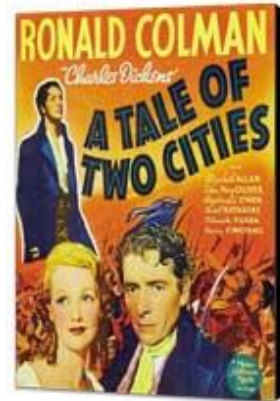
Collaborative working

Service transformation within budgetary constraints

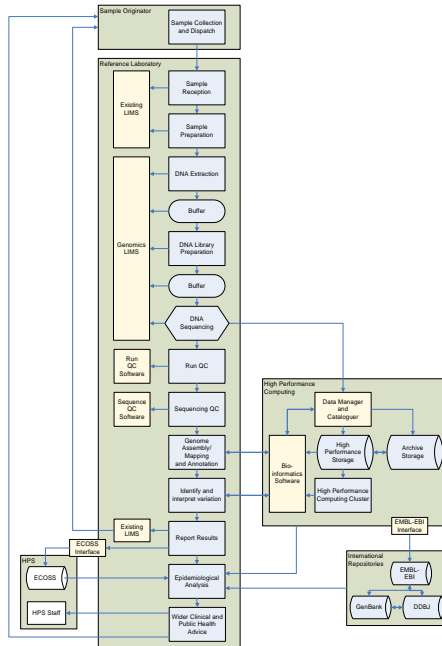


Service design and planning

- Options appraisal of WGS providers resulted in ‘2-site reference laboratory model’ with organism/clinical area specialised services
- The model provides service flexibility, responsiveness, resilience, scalability and strategic oversight that will allow optimal response to public health threats and emergencies
- Utilising the expertise and clinical leadership of existing reference laboratory and HPS teams



Designing the architecture of the service



- With NSS business analyst we designed the generic architecture of the two-site service delivery model
- It defines WGS-based services from patient sample to reporting of result for patient and public health purposes
- It identified further points for option appraisal



Planning and prioritisation of services

- Prioritisation exercises involved reviewing WGS service landscape in Scotland, and readiness for transformation to WGS based services including:
 - ❖ Readiness for WGS by micro-organism; pilot studies, research, availability of bio-informatics pipelines and typing schemes, validation methods/equipment
 - ❖ Patient and public health needs
 - ❖ External drivers in the PHM service landscape (PHE/UK, NHS, ECDC, GMI, FAO/WHO, PHG)

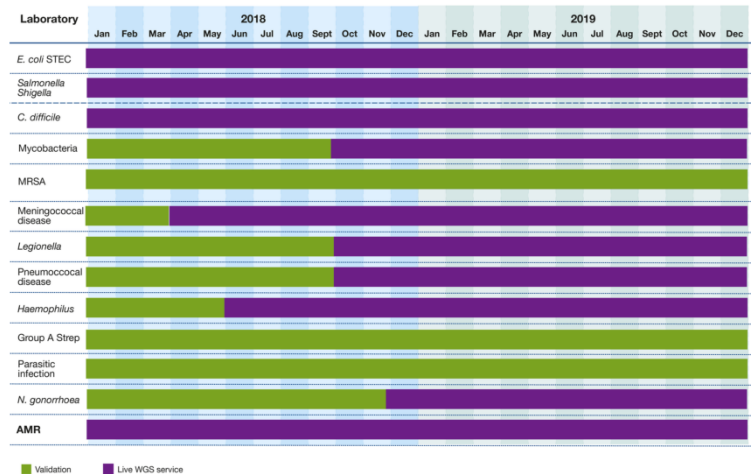
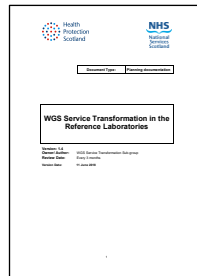
Flexible and responsive planning approach

Quarterly review of progress and summary of challenges

- Pilot studies (progress)
- Laboratory optimisation (wet lab side)
- Bio-informatics analysis (pipelines)
- IT developments (local and national)
- Capacity optimisation

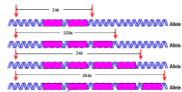
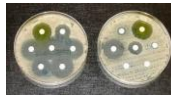
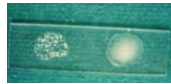
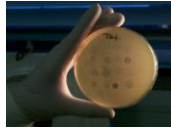
Review and revision of ops plans

- New service roll-outs



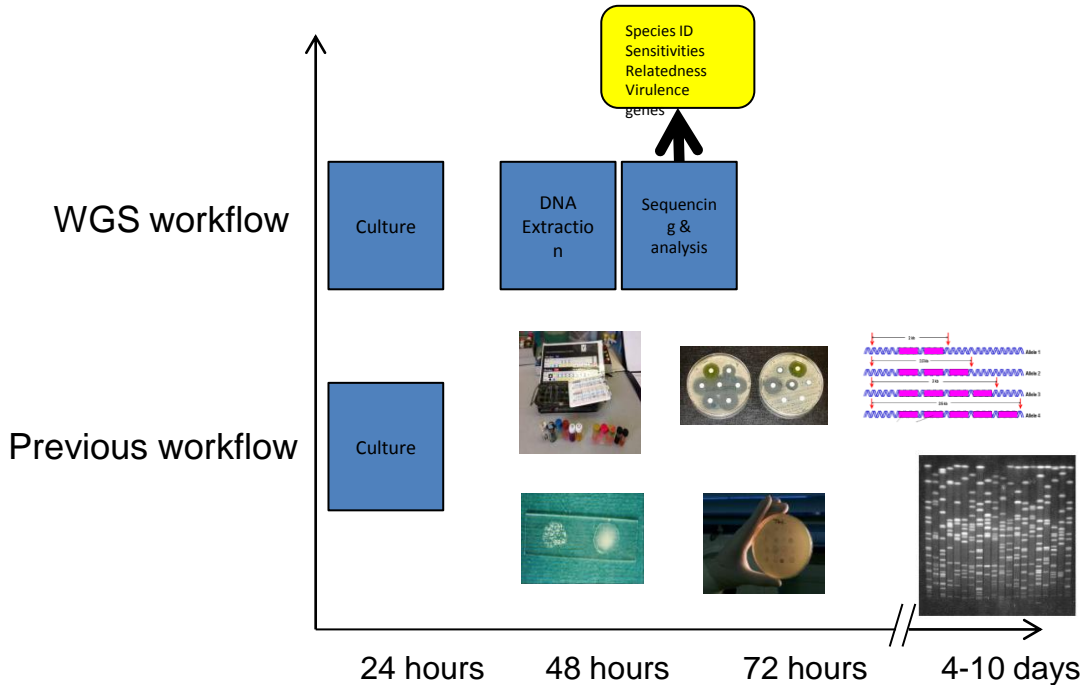
Amalgamation of workflows onto a single platform (WGS)

- Biotyping
- Phage typing
- Serotyping
- Antibigram typing
- Organism specific techniques



Illumina MiSeq
benchtop sequencer

Amalgamation of workflows and reduced turnaround time

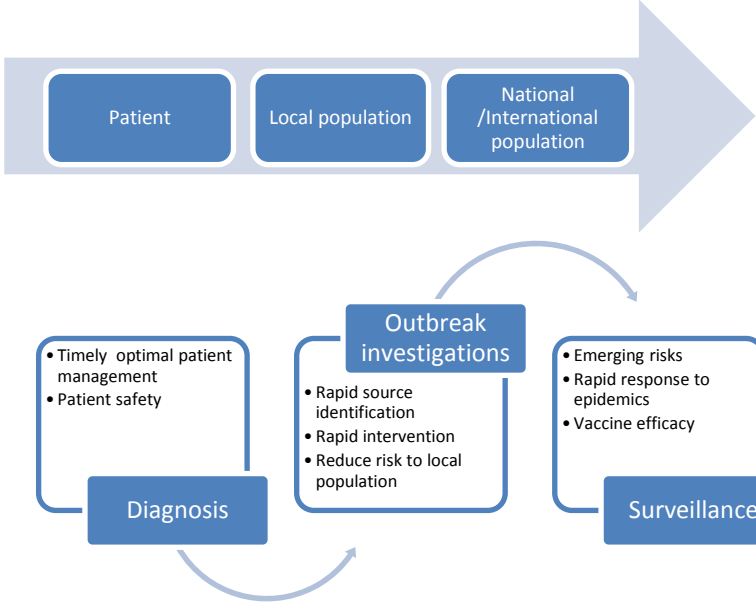


Benefits to staff



- Less work in “silos” and **more work in multi-service teams** (e.g. involvement in *Salmonella*, STEC, TB, MRSA etc)
- **Less person-dependency** as many staff can carry out the generic WGS functions
- More focus on the **scientific specialist role** (at all staff grades) in the epidemiology of communicable diseases as spending less time at the laboratory bench
- Possible advantages for career progression and job flexibility

Clinical and public health benefits



Benefits to patients and the public health from WGS since August 2017



Diagnosis
STEC
Salmonella/Shigella
AMR profile
Optimal treatment



Outbreak investigations
20 STEC & 21 *Salmonella* clusters
Distinguish local from national/UK
outbreaks (e.g. links to UK-distributed
burgers and dog food)

Intervention at source



Rapid analysis for colistin resistance
Salmonella Agona -EU investigation of
infant milk powder
Salmonella PT2 in eggs distributed
across Europe

Rapid resolution and intervention

← Improved patient outcome - Number of infections prevented? →

WGS Implementation

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