

North Glasgow Sector

Biochemistry Laboratory User (GP) Survey

In April 2017, North Glasgow Biochemistry circulated a survey to Primary Care. We received back 29 responses from 149 users, covering 95 practices. The survey showed that the majority of users are satisfied with the service, as follows:

- · Selection of lab tests
- Turnaround time for results (1 disagree)
- Provision of results/reports (3 disagree)
- · Clarity of reports (5 disagree)
- · Availability and quality of professional advice provided
- · Communication or urgent / unexpected results (6 disagree / 1 strongly disagree)
- Effective handling of telephone queries (3 disagree / 1 strongly disagree)
- · Courteous handling of telephone enquiries
- · Satisfactory access to electronic reports (1 disagree / 1 strongly disagree)

A number of respondents added specific comments, which we would like to address.

Results / **samples missing** – We would encourage users to contact the laboratory promptly if samples or results have gone missing, as the laboratory may not be aware that the results have not been received by the user. This is a serious concern and one that should be addressed at the time the issue is identified. The laboratory has specific rules for rejection of requests for certain tests that are not clinically indicated within a given timeframe (details are available in the laboratory handbook). These rejected requests are manually reviewed and any exceptions to the rules can be processed, if adequate clinical details have been provided.

Telephoning abnormal results – The laboratory has procedures in place governing the telephoning of critically abnormal results. These are based on RCPath guidance and have been agreed across NHSGGC Biochemistry. Between 9am and 5pm, Monday to Friday, results are telephoned back to the practice. Out of hours, critical results are telephoned to GEMS. It is not feasible to telephone all abnormal results to users. However, we endeavour to highlight any unexpected, clinically significant abnormalities where possible. Appropriate clinical details allow us to carry this out most effectively.

Contacting a Biochemist – Duty Biochemists are available between 9am and 5pm, Monday to Friday and between 9am and 1pm on Saturday and Sunday. There is also an out-of-hours service, which is available through switchboard, for any urgent enquiries outside routine hours.

Test requesting – NHSGGC Primary Care users should all now have access to electronic requesting. There is an ICE users' group, which discusses any suggestions / recommendations for changes. We would encourage any suggestions for changes to be made to either the Head of Department or the GP ICE lead (Dr Alistair Taylor). All suggestions will be reviewed.

Thyroid function test comments – Good quality interpretation of thyroid function tests requires knowledge of clinical information as well as the biochemistry results. Duty Biochemist staff are always available to discuss individual results and would encourage users to use this service. The laboratory endeavours to ensure that TFT interpretation is in line with that provided by Secondary Care Specialist colleagues.

Interpretative comments – We endeavour to provide relevant clinical comments where possible. Appropriate clinical details allow us to carry this out most effectively. Of note, we are only able to review a selection of the results produced by the laboratory. If there are any clinical queries regarding a result, a Duty Biochemist is always available for advice.

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Paper reporting – Printed report formats have been reviewed and standardised across NHSGGC. Any suggestions for changes should be made to the Head of Department. NHSGGC are in the process of reducing paper reporting. This has been successfully piloted in a number of practices and should be rolling out further over the next year.

Adding tests – The electronic ordering system is not able to administer add-on tests. The email add-on system allows an audit trail of the add-on request. However, any urgent add-ons can be telephoned to the laboratory. If there are any concerns with adding any specific tests, please contact the Duty Biochemist or Head of Department.

Duty Biochemist 0141 211 4003 (option 3) Head of Department, Dr Janet Horner, <u>janet.horner@ggc.scot.nhs.uk</u> Technical Services Manager, Christine Brownlie, <u>Christine.Brownlie@ggc.scot.nhs.uk</u> Quality Manager, Linda MacKinnon, <u>linda.mackinnon@ggc.scot.nhs.uk</u>

Polycystic Ovarian Syndrome – investigation and management

A new NHSGGC clinical guideline on the investigation and management of PCOS has been published on the Clinical Guideline Directory on Staffnet. This can be accessed via the following link (N.B. You may need to paste the address into your web browser):

http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/GGCClinicalGuidelines/GGC%20Clinical%20Guideli nes%20Electronic%20Resource%20Direct/Polycystic%20Ovarian%20Syndrome%20-%20%20Investigation%20and%20management.pdf

Discontinuation of serology testing for Legionella pneumophila and Legionella species infection

After consultation with the Reference Laboratories Advisory group, SHLMPRL will no longer provide a diagnostic serology service for L. pneumophila and Legionella species. From the 1st of April 2018, SHLMPRL will no longer accept sera for the primary diagnosis of L. pneumophila or Legionella species infections.

Other testing available for investigation of suspected Legionnaires' disease at SHLMPRL:

- 1. Confirmation of Legionella urine antigen positive specimens.
- 2. Legionella species PCR from respiratory specimens
- 3. Culture of Legionella species from respiratory specimens.
- 4. Confirmation/identification of putative Legionella species isolated from water/environmental sources.
- 5. Genotyping Legionella isolates associated with outbreaks.

If you have any queries, please contact the Reference Lab on 0141 201 8659.

We would be delighted with your feedback on issues that you would like us to address in the newsletter. We are also keen to reach as large an audience in primary care as possible. Do you have suggestions how we can widen distribution? Comments or suggestions can be sent to:

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