





# **North Glasgow Sector**

# **Biochemistry Service User (GP) Survey 2022**

In March 2022, the Biochemistry Department sent out a questionnaire to all primary care physicians within NHSGGC. This guestionnaire aimed to assess whether the service provided by the Biochemistry Department was acceptable, and gather information on aspects that could be improved within the service. This guestionnaire was sent to 80 GPs, feedback was provided by 9 respondents (11%). The feedback overall was very positive with 100% of respondents finding the comments that accompany the results useful in aiding interpretation. Furthermore, the majority of respondents (78%) find the telephone conversations with the Duty Biochemist useful. Some of the feedback praised the accessibility of the advice and rapid turnarounds.

### Information sources

It was noted that a big proportion of respondents do not use or are not aware of additional information sources available: the GP Handbook (56%), the Biochemistry Website (78%) or read the GP Newsletters (56%) for further information.

The link for these resources are:

GP Handbook: https://www.nhsqqc.scot/staff-recruitment/staff-resources/laboratory-medicine/biochemistry/ Website: https://www.nhsqgc.scot/staff-recruitment/staff-resources/laboratory-medicine/biochemistry/northalasaow-biochemistry/

GP Newsletters: https://www.nhsqgc.scot/staff-recruitment/staff-resources/laboratorymedicine/biochemistry/north-glasgow-biochemistry-newsletters/

## Additional collections

Some respondents suggested collections for back pain (with tests to exclude myeloma, prostate cancer), eating disorders (with magnesium test included) and a liver screen. The respondents also suggested adding a collection that would make it easier (without so many forms) to request female/male hormones for transgender patients on hormones.

Some of the collections requested already exist in the electronic requesting system, however these are not often available to primary care as some of the tests are more appropriate for secondary care. The Biochemistry Department believes that adding more generalised collections (i.e. back pain) may lead to unnecessary specialised testing as a 1st line investigation in primary care, particularly in the case of the liver screen. This screen contains a large number of tests that would not be appropriate to request as a 1st line investigation in primary care, which would not only increase workload, but also the chance of an incidental finding.

Regarding requests for transgender patients, these mainly come from the Sandyford clinic, for which the Biochemistry Department has provided easier access to request male/female hormones. Our IT Team is currently working to remove gender restrictions in ICE in order to facilitate requesting tests for transgender patients.

### **Urgent Telephone Calls**

67% of respondents are aware of the critical results that are phoned urgently and 75% feel adequately informed about the uses and limitations of the tests available. These values are lower than when the survey was last performed in 2019 (84% and 79% respectively). Please refer to the resources above if you have any queries or contact the duty biochemist if you have any further questions.

It was asked for the Duty Biochemist to consider phoning when there are multiple slightly abnormal results, particularly before a weekend. However, the Biochemistry Department worries that this would undermine the importance of the phone calls from the Duty Biochemist, as these should only be performed for critical results. These critical limits have been defined based on clinical evidence whereby a particular value for a particular test was found to be life-threatening.



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#### Add-on requests

The Biochemistry Department acknowledges that progress on the transition from Architect to Alinity analysers has not been shared with primary care, thus GPs are unaware of the issues that prevent reinstating add-on tests. We are making every effort to remove this inconvenience, and once add-on requests can be reinstated, the Biochemistry Department will notify primary care.

#### Advice on low magnesium

Regarding advice for low magnesium, there is a GP newsletter from Clyde available that addresses this topic at: <a href="https://www.nhsggc.org.uk/media/238911/clyde-laboratory-newletter-issue-6.pdf">https://www.nhsggc.org.uk/media/238911/clyde-laboratory-newletter-issue-6.pdf</a>.

The North Glasgow Biochemistry team are very grateful to everyone who took the time to respond to the survey and are always open to feedback from more of our users to help us to improve our service. Please feel free to contact us if you have any further queries or requests.

- Duty Biochemist 0141 242 29500 (option 2)
- North Glasgow Lead Clinician and Head of Service for Biochemistry and Immunology, Dr Maurizio Panarelli, maurizio.panarelli@ggc.scot.nhs.uk
- Technical Services Manager, John Hepburn, <u>john.hepburn@ggc.scot.nhs.uk</u>
- Quality Manager, Louise Boughen, <u>louise.boughen@ggc.scot.nhs.uk</u>

# **Paper Request Forms**

We continue to receive the joint Biochemistry / Haematology request forms from some surgeries. This joint form should **not** be used in the North Glasgow sector. We have to photocopy these for each department causing a delay in sample analysis. Please order the correct forms from PECOS using the codes below:

Biochemistry forms: G05159 Haematology forms: G05192

Please remember that ALL samples should be placed into clear plastic sample bags. One bag per patient. Samples for different laboratory departments should be placed in the appropriate transport bags.

### **ICE Labels**

If you are still having a problem producing clear scannable ICE labels, log a call with the GP IT Service Desk.

# **Urgent Results**

Lab staff spend a considerable amount of time navigating the ever increasing choices on the GP answerphone messages in order to convey urgent results to the surgeries. It would greatly assist us in this if each practice could provide a direct dial number for lab use. Please contact <u>angela.winters@ggc.scot.nhs.uk</u> with your practice code and direct access telephone number.

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: