

November/December 2017

**SPECIAL  
EDITION**

**NHS**

University Hospitals  
of Leicester  
NHS Trust

# GP Newsletter

*Caring at its best*



Welcome to the November/December edition of the GP Newsletter

## **PATHOLOGY SPECIAL EDITION**

This special edition of the GP Newsletter focuses on the Blood Sciences and contains information which we hope you will find useful.

If you have any queries or concerns about the service please feel free to contact the following:

**Hafiz Arif**

Head of Operations for  
Blood Sciences

Tel:

0116 258 6501

Email:

[Hafiz.Arif@uhl-tr.nhs.uk](mailto:Hafiz.Arif@uhl-tr.nhs.uk)



## **Communication Options**

We would like to remind you of the different lines of communication available for your use:

### **GP Practice IT problems**

These should be directed to Leicestershire HIS Service Desk in the first instance.

[www.hisservicedesk.leicestershire.nhs.uk](http://www.hisservicedesk.leicestershire.nhs.uk)

### **Missing Pathology Results**

For enquiries related to missing pathology results please email our Pathology IT Support Mailbox:

[PathITSupport@uhl-tr.nhs.uk](mailto:PathITSupport@uhl-tr.nhs.uk)

### **For all other enquiries**

Please email our General Pathology Mailbox:

[pathology@uhl-tr.nhs.uk](mailto:pathology@uhl-tr.nhs.uk)

## **User Satisfaction Survey**

**Thank you to everyone** who completed the user survey issued in May, the information provided will be used when making proposals and decisions regarding the delivery of laboratory services and the improvement of Pathology Services, in collaboration with the Commissioners.

There were a number of comments received regarding transportation and we have just completed a pilot across 10 GP practices which has received excellent feedback. We are analysing the survey results along with the pilot data to inform future discussions with Commissioners about the provision of our pathology services.



For further information please contact Hafiz Arif, Head of Operations for Blood Sciences on **0116 258 6501** or [hafiz.arif@uhl-tr.nhs.uk](mailto:hafiz.arif@uhl-tr.nhs.uk)

# Storage of Samples for Chemical Pathology Tests

Pathology specimens should be transported to the laboratory as soon as possible after collection. Delay could result in deterioration in the specimen and invalidate the results of investigations carried out. This document provides guidance on which samples may be stored overnight and how to store these samples to prevent deterioration.

Test/Profile	Bottle	Storage of Sample
<b>U&amp;Es</b> (sodium, potassium, urea and creatinine) <b>LFTs</b> (ALT, ALP, Bilirubin) <b>Bone Profile</b> (Albumin, Calcium, Phosphate, ALP) <b>Magnesium</b> <b>Digoxin</b> <b>Osmolality</b>	Serum Gel 	<b>DO NOT STORE</b>  Sample to be sent to lab within 6 hours.  Do not put in a fridge prior to sending sample to the laboratory
<b>PTH</b>	EDTA tube 	<b>DO NOT STORE</b>  Sample to be sent to lab within 6 hours.
<b>Glucose</b>	FI/Ox tube 	<b>DO NOT STORE</b>  Sample to be sent to lab within 6 hours.
<b>HbA1C</b>	EDTA tube 	<b>OK TO STORE</b>  whole blood in fridge overnight
<b>GGT</b> <b>Cortisol</b> <b>PSA</b> <b>CK</b> <b>Lipid Profile</b> (fasting) (Cholesterol, triglycerides, HDL cholesterol, LDL cholesterol) <b>Gender Hormones</b> (LH, FSH, Oestradiol, prolactin, progesterone, testosterone, SHBG) <b>Tumour Markers</b> (CA125, CA19.9, CEA, AFP, HCG) <b>HCG</b> (pregnancy) <b>TDMs</b> (Paracetamol, Salicylate, Lithium, Theophylline, Anticonvulsants)	Serum Gel tube 	<b>OK TO STORE</b>  whole blood in fridge overnight
<b>Others NOT listed</b>		<b>Please phone laboratory</b> 

## Notes:

Some surgeries have access to a centrifuge. In these instances samples can be spun down according to the manufacturers guidance and stored in the fridge prior to sending to the laboratory for analysis the following day.

Specimens for room temperature storage should not be exposed to extremes of temperature e.g. placed in direct sunlight, near a heat source (e.g. radiator) or allowed to chill or freeze. Ideally, they should be kept in an insulated container between 20°C–25°C.

## Non-HDL reporting

The laboratory has begun to report non-HDL. This has been operational since 06 November 2017

### What is non-HDL?

**Non HDL = Total cholesterol - HDL.**

It is a measure of the total atherogenic load and the information it provides is equivalent to that provided by LDL. NICE recommends its usage (CG181) and the benefit is that, unlike LDL, it can be calculated in non-fasting samples.

### Targets for treatment

**Ideally aim to reduce non-HDL by 40%** especially in those with higher CVD risk for primary prevention and aim to **reduce it to <2.5mmol/L for secondary prevention.**

**Further details can be found under Lipid Guidelines on the LMSG website.**

### If there are any questions please contact:

Dr P Gupta, Consultant Metabolic Medicine and Chemical Pathology at [pankaj.gupta@uhl-tr.nhs.uk](mailto:pankaj.gupta@uhl-tr.nhs.uk)

## Benefits of using Sunquest ICE electronic requesting

As you all know 80 % of GP's use Electronic requesting when ordering Pathology tests.

### The benefits of this are as follows:

- **The risk of any transcription errors in the laboratory is significantly reduced.**
- Provides an **audit trail** that will notify you once the patient sample has been received in the laboratory
- **Results are sent electronically** to the requesting clinician, which is much faster.
- **Informs the phlebotomist** which sample bottles are required for the tests that have been requested.

**Can we kindly request that everyone uses electronic requesting when ordering a Pathology test.**

### If you have any queries please contact:

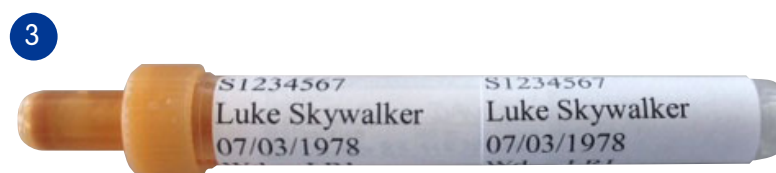
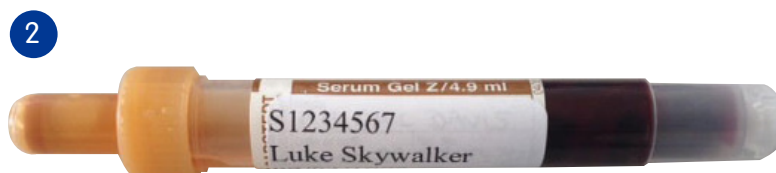
Dr Ginny Lee Consultant Clinical Biochemist  
[Virginia.lee@uhl-tr.nhs.uk](mailto:Virginia.lee@uhl-tr.nhs.uk) Tel. 0116 258 6553

# Using Printed Labels for Samples

The use of printed labels for labelling samples has helped to speed up the processing of samples as it is much easier to identify the correct patient. It would further help if the following points were noted to avoid any unnecessary delays during transition through our labs.

Ensure all appropriate information is included on the addressograph label. It should include full name (do not use initials) Date of birth, NHS or S number, date and time of collection.

- 1 Ensure the addressograph label is firmly stuck to the sample tube to avoid the label peeling off or attaching to the bag and being torn off when the sample is removed.
- 2 Ensure the addressograph label is neatly stuck over the existing sticker on the sample tube to fully cover any print. This helps with identification of the sample when the addressograph is read by our equipment.
- 3 Only use one label per tube. Multiple labels cause problems when the samples are placed on the analysers in the laboratory.



# A QUALITY IMPROVEMENT PROJECT CALLED ASSIST-CKD

ASSIST-CKD is a UK-wide collaborative quality improvement project led by Kidney Research UK. The aim of the project is to improve the treatment and outcomes of patients who have chronic kidney disease (CKD), focussing on those patients who have declining kidney function and may ultimately require dialysis or a kidney transplant.



**ASSIST-CKD explores the benefits of an eGFR graph surveillance system, which has been running at the Heart of England Foundation Trust (HEFT) in Birmingham since 2012.**

The project involves up to 20 main renal units, 25 pathology laboratories and their surrounding GP practices, covering an estimated population of 11-12 million people.

- Kidney dialysis treatment costs around £25,000 per patient per annum plus additional costs including transport, drugs, hospital admissions. The number of patients on renal replacement therapy in the UK is increasing by 4% year on year. Improvements in the management of chronic kidney disease to reverse this trend are a public health priority.
- In patients referred late for renal replacement therapy (conventionally defined as patients seen for the first time in a renal unit within 90 days of starting dialysis) mortality is doubled and healthcare costs are increased.



- Late referral is therefore an important cause of avoidable harm and is a key quality marker collected nationally by the UK Renal Registry.

The Department of Chemical Pathology and Metabolic Diseases at Leicester Royal Infirmary is one of 25 laboratories taking part in this project which went live in Leicestershire in October 2017

## How does it work?

- The intervention involves the surveillance of kidney function (eGFR) results within the pathology laboratory using a dedicated database.
- For each result indicating reduced kidney function, a graph is automatically generated that shows the trend in eGFR over a number of years.
- The graphs are reviewed in the lab. For those where the eGFR is clearly declining, a report is sent to the referring GP with a prompt that further action may be needed.
- No graph is sent for those where the kidney function is stable.
- The pathology database includes results from the community and the hospital and merges results from the same patient into one graph. It may be more complete than the GP surgery database.
- The ASSIST-CKD eGFR graph reporting system is an innovation that is being introduced as part of a nationwide project. By looking at long-term trends over time the system highlights the small number of kidney patients who are at greatest risk.

If you require further information please contact:  
Dr Ginny Lee, Consultant Clinical Biochemist,  
**0116 288 6553 or Virginia.lee@uhl-tr.nhs.uk**

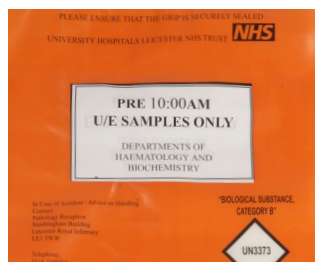
## Changes in where the Vitamin D test is located within ICE requesting

Previously the vitamin D test request has been on the front sheet - common test on Sunquest ICE. Upon the request of GPs and in an attempt to help to use Vitamin D testing more appropriately this test has moved to the chemistry screen as of 1st October 2017.

Paul Smalley, Pathology IT Manager



# Coloured bag system for sending samples to Pathology



## NEW ORANGE U&E AND BONE BAG

To help us process samples with minimal delay we have introduced a new Orange bag. Please use this bag for any requests that include a U&E and / or a Bone request taken before 10am.

U&E and Bone requests taken after 10am should continue to be placed in the usual green and red U&E and Bone bags.

### RED OUTER BAG

URGENT CHEM AND HAEM TESTS ONLY  
e.g. INR, Malaria, BHCG, Digoxin,  
Chemo patients, Temporal Arthritis,  
Downs screening, transfusion bloods

### BLUE OUTER BAG

MICROBIOLOGY AND VIROLOGY  
Including urgent Microbiology  
and Virology requests

### GREEN OUTER BAG

CHEMISTRY and HAEMATOLOGY  
Blood samples only.  
No U&E / bone requests  
Non-blood into White bag.

### YELLOW OUTER BAG

HISTOLOGY and CYTOLOGY requests  
e.g. Minor Ops, Cervical Smears

### PINK / WHITE OUTER BAG

IMMUNOLOGY samples only

### WHITE or BLACK OUTER BAG

Non-blood samples for Chemistry testing  
e.g. Urine Microalbumin, urine drug screens

### GREEN AND RED U&E AND BONE BAG

Chemistry and Haematology samples  
that include U&E and Bone requests  
**MUST** be placed in this bag.

### PURPLE OUTER BAG

SPECIAL HAEMATOLOGY  
Haemoglobinopathy screening  
(sickle cell & thalassaemia)

- This packaging system will need to be adopted by all staff who take and/or pack pathology samples. This may include nursing, reception and midwife staff groups.
- Please use electronic requesting
- Please place forms inside the bag face-up and do not fold them. This helps our team process the samples as quickly as possible.
- Please include full patient name, NHS number, Date of birth and the date and time of sample collection on all samples

For queries please call the **Specimen Reception Managers** on **0116 258 6531**  
or email: [paul.staples@uhl-tr.nhs.uk](mailto:paul.staples@uhl-tr.nhs.uk) or [jason.c.blake@uhl-tr.nhs.uk](mailto:jason.c.blake@uhl-tr.nhs.uk)

# Blood Sampling guidance for staff responsible for taking blood in general practice and in the community to minimise the incidence of falsely elevated potassium

Falsely elevated potassium accounts for a number of unnecessary emergency referrals to hospital and can occur during the collection, transport, or storage of specimens. Following the guidance below can help reduce the number of these falsely elevated results.

## Reducing the risk

## Correct Order of Draw (S-Monovette® System)

### 1. Adhere to the '**correct order of draw**' sequence to eliminate contamination:

Never tip blood from the FBC tube into another tube or go back to 'top up' specimens.

\*Even a very small amount of contamination from a FBC (Red Top) bottle will lead to falsely raised potassium\*.



### 2. Take steps to prevent haemolysis:

Avoid vigorous shaking the sample tube, fist clenching, forcibly expressing blood through a collection needle device into the tube and bending the collection needle.



### 3. Do NOT refrigerate unspun blood samples for U&E

Never refrigerate unspun samples for U&E as temperatures below 8°C result in the rapid leakage of potassium from red blood cells which can falsely elevate potassium.

Depending on how samples are transported and stored this same effect can be seen on very cold days\*.



### 4. You MUST send potassium samples to the laboratory the **same day**:

Always include the correct time and date the sample was taken (so we can identify any delays in sample receipt).

"Samples are usually unsuitable for analysis >12hrs after venepuncture".



Always ensure samples that include a routine request for U&E or BONE are sent in the printed '**Green Bag with Red Panels**'. This bag is specifically for samples that are time sensitive and therefore take priority when received at the laboratory.

# Laboratory Tours

Would you like to see what happens to blood samples after you have taken them and how we analyse these to produce the results which get sent back to you?

Are you a GP, Nurse, phlebotomist, Practice Manager or Administrative staff member of staff in a GP Practice?

We welcome and encourage you to visit our pathology laboratory so that you can see what happens in our busy department and observe how the blood samples are processed!

Please contact either [Paul.Staples@uhl-tr.nhs.uk](mailto:Paul.Staples@uhl-tr.nhs.uk) or [Jason.c.blake@uhl-tr.nhs.uk](mailto:Jason.c.blake@uhl-tr.nhs.uk) to arrange a laboratory tour  
Telephone **0116 258 6531** or **0116 258 6565**



## GP Education & Events

### Musculoskeletal Core Clinical Skills – training for GPs

**27 January 2018**

General Hospital  
8:00am – 1:00pm

Cost - £40.00  
(including refreshments)

**Contact:**

Nichola Coleman  
0116 256 3016 or  
[Nichola.Coleman@uhl-tr.nhs.uk](mailto:Nichola.Coleman@uhl-tr.nhs.uk)

**One Day Workshop**

**Primary Care refresher on Musculo-skeletal History and Examination Skills**

- Small group refresher training in history and examination techniques with consultants
- Interactive discussion in management options
- Role of referral pathways

PGE certificates supplied

Places limited to 40 – apply early!

### The Secret Life of the Pancreas

**16 January 2018**

College Court Conference Centre  
Knighton Road, Leicester, LE2 3UF  
6:00pm – 9:00pm

There is no fee for this course,  
however in order to confirm your place:

**Email:**

Sophie Noble  
[sophie.noble@uhl-tr.nhs.uk](mailto:sophie.noble@uhl-tr.nhs.uk)

**Presentations include:**

Anatomy and physiology of the Pancreas – Mr Neil Bhardwaj  
Acute Pancreatitis – Mr Deep Malde  
Pancreatic Cancer – Mr Giuseppe Garcea  
The role of the Pancreatic dietician – Ruth Boyce  
The role of the HPB Clinical Nurse Specialist – Sophie Noble

Certificates of attendance will be issued to all attendees of this course



If you would like more information about any articles in the newsletter or have suggestions for future editions, please do get in touch.

Catherine Headley  
0116 258 8598  
07931 206 247

[UHLGPServices@uhl-tr.nhs.uk](mailto:UHLGPServices@uhl-tr.nhs.uk)

## And finally...

**For general information** such as referring to us, GP education and previous editions of the GP newsletter, you can find it all (home or at work) by clicking here:

[www.leicestershospitals.nhs.uk/professionals/](http://www.leicestershospitals.nhs.uk/professionals/)

