

**MEETING DATES:**  
**12TH SEPTEMBER &**  
**12TH DECEMBER 2024**

# North & East Devon

# PATHOLOGY GP NEWS LETTER



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## PATHOLOGY ATTENDING:

- MANDY PERRY (CHAIR - SEPT & DEC)**  
BLOOD SCIENCES, RMN EASTERN
- JANE CHAPMAN (DEC)**  
MICROBIOLOGY, RMN
- JAY LACROIX (SEPT)**  
PATHOLOGY SERVICE MANAGER, RMN
- TIM McDONALD (SEPT & DEC)**  
BLOOD SCIENCES, RMN NORTHERN
- GEORGE ALLEN (SEPT & DEC)**  
BLOOD SCIENCES, RMN EASTERN
- MARY STAPLETON (SEPT & DEC)**  
BLOOD SCIENCES, RMN NORTHERN
- CHRIS CARR (SEPT & DEC)**  
PATHOLOGY ST, RMN NORTHERN & EASTERN
- LUCY RICHARDSON**  
IMMUNOLOGY, RMN EASTERN
- SAM SALSBURY (SEPT)**  
BLOOD SCIENCES, RMN EASTERN
- EMMA DODD (DEC)**  
BLOOD SCIENCES, RMN NORTHERN

## GPS ATTENDING:

- LAURENCE HAYWOOD (SEPT & DEC)**  
HENTON SURGERY, GP COMMITTEE FOR LMC
- NICK KEYBALL (DEC)**  
GP (DEPT OF PLANNED CARE LEAD)
- SURNAME AMBROSE (SEPT)**  
STONINGTON HEALTH CENTRE, NORTH DEVON
- MARIA MASTRANTONIO (DEC)**  
MULLINGBOK HEALTH CENTRE
- MARSHALL JONES-PALMS (SEPT & DEC)**  
BURY COUNTY PRACTICE, NORTH DEVON
- EMMA GREEN (DEC)**  
ST THOMAS PRACTICE

## 1. IMPROVING GP SPECIMEN TRANSPORT

Help us to improve your sample collection and transport!

A Peninsula-wide liaison group is looking at ways to optimise sample collection, transport and logistics between primary care centres and our laboratories. The intention is to find ways to streamline sample transport, reduce turnaround times, and improve accessibility and patient satisfaction.

The first step in this process will look at gathering information from primary care teams about current sample collection, phlebotomy services, sample storage, and transport practices to identify areas of improvement. We would be grateful if as many of you as possible could take part.

A survey will be distributed in the coming months - please keep an eye out for this, and also encourage your colleagues to complete it. The more information provided, the more improvement we can make!



## 2. MICROBIOLOGY ECONSULT NOW AVAILABLE ON ICE

eConsult for microbiology services launched on ICE from the 30th September - **This will replace the email system** used previously, and should be used for all patients with an NHS number.

Three options will be available when requesting advice:

- Additional antibiotic advice
- Simple advice
- Complex advice

**Requests for advice received before 4pm will be responded to the same day.**

The Microbiology team have prepared a letter and user guide which will be attached to this newsletter. Please refer to these for further information.



## 3. CHANGES TO SEARCHING FOR TESTS ON ICE

Please be advised that the **A-Z test list tab in ICE has been removed.**

All tests can still be found using the search function.

## 4. FERTILITY SAMPLES: GUIDELINES FOR PRIMARY CARE

Fertility are working towards updating the Devon Formulary to improve primary care access to diagnostic semen analysis. While these changes are underway, **the Exeter Fertility team have created a guidance document for primary care** which can be accessed at the Exeter Fertility website using the instructions below.

- [Click Here](#) or copy the link address below to go to the Patient Information page.  
<https://fertilityexeter.co.uk/patient-information/information-leaflets/>
- Use CTRL + F and search for "Diagnostic Semen Analysis" or "F/GL/17"
- Download the document.

Please use this document for information on:

- How to request semen analysis
- Collection instructions for patients
- Interpretation of analysis
- Best practice for delivering results
- Signposting & further support.



## 5. REQUESTING FERTILITY SERVICES ON ICE

All fertility services for primary care can now be requested via ICE.

Use the "Fertility" tab within the requesting page. This can be used to request the following tests:

- Semen analysis for Fertility
- Post-vasectomy reversal analysis
- PVSA (non-routine).

**An accompanying paper request is not required.**

Further instructions for requesting are provided in the Exeter Fertility Guidelines for Primary Care (Details for how to access this document are provided in item 4 above). **If you are unable to request analysis via ICE** for any reason, please also refer to these guidelines or contact fertility directly.

## 6. CHANGES TO BIOCHEMISTRY TELEPHONE LIMITS FOR CRITICAL RESULTS

Royal Devon University Hospitals have **updated telephone limits used for critical biochemistry results on 5th August 2024.** This follows agreement of telephone limits across Devon and Cornwall. These are based on national guidance from the [Royal College of Pathologists](#). A previous local agreement to telephone primary care potassium results of greater than 6 mmol/L will not be affected by these changes.

A full list of telephone limits are available at: [Blood Sciences General Information Exeter Clinical Laboratory International \(exeterlaboratory.com\)](#)

## 7. CENTRIFUGING GOLD TOP SAMPLES

When centrifuging gold top samples please leave the sample for 30 minutes before spinning.

**Early spinning can lead to erroneous results** due to improper separation of the serum. Waiting 30 minutes allows the clot to form and the gel layer to separate the serum from the clot and cells once spun.

**Centrifuging your samples in the GP Surgery can help prevent your patients from being unnecessarily admitted.**

Local data has shown that **samples which are not centrifuged in the GP practice have 75% more results outside of reference range**, with three times the number of results requiring telephoning compared to samples that are centrifuged in the surgery.

As a result of this, we have seen patients being urgently admitted out of hours due to falsely elevated results, which have then been perfectly normal when they are repeated on site.

**One case resulted in a 97 year old lady being admitted to the RD&E at midnight with a potassium of 8.0 mmol/L.** When her bloods were repeated at 3am, her potassium was normal. The first bloods had not been centrifuged, and the delay **caused a significant but false elevation**, which directly resulted in an unnecessary admission.

Please help us to keep your patients out of hospital by centrifuging samples before sending them to the lab!

## 8. HELP US HELP YOU: SAMPLE LABELS

Can you help us to process your samples quicker?

Here are a few things you and your team can do to help us get your results back quicker.

### 1. New requests for repeat samples

If a repeat sample is required for a test, a new request will need to be made in ICE. The original label will have the old/original request attached to it, so cannot be used again.

### 2. Leave a window

Did you know that Biochemistry uses a robot to sort their samples? The robot uses the gap between the label edges to look inside the tube and check whether the sample has been centrifuged - if this "window" is covered, it doesn't know what to do with it, and puts it into an error rack. Hundreds of samples go into this error rack every day. By leaving a window, the samples are automatically sorted and booked in, and can go straight onto our analysers.



### Did You Know?

Blood Sciences are based in a separate lab from Microbiology!

The bag colour tells our porters where to take the samples

## 9. SAMPLE BAGS: WHICH ONE TO USE?

We have had some feedback about GP samples being put into the incorrect bags, which has resulted in delays to analysis.

Using the right sample bag helps your samples reach the right lab quicker.

- **Blue Bags** are used for MICROBIOLOGY samples
- **Colourless Bags** are for BLOOD SCIENCES, Biochemistry, Haematology, Immunology CALPROTECTIN & FIT tests



Please share this poster with your team. [Click Here to view a larger version.](#)

**Yellow bags for microbiology urines are being phased out. Please use blue bags for these samples.**

## 10. RETIRING OLD FIT DEVICES

Please be advised that the older style **BLUE** fit pickers are being retired in the coming months and only the **MINT-GREEN** ones will be accepted after this date.

Please prioritise using the older **BLUE** pickers in the immediate term to use up your stock before they are retired at the end of March 2025



## 11. EXPLAINING THYROID FUNCTION TESTING

Please note that Biochemistry will automatically add an FT4 (Free Thyroxine) test to any sample with a **abnormal TSH level as part of standard practice. This has been in place for many years.**

FT4 and FT3 can be requested directly on ICE e.g. for patients on carbimazole, PTU, amiodarone; or patients with hypoparathyroidism (FT4 only).

If we detect a TSH of  $> 0.1$  mIU/L, it will be reviewed by Duty Biochemist team, who will add on any additional tests as appropriate.



## 12. NHS NUMBERS IN ICE

Do you have any patients who **DO NOT** have an NHS number?

The NHS number is required in ICE to help pull requests through into the lab system.

If your patient does not have an NHS number, please send the request on a paper form so we can process the request as quickly as possible.

Don't forget to label the sample with at least 3 points of ID.

If you have any comments or suggestions on how to improve the newsletter, or make it more accessible, please feel free to contact the Chair of the Pathology-GP Liaison meetings, Mandy Perry at [mandy.perry@rth.nhs.net](mailto:mandy.perry@rth.nhs.net)

We are also happy to provide printable versions of any images or diagrams provided.

Thanks for reading!  
*Sam & the Pathology - GP Liaison Team*