

Pathology Frequently Asked Questions (as of 15/10/20):

1. How long will the supply issues continue?

Testing capacity will increase over the next couple of weeks, it is anticipated that the labs will be back to full capacity by the end of October.

2. How far in advance should we cancel appointments?

We are recommending that practices cancel any non-urgent tests up to and including Friday 23th October (excluding the unaffected tests which are FBC, ESR, Coagulation – clotting screening and INR, Immunity and allergy testing and HbA1c. We will continue to provide updates regarding this.

3. What will happen to samples that have already been sent?

Pathlinks:

- Samples sent through on Mon 5th Oct and Tues 6th Oct are currently being stored and stabilised
- The lab is hoping to process all of these requests.
- Practices will be notified if samples have not been able to be analysed
- Practices can contact the Biochemists on the email below if they have any concerns on samples sent to Pathlinks :

Caroline.jagger@ulh.nhs.uk Lincoln + Grantham

Lesley.buswell@ulh.nhs.uk Grimsby + Boston

John.shepherd9@nhs.net Scunthorpe

4. What should happen with 2WW sample requests:

Any testing required as part of a 2ww referral is considered urgent and should be requested.

5. What tests can and can't be requested?

The following tests are unaffected

- FBC
- ESR
- Coagulation – clotting screen and INR
- Most immunology – immunity and allergy testing
- HbA1c
- Platelets

Urgent requests

Requesting other tests should be based on how urgent you think the test is. A rule of thumb would be that if it was a test that a patient hadn't responded to or attended for within 2 weeks of your request and you felt it urgent to follow up with the patient, then this would be the principle to apply for requesting an urgent test in these current circumstances.

Please only ask for the specific tests that are needed for the immediate management of the patient.

Do not add any non urgent tests onto an urgent request.

6. How do we make urgent requests?

Pathlinks:

These need to be made via email – for clarification, all requests marked urgent must be approved by the laboratory. **Please include the patients NHS number and at least the first 2 letters of their surname in the email request. This is to support the lab in their planning and ensure prioritisation of tests.**

We appreciate that this is an additional ask for practices so thank you for your support with this process. The Biochemists are working hard to respond to your requests in a timely manner.

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NWAFT:

NWAFT are processing urgent samples - at this time these do not require pre-approval. They have ceased processing and storing non-urgent samples. They have set up a dedicated enquiry line: 01733 678730

NWAFT have shared the attached patient letter which you may find helpful to use:



Patient information
for blood tests - 7th C

7. How should practices manage requests from the hospital for blood tests?

Where the patient has a hospital request form and is being monitored as an outpatient these tests are being analysed. **These tests will only be processed if they are on a hospital blood form so please do not transfer them to an electronic GP request.**

Pathlinks:

- Bloods on hospital forms do not need prior approval and can go straight to the labs. The labs are assuming that if a request is on a hospital form it is for a patient undergoing active treatment and therefore does not need approval.
- Pre chemo bloods and renal patient on regular follow ups – if these are on a hospital form they can go straight through without prior approval – please use the blood bottles hand labelled with all of the required details. Please do not convert hospital forms to GP electronic forms.
- If pre chemo or renal patient requests are on a GP form then please email the request through via the email addresses supplied, including the patients NHS number and the first 2 letters of their surname. They will be approved but still need to go through this route to support the labs in managing the requests

8. What happens if patient is on shared care and you don't have a request form?

Pathlinks - GP practice to contact pathlinks via e-mail address to discuss.

9. There is inconsistent communication across providers?

The CCG is linking with acute, community and pathology providers to ensure there is consistent information shared.

10. What has been communicated to ULHT?

Acute trusts have been instructed to manage demand for tests appropriately and only request the minimal tests required. This has been shared thorough the trust comms and in verbal updates to teams

11. What is happening with Paediatric blood tests?

ULHT are still completed clinically required tests within their inpatient settings, or outpatients by specific planned appointment.

12. Will practices be supported financially to provide additional clinics to deal with the backlog?

A number of practices have been able to repurpose appointments and we would encourage all practices to consider doing this whilst we continue to work through the reagent challenges.

Once the issues are resolved we will be better able to understand the impact. We will then work with primary care colleagues to understand what support is required to manage this.

13. What happens when a community nurse is asked to take blood samples?

If a GP has asked that a community nurse take blood on their behalf because they consider it is urgently required then it would be the GP that needs to e mail the lab, rather than the community nurse. The reason is that the GP is the person that has determined that it is urgent and therefore has the background information.