

24<sup>th</sup> September 2013

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Dear GP colleagues

Many of you will be aware that within Pathology at North Bristol Trust we have moved to a more efficient working pattern that means we are analysing GP samples late into the evening. This was in response to Primary Care requests for later sample collections and the need for quicker turn around times for results. However, due to processing results later this has caused an unforeseen problem with more abnormal results being telephoned to Out of Hours. Obviously this is a difficult situation for the clinicians receiving the results as they do not hold all the information required to make a clinical decision and sometimes do not have the appropriate contact information. Therefore, together with Brisdoc we have been looking at whether we can improve this situation.

In Pathology we are duty bound to pass on an abnormal result that may need urgent action within Primary Care. The Royal College of Pathologists has produced guidance on which results need to be telephoned and we have reviewed our local policies to make sure we are in line with national guidance. Within Biochemistry they have also made sure that all three local laboratories have the same policies. Therefore, we are confident that we will only be telephoning results that truly need attention urgently and cannot wait until the patient's own surgery is open.

One of the main issues seems to be the lack of correct contact information and therefore we are writing to highlight this problem. It is particularly important that the telephone number attached to the sample request is correct and that an up to date mobile telephone number is included. Although, these can be difficult to obtain it could be worth reviewing the phlebotomy process to include a review of telephone contacts at the time of sampling. We would also ask that you encourage our community nursing colleagues to do the same. In the absence of this information the outcome may be that the Police are called to gain access to a house. If the wrong address has been provided the consequences are significant but even if correct the episode may be avoided with telephone numbers or clinical information.

For urgent samples or when clinically significant results are anticipated including a management plan would also be extremely helpful. This applies particularly to requests for D-Dimers, Troponin and Lipase, because without this information there will be uncertainty regarding the need for admission if an abnormal result is telephoned through to Out of Hours. Attached is a document that will hopefully help to outline the responsibilities of those requesting samples and we would be grateful if you could review these and disseminate them to the appropriate healthcare staff.

Yours sincerely

*Dr Ray Montague*



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