GP Electronic Order Comms (ICE) Clyde Sector

As of the end of July GP Order Comms is fully implemented across all Clyde GG&C GP practices. Some important points to remember:

• If you have any problems with GP Order Comms, all calls should be logged with Phoenix  
  T: 0844 8631244, E: nhs@phoenix.co.uk

• Please continue to contact the laboratory for add on requests in ICE

• If ICE prints a request form, send it with the sample (including all Microbiology tests).

Recent ICE Updates

Tumour Markers

• CEA has been updated in ICE to ask for reason for request

• PSA updated to ask if there is known prostatic cancer

In order to assist with the more appropriate use of serum tumour markers in Primary Care, Pathology Harmony have developed guidance on the use of commonly requested tumour markers.

Fosfomycin

Fosfomycin may be recommended by microbiology for the treatment of multi-drug resistant organisms from adult urine samples. Below are details of the intranet page where new guidance on ‘Fosfomycin Treatment of Urinary Tract Infections in Primary Care’ can be found. This new guidance includes details of pharmacies stocking Fosfomycin which are open for extended hours over a seven day period.


B.pertussis IgG Testing

B.pertussis serology is now performed at the Scottish Microbiology Reference laboratories at Glasgow Royal Infirmary and no longer at Wishaw General Hospital. For more information regarding this change, please visit the HPS website:

Advice to GPs regarding Vitamin B12 investigation

To help in this diagnostic process we have tried to devise a management plan for these patients for use in primary care, and a flow chart for guiding investigations.

### Indications for requesting serum vitamin B12 assay

Macrocytosis (MCV ≥ 100fl), unexplained neurological signs and symptoms, severe depression (especially in the elderly), GI symptoms and Vegan Diet (long term).

### Recommended action on obtaining abnormal B12 result

**Low B12 Result***
- Repeat B12 after a month and check IF antibody assay
- Normal MCV and asymptomatic

**IF antibody positive (i.e. PA)**
- Diagnose Pernicious Anaemia
- Treat with IM B12 indefinitely
- Yearly TFT check

**IF antibody negative (i.e. possible PA)**
- Either treat as PA or Commence oral B12 trial (250mcg Cytagon for 2 months)**

**B12 normalised on oral B12**
- Diagnose dietary deficiency or Food Cobalamin malabsorption
- Make dietary adjustments or continue with B12 supplementation as suits patient

**B12 remains low on oral B12**
- No diagnosis achieved
- Hospital referral may be appropriate; for many of these patients (particularly elderly) it is appropriate to manage as PA in the community with IM B12.

**Macrocytic anaemia or Neurological symptoms**
- Commence IM B12, and consider hospital referral if IF antibody negative

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*If patients are on oestrogen containing OCP or HRT preparation this should be ignored in absence of relevant clinical or haematological abnormalities.

**In patients who have low repeat B12, but negative IF antibodies, it is appropriate to give a trial of oral B12. If unsuccessful, elderly patients should be treated in community as PA (i.e. IM B12) thereby avoiding hospital referral. For younger patients, it may be preferable to either have the diagnosis confirmed via hospital investigation or accept long-term IM B12 as pragmatic measure.

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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 better? Comments or suggestions can be sent to:

Neil McConnell (kmcconnell@nhs.net) or Martin Wight (martinwight@nhs.net)