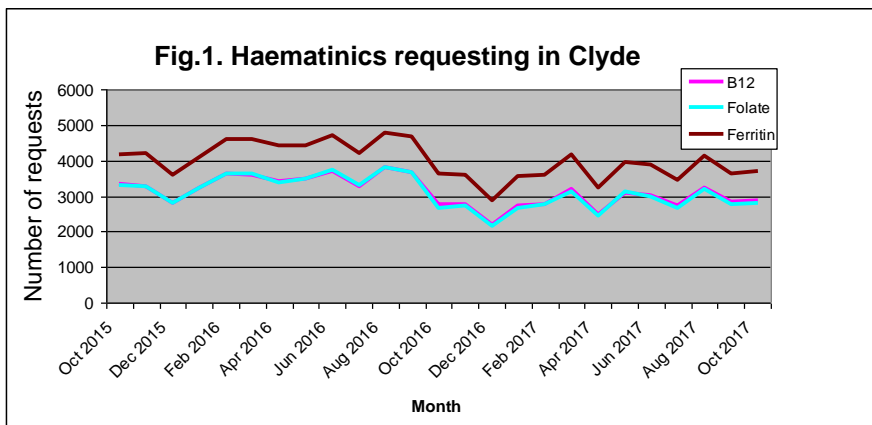




Demand optimisation of Haematinics - revisited Clyde Sector

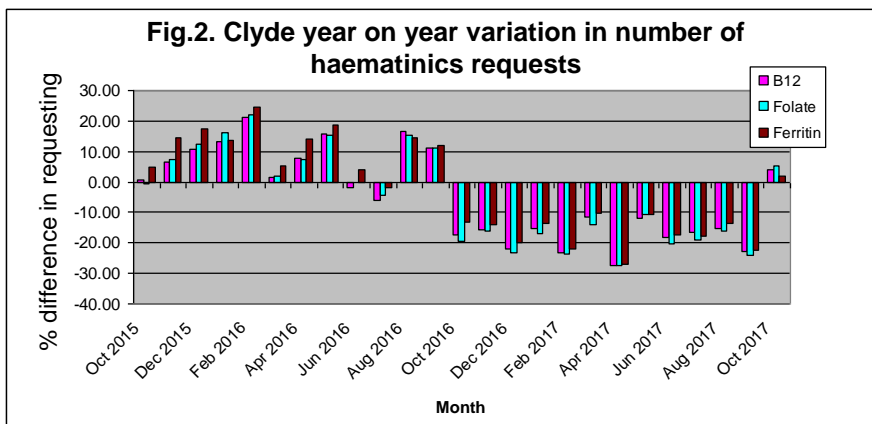
In October 2016, all primary care practices in Clyde were asked to stop requesting B12, folate or ferritin as first line tests in the investigation of tiredness and suspected anaemia, unless specific features (see below) suggested possibility of B12, folate or iron deficiency (or overload). This practice was then rolled out across the whole of GGC in May 2017.

Just over a year on from encouraging this change in practice in Clyde we are able to now present the effect this has had on requesting haematinic requesting patterns.



Since introduction of the pilot in October 2016 there has been an overall downwards trend in haematinics requesting (fig.1).

Average monthly requests have reduced by 18%, 19% and 17% for B12, folate and ferritin respectively year on year (fig.2). In real terms this equates to an average of 2000 less haematinic tests per month in Clyde.



The results are extremely encouraging, thank you to all users for their adherence to the test requesting protocol, we hope the trend will continue.

As an aid, included below is a summary of the indications of where haematinic requesting may be indicated. Please note this is not exhaustive and for guidance only.

Indications for haematinics requesting

Suggested indications for serum ferritin:

1. Hypochromic microcytic anaemia
2. ?haemochromatosis/other forms of iron overload
3. Any anaemia in females <50 years

Suggested indications for B12 + folate:

1. Macrocytic anaemia
2. Peripheral neuropathy
3. Oral ulceration
4. Unexplained cerebral decline
5. Anaemia and hypothyroidism
6. Anaemia and thrombocytopenia or neutropenia

Suggested indications for B12 + folate + ferritin:

1. Unexplained normochromic normocytic anaemia
2. ?malabsorption
3. Anaemia and poor diet

Following review of patient results, remember if you need to add on haematinics to a biochemistry sample, the lab stores samples for up to 4 days. Please contact the lab on 0141 314 6157.



Haematology Update – what's new?

From the 1st February 2018 Blood banks within NHS GGC will implement a change to Blood Transfusion practice by requiring that patients **MUST** have had their blood group determined on two separate occasions for all routine blood transfusions. Further information will be available on staffnet within the next few weeks.

Clinical Guideline – Vitamin B12, Treatment of deficiency in Adults

New guidance has just been published giving advice on when to treat adults who are at risk of B12 deficiency or who are known to have deficient/insufficient levels of vitamin B12. The guideline can be accessed via the following link.

<http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/GGCClinicalGuidelines/GGC%20Clinical%20Guidelines%20Electronic%20Resour e%20Direct/Vitamin%20B12.%20Treatment%20of%20Deficiency%20in%20Adults.pdf>

Haematology handbook - may be accessed on StaffNet and NHSGGC webpage via the following links

StaffNet page <http://www.staffnet.ggc.scot.nhs.uk/Acute/Diagnostics/All%20Laboratory%20Medicine/Haematology/Pages/ClydeSectorHaematology.aspx>

NHSGGC Web <http://www.nhs.org.uk/about-us/professional-support-sites/haematology/department-of-haematology-nhs-ggc-clyde-sector/>

GGC Microbiology Modernisation Project

GGC Microbiology is introducing new WASPLab technology in 2018. The introduction will significantly increase automation in Microbiology, with the following expected benefits:

Improvement of the turnaround time for result reporting for our patients and requestors
High throughput of high volume specimens
Standardised specimen set up to reduce errors and obtain accurate results with reliable robotic automation

The WASPLab system contains a “WASP” module for “Walk Away Specimen Processing”, a standalone, automated, robotic system for the set-up of culture plates. The plates are then transferred to the “Lab” module, which incubates the plates and prepares a digital image of the plate at the end of incubation, for the Biomedical Scientists to report via a computer screen. WASPLab will be used in the first instance for Urine culture and MRSA investigation, which represent around 50% of Microbiology requests received.

Switching off Microbiology paper reports to primary care users

Microbiology results are currently delivered to Primary Care via four different routes:

1. Electronic Transfer to the G.P. Order Communication System (Sunquest ICE). This result does not transfer to the GP Clinical or Docman system.
2. Electronic transfer to SCI Store / Clinical Portal. Microbiology results are not transferred to the GP Clinical systems as carried out for Blood Science results.
3. Electronic Document Transfer (EDT) – an electronic representation (TIF) of the paper report.
4. Paper Report - usually scanned in to the Docman system by Practice staff.

Two pilot projects, involving 17 GP Practices across GGC, showed that EDT delivered all reports sent out as paper copies with 100% compliance. The 17 practices stopped receiving paper reports for Microbiology with no issues reported as a result of this change.

Following discussion at the GMS eHealth Steering Group, Microbiology Management Team and the Laboratory Medicine IT Strategy Group, it was agreed that GGC Microbiology stop issuing printed reports to practices receiving reports via EDT from Tuesday 14th November. Paper reports continue to be issued to Practices not currently served with the EDT system and where the Microbiology Laboratory has had to send the specimen or isolate to another laboratory for testing, as this is outside the EDT reporting system.

Please note this applies to **GGC MICROBIOLOGY REPORTS ONLY** and **DOES NOT INCLUDE** paper reports from the West of Scotland Specialist Virology Centre, Haematology, Biochemistry, Histopathology and all other Laboratory disciplines. Paper reports will continue to be issued for these disciplines.

We would be delighted with your feedback on issues that you would like us to address in the newsletter.

Comments or suggestions can be sent to:

John Mallon (John.Mallon@ggc.scot.nhs.uk), Dr Iain Jones (iain.jones@nhs.net) or Martin Wight (martinwight@nhs.net)