

synnovis
A SYNLAB pathology partnership

Webinar for primary care colleagues

Migration of pathology services to the hub – phase one overview and key changes for your cohort

25 March 2024

SYNLAB

NHS
Guy's and St Thomas'
NHS Foundation Trust

NHS
King's College Hospital
NHS Foundation Trust

Today's panel

Moderator

Sam Turpin, Communications & Engagement Specialist

Presenting

Paul Cane, Synnovis Medical Director

Carol Macfarlane, Clinical Governance Lead for Transformation

Jo Jarrett, Director of Operations, Customer Services & Logistics, Support Services, PRUH & Primary Care

Lara Cresswell, Communications Director, SYNLAB



Please **ask questions** at the end of the presentation by raising your hand or posting in the chat facility



We are **recording** this session for sharing further with colleagues across primary care

Agenda

1 | What will change?

- Clinical impact
- Changes to reference ranges, profiles and critical limits
- Catalogue harmonisation
- Collection times and courier routes

2 | Support arrangements

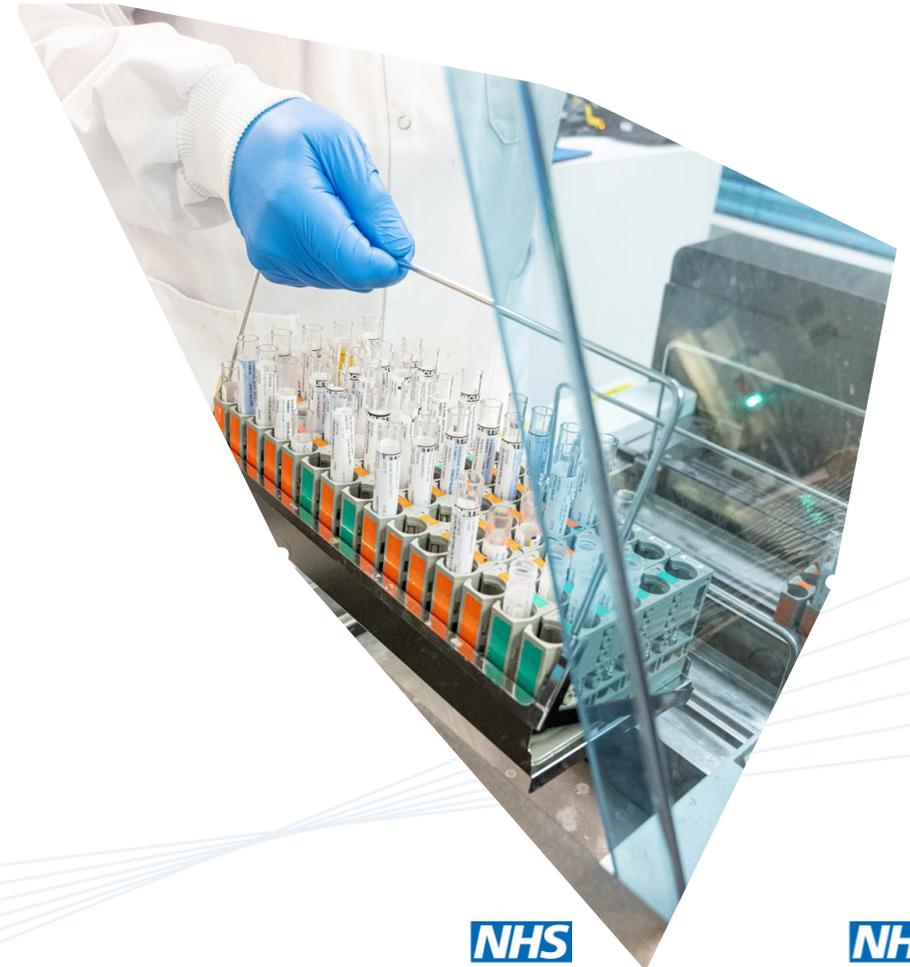
3 | Next steps and support

Clinical impact of transition of services to the hub laboratory

As services migrate to the new hub laboratory some tests will move to be processed on different instrumentation.

As a result, there will be changes to reference ranges, profiles and critical limits for some tests.

- Minor changes to test profiles
- Minor changes to critical phoning limits
- Minor changes to reference ranges



Changes to reference ranges

There is **only ONE change to reference ranges** impacting your cohort, which is:

Chemistry

Test	Change
Conjugated bilirubin	The range will change from 0.0 - 8.6 to 0.0 – 7.0

There will be no reference range changes in haematology, coagulation, immunology or serology for your cohort. You can view all current reference ranges on our [website](#).

Changes to critical phoning limits

There will be **no changes to critical phoning limits across coagulation, immunology or serology** for your cohort.

There will however be limited changes to Chemistry and Haematology for your cohort, as follow:

Chemistry

Test	Change
Adjusted calcium	Upper limit is changing from 3.0 to 3.4 mmol/L.
Prolactin	An upper limit has been added set at 10,000 mIU/L
Magnesium	The upper limit has been removed
Albumin	The lower limit has been removed

Changes to critical phoning limits

Haematology

As per guidance from The Royal College of Pathologists, the key change for Haematology is to upper and lower limits. It is worth noting that it is not our processes that are changing, only the level at which we phone results through. The only time we will make automatic referrals is also outlined below.

Internal Procedure	Change
WBC	<p>≥100 will be the phoning criteria 24/7.</p> <p>>30x10⁹/L will no longer be phoned, and instead >50 will have urgent film review and referral to the Clinical Haematology team who will decide on next steps based on findings.</p> <p>>25 first presentation will have routine film review and referral to SpR and clinical follow up will be based on morphological findings.</p>
WBC	<p><2.0x10⁹/L will no longer be phoned. Instead <0.5 Neutrophils count will follow urgent film review and referral to Haem SpR.</p>
HB	<p>≤70 and ≥190 will be the phoning criteria 24/7.</p> <p>≤60 will follow urgent blood film review and referral made to Haem SpR.</p> <p>≤80 (first presentation) will trigger a routine review by haematologists. If haemolytic changes are seen, e.g. fragments, spherocytosis, polychromasia, then referral will be made to the Haematology registrar for routine review.</p>
HB	<p>≥190 will be the phoning criteria 24/7.</p> <p>>200g/L (Adult) will no longer automatically get a blood film examination unless HCT >0.600 (when an urgent film review and referral to SpR will be done).</p> <p>>220g/L (Paed) will no longer be phoned, or blood film examination. Unless HCT >0.600 (when an urgent film review and referral to SpR will be done).</p>
PLT	<p>≤30 and ≥1000 will be the phoning criteria 24/7 and will follow a critical Blood film review and referral to Haematology SpR.</p> <p>≤100 will follow routine blood film review. If multilineage cytopenia (Plts ≤100 x10⁹/L and/or Neuts ≤1.0 x10⁹/L and/or Hb ≤80 g/L) then a routine referral to Haem SpR will be made.</p> <p>>800 will no longer be phoned during core hours/ out of hours. Routine blood film review will be followed when plt >600 and referred to Haem SpR for review.</p>
NRBC	<p>≥5.0 for neonates/paediatric no longer be phoned during core hours/out of hours. Instead blood film review done as urgent and referral made to Haem SpR.</p>
Retics	<p>Reticulocytes will no longer be phoned.</p> <p>If haemolytic changes seen e.g. fragments, spherocytosis, polychromasia then referral will be made to Haematology registrar for routine review.</p>

Changes to test profiles

There will be **no changes to Test Profiles across haematology, coagulation, immunology or serology** for your cohort. There are a limited number of changes affecting Chemistry, as follow:

Chemistry

Profile	Current	New	Comment
Full Lipid Profile	Cholesterol (Total)	Cholesterol (Total) – no longer available on its own.	The full lipid profile remains the same, but this will replace the Cholesterol (Total) only option for Southwark & Lambeth (GSTT) as NICE guideline treatment targets are based on non-HDL.
	HDL Cholesterol	HDL Cholesterol	
	Triglycerides	Triglycerides (will also be available as a separate orderable)	
	Non-HDL Cholesterol	Non-HDL Cholesterol	
	Total/HDL cholesterol ratio	Total/HDL cholesterol ratio	
	LDL Cholesterol	LDL Cholesterol	
Liver Function Test	Albumin	Albumin	Both ALT and AST will be offered vs. a single transaminase as per NHS-E to detect cirrhosis in SE London (AST and ALT are required for FIB-4)
	Alanine Transaminase (ALT)	Alanine Transaminase (ALT)	
	Alkaline Phosphatase (ALP)	Alkaline Phosphatase (ALP)	
		Aspartate Transaminase (AST)	Total protein will be included to report globulin results as requested by Haematologists. This helps with early diagnosis of myeloma in the community.
	Total Bilirubin	Total Bilirubin	
		Total Protein	
		Globulin (calculation)	
Thyroid Function Test	Thyroid Stimulating Hormone (TSH)	<p>Three options will be available:</p> <ol style="list-style-type: none"> 1. Thyroid Profile (TSH only) with lab reflex (automatic testing of) FT4 and FT3 as indicated. This means you don't need to test if TSH is abnormal 2. Thyroid profile (TSH & Free T4) 3. Free T3 (will be a separate orderable) 	The three options will help cover all presentations of thyroid dysfunction.

Test catalogue harmonisation

In readiness for the hub transition, existing test catalogues have been reviewed with a view to consolidating them into one. This means all colleagues across primary care will now have access to the same testing catalogue.

2 April 2024

- Changes to the existing GSTT catalogue come into effect. You will still access the GSTT catalogues online, and you will request blood tests and print the correct patient-facing forms in the same way as you do today. However, the list of tests available within the catalogue will not be the same.

22 April 2024

- Changes to the KCH DH catalogue will come into effect, meaning that the tests you can order will be the same across both catalogues.

Tests not available on the new catalogue

- In the event that you need a test not on the new catalogue, you can request it using the existing manual request process up until 30 June 2024. At this point there will be a review of any tests that are requested manually during the previous three months to ascertain if there is a clinical need to include them in the catalogue going forward.
- Feedback about the new catalogue can be shared via LetsTalk@synnovis.co.uk for consideration in a full review in three months' time.

Summary of catalogue changes

- Can be found on the [Synnovis website](#).

Test catalogue harmonisation changes

Changes to expect include:

- Changes in terminology, although the test itself fundamentally remains the same.
- Changes to tests within some core profiles e.g., liver tests, displayed as part of the profile name.
- Access to additional tests you couldn't order previously.
- The discontinuation of more specialist tests where the latest clinical practice shows that other patient pathways are more clinically appropriate.
- Slight changes to the way tQuest looks due to the catalogue consolidation. These will be kept to a minimum and we will share the new layout with you shortly so you can familiarise yourself with it in advance.
- In conjunction with ICB colleagues, we have developed a comprehensive list of test groups to make requesting of tests for specific needs e.g., long-term condition monitoring, dementia, long covid etc. easier. This will also be shared shortly.

Collection times and courier routes

- In preparation for the transition of services to the hub, courier routes have been reviewed and optimised. As a result, **from 13 May**, there will be slight changes of up to 15 minutes in collection times for some primary and community care sites.
- For a small group of practices (approx. 10 sites), the change will be more notable, and we will be contacting those affected directly.
- All changes are the result of route optimisation, which will enable samples to arrive at the hub sooner, be in transit for less time and improve sample stability.
- Collection times are available on the [logistics page of the website](#) and will be updated through each phase of the primary care transition.



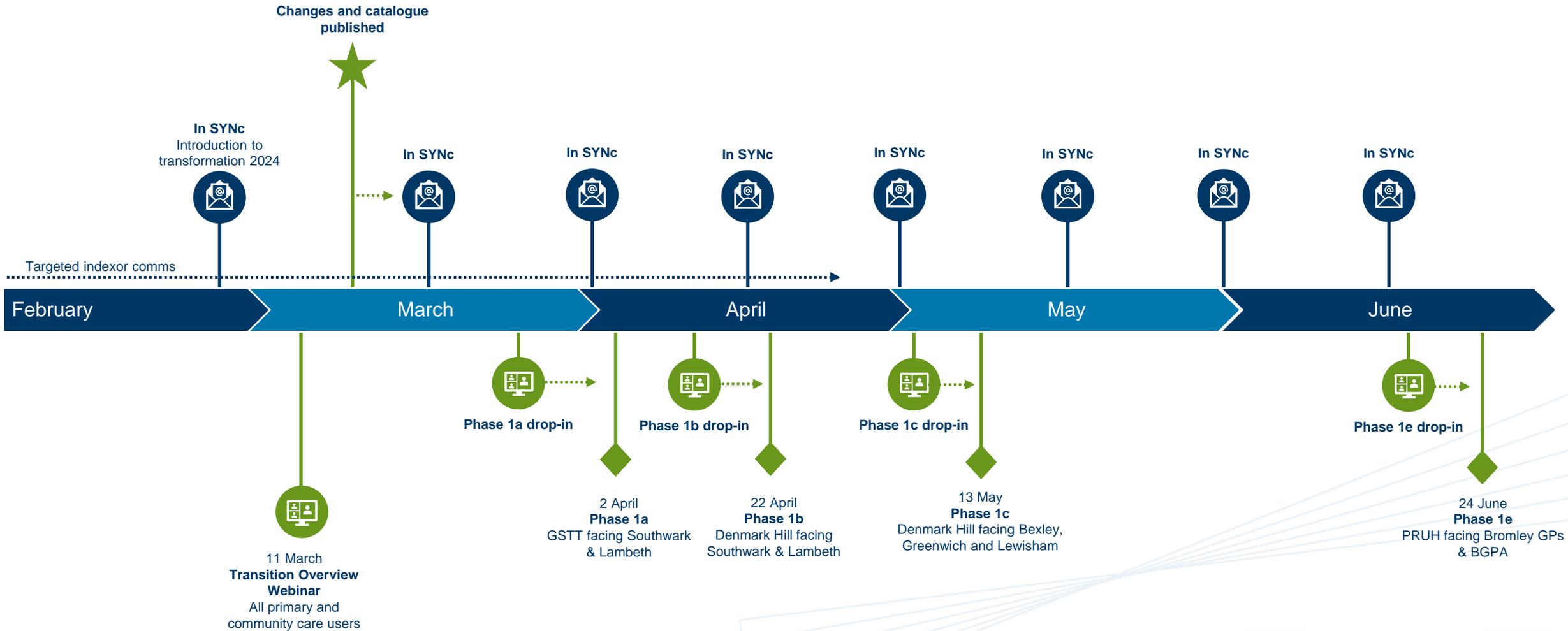
Support arrangements

We appreciate that you may have questions about this transition, and we'd like to reassure you of the measures we are putting in place to ensure a smooth transition over the coming months. These include:

- Robust and comprehensive readiness checklists to ensure we are ready ahead of go-live.
- Our phased approach across the six boroughs sites is a considered one. We've targeted practices with the lowest impact to transition first, where existing technology is already aligned and therefore changes are limited.
- The staggered transition approach means we are maintaining analytical capacity at hospital sites, effectively doubling capacity throughout go live.
- Gold command will be activated with daily checkpoints and attended by different parts of the healthcare system, including borough leads and the ICB, where issues can be rectified and responded to quickly and efficiently.

If you have further questions, contact us at LetsTalk@synnovis.co.uk

Primary care communications overview



Communications channels

synnovis
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InSYNC

Pathology news and updates for primary and community care colleagues

synnovis
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Urgent update

Urgent pathology news for primary and community care colleagues

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Clinical Alert

Clinical alert for primary and community care colleagues

Tests and results Service Users Re

Primary and Community Care

Private Users

Secondary Care NHS Trusts

This page will direct you to the relevant borough/hospital trust. Please click the button you require below.

- BROMLEY (PRUH LABORATORY USERS)
- SOUTHWARK AND LAMBETH (KCH DENMARK HILL & GSTT LABORATORY USERS)
- BEXLEY, GREENWICH AND LEWISHAM (KCH DENMARK HILL LABORATORY USERS)
- SOUTHWARK AND LAMBETH (GSTT LABORATORY USERS)
- SOUTHWARK AND LAMBETH (KCH DENMARK HILL LABORATORY USERS)
- COMMUNITY SERVICES (INCLUDING SIAM & OXFAS)

Princess Royal University Hospital

Welcome to the information centre for users of the Princess Royal University Hospital.

Consumables Portal
Contact Us
Logistics, Couriers and Samples
Transformation
User Guides
Latest News

In SYNC: key transformation news and updates.
Updates / Alerts: Reactive, urgent information (BAU & Transformation)

Email LetsTalk@synnovis.co.uk to be added to the mailing list.

Synnovis website: tailored information bank

Next steps and support

Next steps:

- Look out for the latest issue of In SYNC
- If you have further questions or contact us at LetsTalk@synnovis.co.uk
- Visit your dedicated service user **web pages**:
 - [S & L \(KCH & GSTT\) | Synnovis](#)
 - [S & L \(GSTT\) | Synnovis](#)



A **recording** of this session will be circulated in the next issue of In SYNC - current and past editions are also available at www.synnovis.co.uk/latest-news-and-updates





Any questions?
