		Query/Comment from Primary Care	Synnovis Response
1.	**What is the rationale behind the Catalogue Harmonisation work?**	It has been recognised that there were many tests available including several specialist tests in some areas, and there was an opportunity to remove those that were unnecessary. There are additional concerns that this harmonisation will also result in further changes to how primary care clinicians order tests as well as what is available to them.	The main purpose of this harmonisation is to reset the balance between what is available to different Primary Care groups, but also to 'retire' tests that would be more appropriately done in secondary care or after specialist referral. The initial review was led by the Synnovis Strategic Clinical Leads for the development of a proposed preferred option to ensure all Primary Care requestors had access to the same tests and that these were appropriate and based on the latest clinical and laboratory guidelines. These changes have been discussed with primary and secondary care pathology leads to ensure we remain committed to patient-centred laboratory medicine. Should you need a test which is not available on the new electronic catalogue, you can request it using the existing manual request process. The request form can be downloaded from the Synnovis website tQuest | Synnovis and it is also available on your DXS system. Instructions are included in the web page link. We will continue to accept requests for tests not included on the new catalogue up until 30 June 2024. At this point there will be a review of any manually requested tests to ascertain if there is a clinical need to include them in the catalogue going forward. The transfer of services is being done in a phased approach, to allow for the Hub to stabilise at each stage, and different boroughs/users will transfer at different times for different services. **Therefore, not all catalogue changes will take place at the same time** e.g. Blood Sciences (Biochemistry, Haematology, some automated Serology and Immunology tests) in April/May, but others e.g. Infection Sciences, Reference Services that will not migrate until later in

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			the year. Catalogue changes will mirror this migrations plan by necessity.
2.	**Communication of changes**	What is the plan for the changes being communicated clearly to primary care?	A comprehensive comms plan was developed and is already in motion to inform each group of GPs of when the specific changes affecting them will take place. This includes newsletters, webinars, some postal packs, and Synnovis staff attending Primary Care forums to provide information and updates. As this is a phased approach, and different boroughs/users will transfer at different times, information about specific services will be shared at the appropriate time for each group of GPs throughout the year. If you would like to be added to the distribution list for our InSYNC newsletters, please email LetsTalk@synnovis.co.uk
3.	**tQuest main page layout changes**	What work is being done on the configuration of what is on main page and where?	As part of the catalogue harmonisation, we have to standardise the common orderables (the main page tick boxes) which are currently different for all four catalogues. We reviewed the current tick box selections and drafted up an initial proposal for a single standardised option based on the best fit of these, which went live for our GSTT users on 2 April. This is being reviewed following feedback, in conjunction with workload activity figures, to draft a number of options for Primary Care Pathology Leads from each borough to review. We will endeavour to keep changes to a minimum, noting that each of the four catalogues have variations both in what was on the main page, and in the way they were laid out - so there will inevitably be some differences in appearance for each group of Primary Care users.

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			When the review by ICB colleagues is complete, we will share the final layout with all GP groups. This will be implemented as each service transfers to the Hub over the next few months.
4.	**Microbiology section layout**	Do we need every micro swab location on the main page? This would make the main page cleaner and easier to navigate. Will primary care review this and have opportunity to input?	Three of the catalogues currently have 18 of the most common Microbiology tests as tick box options and, to keep changes to a minimum, we initially proposed that this stayed the same. This will be considered as part of the overall main page review by primary care leads. Section will be called Microbiology for all GP groups going forward (currently labelled Bacteriology for KCH users). Virology will be split out into its own section where this is not currently the case.
5.	**Test Groups/ Order sets/ Care sets**	It would be helpful to have test groups for certain problems which include a set of tests e.g. dementia screen, long covid screen, annual bariatric surgery monitoring, diabetes annual review/6-month review, CKD Monitoring, DOAC annual review which follow the agreed tests for these conditions/problems.	The existing test groups have already been reviewed by Primary Care Pathology Leads, with input from clinical colleagues from Synnovis and the Trusts, which are aligned against current NICE and local guidance. Whilst technically not part of the tQuest harmonisation project, they will become available around the same time as services start to move to the Hub, and we hope will provide a more convenient way for GP colleagues to request the appropriate and full complement of tests for a variety of clinical scenarios in line with GIRFT A full list of these and the tests they include will be sent out as part of our Comms plan and will also available on the Synnovis Primary and Community Care web pages Primary and Community Care | Synnovis
6.	**Visibility of components in Panels and Test group**	It would be useful to know exactly what is being tested i.e. the components included in panels and test groups.	It is planned that test components for profiles and test groups will be visible to ensure requestors know what they are.

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		Could these be indicated in brackets next to the profile name or with a pop-up to show the list?	We are endeavouring to include this information where feasible for all profiles and panels. Noting some feedback about main page not being too cluttered. For Test groups, when you click on the test group button, you will get a list of all the available groups, and when you click on a particular group, you will get a list of the tests included in it. This is particularly important when we are introducing new groups for many GPs. The inbuilt search facility should pick up partial words and direct user to associated tests.
7.	**Intelligent searching and key words**	Will there be intelligent searching? Currently requestors must get the accurate test name which can make finding tests challenging in the search field. E.g. dna-> anti double stranded DNA antibodies Same for all the autoantibody panels and again intelligent searching e.g. ANA would lead you to connective tissue disease panel.	There is an inbuilt 'wild card' search function that means when you type a partial word, it will pull all options up for you, so DNA would bring up ds DNA as well as other tests with these letters in the title allowing you to select the desired option.
8.	**UAT for changes**	Will there be any User Acceptance Testing of the new look tQuest?	As most of the tests already exist in tQuest, there is limited need for testing, but we are aware of the need for assurance around this and the Synnovis Primary Care IT lead has been liaising with appropriate and willing colleagues in primary care for this.
9.	**Dual catalogue options**	Some Southwark and Lambeth practices currently have access to both GSTT and KCH-DH catalogues. Will this harmonisation mean they won't now have to select between them on tQuest?	At this time, the current set-up will remain as is, so GP practices with access to both GSTT and KCH catalogues will continue to have this. This is the reason why these two catalogues have a suffix with either GSTT or KCH after the test name.

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		It would also be good to have information on which hospitals patients can then attend for phlebotomy.	However, as all tests will be processed in the Hub or a single Trust site lab, after 22 April when KCH-DH service migrates practices with dual access can choose either and patients can attend for phlebotomy at any site and booking via Swiftqueue allows them to choose a site and time that suits them. Online Appointment Healthcare Platform | Swiftqueue Confirming that Synnovis runs the phlebotomy hubs for Lambeth and Southwark.
	Specific Test Queries on the Harmonised Catalogue proposals		
10	**Allergy proposal for 12 panels, particularly at GSTT**	Can there be more information about the allergy service proposals? Clarification of the allergy testing panels would be useful. Some of the mix tests are very general and can lead to a patient excluding foods, they are not actually allergic to, so it would be helpful to have individual allergens rather than a mix. If there is removal of the individual allergens currently available, would GPs still be able to request these on the manual form and if so, can the tests available be made known to GPs, as this would reduce referral to secondary care for testing of allergens we do not have access to tests for.	Initial clinical proposal was to offer the 12 panels listed in the other catalogues to all GSTT GPs who currently have access to the whole allergy catalogue and remove the excess tests some of which are very specialist – The ICB Pathology lead was in support of this approach. There will be some further discussion about this, and we have had an additional query from the Evelina Paediatric Allergy lead who we are now also liaising with. Workload figures are being collated to guide this and to identify, where possible, any key primary care requestors to be part of a small future working group. Please get in touch with carol.macfarlane@synnovis.co.uk if you would be interested in being part of this.
11	**ANA**	We have noted that Anti-Nuclear Antibody (ANA) does not seem to be on tQuest anymore, can it be added back?	ANA is now done under Connective Tissue Disease (CTD) but a search using ANA will signpost to the test and is labelled as *CTD (ANA)* CTD will be available as a tick box on the main tQuest screen.

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12	**Androgen Profile**	Is it possible for the lab to calculate the free androgen index when we order testosterone and sex hormone binding globulin for investigation of PCOS?	There is an Androgen Profile that includes the FAI calculation being rolled out to all catalogues
13	**Blood Films**	LMC comments that blood films are not really done by GPs but Southwark local haematology referral guidelines (KHP_GSTT_Joint_Adult_Haematology_Referral_Guide_Version_2_original.pdf (kingshealthpartners.org)) frequently recommend blood films prior to referral for a lot of FBC abnormalities and so it would be helpful if blood film could be added onto catalogue to reduce time taking doing a manual form.	Blood films will be available to request electronically going forward when the service you use migrates to the Hub, but with the caveat that this should only be done on the advice of a Haematologist. Blood Films are generally reflexed as indicated by FBC results to further investigate any abnormal or concerning results.
14	**NT-ProBNP**	It was noted that BNP had changed its name, and there was concern that this might cause confusion - what was the reason for renaming it?	BNP is the historical name for this test – NT-ProBNP is a more accurate reflection of the updated test result. NT-ProBNP is also the most appropriate test as per 'https://www.england.nhs.uk/long-read/enhancing-gp-direct-access-to-diagnostic-tests-for-patients-with-suspected-chronic-obstructive-pulmonary-disease-asthma-or-heart-failure/#:~:text=NT%2DproBNP%20for%20patients%20with,failure%2C%20complementing%20NICE%2.' The search function is set up so that when you type a partial word, it will pull all options up, so BNP can still be used and will signpost to NT-ProBNP.
15	**eGFR**	Should GFRcr-cys be used instead of eGFRcr? https://www.bmj.com/content/bmj/384/bmj.q298.full.pdf	Unfortunately, Cystatin C is not available on the Abbott analysers installed in the Hub, and no plan to provide it on the previous Roche platform. So unfortunately, it is not possible to offer eGFRcr-cys at this time. CKD-EPI calculation is recommended by NICE under 1.1.2

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			'https://www.nice.org.uk/guidance/ng203/chapter/Recommendations#investigations-for-chronic-kidney-disease' However, should it become feasible to offer it in the future, we would change over, as it is better when the eGFRcr is close to 60.
16	**Gender specific tests**	Will we be able to test for PSA for patients who are transgender and have a new NHS ID as female? Vice versa for Ca-125, vaginal swabs etc	We believed that all gender restriction were lifted for all tests a few years ago for exactly this reason. However, it transpired that PSA at GSTT had not been untethered and this has been done now. Please let us know if you find any other tests where this is not the case.
17	**Glandular Fever testing**	There have been previous problems with requesting Glandular fever tests when some have gone to Haematology instead of Virology.	The Haematology Glandular Fever test is being renamed Paul Bunnell/Monospot to clarify that it is not a Virology test. There will be a pop-up advice comment: *This is a rapid screening test for acute EBV infection which is prone to false positives and false negatives. Acute EBV and CMV serology (as part of a Glandular Fever Serology panel) is strongly advised instead, along with HIV Serology (HIV can also cause lymphadenopathy)*
18	**Glandular Fever and HIV**	Glandular fever has previously been coupled with HIV – is this still the case?	There are two Virology Glandular fever screens, Basic and Plus HIV is included in the Glandular Fever Plus screen. Glandular Fever Plus was available as common orderable, i.e. a tick box option in the Virology section of the main page.
19	**Haematinics**	Would it be possible to have a haematinics care set that had B12, ferritin, folate and iron studies all together as well as ability to order them separately	There was a previous triple Haematinics profile available in Bromley with B12, Folate and Ferritin which is being removed by agreement between ICB and Synnovis clinical leads to streamline targeted requesting. Introducing a different Haematinics care set would potentially cause confusion, and lead to inadvertent 'over-ordering'. B12, Folate, Ferritin will all be available as common orderables i.e. they will each be tick box options on the main page.

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20	**Hepatitis B tests**	Hepatitis B screening has been confusing in the past, and previous helpful prompts of which is used e.g. for vaccination or for active infection, seems to have been removed.	We are endeavouring to provide as much information about what is being tested for in all disciplines.
21	**Thyroid profiles**	Can there be some further explanation about the difference between the two Thyroid profiles options that will be available and the reflex testing arrangements? Thyroid Profile (TSH only) Thyroid Profile (FT4 and TSH)	There will be two Thyroid profiles on offer, clearly marked with their components to avoid confusion. This is because there were two different options available in different catalogues so we are opening both to all requestors to reduce the impact of changing to one or the other, and because we recognise that both would be appropriate in different clinical settings. Confirming that the TSH only option would reflex FT4 where indicated. Free T3 would also be reflexed for both options as appropriate and is available as a standalone test.
22	**Troponin/ Paracetamol/ Salicylate**	It is noted that Troponin is being completely removed from the catalogue, but that Paracetamol and Salicylate levels are being included. However, Primary Care would not usually be requesting these as all testing should be done in A&E, so these could be removed.	Following feedback from several GP colleagues, Synnovis have now removed both Paracetamol and Salicylate from the final proposal.
23	**Urine Electrolytes**	It would be helpful to have urine sodium and potassium which would be used when investigating hyponatraemia and which usually has to do be requested on a manual form.	This is being added to all catalogues and will be available for electronic requesting.

There were also some requests received for clarification about aspects of current tests and results/reporting:

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24	**Serum Protein Electrophoresis/ Paraprotein**	There used to be an option to request Paraprotein and Immunoglobulins which no longer appears to be available?	Initial analysis for Paraprotein is via serum electrophoresis which will always be done first. An abnormal result will reflex with Immunotyping (paraprotein is part of this), and/or Immunofixation. There will be a signpost directing any searches for paraprotein to serum electrophoresis for convenience
25	**Urine Protein: Creatinine Ratio**	The lab seems to calculate a urine protein and urine creatinine if the urine ACR is v high, it does not give a urine Protein:Creatinine ratio or a reference range for the urine protein which makes interpretation difficult	A urine protein:creatinine ratio is triggered when urine albumin >500 mg/L. There was an issue at GSTT which should now have been fixed, when the urine protein request was reflexing on the high ACRs but the actual UPCR calculation was not. In the assessment of CKD and Diabetes, UACR should be used in the first instance as it is more sensitive as it only measures albumin which may only be slightly raised. However, when there is a large amount of proteinuria or where protein other than albumin is suspected, then UPCR is better.
26	**Zinc, Copper and Selenium**	Zinc has a pop up to state – 'Request CRP to aid interpretation' - explanation?	As zinc is an acute phase protein, interpretation depends on if there is inflammation present and CRP helps determine this. Similarly for copper, but it goes up in the acute phase, whilst zinc and selenium go down.

Some suggestions for improvement were also received, which Synnovis will review and discuss with Primary Care and Pathology Business Unit colleagues as part of potential optimisation projects in the future.

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27	**Conjugated Bilirubin**	Is it possible for raised bilirubin follow up bloods for us to be able to order conjugated and unconjugated bilirubin levels as we currently cannot order both.	Following your feedback, we will look at activity and assess the implications of creating a Conjugated Bilirubin profile with a corresponding Total Bilirubin in the future. This may require a Change Control Enquiry which should be submitted to the ICB for consideration after which this would be passed to the Pathology Business Unit and Synnovis, as any proposed changes will need to go through financial, clinical, and operational governance processes.
28	**Lithium and other TDM**	A pop-up reminding requestors of the sampling time frame would be useful e.g. “sample should be collected 12 hours post-dose”	We agree that this would be helpful for everyone, so we will consider if this is possible and implement it in the future as part of our optimisation programme.
29	**MMA and B12**	Currently borderline B12 results get a comment to an MMA added on and the requestor should contact the lab for this. However, this is difficult to do before the sample expires and the patient has to be asked to repeat the sample, which feels time consuming/costly/ inconvenient for all. Could the lab reflex an MMA when a borderline B12 result is noted?	A Change Control Enquiry about reflex testing was submitted in September 2023 on behalf of the ICB. Synnovis are currently awaiting the formal outcome of this from the Pathology Business Unit having supplied test activity data to help assess the impact of this. Clinically, we are in support of doing this as good practice for all as well as improved patient experience not having to be re-bled.
30	**Urine Drug Testing**	Will Urine drug testing for those in shared care (normally for benzo, opiates including morphine, methadone, buprenorphine, cocaine, amphetamines, cannabis) be included? Currently paper forms need to be used. Is there any plan to include this in the future?	There is currently no plan to offer electronic urine drug tests across SEL. It may be that a Change Control Enquiry would be appropriate to consider the impact and benefits of this. There is a specific request form available on our website that can be used. More info and a link to the specific UDS request form can be found here: Urine Drug Screen (Standard) | Synnovis