PrimaryCare:24

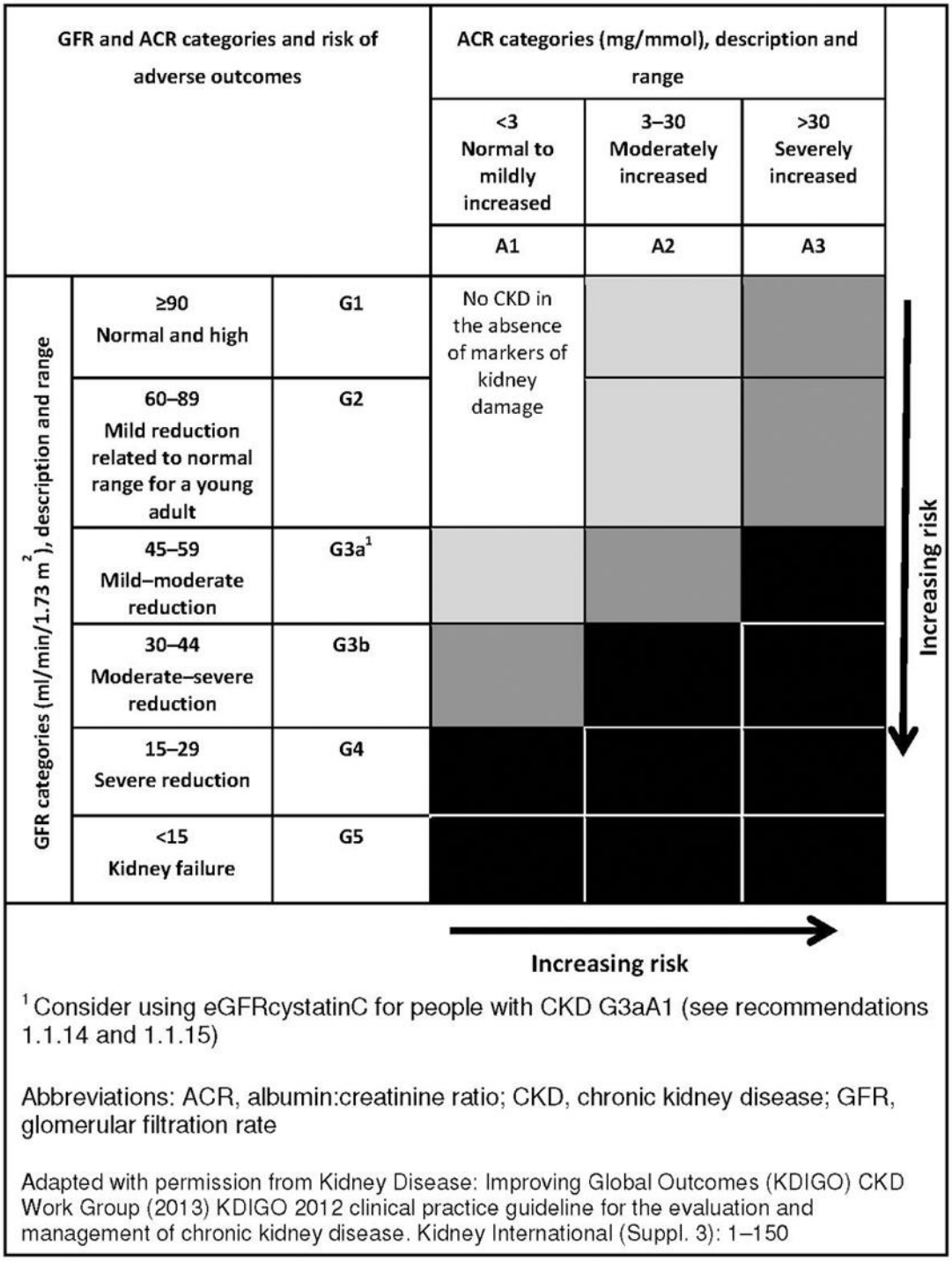
STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title	**Sefton Practices – Managing results (Blood and Radiology)**	**Doc. No.**	**PCS034**
Scope	**Operational and Clinical Directorate**		
Purpose	For the safe handling of blood and radiology results within General Practice.		
Guidelines	To enable appropriate management and follow up of patients in line with guidelines and good practice (see Appendix 1 Classification of chronic kidney disease using GFR and ACR categories and Appendix 2 HbA1C in diagnosis of Type Two diabetes and Pre-diabetes.) Please note the reference to ANPs in this SOP relates to ANPs with a full masters qualification.		

	PROCEDURE	**RESPONSIBILITY**
1	**Urgent results telephoned through to the practice by Lab/Radiology departments.** Practice staff to make GP/ ANP aware within one hour via EMIS pop up. If the clinician is off site contact must be made by telephone. In the event no GP is available practice staff must escalate to Practice Manager or Service Lead if Practice Manager is not available to identify resource from another practice/service.	Practice Staff
2	**Abnormal Lab/Radiology Results via links** To be actioned by GP/ANP within 48 hours of arriving in links. If GP/ANP judges the abnormal lab/radiology result to be CLINICALLY urgent, an urgent task MUST to be sent to administration staff to be actioned on the same day. If GP/ANP judges the abnormal lab/radiology result NOT to be clinically urgent, a non-urgent task will be sent to administration staff.	Practice Staff
3	**Normal lab results/radiology via links** Normal results to be actioned by GP/ANP within 3 working days	Practice Staff
4	**Escalation of breaches** It is the responsibility of practice manager to report any breaches in the management of blood results in DATIX and escalate as appropriate.	Practice Managers

Appendix 1

Classification of chronic kidney disease using GFR and ACR categories
Chronic kidney disease in adults: assessment and management
Clinical guideline [CG182]



[1] Consider using eGFRcystatinC for people with CKD G3aA1 (see recommendations 1.1.14 and 1.1.15)

Abbreviations: ACR, albumin:creatinine ratio; CKD, chronic kidney disease; GFR, glomerular filtration rate

Adapted with permission from Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group (2013) KDIGO 2012 clinical practice guideline for the evaluation and management of chronic kidney disease. Kidney International (Suppl. 3): 1–150

Appendix 2

HBA1C IN DIAGNOSIS TYPE TWO DIABETES
World Health Organisation

HbA1c can indicate people with prediabetes or diabetes as follows:

HbA1c	mmol/mol	%
Normal	Below 42 mmol/mol	Below 6.0%
Prediabetes	42 to 47 mmol/mol	6.0% to 6.4%
Diabetes	48 mmol/mol or over	6.5% or over

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Title	Sefton Practices – Managing results (Blood and Radiology)	Doc. No.	PCS034

Version	v2
Supersedes	v1
Approving Managers/Committee	Deputy Director of Urgent Care, Primary Care Clinical Lead
Date Ratified	21/05/2020
Department of Originator	Primary Care SDU
Responsible Executive Director	Director of Service Delivery
Responsible Manager/Support	Deputy Director of Urgent Care
Date Issued	21/05/2020
Next Review Date	21/05/2021
Target Audience	All practice staff

Version	Date	Control Reason	Accountable Person for this Version
1	**21/05/2020**	**New SOP**	DDoN, DDoUC and PC Medical Lead
2	**17/08/2020**	**Updated**	PC Medical Lead

Reference documents	Electronic Locations	Locations for Hard Copies
	Primary Care 24 Intranet / Corporate Policies/ Current SOPS/ ……	Standard Operating Procedures File in the Call Centre.

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