**Managing Incoming Pathology Results**

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# Introduction

## Policy statement

The purpose of this document is to outline the process for the management of incoming pathology results at Sheerwater Health Centre, detailing the responsibilities of staff to ensure every result is acted upon and subsequent actions taken to deliver highly effective patient care.

Failure to follow up test results has been identified as a major problem in primary care settings and therefore this policy should be read in conjunction with the CQC’s [GP Mythbuster 46: Managing test results and clinical correspondence](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-46-managing-test-results-clinical-correspondence) as this details the expected standards for both clinical and administrative staff for recall, ordering, receiving, processing, informing, recording and following up any pathology result that has been requested from this organisation. This document provides guidance for staff regarding their involvement in the processing of pathology results to ensure that patients receive sufficient and clear information.

Further supporting information surrounding the workflow process for other types of correspondence and its communication can be found in the **Correspondence Management Policy** and **the Communication Policy**. Additionally, information to support access to data, including prospective access, can be found in the Access to Medical Records Policy. Lastly the **Confidentiality and Data Protection Handbook** should be used as a guide to ensure data security and compliance are being met.

## Status

This organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

# Policy

## E-results

Pathology results are received electronically via the pathology links section within the clinical system. All test results are to be logged into the respective patient record. It is the responsibility of the requesting clinician to view and action the results as appropriate using one of the following descriptors:

* Normal – no further action
* Borderline – make appointment for a repeat test/appointment in specified days’ time
* Abnormal – make routine/urgent appointment to see GP or other appropriate clinician in specified days or weeks

There is to be no delay in reporting any results that require prompt action.

## Cytology results

All cytology results will be reviewed by the designated clinician who conducted the screening. The results will be commented upon and an appropriate member of staff will be tasked to send the appropriate result letter to the patient and attach a copy to the patient’s healthcare record.

The designated clinician will update the recall date on the patient’s record accordingly.

Refer to the **Cervical Screening Policy** for detailed guidance on this process.

## Urgent pathology reporting

Occasionally, the receiving pathology department will telephone the practice or referring clinician to report upon an abnormal result that requires either a greater urgency or urgent action.

Upon receipt of any such a call, the referring clinician or duty clinician is to act upon any such clinical action that is deemed appropriate.

## Staff absences

When clinicians are absent, it is imperative that the results of the pathology tests that have been requested are actioned. It is the responsibility of all the clinicians to review their results. The duty doctor is responsible for taking appropriate action for results intended for absent clinicians.

## Unmatched results

There may be, on occasion, results received at the organisation that do not match any of the patients and nor are they annotated in the specimen log. In such instances, the pathology department is to be contacted advising them of this potential error.

## Tracking requests

The NHS E document titled [Clinical messaging and test results](https://www.england.nhs.uk/long-read/clinical-messaging-and-test-results/) (see Annex B) details a 1-8 point checklist that should be used in general practice.

The CQC’s [GP Mythbuster 48](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-46-managing-test-results-clinical-correspondence) suggests that there is to be an effective process to receive and follow up on results and correspondence.

It is the responsibility of a designated clinician to ensure that all outstanding results are hastened. This is to be done by contacting the pathology department.

## Communicating results to patients

The organisation adopts a proactive approach in the communication of results and patients will be informed of their test results in a timely and clinically appropriate way depending on the level of risk.

Patients can be informed of their results in the following manner:

* Via the NHS app
* By telephone
* Via text messages

To facilitate this, clinicians will send tasks to members of the administration team asking them to call or text the patient and advise them using the suggested wording for a voice call at [Annex A](#_Annex_B_–). This annex also details any message that can be left should the patient not answer.

## Recording information

All staff must ensure that they record all patients’ pathology results by using the appropriate [SNOMED CT](https://termbrowser.nhs.uk/?) codes.

## Auditing pathology correspondence

Regular process audits are required to ensure that pathology correspondence is being managed appropriately. Doing so will help to identify any changes or improvements that may be needed.

# Annex A – Suggested response wording

To support communicating results to our patients, the following suggested wording can be used for telephone, answerphone and SMS:

1. **Telephone**

*“Good morning/afternoon, this is [insert name/role] calling from Sheerwater Health Centre. Can I speak with [insert name of patient]? For confidentiality purposes, please can you confirm your name, address and date of birth”.*

Once you are content it is the patient:

*“I am calling regarding your recent tests. The clinician has advised me to inform you that your results are normal. There is no need for another test, or you need a follow up in [x] days or weeks.”*

In the case of abnormal or borderline results, the clinician reviewing the result is to send a “task” via the clinical system to the administration team asking them to recall the patient to arrange a follow up test or appointment. This task can be audited to ascertain if the instructions have been carried out.

The following suggested wording may be used:

*“Good morning/afternoon, this is [insert name/role] calling from Sheerwater Health Centre. Can I speak with [insert name of patient]? For confidentiality purposes, please can you confirm your name, address and date of birth.”*

Once you are content it is the patient:

*“I am calling regarding your recent tests. The clinician has advised me to inform you that your results are borderline or abnormal. Please do not worry, [insert name of clinician] has requested that you book an appointment or book a repeat test. I am unable to discuss any specifics about your test, but I can arrange for the clinician to call you to discuss your results.”*

1. **Telephone answerphone message**

If, when attempting to contact a patient, an answerphone is reached, staff are to state they are calling from this organisation and request that the patient call back. Under no circumstances should a message be left explaining the reason for the call.

Should a patient call and enquire about their results, they will be asked to phone after 11.30 am. The time between 14.00 and 16.00 Monday to Friday is less busy for the practice.

1. **SMS (text) message**

A SMS for normal results should read:

*Dear xxxxx, following your recent investigation your results have been reviewed and your results are normal.*

*Or*

*Dear xxxxx, the clinician has advised that your results are borderline or abnormal. Please do not worry, [insert clinician name] has requested that you book an appointment or book a repeat test. Please call the surgery as soon as you are able to book an appointment.*

**Annex B Checklist**

A suggested checklist is outlined below:

1. Document all requested tests within the relevant clinical systems.
2. Ensure measures are in place to track test results, including any results that take longer to process and any specialist tests that are sent to different labs for analysis.
3. Ensure that results are reviewed promptly and that systems are in place to action any abnormal results.
4. Where samples need to be retaken, this should be communicated to the patient along with an explanation of why this is the case.
5. Procedures should be in place to manage staff absences, whether these are planned or unplanned. Buddy systems are a popular way of managing this within practices.
6. Business continuity plans should exist for use in the event of technological failure. These may include the use of paper forms to request tests or results being sent through to be manually uploaded.  Importantly, training and materials should be kept up to date so that patient care can be maintained regardless of the system status.
7. Patients should be informed if the practice policy is only to contact patients when results are abnormal, and a clear process should exist for patients requiring follow up or additional investigations.
8. Abnormal results should ideally be shared with patients before these are filed, as filed results are visible for patients that use the NHS App (or any other app) should they have suitable online access provisioned.