**Phlebotomy (Blood Tests) Services / Secondary Care Policy**

As a GP practice, we are currently managing an unprecedented rise in workload, partly driven by an increase in requests from hospitals and other clinics for us to carry out blood tests, ECGs, and other investigations on their behalf.

We have a duty of care to our patients to provide core GP services, which means that we must ensure that appointments are available for tests requested by our own GPs and nurses. However, the growing volume of external requests is reducing the availability of appointments for our own patients. In addition, these requests often come with unrealistic expectations about when tests must be done.

The key challenges we face include:

* **Lack of appropriate paperwork:** Patients often present without the required forms or documentation, causing delays as our nursing team or phlebotomists must interrupt their work to identify the necessary paperwork and arrange the tests.
* **Test result handling:** Test results are often sent to us rather than the clinician who requested the test in secondary care. This creates issues, especially when abnormal results are returned, as it can be difficult to contact the relevant secondary care clinician to ensure appropriate follow-up, which can be unsafe.
* **Monitoring responsibilities:** We are increasingly being asked to take on the monitoring of patients, either due to a lack of capacity or resources within secondary care. This is unsafe, as general practice is not resourced or specialised enough to carry out tasks that should be done by secondary care providers.

Given the exceptional demand on general practice and the need to ensure patient safety, we are introducing the following guidelines to manage workload within the resources available to us:

**Blood Test Requests We Will Arrange for Patients:**

* **Post-hospital discharge blood tests:** These will be arranged no more frequently than once a week.
* **High-risk drug monitoring:** This will be carried out only where we have signed agreements with a specialist to monitor these drugs.
* **Requests from heart failure nurses, diabetes specialist nurses, dementia support workers, and drug/alcohol teams:** We will accommodate these requests.
* **Requests from practice-based specialist clinicians.**

**Blood Test Requests We Will No Longer Carry Out:**

* **Requests to forward results to hospitals or specialists.** We will no longer process test requests that require us to forward results to secondary care.
* **Requests from fertility clinics.**
* **Requests from outpatient NHS clinics.**
* **Requests from private clinics.**
* **Psychiatry requests.**
* **High-risk drug monitoring during the initiation phase, before a shared care agreement is in place.**
* **Pre-operative checks.**

These new guidelines are being introduced to ensure that we can continue providing safe and effective care to our patients, within the limitations of our resources. While we will continue to support secondary care where possible, our priority must remain the care of our own registered patients. General practice is under significant pressure, and it is essential that we focus on the responsibilities that are within our scope and capacity, while ensuring that tasks outside our remit are appropriately managed by secondary care providers.

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