Urgent Actions for Primary Care to Manage the BD Blood Bottle Shortage

Dear Colleague
As you will have already been informed, there will be a UK-wide shortage of specific blood bottles for the next 2-3 months. It is essential that every practice takes immediate action to restrict any blood tests to only those that are high priority for clinical care.

The Bottles affected are

1. **5mls Yellow top – SST 2 – clotted sample (e.g. U&E, LFTs etc)**
2. **Purple top – EDTA (e.g. FBC, HbA1c)**
3. **Light Blue top – Na Citrate (e.g. INR)**

Health Boards are having to ensure that the patients with the highest risk have access to these bottles. In order to conserve remaining available stocks, it is essential that tests are requested only where absolutely necessary. **Failing to do so will lead to tests becoming unavailable within weeks**. Collectively, we must take steps to ensure supply for the most urgent cases and lengthen the short window of time available to identify a resolution for this issue.

Inevitably that means that the sickest patients in any setting will have priority over stable patients. The demand for blood tests using these bottles must be **substantially reduced for three months** to protect the sickest patients. This is a particularly challenging ask of practices and community services, given that many patients will have gone without their routine chronic disease monitoring reviews during the COVID-19 pandemic.

NWSSP Legal and Risk Services has confirmed that any clinical negligence claims which may arise, in the circumstances addressed by this note, will be captured by the Scheme for General Medical Practice Indemnity, in the usual way.

Furthermore Welsh Government, Health Boards and NWSSP Post Payment Verification teams will take into account the advice in this letter when considering any blood test requirements in GMS contract monitoring.

Some Health Boards are centralising all stock of blood bottles so that all practices and hospital wards can have a fair share, supported with regular top-up deliveries, and ensuring bottles with imminent expiry dates are used first. It is essential that practices and community services cooperate with local arrangements as far as possible. Note that in North Wales, 3.5mls Yellow top bottles are used but these are not in short supply.

Here are principles agreed nationally between the AMDs in Primary Care, NWSSP, Legal & Risk Services, Welsh Government, the Strategic Programme for Primary Care, and GPC Wales, to guide practices on how they need to respond urgently to the developing situation.

Principles

1. **Blood test bottle supplies need to be prioritised for patients at immediate highest risk** e.g. Troponins, acute renal failure etc.
    a. **Bottle supplies should be prioritised to acute presentations where possible**, rather than routine monitoring in any setting.
    b. GMS practices should **avoid stock-piling**; keep no more than 1 or 2 weeks stock on site.
    c. GMS practices should **use stock with the shortest shelf life first.**
    d. **D-dimer** testing is to be used purely as a negative predictive test for VTE via Emergency Medicine only: **NOT** for use in primary care

2. **Inform patients if this may affect their care - be open and honest with patients. It's NOT your fault!**
    a. There is a shortage of blood test bottles due to a problem with the manufacturer.
    b. This shortage is temporary and expected to last up to 3 months
    c. However, it does mean that some tests for some people will be postponed until the national stocks recover
    d. Those patients with the highest risk or need will still receive the blood tests they need, but others will have to wait

3. **Consider moving to GPTR (electronic test requesting in practices)**
    a. If currently not using GPTR (electronic test requesting), please consider doing so.
    b. GPTR prints out the correct number of labels for the blood tubes required and is effective at preventing the needless collection of "spare" tubes which are then binned.
    c. **GPTR also tells you the latest results** – regardless of where the test was requested from. E.g. outpatients/wards – and warns you if you are testing too soon.
    d. When using GPTR to submit a request, **review what tests have been done previously** and review the need for further test

4. **Acute Illness assessments:**
    a. **Wherever possible, examine the patient before requesting a blood test**. Whilst normal blood test results can be reassuring for vague symptoms, a face-to-face clinical examination can provide the same reassurance without using up bottle supplies.
    b. **Do not take bloods if you have already decided to send the patient to hospital** for an urgent assessment
    c. **Use GPTR to review the results of recent tests** the patient has had in all settings in Wales before deciding that more blood tests are necessary.

5. **Phlebotomy and Practice Nurse Standard Operating Procedures should be reviewed**:
    a. Since much phlebotomy and practice nurse work is usually performed according to practice protocols (e.g. chronic disease clinics), it is essential that **GPs sit down with their nursing /phlebotomy teams to discuss this problem** and agree how clinical protocols will need to be adjusted to significantly reduce demand for the next three months.
    b. If carried out, Phlebotomists should immediately **cease any habits of adding an 'extra bottle just in case' or 'for future use'**. In general, it is usually not necessary to take more than one bottle of any type e.g. even for a large number of tests on a yellow top tube, it is relatively rare to need more than one tube.

c. **Consider the use of "add on":** Yellow top tubes are kept for 4 days and most tests can be "added on" within that time e.g. if a tired patient's full blood count shows anaemia, haematinics can be "added on" to the yellow top tube taken at the same time for thyroid function. (Ring the laboratory to request this)
d. Agree how Phlebotomists and practice nurses can **access a GP for ad hoc queries** about whether a blood test is necessary

6. **Chronic Disease Reviews**
   a. **All referrers should follow the guidelines related to RCPath minimum retest intervals** to avoid over-testing for items such as **B12** and **thyroid** disease. Scan QR code for further information.[1]
      1. RCPath minimum retest intervals
   b. **Vitamin D testing** (except in very exceptional circumstances set out in NICE guidance) should cease until further notice.
      Scan QR Code for further information[2].
      2. NICE guidance on exceptional circumstances for Vitamin D testing
   c. Routine Reviews – Diabetes, Heart Disease, Stroke, Hypertension
      i. Consider postponing the blood test elements of the review if the patient's history suggests they are low risk of harm in the next three months
      ii. However, continue to offer the non-blood test elements as usual e.g. urine analysis, foot reviews, BP check, BMI etc
   d. **Seek Help and Advice from Colleagues**
      i. Use the ***ConsultantConnect*** *App* to discuss with a specialist whether bloods are required if you are uncertain of the risk involved in postponing bloods. All calls are recorded.
      ii. Consider using the **e-advice function in WCCG** for emailing questions for advice from specialist colleagues on whether tests can be delayed. The advantage here is the text conversation is stored in the patient's GP record.

7. **Drug Monitoring e.g. DOACs, DMARDs**
   a. If **initiating** a drug, follow the usual protocol but perform the blood test at the latest date allowed, after a risk assessment of the patient's history
   b. If **routinely monitoring** the patient, perform the blood test at the latest date allowed in the monitoring protocol, after a risk assessment of the patient's history

8. **INR – anticoagulation**
   a. For patients on warfarin with a Coaguchek reading outside of their target, re-check the Coaguchek test again at the same visit to confirm the reading is truly outside of target before sending a lab sample for confirmation.

9. **Primary Prevention/Screening**
   a. **Routine wellness screening is <u>not</u> a priority,** for example screening for pre-diabetes, dyslipidaemia, especially if patients are in the acute phase of illness. Please delay such primary prevention until the bottle shortage has resolved

Thank you for considering these principles and actions. Together we can minimise the risk of harm to patients.

Thank you also for your continuing huge commitment to patients and your great efforts to maintain a safe and quality service throughout the pandemic. We greatly appreciate it.

Yours sincerely

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