

FAQs

When should a test be done?

If urgent it should be done. If not, it should wait.

You are advised to cancel non-urgent biochemistry tests for next week unless advised otherwise on Monday 12 October

What is the definition of urgent?

Urgent is defined as a test result that would alter a clinical plan for a patient within 48 hours.

Can we assume any test we do send will be done? Or do we have to indicate that we feel the test is urgent and needed?

No, you cannot assume it will be done, the form for biochemistry tests should be marked as 'Urgent'. Be assured everyone is doing their utmost to best manage this situation.

Is there any consensus about high risk drug monitoring e.g. methotrexate blood tests? Would you do the FBC but not the biochem, or would you just postpone it full stop?

If a patient arrives with a standard haematology request and a non-urgent biochemistry request, the haematology test will be done, however the biochemistry test will not currently be done. If the request is on one form the phlebotomist will fill in a proforma to give to the patient to take to the surgery to have another biochemistry form done - blood will be taken when this issue has been resolved.

If the patient has two blood forms, one haematology and one biochemistry - the phlebotomist will hand the biochemistry one back to the patient and tell them to check the GP website for when they are able to rebook.

If the biochemistry is marked urgent it will be done.

Can the urgent blood prioritisation process at the community clinics be modified to not turn anyone away whose form includes Troponin, D-Dimer etc

The patient should be told that the test is urgent by the requester.

Some of the 2WW referral for GI advice tests in support of referral such as U&E/LFT – can we still refer without these?

Yes

What should we do with requests from hospital consultants that are booked into phlebotomy clinics?

Look at the biochemistry element. If you cannot decide whether it is urgent or not you need to ask the consultant.

Does this affect Covid-19 testing?

No

Can we send tests to organisations that do not use Roche?

No. Those organisations that don't use Roche have told us they have no extra capacity.

Can our local labs not order reagents from elsewhere?

Since this is a national issue it is simply not logistically possible to obtain these chemicals from elsewhere at such short notice.

Will the CQC inspectors take this situation into account?

While the CQC has indicated that they will not postpone any inspections they have indicated their understanding. The CCGs will robustly support the practices to ensure the CQC is fully aware of the negative impact this has had on them.

Will practices be reimbursed for the extra hours spent on dealing with this situation?

There is no clear guidance on this yet, but you are advised to keep records of any additional work done.

Will we have funding to pay for overtime of phlebotomist once we can start doing routine bloods again to allow catch up?

This is being discussed.

Has there been a statement from CNSGP for medico-legal concerns?

You'll most likely receive this direct.

Are the CCGs proposing to undertake a wider patient communications exercise to inform of the local plans so that patient contacts can be kept down?

Yes, but we need to be mindful that the messaging is complex.

Thank you for everything you are doing – it really is much appreciated.