



North Midlands and Cheshire Pathology Service

GP BRIEFING

Thursday 26 August 2021

UPDATE: BLOOD TUBE SUPPLY DISRUPTION **NEW NHSE and NSHI URGENT GUIDANCE ISSUED**

****Unfortunately there has been little change in practice following our previous communications regarding the blood tube shortages and we are not seeing the significant reduction in blood supply products needed.**

It is essential that tests are requested where only absolutely necessary. Failing to do so will lead to tests becoming unavailable.

DEMAND MUST IMMEDIATELY BE REDUCED BY 25% AND UP UNTIL 17 September**

We will be reporting activity back to NHSE and NSHI daily, areas that are not reducing their activity accordingly will be targeted.

Please ensure that you provide relevant clinical details on request forms to prevent blood collection being cancelled.

NEW GUIDANCE FROM NHSE and NSHI:

Primary Care and community care

All primary care and community testing must be halted until 17 September 2021, except for clinically urgent testing. Examples of clinically urgent testing include:

- Bloods that are required to facilitate a two week wait referral
- Bloods that are extremely overdue and/or essential for safe prescribing of medication or monitoring of condition
- Bloods that if taken could avoid a hospital admission or prevent an onward referral
- Those with suspected sepsis or conditions with a risk of death or disability



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There are a small number of QOF indicators which require a blood test to be undertaken. Unless clinically urgent, practices should move blood test activity scheduled prior to 17 September to a later point in the year when supply improves.

We appreciate that this temporary position is frustrating for patients and services alike. It may mean practices rescheduling certain QOF indicator checks for later in the year, when supply has improved. Given QOF is an annualised process, there are no current plans to change QOF payment arrangements for these indicators though we will keep this under review.

As per previous communications, there will be a UK-wide shortage of specific blood bottles for the next 2-3 months. It is essential that every clinical area takes immediate action to restrict any blood tests to only those that are high priority for clinical care.

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.

Please do not underestimate the severity of this situation and do all you can to reduce the risk of a complete breakdown in supply.

****Please read the previously outlined steps that you should be taking**

- Please check all stocks and return all short dated tubes to the respective laboratories
- **STOP** reprinting requests forms in their entirety when a patient only needs one test repeating.
- Only take one sample for HbA1c and FBC, these will be run on the same tube.
- **Plasma U and E request set** has been disabled at UHNM, speak to the biochemistry clinical team if required.
- **Vitamin D** testing will be stopped, unless in very exceptional circumstances
- **Allergy testing** – avoid specific IgE testing unless potentially IgE mediated reaction e.g. avoid IgE testing for aeroallergens but investigations of immediate type allergy associated with foods, insect stings or medication may be appropriate
- Routine testing and opportunistic screening for **pre-diabetes and dyslipidaemia** should be avoided
- **GUM clinics** only request tests in symptomatic patients, all screening should be stopped.
- Serum Free Light Chains, Immunoglobulin and Electrophoresis requests only require one tube, we often receive two. Please reduce this waste.



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- **Menopause and perimenopause** – biochemical measurements are not useful in the routine diagnosis in women over 45 years and therefore hormonal tests should not be requested in these patients.
- **Genetic testing** should only be used in the testing of unwell neonates, prenatal screening and cancer diagnosis.
- **HbA1c** should not be repeated within 3 months unless confirming diabetes diagnosis in patients with first HbA1c ≥ 48 mmol/mol only. Please only screen symptomatic individuals in the current crisis.
- **TFTs** should not be repeated within 1 month unless acute hypo/hyper symptoms.
- **B12 and Folate** repeat measurement is unnecessary in patients with deficiency once this has been confirmed.
- **Lipids** should not be repeated within 3 months unless triglycerides in patients on TPN or who have triglyceride induced pancreatitis.
- **Caeruloplasmin** should not be requested in patients >60 years as Wilson's disease is highly unlikely to present at this age.

Full details are available on the [NHS England website](#)