

Blood Tests for Secondary Care - Briefing

This briefing note was originally developed to support action in 2024 based on the GPC England GP Practice Survival Toolkit, including:

“Stop supporting the system at the expense of your business and staff - serve notice on any voluntary services currently undertaken that plug local commissioning gaps.”

CLMC ADVICE – Blood tests for secondary care should ALWAYS be requested on ICE by the consultant’s team. All requests that do not meet this standard should be rejected by the practice.

Basis of contract

Phlebotomy is a locally commissioned service via our Tees Valley Local Enhanced Service (LES). The LES specifically includes blood tests/samples, with the additional descriptor of:

“Bloods initiated by secondary care should be requested appropriately e.g. via ICE form provided to patient, so that clinical responsibility for the request remains with the requestor”

If practices were to only complete investigations for secondary care that have been appropriately requested and to reject any requests that have not been added to ICE by the hospital team, the view of CLMC is that this would be acceptable within the LES and the GMS contract.

Clinical benefits

A long-standing professional principle is that the team who has requested the investigation is the team who is responsible for managing that result, including the communication of the result with the patient. It is therefore **essential** that tests for the hospital are requested by the hospital on ICE, so that the results go back to the hospital team. This ensures that:

- The hospital team receive the results directly.
- The test results are interpreted within an appropriate clinical context, which improves patient care.
- There is no duplication of workload through both teams managing the same result.
- The risk of the result being missed by both teams assuming that the other is managing the result is reduced.

The clinical risks are particularly large with cancer monitoring bloods (including chemotherapy), and we would strongly recommend that this policy is applied for these requests.

Cleveland Local Medical Committee Limited (CLMC Ltd)

Registered office: First Floor, Yarm Medical Practice, Worsall Road, Stockton on Tees, TS15 9DD t. 01642 745813
e. nencib-tv.adminlmc@nhs.net w. www.clevelandlmc.org.uk

Registered as a Company limited by Guarantee. Registered in England No. 07857018. Secretary: Dr Girish Chawla

Originally Published: July 24

Reviewed: Jan 25, Aug 26

Practicalities

In principle, it is easy to just say no to any request that does not come through the proper channels. In practice, this may be more difficult.

Practices will need to review their policies around phlebotomy and other test requests to ensure that only tests that have been requested by the practice or appropriately requested on ICE are completed. This may require an increased checking process, which could be:

- At the point of booking.
- Prior to a phlebotomy appointment list.
- When the patient is in the room.

The aim would be to ensure that any deviation from the policy is picked up before the patient is sitting in a consultation room as this will be inefficient for the practice and upsetting for the patient. Recognising this scenario, we attach a sample letter to give to patients in the appendix.

ICE requests made by the hospital can be stored within ICE to be printed by the GP practice or can be printed and given to the patient to bring with them to their appointment (should still be visible within ICE). Both options are acceptable.

Where a request is made without a linked ICE form, the patient should be directed back to their consultant for the hospital team to add the request to ICE.

CLMC has discussed this issue a number of times with the hospitals and the ICB; they are supportive of this change at a managerial level.

Workload impact

There may be some increase in workload for your administrative and reception teams when checking that tests have been properly requested. There may be a reduction in nursing workload if hospitals start to better consider whether tests are really needed. There will be a reduction in GP workload as fewer results will be received by the practice.

LMC analysis

We recommend that practices adopt a policy of **“no ICE form, no test”** in relation to tests requested by hospital colleagues. This will improve clinical safety and will reduce workload.

Appendix – Sample letter to patients

To be given to patients at the time of their phlebotomy appointment (or other test request, eg sputum samples). Log in the notes that this letter has been shared.

Dear patient

You have attended today for a test that is at the request of your specialist hospital team. The policy of the practice is that all these tests must be added to the requesting system by the specialist team, which has not been the case today.

In the future, **your specialist team MUST add these tests to the requesting system (known as ICE)**. If this is not done, then we will not be able to take your blood or process any other samples on their behalf. At your next hospital appointment, please let your specialist know that they will need to generate a request for any tests that you need.

We appreciate that this may cause some inconvenience, and we apologise for this. This policy aims to make sure that your test results are received and interpreted by your specialist team, which ensures that you receive the safest possible medical care.

Thank you for your understanding.

Xxxxxx Medical Practice