

Pennygate Medical Centre: New Blood Results Protocol

Enhancing Patient Safety & Operational Efficiency

Internal Protocol Update

Moving from reactive chaos to proactive safety



The Problem: Our previous system evolved through patchwork fixes, leading to overloaded reception, overloaded reception staff, and inefficient 'phone tag'.



The Risk: Patients assuming "no news is good news" caused potential safety gaps and risked lost results.

The Goal: A modern system that **empowers patients**, reduces administrative burden, and **safeguards the vulnerable**.

Replacing phone calls with digital integration



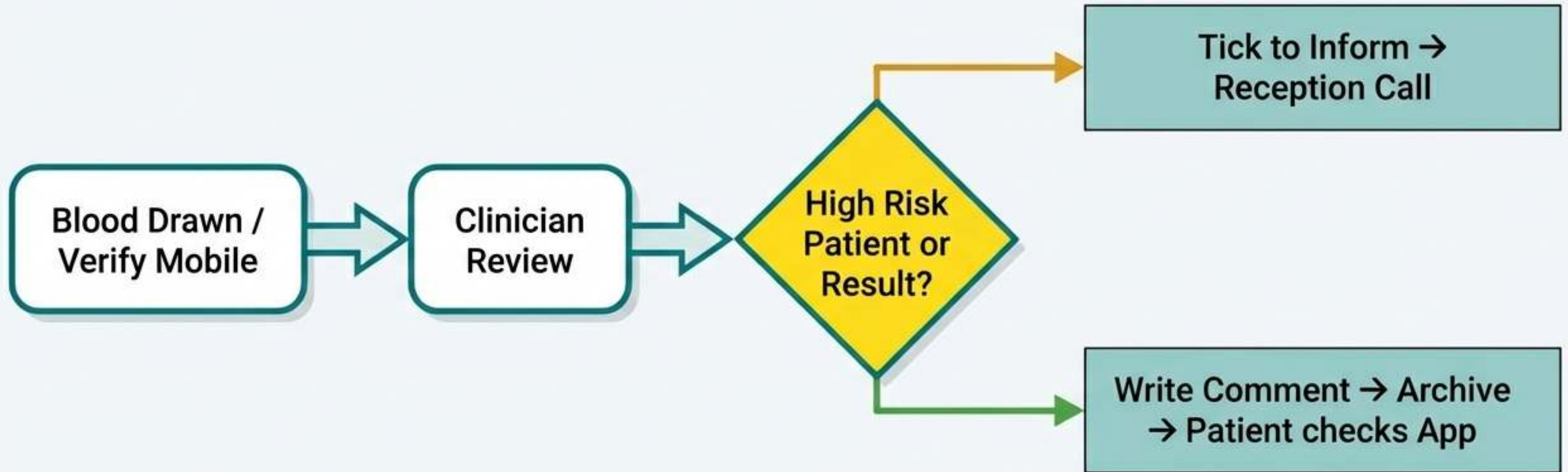
The Old Way



The New Protocol

Key Insight: We are shifting responsibility for standard results to the patient via the **NHS App**, reserving human intervention for those who **truly need it**.

The Protocol Ecosystem at a Glance



This workflow moves a patient from 'Blood Drawn' to 'Result Actioned' with clear decision points for Clinical vs. Admin staff.



Step 1: Verification before the needle touches skin

Core Instruction: Staff must verify the patient's mobile number at two distinct touchpoints:

1. When the test is requested.
2. Immediately before the blood test is performed.



Patient Scripting: Instruct patients to check the NHS App in 3-4 days. (Non-app users should call after 2pm if they hear nothing).



Step 2: The Clinician's Assessment

Action Items:

- The Lab sends the result.
- The Clinician assesses the medical data.

The Critical Question: Before taking action, the clinician must categorize the risk level of the **PATIENT** and the **RESULT**.



The Decision Node: Is this High Risk?

The Patient

- Safeguarding concerns, memory issues/cognitive impairment, known compliance issues, or elderly/vulnerable.

The Result

- Urgent clinical action required, or specific high-stakes results (e.g., positive FIT test, raised PSA).



Pathway A: The Safety Net (High Risk)



The Protocol:

1. **Do NOT Archive:** Keep the result active.
2. **Action:** “Tick to Inform.” This forces the patient’s name onto the Reception Search List.
3. **Outcome:** Reception will manually contact these patients. This ensures vulnerable patients are never left to manage their own results.



Pathway B: The Digital Path (Standard Risk)



The Protocol:


Step 1: Write a clear, patient-friendly comment.

Step 2: Archive the Result.

Outcome: Archiving removes it from the reception 'to-do' list. The result becomes visible to the patient via the NHS App or when they call in.

Writing comments for a lay audience

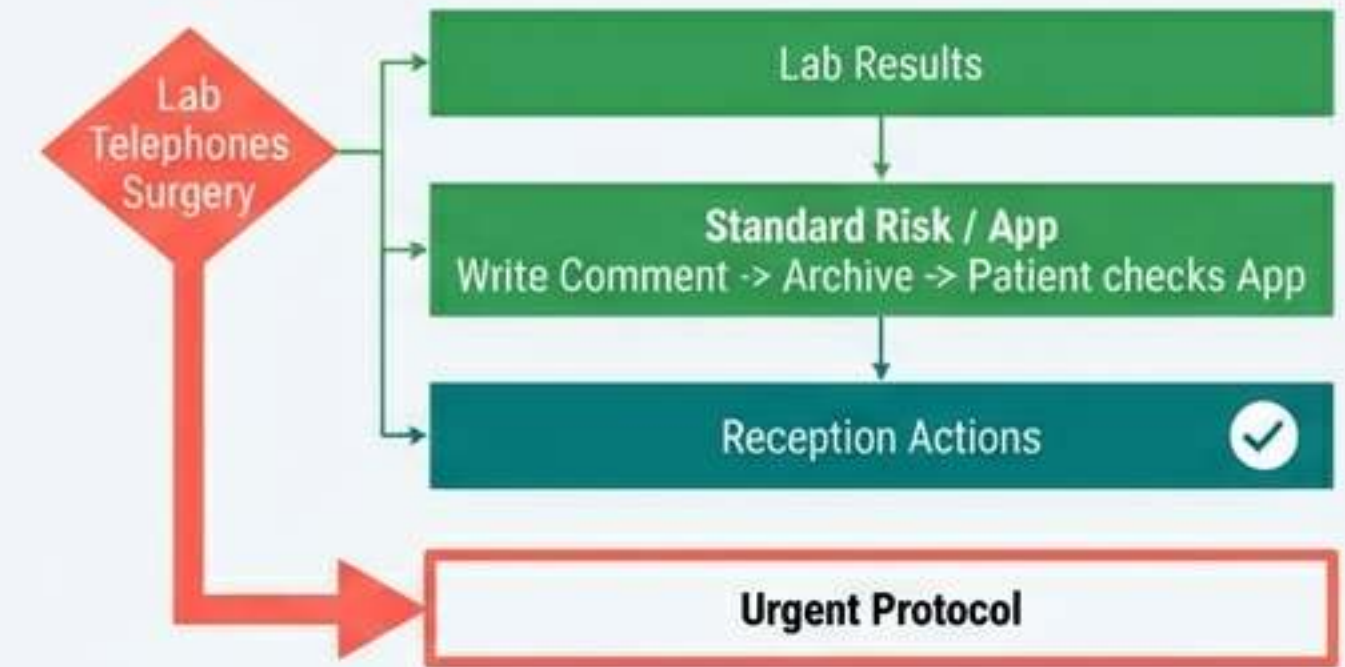
Avoid medical shorthand. Be clear about actions.

❌ BAD (Medical Jargon)	✅ GOOD (Patient Friendly)
 Vit D def. Rx req.	 Vitamin D level is low. Please start a supplement.



Tip: Create preset templates for common abnormal results to save time.

Exception Protocol: Urgent & Critical Results



Trigger: The Lab telephones the surgery directly.

Immediate Action: Reception must immediately notify the Requesting Clinician.

Fail-safe: If the requesting clinician is unavailable, the Duty GP takes immediate ownership.

Managing Expectations and Delays



- **The Pitfall:**
Some pathology results (Coeliac, Genetics, Immunoglobulins) take **longer or arrive separately**.
- **The Mitigation:**
Pre-warn patients during the appointment.



Some results may arrive later than others.
Do not panic if the set is incomplete.

Implementation and Training



Face-to-face training sessions for all clinical and admin staff



Protocol documentation emailed to all current staff



Ongoing monitoring of the 'High Risk' lists