# Pennygate Medical Centre: New Blood Results Protocol

## Enhancing Patient Safety & Operational Efficiency

Internal Protocol Update

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# 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.**

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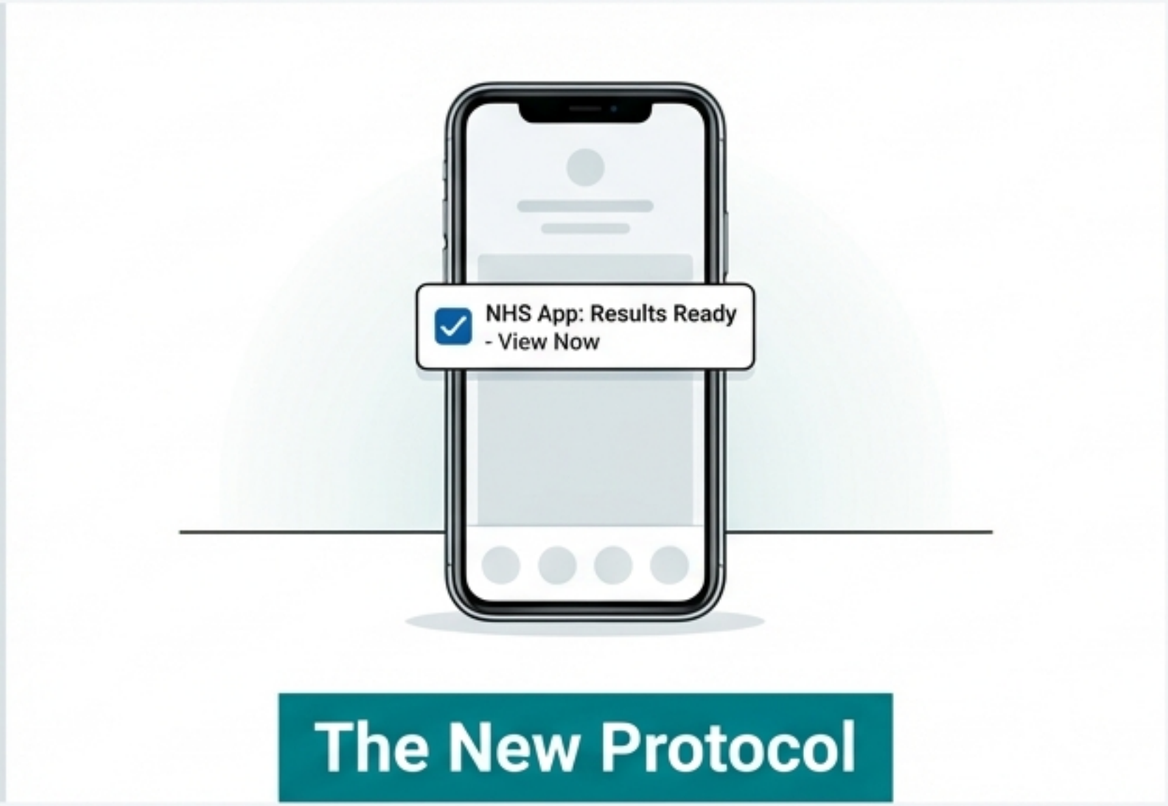
# Replacing phone calls with digital integration




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**.

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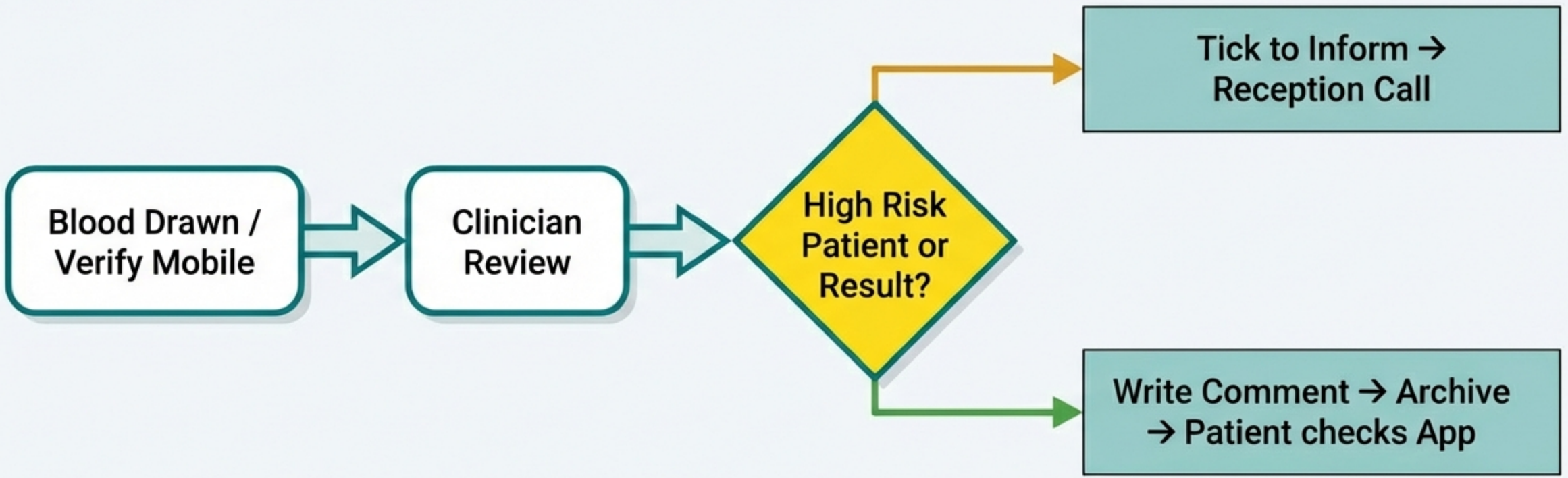
# The Protocol Ecosystem at a Glance




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

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# 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).

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# 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**.

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# 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).

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# 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.

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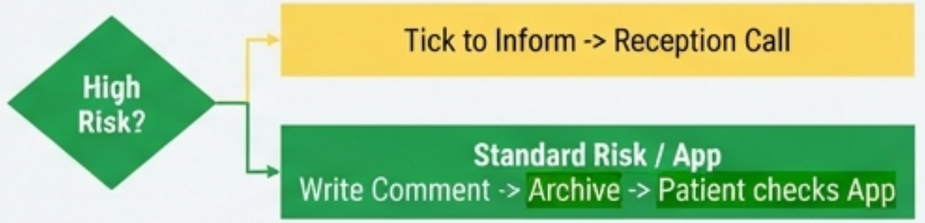
Clinical Precision meets Editorial Clarity




# 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.

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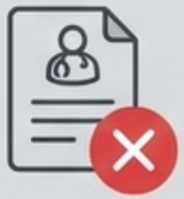
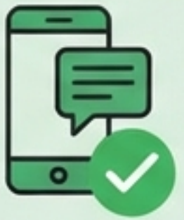
# Writing comments for a lay audience

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.

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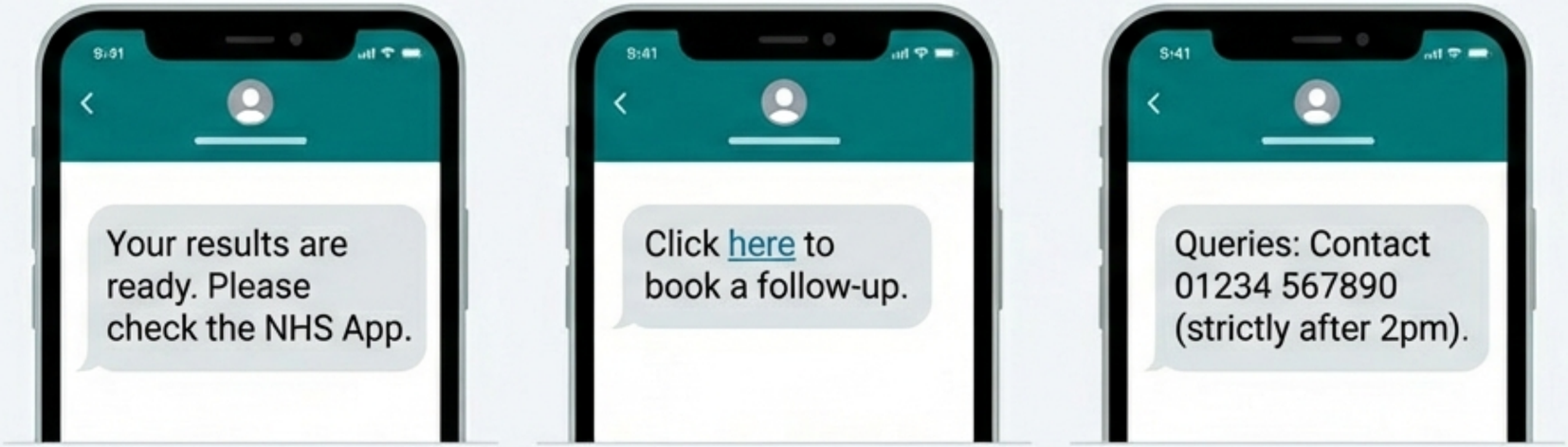
# Reception's Role: Monitoring and Notification




- Monitor the list for results requiring action.
- Send SMS prompts.
- Include self-booking links for follow-ups.
- Provide a contact number for queries (strictly after 2pm).

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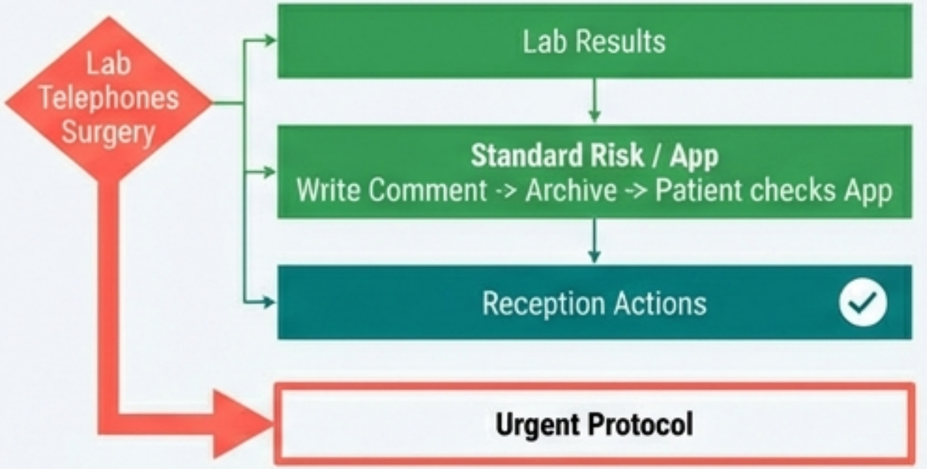
# Exception Protocol: Urgent & Critical Results



**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.

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# 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.

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# 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

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# The New Standard: 4 Steps to Success

1

**Verify:**

Check mobile numbers BEFORE the test.

2

**Categorize:**

Is the patient or result High Risk?

3

**Comment:**

Write for the patient, not the doctor.

4

**Action:**

Archive standard results; Tick to Inform for high risk.

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