

# **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



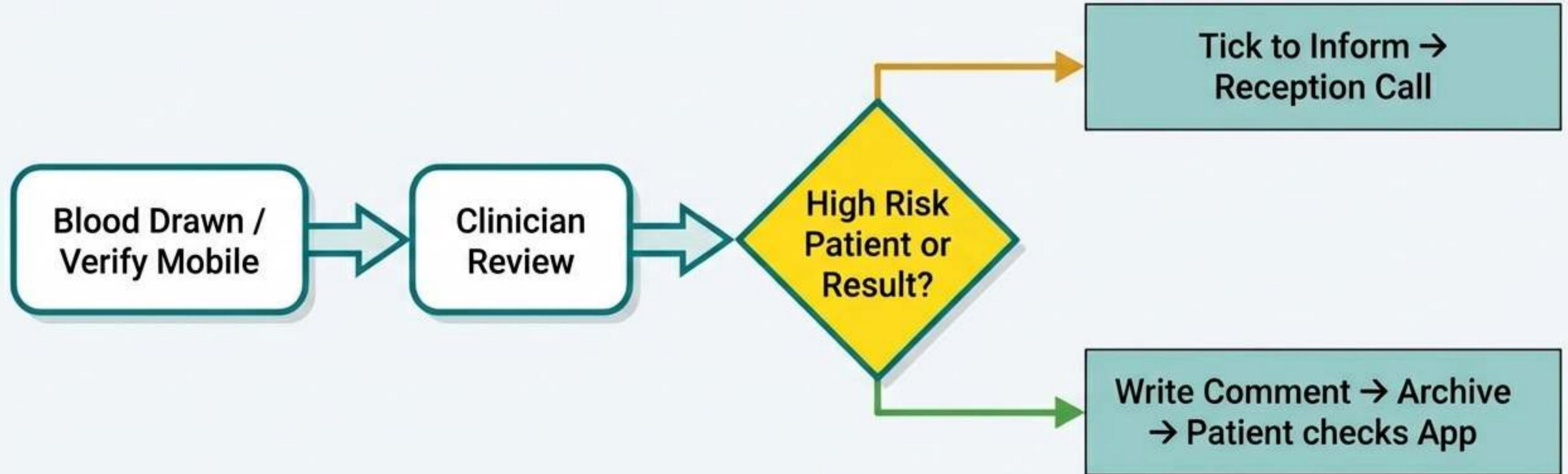
The Old Way



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.



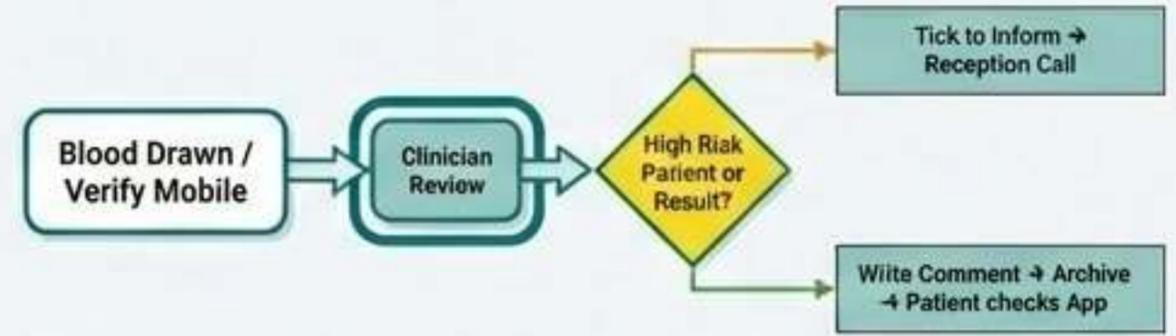
## Step 1: Verification before the needle touches skin

**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

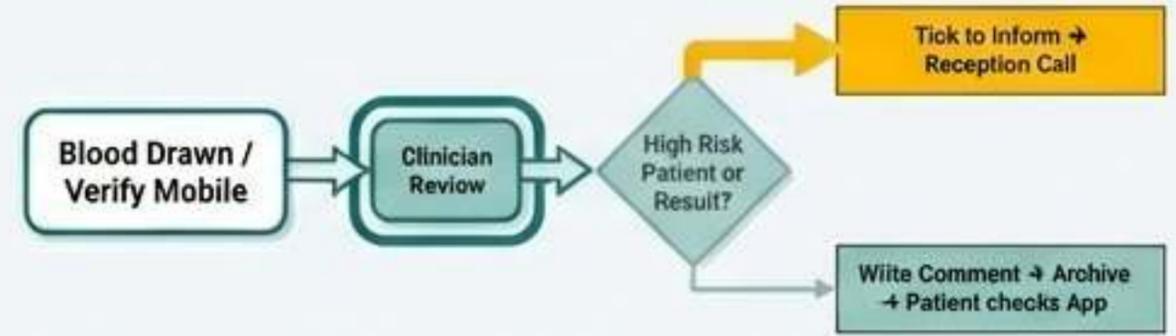
- Safeguarding concerns, memory issues/cognitive impairment, known compliance issues, or elderly/vulnerable.

## 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.

Clinical Precision meets Editorial Clarity



## Pathway B: The Digital Path (Standard Risk)



### The Protocol:

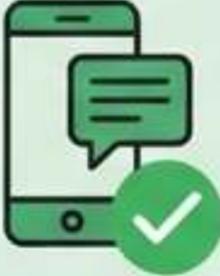
**Step 1:** Write a clear, patient-friendly comment.

**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.

# Writing comments for a lay audience

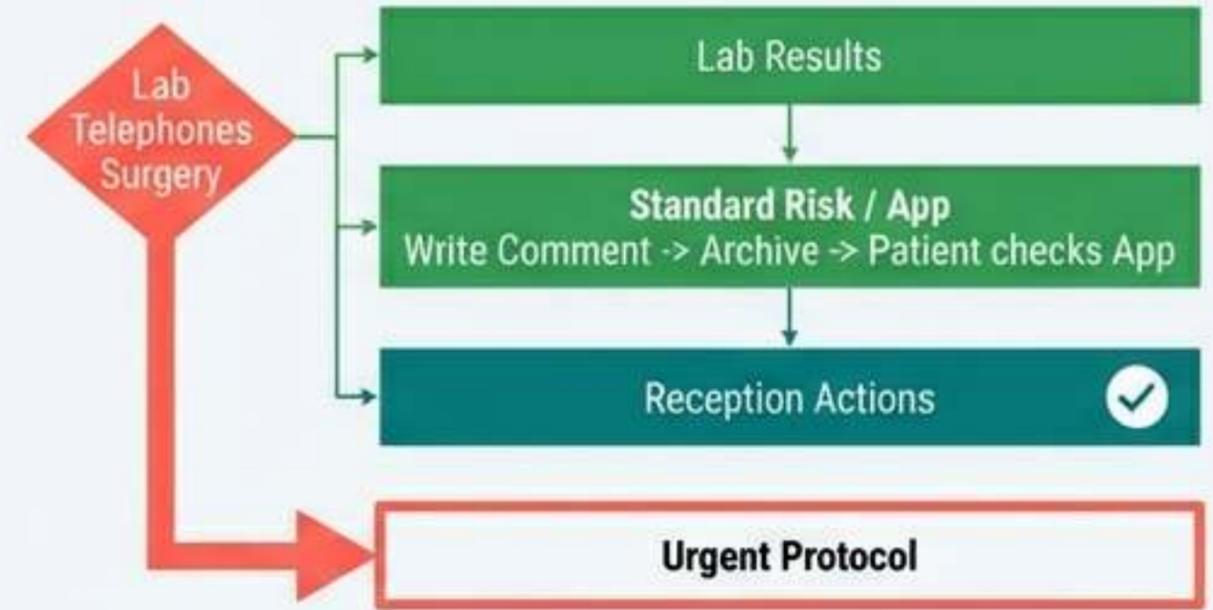
Avoid medical shorthand. Be clear about actions.

❌ 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.

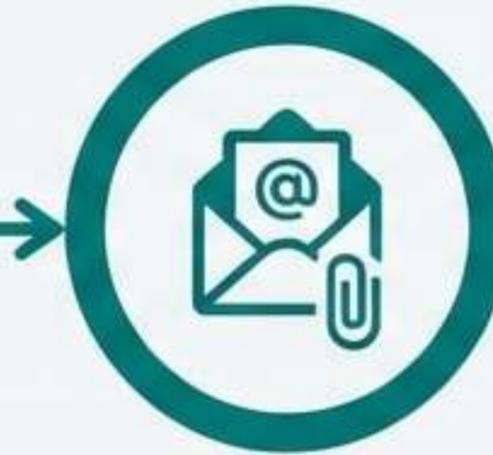


Some results may arrive later than others.  
Do not panic if the set is incomplete.

# 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