

Date 22 April 2021
Our Ref CEW/AL/SD

Dear Primary and Secondary Care Colleagues

BLOOD TESTS ACROSS THE INTERFACE

NHS Lothian is now in a phase of remobilisation and recovery. Restoring routine patient-facing clinical activity to previous levels in the face of ongoing Covid-related limitations will be difficult. Restoration of chronic disease monitoring in primary care and addressing the back log of outpatient clinic appointments in secondary care are examples of where this recovery is challenging. However the need for physical distancing, cleaning and PPE continues to place limitations on available capacity across the whole system.

Monitoring clinics have been set up in Secondary care on various sites; Lauriston, ELCH and SJH to provide access to phlebotomy for their patients, compensating for the loss of some face to face outpatient clinic capacity due to Covid-19 physical distancing restrictions. These clinics help support those secondary care services who have been able to develop telephone or virtual review of patients during the pandemic.

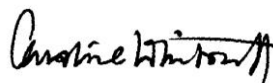
Primary care will continue to honour phlebotomy work on behalf of secondary care, that was agreed and funded prior to the pandemic, including pre-chemo SACT bloods, virtual haematology clinics, PSA monitoring, and bloods for patients who are **house bound** or part of a **shared care agreement**. The shared care agreements can be accessed here <https://formulary.nhs.scot/east/help-and-support-for-healthcare-professionals/>

Only in **absolutely exceptional circumstances** should bloods be requested by secondary care from primary care, and only with the prior agreement of the individual GP who has the **right to refuse** this request. This must therefore be discussed with the GP **prior** to advising the patient. Primary care is at capacity, and such exceptional circumstances would primarily be considered for the housebound or severely frail. The expectation is that secondary care will utilise their own resource, including monitoring clinics to organise phlebotomy requested by themselves.

Patients will always prefer to visit their local GP for easier access, and it is widely acknowledged that would be better for the patient journey, but for now, there is limited capacity for primary care to accommodate this. Patients will be disappointed, when there is an unrealistic expectation set that cannot be met. We all want to respect patient choice where we can, but currently this is not feasible for phlebotomy.

All of the above has been agreed and accepted by the Lothian Interface Group and the GP Subcommittee. Please respect these agreements. Collegiate working and understanding of each others capacity is imperative if we are to move out of this pandemic as efficiently and as smoothly as possible. Your consideration of this is greatly appreciated at this time.

Yours sincerely

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Lothian NHS Board is the common
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