



Curiosity



Creativity



Clinical Care

Evidence-Based Phlebotomy

Reducing Unnecessary Blood Tests In Our Practice

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Unnecessary Blood Tests

Patient
Expectation

Lack of
guidance



Fear
of
missing
something

Project Aims

**Reduce unnecessary
blood tests**

**Patient education
& communication**

**Improve
work processes**

What bloods should be done?

Evidence base + clinical consensus
NICE, Royal College of Pathologists, BPAC NZ



Practice policy

Routine blood tests – what, on whom, why, when?

Results - action, communicate, safety-net



Patient Information

Explainer: What bloods being done and **why**



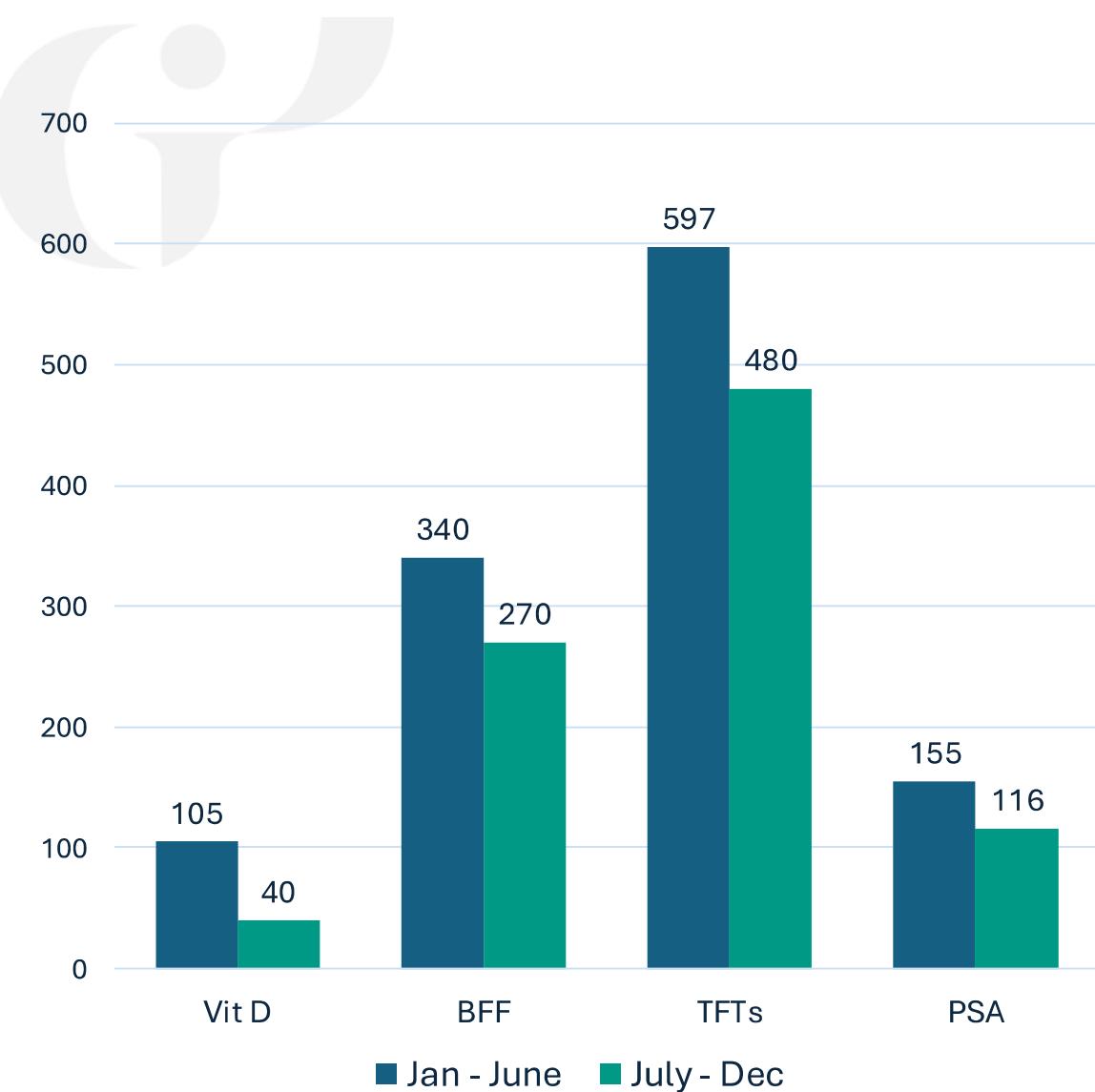
Communication

Practice Meeting

Patient information leaflet, social media, website

APPENDIX 1: WHAT BLOOD TESTS SHOULD BE PERFORMED?

Patients <45	“Routine” bloods should not be done unless a doctor has requested them or we are monitoring a condition or treatment.	If patients <45 request blood tests they should be booked with a doctor first (unless we are monitoring a pre-existing condition or treatment)
Patients >45	FBC, U&Es, HbA1c, lipids (TFTs – only if specifically requested by patient or ordered by doctor)	Unless a particular disease or treatment is being monitored, routine (screening) bloods need only be done every 2-3 years
TFTs	If requested by doctor; If on Eltroxin; If >45 and patient requests it	
PSA	Only if known elevated PSA or personal history of prostate cancer/treatment.	Otherwise, need to see doctor first
Pregnancy Booking Bloods	FBC, viral antenatal screen, group & hold.	TFTs only if history of thyroid issues. MSU should be sent at booking also.
B12/folic acid	Only if requested by doctor or history of low B12/folic acid	
Ferritin	Only if requested by doctor or if history of haemachromatosis	
Vitamin D	Only if requested by doctor	
LH/FSH	Only if requested by doctor	
Other bloods	Only if requested by doctor	



Outcome

- ↓ blood tests
- ↓ doctor workload
- Standardisation
- Clear guidance
- Patient education
- Better communication
- Clearer and safer work processes

Sustaining Progress

- Audit
- Clinical risk register
- Quarterly meetings



Thank you.

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