



## **Evidence-Based Phlebotomy**

### **Reducing Unnecessary Blood Tests In Our Practice**

***Dr Paul Nolan – Eastgate Medical, Ballincollig, Cork***

## **National Conference 2024**

*27 September 2024*

# 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;<br>If on Eltroxin;<br>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 haemochromatosis   |  |
| 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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*4/5 Lincoln Place, Dublin 2,  
D02 XR68 - Ireland*

*Tel: +353 1 676 3705  
Email: [info@icgp.ie](mailto:info@icgp.ie)*

***[IrishCollegeofGPs.ie](http://IrishCollegeofGPs.ie)***