

Becton Dickinson Blood Specimen Collection Portfolio supply disruption

Recommended actions for medical
directors, nursing directors, GPs and
pathology laboratories to optimise
resources for pathology laboratory work

10 August 2021

Background

We have been notified of a supply disruption in relation to Becton Dickinson (BD) on their Blood Specimen Collection Portfolio. Details of the products impacted and the demand management measures in place are included in the [Important Customer Notice](#), issued by NHS Supply Chain. NHS England and NHS Improvement recently shared background information on this issue.

Aims and objectives

In light of global shortages of blood tube products (not just those from BD), this guidance is intended to apply to every site regardless of system being used in order to balance demand.

The recommendations below have been provided by clinical experts from pathology teams, primary care and acute care, including input from Royal College of Pathologists (RCPATH), Institute of Biomedical Science (IBMS), the Association for Clinical Biochemistry and Laboratory Medicine (ACB), Genomics Implementation Unit (NHSE) and the Academy of Medical Royal Colleges (AoMRC), as a guide to local optimisation of resources during this time.

The following measures should be implemented now, to optimise the use of blood tubes and ensure that existing stocks are managed in a coordinated and equitable way. Each organisation should have a pathology handbook which explains which tubes are used for which test. The measures set out in this guidance seek to ensure that there is no disruption to urgent care, and services for patients are able to continue as clinically appropriate.

Separate actions are noted for pathology laboratories, supported by national and regional pathology teams, and medical and nursing directors.

This guidance is subject to review and may be updated.

Scope

The following measures should be implemented urgently by all medical directors, nursing directors, GPs, and Pathology laboratories and clinical pathology providers, working with primary care, community and acute care providers, including NHS and Public Health England.

Overview and recommendations

Senior clinical oversight is needed around the ordering of tests with a view to reducing the use of the products impacted by the supply disruption.

Actions for pathology laboratories, with support from national and regional pathology teams

Stock check, ordering and double tube practices

- Current store room and circulating levels of blood tubes in all areas to be reviewed, to assess capacity.
- Order levels should be maintained at normal levels. No stockpiling should happen.
- Stock to be ordered from NHS Supply Chain to allow UK-wide management of supplies.
- Rotation of stock to ensure optimal usage of tubes to avoid out-of-date wastage.
- Training which involves the use of these tubes should be delayed. Student training in the use of these tubes may be delayed until a resolution to the supply disruption has been put into place and catch up training will be needed.
- Double tube practices to be halted (with the exception of blood transfusion): Where possible the use of EDTA, SST and citrate tubes to be urgently reviewed to stop any 'double tube' practices, eg HbA1C and full blood count. This may entail moving tubes between laboratory areas. Staff should check if there is a historical sample/group and screen (G&S) result before automatically taking a second G & S sample.

Encouraging add-on testing to reduce the need for blood tube usage

- Review sample storage and stability protocols.
- Work with service users to encourage add-on testing.
- A dedicated phone service/IT solution for add-on test sent to requestors.

Point of care haemoglobin devices to be used where possible

- Use point of care devices that have been appropriately quality assured for haemoglobin measurement, eg in critical care and theatres, instead of using EDTA tubes.

Actions for medical directors, nursing directors and GPs

Clinical leaders should ensure all staff ordering or taking bloods are informed of the following recommendations, and that these are actioned urgently to protect existing supply levels.

Point of care haemoglobin devices to be used where possible

- Ensure staff use point of care devices have been appropriately quality assured for haemoglobin measurement, eg in critical care and theatres, instead of using EDTA tubes.

Minimum retest intervals

- All organisations should follow the [guidelines related to RCPATH minimum retest intervals](#) to avoid over-testing for items such as B12 and thyroid disease.

Encouraging add-on testing to reduce the need for blood tube usage

- Encourage add-on testing by clinicians ordering tests.
- Work with pathology laboratories to communicate changes in systems, eg a dedicated phone service/IT solution for add-on test sent to requestors.

Optimising inpatient and assessment unit sampling

- Only test for a clinical indication in patients and increase the testing interval for monitoring where it is clinically safe to do so.
- Keep testing levels under active review.
- Avoid routine group and screen testing unless patient likely to require transfusion, in line with [Choosing Wisely](#) guidance.

Genomics testing

- Genomics is a high priority in the testing of unwell neonates, prenatal screening and cancer diagnosis. Stock should be used for these tests and should be prioritised accordingly to allow these tests to continue uninterrupted.

Reducing non-essential (non-clinically urgent) testing

- Only test for a clinical indication in patients and increase the testing interval for monitoring where it is clinically safe to do so.
- Review testing levels to ensure a reduction in non-clinically urgent testing.
- Ensure clinical staff are aware of which tests may be impacted by the supply disruption. Each organisation should have a pathology handbook which explains which tubes are used for which test.
- Liaise with staff to agree essential testing priorities, examples of such areas are given below:

Vitamin D testing

- It is recommended that Vitamin D testing (except in very exceptional circumstances set out in [NICE guidance](#)) is stopped.

Routine wellness screening

- Routine wellness screening is not a priority.
- In the acute setting routine wellness screening is not a priority, for example screening for pre-diabetes, dyslipidaemia, and so forth, especially if patients are in the acute phase of illness. However, certain acute tests should be assessed as appropriate. Patients should be assessed appropriately when recovered.

Allergy testing

- Allergy testing is not a priority at this time unless there are overriding clinical indications.

Routine infertility testing

- Routine infertility testing should be deferred until a resolution to the supply disruption is in place, with the exception of patients over 35 years of age in consultation with the individual patient.

Actions being taken at a national level

Work is ongoing between DHSC, NHS Supply Chain and BD to seek to resolve the supply disruption. Pathology incident directors are working hard to manage the supply currently in the system and can provide support to local teams if required. If your organisation is likely to run out of products within 48 hours, please notify your pathology incident director and your NHS England and NHS Improvement regional team.

Communications

Changes to patient testing should be made in consultation with individual patients. It is important to make clear that tests that have been deferred will be carried out in the future where appropriate.

As part of conversations with patients it is important to make clear that routine tests will be deferred only where it is clinically safe to do so.

Conclusion

These recommendations have been agreed by a clinical reference group with advice from professional bodies covering a wide spectrum of clinical specialties. Clinicians and local pathology laboratories should review their current local practices in line with this guidance with a view to reducing the number of tests and impacted products used without impacting on urgent care. If other local services can be reduced and refined then a local assessment should take place.

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact NHS England and NHS Improvement on england.contactus@nhs.net.