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PRIMARY COLOUR

Helen Salisbury: Blood bottles, vaccines, and freight

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In our clinical work there's always an element of surprise: we never know when our schedules will be derailed by the urgent needs of a sick child or a patient with psychosis. However, our practice managers are experts in planning and organisation. Over years, they hone skills that include knowing which parts of the complicated business of running a GP surgery need to happen when. These skills are particularly relevant when it comes to the annual flu vaccination campaign: they work out how much vaccine to order in January, plan the clinics, and organise extra staff—or overtime for existing ones—and then book everyone in so that patients are protected ahead of the flu season.

This year's flu campaign has been a challenge. We're expecting to be asked to deliver a third dose of covid vaccine to our oldest patients at around the same time, but at the time of writing this hasn't been confirmed. Logistically, it would make sense to give both vaccines on the same visit, but we still don't have any guidance about whether this is safe. While some of us are hanging on to see if this will be possible, other surgeries have gone ahead and booked their ordinary flu clinics, only to be told this week that vaccine delivery will be delayed by two weeks owing to "unforeseen freight difficulties."

As well as rescheduling vaccinations, reception staff are busy contacting patients to postpone non-urgent blood tests because of the blood bottle shortage. This news can be upsetting and confusing for some ("But the doctor told me I need a blood test—are you now telling me I don't?"), and it's not obvious how we'll clear the backlog of tests once the supply is re-established, as it turns out there's no magic phlebotomist tree.

For reasons entirely out of our control, it's getting ever harder to provide the level of service our patients need. The pandemic was unforeseen, and some of the issues we face (increase in transfer of work from hospitals to GPs; huge delays for outpatient referrals) can be ascribed to covid. However, some of our frustration arises from slow decision making. The booster programme has been repeatedly trailed, but no official decision has been announced, so we can't plan for it. It feels as though we're expected to turn on a sixpence and deliver at a moment's notice.

At the height of the pandemic we willingly gave up our weekends to deliver vaccines, but we can't expect our staff to continue in crisis mode while the rest of the country is told that life has returned to normal. We need timely decision making, better communication, and preparation for the predictable supply chain challenges ahead.

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