

HEALTH & WELLBEING BOARD

Subject Heading:

Phlebotomy Pilot Update

Board Lead:

Report Author and contact details:

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 Partnership

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The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

<input type="checkbox"/>	<p>The wider determinants of health</p> <ul style="list-style-type: none"> • Increase employment of people with health problems or disabilities • Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do. • Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.
<input type="checkbox"/>	<p>Lifestyles and behaviours</p> <ul style="list-style-type: none"> • The prevention of obesity • Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups • Strengthen early years providers, schools and colleges as health improving settings
<input type="checkbox"/>	<p>The communities and places we live in</p> <ul style="list-style-type: none"> • Realising the benefits of regeneration for the health of local residents and the health and social care services available to them • Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.
<input type="checkbox"/>	<p>Local health and social care services</p> <ul style="list-style-type: none"> • Development of integrated health, housing and social care services at locality level.
<input checked="" type="checkbox"/>	<p>BHR Integrated Care Partnership Board Transformation Board</p> <ul style="list-style-type: none"> • Older people and frailty and end of life • Long term conditions • Children and young people • Mental health • Planned Care <p>Cancer Primary Care Accident and Emergency Delivery Board Transforming Care Programme Board</p>



SUMMARY

- 1.1 The new pilot model for community phlebotomy provision commenced on 1st July 2021. The chosen service model is being piloted to ensure that we are able to “test” ideas in an agile way and adapt the service as necessary to meet emerging demands as nationally we move out of the lockdown.
- 1.2 The new service model went live on 1st July 2021 and implementation is going well. All sites across Barking & Dagenham, Havering and Redbridge (BHR) are operational and patients are waiting less than five days for a routine appointment and 0-2 days for an urgent appointment.
- 1.3 Feedback has been received from 3,516 patients and 91% of respondents gave the service an overall experience rating of either ‘very good’ or ‘good’.
- 1.4 Having fewer and larger sites has resulted in blood sample delays (upon arrival at the lab) dropping from its peak at 13% of all GP samples rejected in March 2021 to 4.4% in July 2021.
- 1.5 The new service model will ensure that patients/residents are able to access blood testing in a timely manner, closer to home and without the need to travel to an acute hospital site (in most cases).
- 1.6 Through the use of bookable appointment slots and extended hours, it should also mean that services are more convenient and accessible to all, including those who require carer/family support to attend.

RECOMMENDATIONS

It is recommended that the Board:

- Notes the update of the BHR phlebotomy service one year pilot and its delivery so far.

REPORT DETAIL

- 2.1 During the first wave of the Covid-19 pandemic, in March 2020, Barking, Havering and Redbridge University Hospital (BHRUT) temporarily ceased to provide community-based phlebotomy as part of the initial Covid-19 response and focus provision of phlebotomy services for priority groups only.
- 2.2 The BHR CCGs and its community service and primary care providers worked closely together to restart community clinics (previously provided by BHRUT and North East London Foundation Trust (NELFT)), including the introduction of primary care provision of phlebotomy services.
- 2.3 Due to the lengthy waits experienced by BHR residents for a blood test, in October 2020, a system Serious Incident (SI) was declared. A successful recovery plan was put in place scaling up the provision and the SI has now been closed.



2.4 Subsequently, a new model of community provision was recommenced. It was agreed that multiple medium sized sites in each borough was pursued, as a starting point. This option provides a balance between distribution of sites to allow easy patient access and operational efficiency and service stability.

2.5 The chosen service model is being piloted: this ensures that we are able to “test” ideas in an agile way and refine it so that we can finalise the best model for the future, including, very importantly, obtaining patient/user input and feedback. The pilot model commenced on the 1st July 2021.

3. **Pilot Service Model - Update**

3.1 Delivery of the pilot model required engagement with NELFT and the Primary Care Networks (PCNs) as providers. The selection of the sites for the 11 NELFT and 4 PCNs has been approved by the Executive Phlebotomy Group. These are set out on the maps in Appendix 1. The full list of phlebotomy provision is listed in Appendix 2.

3.2 The sites have been selected based on dispersal across the boroughs, ease of access, availability of car parking and/or availability of sites.

3.3 The previous arrangements for the GP LIS and for Westlands Medical Centre came to an end on 30th June 2021. The service provided by the Hurley Group, situated in Havering, is in place until the end of September 2021.

3.4 BHR PCNs were given the opportunity to continue phlebotomy services under the new pilot model. No expressions of interest were received any of the Havering PCNs. Four Redbridge PCNs sent in their Expressions of Interest and are transitioning to the new system wide model. One PCN requested further time to train their staff onto the new 10to8 online booking system. One PCN's transport arrangements have been agreed and are preparing to be fully operational. Barking & Dagenham (B&D) PCNs requested more time to respond to the Expression of Interest and agreement was reached to extend their current GP Practice LIS until 16th August for those PCNs that submitted their expressions of interest by 30th June 2021, which subsequently was extended to 9th July. At the end of this process no B&D PCNs have yet signed up to the LIS.

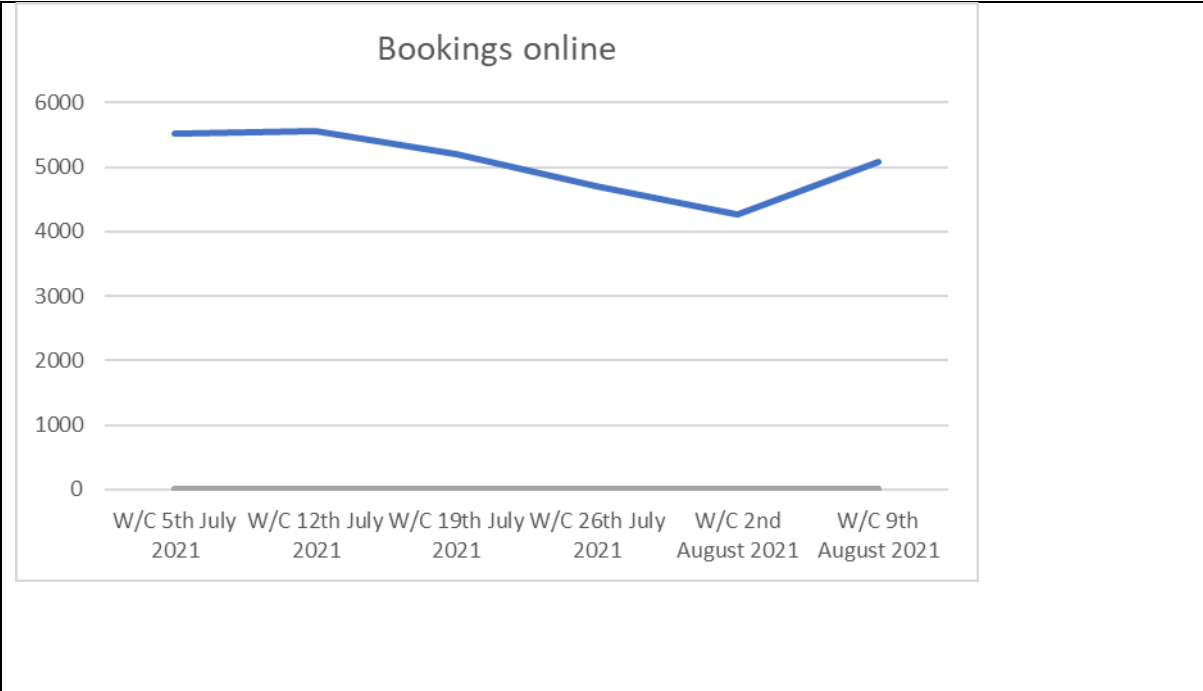
3.5 NELFT sites are operational across BHR. In addition, there are now 2 extra weekend phlebotomy chairs at Elm Park (until 14th November 2021) as extra capacity was required to compensate for the lack of phlebotomy provision by Havering PCNs. This will be closely monitored.

3.6 Thames View are operating 1 phlebotomy chair instead of the 2 planned chairs due to issues with recruitment, annual leave and sickness. Recruitment is ongoing and the plan is to open the 2nd phlebotomy chair in September 2021. We have requested 2 new additional weekend chairs at Barking Community Hospital (until 14th November 2021) as extra capacity in



the absence of phlebotomy provision by B&D PCNs. This is being reviewed by NHS Property Services.

- 3.7 NELFT sites in Redbridge are operational. There are on-going estate queries regarding the extra space required at Loxford Polyclinic. Whilst agreement is being reached an extra chair will continue at Seven Kings Health Centre.
- 3.8 NELFT have increased their phlebotomy workforce from 20.71 WTE to 45.6 WTE, an increase of 45.4%. Recruitment and on-boarding of permanent staff is taking place. BHRUT laboratory staffing requirements had to be re-arranged and additional resources put in because of the increase in weekend and late evening working and some re-routing of drop offs has taken place to spread the work across the two BHRUT sites.
- 3.9 The Executive Phlebotomy Steering Group, which consists of members from NELFT, BHRUT, NEL CCG and the Clinical Lead, has created a patient survey that is available for patients to complete an hour after their appointment as patients get the link to the survey. Feedback was received from 3,516 patients, between the period 23rd June 2021 and 29th July 2021. 91% of respondents rated their overall experience of the service as 'very good' or 'good'.
- 3.10 The CCG will be working with local community groups and partners to reach out to those who do not have web/mobile phone access for their feedback to ensure that feedback is representative.
- 3.11 Transport runs from the blood collection sites to the laboratories have been reviewed and refined to ensure efficiency and blood sample integrity. Sample integrity starts to deteriorate after 4 hours (depending on storage conditions, etc). Samples that are tested more than 4 hours after the blood is drawn can affect results. In particular with potassium, there can be falsely elevated readings as samples get older. A high reading prompts an emergency call to the patient to come into the Emergency Department (ED). There have been examples of patients being called to ED unnecessarily because of delayed samples being tested. With the tweaks in transport and phlebotomy opening hours under this new model, the sample delayed rate dropped from its peak at 13% of all GP samples rejected in March 2021 to 4.4% in July 2021.
- 3.12 Centrifugation, which is a process that spins the blood test tubes to separate the components of the blood and increases the sample integrity time, is being piloted to determine feasibility.
- 3.13 Local and NEL wide stakeholder fortnightly updates are being provided to invite local feedback.
- 3.14 Waiting times for services are being closely monitored and currently stand at a maximum of five days wait for a routine blood test, many sites have slots available the same day. Urgent blood tests are taking place within two days.
- 3.15 On average 5,050 online appointments are made each week across BHR, as shown in the graph below:



IMPLICATIONS AND RISKS

BACKGROUND PAPERS

Appendix 1



Phebotomy pilot
model sites updated :

Appendix 2



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