

Community Phlebotomy Update

Havering Health Oversight and Scrutiny Committee Jeremy Kidd – Deputy Director of Planned Care



Why was a phlebotomy pilot needed?

- Before the pandemic began, blood testing services in Barking and Dagenham, Havering and Redbridge (BHR) were delivered by a range of different providers across acute, community and primary care services at approximately 53 sites across the three boroughs. At this time, the CCG had already commenced work to develop a more efficient model.
- From March 2020 onwards, when the pandemic hit, the focus rightly shifted to enable providers to respond to the pandemic and to maintain stringent infection protection and control measures.
- It was agreed in March 2020 that Barking, Havering and Redbridge University Trust (BHRUT) would temporarily cease to provide communitybased blood testing services and focus the provision of phlebotomy services on priority groups only. This would enable frontline healthcare staff to be rightly redeployed to focus on the Covid-19 response.
- Post-covid, BHRUT informed the CCG that it was unable to re-open up its phlebotomy sites as its staff had been re-purposed to support inpatient care and as such could only continue with the limited provision. Pre-covid, BHRUT provided c1,400 blood tests per day, post-covid the provision was c400 blood tests per day.
- As a result of this, NELFT had seen increased demand on their community phlebotomy services and the telephone line system put in place for appointments was not able to cope. In response NELFT implemented an email system, however due to demand this resulted in a significant administrative backlog, at its worst amounting to over 12,000 patients who were awaiting a blood testing appointment in June.
- The introduction of new social distancing and infection, prevention and control measures to ensure sites were Covid-safe had also resulted in additional pressure across the system as turnaround times for blood tests had effectively doubled i.e. what took 5 mins pre-covid now took 10 mins.

Why was a phlebotomy pilot needed? Cont.

- Given the pressures that phlebotomy services were under it was clear that a new model was needed to improve services for patients post Covid.
- Working Group was established under the leadership of the Director of Transformation and Delivery (Planned Care) with senior representatives from BHRUT and NELFT in late June.
- Immediate actions included:
 - A fast track priority system for urgent patients
 - Increased capacity/sites operating within the community
 - BHRUT provided extra staff to support NELFT
- However, despite efforts a gap between capacity and demand remained with a consequent rapid increase in waiting times. On 14 October 2020 a system-wide Serious Incident was declared in respect of community phlebotomy.

About the phlebotomy pilot

- In June 2021, North East London Foundation Trust (NELFT), Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) and local primary care providers began trialling a new blood testing service which aims to better meet the needs of local people.
- Through this year-long pilot we aimed to:
 - ✓ Reduce waiting times
 - \checkmark Ensure urgent tests can be booked for the same or next day
 - \checkmark Provide blood testing services at the weekends at some sites
 - ✓ Ensure all bookings and cancellations can be made online or by phone.
- Blood testing services are now available at 22 sites across the three boroughs including weekend provision
- Since beginning of April 2022 we have also been providing a dedicated phlebotomy service in Havering for people with a learning disability aged 12 and above, who are residents of Barking & Dagenham, Havering, or Redbridge.

About the phlebotomy pilot

S Park Dr



Noak Hill

M25

Havering-atte-Bower

Results of the pilot

Key findings:

- There are extremely high levels of patient satisfaction (95%).
- The service is highly accessible for the over 65s, 98.3% of whom report that it is very easy to get an appointment.
- This service is highly efficient. Same day booking is available in most sites, although the majority of patients choose to wait for one day before their appointment. 100% of capacity is utilised on a daily basis meaning that there is no redundant capacity within the system.
- We can conclude that the electronic booking system is a success: we have very low levels of patents not attending appointments, and a greater number of patients cancelling or rebooking rather than not attending. We could infer that the high satisfaction levels may, at least be in part due to the fact that the service, from a patient's perspective is highly efficient: patients do not need to wait for their appointment.
- Sites with parking are the most popular, as are those which offer a weekend service.
- The distribution of sites appears to be effective. The majority of patients travel 15 minutes or less for their appointment, however a significant minority (estimate 40%) travel 15-30 minutes. We do not have data to show how these patients travel, whether they're same day bookings. It is noted that this data refers to non-urgent bookings so we can discount the possibility that people are having to travel further for an urgent appointment. Presumably, given the volume of same day/next day capacity this is simply a factor of patient choice.

Next Steps

- Business case drafted and going through approval
- Primary care offer
- Service mobilisation

Questions?