

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

9 APRIL 2013

PHLEBOTOMY SERVICE CHANGES

Report from: Barbara Peacock, Director of Children and Adults

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Summary

This report sets out proposed changes in the way phlebotomy is undertaken in Medway.

1. Budget and Policy Framework

- 1.1 Under Chapter 4 – Rules, paragraph 22.2 (c) terms of reference for Health and Adult Social Care Overview and Scrutiny Committee has powers to review and scrutinise matters relating to the health service in the area including NHS Scrutiny.

2. Background

- 2.1. Appendix 1 sets out the completed questionnaire on health service developments or variations in relation to the phlebotomy service in Medway which has been subject to a number of changes in the past three years.
- 2.2. The Committee will need to assess, from the responses in the questionnaire, whether they agree with the conclusion of the NHS that the service changes do not constitute a substantial variation or development.

3. Risk management

- 3.1. There are no risk implications for the Council.

4. Legal and Financial Implications

- 4.1. There are no legal or financial implications for the Council.

5. Recommendations

- 5.1. Members are asked to consider and comment on the attached report and determine whether to agree with the assessment that the changes do not constitute a substantial variation or development.

Background papers:

None.

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Appendix 1



Health Overview and Scrutiny

Health Service development or variation - assessment form

In order that the relevant Health Overview and Scrutiny Committee can assess whether it agrees that a proposed service change or development is “substantial” please provide the following details.

A brief outline of the proposal with reasons for the change and timescales

Phlebotomy Services in Medway - Background

Phlebotomy services in Medway have undergone review and improvement in recent years. Work has been taken forward with both patients and public as well as providers of the service to ensure that the services commissioned are high quality, offer choice, good patient experience, are cost effective and are what patients want.

In 2010, NHS Medway undertook a review of phlebotomy services. The review was prompted by a petition submitted by the Grain Disabled and Carers’ Group about the lack of phlebotomy provision on the Isle of Grain and, additionally, some patient complaints about aspects of the existing phlebotomy service.

To support the care closer to home agenda and improve the patient experience of local phlebotomy services, a scoping exercise and public engagement were undertaken in June 2010. More than 350 service users attending existing services at Medway NHS Foundation Trust (Medway NHS FT), Medway Community Healthcare and GP clinics completed patient questionnaires.

This identified issues such as long waiting times, limited opening times, limited choice of clinic and limited choice of provider. Patients told us that they wanted to attend clinics closer to their home, would prefer to have their blood taken between 8.00am and 10.00am, would prefer a pre-booked appointment and thought that 30 minutes was the maximum waiting time that patients should have to wait to be seen. This information helped to inform and re-shape phlebotomy services in Medway.

Prior to the review of phlebotomy services, the majority of people in Medway were limited to attending nine clinics which were all drop-in only and worked on a first

come first served basis. Three clinics were provided by Medway NHS FT (including two satellite clinics, one at Rochester Healthy Living Centre and the other at the Keystone Centre in Strood) and six clinics by Medway Community Healthcare. In addition, 22 GP practices offered a bookable service to their own registered patients only. Previously, the opening times for phlebotomy services in Medway were limited to Monday to Friday, between the hours of 8.30am and 11.30am for most clinics (with the exception of Medway NHS FT that continued until 4.30pm). No early appointments were available (before 8.00am).

Outcome of previous Phlebotomy service review (2010/11)

Following discussions regarding service requirements with GPs, the new Locally Enhanced Service commenced on 1 March 2011. The aim was to improve patients' choice of providers by moving provision out of Medway NHS FT and into more accessible community settings. By improving access to services closer to home, patients would have a better experience and they would also have a wider range of more convenient appointment times.

Twenty three GP practices signed up to provide phlebotomy services to any Medway patient. (Patients did not have to be registered with a practice to be able to access the service). The number of clinics that patients could access increased from nine to thirty two and the availability of the service increased from 130 hours to 421 hours per week, which equated to an additional 291 hours across Medway each week. In addition, a later blood collection service was commissioned to enable GP practices to offer later blood testing clinics and a weekly clinic was commissioned on the Isle of Grain.

Following the implementation of the new GP Locally Enhanced Service, NHS Medway and Medway NHS FT jointly agreed that in the light of these improvements, the satellite clinics run by Medway NHS FT at Rochester Healthy Living Centre and Keystone Centre, Strood, no longer represented the best use of resources. These clinics closed on 31 March 2011.

Further engagement was undertaken shortly after the implementation of the new service with service users (including Medway LINK members) to obtain their views on the changes to the service. Questionnaires were distributed to all GP practices which offered the service to non-registered patients.

In addition, face to face interviews were conducted at a selection of the clinics offering the service, primarily in the Rochester and Strood area (e.g. Rochester Healthy Living Centre, City Way Practice in Rochester, Court View practice in Strood, and Apex Medical Centre in Strood). Practices in these two areas were deliberately targeted as we wanted to ensure that patients' views of the new service were accurately reflected, given that these were the areas from which complaints had been received when the satellite clinics provided by Medway NHS FT in Rochester and Strood closed.

Questionnaires were also posted on NHS Medway's website and were sent to our Medway Health Network, consisting of members of the public and voluntary

organisations.

A total of 206 questionnaires were completed. The results showed that the changes to the service had improved the overall patient experience and access, both in terms of clinic location and clinic times, as well as offering greater choice and reduced waiting times.

Nearly 80 per cent of respondents felt that the service had improved locally, more respondents were attending different venues to have their bloods taken, such as local GP practices and almost 70 per cent of respondents said that they preferred to have booked appointment slots rather than walk-in services.

Since the changes to the phlebotomy service in March 2011, activity across all providers has been closely monitored. The number of patients accessing phlebotomy services in Medway is increasing overall. GP referred activity for phlebotomy services carried out at GP practices has increased each quarter, with overall activity more than doubling in 2012. However, while there is more choice for patients in terms of access to services that are closer to home, a significant number of patients continue to use the service at Medway NHS FT.

Phlebotomy service review 2012/13

The phlebotomy activity undertaken by the service at Medway NHS FT during 2011/12 was 47,100. Given the feedback from patients regarding their preference for increased choice and more locally accessible services, the continued flow of patients to Medway NHS FT was not expected. Since the introduction of the Locally Enhanced Service in March 2011, GP referred activity at Medway NHS FT has remained fairly constant. Further engagement has therefore been undertaken with patients to better understand these activity flows and the choices that patients are making.

In June 2011, Medway NHS FT took the decision following a staff consultation to change their opening times from 8.30am to 7.00am. This had a significant impact on early morning activity flows to Medway NHS FT with more patients opting to attend from 7am as it was the only local provider to open at this time.

Engagement with patients by NHS Medway in late 2012 found that a high number of GP referred patients continue to access the phlebotomy service at Medway NHS FT when it opens (7.00am) because they want to have their bloods taken early particularly if they have fasted, or have work or school commitments. This is currently the only local clinic that opens at this time. It was also found that even though patients are aware of other community providers and clinics, the Medway NHS FT clinic is the only service that is provided from Monday to Friday from 7.00am to 4.30pm.

While undertaking this further work to understand patient choice of phlebotomy service, NHS Medway (to be replaced on 1 April 2013 by NHS Medway Clinical Commissioning Group) received notice from Medway NHS FT that the trust no longer

wishes to provide GP referred phlebotomy services. This notice is only in relation to adult patients referred by GPs: the trust will continue to provide blood testing services for out-patient and inpatient services, Oral Glucose Tolerance Testing and children's clinics.

NHS Medway agreed a 12 month notice period with Medway NHS FT and has used the insights into patient choice to inform commissioning of an additional phlebotomy service external to the hospital that will be open from 7.00am to meet patient needs. Phlebotomy is not a service that requires provision at an acute hospital site.

NHS Medway already has 26 other providers of phlebotomy across Medway: Medway Community Healthcare (which provides the service at seven bases) and 25 GP practices across Medway. The CCG has explored the potential to expand capacity with current providers to inform any decision making regarding service provision options.

Following initial discussions, Medway Community Healthcare (MCH) has informed NHS Medway that there is no capacity within its current phlebotomy service to undertake any additional activity. While MCH is willing to flex the service it currently provides and modify its opening hours, changing the existing service would mean that capacity is lost from elsewhere, with a potential impact on existing patients.

Twenty five GP practices are also signed up to offer the service via a Locally Enhanced Service. The majority of practices (with the exception of the GP service provided at Rochester Healthy Living Centre) offer appointment only slots.

Discussions have also recently taken place with all practices to explore whether they could expand capacity to offer early morning slots and further appointments to patients who currently go to Medway NHS FT. The outcome of those discussions was that many practices offering the service are working to capacity and only a few practices have spare appointment slots. (It is worth noting that practices operate their service differently in that some have dedicated phlebotomy sessions and others have general nursing appointments that can be taken up by phlebotomy appointments).

Of the few practices that did have spare appointment slots, most reported demand as being variable on a week to week basis. Several practices said they would be interested in extending their service hours (including Saturday provision) if later blood collection times could be arranged. With regard to early morning appointments (7.00am starts) a small number of practices already offer a service but most said that it would be dependent upon staffing levels and reimbursement.

Procurement of an additional Phlebotomy Service in Medway

Given the above responses and the level of GP referred activity involved (up to 47,000 blood tests a year), the decision has been taken to procure phlebotomy services through a competitive tender process to replace the service currently provided at Medway NHS FT. The tender will include a specific requirement for early morning access from 7.00am.

This was agreed by NHS Medway Clinical Commissioning Group's Commissioning Committee in February 2013 and work around the procurement is now being progressed.

As part of the procurement, NHS Medway Clinical Commissioning Group will also be looking at Saturday and evening clinics but this needs further exploration as the blood transportation from the community clinics to the pathology lab is key.

The schedule of the blood transports service will be reviewed once the procurement is complete to ensure that pick-ups are timed to enable patients to have access to both early-morning and later clinics.

It is important to stress that this is not a loss of service, as NHS Medway Clinical Commissioning Group, through the procurement, will ensure that the key aspect of early morning access is commissioned and that patients receive a high quality service, which offers choice and good patient experience.

NHS Medway Clinical Commissioning Group must ensure capacity is available for the GP referred activity through additional service provision in the community by September 2013 in line with the 12 month notice period agreed with Medway NHS FT.

Extent of consultation

- (a) Have patients and the public been involved in planning and developing the proposal?
- (b) List the groups and stakeholders that have been consulted
- (c) Has there been engagement with the Medway LINK?
- (d) What has been the outcome of the consultation?
- (e) Weight given to patient, public and stakeholder views

NHS Medway (to be replaced on 1 April 2013 by NHS Medway Clinical Commissioning Group) has consulted with current phlebotomy service users to understand their reasons for choosing the services they use.

In September 2012, a questionnaire asking about phlebotomy clinic attendance was sent to all 58 GP practices in Medway. Practices were asked to circulate the questionnaire to patients. A total of 229 completed questionnaires were returned from 15 GP practices, including nine which offer phlebotomy services to any Medway patient. Analysis of these questionnaires showed that patients registered with a practice that offers a phlebotomy service, tend to use it and reported being happy with the service, but said that they would like more appointment slots to be available. Some patients reported not being able to access timely appointments with their GP service and that; as a result, they used the service at Medway NHS FT.

The phlebotomy service offered by 25 practices across Medway allows free access to any Medway patient (i.e patients do not need to be registered with the practice to use the phlebotomy service). Despite this, access to the service by patients not registered with the practice providing the service is marginal.

The same questionnaire was also undertaken with patients using the phlebotomy service at Medway NHS FT, with 244 questionnaires completed. Analysis of these questionnaires found that a large number of patients accessing the service during clinic sessions (after 10.00 am) were having their blood taken as a result of a clinic appointment.

It was also found that a high number of GP referred patients access the Medway NHS FT service when it opens (7.00am). Patients reported wanting to have their bloods taken early particularly if they have fasted, or had work or school commitments, etc.

In addition, Medway NHS FT monitored its GP referred activity closely over a one week period, and broke it down into time slots (7.00am – 10.00am, 10.00am – 12noon, 12.00 noon – 2.00pm and from 2.00 – 4.00pm). The activity for each of these time slots is 453, 275, 167 and 155 respectively. This confirms that the early morning slots (from 7.00am) are the peak period at Medway NHS FT for GP referred patients.

Postcode analysis was undertaken on the patient questionnaires from Medway NHS FT. This showed that:

- 58 patients had a Rochester or Strood postcode (24 per cent)
- 57 patients had a Chatham postcode (24 per cent)
- 103 patients had a Gillingham or Rainham postcode (43 per cent)
- 24 patients from outside of Medway attended Medway NHS FT to have their blood taken (10 per cent)
- 2 patients did not disclose this information

Included in the questionnaire, was a question asking patients to submit their contact details if they would like to take part in a focus group to further discuss the phlebotomy service. 65 of the 244 respondents submitted their details and the intention is to contact these patients shortly so they can be invited to discuss specific, patient facing elements of the service specification. This will ensure that patients' views are incorporated and help to shape the service specification.

The Patient Council has also been consulted. A report outlining the key findings from the patient questionnaires (undertaken at GP practices and Medway NHS FT) was taken to the Patient Council meeting in November 2012. The group was asked how provision within the community could be designed to reduce the need for patients to go to the hospital for a blood test.

The key points from the discussion were:

- Community pharmacists could be an option as they open early and also at weekends.
- The group recognised that transportation of bloods is an issue.
- It was suggested that it would be useful to understand where in Medway the patients lived who access the hospital service between 7.00am and 9.00am as this would help further inform locations needed.
- Location and access to clinics was discussed. The suggestion being that if early morning access is the focus then the parking must be taken into account, as in

residential areas there may not be parking. The issue of locations close to schools would also need to be looked at, as there is always a lot of traffic.

- A mobile van located at key locations in Medway was also suggested.
- Patients using community phlebotomy services when the request is generated by the hospital from an outpatient clinic could mean that the CCG is paying twice (as the test is included in the outpatient tariff paid to the hospital).

Some of the points raised at the Patient Council clearly link to proposed areas of development suggested by both Medway Community Healthcare and GPs signed up to the Locally Enhanced Service, such as a van to offer mobile clinics and the extension of service provision to include Saturday morning provision. A suggestion of working with pharmacies also links to opening the service up to more providers via procurement.

Effect on access to services

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

Phlebotomy activity in the Medway area has increased overall in recent years although this increase has been seen in clinics provided external to the hospital, rather than in the clinics at Medway NHS FT.

The annual activity for GP referred phlebotomy at Medway NHS FT during 2011/12 was 47,110. The forecast out-turn for 2012/13 is expected to be 46,298. Over the last three years the annual activity figure at Medway NHS Foundation Trust has remained fairly constant.

With regard to the re-provision of GP referred phlebotomy services currently provided at Medway NHS FT, no services will be withdrawn; there will simply be a change of location, as the GP referred phlebotomy service will no longer be sited at Medway NHS FT after September 2013. The same level of activity will be procured (up to 47,000 blood tests a year) with a specific requirement for early morning access from 7.00am in line with patient activity and what patients have told us.

The locations of future clinic venues is as yet unknown as this will be determined by the procurement but, regardless of whether there is one provider or several providers of the service (working in specific geographical areas), NHS Medway Clinical Commissioning Group will ensure that commissioned services are accessible and that patients continue to have a choice.

Demographic assumptions

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

Phlebotomy activity has gone up year on year, from 140,207 blood tests in 2009/10 to 154,807 in 2010/11 and 156,214 to 2011/12. The total for 2012/13 will be available after the end of the current financial year.

As previously stated, the rise in activity is occurring in clinics external to the hospital.

With the focus on prevention and early diagnosis and a growing older population we expect this trend to continue. It is therefore important that we have capacity within the community to meet demand while continuing to offer choice to patients and good patient experience.

There is already good availability of clinics across Medway, so choice of location is not the issue, service availability in the early morning is key.

Analysis of GP Locally Enhanced Service activity shows that more patients are using the services now provided in the community and in primary care.

All providers will continue to be supported by a bloods transport service which will ensure that bloods from clinics wherever they are sited across Medway reach the pathology lab in a timely way.

Can you estimate the impact this will have on specific groups?

- (a) What will be the impact on children?
- (b) What will be the impact on people with disabilities?
- (c) What will be the impact on older people?
- (d) Has an equalities impact assessment been carried out of this proposal?

There will be no impact on children as children's clinics have recently been established and these services are remaining at Medway NHS FT.

The purpose of providing care closer to home is to make it easier for everyone, and particularly older people and people with disabilities, to access a more convenient service, via public or private transport. Older people and people with disabilities already access phlebotomy services offered in the community by other providers. The engagement questionnaire does not show the demographic breakdown of patients using the 7.00am clinics at Medway NHS FT.

There is likely to be an impact on some people who take the opportunity of attending a different outpatient clinic at Medway NHS FT to also have their blood taken.

An Equality Impact Assessment will be undertaken as part of this programme of work linked to the final procurement model and the detailed specification.

Choice and commissioning

- (a) Will the change generate a significant increase or decrease in demand for a service arising from patient choice, payment by results and practice based commissioning?
- (b) Have plans been made for “financial cushioning” if additional capacity is not taken up?
- (c) Is the proposal consistent with World Class Commissioning and reflected in NHS Medway commissioning plans?

Although we know that overall phlebotomy activity has increased across Medway in recent years, no significant increase or decrease in demand is expected as a result of the planned changes to the phlebotomy service.

A review of phlebotomy services is included in NHS Medway Clinical Commissioning Group’s Integrated Commissioning Plan 2013-2015.

Clinical evidence

- (a) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (b) Will any groups be less well off?
- (c) Will the proposal contribute to achievement of national and local priorities/targets?

The evidence is that the initial expansion of community and primary care clinics for patients has resulted in a clinically effective service which is also popular with patients – as demonstrated by the statistics already given in this paper.

The intention of this procurement is to build on these foundations and create a service which continues to give good outcomes for patients, while expanding patient choice and access.

It will enable NHS Medway Clinical Commissioning Group to deliver its priorities of early diagnosis and prevention of disease which will in turn enable the delivery of the strategic themes of Medway’s Joint Health and Wellbeing Strategy:

- enable our older population to live independently and well;
- prevent early death and increase years of healthy life; and
- reduce health inequalities.

The phlebotomy service plays a role in ensuring that patients are diagnosed early, which is a key enabler of these strategic aims.

Joint Working

- (a) How will the proposed change contribute to joint working and improved pathways of care?

Blood tests form part of a large number of planned care pathways – having more access and choice within Medway will support better patient experience as part of any pathway of care.

Health inequalities

- (a) Has this proposal been created with the intention of addressing health inequalities and health improvement goals in this area?
(b) What health inequalities will this proposal address?
(c) What modelling or needs assessment has been done to support this?
(d) How does this proposal reflect priorities in the JSNA?

As set out above, the expansion of phlebotomy services external to the hospital is intended to improve patient choice and access, thereby playing a part in delivering the key strategic theme of the Medway Joint Health and Wellbeing strategy of reducing health inequalities.

This is because by making it possible for people to get better access to services close to home at times when patients want the service, it will help to reduce any health inequalities associated with accessing services.

Wider Infrastructure

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
(b) Please comment on transport implications in the context of sustainability and access

The service specification will require that any new clinic locations are accessible via both public and private transport.

Do you believe the outlined proposal is a substantial variation or development?

NHS Medway Clinical Commissioning Group does not believe this is a substantial variation. While one of the current services will not be provided at the Medway NHS FT site, this activity will be commissioned to be undertaken in the community through a procurement process and any service provider will be expected to provide the service in line with a service specification that requires good access to a high quality service.

NHS Medway Clinical Commissioning Group has reviewed the activity profile at Medway NHS FT and engaged with patients to understand the choices being made.

A specific requirement of the service being procured will be early morning access from 7.00am.

Patient choice will continue to exist as NHS Medway Clinical Commissioning Group already commissions 26 other providers.

Is there any other information you feel the Committee should consider in making its decision?

No