

Phlebotomy Services in the London Borough of Bromley PHLEBOTOMY ENGAGEMENT REPORT SUMMARY FOR NHS BROMLEY CCG

Introduction

Healthwatch Bromley & Lewisham has been commissioned to engage members of the public as part of the review of the Phlebotomy services in Bromley during October/November 2015.

The Brief

Working to the agreed Communication and Engagement Plan Healthwatch Bromley and Lewisham (HWBL) undertook on behalf of NHS Bromley CCG a patient engagement exercise to gather feedback on the current phlebotomy provision in the borough. We hoped to ascertain the current patient experience and identify what needs to be in place to provide a swift, accessible and equitable phlebotomy service.

Activity

Healthwatch Bromley and Lewisham representatives visited 11 phlebotomy clinics across the borough of Bromley. Some clinic's required two visits to take into account changes to publicised clinic times. In addition two visits were made to all three drop in services one in the morning and one in the afternoon to get a better perspective of these services.

The engagement carried out was two-fold. Firstly, a series of visits to services and providers to engage directly with patients in clinics. Secondly, reaching out to 3 seldom heard communities in order to gather their experiences. The engagement with the seldom heard communities was carried out by Community Links Bromley.

Visits

Three categories of providers were visited by HWBL during October and early November. These were:

- GP Clinics
- Children's Clinics (provision for under 13' only)
- Walk in Centres

The services visited were identified by the CCG and selected to provide a geographical, cluster and clinic frequency mix. A survey provided by the CCG was the tool used.

HWBL engaged with 219 members of the public during the Phlebotomy visits and the completed survey forms received have been uploaded onto the survey monkey by the Healthwatch team. Visits to the clinics took place over a three week period during October/November.

Focus Groups

Community Links Bromley was contracted to deliver 3 focus groups to understand the experiences of different seldom heard communities when accessing and using phlebotomy services in Bromley. CLB gathered the views from members of a minority community, mental health service users and people who have HIV/AIDS.

Summary of Findings

GP Clinics Themes

Number of days that the service is provided

The surgeries where a Phlebotomy service is provided, proved to be very popular with patients. However, where the service is offered on one day per week the consensus of opinion, from those surveyed was that this should be extended to have an extra session.

Waiting times

During the visits the majority of patients were seen within 10 minutes of their appointment time. In most cases there was a two week gap between booking their appointment and seeing the Phlebotomist.

Available appointments

Patients questioned the number of appointments available. We understand that there is a new system for recording the information and each patient slot (including writing up the data) should be 10 minutes (information received from a Phlebotomist). At one surgery we were informed that there were only eight appointments available, per session.

Children's services (provision for under 13' only) Themes

Service users felt that it would be helpful if there was more choice of venues. A service provided at the GP surgery was highlighted as an improvement to the current service as there would be shorter waiting times.

Walk in Centres Themes

HWBL knows that the phlebotomy services provided at Walk in Centres are particularly popular during the early morning sessions, so we made six visits (two visits at each site) and split these between morning and afternoon. Each visit was between 2-3 hours. The earliest visit took place from 7.30, with the last visit being completed by 16.00.

We observed the mornings to be busy and the wait times ranged from 40 minutes to an hour and fifteen minutes. The afternoon sessions were not so busy and had wait times ranging from 25 minutes to 45 minutes. The ticketing system was observed to be working well. When asked, people attending the clinics gave several reasons why they chose to attend the early clinic. The main reasons were:-

- a) They have to get to work and don't want to arrive at work late.
- b) Patients requiring a fasting blood test, come early because they are hungry.

- c) Warfarin patients need to have a test before 11.00.

Staffing

A majority of the people interviewed said that the staff were very professional/well trained and their interaction was good. However, during the busy periods we did not observe an increase in staffing numbers.

Parking

Services users stated that this was an ongoing issue at the walk in centres. Some stated that it was often difficult to park, is too expensive and with long waiting times in the clinics you can overstay your time and receive a fine.

Other Issues

Addington Road Surgery

This surgery received two visits. On our first visit the Phlebotomy day had been changed and although they knew that we were attending we were not advised. During the 2nd visit we engaged with 17 patients.

Elm House Surgery

The published service days for Phlebotomy at this practice are Monday to Friday. However, when we visited on Thursday 5th November, there was no service.

General Comments

Pharmacy option (Warfarin)

The opportunity to get tests done at Boots was popular with those who knew of this service. However, it was clear from our patient discussions that a large number of people who take Warfarin were unaware of this service.

Weekend Service

This was not identified as a preference or solution by the people we engaged with.

The suggestions from the Phlebotomy site visits is as follows:-

- 1) Need to reduce the GP waiting time between appointment booking and actual test (average wait 2 weeks).
- 2) Where the GP surgery currently offers a half-day session per week, the feedback was to increase this by 100%. This would improve the number of appointments available and reduce the average wait time mentioned in 1 above.
- 3) Walk in service - To reduce the early morning queues:-
 - i) Encourage more Warfarin patients to use the pharmacy service through an awareness campaign. Extend to more Pharmacists.
 - ii) Perhaps have the first hour dedicated to people who need a fasting test. Trail one or two days a week.

- iii) Publicise average wait times in the waiting area so that people can see when the best time to visit would be in order to have a faster service.
- 4) At the walk in services a number of patients commented on the need to increase the number of staff during busy periods.
- 5) The Children's Phlebotomy service should be extended so that it can be provided at some GP surgeries.

In addition to the above the Healthwatch team experienced:-

1. In light of our visit to Elm House on a day when the service was not offered, it would be worthwhile for the CCG to check the information that is held.
2. It would be helpful if at the GP surgeries who offer the Phlebotomy service and the day of the week is "subject to change", that these are publicised.

The statistical data has not been included within this document as the data is held within the survey monkey reporting and analysis.

Focus Groups (CLB)

A total of 46 people took part in the focus groups.

- Focus group **A**¹ and **B**² stressed grievances over the time taken to attend blood testing. For example, when the total time travelled to and from the clinic is considered alongside time spent waiting, group **B** noted that a blood test can take 'half a day' to complete. Group **D**³ highlighted that for the elderly transportation can be a heightened barrier to attending clinics.
- The majority of those in the focus groups favoured being able to have blood taken either at their GP surgery, as suggested by all four groups, or as recommended by group **A** and **B**, at a venue in close proximity to where they lived- Group **A** suggested using pharmacies, while **B** proposed a mobile service, as is used in Hampshire. *It was proposed that such localised blood testing would ease the grievance of time spent travelling to and from a blood test, thus making them more accessible to the community.*
- Group **B** brought up the issue of waiting times, declaring that the current service is 'not really adequate', as times can take between 1.5 and 2 hours at Beckenham Beacon and Orpington.
- The number ticketing system divided opinion. Group **B** expressed that it was favourable, as it allowed those the hard of hearing to be able to see where they are in the queue. The group did, however express concern for those with sight

¹ HIV/Aids

² Mental Health

³ BME (1)

impairments. Group A described the process as 'dehumanising', and suggested that the system should be reviewed.

- Suggestions were made to improve waiting time. Focus groups A and B both advised that slots could put aside for those needing Warfarin. Group A extended this to those who had needed to fast for their test.
- Groups A and C proposed improving the experience of participants. Group A suggested the introduction of TV's, whilst group C⁴ suggested adding WIFI, and engaging people in 'quiet activity,' in an attempt to 'maximise' peoples time.
- Considering opening times, groups A B AND C all expressed an interest in extending hours to include weekend access. Group A felt that avoiding peak times, such as school and rush hours would be beneficial, suggesting 2PM and after 6.30PM to be optimal times.

Overall, the focus groups have suggested that there should be:

1. An improved location of services. Ideally, blood tests should be available at GP surgeries or venues such as local pharmacies, for instance.
2. A reduction in waiting times. A 15 minute waiting time is considered ideal. The prospect of appointments to be considered.
3. A review of the waiting system, to recognise if a more inclusive, friendlier system might be possible.
4. A review of the client experience, to improve waiting times- TV's, Wi-Fi, exhibitions etc.
5. An extension of opening hours, to possibly include weekend working

This report was completed on the 17th November 2015.

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⁴ BME (2)