



NHS North Staffordshire  
NHS Stoke on Trent  
South Staffordshire PCT

## **PHLEBOTOMY SERVICES NEWCASTLE UNDER LYME and ACCESS TO BRADWELL CLINIC**

### **Introduction**

Following a request from Councillor Becket the following paper has been produced to answer very specific questions on phlebotomy, this will be sent to the Staffordshire County Council Scrutiny as the impact is wider than just Newcastle-under-Lyme and advice will be sought on further scrutiny of this area from the county council. Responses are all in italics and for each statement/question raised, we have tried to answer in detail; however, representatives would be happy to present to the scrutiny committee if further information is required.

### **Councillor Becket Questions/Statements**

The new phlebotomy available to residents of North Staffordshire is designed (sic) with no concern as to how patients are going to access them, or how convenient they are for patients.

*Before any changes were made to phlebotomy services (i.e. prior to 7th November 2011 when Bradwell walk-in service opened) detailed analysis of the patients attending the Central Pathology Laboratory (CPL) took place – including identifying their address, GP and mode of transport to CPL. This information formed part of the decision making process.*

The previous service relied heavily on the Path Lab. As a user of the service I was amazed at the number of users who were prepared to come in off the street and wait for long periods.

*Within the FFtF programme it had been identified that the phlebotomy service could better meet the needs of patients by being delivered from a variety of community locations i.e. taking the services closer to the patients and reducing waiting times and over crowding at CPL.*

It is now becoming obvious that many of the alternative services are restricted. It is one thing to produce an impressive list of centres offering phlebotomy services. It is another thing to produce a list showing how accessible they are and how available to the general public.

That patients were prepared to wait for long periods at the Path Lab for the walk in service is an indicator that the community services were not working. It is doubtful if they are now.

*The walk in community phlebotomy service was not available until after the path lab closed, so it was not a result of failing services that led to patients being prepared to wait for long periods. The three “walk in” centres were opened by means of a phased approach. Bradwell opened in November and then Meir and Cobridge simultaneously in March 2012. The Central Path Lab remained open until Meir and Cobridge opened. More capacity is available at the three walk in centres than there previously was at the Central Path Lab.*

A number of users have complained verbally to me. However I will use two examples to make my point. One is my own experience and the other is in an e-mail, reproduced below, from a user of the service.

## **Bradwell**

Before looking at the Phlebotomy service the author will address the Bradwell issue. It would be very difficult to locate in Newcastle a more inaccessible site (by public transport) for a community health service than Bradwell. On the other hand it would be difficult to find many sites with better public transport than the current Out Patients unit.

*There is no capacity for this to remain at UHNS as the new build has less capacity than the old site. Alternatives had to be sought.*

The reference made to the bus service for Bradwell in publicity by the trust is an insult. It is written by those who do not use buses. Four a day plus a rush hour service is not an adequate bus service.

*We recognise this is not ideal, but there are 2 other bus services which can be used to access Bradwell Hospital, but the decision to provide a service at Bradwell was based on the evidence that the majority of patients previously travelling to CPL were car users.*

Any design for a community health facility that took user convenience into account would have vetoed Bradwell from the start. Bradwell is valuable housing development land, and it should have been sold with the community facility developed on the current out patients site.

*From our experience with the Bradwell Hospital site, it is clear that this is a very popular location for patients to attend and is more popular than the other 2, well-utilised, GP walk-in phlebotomy centres at Meir and Cobridge, both of which have good public transport access.*

Those who are suffering are the vulnerable in our society. Elderly, sick, frequently poor and reliant on inadequate public transport, or expensive taxis. This type of person will have difficulty in finding a route by which to voice their concerns. The outcome can be predicted. Fewer people will attend the service and there will be more missed appointments. The general health in the area will deteriorate as a result.

*The Phlebotomy service at Bradwell is a walk-in service only and offers no appointments. Phlebotomy appointment sessions are available at a variety of other locations in the local health economy in outreach clinics. These have other access routes and are more locally available to many.*

## **Phlebotomy Experience Councillor David Becket**

I suffer from Polycythaema, which was diagnosed some three years ago. I attend clinics at the UHNS every three months, which requires a blood test to be taken before the clinic. I have one to three Venesections between clinics.

Until now it was a simple process. I arrived at the Path Lab half an hour before the clinic, where the blood test was taken. After the consultation I would arrange venesection appointments on the spot. No problems, this was an efficient process.

Venesection ceased at UHNS late last year. Following the visit to the consultant a nurse then has to phone up to make an appointment for me. This usually involves faxing the prescription through. This takes at least ten minutes, with fifteen the norm. What a total waste of nursing time!

*An arrangement with the staff at UHNS outpatients does indeed require them to make an appointment with the community coordination centre and fax the prescription to the Cancer and Supportive Therapies Team (CSTT). This is normally undertaken quickly and efficiently and after a short initial bedding in period is now dealt with efficiently by the UHNS staff. If it is a very busy period for the nurses they often give the patient the choice of ringing up themselves if they wish when they get home. All patients are issued with the number to call and indeed some patients enjoy the opportunity to act autonomously in an arena that often dictates their actions. Subsequent appointments are often booked by CSTT at the clinic. Drivers for this service include Department of Health papers Our Health, Our Care, Our Say (2007) Care Closer to Home (2007) Transforming Community Services (2011) The Cancer Reform Strategy (2007) and locally The Fit for the Future Programme. The staff from the community CSTT are very flexible and often ring the coordination centre and book patients in and then ring them if there are any issues at UHNS with the referrals. Venesections are offered at 5 locations across North Staffordshire and Stoke-on-Trent. Bradwell Hospital was chosen to accommodate patients who require their 'Care closer to their Home'. This is not a rigid arrangement and patients are free to swap and change according to their needs. Often patients will change an appointment location to fit in with work or shopping trips.*

Of my five community appointments to date one was subsequently cancelled. No appointment at UHNS was ever cancelled.

*We understand the appointment was not cancelled; it was changed to reflect a request due to a mix up at the hospital in the early days and we apologise for any inconvenience this may have caused. The treatment went ahead at a later time.*

Blood testing is no better. I am told that I have two choices. Turn up at the new Path Lab TWO hours before the appointment, or make an appointment at another centre. The second option gives me two journeys instead of one.

*For patients that are receiving supportive therapies with the CSTT they are offered a choice to come to the supportive therapies clinic for a blood test prior to consultant review. This option should have been offered to the author.*

I am now learning that this second option is not always easy to access, though in my case my GP will provide a by appointment service.

### **Mrs Brown**

I'm contacting you to let you know of the difficulties being experienced by myself, Selwyn and older people in the Clayton area since the closure of the Path Lab in Hartshill.

Our doctor has a very limited blood testing service available and at the moment they are taking on no 'new' cases, unless the need is extreme.

*We can only assume this is referring to a GP practice that provides their own phlebotomy service in Newcastle and not one of our clinics. Unfortunately, the GP practice is not identified but there is not a UHNS or community clinic that is in the Clayton area.*

We have all been given directions to go to Bradwell or one of the other clinics, e.g. Ryecroft, Milehouse, etc.

*These are Phlebotomy Outreach Clinics (where appointments can be made) and there are many others which patients can use.*

When the test is needed immediately you only have recourse to Bradwell.

*There are 2 other phlebotomy walk-in services at Cobridge Community Health Centre and at Meir Primary Care Centre, both with good public transport links. Patients can also access a range of walk-in, appointments (Outreach) or their GP where appropriate.*

Going to Bradwell when you have no transport of your own is a nightmare and so most people have to take a taxi, there and back - this can be costly. I think the average price from Clayton is something like £5 each trip - so £10 just to have your blood tested! Although the handout given by the Path Lab to regulars like myself for Bradwell speaks of two buses that pass the door, these services are not regular. The leaflet I have mentions bus services D&G 35 and Stanways 321. One runs every hour in the morning and the other one runs every two hours at peak times. On the way there you get off walk up the hill and then attempt to cross the A34. Coming back the bus stop is not adjacent to the hospital. For older people with walking problems it is not feasible.

*There is one bus which uses the road right outside the hospital, and there are 2 other bus services nearby. As mentioned earlier there are 2 other locations with good public transport links at Meir Primary Care Centre and Cobridge Community Health Centre.*

The other clinics run an appointment system and the waiting time for the blood test is something between 10 and 20 working days.

*This may be the case if someone wants a very specific time, but the waiting times generally are very much shorter than this. If a patient is flexible (i.e. prepared to travel) then an appointment can be given for the same day. We are not aware of waits for an appointment at any clinic for more than 1 week.*

This does not always fit in with the requirements of the doctor. (On a personal note I'm classed as a non-bleeder and have been told that I cannot attend Milehouse as they have been unsuccessful in obtaining blood from me.)

*The Milehouse outreach service is staffed by a phlebotomist as are all of the other locations. The staff attending Milehouse are exactly the same as those attending Bradwell for example (the staff rotate between bookable and walk in clinics) so it does not matter where the patient is bled. There is no clinical identification of a non-bleeder. We can only assume that Mrs Brown means difficult to bleed.*

Patients are given follow-up appointments by their doctor and find that they cannot get their blood tested until after the follow-up appointment - ridiculous and time wasting for all concerned!

*We would welcome further detail in order to answer this question.*

Just so that I'm not considered as ageist, may I say that I've heard complaints from younger people, who have not transport of their own of the difficulty in getting to Bradwell for an immediate blood test? What is needed is an accessible walk-in blood testing facility and one that does not present the problems of crossing the A34.

*There is a pedestrian crossing right outside Bradwell Hospital so people can safely cross the road.*

## **Locations**

The following locations are for the CSTT clinics and have no relation to the phlebotomy service. Patients under the care of the CSTT attend for blood tests prior to review by consultant or their treatment.

The services previously available at the UHNS are now provided at five centres, Middleport (Monday and part Tuesday), Cheadle (Tuesday), Bradwell (Wednesday), Shelton (Thursday and part Wednesday), Fenton (Friday).

For patients who require occasional visits this mix of centres is an advantage, as they can chose the most convenient centre. However are there procedures that require attendance on consecutive days, and if so are they required to attend different centres? For example a three-day procedure Monday to Wednesday could mean attendance at Middleport, Cheadle and Bradwell.

*Currently there are no patient's therapies commissioned for three consecutive day treatments. However, this is being reviewed and we have secured a full day at Shelton on Tuesdays, Wednesdays and Thursdays in advance of the commencement of the service. Patients are not asked to attend Middleport, Bradwell and Cheadle on three consecutive days.*

## **Scrutiny Questions**

This service needs in depth scrutiny. It is not good enough to produce a list of centres offering the service; details of the level of service offered must be included. Some markers need to be put down, for example the numbers attending blood tests before the change over, and their location, compared with the current situation. A survey of users would be helpful.

*A patient survey has been undertaken, for one complete day at each of the 3 new GP walk-in phlebotomy services i.e. Bradwell, Cobridge and Meir. Each of the surveys was completed on a Monday which is generally one of the busiest days and resulted in very favourable responses. Such is the popularity of the new services that the numbers of patients attending in the new community locations far exceeds those which were attending the Central Pathology Laboratory walk-in service and has necessitated making extra staff available at these sites. Note the survey was undertaken routinely a few weeks after Meir and Cobridge opened, as is good practice, following the considerable changes.*

Scrutiny must address the following questions:

## Phlebotomy

1. Has the budget for this service followed the service from the hospital to the community?

*This service is still delivered by UHNS and is therefore not applicable. Funding and services follow the patient.*

2. Are GPs paid for the offering the service?

*CCG does not fund GPs to provide this. However, this is under review.*

3. What improvements have been made to the community service? (Details are required, not just a list of centres. For each location times of opening, pre booking times, walk in service details, must be provided. In addition improvements since the closure of the hospital service must be recorded.

*Patients can have a same day appointment, though we recognise this requires some degree of flexibility on their part. If they require a specific location and time the maximum wait is 1 week. Previously, there was just the one "walk in" facility at the Central Pathology Laboratory where patients queued outside from 7.30am. We received feedback that the car parking was expensive and stressful, queues built up before 9am and continued throughout the day. The new arrangements mean that there are now 3 walk in centres around the city. The locations were considered after assessing the demographic distribution of those patients formerly attending the Central Path Lab. A patient questionnaire was carried out by UHNS to assess the suitability of locations and the majority of patients attended by car. Opening times at all three walk in clinics are 8am – 5pm with no break in the service over the lunch time period. The patient satisfaction surveys are very complimentary.*

*Patients who attend the community supportive therapies clinic are extremely happy with the service. Patient experience questionnaires suggest they prefer the community service. They are not kept waiting and are seen within minutes of arriving. They park close to the clinic and at no cost which they all value. They receive a one to one service with refreshments in a modern setting and most importantly see the same small group of nurses at every visit. The nurses really get to know the patients and the patients develop a good relationship nurses.*

4. Are some centres placing restrictions on "new" patients who require the service?

*Not within CSTT. There are no restrictions on our service therefore there is an assumption that this comment must be relating to a GP practice*

5. How many blood tests were carried out (on a monthly basis over the last six months) in the community? See table below

How many were carried out at UHNS? See table below.

What is the monthly rate of blood tests now? See table below.

Month	Bradwell	Cobridge	Meir	Bookable clinics	Total bled in Community	UHNS
Dec 11	1361	0	0	6460	7821	6692
Jan 12	2247	0	0	8056	10303	7938
Feb 12	2738	0	0	7810	10548	7315
March 12	3525	404	645	8455	13029	6645
April 12	3676	1919	2351	6040	13986	3438
May 12	4477	2669	2968	6599	16713	3079

*Cobridge and Meir opened 26 March 2012. Central Path Lab closed to GP patients at the same time but did not turn patients away if they presented.*

*The remaining Central Pathology phlebotomy staff relocated to the new phlebotomy suite within Medical out patients on 14 May 2012. This service is for UHNS patients only.*

1. How many complaints have been received about the new service?

*For CSTT, none other than this one.*

*From the period November 2011 to date, we have received 12 complaints regarding the walk in phlebotomy service in this 8 month period, the majority of which were verbal and were satisfactorily resolved within 24 hours. It is important to add that some of them were nothing to do with the change in venue. 8 complaints were unrelated to the change in the service. Of the complaints linked to the new phlebotomy service, 2 related to difficult phlebotomy episodes, one of which did also including reference to a long waiting time, 1 related to communication of services available to patients with requests originating from UHNS, 1 complaint related to patients being kept waiting unnecessarily.*

2. What is the current rate of missed appointments for the Phlebotomy service?

*The DNA rate due to patients not turning up for appointments is 8%. (Outreach)*

3. How does the current rate compare with that of a year ago?

*DNA rate due to patients not turning up for appointments was 5% in June 2011. (Outreach)*

4. What is the current rate of cancelled appointments (by the service)?

*No cancellations by CSTT Outreach: Bookable clinic appointments have been cancelled when we have had a severe staff shortage due to unplanned sickness or severe weather conditions. During the last 2 years this has happened 3 times to our knowledge.*

5. How does current rate compare with that of a year ago?

*No change.*

6. Are there procedures requiring attendance on consecutive days, if so how will this service be provided.

*This does not apply to phlebotomy. Please see above regarding the potential changes to the extension of the CSTT clinics.*

### **Bradwell**

12. Are there guidelines covering the accessibility of Community Hospitals to Public Transport?

*There is no specific guidance relating to refurbishment, only to building new community hospitals.*

13. If yes have these been followed?

*Not applicable – see above.*

14. Was public transport accessibility taken into account when planning the extended services at Bradwell?

*The Fit for the Future programme did contact Local Authorities about outpatient shift plans in relation to public transport links and the development of services in the community. Also patient surveys indicated that most patients travelled by car and therefore car parking availability was assessed to ensure that there was adequate before and monitored after phlebotomy commenced at Bradwell (and other GP walk-in locations).*

*Wherever possible we work with the Local Authority on transport issues. In health care we have to have clinics located in buildings that are fit for purpose and if we can have input into reviewing public transport plans to assist with travel we would welcome that.*

15. Will the trust take steps to make access by public transport as easy as it is to General Out Patients (i.e.? by commissioning a community transport service between the bus station and Bradwell)?

*We would wish to enter into discussions with the Local Authority on this, as we have said above.*

### **Conclusion**

We thank Councillor Becket for giving us the opportunity to respond to his concerns. In order to provide this full response we have requested information from Community Services, UHNS, Commissioners and Fit for the Future staff.

If further scrutiny is required please contact Tracey Shewan Assistant Director of Corporate Affairs at the Staffordshire Cluster of PCTs, as this issue will cover the population of more than one borough/district of Staffordshire County Council.