

**Dover District Council**  
**Overview and Scrutiny Committee**  
**NHS Kent and Medway – Monday 13 November 2023**

- Q1. The independent review stated that the local survey undertaken by the Deal Blood Test Action Group contained numerous biased questions. Why, therefore has it been taken on board when considering this new service.
- Q2. The independent report showed increased uptake of appointments at GP practices on cessation of the hospital clinic, with a subsequent (I assume) increase in staffing levels. Has the ICB liaised with practices as to how these staff can be redeployed should GP blood test appointments fall?
- Q3. The earlier proposed Deal pilot was to use Buckland hospital EKHUFT staff. Is this to be the case this time and if so, what will be the consequence for the phlebotomy service at BHD.
- Q4. Communication was deemed to be key going forward. Can we be assured that the changes, particularly the patient criteria list, are clearly communicated to the Deal population in a timely manner.
- Q5. How does the ICB plan to monitor and report back to DDC regarding the quality of this new service?
- Q6. What does SBAR stand for?
- Q7. About the independent survey, by BHNC ... can we see a copy of the questions used in the survey that was sent to surgeries? How many people replied to their survey? What type of survey was it, paper? Online? Verbal? How much did the survey cost? What was the need for holding another survey because the action group survey went to almost every household in Deal, Walmer & several neighbouring villages, (over 10,000 people), in paper format and online.
- Q8. The use of trained receptionists, trained that is for 2 days only for blood taking, is that safe? What about patients who bruise easily? Other medical problems? (I note that patients with known difficult venipuncture can go to the hospital). I suspect that not all categories of situations are covered. Surely, at the GP's discretion for high need patients defined by the GP?
- Q9. How to get an early morning appointment? As some surgeries don't start til 8:30 am, others later. Some patients need to get to work after a test. Many workers living in Deal travel elsewhere to work. The hospital will open at 8am. Surely patients like this should be able to go to the hospital?
- Q10. Why not have the hospital service open to all who want to go there, and record why they go there, and assess the use and need at the end of the year? It is convenient to use the GP service for some, but others not, for a variety of reasons.
- Q11. How will you judge the effectiveness of this Deal outpatient service at the end of the year? What are the review criteria you will judge by?
- Q12. I believe there is a consultation about the local ICB, and a possible restructuring. Can you tell us what is being planned? And who will be responsible for this particular phlebotomy service in future?