

# Dover District Council Overview and Scrutiny Committee

## Deal Phlebotomy

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.

The report was not only based on the responses to the questionnaire but also included information gathered from other sources. The responses to questions can still be helpful, even if the independent review concluded the questions themselves were biased.

- 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?

Practices will have increased staffing. we have written to them saying we'll monitor activity for any unexpected variation, but practices are ultimately responsible for their staff and how they use them. The Deal Community Phlebotomy Service responds specifically to those patient groups who have been unable to access a blood test locally. Therefore, this service and the service provided by practices seek to coexist, but the impact on general practice and other providers will be reviewed as part of the evaluation.

- 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.

The procurement process will determine the provider for this service. The ICB is not planning a change in phlebotomy service at Buckland hospital.

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.

Yes, happy to work with you on ensuring this.

Q5. How does the ICB plan to monitor and report back to DDC regarding the quality of this new service?

Happy to discuss this as above.

Q6. What does SBAR stand for?

“Situation, Background, Assessment, Recommendation”. It’s a widely used report structure and communication tool to ensure consistent communication with the headline paragraphs under each title.

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.

Patient surveys were conducted by all four practices asking patients to score their experience of the blood testing service “in house” at the surgeries. Responses were recorded in different ways (i.e., paper, online & verbal). A total of 154 patients responded.

The survey question can be found here: [Survey Preview Window \(smartsurvey.co.uk\)](https://smartsurvey.co.uk)

The raw survey results were shared with Bexley Health Neighbourhood Care to inform their independent review.

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?

We fully support the training and development of staff. Phlebotomists are specialists and valid partners in the healthcare team.

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?

While we would like to be able to meet all the needs of patients, this is not always possible. The previous service offered at Deal hospital had clear opening hours (07:30 to 13:00) accessible only by appointment as it was staffed by one part-time phlebotomist (25 hours per week), and therefore it was also unable to meet all patients' wants. We want to work with the whole population to provide the best service we can to as many people as possible.

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.

We believe this would likely destabilise the general practice service to the extent that the services from general practice would need to close as it would not be sustainable. We are working on a way to support delivery of service for all venues.

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?

The criteria will include, but not be limited to:

- Patient satisfaction survey
- Total number of people attending (with a minimum set to make it viable)
- No. 'urgent' blood tests
- No. of did not attend (DNA)
- Ages
- Postcode
- Waiting times
- Referral source
- Segmentation of those attending by criteria the service is focused on
- Impact on general practice and other healthcare providers.

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?

I think the restructuring you are talking about is the reduction in ICB staffing. This is an internal restructure which will result in fewer ICB staff in post. There are no changes proposed to the duties of the ICB.