

Review of Changes to Phlebotomy Clinics within Litherland Town Hall Health Centre – from 3rd August 2009

1 Background

- 1.1 Before 3rd August 2009 an ‘open access’ phlebotomy service was provided in Litherland Town Hall Health Centre (LTHHC) operating five days a week, 0830 hours to 1330 hours. The service was popular and worked well for a time but demand began to increase steadily from April 2009, which was not as a result of any changes to appointment based phlebotomy services provided at alternative PCT community clinics. Increased demand was causing a number of issues:
- i. Patients would arrive very early in the morning before the centre was open to queue for a blood test – in all weathers.
 - ii. Once in the building patients were often unhappy waiting a considerable time for blood tests (sometimes for over an hour) and this included people who had decided to present for a “fasting blood test” – which meant they had not eaten since the night before.
 - iii. Over the summer the entire phlebotomy service was scheduled to be uploaded to the CHS Sefton Community Information system (national requirement for all services to be managed electronically), and this involved capturing additional demographic information from each resident presenting for a blood test, and this was for any patient not yet known to the electronic system. This would obviously have increased the length of time for every patient queuing to receive a blood test in the ‘open access’ session, which would further delay patients waiting for a blood test.
 - iv. Parking at LTHHC became an issue. People were parking in such a way that other vehicles were unable to pass through to either exit. Every day there were parking issues and on several occasions, ambulances responding to urgent requests from the Walk-in Treatment Centre, could not access the relevant area to collect a patient.
 - v. The fire service, when responding to an emergency call out to LTHHC, could not gain access to the rear of the centre (Field Lane access) after entering the site from the Hatton Hill Road entrance, due to cars parking against hedges leaving only a narrow gap to allow other cars to pass.

- vi. Patients attending normal GP or clinic appointments within LTHHC were complaining they could not park in the car park and were late as they had to find off road parking.
- vii. Local residents from surrounding roads were complaining about cars parking in front of their homes and drives preventing them parking outside their own houses. Pavements around LTHHC are very narrow and cars were parking half on pavements and half on the road which caused great problems to local disabled residents and disabled patients attempting to access LTHHC. The police often had to respond to residents' complaints and were having to attach notices to cars or issue parking tickets.
- viii. Phlebotomists - two on duty at any one time using the allocated rooms for the phlebotomy service - were struggling to cope with the pressure from the workload. There was a lack of capacity in the centre to increase rooms to accommodate additional phlebotomists. This would have meant transferring phlebotomists from other sites, so exacerbating the parking situation by increasing open access capacity, and therefore demand.

2 Capacity & Demand

- 2.1 A study of 10 week's phlebotomy activity (6th April 2009 to 17th June 2009) showed that a total of 3,085 patients attended LTHHC for a blood test during this period – maximum number of daily attendances was 83 and minimum was 43. By moving to an appointment based system the amount of appointments offered each day would be 50. However, the level of blood test appointments lost in south Sefton due to patients not attending was high. It was clear that if patients could attend alternative sites in south Sefton there was ample capacity to meet demand – although it was accepted there would always be a level of patients who did not attend.
- 2.2 Phlebotomy services are provided in the community by CHS Sefton and in secondary care by Southport & Ormskirk NHS Trust and Aintree Hospitals Trust. There has been no change to the level of phlebotomists practising in Sefton since before the change to the 'open access' arrangements in LTHHC in August 2009.
- 2.3 In mid to late July 2009 phlebotomy services ceased at Sefton Road (3 mornings a week, 0830 hours to 1300 hours) as the site had to be vacated to accommodate an Antiviral Centre as part of Pandemic Flu contingency arrangements. Sefton Road became operational again following the formal declaration of an end to Pandemic Flu and the stand down of AV centres, at the end of February 2010. However, this coincided with the start of necessary building work in LTHHC which is due to last until the end of March 2010. So, at the same time Sefton Road resumed provision of a phlebotomy service, LTHHC had to suspend its provision.

- 2.4 As at mid June 2009 waiting times for blood tests in Sefton was two weeks for “fasting bloods” and three to four days for routine blood tests.
- 2.5 At the end of August 2009 the waiting time at LTHHC for both “fasting bloods” and routine blood tests was three days; at the end of September it was zero days and at the end of October it was five days. During January 2010 it was three days but by mid March this had increased to 13 days – which has coincided with the move of service from LTHHC to Sefton Road.
- 2.6 It is accepted that the current waiting time for blood tests is not ideal and steps are currently in place to reduce the waiting times for both routine tests and “fasting bloods”.

3 Complaints

- 3.1 CHS Sefton has received five complaints since the changes to ‘open access’ arrangements in August 2009 – one in July, three in October and one in December.

4 Related Issues

- 4.1 The impact upon phlebotomy services by the introduction of additional services within the community has to be understood. For example, a Cerebral Vascular Disease programme was introduced in July 2009 and there is a requirement for patients to receive blood tests as part of the programme, which will have created increased demand upon services.
- 4.2 CHS Sefton continues to have a problem of limited clinical space within PCT premises to provide additional capacity within the phlebotomy service, although the current building work within LTHHC will offer some further possibilities.

5 Current Situation

- 5.1 A review of phlebotomy services is on-going with close attention given to the intelligence provided by the Community Information System, as all clinics have now been uploaded and more detail is available to managers e.g. referrals by GP Practice and demand by postcode. This will allow more detailed planning as to where to site services for best effect and level of service required.
- 5.2 To try to reduce current waiting times over the next few weeks until LTHHC is once again operational, additional clinics are to be offered in any clinic setting able to be adapted for the purpose, particularly focusing on clinics within south Sefton.

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Produced by Liz Melia, Assistant Director of Primary & Urgent Care