

## Phlebotomy initial engagement event

Friday 29<sup>th</sup> November 2019

10am – 12:15pm

Board Room, Sanger House, Brockworth

### Attendees

John Lane (JL)	Healthwatch Gloucestershire
Ernie Lucker (EL)	Healthwatch Gloucestershire
John Read (JR)	PPG member, Fairford
Zoe Riley (ZR)	Commissioning Manager (Planned Care), GCCG
Madeline Kenway (MK)	Project Manager – Locality Development and Primary Care, GCCG
Katherine Holland (KH)	Patient and Public Engagement Manager – Primary Care and Inclusion, GCCG

### Discussion

- Phlebotomy service at Cirencester Hospital is great, you are seen within an hour.
- There are long waits at Cheltenham General and Gloucestershire Royal Hospital
- Transportation is key to any solution – consideration should be given to the voluntary options available in each area e.g. Friends of Fairford and Lechlade. It was suggested that perhaps there was an untapped resource in some areas of newly retired people who may be able to provide a car service in some rural areas.
- The approach of the person taking the blood is important and can make the difference between a positive and negative experience – they need to have a calming approach.
- Do not offer too much choice as this confuses people. The choice should be around when you could have your bloods taken rather than where. There needs to be consistency in service to manage people's expectations.
- Perhaps having time slots rather than appointment times i.e. between 3pm and 4pm so arrive at 3pm and you will be seen at some point within that hour. This would help people to plan their day and also manage expectation.
- Bloods need to be triaged in order to manage demand.
- Consider having a bank Phlebotomy service to support demand and to avoid inefficiency which can lead to de-skilling.
- Consider 'up-skilling' other professionals to be able to support the service for example Pharmacists and potentially admin staff within a practice.

- Need to gather reliable stats for a baseline including
  - the workload of an individual Phlebotomist to understand the peaks and troughs of demand.
  - A survey of patients using the current service. JL and EL noted that Healthwatch would be happy to support this and JR added that he thought PPG's would too.
- Text reminders should be used for both booked appointments and also reminding patients to make an appointment to have bloods taken e.g. those requiring bloods to be taken at 6 month intervals.
- Discussion was had about ensuring the communication to people is robust including informing people who is responsible for their care GP or Consultant.

### **Going forward – Priorities**

The long list

- Availability of Phlebotomy staff
- Schedule appointment
- Transportation
- Future appointments with reminders
- Saturday option
- Demand driven
- Delivered within the PCN more
- Have a time slot
- Have a triage system to manage expectations
- Extended hours
- Future appointments either book at time or have a reminder
- Communication to people – who is responsible for their care?

### **Most important**

1. Timely and predictable
2. Saturday morning and evenings
3. High skill level of person taking blood
4. Triage system

### **Would like to have**

1. Future appointments
2. Transportation (although it was recognised that this would need to be considered with any option)

### **Actions**

- Survey to gauge starting point
- Further engagement to be planned to test priorities
- Keep all 3 lay reps involved in the project, communication using email