NHS
Bromley
Clinical Commissioning Group

Bromley Clinical Commissioning
Clinical Executive Group
Date: 30 July 2015

ENCLOSURE 10

Title: Phlebotomy Review PID

DIRECTOR RESPONSIBLE: Mark Needham (Director of Commissioning)

CLINICAL LEAD: Dr Jon Doyle

AUTHOR: Alexandra Bigg (Coordination and Delivery Manager)

SUMMARY:
The project mandate was approved on 30 April 2015 to undertake this review. It is anticipated that the review will completed in 3-4 months from the first meeting of the Steering Group. At the end of the review recommendations will be made to the Clinical Executive Group, which may lead to a business case for service change.

Our vision is to commission **swift**, **equitable** and **local** access to a phlebotomy service offering both booked and walk-in appointments. This will also help GPs to make a **timely diagnosis** of a patient's condition.

The **aims** of the review are:
1) To gain a full understanding of current phlebotomy provision (where phlebotomy is offered and when, and what the balance of activity is between hospital, community and GP services) and the extent to which it is meeting the needs of service users.
2) To observe examples of best practice in other boroughs to help inform the options appraisal.
3) To make recommendations for the future of phlebotomy provision.

Key milestones:
August 15 – Draft engagement plan and baseline report on current provision complete
September 15 – First Steering Group
October 15 – Report on other local models of delivery complete
November 15 – Engagement report complete
January 16 (latest) – Options appraisal and recommendations to CEG

KEY ISSUES:

History: The revised 2011 LES for phlebotomy has doubled the phlebotomy activity in GP practices. However, there are still issues with inequity of provision and long waiting times in walk-in clinics. In light of previous work, it is important that:

a) any future changes to phlebotomy provision must be agreed as a result of comprehensive patient and service provider engagement to ensure that they can be implemented successfully
b) any future changes consider current and predicted activity levels carefully so that the phlebotomy service will meet the aims of swift, equitable and local access.

Governance: The review is likely to garner high levels of public and patient interest. The review and the recommendations that follow must therefore be credible. It was agreed by the CEG on 25/6/15 that the CCG would chair the review. A Steering Group will be established and chaired by Dr Jon Doyle (Clinical Lead) and will include a representative from key stakeholders: KCH, BHC, LMC, HWB councillor, Healthwatch and patient representation. The Steering Group will provide an overall steer for the review, analyse the current provision and the outcomes of the engagement, and put together the options appraisal and recommendations paper for CEG.

Engagement: Healthwatch will support the CCG with patient engagement, especially with reaching seldom heard groups. The scope of the review will be presented carefully in order to manage patient expectations. Feedback will be sought from GP practices as requestors of blood tests. Estimated cost £6k.

COMMITTEE INVOLVEMENT:
Planned Care Working Group (review of draft PID)

PUBLIC AND USER INVOLVEMENT:
None as yet

IMPACT ASSESSMENT:
The review itself will have no impact on health inequalities. The vision for phlebotomy is to increase equity in access to services, particularly for vulnerable or frail patients. However, we have considered how we will ensure that the review itself meets the equality impact assessment criteria.

RECOMMENDATIONS:
The Committee is asked to:

1. Approve the PID

ACRONYMS

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Project Initiation Document - Phlebotomy review

Project Lead	Date	Clinical Lead
Alexandra Bigg	23/07/2015	**Dr Jon Doyle**

Project Information	
Project Description	This review of the phlebotomy service is focused on **patient access** to having a blood sample taken when requested by a GP. The testing of the sample and returning the results to the referrer has already been reviewed and is in undergoing service improvement as part of the Direct Access Diagnostics initiative led by Richard Dolby. The project mandate was approved on 30 April 2015 to undertake this review. It is anticipated that the review will completed in 3-4 months from the first meeting of the Steering Group. At the end of the review recommendations will be made to the Clinical Executive Group, which may lead to a business case for service change. **Governance:** The review is likely to garner high levels of public and patient interest. Almost all people require a blood test on at least one occasion and expectations will need to be managed carefully given historical issues with the service. The review and the recommendations that follow must therefore be credible. It was agreed by the CEG on 25/6/15 that the CCG would chair the review. A Steering Group will be established and chaired by Dr Jon Doyle (Clinical Lead) and will include a representative from key stakeholders: KCH, BHC, LMC, HWB councillor, Healthwatch and patient representation. The Steering Group will provide an overall steer for the review, analyse the current provision and the outcomes of the engagement, and put together the options appraisal and recommendations paper for CEG. **Draft engagement plan**: - It is anticipated that the engagement work will take 2-3 months to complete, including write-up. The engagement plan will be agreed by the Steering Group. - **Patients (and wider public):** Distribution of a standard survey asking for feedback on the experience of accessing the phlebotomy service via CCG and partner websites and having hard copies at practices and phlebotomy clinics (support from Healthwatch); an event for the PAG and key voluntary sector organisations; events to reach seldom heard groups (support from Healthwatch). - **GP practices** (as requestors of blood tests): Raise awareness of the review through the GP bulletin and cluster meetings; distribution of a standard survey asking for feedback on what works well with current provision and how it could be improved; attendance at HCA and PN forums to gather feedback; possible focus group of GPs to gather feedback
Project Aims	Our vision is to commission **swift, equitable** and **local** access to a phlebotomy service offering both booked and walk-in appointments. This will also help GPs to make a **timely diagnosis** of a patient's condition. The aims of the review are: 1) To gain a full understanding of current phlebotomy provision (where phlebotomy is offered and when, and what the balance of activity is between hospital, community and GP services) and the extent to which it is meeting the needs of service users. 2) To observe examples of best practice in other boroughs to help inform the options appraisal. 3) To make recommendations for the future of phlebotomy provision.
Rationale	Work to improve access to phlebotomy services has been ongoing since 2010: - In March 2011 a **business case was approved to revise the LES for phlebotomy** in order to increase local access and bookable appointments. This resulted in an increase in the number of practices offering phlebotomy (from 10 to 22) and phlebotomy activity in practices has more than doubled since 2010. - However, the review of local enhanced services conducted in 2013-14 found that access and waiting times for phlebotomy were still a problem. It found that access is **not equitable,** with limited local provision offered to patients living near Bromley Town Centre, Penge and Petts Wood. Waiting times at walk-in clinics were still long, with patients sometimes having to **wait over 90 minutes** to have their blood taken. Clinical Exec approved an **improvement plan to address the challenges at KCH i**n September 2014, but the implementation of this has held up due to the nature of the pathology block contract and moves to transfer the pathology service to Viapath. - In March 2015 the Governing Body noted that although phlebotomy services have improved considerably, there are still concerns over the current provision and that an **engagement plan should be developed alongside Healthwatch** to seek feedback from patients. Following this, recommendations would be made for changes. Existing GP contracts for this enhanced service have been re-issued under an NHS standard contract from 1 April 2015 until March 2018 with a 6 month notice period for termination. To date, 25 practices have signed up to the enhanced service for 2015-18. In light of previous work, it is important that: a) Any future changes to phlebotomy provision must be agreed as a result of comprehensive patient and service provider engagement to ensure that they can be implemented successfully. b) Any future changes consider current and predicted activity levels carefully so that the phlebotomy service will meet the aims of a swift, equitable and local access. A diagnostic review is therefore proposed that engages both patients and service providers so that is seen as credible by all stakeholders.

Key Area of Focus	Stakeholder engagement with (a) service users - patients and GPs as referrers and (b) providers - GPs, Bromley Healthcare and KCH. Options appraisal and recommendations.

Project Scope - IN	Project Scope - OUT
GP registered patients (adults and children) in Bromley for whom a blood test has been requested by their GP practice	Patients for whom a blood test has been requested in another healthcare context (e.g. outpatient appointment)

Project Objectives

Statements of Specific, Measureable, Achievable, Relevant, Timely outcomes

Complete diagnostic report on current provision
Write up an options appraisal and recommendations to go Clinical Executive Group

Expected Benefits (of an amended service following the review)

What is the benefit?	*What is the measure/KPI?*	*Type of Benefit*	*Who benefits?*
Improved access across the borough and across age range	Provision is such that no patient has to travel more than X miles to get their bloods taken at a booked appointment within Y timeframe.	Quality	Patients Practices
Shorter waiting times at walk-in clinics	Local performance indicator in service specification - X minutes maximum waiting time	Quality	Patients Practices
Shorter waiting times to get a booked appointment	Local performance indicator in service specification - X days maximum waiting time	Quality	Patients Practices

Key Milestones (stages of the project plan)

Start Date	30/04/2015		

	Decide	Design						Develop (**TBC**)			Deliver (**TBC**)			
	Gate 2 (PID approval)	Draft engagement plan	Baseline report on current provision	First Steering Group	Other models of delivery report	Engagement report	Options appraisal at CEG							
Target Completion Date	30/07/15	31/08/15	31/08/15	17/9/15 (at latest)	31/10/15	30/11/15	07/01/16 (at latest)							

Project Resource Requirements

Project Team:	Role:	Time commitment:
Alexandra Bigg	Project Manager	2-3 days per week
Janet Edmonds	Head of Clinical Programmes - planned care oversight	1 hour per week
Jon Doyle	Clinical Lead	1 hour per week
Sam Burrows	Information Analyst	1 hour per week
Liz Munro	Communications and Engagement	2-3 hours per week
TBC	Project Support Officer	1 day per week
TBC	Finance	Not required as yet

Additional Resource Requirements:

None as yet

Quality Implications (of an amended service following the review)				Risk Score Complete for Negative Impacts		
Area of Quality	Quality Domain	Description of Quality impact	Positive, Negative, Not	Consequence	Likely-hood	Score
Clinical Effectiveness	1. Preventing people from dying prematurely	n/a	No impact			0
	2. Enhancing quality of life for people with long-term conditions	Improved access to phlebotomy services - closer to home and shorter waits so blood test results can be received and analysed more quickly to inform ongoing treatment.	Positive			0
	3. Helping people to recover from episodes of ill health	Improved access to phlebotomy services - closer to home and shorter waits so blood test results can be received and analysed more quickly to inform ongoing treatment.	Positive			0
Patient Experience	4. Ensuring that people have a positive experience of care	Improved access to phlebotomy services - closer to home and shorter waits so that patients are not unnecessarily inconvenienced.	Positive			0
Patient Safety	5. Treating and caring for people in a safe environment and protecting them from avoidable harm	The project is focused on access, not safety. Any changes to phlebotomy service provision that come out of the review would be subject to existing service specification quality and safety requirements.	No impact			0
Workforce		Possible change in distribution/location of staff offering the phlebotomy service - mainly HCAs. E.g. if an increased number of GPs offer phlebotomy and therefore fewer walk-in appts are required. Need to bear in mind the KCH block contract for pathology services and the staff employed through the outpatients budget.	Not yet known			0
Equality		Increase equity in terms of access to services, particularly for vulnerable or frail patients.	Positive			0

ESTIMATED ANNUALISED IMPACT ON TARGET / BUDGET FOR THIS ACTIVITY

(all categories of benefit and cost to be included, and net benefit calculated for financial projects)

Gross BENEFIT / Target Units (e.g.. clients/consultations)						INVESTMENT / DEVELOPMENT COST (£000s)						
Benefit Description and Units	No. of Units / Activity	Cost / Tariff (£000)	Full Year Benefit	Full/ Part Year 2015/16	Full Year 2015/16	Category	No. of Units / Activity	Rate (£000 / Unit)	Full Year Cost	Full/ Part Year 13/14	Full Year 14/15	Full Year 15/16
Not yet known						Engagement	n/a	n/a	6.0			
						NB. £4k of engagement costs will be covered by the Comms and Engagement money already set aside for Healthwatch work						
Gross BENEFIT Totals:			**0.0**	**0.0**	**0.0**	**Investment / Development Costs Totals:**			**6.0**	**0.0**	**0.0**	**0.0**

Activity Target Units			
Activity Description	HRG / ICD10 or other measurable unit of activity	Full/ Part Year 15/16	Full Year 15/16
Not yet known			
Activity Impact Totals:			

NET BENEFIT (£000s)			
	Full/Part Year 2015/16	Full Year 2015/16	Full Year 2016/17
Gross Benefits	0.0	0.0	
Costs	6.0	0.0	
Net Benefits	**-6.0**	**0.0**	

Risk and Issues Log	Confirmed
Stakeholder Plan	In draft - to be confirmed at Steering Group

Gate 2 Title	Sign-off / Recommendation / Decision	Name	Date
Project Lead		Alexandra Bigg	
Clinical Lead		Jon Doyle	
Finance Lead			
Performance Manager			
Quality Director			
Programme Board			
Clinical Executive Group			

Appendix B

INITIAL SCREENING FOR EQUALITY IMPACT ASSESSMENT

At this stage, the following questions need to be considered:

Name of Policy / Strategy / Service redesign etc.			
1	What is the name of the policy, strategy or project? *Phlebotomy review*		
2	Briefly describe the aim of the policy, strategy or project. What needs or duty is it designed to meet? 1*) To gain a full understanding of current phlebotomy provision (where phlebotomy is offered and when, and what the balance of activity is between hospital, community and GP services) and the extent to which it is meeting the needs of service users.* *2) To observe examples of best practice in other boroughs to help inform the options appraisal.* *3) To make recommendations for the future of phlebotomy provision.*		
3	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any group/s?	**Yes**	**No**
4	Is there any evidence or other reason to believe that different groups have different needs and experiences that this policy is likely to assist i.e. there might be a *relative* adverse effect on other groups? *We recognise that frail and vulnerable people, workers, children and those with LTCs have different needs, and therefore the engagement plan looks to gather the views of as many different groups as possible in order to ensure that no group is adversely affected.*	**Yes**	**No**
5	Has prior consultation taken place with organisations or groups which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address? *There was some consultation in the lead up to the revised 2011 LES, but this did not reveal a problem with a particular group. The proposed engagement plan will be a much more comprehensive engagement piece.*	**Yes**	**No**

Signed by the manager undertaking the assessment:	Alexandra Bigg
Date Completed:	24/7/15
Job Title:	Coordination and Delivery Manager

On Completion of Stage 1 – A full impact assessment (Appendix 2) will normally be required if you have answered YES to one or more of questions 3, 4 and 5 above