

## Portsmouth Hospitals' NHS Trust - Repatriation of Vectis Way (Phlebotomy) Blood Taking Clinic Proposal for HOSP

**Name of Responsible (Lead) NHS Body:** Portsmouth Hospitals NHS Trust

**Brief Description of the Proposal:** The hospital trust is seeking to repatriate the (phlebotomy) blood taking clinic. The current location was only meant to be a temporary location, set up to support Portsmouth Hospital's need to meet demand for blood taking. The move will be back to its correct location at QA. This will offer an improved patient experience, with more staff cover and back up from acute medical services if needed. A walk in service will remain on offer with extended hours of service.

Vectis Way Blood taking clinic was opened in 2003 because the facility at QA at that time was too small and the waiting area was inadequate. Vectis Way was a temporary location within our business planning and chosen as it was only 0.6 miles from the main hospital site. The clinic at Vectis Way currently provides walk in access for blood tests from 0745-1230 Monday to Friday (exclusive of Bank Holidays) and is staffed by 2 phlebotomists from PHT.

The new QA hospital was built in 2009 with an integrated blood taking outpatient department and waiting area. It was originally shared with an Orthotics clinic and therefore not large enough to repatriate the demand from Vectis Way. However at the end of 2015 this clinic area became solely occupied by phlebotomy and allowed for an increase from 4 to 6 blood taking areas and a waiting area dedicated to patients waiting for a blood test. QA is now available to patients 0745-1645 Monday to Friday (exclusive of Bank Holidays) and will be staffed by 6 phlebotomists (currently staffed by 4). The staff from Vectis Way will become part of the dedicated QA team.

The proposal is to repatriate the clinic in Vectis Way at the end of this current financial year. The staff will move to QA and the economies of scale of money saved from rent; rates; waste -disposal; cleaning; transportation of samples to the laboratory etc. (which is in excess of £24K per annum) will be used to support an improved service to patients across the hospital and other outpatient areas.

**Description of Population affected:** Currently up to 120 patients per day can be seen in Vectis Way from 0800-1230 Monday to Friday. Unfortunately patients arriving before the clinic opens have to wait outside in the open air. Patients attend the clinic for blood tests for a number of reasons, to monitor their anticoagulation treatment and for tests ordered by clinicians at PHT, or because they cannot get a suitable appointment for a blood test at their GP practice. The service at QA will provide a wider choice of opening hours and patients will no longer have to wait outside. Phlebotomy staff will be relocated to QA and will be working within a larger team with the direct support and supervision of their manager and supervisors.

**Confirmation of Health Overview Scrutiny Committees contacted:**

**Name of Key Stakeholders Supporting the Proposal:** Alison Fitzsimons (General Manager and Head of Professions for Clinical Support), Janice Cloud (Matron for Outpatient's and Phlebotomy)

Criteria for Assessment	Yes/No/NA	Comments/Supporting Evidence
<b>Case for Change</b>		
1. Is there clarity about the need for change	<b>Yes</b>	Vectis Way was set up as a temporary location. It has been used longer than intended and now the phlebotomy service is moving back to its correct location at QA. More

(e.g. key drivers, changing policy, workforce considerations, gaps in service, service improvement)		<p>staff, better patient experience with the back up of acute medical services will be added value to the move.</p> <p><b>Environment:</b> Vectis Way clinic is situated at the rear end of a chemist and has an enclosed waiting area which is available only after staff arrive to open up. Patients currently arrive early to ensure they get their test completed and there is often a queue of patients waiting outside in all-weather awaiting the arrival of the phlebotomists. QA has an enclosed waiting area and there is access to the hospital and other facilities prior to the arrival of the phlebotomy team. There is also a refreshment area close to the QA Blood Taking Outpatient clinic. There are no such facilities in Vectis Way apart from a water machine. The environment at QA will provide a purpose dedicated clinical space specifically designed for phlebotomy, this is not the case at Vectis Way</p> <p><b>Improved Access:</b> Vectis Way is currently only open between 0745-1230, the service at QA will be available 0745-1645.</p> <p><b>Governance:</b> If patients become unwell in Vectis Way the phlebotomists summon support via the 999 service, at QA there is the support of the resuscitation team on site.</p> <p><b>Workforce:</b> Vectis Way is manned by 2 phlebotomists. If there is sickness or leave QA staff have to provide cover or the Vectis Way service is cancelled or reduced. Staff at Vectis Way only have phone contact with their supervisors and managers and at QA they will have the direct support and supervision of their supervisors and manager.</p> <p><b>Value for money:</b> The service at Vectis Way costs PHT in excess of £24K per annum exclusive of staffing. This can be better used to support a more flexible service to our patients.</p>
2. Has the impact of the change on service users, their carers and the public been assessed?	<b>Yes</b>	An audit of the numbers of patients attending Vectis Way has been undertaken and this identified that up to 120 patients per day use the service. A transport survey and reasons for using a walk in service has also been undertaken. The majority of patients use the clinic because they do not have to make an appointment, this will not change once the clinic moves back to QA. They also say it is convenient as they can have their test and do some shopping at the same time, QA is only 0.6 miles from QA and is on the same bus route as Vectis Way.
3. Have local health needs and/or impact assessments been undertaken.	<b>Yes</b>	Transport survey, attendance audit, mapping of location, public transport links and access have been undertaken.
4. Do these take account of: a) Demographic considerations	<b>Yes</b>	Vectis Way is 0.6 miles from QA, it is on the same bus route as QA. The number 2 and 3

<p>b) Changes in morbidity or incidence of a particular condition</p> <p>c) Impact on vulnerable people and health equality considerations.</p> <p>d) Potential reductions in care (e.g. falling birth rate)</p> <p>e) Comparative performance across other health providers.</p> <p>5. Has the evidence base supporting the change proposed been defined? Is it clear what the benefits will be to the service quality or patient experience?</p> <p>6. Do the clinicians affected support the proposal?</p> <p>7. Is there any aspect of the proposal contested by the clinicians affected?</p> <p>8. Is the proposal supported by GP commissioners?</p> <p>9. Will the proposal extend choice to the population affected?</p>	<p><b>N/A</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>No</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p>	<p>bus run every 10 minutes from Portsea Island to Paulsgrove. There are no public parking spaces in Vectis Way, nearest parking is the pay and display public car park or Tesco car park which is intended for customers only.</p> <p>Patients are also able to use the clinic at SMH by appointment Mon-Fri 0700-1700hrs if they choose to. This is also run by PHT and the appointment number is 023 92680275 and this is 3.2 miles south of Vectis Way.</p> <p>This is already considered during commissioning of phlebotomy.</p> <p>QA provides a more suitable environment with access to senior phlebotomists, acute medical support and larger, more private cubicles.</p> <p>By moving the staff to QA they can also be used more flexibly and support the wards and emergency areas.</p> <p>We have been consulting with commissioners for the last 12 months over community phlebotomy services.</p> <p>The service will be provided in a more suitable environment, access will be improved in line with the extended hours of service proposed, staff will be more supported and have direct access to their supervisors and manager and patients who become unwell will receive immediate support via the appropriate teams which are accessible at QA.</p> <p>Clinicians are pleased that samples will no longer have to be transported from Vectis Way to the pathology laboratory at QA. Instead they will be dispatched immediately using the internal vacuum transportation system, results will also be available sooner. GP patients will have improved access due to the proposed extended opening hours of the service at QA. There will be no reduction access or capacity.</p> <p>Not at the current time.</p> <p>We have met with the Commissioning CCGs in December 2015.</p> <p>Extended hours of service. Vectis Way is currently only open between 0745-1230, QA will be available 0745-1645</p>
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<p><b>Impact on Service Users</b></p> <p>10. Will there be a change in access as a result of the service changes proposed?</p> <p>11. Can these defined in terms of:</p> <ul style="list-style-type: none"> <li>a) waiting times?</li> <li>b) Transport (public and private)</li> <li>c) Travel time</li> <li>d) Other (please define)</li> </ul> <p>12. Is there any aspect of the proposal contested by the people using the service?</p> <p><b>Engagement and Involvement</b></p> <p>13. How have key stakeholders been involved in the development of the proposal?</p> <p>14. Is there demonstrable evidence regarding the involvement of:</p> <ul style="list-style-type: none"> <li>a) Service users, their carers or families</li> <li>b) Other service providers in the area affected</li> <li>c) The relevant Local Involvement Network(s)</li> <li>d) Staff affected</li> <li>e) Other interested parties (please define)</li> </ul> <p>15. Is the proposal supported by the key stakeholders?</p> <p>16. Is there any aspect of the proposal that is contested by the key stakeholders? If so what action has been taken to resolve</p>	<p><b>No</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>On-going</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>On-going</b></p> <p><b>Yes</b></p>	<p>Will be available 0745-1645 Service re-provided at QA, 0.6 miles from Vectis Way. There will be no reduction in access or capacity.</p> <p>Should be same or reduced, remains a walk in. Same bus service, public parking issues similar in Cosham High Street and QA. QA is 0.6 miles-(1000 yards) from Vectis Way and SMH 3.2 miles.</p> <p>Patients have raised concern over parking charges at QA, however there is no free public parking at Vectis Way for patients and QA has ample pay and display parking and direct route bus stops.</p> <p>CCGs December 15, audits of patients Jan 16.</p> <p>Audit Jan 16.</p> <p>CCGs Dec 15.</p> <p>HOSP Jan 16</p> <p>January Newsletter, staff daily briefings</p> <p>The service is to move back from the temporary location which was used longer than intended to its correct location at QA.</p> <p>The service is to move back from the temporary location which was used longer than intended to its correct location at QA. The hours of service on offer will be extended and the walk in service will continue when relocated back to QA.</p>
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<p>this?</p> <p><b>Options for Change</b></p> <p>17. How have service users and key stakeholders informed the options identified to deliver the intended change?</p> <p>18. Were the risks and benefits of the options assessed when developing the proposal?</p> <p>19. Have changes in technology, including new drugs been taken into account?</p> <p>20. Has the impact of the proposal on other service providers been evaluated?</p> <p>21. Has the impact on the wider community affected been evaluated (e.g transport, housing, environment?)</p> <p>22. Have the workforce implications associated with the proposal been assessed?</p> <p>23. Have the financial implications of the change been assessed associated in terms of:</p> <ul style="list-style-type: none"> <li>a) Capital</li> <li>b) Sustainability</li> <li>c) Risks</li> </ul> <p>24. How will the change improve the health and well being of the population affected?</p>	<p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>N/A</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p>	<p>Patients have said that they like not having to make an appointment for their blood test and the walk in facility will remain in place when the service has moved back to QA.</p> <p>A risk assessment was undertaken and it is on the CSC register, parking, transportation, patient access and flow were all assessed as part of the proposal.</p> <p>There will be no change in capacity or access.</p> <p>The location is only 0.6 miles away and the original move was temporary and chosen due to its proximity to QA.</p> <p>This will improve flexibility and staff support and there will be no reduction in workforce.</p> <p>By moving the service back to QA it is more sustainable. The service will be more cost effective as equipment and staffing will be in one place and samples will be received by the laboratory at QA directly and not have to be transported from Vectis Way to QA.</p> <p>The moving back of the clinic from its temporary location to its correct location will provide more staff and better patient experience with the back up of acute medical services, samples will get to the laboratory for testing quicker and results available in a more timely manner. The staff will have access and support from their supervisors and line managers and patients will have access to the most senior, experienced phlebotomists who are based at QA.</p>
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