

## DEVELOPMENTS IN ADULT PHLEBOTOMY IN HILLINGDON

<b>Committee name</b>	Health and Social Care Select Committee
<b>Officer reporting</b>	Richard Ellis – NWL CCG Hillingdon Borough Director Sean Bidewell – NWL CCG interim Hillingdon Borough Director
<b>Papers with report</b>	n/a
<b>Ward</b>	n/a

### HEADLINES

This paper is to brief Members of the Committee on developments in Adult Phlebotomy Services for GP generated blood test requests. This service transferred from Hillingdon Hospital sites to primary care practices during the pandemic in 2021. Adult Phlebotomy services are now provided at practices across all Primary Care Networks (PCNs).

The drivers, challenges and benefits for the transfer of Adult Phlebotomy clinics from The Hillingdon Hospitals NHS Foundation Trust (THH) hospital sites to general practice were outlined in the paper presented to this Committee in July 2021 and an update was also provided in February 2022 and October 2022 (verbal). The service is now fully embedded within Primary Care.

Since March 2022, practices have also been offering urgent blood tests for adults with THH and Mount Vernon Hospital (MVH) contingency capacity also in place to support practices.

The service transition has received positive feedback from patients and practice staff.

### RECOMMENDATION

**That the Health and Social Care Select Committee note the update regarding Adult Phlebotomy Services.**

### SUPPORTING INFORMATION

Table 1 below shows the annual planned activity and actual activity for the service in the current financial year 2022/23.

#### 1.0 Hillingdon Borough Plan and current activity for routine bloods

2022 to date per Quarter	Plan	Actual Activity
Q1 – Apr 2022 – Jun 2022	45,825	42,262
Q2 – Jul 2022 – Sept 2022	45,825	40,600
Q3 – Oct 2022 – Dec 2022	45,825	40,697
Q4 – Jan 2023 – Mar 2023	45,825	TBC
<b>Total</b>	<b>183,300</b>	<b>123,559</b>

## 2.0 Service Development - Urgent Phlebotomy

'Urgent' has been defined as 'a test requiring same day results to inform possible changes to clinical management'.

The service transfer has significantly improved access to phlebotomy for patients in the South of the Borough, offering more convenient local access and thereby helping to reduce inequalities. Overall, patients are delighted that they no longer have to travel to hospital for a blood test, with requirements for parking and associated stress. The hospital walk in service had unpredictable waiting-times which sometimes meant that patients were travelling across the Borough, waiting for up to 2 hours for a blood sample to be taken in a 5 minute appointment. Also, practice-based phlebotomy offers continuity of care for patients in familiar surroundings, and the opportunity to choose an appointment date and time which has improved patient satisfaction.

The service transfer was specifically for routine adult phlebotomy needs related to GP generated requests for blood tests. In March 2022, urgent weekday bloods were added to the scope of the service, while retaining contingency support (and of course emergency cover) at THH and MVH.

All blood tests are analysed at Charing Cross Hospital laboratories and there is an agreed timeline on submission of urgent blood tests and follow up actions as outlined below:

- Where the urgent sample reaches the lab by 13:30 (Monday to Friday), the result will be sent back to the practice before 18:00 on the same day, so that the practice can contact the patient in the event of any adverse results.
- Where the sample reaches the lab after 13:30, or if the results are not available until after 18:00, the lab will advise NHS 111 in the event of an adverse result. NHS 111 will take the necessary steps to contact the patient, and alert GP out of hours or advise attending Hillingdon A&E, etc. This is the current practice by the lab for any adverse result, routine or urgent, where the referring clinician is not likely to be available to see the patient. This will ensure that full support is maintained to the patient, even on a Friday or over a Bank Holiday weekend.
- Results that prove to be 'within limits' will be available to the practice the next working day (or Monday following Friday) in the usual way.

### Barriers and Issues

Challenges that have been addressed are:

#### 1. Staffing

Some practices initially had difficulty filling their posts for Phlebotomists. This has been resolved in the last 12 months.

#### 2. Vacutainer shortages

Over the 6 months from September 2021 to February 2022, there were intermittent shortages in some types of vacutainers which was a national supply issue. This affected practices' ability to provide phlebotomy. This has now been resolved.

### 3. Hub model

A PCN was providing phlebotomy through one practice on behalf of another 8 other practices in a hub model. However, due to issues specific to that practice, it was unable to continue to provide the service on behalf of its PCN practices. The Borough primary care team worked closely with the PCN's 8 member practices to redesign the PCN model. This resulted in 6 practices setting up the service in their own practice for their own registered patients and the remaining 2 practices put in place an agreement with a neighbouring PCN for their registered patients.

### 4. Hospital generated phlebotomy requests

Requests for GPs to carry out bloods on behalf of outpatients (OPD) / hospital departments and Community Services has increased significantly since tele/virtual consultations were adopted. These were normally carried out by hospitals themselves via their own phlebotomy services. GPs are managing much of the work up prior to a patient attending a hospital consultation. Practices are concerned that, if they provide phlebotomy for other providers, they may not have the capacity for their own requests because the capacity modelling for the service was based on the GP Direct Access Service activity only. This also creates clinical governance issues. The General Medical Council (GMC) clearly states that the clinician who requests an investigation should be the one whose responsibility it is to manage the results. However, when hospital clinicians ask GPs to perform the bloods, the results come back to the GP who must act on it even though they haven't made the request and this can lead to duplicated consultations at GP and OPD. This is a North West London wide issue and is being picked up by the NWL Integrated Care Board (ICB) Primary Care Team.

## **BACKGROUND PAPERS**

Report to External Services Select Committee on [20 July 2021](#) –  
<https://modgov.hillingdon.gov.uk/documents/s52446/210720%20-%2006%20-%20Developments%20in%20Adult%20Phlebotomy%20Provision%20in%20Hillingdon.pdf>

Report to External Services Select Committee on [22 February 2023](#) -  
<https://modgov.hillingdon.gov.uk/documents/s54135/220222%20-%2007%20-%20Developments%20in%20Adult%20Phlebotomy%20Provision.pdf>