

TMT

Subject:	Outpatient Phlebotomy Booking Process at Mansfield Community & Newark Hospital		Date:	7 th June 2024		
Prepared By:	[Redacted] Acting Deputy Divisional General Manager, CSTO					
Approved By:	[Redacted] Chief Operating Officer					
Presented By:	[Redacted] Divisional General Manager, CSTO					
Purpose						
To assess alternative options for outpatient phlebotomy booking at Mansfield Community and Newark Hospital				Approval		
				Assurance		
				Update		
				Consider	X	
Strategic Objectives						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
X	X	X	X	X	X	
Principal Risk						
PR1	Significant deterioration in standards of safety and care					
PR2	Demand that overwhelms capacity					
PR3	Critical shortage of workforce capacity and capability					
PR4	Failure to achieve the Trust's financial strategy					
PR5	Inability to initiate and implement evidence-based Improvement and innovation					
PR6	Working more closely with local health and care partners does not fully deliver the required benefits					X
PR7	Major disruptive incident					
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before						
Clinical Support, Therapies and Outpatients Divisional Leadership Team Meeting						
Acronyms						
CDC = Community Diagnostic Centre MCH = Mansfield Community Hospital						
Executive Summary						
<p>Since the end of 2023, the Trust has been running additional phlebotomy clinics at both Newark and Mansfield Community Hospital. Currently, appointments can be pre-booked on Swiftqueue, and these patients will be prioritised for their test at their booked time. However, walk-ins are also accepted.</p> <p>Whilst both services have been extremely successful, this hybrid system of walk-ins and booked appointments is leading to long waiting times for walk-ins, arguments between patients, and verbal abuse towards staff. Communications has been sent to GP practices on numerous occasions to encourage patients to pre-book appointments. In addition, a ticket machine is on order to support flow of patients and a clear waiting order. Even with these actions, it is still challenging to manage patient demand in line with capacity throughout the day and week.</p> <p>A side to this paper is to highlight the work underway with the ICS and GPs to understand the demand shift and what activity we are completing and allocating the income where possible.</p> <p>This paper presents a set of options for amending current booking processes for outpatient phlebotomy at MCH and Newark.</p>						

Background – Mansfield Community Hospital

Outpatient phlebotomy services were introduced at Mansfield Community Hospital in October 2023. The service initially launched as a walk-in service only; however, shortly after go-live, the Swiftqueue online booking system was rolled out across all three of the Trust's hospital sites. The aim was to help maintain steady demand levels throughout the day/week and to avoid lengthy waits for patients. However, the service agreed to still accept walk-ins so as not to exclude those less digitally able.

Across 24/25 so far, the MCH service has been delivering an average of 340 blood tests per week. Demand has been particularly high on Mondays and Tuesdays, often with 100 blood tests taken in one day versus capacity for 90. The service is run by a single phlebotomist, who must manage the stream of patients with booked appointments whilst also balancing walk-ins. In recent weeks, the service has received reports of patients arguing around which queue should be given priority, with walk-in patients waiting a significant amount of time to be seen; in addition, there have been instances of patients verbally abusing staff.

Once the formal CDC launches in October 2025, the phlebotomy service will run across two rooms with two phlebotomists. As such, capacity will double. This will support shorter waiting times and ensure demand at peak times can be maintained in the longer term. However, in the immediate term, there is a need to explore how the process can be amended to ensure a better patient and staff experience. This is described in the options appraisal section below, in conjunction with considerations around Newark Hospital processes.

Background – Newark Hospital

Additional phlebotomy activity was launched at Newark Hospital in December 2023 under the CDC accelerated activity programme. Prior to this, the phlebotomy service at Newark was limited to an inpatient service and outpatients requiring an INR. Walk-in or booked appointments for other patients were not previously available; the expectation was that these patients attend their local GP for this service. Introduction of the extended phlebotomy service at Newark Hospital has been extremely successful, with high uptake from the local population.

At the end of 2023, the national team announced that Newark Hospital would not be supported as an accelerated activity site for the 24/25 financial year. In February 2024, a case to maintain the extended phlebotomy service at Newark was approved by the Trust's CDC Steering Group, despite withdrawal of national funding. The group approved £22,400 to fund 0.8 WTE Band 2 phlebotomists, to maintain capacity at 23/24 levels. This was agreed on the premise that income generated from CDC accelerated activity at Mansfield Community Hospital through 24/25 would more than offset this cost. At the same time, it was felt that cessation of the Newark service would represent an inequity of access for patients across Mid-Nottinghamshire. Currently, there is no funding available to extend this service past March 2025.

Similarly to Mansfield Community Hospital, there have been numerous complaints from patients around waiting times for a blood test and the dual process currently running. The service experiences periods of excess demand, whilst other days/times are less busy.

Options for managing outpatient phlebotomy across both Newark and MCH are outlined in the next section.

Options Appraisal

The below describes the risks and benefits of altering outpatient phlebotomy processes across MCH and Newark Hospital:

	Benefits	Risks
Option 1 – Do Nothing	<ul style="list-style-type: none"> • Dual system does not exclude patients who cannot access online booking system • No change in process for GPs/patients 	<ul style="list-style-type: none"> • Continued long wait times for patients • Stressful environment for staff • More likely that staff will be faced with disgruntled patients
Option 2 – Move to online bookings only	<ul style="list-style-type: none"> • Single process for patients; more streamlined flow • Reduced waiting times; better patient experience • Demand better managed throughout the day/week • Better experience for staff; less stressful environment and less likely to be faced with upset or angry patients • Automated KPI and demographic reports from SwiftQueue; supports communication strategies and informs resource planning • Patients who cannot book online can still receive their blood test at their GP practice • Most neighbouring Trusts do not accept walk-in patients for blood tests; this would align the service to others across the region 	<ul style="list-style-type: none"> • Some patients may be excluded from accessing appointments if they do not have digital access • Likely to take some time for GPs/patients to change their behaviours; likely to still receive walk-ins for a period of time
Option 3 – Move to walk-ins only	<ul style="list-style-type: none"> • Single process for patients; more streamlined flow • Does not exclude patients who cannot access online booking system 	<ul style="list-style-type: none"> • Does not support demand management at peak times • Trust has entered into a contract with Swiftqueue; inefficient use of funds if the service were to cease use • Loss of Swiftqueue KPI data
Option 4 – Move to booked appointments in the AM, walk-ins in the PM	<ul style="list-style-type: none"> • Does not exclude patients who cannot access online booking system 	<ul style="list-style-type: none"> • Dual process may still cause confusion or frustration for patients • Walk-in demand may still be unmanageable in the afternoons
Option 5 – Appeal to primary care colleagues to support with staffing hospital clinics	<ul style="list-style-type: none"> • Capacity better matched to demand during peak times • Shorter waiting times compared to current process • Does not exclude patients who cannot access online booking system 	<ul style="list-style-type: none"> • This would only present a solution for Newark; currently no space at MCH for a second phlebotomy room • Dual process may still cause confusion or frustration for patients • Staff may still be faced with disgruntled patients • Primary care may not wish to support

The department's preferred option is Option 2. However, the service is arranging a process via the Patient Experience Team to support patients who meet the agreed exclusion criteria through the booking process, or to arrange an appointment on their behalf if the patient is absolutely unable. This will involve patients and GP having access to a phone number linked to the PET team.

Recommendation

TMT is asked to support the service's recommendation to no longer accept walk-in patients for outpatient phlebotomy appointments. Inability to manage demand throughout the day/week is no longer tenable for staff, and is equally driving longer waiting times for patients. Walk-in blood tests were not offered to Mid-

Nottinghamshire patients prior to the launch of accelerated activity; these are additional services aimed at supporting easier access and faster diagnosis for patients.

Moving to Swiftqueue bookings only would mirror the process used for the Trust's vaccination hub during the COVID-19 pandemic; no longer accepting walk-ins for blood tests would also be consistent with other Trusts' approach. Patients who cannot easily utilise the online system will still be able to access a blood test at their GP practice, as all patients had to do prior to the introduction of this additional capacity.

The preferred option would ensure a better experience for patients, as well as protect the workload and welfare of our staff. This wouldn't require TMT approval typically however due to the position of Newark Hospital a decision to seek TMT agreement was made.