

Royal Lancaster Infirmary Phlebotomy Service

Tuesday 10 December 2024
1:00-3:00pm



Disclaimer: This report relates only to the service viewed at the time of the visit and is only representative of the views of the staff, visitors and patients who met members of the Enter and View team on that date.

Contact Details

Address

Royal Lancaster Infirmary
Ashton Rd
Lancaster
LA1 4RP

Date and Time of our Visit:

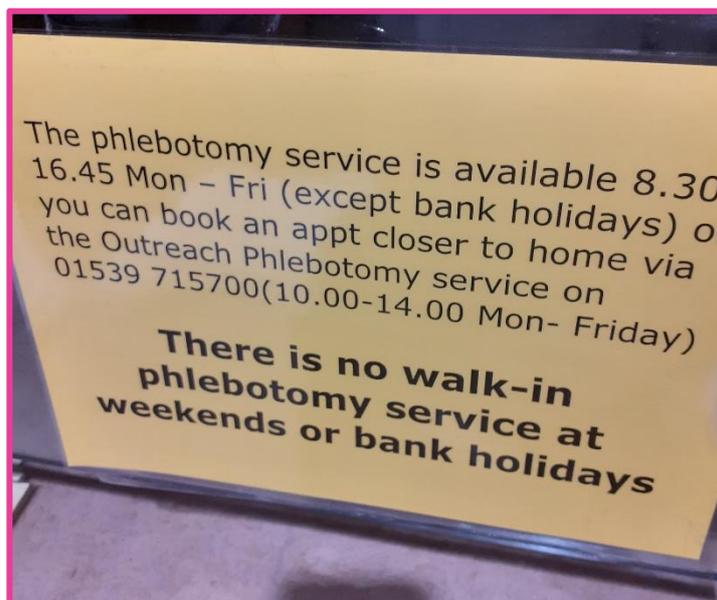
Tuesday 10 December 2024

1:00pm – 3:00pm

Healthwatch Lancashire Authorised Representatives:

Sue Edwards (Senior Engagement Officer)

Mark Cullinan (Healthwatch Lancashire Volunteer)



Introduction

Healthwatch Lancashire is the independent public voice for health and social care in Lancashire and exists to make services work for the people who use them. We believe that the best way to do this is by providing the people of Lancashire with opportunities to share their views and experiences.

Healthwatch Lancashire has statutory powers to listen, act, challenge and gather feedback to improve local services and promote excellence throughout the NHS and social care services.

To help achieve this Healthwatch have a statutory power to 'Enter and View' health and social care services that are publicly funded. The purpose of an Enter and View is to listen to people who access those services and observe service delivery.

Following the Enter and View visit a report is compiled identifying aspects of good surgery within the service visited along with any recommendations for any possible areas of improvement.

As we are an independent organisation, we do not make judgements or express personal opinions but rely on feedback received and objective observations of the environment. The report is sent to the service provider providing an opportunity to respond to any recommendations and comments before being published on the Healthwatch Lancashire website at:

www.healthwatchlancashire.co.uk

The report is available to members of the public along with the Care Quality Commission (CQC), Healthwatch England and any other relevant organisations. Where appropriate Healthwatch Lancashire may arrange a revisit to monitor the progress of improvements and celebrate any further successes.

Why blood clinics?

Healthwatch Lancashire are carrying out visits to blood clinics in order to find out how the services are delivered across the county. Each visit will be held in the winter period to learn how services are coping with winter pressures by speaking to patients and staff.

Acknowledgements

Healthwatch Lancashire would like to thank patients, staff and management, for making us feel welcome and for taking the time to speak to us during the visit.

What did we do?

Healthwatch Lancashire Enter and View Representatives made an announced visit to the Royal Lancaster Infirmary phlebotomy service on Tuesday 10 December 2024 and received feedback from:



One-to-one discussions with patients

Healthwatch Lancashire spoke with patients using the phlebotomy service about their experiences, their reasons for visiting the clinic and how they felt about the service.

Staff feedback

All staff present at the time of the visit were busy with patients, so in order not to impact on services the Healthwatch Lancashire team did not gather any staff feedback. Reception staff were forthcoming with answers to general enquiries about the phlebotomy service.

Observations

Observations were made throughout the visit. This included interactions between staff and people using the service, accessibility measures in and around the building and the condition and cleanliness of the facilities.

Summary



The phlebotomy team were welcoming to the Healthwatch Lancashire representatives. The service provides the taking of blood for the purpose of further treatment or medical investigation. Patients are referred by medical professionals such as GPs and consultants, and is a walk-in service. There is also an outreach service in various locations for those who may struggle to access the infirmary.

External observations found the clinic to be presentable and functional, although it would be nice to see some planted areas to create a more pleasant feel.

Interior observations found the clinic to be pleasantly presented, well-lit and accessible.

Thirteen patients provided feedback to Healthwatch Lancashire about their experience using the phlebotomy service. Overall they were positive about their experience, with short waiting times, pleasant staff and convenience being mentioned.

Parking was raised as an issue by several patients, especially a lack of sufficient blue badge bays, although it should be noted that this is out of the control of the phlebotomy service.

The phlebotomy service does not currently have access to an interpretation service for those who may use British Sign Language (BSL) or for whom English is a second language. It is recommended that this is investigated for patients who may need interpretation services.

The disabled toilet is in need of improvement to reduce health inequalities for those accessing services with a disability, as well as improving patient safety.

Observations of interactions between the phlebotomy team and patients was good, with clear communication between staff and patients, and all staff appeared friendly and knowledgeable.

Blood Clinic Overview

Location



Royal Lancaster Infirmary is a large, city centred, hospital with an Emergency Department (ED), wards and various other departments such as Dermatology.

The infirmary is located on Ashton Road, leading from the A6 which is a major route between south Preston and north Lancashire. There is a carpark available with Blue Badge spaces, and there is regular public transport with a bus stop directly outside the infirmary.

The phlebotomy service is accessed via Outpatients, with a reception desk directly facing the entrance doors where staff can direct patients to the correct waiting area.

Services available

The phlebotomy service provides blood taking for the purpose of further treatment or investigation. Patients are referred by medical professionals such as GPs and consultants, and the service operates as a walk-in. There is also an outreach service in various locations for those who may struggle to access the infirmary which has an appointment booking system.

Enter and View observations

External Environment

Entrance into the Outpatients department is clearly signposted and easy to find. The external environment was busy with patients moving around the site, as well as local people using Ashton Road for day-to-day activities such as walking their dogs.

The external appearance of the Outpatients building was presentable and functional. It would be nice to see some greenery by way of planters to offer a more pleasant feel, although this is not essential (Recommendation 1).

Internal Environment

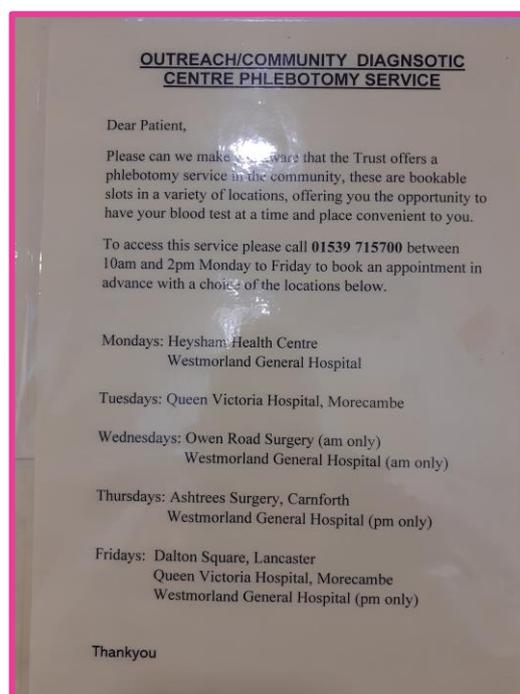
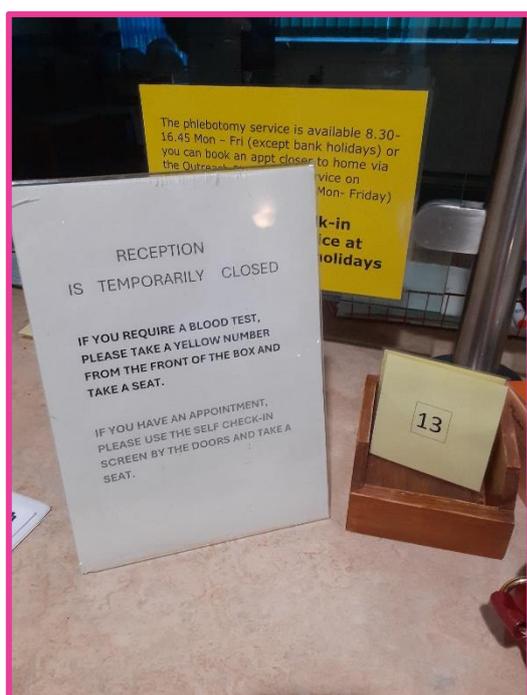
On entering the Outpatients department there are waiting areas to either side of the main doors and these offer some smaller intimate seating areas for more confidential discussions as well as for general waiting.

There is a large reception desk directly opposite the entrance doors for all patients accessing the Outpatients department, although it was noted that it was closed on arrival and reopened around 1:15pm. There was no notice on the reception desk explaining as to why it was closed. There was, however, a sign at the desk directing patients to take a number for the blood clinic or to use the self-check-in system. This sign was removed once the reception desk reopened. Several patients were observed looking for a staff member to help with queries due to the reception desk being closed. It is recommended that the reception desk is open throughout clinic operating times to ensure that patients have the support and guidance they need (Recommendations 2 and 3).

The Outpatients entrance and reception area, as well as all waiting areas, were seen to be accessible, with space for wheelchairs, good lighting and dementia friendly signs and features. Discussion with reception staff identified that there is no hearing loop or interpreter services available, including British Sign Language (BSL), for those who may be deaf/hard of hearing or for whom English is a second language. It is recommended that the absence of these is looked into with a view to making the service more inclusive (Recommendation 4).

The phlebotomy service is located close to the Outpatients main entrance and has its own waiting area, with plenty of seating which was varied in type and height to allow for individual needs and requirements.

On arrival patients were given/collected a laminated number which allowed for them to be seen in an orderly manner. There is a concern around infection control when using this method, especially considering that at the time of the visit the Infirmary was in 'Operational Pressures Escalation Level 4' (OPEL4) which means that there is severe pressure on the Infirmary due to a sharp rise in winter illnesses including COVID and flu. Level 4 indicates that the infirmary is under severe pressure with the system at risk of breaking down. It is highly recommended that the phlebotomy service moves to a paper ticket dispenser where patients take a number which is disposed of following the appointment (Recommendation 5).



Toilets, including a disabled toilet, were available close to the phlebotomy service. It was noted that the disabled toilet was lacking a red emergency pull cord. The toilet roll holder, soap dispenser and paper towels were all situated at a high level, and the bins were operated by foot pedals, all of which would present a challenge for wheelchair users and those with mobility issues. The disabled toilet would also benefit from a toilet seat riser and more support for manoeuvring in and out of wheelchairs, preferably in contrasting colours for people with Alzheimer's/dementia and for those with visual impairments. It is recommended that a full accessibility audit is carried out with the disabled toilet to ensure that those with disabilities have full access to the facilities (Recommendation 6).



Relevant posters and leaflets are on display in various locations throughout both the main Outpatients area and the phlebotomy service waiting area, and patients were observed picking up leaflets, reading posters etc. whilst waiting for their appointment. It was noted that the 'Ask Three Questions' poster was on display beyond the patient waiting area so may not be best located for patient access (Recommendation 7).

Overall, the interior appeared well lit, pleasantly presented and clean.

Observations

All staff were observed to be helpful, friendly and efficient. The phlebotomist came out of their cubicle to call patients in by name, was seen to support patients who had extra needs and was heard telling some older patients to take their time and not rush.

The reception desk team were seen to be knowledgeable, pleasant and approachable, and answered the Healthwatch Lancashire representatives' questions clearly and openly.

Patients were seen to be chatting with each other whilst waiting for their bloods to be taken and there was a relaxed environment in the waiting area.

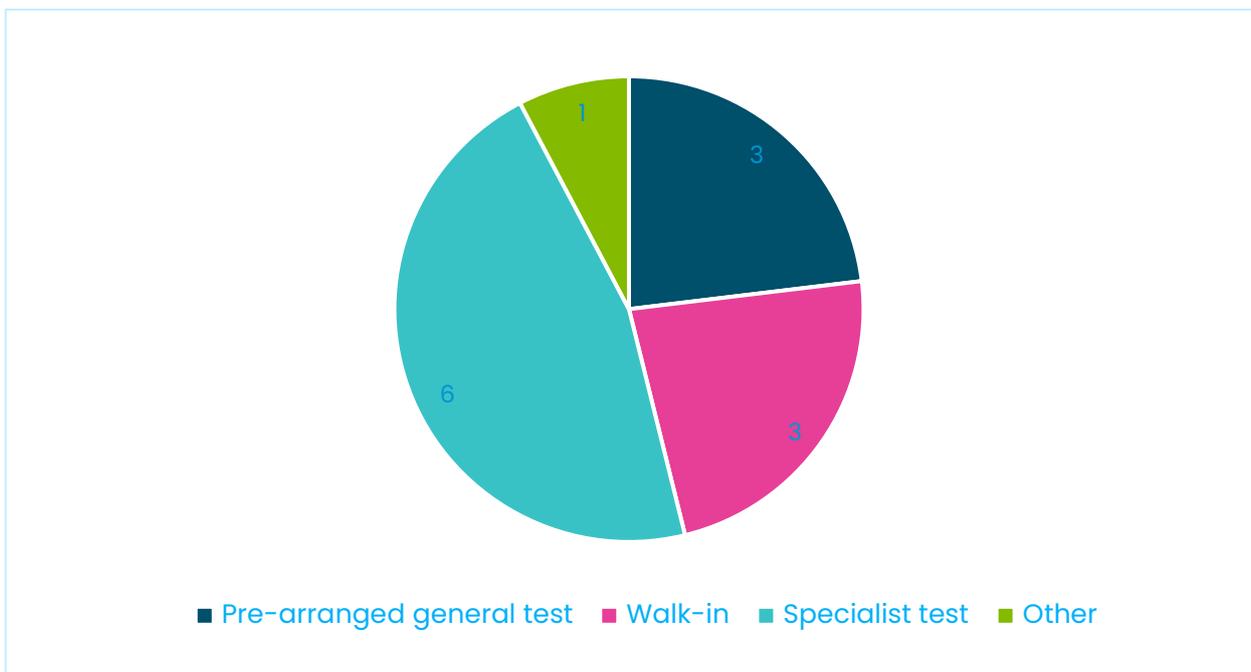
A sign stating current waiting times was on display at reception as well as in the phlebotomy service waiting area, although it was noted that at the time of the visit these indicated that there would be a one hour wait which did not accurately reflect the actual waiting times observed. There was also no clock for patients to refer to. It is recommended that any waiting times displayed are kept accurate (within a reasonable time scale) so that patients are kept fully informed (recommendation 8).



Patient Feedback

Healthwatch Representatives spoke with thirteen people using the service.

What is the purpose of your visit?



Out of the thirteen patients who provided feedback six had been referred for a specialist test by a consultant or GP, three had been referred for a pre-arranged general test, three had used the walk-in service for general blood tests and one patient was accompanying their partner at the time of the visit but uses the phlebotomy service regularly and wished to provide feedback about their experiences.

How far have you had to travel today?

Ten of the patients spoken with lived either within walking distance of the Infirmary or had journeyed under 15 minutes. Three patients lived north of Lancaster in the Heysham and Bolton-Le-Sands areas.

One of the patients spoken with stated that they usually use an outreach centre in Morecambe or Heysham but that both were fully booked so had needed to travel to Lancaster.

Another patient informed Healthwatch Lancashire representatives that they originally had a blood test booked at their GP in Morecambe but that this had been cancelled so consequently they had needed to travel to Lancaster to access the phlebotomy services.

Several of the patients spoken with raised parking at the Infirmary as an issue, with one patient stating that there were no blue badge car spaces available at the time of their appointment. It should be noted that this is out of the control of the phlebotomy service and is a complaint about Royal Lancaster Infirmary in general.

“Parking is a nightmare... I have [long term condition] and need a blue badge space but they are all full”

What is your experience using this service?

All thirteen patients spoken with were positive about their experiences of accessing the phlebotomy services. Short waiting times was mentioned by several patients, as well as being easy to find, convenient and friendly staff.

One patient felt that waiting times were slow and that shorter waiting times were needed.

“A really good service”



Have you received information about this visit in a way that was accessible?

All patients spoken with felt that communication was good, with text messages and phone calls being discussed. One patient spoke about the fact that they had choice which they saw as a positive.

“Very good at keeping in touch”

What changes could improve your experience?

One patient stated that it would be good to know when the busy days/times are in order to better plan their visit.

Better parking was raised by several patients, as discussed above.

Any other comments and feedback

“Also a good service in Morecambe and Heysham”

“Everything’s been excellent”

“Staff are lovely”



Recommendations

The following recommendations have been formulated based on observations of the environment and feedback gathered from patients.

1. Look at adding some planters to the front of the outpatients building, where appropriate, to offer a more pleasing environment.
2. Ensure that the main reception desk is open during clinic times in order to support and guide patients when needed.
3. Should there be a need to close the reception desk communicate clearly to patients why this is the case and when it will reopen.
4. Investigate interpreter and hearing loop services to reduce health inequalities for those who are hard of hearing, use BSL or for whom English is a second language.
5. Replace the laminated patient waiting numbers for a paper ticket dispenser with disposable tickets for better infection control.
6. Carry out an accessibility audit of the disabled toilet with experts by experience and improve accordingly, also add an emergency pull cord for patient safety.
7. Move the 'Ask Three Questions' poster to a more prominent position in the phlebotomy service waiting area for easier access by patients.
8. Ensure that waiting times displayed are accurate to ensure that patients are fully informed. Consider having a clock in the waiting room for patients to refer to.

Provider response

Recommendation	Action from provider	Timeframe	Comments
<p>External:</p> <p>Look at adding some planters to the front of the outpatients building to offer a more pleasing environment</p>	<p>We will need to liase with the fire officer re possible positioning of any planters & if he is happy for this to happen discuss with estates</p>		<p>The doorways will need to remain clear as these are our emergency exits and needs to remain free from obstructions, the narrow pavement outside the OPD canopy also needs to be clear as this a very busy walk way with staff & patients accessing other areas of the hospital , ambulances & taxis drop patients off for appointments and need access for wheelchairs, stretchers etc.</p> <p>We do have an internal courtyard visible to patients waiting which staff themselves maintain we have had many comments from patients re how lovely it looks esp in spring and summer with the various planters, flowers etc</p>
<p>Reception:</p> <p>Ensure that the main reception desk is open during clinic times</p> <p>Should there be a need to close the reception desk communicate clearly to patients why this is the case and when it will reopen</p>	<p><i>A copy of the report was sent from the Phlebotomy Team to the Reception Team for comment but none was forthcoming</i></p>		
<p>Accessibility:</p> <p>Investigate hearing loop and interpreter services to reduce health inequalities for those who are deaf/hard of</p>	<p>Hearing loop is available within the dept,(both in reception & available for in clinic .We also have one of the Trust language line iPad/tablet which provides both spoken translation &</p>	<p>Complete</p>	<p>Reminder sent to staff re loop & language line tablet availability</p>

hearing, use BSL or for whom English is a second language	BSL via video link . We can also arrange face to face BSL for clinic consultation (CPCC usually notify us a pts requires Face to face so we can book accordingly)		
Carry out an accessibility audit of the disabled toilet and improve accordingly, add an emergency pull cord for patient safety	Disabled toilet – we will ask estates to come and assess the room and ask re alarm call bell & dementia colour schemes	Request placed with estates	There is a raised toilet seat available in the disabled toilet along with a zimmer frame to assist pts transferring(many don't bring zimmer frames or walking aids with them) there are also grab rails and a moveable side rail to assist pts transfer from chair to toilet the sink ,toilet roll holder etc are lower than those in the other toilets
Infection control: Replace the laminated patient waiting numbers for a paper ticket dispenser with disposable tickets	Laminated cards are cleaned with Trust agreed disinfectant wipes before being put out for patients to pick up they are collected by the phlebotomist when they call a pt in and then cleaned again before going back out to be reutilised.		We are working with IT to develop a bookable phlebotomy service which would remove the need to have any numbers for pts to pick up as they would attend at set appt times. Laminated reusable cards are “greener” and more cost effective than paper numbers (cost of dispenser, paper numbers & disposal of waste generated.
Information: Ensure that waiting times displayed are accurate Consider having a clock in the waiting room	Staff reminded to update the waiting time esp for the afternoon session (am tend to be very busy with long waits afternoons less busy) We can install a clock for the waiting areas	Completed 3 wall clocks ordered once received we	

<p>Move the 'Ask Three Questions' poster to a more prominent position</p>	<p>There a 3 "ask three questions posters "throughout the dept unfortunately due to their size it is difficult to find suitable locations to display them .the one in waiting area A is on a corner facing the waiting room & corridor there is no other suitable space in this area without it being directly behind patients sitting in this waiting area .when we initially looked at locations we did discuss with patient in the waiting areas at the time</p>	<p>will get them installed</p>	
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healthwatch
Lancashire

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