



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	14 August 2024	
Agenda Item	9	
Title	East Renfrewshire Primary Care Improvement Plan, Community Treatment And Care – ‘Bloods and Go’ service	
Summary		
This report provides an overview of the newly developed ‘Bloods and Go’ phlebotomy service as part of East Renfrewshire Primary Care Improvement Plan, Community Treatment and Care service.		
Presented by	Dr Claire Fisher, Clinical Director	
Action Required		
The Integration Joint Board is asked to note the report.		
Directions		Implications
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC		<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

14 August 2024

Report by Chief Officer

**Primary Care Improvement Plan, Community Treatment and Care Service
'Bloods and Go'**

PURPOSE OF REPORT

1. The purpose of this report is to provide an overview of the newly developed 'Bloods and Go' phlebotomy service offered as part of the Primary Care Improvement Plan (PCIP), Community Treatment and Care (CTAC) Service.

RECOMMENDATION

2. The Integration Joint Board is asked to note the report.

BACKGROUND

3. The [Scottish General Medical Services \(GMS\) Contract, 2018](#) is a joint agreement between the Scottish Government and the British Medical Association. The Contract set out a new direction for general practice in Scotland which aimed to:
 - improve access for patients, address health inequalities and improve population health including mental health
 - provide financial stability for GPs, and reduce GP workload through the expansion of the primary care multidisciplinary team
 - redefine the role of the GP as an expert medical generalist focusing on complex care, reduce the risks associated with becoming a GP partner and encourage new entrants to the profession as well as help retain existing GPs
4. The [Memorandum of Understanding](#) between the Scottish Government, British Medical Association, Integration Authorities and NHS Board for the new GMS contract was agreed in April 2018 and set out the principles by which primary care redesign should be delivered. Crucial to this agreement was that services would only be transferred where it was sustainable for the local healthcare system and, most importantly, where it was safe, appropriate, and improved patient care.
5. As a result of the new contract, all Integration Authorities had a locally-agreed Primary Care Improvement Plan (PCIP) which would improve the primary care people receive in their communities. Investing in multi-disciplinary teams to increase capacity in primary care would allow patients to be seen at the right time by the right person, and also help reduce General Practitioner (GP) workload. One of the six key priority areas in the plan was Community Treatment and Care (CTAC) services.

6. The GMS contract (2018) and the supporting the MOU and [MOU\(2\)](#) highlighted the need for CTAC services to be designed locally, taking into account local population health needs and existing community services. Therefore, CTAC services were able to use a range of delivery models, including hub, bespoke in general practice, and a combination of hub and bespoke models.
7. The benefits of services delivered by CTAC services were:
 - Patients would have a valuable alternative to general practice appointments
 - Staff would feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provided
 - Systems would allow general practice resources to be used more effectively and efficiently as people access CTAC services instead of general practice
8. By April 2021 (extended to 2023 due to the pandemic), these services would be commissioned by HSCPs, and delivered in collaboration with NHS Boards that will employ and manage appropriate nursing and healthcare assistant staff.
9. For CTAC services the GMS Contract agreement (2018) stated:

(3) Community Treatment and Care Services - These services include, but are not limited to, basic disease data collection and biometrics (such as blood pressure), chronic disease monitoring, the management of minor injuries and dressings, phlebotomy, ear syringing, suture removal, and some types of minor surgery as locally determined as being appropriate. Phlebotomy will be delivered as a priority in the first stage of the HSCP Primary Care Improvement Plan.

10. East Renfrewshire HSCP had never operated a Treatment Room hub model of service delivery, so the service was developed from scratch using best practice learning from across GGC and local intelligence. The original East Renfrewshire HSCP PCIP included two treatment rooms, one per locality and hosted within both of our Health and Care Centres, employing Band 3 Health Care Assistants (HCA) and Band 5 Treatment Room Nurses.
11. Innovatively, Band 3 HCAs were preferred to Band 2 Phlebotomists as they could undertake a broader variety of tasks to support scheduled chronic disease management. Band 3 HCA could also work in a Treatment Room setting or out in the community. A proportion of the Treatment Room service was expected largely to consist of phlebotomy services, which could therefore be delivered in a clinic or at home.
12. Band 5 Treatment Room Nurses would undertake more complex activities including dressings in a Treatment Room setting. The new CTAC service would be available to reduce current GP workload and would be accessible only by referral from GPs or delegated GP practice staff.
13. In October 2018, a phlebotomy+ (basic disease data collection and biometrics (such as blood pressure, pulse, height and weight), phlebotomy (clinic and domiciliary), suture removal and intramuscular injections) service was delivered as a priority by allocating 4.0wte Band 3 Health Care Support Workers / Community Health Care Assistants to all 15 East Renfrewshire GP Practices based on wte / GP registered populations.

14. Following this, in early 2019 an options appraisal was carried out with the GP Practices where it was agreed that a combination of hub and bespoke / hybrid model of CTAC service delivery was the preferred option (mainly due to limited room space in GP Practice premises).
15. A needs analysis and intelligence of GP Practice task and profession activity (Week of Care audit) was carried out and used to determine demand and scale required for Treatment Rooms. Through GP Practice engagement and consultation, two Short Life Working Groups were set up for Eastwood and Barrhead Health and Care Centres to scope out requirements / processes including appointing patients and clinical notes (recording systems), workforce modelling and skill mix, availability of trained staff, working patterns, training and development etc.
16. We secured two rooms at both health centres, recruited staff and created a service specification, intervention list and Standard Operating Procedures (SOPs) based on local decisions proposed from the short life working groups. A soft launch was planned for April 2020 but delayed until December 2020 (Eastwood Health and Care Centre) and April 2021 (Barrhead Health and Care Centre) due to the reduced capacity with social distancing in health centres during the pandemic. The CTAC - Treatment Room service was scaled up and fully implemented in September 2021.

REPORT

17. Following full implementation of CTAC services in 2021 as part of East Renfrewshire PCIP it was acknowledged that there was still a high demand for phlebotomy services within GP Practices
18. The Scottish Government announced that for 2022-23 that we should continue to deliver the priority services set out in the Memorandum of Understanding with a particular focus on three priority areas, one of which was CTAC, using existing regulations. Therefore, in February 2023 following a deep dive of CTAC services in March and October 2022 a further Week of Care audit was carried out to determine the demand of CTAC activity remaining in practice.
19. Although the 2019 – 2022 Week of Care comparison was able to show the shift of the majority of CTAC tasks from GP Practices to Treatment Room, there was still approximately 125 hours / 750 appointments of phlebotomy still being carried out by GP Practice staff in GP Practices (over and above the work shifted to 4.0wte PCIP Health Care Support Worker / Community Health Care Assistant resource allocated to practices).
20. Original local Primary Care Improvement Funding allocation agreements for CTAC did not allow provision for this additional phlebotomy to be shifted as part of the PCIP to the hybrid model of CTAC services at full implementation. However, in 2023 additional funding was identified following agreement of the Vaccination Transformation Programme (VTP) Financial framework with NHS GGC. We had over-allocated the HSCPs contribution to the VTP programme which was now being delivered centrally by GGC and proposed that this underspend funding be aligned to CTAC services as one of the priority areas.

21. We proposed to the East Renfrewshire HSCP PCIP Oversight group that this funding be used for an enhanced phlebotomy service to complement existing CTAC services called 'Bloods and Go'. A service which currently operated in NHS Lanarkshire.
22. There has been a growing recognition of the importance of ensuring these PCIP services are designed in ways that meet the needs of individuals and communities by helping people access the 'right person at the right place at the right time'. 'Bloods and Go' would allow any patient who has been seen by an East Renfrewshire GP or GP Practice Health Professional and who requires bloods to be obtained, to attend any of the two health centres within East Renfrewshire for this 'on the day' procedure.
23. Following a visit to NHS Lanarkshire we were able to identify the model and processes required to enable us to deliver a similar service in East Renfrewshire.
24. East Renfrewshire HSCP were able to identify space in both health centres and PCIP had them converted and kitted out to the clinical spaces required for 'Bloods and Go' service.
25. The 'Bloods and Go' phlebotomy service is a function of the CTAC service and phlebotomy is one of the core tasks within CTAC. Phlebotomy was routinely delivered by CTAC Community Health Care Assistants hosted within GP practices since 2018, and therefore 'Bloods and Go' would be an extension of this service.
26. Currently the GP / Health Professional request blood tests on GP Order Comms which are picked up and samples taken by CTAC Community Health Care Assistants based in GP Practice clinics. These are then processed at labs and the GP or health professional requesting these then receives the results. The 'Bloods and Go' service would function in the same way but the samples would be collected in one of the health centres rather than the GP Practice clinic.
27. The service would be a drop-in clinic model, no booking / appointing systems are required as the new phlebotomy service allows patients to attend for 'on the day' bloods and go. 'Bloods and Go' is a phlebotomy only service, no other clinical interventions are carried out.
28. The 'Bloods and Go' service is delivered within Eastwood and Barrhead Health and Care Centres, in repurposed, dedicated consultation spaces.
29. The workforce of the 'Bloods and Go' service is Band 3 Health Care Support Workers and Band 2 receptionists with oversight from Band 5 Treatment Room Nurse. All Treatment Room staff work on a rotational basis across all CTAC services.
30. Two consultation bays are hosted at Eastwood Health and Care Centre, and one hosted in Barrhead Health and Care Centre. The service offers a phlebotomy service to individuals aged 16 years and over from all 15 GP Practices Monday to Friday from 8.30am to 4.30pm.
31. The 'Bloods and Go' service was tested in both health and care centres with a few GP Practices over the first two weeks of June 2024 before being rolled out to all 15 GP Practices.
32. To date we have seen over 1,200 patients access the 'Bloods and Go' service across both health and care centres.

33. The feedback has been very encouraging from patients, staff and GPs.

"I have had nothing but praise for the Bloods & Go team. My patients have all been so impressed at how efficient it is. They all feel this is a real positive in their care pathway and said how slick it was".
(GP)

"Friendly & efficient - Visit to the doctor's resulted in bloods being taken for Diabetes and Anaemia and I was directed to Bloods on the Go at Eastwood Health Centre. Nurses were friendly and efficient and I left feeling comfortable having all my questions answered. Would like to express my gratitude and it makes all the difference being listened to". (Care Opinion)

CONSULTATION AND PARTNERSHIP WORKING

34. Governance of PCIP services come from East Renfrewshire HSCP Clinical Director and Primary Care Transformation Manager. The CTAC service is managed and led by the PCIP Team Leader for CTAC / VTP and the Senior Nurse for Adult Community Nursing Services.
35. Existing governance and reporting structures are through our local PCIP Oversight Group and the NHS GGC Boardwide CTAC Service Development Group who continue to review and develop the CTAC programme.

IMPLICATIONS OF THE PROPOSALS

Finance

36. Funding to support the implementation of the MoU and PCIP is allocated to Integration Authorities through the Primary Care Improvement Fund.
37. There are no implications to workforce, infrastructure, risk, equalities, policy, legal or Fairer Scotland Duty.

DIRECTIONS

38. There are no directions arising from this report.

CONCLUSIONS

39. Building on learning from other MOU areas we will continue to support improving patient outcomes and experiences through our CTAC services.
40. We will continue to develop the 'Bloods and Go' service following launch and will monitor demand and capacity through weekly reports and feedback from patients, staff and GP Practices.

RECOMMENDATIONS

41. The Integration Joint Board are asked to note the report.

REPORT AUTHOR AND PERSON TO CONTACT

Ann McMillan, Primary Care Transformation Manager
Ann.McMillan@ggc.scot.nhs.uk

24 July 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Memorandum of Understanding

<https://www.gov.scot/binaries/content/documents/govscot/publications/correspondence/2017/11/delivering-the-new-gms-contract-in-scotland-memorandum-of-understanding/documents/delivering-gms-contract-in-scotland---memorandum-of-understanding/delivering-gms-contract-in-scotland---memorandum-of-understanding/govscot%3Adocument/Delivering%2BGMS%2Bcontract%2Bin%2BScotland%2B-%2BMemorandum%2Bof%2Bunderstanding.pdf>

Memorandum of Understanding (MoU) 2

<https://www.publications.scot.nhs.uk/files/memorandum-of-understanding-2-gms-contract-implementation-for-pc-improvement-30-july-2021.pdf>

East Renfrewshire HSCP Primary Care Improvement Plan

https://www.eastrenfrewshire.gov.uk/media/2836/Integration-Joint-Board-Item-08-15-August-2018/pdf/IJB_Item_08_-_15_August_2018.pdf?m=637375992886770000

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