healthwatch Walsall

Insight Report: Patient experience of Phlebotomy services at Walsall Manor Hospital



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About Healthwatch

Healthwatch Walsall is the local health and social care champion. Across all the Borough, we make sure National Health Service (NHS) leaders and other decision makers hear the patient voice and use feedback to improve care.

Through all our activities we continually monitor service delivery by way of concerns raised, feedback received, and the Healthwatch Independent Strategic Advisory Board use this intelligence to inform and shape the Healthwatch priorities and activities.

We analyse consumer feedback as well as a broad range of data sources to produce evidence and insight reports and information dashboards which can provide trends, statistical and performance analysis of services for use in monitoring and challenging service commissioning and provision.

Introduction

Disclaimer:

Please note that this report is related to findings and observations made during our visits made on Monday 24th and 31st March 2025. The report does not claim to represent the views of all service users, only those we spoke to during our visits to the department.

Healthwatch Walsall Representatives

Tom Collins - HwW staff, Authorised Representative
Utibeabasi Israel Ekpenyong - Walsall College Student
Precious Oluwatosin Abioye - Walsall College Student
Fatimah Bibi - Walsall College Student

Who we share the report with?

We share our report with members of the public, the service provider, Black Country Integrated Care Board (Walsall Place), the Care Quality Commission (CQC) and Healthwatch England. The report will also be published on our website and through our social media.

Provider details

Name of Service: Phlebotomy Department, Walsall Manor Hospital

Opening times: Monday to Friday 8.00 am till 4.30 pm

Service delivered by: Walsall Healthcare NHS Trust
Address: Moat Rd, Walsall WS2 9PS

Telephone: 01922 721172

Website: https://www.walsallhealthcare.nhs.uk/
Service type: Hospital - Secondary Health Care

Care Quality Commission (CQC) information.

Link to report: https://www.cqc.org.uk/location/RBK02/inspection-summary

Why we undertook the work

During a general outreach session at Walsall Manor Hospital, we noted a significant queue extending from the phlebotomy department into the main Hospital corridor. Causing access issues to other departments and a potential safety risk. We spoke to two members of Hospital staff who informed us that a large number of unexpected 'walk-in' patients had arrived without appointments, contributing to the congestion. As a result, the department experienced increased pressure, prompting the redeployment of clinical staff and phlebotomists from other Hospital wards to support the service at 002.

We were advised that this is a recurring issue which frequently results in significant delays for patients with pre-booked appointments, including individuals undergoing treatment for cancer. In response to these concerns, we decided to explore this theme further by engaging with patients attending the department. This exploratory work was carried out with the valuable support of three Walsall College students currently undertaking work placements with Healthwatch Walsall.

What we did

We arranged to visit the Phlebotomy department on Monday 24th March 2025. We arrived at 9.15 am and introduced ourselves to staff. We then positioned ourselves at the entrance/exit of the department engaging with patients that had just had their blood taken. We had a preset questionnaire, and we spoke to 28 patients till about 12 noon. NOTE not all patients wished to take part.

After a brief conversation with the department manager, who said it was quiet on our first visit. We decided to return the next week and undertake a 2nd observation and questioning session following the same time scales as the first visit. On the second visit we engaged with 30 patients.

Environment

The phlebotomy department is located on the ground floor of Walsall Manor Hospital, along route 002, just prior to the 'Outpatients' reception desk. Upon arrival, patients report to a small reception desk staffed by a member of the team who confirms attendance and appointment details.

The waiting area accommodates approximately 20-25 people, with four consultation rooms available where patients have their blood tests taken. During our visit, the environment was observed to be clean, tidy, and well maintained. Both the seating and décor appeared to be in good condition, contributing to a welcoming and professional setting for patients.

What patients shared with us

We spoke to patients who had just experienced the service, had their bloods taken. We spoke to 58 patients in total who answered the questions below. We have highlighted their responses.

Q1. Please let us know how you attended Walsall Manor Hospital Phlebotomy department today.

38(65.5%)

Patients' appointments were booked by the Hospital 16(27.5%)

Patients were sent by their GP Practice

4(7%)

Patients were sent by another source

2. Is your appointment to help manage a long-term condition?

36(62%)

Yes

Patients were managing a long-term condition

20(34.5%)

□ No

Patients were not managing a long-term condition

2(3.5%)

Unsure

Patients were unsure

Q3. If you were told to attend by your GP practice, did they advise when you should go to Walsall Manor Hospital to have your blood test taken?

□ Yes □ No

7(12%)

Patients said that they
were told when to
attend by their
GP service

7(12%)

Patients said that they
were not told when to
attend by their
GP service

44(76%)

Patients it did not apply as they were not referred by their GP or did not answer

The last box, **44(76%)** may be due to the fact that **38** patients were referred to the phlebotomy department internally at the hospital. The remaining patients may have decided themselves to attend.

Q4. Were you told by your GP why they could not take your blood test?

□ Yes □ No

2(3.5%)

Patients <u>were told</u> why the GP practice could not take blood

14(24%)

Patients <u>were not told</u>
why the GP practice
could not take blood

42[72.5%]

It did not apply, they had a booked appointment or were referred from another hospital department

Those patients who were told why the GP service could not take blood; the reasons why were: 'No appointments' and 'Could not find the veins'.

Q5. Were you given a choice of where to go to have your blood test/sample taken?

□ Yes □ No

8(14%)

Patients were given a choice where to have their bloods taken

49(84.5%)

Patients were not given a choice where to have their bloods taken

1(1.5%)

Patient did not answer

It should be noted that a significant number of patients attending the phlebotomy department had been referred from other hospital departments, including Oncology, Urology, and others, as part of their ongoing appointments. For these individuals, attending phlebotomy was a scheduled step within a broader diagnostic or treatment pathway.

Q6. Where would you prefer to have your blood taken?

☐ GP ☐ Hospital ☐ Other

14(24%)

Patients would prefer to have blood taken at their GP practice 36(62%)

Patients would prefer to have blood taken at the Hospital

3(5%)

Not bothered

5(9%)

Patients indicated another community location

Q7. How was your experience of the phlebotomy department at Walsall Manor Hospital?

□ Good □ Mixed □ Poor

53(91.5%)

Patients said their experience of the service was **GOOD**

3(5%)

Patients said their experience was <u>MIXED</u>

2(3.5%)

Patients said their experience was <u>POOR</u>
They were the those that had to wait.

Service user comments

We received a number of comments from patients about their experience of using the Phlebotomy department in Walsall Manor Hospital. We have listed these comments below:

Positive comments: 'Good communication in and out', 'Did not wait too long', 'Quick', Quick and efficient', 'it was great', 'Was quick'. 'Didn't feel a thing', However, waiting time was a bit long', 'Good no issues', 'No long wait, high priority cancer patient', 'Really quick', 'Quick, just one try', 'First priority no wait', 'Brilliant', 'Did not wait too long, was good', 'Four rooms so service is quick', 'Was quick and professional', 'Good and quick', 'No waiting', 'Very professional', 'Was quick' and convenient',

'The Nurse was quick', 'Waiting wasn't an issue', 'No issue on waiting', 'Very prompt', 'Couple of tries', 'Brilliant and quick', 'They know what they are doing, and I feel safer at the hospital'. 'Very nice staff and quick', 'I would do with a room designated to chemo & haematology and more staff overall. Good.', 'Quick but had to chase down appointment', 'Communication good. Great service can't fault service', 'Very fast today in particular', 'Was told to attend today by the hospital', 'Excellent', 'Fantastic experience', 'Lovely', 'Good communication, always good'.

Negative comments: There were two patients who described their experience as not good. They commented: '*Too busy'*, and '*They did not have proper labels for blood count. Had to get jabbed twice but this is the first time it has happened'*.

Mixed comment: There was one comment from a patient who described their experience as mixed saying: 'Good but waiting in queue'.

We also asked if there were any other comments, and two patients offered more. 'Very pleasant' and 'Normally come because of long term condition but just came in today'. The patient was a Nurse, but they said they do not normally come into the Hospital for blood taking as its always busy.

Manager and staff of the Phlebotomy Department

We spoke to three of the four frontline Phlebotomists who each see approximately **150** patients each per day, totalling approximately **600** patients per day through the department.

They said that approximately **45%** to **50%** of patients are from GP services walk-ins. This has happened since COVID.

This puts additional stress on the Hospital service and the services that refer into this department. There are not only increases in waiting times for patients who were scheduled to attend, but those who walk-in as well. This has led to some negative patient experiences in that they have asked why others (scheduled appointment patients) have gone in before them when that patient came in after them. There are no appointment times for walk ins it is a sit and wait situation.

It should also be noted that other departments in the Hospital refer patients to the Phlebotomy department on the day they attend that department appointment. In other words, a "walk-in.

Walk-in patients may not be aware of prescheduled appointments that help other patients manage long term conditions and diagnosis of presenting concerns for patients who may need ongoing and regular blood tests to monitor conditions such as cancer.

During our conversation with the Department Manager, we were told that discussions had taken place in the past, with the Hospital and commissioning staff to incorporate a walk-in referral/appointment system. Walk-in patients would have date/time attendance slots, and this method would ensure that the department know what number of patients would be likely expected on a daily basis. However, this suggested system has not been implemented.

Note: 29.04/25. We wanted to check if there was any weekend service delivery. We called and spoke to the department Manager again. After establishing there was not, we asked if the patient numbers had remained the same i.e. up to 600 daily. We were informed that they were not and there had been a significant drop to around 400 patients daily for the last few weeks.

There was no explanation for this, nor was there available previous years patient figures to compare to see if it was the norm. The Manger is keeping a log of patient numbers daily/weekly/monthly moving forward.

Findings

- 1. We found that the hand sanitiser unit at the entrance of the department was empty and not working.
- 2. There are four rooms for blood taking in the department with waiting seating area of around twenty seats.
- 3. Approximately 600 hundred patients are seen each day by four hospital phlebotomists.
- 4. Patients spoke very highly of the professionalism of the phlebotomy department staff at Walsall Manor Hospital.
- 5. Patients also commented on the professionalism of staff in other hospital departments.
- 6. The phlebotomy staff we spoke with felt that after COVID the number of patients from GP services had increased by 45% to 50% and has continued to do so.
- 7. Over both of our visits it seemed that walk-ins make up for **16 (27%)** of patients that were sent by their GP service.
- 8. Patients are also referred into Phlebotomy daily by other Hospital departments making them effectively a 'walk-in'.
- 9. The department is open 5 days a week, Monday to Friday from 8.00am till 4.30pm.
- 10. There is no weekend service delivery.
- 11. There are no early or extended opening hours to accommodate shift workers.
- 12. People who attended with relatives or people with mobility issues waited outside of the department due to the lack of seating.
- 13. On both mornings of our visits, staff said they had seen a noticeable decline of walk-in attendees.
- 14. Of those patients who were referred by GP services only 2 patients were told why they were sent to the Hospital.
- 15. A very small number of patients mentioned that the waiting time in the Hospital phlebotomy department was an issue.

Recommendations

- Consider identifying a larger space within the hospital for the delivery of phlebotomy services. To accommodate growing demand for blood taking.
- A larger area would improve accessibility, particularly for patients using wheelchairs or mobility aids and people who need support of a carer, relative or friend.

- Additional space could also help reduce overcrowding, possible safety risks, queuing, support better patient flow and enhance the overall experience for both patients and staff.
- 4. Rather than relying on a 'walk-in' (unannounced) patient model, consider implementing a booking system whereby GP practices, other Hospital departments and primary care providers can schedule a date and time for patients requiring hospital-based phlebotomy services. This would allow for better patient management, flow and help prevent unexpected surges in demand. In turn, this could significantly reduce waiting times, lower service pressure, and improve the overall experience for both scheduled and unscheduled patients. As well as staff.
- 5. Request that staff designated to refill hand sanitiser stations include the one located near the phlebotomy department in their regular checks. This will ensure that patients and staff have access to necessary hygiene facilities, contributing to both infection control and patient safety.
- 6. Consider having an early opening or extended late opening of department/service to accommodate workers of shift patterns or people who may choose those times. A late opening may also accommodate patients that have appointments with consultants in Walsall Manor Hospital later than 4.30pm up to 8.00pm rather than returning another day or time.

Provider Feedback

Below is the provider feedback we received.

Thank you for your recent visit to our Phlebotomy Department and for sharing the draft patient experience report. We are pleased to accept this largely positive report and would like to thank you for the thoughtful feedback and helpful recommendations.

We are encouraged by the high proportion of patients who rated their experience as good and who spoke positively about the professionalism and efficiency of our staff. We also appreciate the constructive recommendations aimed at further improving the service.

As noted in the report, the department experienced reduced footfall during the time of your visits. We acknowledge this may have impacted the findings, particularly around waiting times and walk-in volumes. A larger sample size would be helpful in future, especially around understanding why GP patients are being referred to hospital phlebotomy.

This insight is important to help us ensure that we are seeing the appropriate cohort of patients in hospital settings. To clarify, the hospital phlebotomy service is primarily intended for patients with complex needs, for example, those with difficult venous access or needle phobia where more specialised care is required. We would welcome further collaborative work to help raise awareness of this among primary care colleagues, so that referrals into the hospital service are appropriate and consistent with this intended purpose.

In relation to the recommendations

Recommendations 1-3 (Space and Environment):

We acknowledge the link between patient experience and the physical environment. The need for a larger space is recognised and is being pursued via the Trust's space utilisation programme.

However, we are mindful that current financial constraints may mean this is not a quick solution. In the meantime, we are actively reviewing alternative clinic space to support the safe management of immunocompromised patients, which will help reduce overall footfall and improve separation where needed.

Recommendation 4 (Booking System):

We have an ongoing project to implement a booking system, and this report provides helpful context that may support extending this to include internal referrals. Doing so would help us manage daily demand more effectively and provide a more consistent experience for patients.

Recommendation 5 (Hand Sanitiser Station):

This has already been addressed. The issue was escalated to the housekeeping team and resolved, and we have strengthened our infection control checks through regular IPC walkarounds.

Recommendation 6 (Extended Hours):

We recognise the potential value of extended opening hours. Once the booking system is embedded and we can manage patient flow more accurately, we will be in a stronger position to assess the feasibility of extended hours, while considering staffing capacity and financial pressures.

Finally, we would welcome a follow-up visit from Healthwatch in the future. Continued collaboration and feedback are vital in helping us shape and improve services for our patients.

Charity Matthews

Deputy Divisional Director - Clinical Support Services (CSS)



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We are committed to the quality of our information. Every three years we perform an in depth audit so that we



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