

NHS Standard Contract - SCHEDULE 2 - THE SERVICES

Phlebotomy Service Specification

Service Specification No.	
Service	Phlebotomy Service
Commissioner Lead	Dr Avanthi Gunasekera, Strategic Clinical Executive
Provider Lead	As signed
Period	1st April 2020 to 31st March 2021 <u>1 April 2021 to 31 March 2022</u>
Date of Review	End of contract period or as necessary

1. Population Needs

1.1 National/local context

A community based phlebotomy service is valued by patients and is a vital part of the overall health economy. There has previously been considerable inequity in the way that community based phlebotomy services have been delivered and funded in Rotherham.

In order to address this inequity, Rotherham Clinical Commissioning Group have agreed to fund a practice phlebotomy service on a set activity basis, providing a convenient, close to home location for phlebotomy services for Rotherham patients. Patient consultation has not taken place as this is an expansion of an existing service that supports both National and CCG priorities

As per the NHS Rotherham CCG Quality Contract, if practices do not wish to deliver this service it must be sub-contracted to another practice following discussions with the CCG. All patients must have access to this service.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	N/A
Domain 2	Enhancing quality of life for people with long-term conditions	Yes
Domain 3	Helping people to recover from episodes of ill-health or following injury	Yes
Domain 4	Ensuring people have a positive experience of care	Yes
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Yes

3. Scope

3.1 Aims and objectives of service

The practice will ensure that there is an urgent phlebotomy service available for all patients within 1 working day and routine phlebotomy within 5 working days. The practice should, in addition, be willing to provide early appointments for those patients needing a fasting blood test. The practice will ensure the prompt and safe dispatch of samples for analysis.

3.2 Service description/care pathway

Patients can be seen by the practice themselves or referred to a practice with which a sub-contract is held if applicable. If a sub-contract is in place, adequate arrangements must be made for the transfer of patient information and clear pathways of care must be in place to ensure all parties are aware of their responsibilities.

3.3 Population covered

The practice will ensure comprehensive access to phlebotomy services for all registered patients.

3.4 Any acceptance and exclusion criteria and thresholds

3.4.1 Staff training

All new staff performing phlebotomy services should be adequately trained according to the Royal College of Pathologists recommendations, including regular updates. A certificate of competence should be issued only to those persons who have obtained correct standards in both the theory and practice of phlebotomy.

Staff must be supervised by the GP practice; supervision should be carried out by a senior member of clinical staff, who must assess and monitor competence. Accurate records of training for all staff members must be held. All staff providing this service must be able to demonstrate verified hepatitis B status and a suitable up to date indemnity certificate, and should have undertaken basic first aid training in the event of a patient fainting or haemorrhaging.

3.4.2 Protocol

The practice must ensure that a written protocol is in place for the provision of this service. The protocol must include:

- Infection control
- Needle-stick injury management
- Management of spillage of body fluids
- Procedures in case of an emergency

This arrangement relates only to patients aged 12 and over unless the practitioner is competent to undertake the procedure on a child less than 12. Children under 16 years are required to attend with their parent/carer and any children attending without parents or carers are required to bring a letter from their parent/carer giving consent for the blood test to be taken.

Children requiring anaesthetic cream may obtain a prescription from their GP in advance.

3.4.3 Record keeping

The GP practice will keep accurate records of venepuncture contacts. Payment is made for each contact not test however each time blood is taken, an appropriate entry must be recorded in the patient records, including the date when the sample was taken, what tests the blood was sent for and the subsequent result. Full records of all procedures should be maintained in such a way that aggregated data and details of individual patients are readily accessible. Practices should regularly audit and peer review phlebotomy work. If a sub-contract is in place, adequate arrangements must be made for the transfer of patient information and clear pathways of care must be in place to ensure all parties are aware of their responsibilities.

3.4.4 Premises and Equipment

Sampling should take place in an appropriate clinical room with:

- Adequate light and ventilation
- A suitable chair with an integral arm rest
- Sink/hand wash facilities
- Adequate sharps and clinical waste facilities
- Oxygen easily available and a selection of airways
- Telephone or other method of communicating with reception/colleagues in an emergency
- Adequate supplies of specimen bottles, needles, vacutainer systems etc. should be available
- Adequate waiting space for patients both before and after sampling procedure
- Access to suitable facilities for patients who faint following the procedure

All equipment not currently supplied by the pathology service must be provided by the GP practice. The equipment must be to the appropriate CE marked standard.

A safe clinical environment for the storage of blood samples prior to transportation to the

Pathology Department is also required.

3.5 Interdependence with other services/providers

If practices do not wish to deliver this service it must be sub-contracted to another practice following discussions with the CCG. All patients must have access to this service.

4. Applicable Service Standards

4.1 Patient Satisfaction

In order to ensure patients are satisfied with the phlebotomy service, the CCG will undertake a rolling SMART survey to monitor patient satisfaction. GP practices will provide the patient with the appropriate link for completion.

4.2 Reporting Achievement

Practices will submit a quarterly data report to the CCG via the LES data worksheet when requested by the Primary Care Team. As a minimum, the quarterly dataset will include:

- Number of phlebotomy appointments
- Number of needle stick injuries
- Number of serious incidents

4.3 Remuneration

Practices will be paid based on their average ~~2019/2020~~2020/21 activity.

Caps for ~~2020-21~~2021/22 contract years' are based on ~~2019-2020~~2020/21 contract years' activity. Should your cap require an increase you must provide evidence to the CCG of actual appointments delivered, to provide assurance that appropriate activity is being claimed for. This information will be considered by the CCG who will advise the practice of a decision. If agreed a contract variation will be issued.

The activity and payment will not exceed: xx contacts / £xx

Any suspicions of fraud will be referred to the CCG's Counter Fraud Specialist for further investigation. It is important to recognise that claiming for procedures that do not fall within the service specification may constitute fraud and will be referred to the CCGs Counter Fraud Specialist for further investigation.

Consequences for late submission of activity data:

- 1 – 7 days: 5% of payment
- 8 – 14 days: 10% of payment and payment won't be released until the next payment run
- 15 – 21 days: 50% of payment and payment won't be released until the next payment run
- Submissions received after 21 days (3 weeks) will receive no payment.

A reminder by email will be sent out at least one week prior to submission date. It is the responsibility of the practice to ensure that any changes to contact details for the Practice lead/ practice manager are notified to the GP Commissioning team.

In the event of unforeseen exceptional circumstances e.g. unplanned admission to hospital, there is scope for the CCG to process a payment without precedent. It is however a practice responsibility to put in place sufficient contingency arrangements to ensure activity is submitted by the date specified.

If the CCG makes a payment to a practice under the LES and :

- a) The practice was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment **or because the payment was calculated incorrectly** (including where a payment on account overestimates the amount that is to fall due);or
- b) the CCG was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money is already been paid,

then the CCG is entitled to repayment of all or part of the money paid.

4.4 Audit – Compliance with the Scheme

Practices will be selected at random for audit (and also if the GP for Primary Care identifies any potential irregularities). Practices selected for audit are required to work with the auditors to demonstrate to them that all parts of the scheme have been complied with.

4.5 Termination of agreement

This service forms part of the basket of enhanced services of the Rotherham Quality Contract, and is therefore subject to the terms outlined in the Quality Contract.

Following the recent publication of the 'Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan' the CCG acknowledges that further guidance may influence the future delivery of Local Enhanced Services.

All Local Enhanced Services will be subject to regular review in line with the development of Primary Care Networks (PCNs). Three months' notice will be given to Providers if services are to transfer to PCN delivery and/or payment.