

Primary Care Phlebotomy Service 2019/20

***excluding routine sampling for warfarin monitoring and routine drug monitoring covered
within the Near Patient Drug Monitoring LES
(1st October 2019 – 31st March 2020)**

1. Purpose of Agreement

This Agreement outlines the service to be provided by the Provider, called Phlebotomy.

2. Duration of Agreement

This agreement is for a period of six months, commencing **1st October 2019** and ending on **31st March 2020**.

3. Background

Cambridgeshire & Peterborough CCG remain committed to the delivery of high quality, safe and effective value for money services.

NHS England announced their intention to equalise practice core funding levels resulting in a gradual but for some Practices quite significant reduction in baseline funding. As a result Practices have had little option but to review all services that are not contractually required and/or are unfunded to deliver

Phlebotomy falls into the category of non-core, unfunded services and feedback from patients and primary care providers suggests a preference for phlebotomy to remain as a service that is delivered within Primary Care. Therefore the CCG has been working with the LMC to put in place alternative arrangements to ensure continuity of this valuable primary care list based service.

By commissioning a primary care based phlebotomy service, it is anticipated that the following outcomes will be achieved:

- Improve clinical outcomes for patients
- Improve patients' experience of phlebotomy services
- Deliver a local service that is cost effective
- Give patients a choice to attend a local service and give all patients the same choice of locations and providers

4. Aims

This service model is designed to cover the enhanced service aspects of phlebotomy care which are beyond the scope of mainstream primary care services. It outlines the requirement for the provision of a primary care phlebotomy service being provided over and above the essential and additional services that General Medical Service (GMS) and Personal Medical Service (PMS) are contracted to provide.

Cambridgeshire & Peterborough Clinical Commissioning Group recognises that the provision of a phlebotomy service in primary care has significant benefits. Alternative Personal Medical Service (APMS) practices will be already provided as part of the contract. The key aims of the service are:

- Provide a speedy service for phlebotomy related conditions in a primary care setting which are cost effective and equal to or exceed the services provided in secondary care
- Satisfy local demand from patients
- To offer patients a choice of appointment times and locations as close to their home as possible
- To deliver the shortest pathway possible, compatible with best outcomes for patients
- Help relieve the pressure on secondary care services
- Improve the monitoring and management of Long Term Chronic illness

5. Service Delivery

Non Registered Patients

The Practice will need to be clear how to manage phlebotomy for non-registered patients. For example advise them to contact either their own practice for the results and signpost another delegated provider.

Domiciliary Patients – Housebound Patients are excluded from this Service Level Agreement however, if a blood test is required during a routine home visit – the GP/Nurse is able to action this where appropriate and in line with required competencies and service standards.

Exclusions

In addition to the exclusion above, this agreement does not cover sampling undertaken as part of any Enhanced Service Agreement commissioned by or on behalf of NHS England. Local Authority or the CCG. Examples of these include Near Patient Drug Monitoring, Anti-Coag Monitoring, NHS Health Checks etc.

i) Referrals

Blood tests are requested via the local pathology services (TPP). Patients should be given the opportunity of booking an appointment directly with their own GP practice if they offer a phlebotomy service, alternatively patients will be signposted to where they can attend for a phlebotomy appointment.

ii) Assessment

The service provider should ensure that all patients are assessed on arrival by a suitably qualified healthcare professional qualified to take blood. This assessment should be used to identify the suitability of any patient attending the service for a phlebotomy appointment. Assessment for phlebotomy appointments should be conducted with the patient and as a minimum include:

- Patient name and date of birth
- Patients general condition on arrival including baseline observations and abnormalities
- Ensuring the patient understands the reason for the phlebotomy appointment
- Any contraindications
- Preparation (ie, patient has followed all pre blood-test requirements)

iii) Referral to other services

The provider shall be expected to work and liaise with secondary care providers for referral into their services where required. The service should develop close links with secondary care and community providers.

The provider shall have in place mechanisms for the transfer of patients suffering complications of the procedure.

iv) Satisfactory Facilities – (excluding opportunistic domiciliary phlebotomy)

The provider will ensure that the services are carried out in approved premises. Providers should have such facilities as are necessary to enable them to provide the phlebotomy service properly.

v) Self Competence

The provider is to ensure that any healthcare professional who is involved in performing or assisting in any procedure has the evidence of necessary experience, skills and training with regards to said procedure.

Healthcare professionals who have previously provided services similar to the proposed service and who satisfy at appraisal that they have such continuing medical experience, training and competencies as is necessary to enable them to contract for the service shall be deemed professionally qualified to do so.

vi) Sterilization & Infection Control

It is the responsibility of the provider to ensure that appropriate arrangements are in place for infection control and decontamination in premises where these procedures are undertaken. The provider must have infection control policies that are compliant with national guidelines.

vii) Pathology

The service shall be supported by the "Local" Hospital pathology services at CUHFT, HHCT, PSHFT. Test results may be given to patients by an appropriate staff member over the telephone or as part of face to face consultation as deemed clinically appropriate and dependent on the nature of the result. Serious Pathology will be addressed by the pathology lab and reported back to the patients registered GP and the patient where necessary.

viii) Review and Audit

Practices are encouraged to undertake regular audits in order to review and evaluate whether the service remains safe and effective, delivering quality and meeting the needs of patients. Practices could consider including the following when undertaking an audit:

- Number of patients attending for blood tests (clinic based & domiciliary where requested)
- Number of patients who DNA
- Waiting times for appointments from time of request
- Number of adverse events /serious untoward incidents (SI's)

6. Serious Incidents/Untoward events

It is a condition of participation in this service that practitioners will give notification to the Commissioner clinical governance lead of all emergency admissions or deaths of any patient covered under this service. This must be reported within 72 hours of the information becoming known to the practitioner. This is in addition to a practitioner's statutory obligations.

7. Pricing & Payment Arrangements

- Pricing

Practices will receive **£2.02 per bleed** for providing a Phlebotomy service to patients as outlined in the specification.

N.B Two tests at the same time, one fee. Two tests on the same patient on different days, 2 fees. Whoever takes the blood in the practice, same fee.

The funding will cover service delivery, appropriate coding and monitoring processes of the services.

8. Activity Reporting

Practices are required to submit **the number of blood samples undertaken in the relevant quarter** via their Commissioning Statements. This should be submitted by the 15th day of each following month following Quarter end. Submissions should be made via capccg.enhancedservices@nhs.net.

The Primary Care Information Team can support you to develop recording and reporting tools. If practices require further information please contact the team via the following email address:
capccg.primarycareinformation@nhs.net

8. Payment Verification

Practices entering into this contract agree to participate fully in the post payment verification/validation process determined by the Commissioner and LMC. Practices should ensure that they keep accurate records to ensure a full and proper audit trail is available and Practices are encouraged to utilise Practice computer systems to enable this condition to be met.

9. Performance

The CCG reserves the right to suspend the commissioning of this service where there are concerns around compliance and patient safety.

10. Safeguarding Adults

It is important that practices protect adults from avoidable harm (as defined in Safeguarding Adults guidelines) including safeguarding training, training on the Mental Capacity Act and Deprivation of Liberty. A safeguarding lead should be identified in each practice.

11. Care Quality Commission (CQC)

The provider must meet CQC standards and where appropriate be registered with the Care Quality Commission (CQC). The standards and the relevant services are contained in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2014.

12. Termination

Should either party wish to terminate this agreement, a minimum period of 3 months notice must be provided in writing.

13. Signatories to the Agreement

Practices will be commissioned to provide the service as outlined in this agreement, based on the original sign up for 19/20. Practices are advised to inform the CCG if there are any changes to these current arrangements.