

**Report on Proposed Commissioning Intentions for:** Phlebotomy Service  
**Date of Report:** 20 March 2018  
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### **Background**

Following agreement at the January 2018 Joint Co-Commissioning Committee to continue commissioning a number of PMS reinvestment schemes from general practice, this report has been prepared to provide additional background information regarding the rationale for the future commissioning intentions for the Phlebotomy Service.

This service has been commissioned since 2016 and is funded through the PMS reinvestment monies.

The Committee members should note that in these cases where there has been agreement to continue commissioning services for a further 3 year term, this does not preclude any future decisions and actions that may be required to vary or even terminate the contract should the requirements evolve and/or circumstances change, as long as these are enacted in line with contractual clauses.

### **Service Description**

The rationale for introducing this service was that as chronic diseases are increasingly being managed in Primary Care the number of blood tests required by Practices to monitor, diagnose and treat patients has risen.

This service is intended to provide a comprehensive Primary Care based phlebotomy service in North East Lincolnshire, using the skills and expertise of trained phlebotomists. This will relieve pressure on secondary care services enabling them to concentrate on an acute site service including wards and urgent out-patient services. It will also provide a much more convenient and local service for patients requiring blood tests.

The service is intended to provide the following Phlebotomy service primarily to adults and only to children in the event that the phlebotomist has the appropriate qualification:

- Take blood samples as required, based on medical need
- Provide the service at an appropriate time, location and environment suitable to meet patients' needs
- Provide the equipment necessary to deliver the service. This includes ensuring that the equipment meets the requirements of the local laboratory service

- Record blood tests on practice clinical systems which must be auditable

### Scope of delivery of service

The service is delivered by all practices in NEL.

### Funding

The service is funded on a per capita basis:

| Service Description                | Currency   | Price                               |
|------------------------------------|--|-------------------------------------|
| Phlebotomy Service in Primary Care | <b>Level 1</b><br>Blood Sampling Procedure<br>Service Delivery from 8am to 6.30pm Mon – Fri* | <b>£2.00 per head of population</b> |
|                                    | <b>Level 2</b><br>Blood Sampling Procedure<br>Service Delivery less than between 9am to 4pm. | <b>£0.50 per head of population</b> |

The forecast outturn for 2017/18 is £338,000.

It is difficult to directly benchmark against other local CCGs in all cases, as services are commissioned differently. However, the data we have managed to obtain for a comparable service shows that the fee of £2 per patient is higher; the most directly comparable scheme is funded at £1 per head. The Committee will recall significant debate regarding the funding for this scheme when it was originally established; there were discussions regarding whether phlebotomy services should be classed as core services, which is unclear, and work was undertaken to better understand the costs. As a result, the Committee approved an increased fee of £2 per head (from the original £1 per head) within the first year of operation.

### Monitoring and assurance

The service is monitored through annual self-assessment and confirmation by the practice that they have appropriate clinical processes in place, including maintaining records, and confirmation that patients are receiving their service within the timeframes specified in the specification. Whilst some of this is verified externally through CQC inspections, work is underway with the CCG's quality team to further develop mechanisms for independent verification of this data, where necessary.

### **Implications of not having service in place**

If the CCG did not continue to commission this service, the impact would be increased activity in secondary care as well as inconvenience for patients. Furthermore, many practices incorporate phlebotomy into other roles (e.g. HCA roles), which helps to develop skill mix and enhance roles within the general practice setting.

### **Proposed commissioning intentions**

The recommendation is to continue to commission this service. However, it is proposed that the fee of £2 should be excluded from any agreed uplifts for the duration of the contract. This fee could be reviewed again if the Committee consider it as a priority.