

Service Specifications

Service Specification No.	
Service	Phlebotomy
Commissioner Lead	NHS Lincolnshire Integrated Care Board
Period	1 st April 2023 – 31 st March 2024
Date of Review	March 2023

1. Population Needs

1.1 Local Context

Lincolnshire's Integrated Care System and Integrated Care Board

The NHS Lincolnshire Integrated Care System (ICS) was created on 1 July 2022 following an amendment of the Health and Social Care Act 2006.

The ICS is a partnership that brings together providers and commissioners of NHS services across Lincolnshire with local authorities and other local partners (such as the voluntary sector), to collectively plan health and care services to meet the needs of their population.

The 4 aims of the ICS are:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

NHS Lincolnshire Integrated Care Board (ICB) is the statutory body within Lincolnshire ICS responsible for the provision of health services, in accordance with the Health and Care Act 2022.

Lincolnshire ICB will use its resources and powers to collaboratively tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as the population ages
- getting the best from collective resources so people get care as quickly as possible

Lincolnshire ICB statistics

- Lincolnshire ICB has 82 practices
- The total registered population is 813,240 (as of January 2023)
- The registered population live in 7 different lower tier Local Authorities
- As of 2021, the male average life expectancy in Lincolnshire (78.3 years) is slightly lower than the national average (78.7 years). The average Lincolnshire life expectancy for females is 82.8 years, which is the same as the national average
- The 2021 overall premature mortality rate in Lincolnshire (deaths <75 years per 100,000) is 366.3, which is slightly higher than the national figure of 363.4
- The average level of deprivation in England as of 2019 was 21.7. Lincolnshire ICB as a whole is slightly less deprived than this, at 20.2. However, there are pockets of deprivation across the county that are within the national 20% most deprived areas (mainly around coastal and inner urban areas)

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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

2.2 Local defined outcomes

The Commissioner wishes to ensure that phlebotomy services are readily available in Primary Care. A service provided from a community-based facility e.g., GP Practice, Community Hospital or Health Clinic will provide more convenient and timely care to the patient.

It has been recognised that the provision of phlebotomy services in primary care has significant benefits to patients which include:

- Improved patient convenience, often with minimal travel requirements.
- Timely service – able to provide same day sampling.
- Available expertise already present in primary care.
- Holistic approach to patient care.

The following principles underpin the service:

- Most of the care should take place as close to the patient's home as possible.
- Providers working in partnership to provide a comprehensive local service.
- Where GP practices do not wish to provide the service, other providers will be available to provide in the locality.

3. Scope

3.1 Aims and objectives of service

The purpose of this specification is to provide a primary care-based phlebotomy service encompassing the majority of blood sampling for investigations and follow up arising from the management of patients in primary care.

The aim of the specification is to ensure that:

- A comprehensive and quality primary care-based phlebotomy service is provided using the skills and expertise of trained phlebotomists.
- Pressure on secondary care services is relieved
- A much more convenient service is provided for patients who require blood tests
- There is equity of patient access to phlebotomy services.

3.2 Service description/care pathway

This Community based Phlebotomy Service is for:

- Patients registered with a practice provider; this will include housebound patients not on the community nurses case load
- Patients registered with a practice who is having the service covered by another provider, this will include housebound patients not on the community nursed case load

Note - The community nursing service will only be responsible for housebound patients who are actively being treated and are part of a caseload or where it has been identified that it is an acute situation to aid diagnosis and avoid an admission to hospital.

This is a planned service through an appointment system (this could be same day appointments) that will

be provided during the providers core opening times

Providers are required to take blood samples, as required, based on medical need.

- An appointment for routine bloods should be made within 2 weeks of the request
- An appointment for urgent bloods should be made within 2 working days.
- Very urgent samples should be taken when patient presents, as clinically appropriate.

Providers are required to take blood samples as requested by a Consultant, if clinically appropriate, and where this forms part of ongoing clinical management or investigation.

Maintain a stock of suitable phlebotomy containers and needles ensuring the correct usage in accordance with the acute sector pathology policy in line with current arrangements. All consumables will be ordered through the ICB contract pathology supply chain and supplied to practices free of charge.

Store blood samples in a safe clinical environment prior to transportation to the local Pathology Department.

Transport samples in a secure specimen container via the courier service.

The Clinician requesting the blood test must provide the patient with information regarding what the blood test is for, how to get their results and who to contact with any queries.

Children under the age of 12 will be seen if the provider can demonstrate that they have suitably experienced staff.

3.2.1 Data Collection and Record Keeping

The provider must ensure that details of the patients monitoring as part of this service is included in his or her lifelong record. If the patient is not registered for primary medical services with the provider of this service, the provider must send this information to the patients registered General Practitioner for inclusion in their lifelong medical record.

The Provider will report on a quarterly basis the number of patients undergoing phlebotomy using the appropriate codes detailed below to enable monitoring to be undertaken by the Commissioner to determine variance from the normal activity level.

The required reporting template can be found in Schedule 6A of the contract

Procedure	READ codes	SNOWMED codes
Referral to practice phlebotomist	XaKvU	198461000000100
Blood sample taken	XaEJK	313334002
Phlebotomy domicillary visit requested	XaMFj	248311000000101
Phlebotomy domicillary visit done	XaMFi	248301000000103

3.2.2 Reporting and Audit

The provider will conduct an annual review which should include as a minimum the number of blood tests, complaints and untoward incidents:

- For registered patients.
- For patients registered at Practices that is not the provider (where applicable).

3.3 Population covered

Patients must be temporarily or permanently registered with a General Practice within the geographical boundary of Lincolnshire ICB.

Patients must meet the acceptance criteria for the service.

3.4 Any acceptance and exclusion criteria and thresholds

Acceptance:

- Adults, Adolescents & Children 12 years and over
- Children under 12 years of age (can only be seen if the provider can demonstrate that they have suitably experienced staff)
- Domiciliary patients

Exclusions:

- This phlebotomy service specifically excludes blood testing which is paid for as a component part of another service, examples include NHS Health Checks and INR / Anti-coagulation, as well as bloodletting undertaken by another provider e.g. patients on a community nursing caseload
- This service excludes housebound patients who are currently on the community nursing case load who require a domiciliary test.

3.5 Interdependence with other services/providers

The provider is expected to work within the Lincolnshire Health Economy. Partners within this pathway include (but not limited to):

- Lincolnshire Community Health Services (LCHS)
- United Lincolnshire Hospitals NHS Trust
- GPs

Providers are expected to cooperate and share information with others involved in a patient's care, treatment and support while having regard to the patients' rights to confidentiality.

4. Applicable Service Standards

4.1 Applicable national standards (e.g., NICE)

This specification intends and expects compliance with the relevant standards of quality and safety across all provided regulated activities. This will be through registration with the Care Quality Commission. The new system is focused on outcomes and places the views and experience of people who use services at the centre. The new regulations are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009 and the Care Quality Commission (Registration) Regulations 2009. These regulations replace 1) National Minimum Standards and 2) Standards for Better Health.

WHO Guidelines on drawing blood: best practice in Phlebotomy 2010

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g., Royal Colleges)

4.3 Applicable local standards

4.3.1 Facilities

That appropriate waste and refuse arrangements are in place to ensure safe disposal of phlebotomy related products.

That the provider adheres to current guidance on best practice for the Control of Infection in Primary

Care. Consideration needs to be given to the WHO Guidelines on drawing blood: best practice in Phlebotomy 2010 with regards to the use of disposable tourniquets'

4.3.2 Staffing

The provider will ensure that its employees and agents comply with all relevant legislation; codes of practice and regional and national Guidance; and when required provide evidence of such compliance and the providers documentation.

The Provider will be responsible for employing adequate numbers of suitably trained and qualified staff to execute this contract and involve continuing professional development and registration.

4.3.3 Protocol

The contractor should have in place a protocol which outlines the actions and systems necessary to undertake the phlebotomy service. This should define the roles and responsibilities of everyone involved in the programme and the timescales for delivery.

The provider must adhere to the local acute sector pathology labeling policy.

4.3.4 Accreditation and Training

The contractor must ensure that any health care professional who is involved in the phlebotomy service has the necessary experience, skills and training with regard to bloodletting. This will apply to more complex sampling such as the use of a midline device or central venous device. The HCP must only conduct these if they have received additional training.

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

5. Applicable quality requirements and CQUIN goals

5.1 Practices which take part in the scheme must demonstrate the service provision is of high quality, evidence based, safe and effective, with robust governance systems and safeguards in place, staff have received appropriate training and equipment is maintained to the highest standards. Practices may be required to provide commissioners with assurance that service provided are within the criteria of the contract general conditions, service conditions and particulars.

The Service Provider will notify the ICB Quality Services Team, Cross O'Cliff Court, Bracebridge Heath, Lincoln, LN4 2HN directly or by email licb.clinicalriskincidents@nhs.net of all serious incidents. These must be reported by the service provider within one working day of the information becoming known to them.

The service provider will participate in a review of any serious incidents notified to the Head of Quality Services and demonstrate that any learning from the incident is acted upon to minimise future risk.

5.2 CQUIN goals will not be applied.

6. Location of Provider Premises

It is the obligation of the provider to secure premises for service delivery. The provider has the opportunity to use their own facilities within a practice or access current NHS accommodation in Lincolnshire managed and accessed through NHS Property Services (to include premises owned by Lincolnshire Community Health Services, United Lincolnshire Hospital Trust and certain GP practices).

7. Individual Service User Placement

