

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications (B1)

<b>Service Specification No.</b>	11J_0214 v2
<b>Service</b>	Primary Care Phlebotomy
<b>Commissioner Lead</b>	Primary Care Team – Dorset CCG
<b>Provider Lead</b>	Primary Care Team
<b>Period</b>	1 <sup>st</sup> April 2019 to 31 <sup>st</sup> March 2022
<b>Date of Review</b>	March 2020

#### 1. Population Needs

There is a general increased demand for phlebotomy. Information from Dorset Providers indicate that demand on phlebotomy services has increased year on year. Evidence of increased activity is due to a number of factors; Public Health Campaigns; increase in prevalence of disease; increase in patients with long term conditions; the launch of Health Needs Assessments and changes in best practice.

In Dorset, services were predominantly delivered out of hospital in the West of the County whereas in the East the emphasis has been more towards secondary care provision.

The Clinical Services Review in Dorset committed to supporting more care closer to home particularly for phlebotomy. The decision making business case stated:

- The majority of phlebotomy and anticoagulation services would be provided in a community setting rather than in an acute hospital;
- People will have a better experience of care through reduced waiting times for diagnostic tests and results because they will be available locally at community hubs; and
- Technology and digital innovation will support the transformation of the health and care system by utilising the best available technology to ensure appropriate digital services and empower people in their homes, community and care settings.

#### 2. Outcomes

##### 2.1 NHS Outcomes Framework Domains & Indicators

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

##### 2.2 Local defined Outcomes

The primary care phlebotomy service will support the delivery of the strategic priorities of Dorset CCG Clinical Services Review by:

- Providing improved patient care closer to home;
- Offering prompt, effective and appropriate care;
- Improving the quality of the user experience;

### **2.3 Local Strategic Direction**

- Practices are encouraged to collaborate to deliver at scale in line with the Primary Care Strategy;
- Thrombosis services delivered at scale in line with the Integrated Community and Primary Care Services Strategy.

## **3. Scope**

### **3.1 Aims and objectives of service**

The provision of phlebotomy in primary care aims to provide a much more convenient service for patients who require blood tests and improve the quality of out-of-hospital care.

### **3.2 Service description/care pathway**

The service will be accessible to patients registered with a GP practice in Dorset and those accepted as temporary residents.

The service will be available for 52 weeks of the year and provide:

- Access to a phlebotomist within an appropriate waiting time according to the urgency of the tests required;
- Access to a phlebotomist at times to complement the transportation of samples to ensure tests are performed on samples without undue delay.

Requests for blood samples will be made by the patient's GP or other named Health Care Professional empowered to make such requests.

All requests shall be accompanied by appropriate documentation to enable each sample taken to be accurately assigned to an individual patient and to include a schedule of the tests to be carried out on it.

The needs of housebound patients will be met by the community team.

Bloods taken for the purpose of monitoring specific drug dosages are to be done so in accordance with the frequency as determined by the guidelines relating to the specific drug.

Each episode must be recorded in the lifelong patient record. The provider shall ensure that:

- Staff are employed by the practice or through a sub contract arrangement with another provider for the provision of care within the Practice;
- Staff providing the service are suitably qualified and competent and that there are in place appropriate arrangements for maintaining and updating relevant skills and knowledge and for supervision;
- All premises and equipment used for the provision of the service are at all times suitable for the delivery of those services and sufficient to meet the reasonable needs of patients or clients;
- Information on how patients can access the service is available via the practice leaflet/website;
- Treatment, care and information provided is culturally appropriate and is available in a form that is accessible to people who have additional needs, such as people with physical, cognitive or sensory disabilities, and people who do not speak or read English;

- Appropriate plans are in place for cover of leave (both anticipated and unanticipated) and succession planning for staff turnover;
- Referral requests are accepted by the service from both Community and Hospital Teams.

The Provider shall inform NHS Dorset CCG at the earliest opportunity if there is a significant disruption to the service in order that continuity can be maintained through an alternative provider.

### Activity and Reporting

Recognition that activity is increasing year on year, the CCG will be monitoring activity on a quarterly basis. As part of this LES, the CCG is committed to regularly review activity and demand to inform future commissioning plans and address spikes in activity not anticipated in projections.

The Provider shall ensure an appropriate record of activity is developed and maintained for audit and payment purposes. The provider shall provide quarterly activity data to NHS Dorset CCG on a quarterly basis using the electronic enhanced services monitoring return provided. To ensure accurate information, the provider will be required to code using the following Read codes code.

Reporting requirement	Read code
Phlebotomy	Blood sample taken - XaEJK

The Provider is required to have its own system to identify a) which practice patients were referred from and b) where these patients received this service and will be required to report this to the CCG on a monthly basis to accompany the SystmOne and EMIS reported activity.

Activity data shall include:

- Number of patient contacts by employed practice staff

The provider may be requested to provide an audit of the service at year end. This could include:

- Patient's complaints
- Adverse incidents

### 3.3 Population Covered

This local service contract is available to all patients registered within Dorset Clinical Commissioning Group.

### 3.4 Any acceptance and exclusion criteria.

#### Acceptance Criteria

- The Provider will ensure access to the service for patients registered with a GP practice in Dorset and those accepted as temporary residents.
- Patients aged 14 and older

#### Exclusion Criteria

- Glucose tolerance test and specialised tests i.e. CRYOGLOBULINS, COLD AGGLUTININS, CARDIOLIPIN IgM, CARDIOLIPIN IgG, C1 ESTERASE, AP50.
- Children aged 14 and under.
- Outpatient tests identified as required during an outpatient consultation and required on that day to support the outpatient consultation will be performed in the hospitals.

### **3.5 Interdependence with other services/providers**

The Provider must ensure they work in partnership with local courier services for the collection and delivery of samples to the local laboratory. The service provider must ensure they work in partnership with the local laboratory provider to ensure samples arrive safely/timely and within allocated time frames.

The provider shall be expected to work and liaise with secondary care providers for referral into their services where appropriate. The service should develop close links with secondary care and other community providers to ensure the efficient and effective delivery of phlebotomy services within the Network.

#### **Transport**

Poole hospital is leading on the re-procurement of transport during 2019 and the CCG is feeding into this programme.

Later pickups in more sites is recognised but this does not mean that this will be in every site therefore practices within localities need to come together to agree the best model taking into account space in practices and transport pickups (economies of scale).

## **4. Standards**

### **4.1 Applicable national standards (eg NICE)**

World Health Organisation (2010) WHO guidelines on drawing blood – best practice in phlebotomy

[http://www.who.int/injection\\_safety/phleb\\_final\\_screen\\_ready.pdf](http://www.who.int/injection_safety/phleb_final_screen_ready.pdf)

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NICE Clinical Guideline 2. Infection Control (2003) - Prevention of healthcare-associated infection in primary and community care

<http://www.nice.org.uk/nicemedia/pdf/cg2fullguidelineinfectioncontrol.pdf>

### **4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**

### **4.3 Applicable local standards**

## **5 Applicable quality requirements and CQUIN goals**

### **5.1 Applicable quality requirements (See Schedule 4 Parts A-D)**

### **5.2 Applicable CQUIN goals (See Schedule 4 Part E)**

**6 Location of Provider Premises**

The Provider's Premises are located at:

N/A

**7 Individual Service User Placement**

**THIS SECTION IS NOT MANDATED FOR THE SHORT FORM CONTRACT**

N/A