

Barking and Dagenham PCT

Local Enhanced Service Specification for the Provision of Practice Based Phlebotomy Services

Service Level Agreement

Reference: LES37

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Financial Details

This agreement is to cover the 12 months commencing 1 April 2009.

On agreeing a service plan with the PCT for the 12 months commencing 1 April 2009 practices will receive:-

In 2009/10, practices will be paid a fee of £2.07 per patient venepuncture. These will be updated in line with national guidance.

This has been calculated to cover the cost of employing a primary care phlebotomist at £15 per hour to provide phlebotomy within the practice.

PAYMENT WILL ONLY BE MADE UPON RECEIPT OF PRACTICE SIGNATURE SHEET AND PERFORMANCE MONITORING RETURNS

Signature Sheet

This document constitutes the agreement between the practice and the PCT in regards to this national enhanced service.

Principle Signature on behalf of the Practice:

Signature	Name	Date

Signature on behalf of the PCT:

Signature	Name	Date

Service Aims

Whilst phlebotomy services are GP initiated core medical services, the PCT wishes to ensure that phlebotomy services are readily available in primary care and will fund an in-practice service, to relieve the pressure on surgeries that has resulted from the decommissioning of secondary care phlebotomy in 07/08 and to provide a more convenient service to the patient.

The PCT in conjunction with BHRT has developed a standard operating procedure for community based phlebotomy. This operating procedure provides a full outline of the service standards and protocols that are required.

A fee is payable to practices to perform phlebotomy in their practice premises. To ensure appropriate use of skills within the practice, this service must be provided by trained, primary care based phlebotomists.

The service will be provided during core opening times for the practice (as detailed in the regulations) or during hours as agreed by the PCT for example 'extended hours' surgeries.

Every time a blood sample is taken, it should be coded on the practice computer system with a note that indicates what tests are requested of the laboratory.

Eligibility Criteria & Practice Plans

The Local Enhanced Service Specification requires practices to provide details against the following criteria. On aspiring to this service practices are required to submit plans under each of these items to the PCT.

- (i) Clinical Lead
- (ii) Staffing & Training
- (iii) Standard Operating Procedures
- (iv) Patient Choice
- (v) Infection Control
- (vi) Transportation & Pathology Arrangements
- (vii) Record Keeping
- (viii) Audit
- (ix) Annual Review

Criteria One : Clinical lead

Details

A senior clinician in the practice must be designated to have overall responsibility for this service

Practice Plans for Year 0809/0910
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this criteria*)

Criteria Two: Staffing & Training

Details

Staff performing phlebotomy should be adequately trained and supervised as determined by the practice. The practice will need to demonstrate that a planned regular programme of education, training and support is in place.

Staff undertaking the procedure must have suitable indemnity and verified Hepatitis B protection.

Practice Plans for Year 0809/0910
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this criteria*)

Criteria Three : Standard Operating Procedure

Details

The practice must ensure that all staff are familiar with the standard operating procedure for Phlebotomy

The practice must have a protocol in place for the management of spillage.

The practice must have a protocol in place for the management of needle stick injury.

The practice must have procedures in place in cases of emergency e.g. collapse

Practice Plans for Year 0809/0910
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(at the end of the year please detail below the practice's results for this criteria)

Criteria Four : Patient Choice

Details

The practice must offer choice of appointment time and location based on the provision available across Barking and Dagenham.

Practice Plans for Year 0809/0910
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this criteria*)

Criteria Five : Infection Control

Details

The practice must have adequate mechanisms and facilities including premises and equipment as are necessary to enable the proper supervision of this service. The practice must adhere to ensure that they are compliant with infection control standards.

The practice must maintain a stock of suitable phlebotomy containers and ensure the correct usage. The practice must have the appropriate equipment and procedures in place to ensure safe disposal of sharps.

Blood samples must be stored in a safe clinical environment prior to transportation to the Pathology Department. This must include arrangements for preserving samples out-of-hours.

The practice has ensured that all staff undertaking the procedure have verified Hep B protection.

Practice Plans for Year 0809/0910
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(at the end of the year please detail below the practice's results for this criteria)

Criteria Six : Transportation & Pathology Arrangements

Details

The practice has made arrangements for the transportation of samples & for testing.

The practice has made arrangements to synchronize clinic & lab opening times to ensure that samples are transferred in a timely manner.

Practice Plans for Year 0809/0910
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(at the end of the year please detail below the practice's results for this criteria)

Criteria Seven : Record Keeping

Details

Practices must be computer literate and competent to extract relevant performance information from practice systems.

The practice will be able to provide information on activity levels for this service and an analysis of referrals to other phlebotomy services.

Practice Plans for Year 0809/0910
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this criteria*)

Criteria Eight : Audit

Details

To carry out clinical audit of the care of patients care against the operating procedure and criteria, including a review of complaints and untoward incidents.

Practice Plans for Year 0809/0910
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this criteria*)

Criteria Nine : Annual Review

Details

The practice should review the success of the practice's ability to manage the phlebotomy service in a practice setting. An annual review which could include:

- (a) information on the number of patients seen and the quality of information recorded on the practice system.
- (b) details of any equipment used and arrangements for internal and external quality assurance
- (d) details of training and education relevant the service and any updates required
- (e) details of the operating procedures and any required amendments for practice protocol

Practice Plans for Year 0809/0910
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(at the end of the year please detail below the practice's results for this criteria)

Clinical Governance Arrangements

It is a condition of participation in this LES that practitioners will give notification to the PCT of:

- all emergency admissions or deaths of any patient covered under this service
- any concerns relating to the administration and reporting of the pathology service

These must be reported within 72 hours of the information becoming known to the practitioner. This is in addition to a practitioner's statutory obligations with regards to clinical governance arrangements set out in nGMS, PMS, APMS and SPMS contracts.

Ongoing Measurement & Evaluation

The ongoing measurement is outlined in the various criteria in the previous section.

In addition the practice is required to agree with the PCT this service specification/plan at the start of the year and to submit the completed document at the end of the year for evaluation purposes.

~~Further Information:~~

~~Standard Operating Procedure~~

~~Phlebotomist Job Description~~