NHS
Lancashire and South Cumbria
Integrated Care Board

FAQs for Phlebotomy LES

Q: Do we have to offer Phlebotomy to Children?
A: Yes, the service must be provided to all patients aged over 12+. Children under 12 years of age can only be seen if the provider can demonstrate that they have suitably experienced staff and accredited paediatric phlebotomy training is available if staff wish to access it. Children under 5, children and young people with additional needs or where venepuncture is difficult referrals can be made to paediatrics following your local Trusts pathway
Q: Can we continue to use phlebotomy services offered by local Trusts and Community Providers?
A: No, in the first instance all routine, urgent and very urgent blood requests should be provided in house and only children under 5, young people with additional needs or where venepuncture is difficult should be referred to trusts following the appropriate pathway.
Q: Does this LES cover blood tests for monitoring for drugs such as DMARDS?
A: Yes, this specification includes the blood letting element for all monitoring, including (but not limited to) Warfarin and DMARDS. The monitoring and management elements are paid for in other specifications.
Q: What happens if we can't offer appointments within the timescales set out?
A: Activity within primary care will be monitored and discussed with providers on an ongoing basis and referral activity to trusts and community providers will be reviewed on a regular basis with any exceptional activity discussed with referring practices and support offered.
Q: What will be the arrangements for transport collection?
A: This will be picked up in conjunction with practices as part of the local delivery planning
Q: How will this impact the community phlebotomy service?
A: Requirements for community phlebotomy will be picked up as part of local delivery planning once practices have indicated which services they wish to provide.
Q: Are Care Homes included as Housebound for the Phlebotomy LES?
A: Currently this is different in different areas, and therefore this would need to be picked up as part of the delivery planning review.
Q: Do we have to undertake secondary care blood tests and has this been costed?
A: All activity including secondary care activity has been costed as part of this specification. The specification suggests a 5% cap on secondary care requested blood test as part of this service. The expectation is that patients would be provided with the test form wherever possible so the result can go directly back to the requesting clinician. This may not always be possible for tertiary or other out of area providers, where clinical discretion will be required as to the suitability of the practice undertaking the test.
Q: Do we have to offer Phlebotomy every minute of every day Monday to Friday 8am-6:30pm?
A: No, at times that are appropriate to your patient population.
Q: Is funding available for staff training for phlebotomy?
A: There is no funding available

Q: If the practice staff is unable to get the blood for housebound what is going to be the arrangement for further referral as some may be difficult to obtain sample.
A: The practice would need to undertake a review of the clinical need for phlebotomy and make reasonable attempts to take blood as clinically appropriate.
Q: Is it possible to use the LES to help reduce over use of phlebotomy. The harms of this are well documented in the BMJ Too Much Medicine and the RCGP Overdiagnosis Group. The "Optimal Testing" Resource available on the Greener Practice Website has succinct guidance on appropriate use of blood testing. Could this be a good time to incentivise practices to stop printing phlebotomy order forms and putting the samples in plastic bags also?
A: We will review the activity levels during the first year and will refine the specification to include such incentives if needed.
Q: If practices / PCNs take on all the community phlebotomy as per LES - what happens to the funding that was going to fund comm phlebotomy? Surely this money needs to move to GP to help pay for new GP phlebotomists?
A: We are undertaking a piece of work currently to unpick that with our secondary and community care colleagues and forms part of that 'left shift' that we have referred to, it's not just activity but that funding will also follow
Q: Can you advise me how many blood tests our patients have had done in the past year, so we can calculate numbers of blood tests needing to be provided?
A: Unfortunately, the ICB has no mechanism to assess the number of phlebotomy instances that a practice population has had. It may be possible to roughly assess by internally auditing either phlebotomy appointments or results received into EMIS by patient. Monitoring of activity will help us build a clearer picture for future years contracting arrangements.
Q: Can we still claim for urgent phlebotomy?
A: Urgent phlebotomy is included in the specification
Q: So, we take on phlebotomy for £3PWH and somewhere money is released - but we are providing this service from old GPQC money??
A: It is not possible to compare individual lines within 24/25 GPQC resource with the new LES arrangements. They should be considered as new and the structure is designed to reflect this balance.
Q: What happens to the patients who we can't obtain bloods on?
A: This is detailed within the specification
Q: Current phlebotomy collection is too early to provide appointments in the afternoon/ early evenings will this be changed?
A: It may not be necessary to alter current arrangements if phlebotomy capacity remains similar. If capacity increases to the point that later collection times are required then this should be discussed with the local commissioning team.
Q: Is it the case that we need to do all of our own patients bloods and not to send elsewhere unless they are children or have issues where they are difficult to bleed?
A: Yes, this is detailed within the specification

Q: What about housebound patients needing phlebotomy?
A: This is not included in the LES
Q: The major issue for doing phlebotomy are collections currently most only get collected in the morning
A: It may not be necessary to alter current arrangements if phlebotomy capacity remains similar. If capacity increases to the point that later collection times are required then this should be discussed with the local commissioning team.
Q: If we don't sign up to deliver the phlebotomy LES will the level of service that we currently have continue? e.g the number of clinics provided by LSCFT in surgery will remain the same.
A: Not necessarily. We will need to review how many practices have chosen to provide and therefore what residual service is needed and where best to commission that from
Q: There is a stipulation on blood tests being undertaken within 2 weeks but this is a challenging timeframe for non-urgent bloods – can it be extended?
A: This is currently the intention of the Phlebotomy LES. each aspect of the LES delivery will be reviewed regular over the coming year to assess delivery challenges and support where appropriate.
Q: Request for information from treatment rooms/community services in relation to any phlebotomy being undertaken (volume and pricing information) – and breakdown by practice where possible.
A: Unfortunately, the ICB has no mechanism to assess the number of phlebotomy instances that a practice population has had. It may be possible to roughly assess by internally auditing either phlebotomy appointments or results received into EMIS by patient. Monitoring of activity will help us build a clearer picture for future years contracting arrangements.
Q: Can practices be provided with patient activity data from community provision? This is to enable practices to consider potential numbers prior to signing up to a LES.
A: Unfortunately, the ICB has no mechanism to assess the number of phlebotomy instances that a practice population has had. It may be possible to roughly assess by internally auditing either phlebotomy appointments or results received into EMIS by patient. Monitoring of activity will help us build a clearer picture for future years contracting arrangements.
Q: We usually have a phlebotomy clinic provided by LSCFT on Tuesday 1 April. Can we book into it or not?
A: Yes, you can book into these for April as the new LESs don't start until 1st May
Q: If we can't obtain blood from a patient for some reason is there still going to be a phlebotomy clinic in which we can send patients to? From May are we no longer going to have blood clinics running from Chorley Health Centre on Monday evenings, Friday mornings and Sunday mornings?
A: The LES specification sets out what you would need to do in the event that you can't obtain a blood sample from a patient and that is to follow your hospital trust pathway. We are also looking at what additional requirements we may need in the event that not all practices sign up to deliver the phlebotomy LES. We are working closely with secondary and community providers to ensure that changes to these services are as smooth as possible
Q: Will practices still be able to send patients for bloods and ECGs to local treatment rooms in BWD if practices sign up to Phlebotomy LES or will they be turned away from 1st May? Mindful with all the planning in the world during April, recruitment and converting non clinical rooms into

clinical rooms to provide this service might not go ahead from 1st May. Can Practices have the assurance that Treatment Rooms will still see our patients and not be turned away for bloods and ECGs?
A: Generally any practices who choose to provide the phlebotomy LES will no longer have access to community clinics/appointments from the 1st May 2025. Any practices who have issues with a 1st May start date need to contact their local team to work through any short term alternative arrangements.
Q: When will we be informed of the phlebotomy clinics? Sessions are currently loaded in practice and being booked up. Assuming this will be discontinued?
A: Any practices who choose to provide the phlebotomy LES will no longer have access to community clinics/appointments from the 1st May 2025.
Q: The hospital phlebotomy clinic has already informed our patients that from 1st May they won't be taking any urgent blood samples. Our practice indicated provisionally that we won't be able to meet the specifications for phlebotomy. How will our patients access phlebotomy services?
A: Current pathways have not changed. Existing services will remain in place until alternatives are put in place over the next 5-6 months. There have been some issues with LSCFT services and these are being rectified.
Q: Please can we have some information about when community phlebotomy clinics will cease?
A: We have not given any formal notice (as of 22.04.25), on either acute or community contracts for this service as yet, so there is nothing to share in terms of the service ceasing. We are in the early stages of discussions and we will communicate as soon as we have details.
Q: Can the phlebotomy working group feed back to practices, regarding transport plans and governance?
A: The working group isn't meeting until later this week (as of 22.04.25), and the intention is to share some wider comms with practices on the work around collections and requirements
Q: Please could we have some clarification about domiciliary phlebotomy? This was unclear in the spec, and unsure if we need to deliver
A: Dr Felicity Guest is leading a small group that is identifying how much domiciliary activity will need to remain in community contracts and we will work that through with those providers. This is being worked on currently. Practices won't be expected to undertake domiciliary visits
Q: Any updates on domiciliary phlebotomy? Does it cover care homes too?
A: Yes it will do. We have a small group looking at what residual activity has to stay in provider contracts for this and we have initial figures but are working through. For now, nothing will change
Q: There is NO provision in South Cumbria for domiciliary phlebotomy - please could you clarify this?
A: Those conversation will take place with providers as part of wider 'left shift' conversations. We are conscious that not everyone had access to that resource and are building that into the modelling work that our group is doing
Q: We have signed up for the phlebotomy spec but we only have one collection per day at lunchtime. This will need to be increased so how can this be arranged?
A: We are all working with the trusts to identify how and where collections can be changed. It may be that some can't, but this will be shared

Q: If the nurse ticks unsuccessful phlebotomy on the template, should they also tick the blood sample taken code at the same time?
A: Yes they should in the scenario that no or insufficient blood to be sent as a sample was taken then the blood sample taken should be ticked as well as the unsuccessful phlebotomy as they will have started the procedure and used equipment. This will avoid the patient appearing in the ACTION folder search Phlebotomy code NOT on same day as blood sample taken code.