NHS
Lancashire and South Cumbria
Integrated Care Board

Local Enhanced Service Specification:

Phlebotomy

Service Specification No.	
Service	Phlebotomy in GP Practices
Commissioner Lead	Lancashire and South Cumbria ICB
Provider Lead	GP Practices in Lancashire and South Cumbria
Period	1st April 2026 – 31st March 2027
Date of Review	To be reviewed Annually

1. Population Needs and Background

NHS Lancashire and South Cumbria ICB covers 195 GP Practices and has a total weighted population of 1,988,701 (as of Jan 2026) patients.

The scope of this specification will cover all 195 practices and registered patients along with temporary residents (where appropriate) that live within the geographical area of Lancashire and South Cumbria.

An ageing population, increased screening and monitoring alongside more public awareness has resulted in increased pressure on phlebotomy services. This specification sets out a phlebotomy service delivery model designed to cover in-house provision by GP Practices in Lancashire and South Cumbria of primary and appropriate secondary care generated phlebotomy requests.

This service specification is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of this specification by commission, omission or implication defines or redefines essential or additional services.

By commissioning a community-based Phlebotomy service, it is intended the following outcomes will be achieved:

- To improve clinical outcomes for patients.
- To improve patients' experience of phlebotomy services.
- To provide a local service that is cost effective.
- That a significant proportion of patients will be managed in the community.

2. Scope & Service Standards

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	✓·
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓·

2.2 Aims and objectives of service

The aim of the service is to deliver a universal enhanced offer to patients in Lancashire and South Cumbria, setting out a range of services that General Practice are expected to deliver to their registered and temporary registered patients.

To deliver high quality and responsive services for local people that improve patient outcomes and the experience of service delivery for both patients and the General Practice team.

Furthermore, the aim of the offer is to ensure an equitable and consistent service to all patients across Lancashire and South Cumbria and to deliver care closer to home, in particular:

- To increase access to phlebotomy services, reduce phlebotomy waiting times and to ensure a more equitable resource across Lancashire and South Cumbria
- To provide a more convenient service to patients who require blood tests.
- To provide phlebotomy services to cover 'in-house' provision of Primary and appropriate Secondary Care generated phlebotomy requests during core hours.
- 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.

2.3 Service description/care pathway

GP Practices will be responsible for managing Primary and agreed Secondary Care generated requests for phlebotomy for their registered and temporary registered patients during core hours in a timely manner and in a convenient location closer to the patients' home.

This specification covers the provision of phlebotomy services within general practice, primarily for primary care-initiated investigations. However, to support integrated care, a limited proportion of blood tests may be conducted on behalf of secondary care or consultant-led services. To ensure the sustainability of this service, an indicative ceiling of 5% of total phlebotomy activity over any given period is suggested as reasonable secondary care generated usage (this will be monitored by the ICB team). Examples of suggested blood tests to be considered within this indicative 5% might be for local authority commissioned local drug and alcohol services or tertiary hospital trusts situated at some distance from the practice.

All secondary care requests should be accompanied by a correctly completed blood request card, ensuring that the results are directed back to the requesting clinician or service. Responsibility for follow-up must remain with the requesting secondary care provider.

Where tertiary providers or local authority commissioned services are involved, it will usually not be possible for them to generate appropriate blood forms. As part of this specification the practice should generate blood forms, perform phlebotomy and

forward results on to requesting teams for reasonable requests from tertiary or local authority commissioned care.

Patients can be seen by the practice themselves or referred to the Primary Care Network, if collaborative working has been agreed and with which a sub-contract is held, if applicable. If a sub- contract is in place, adequate arrangements must be made for the transfer of patient information and clear pathways of care must be in place to ensure all parties are aware of their responsibilities.

Indications for blood sampling must be clearly defined, either as part of a written protocol or in documented instructions (e.g., a laboratory form).

Providers are required to take blood samples, as required, based on clinical need, and as a minimum:

- Patients registered with a practice provider on a permanent or temporary resident basis
- Children under the age of 12 will be seen if the provider can demonstrate that they have suitably experienced staff
- Practices can still undertake bloods in patients under 12 years if they wish and they have staff with the appropriate skills and training. There are a range of accredited paediatric phlebotomy courses available for primary care to access
- An appointment for routine bloods should be made within 2 weeks of the request, unless the blood test has a specific due date
- An appointment for urgent bloods should be made within 2 working days
- Very urgent samples should be taken when the 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

The Practice/PCN will ensure the following conditions are in place:

- All staff performing phlebotomy should receive training and demonstrate proficiency and appropriate clinical supervision is available at all times
- All staff undertaking phlebotomy must be trained in infection prevention and control procedures
- Development of a written protocol for the provision of this service which includes infection control and needle stick injury management and clear instructions to follow in case of accidental exposure to blood or body fluids
- Staff undertaking procedure have verified Hepatitis B protection
- Staff undertaking the procedure have suitable indemnity
- Availability of appropriate supplies and protective equipment including access to post exposure prophylaxis. Health workers should wear well-fitting, non-sterile gloves when taking blood; they should also carry out hand hygiene before and after each patient procedure, before putting on and after removing gloves

- 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
- Adequate facilities and equipment to enable provision of the service including a quiet, clean, well-lit area with access to hand washing facilities
- 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
- The ability to dispose of the blood sampling device immediately after use as a single unit. It should be placed in a puncture-proof, leak-proof, closable sharps container that is clearly visible and is placed within arm's reach of the health worker
- Checking of samples and forms for accuracy
- Samples must be stored in a safe clinical environment prior to transportation to the Pathology Department
- Appropriate quality assurance controls
- Samples must be transported via appropriate courier service to ensure safe delivery and quality control conditions

Pathology lab arrangements across Lancashire and South Cumbria

It is acknowledged that each Pathology Department in the Acute Trusts will have their individual arrangements, timescales and processes in place for ensure the efficient and effective transport and processing of blood tests. The provider must ensure that they comply with the relevant Pathology Department guidelines, SOP's and timescales. The most recent documentation for each Acute Trust across Lancashire and South Cumbria and can be found on their respective websites and GP intranet as outlined below:

East Lancashire Hospitals NHS Trust:
Tests and investigations :: East Lancashire Hospitals NHS Trust

Lancashire Teaching Hospital:
Pathology User Guide

University of Hospitals of Morecambe Bay NHS Foundation Trust:
Pathology :: University Hospitals of Morecambe Bay NHS Foundation Trust

2.4 Population covered
NHS Lancashire and South Cumbria ICB covers 195 GP Practices and has a total weighted population of 1,988,701 (as of Jan 2026) patients.

The scope of this specification will cover all 195 practices and registered patients along with temporary residents (where clinically appropriate) **aged over 12 years** that live within the geographical area of Lancashire and South Cumbria.

Practices can still undertake bloods in patients under 12 years if they wish and they have staff with the appropriate skills and training. There are a range of accredited paediatric phlebotomy courses available for primary care to access.

For 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.

2.4 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)
- Temporary residents where clinically appropriate

Exclusions:

- This service excludes housebound patients who are currently on the community nursing case load who require a domiciliary test. 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
- Patients registered with a practice who is having the service covered by another provider
- Bloods carried out for the purposes of private medical examinations or at the request of private providers (when not due as part of routine NHS work)
- 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
- Domiciliary patients

2.5 Interdependence with other services/providers

The service will routinely work closely with other providers in primary, community, and secondary care settings. Where a case is outside of the scope of the service, providers will work closely with acute hospital, community, and primary care providers to ensure the appropriate care is provided to patients.

2.6 Applicable national standards (e.g. NICE)

The delivery of the commissioned service is underpinned by the appropriate standards, including but not limited to:

- Care Quality Commission Standards.
- Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance.
- Relevant safeguarding standards.

The service provider is required to adhere to all current infection prevention guidance including the Health and Social Care Act 2012 and NICE Guidance CG139 or relevant guidance which supersedes these detailed.

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

- Optimising blood testing in primary care - Publication approval reference: PAR960 (16 September 2021)
- As per the NHS Standard Contract
- WHO Guidelines on drawing blood: best practices in phlebotomy.

2.8 Applicable local standards

The Practice will be responsible for ensuring appropriate training and continuous professional development is available for all staff providing the phlebotomy service.

The Practice is required to maintain evidence of continuing professional development in relation to this service. This may be required to be produced as evidence for re-accreditation. Clinical updates/training could include supervised practice, liaison/clinical audit sessions or attendance at appropriate postgraduate meetings/lectures/events etc.

Record Keeping

Each GP Practice or sub-contracted provider will keep accurate records of blood tests administered to patients.

Each time blood is taken an appropriate entry must be recorded in the patient records including the date when the sample was taken, what tests the blood was sent for and the subsequent result.

Full records of all procedures should be maintained in such a way that aggregated data and details of individual patients are readily accessible. Practices should regularly audit phlebotomy work and review the meeting of agreed delivery timescales. If a sub-contract is in place adequate arrangements must be made for the transfer of patient information and clear pathways of care must be in place to ensure all parties are aware of their responsibilities.

3. Applicable quality requirements and CQUIN goals

3.1 Applicable Quality Requirements

4. Location of Provider Premises

Service delivery must be from the premises identified within the providers NHS Contract or where the service has been sub-contracted, the premises must be in suitable premises for delivery of the services set out in the specification.

5. Finance

Payments will be based on £3.08 per head of weighted population.

The above payment is to cover:

- Time involved in undertaking the procedure
- Disposables/consumables associated with undertaking the procedure (recognise most will be provided to the practice as per the usual procurement from stores/labs)
- All sterilisation/maintenance/calibration/servicing of equipment.
- Administration time for appropriate record keeping.

If you have any questions, please contact the Contract Team lscicb.localenhancedservices@nhs.net or your local primary care team.

Fraud Policy

In the event of suspected fraud or other illegality being uncovered at any stage the ICB will implement the ICB Fraud Policy and will investigate.

Information supporting reported activity and monitoring information must be made available to the ICB or its representatives upon request. Failure to provide this information, or the provision of incomplete or inaccurate information, may result in suspension of payments or clawback, as well as further investigation by the ICB and its representatives.

6. Contract and Monitoring Arrangements

The provider must supply the ICB with such information as it may reasonably request for the purposes of monitoring the provider's performance of its obligations under this service level agreement.

As a minimum this will include:

- Activity on blood samples taken
- Activity on number of failed blood samples
- Activity on number of phlebotomy domiciliary visits
- Activity on number of consultant requested phlebotomy tests done by practice

The above should include a monthly return showing activity and activity should be recorded using the appropriate SNOMED codes and an appropriate Data Quality Template will be supplied by the commissioner to support automated extraction, where possible.

All details regarding data quality (codes, guides, searches, templates and data extraction) can be found in the Data Guide in Appendix 1. Any changes to data or coding throughout the contractual year will be shared with practices via the Data Quality Team and the GP intranet.

APPENDIX 1 – PHLEBOTOMY LES DATA QUALITY GUIDANCE

ACTIVITY CODES

Code	Description
313334002	Blood Sample Taken

AND if taken for any other purposes than primary care monitoring one of the codes from below entered on the same day

Code	Description
165791000000107	Phlebotomy generated from secondary care done by practice
248301000000103	Phlebotomy D.V. done (domiciliary visit)
719889008	Unsuccessful phlebotomy

GUIDES AVAILABLE

Guides for the following can be found on the GP Intranet/Learning Academy/DQ Specialist:

ML DQ Phlebotomy LES Guide

For activating the template launcher: **LSC ICB LES Protocol Guide**

TEMPLATES

The page for the Phlebotomy LES is available as part of the **ML ICB Local Enhanced Services** template and is available through your shared folder in Resource Publisher. Emails will be sent whenever the template is updated. Please ensure that you keep Resource Publisher refreshed to ensure that you are using the most up to date template.

A template picker is also available to support the selection of the appropriate template. Instructions on how to enable these protocols are provided in the guide referenced above.

SEARCHES

All searches for the Phlebotomy LES are available through Enterprise Searches & Reports, the CCG tab at the bottom of Population Reporting. Searches are managed by the Data Quality Team and emails will be sent from the Data Quality Team regarding the location and when any searches have been updated. Any updated searches will be available in the same place. Searches need to be copied and pasted into your practices folder to be able to use them.

DATA EXTRACTS

All data is extracted based on left/deceased patients and the code above being added to the patients record within the specified timeframe.

CONSULTATION TYPES

All searches are based on a face to face, home visit or Enterprise consultation type.

All other consultation types will appear in the ACTION searches as CHECK consultation type and these should be reviewed. If you find any activity in the Action/Check Consultation Type searches that should count towards claims, add a new consultation to the patient's record (on the same date as the excluded one) using an acceptable consultation type and the correct claim code(s). This keeps the original consultation unchanged and ensures the patient appears in the ACTIVITY searches.

DATA QUALITY CONTACT DETAILS

All requests for support or query resolution should be logged on the Self-Service Portal at: https://sunrise-saas.com/mlcsu/SContacts/

For any urgent queries please ring: **0300 555 0212**