



Community Phlebotomy Service

Frequently Asked Questions – **as at 27/10/26**

Living Document

This FAQ is intended to support practices during mobilisation and implementation of the Community Phlebotomy Service.

As the service develops, additional questions may be raised and further clarification may be provided by the ICB, UHN, the Lead Contractor or the Federations.

Practices are therefore encouraged to check back regularly for updated versions of this document, as new questions and answers will be added as they arise.

1. Service Scope

1.1. What blood tests are included within the service?

The service includes:

- Adult phlebotomy activity.
- CYP phlebotomy activity for children aged 12 years to 15 years and 364 days.
- GP requested blood tests.
- Appropriate secondary care requested blood tests where community testing is permitted and the patient presents with the required request documentation.

1.2. What blood tests remain the responsibility of UHN?

UHN will continue to provide services for:

- Children under 12 years of age.
- Patients classified as hard to bleed.
- Tests requiring specialist sample handling.
- Certain urgent or specialist pathways.
- Inpatient blood tests
- Consultant re
- Same-day outpatient blood tests where testing is required to support immediate clinical review.

1.3. Will consultant requested blood tests be included?

Yes, where they fall within the scope of the service and the patient presents with the required blood request documentation. This is the 'purple form' from NGH, but currently KGH is not able to print blood forms.

1.4. Are the annual UHN activity figures based on patients or blood tests?

The activity figures provided by UHN are based on completed blood taking episodes (successful bleeds), not individual patients.



A single patient may have multiple blood tests undertaken from a single blood sample. The activity figures therefore represent completed venepuncture activity rather than the number of individual patients.

Practices should bear this distinction in mind when considering expected activity volumes and capacity requirements.

2. Hard-to-Bleed Patients

2.1. What is meant by a hard-to-bleed patient?

For adult patients, a patient is considered hard to bleed if blood samples cannot be obtained following:

- Up to two venepuncture attempts during an initial appointment.
- Up to two further venepuncture attempts during a second appointment held at least five working days later.

If blood cannot be obtained following these attempts, the patient should be referred to the UHN Blood Taking Unit using the agreed Hard-to-Bleed referral process. **Combined CYP and adult pathway coming.**

2.2. What should happen if blood cannot be obtained at the first appointment?

The patient should not be referred immediately.

Instead:

- A second appointment should be arranged at least five working days later.
- A further attempt should be made to obtain the required sample.

2.3. What happens if blood cannot be obtained at the second appointment?

If blood cannot be obtained following the second appointment, the patient should be referred to the UHN Blood Taking Unit through the agreed Hard-to-Bleed referral process.

2.4. Does this pathway apply to urgent blood tests?

No.

Urgent patients should continue to follow existing urgent blood testing arrangements and should not enter the Hard-to-Bleed pathway.

2.5. Who is responsible for making the referral?

The referring clinician or practice remains responsible for completing the agreed Hard-to-Bleed referral process.



3. Consumables and Equipment

3.1. Will practices need to purchase blood bottles, needles or consumables?

No.

Current advice is that blood collection consumables will continue to be supplied through existing pathology arrangements.

3.2. Will Ametop or Emla be provided?

Ametop or Emla may be used to help reduce discomfort associated with blood taking, particularly for CYP patients where clinically appropriate.

The requesting clinician remains responsible for determining whether Ametop or Emla is required, issuing any necessary prescription and ensuring that appropriate advice is provided to the patient, parent or carer regarding application prior to the appointment.

Practices delivering the phlebotomy service will not be expected to routinely supply Ametop or Emla as part of the contract.

4. Pathology Collection and Transport

4.1. Will additional collection runs be introduced?

At present, other than two specific areas in the west of the county where alternative arrangements are still being explored, there is no current expectation that additional pathology collection runs or collection times will be introduced as part of the Community Phlebotomy Service.

Practices should therefore plan on the basis of their existing collection arrangements.

4.2. Who is responsible for pathology transport?

Sample collection and transport are commissioned through a separate contractual arrangement and do not form part of the Community Phlebotomy Contract.

Participating practices are not responsible for commissioning pathology transport services.

4.3 Can practices deliver blood samples directly to the pathology laboratory outside normal collection times?

Practices should not assume that pathology laboratories will accept routine community samples outside the established collection arrangements.

Current advice is that:

- Routine community blood samples will not normally be accepted after 4:00pm.
- Routine community blood samples will not normally be accepted at weekends.
- Any practice considering alternative delivery arrangements should discuss this with their Federation in advance.



- The pathology laboratories need sufficient staffing to process incoming community samples during normal operating hours.
- Out-of-hours pathology staffing is primarily focused on urgent inpatient and acute hospital requirements.

Practices should therefore continue to plan on the basis of the agreed sample collection arrangements unless alternative arrangements have been specifically agreed.

5. Governance and Assurance

5.1. Will practices be required to operate under a new governance framework?

No.

Practices will continue to operate under their existing governance arrangements, including:

- CQC registration.
- Infection prevention and control requirements.
- Information governance requirements.
- Patient safety requirements.
- Complaints procedures.
- Workforce competency arrangements.

5.2. Will practices be asked to provide assurance information?

Yes.

Practices will be asked to complete a simple annual assurance declaration through their Federation covering matters such as:

- CQC registration.
- Infection prevention and control arrangements.
- Workforce competency and training.
- Existing governance arrangements.

The intention is to avoid duplication and rely on arrangements already in place within practices wherever possible.



6. Reporting and Claims

6.1. What information will practices need to submit?

Practices will submit a simple monthly activity return detailing:

- Adult bleeds.
- CYP bleeds.

The reporting process has been designed to minimise administrative burden and is supported by an automated submission process. The ICB has indicated it would like to collect data on routine and urgent appointment wait times, but the process is currently being discussed to ensure the minimum practice administration.

The SNOMED codes to be used are:

Adult bleed	GP requested	(313334002)
Adult Bleed	Secondary Care requested	(165791000000107)
Child*	GP requested	(313334002)
Child*	Secondary Care requested	(165791000000107)

**Child over 12 up to 15 years and 364 days*

6.2. How will claims be submitted?

Practices will receive a practice-specific claim form link each month.

The form is pre-populated with practice details and is submitted electronically.

6.3. How will practices be paid?

The tariff paid to practices at the start of the contract will be:

- Adult phlebotomy: £4.26 per completed bleed.
- CYP phlebotomy: £7.70 per completed bleed.

As actual costs and utilisation become clearer, the tariff paid to practices will be reviewed on a quarterly basis. A contingency is being held at Federation level and will be reviewed quarterly and if not utilised fully this will be released to practices.

7 Paediatric blood requests – NGH

Just to clarify the process, at NGH BTU parents and clinicians can directly book the paediatric appointment through Swiftqueue here is the link [Online Appointment Healthcare Platform | Swiftqueue](#). Recommend using the website. If parents or clinicians choose to ring,



unfortunately this is not managed by Pathology. Instead, it is managed by central booking which may lead to delayed response times.

Next Steps

What happens now?

Federations will begin mobilisation activities with participating practices, including:

- Confirming participation.
- Collecting contract information.
- Supporting implementation planning.
- Confirming training requirements.
- Confirming reporting arrangements.