1.Phlebotomy – Adults and Children -Primary and Neighbourhood Care

Primary and Secondary initiated bloods service in general practice for children and adults.

1. Phlebotomy – Primary and Neighbourhood care			
Clinical Lead: **Management Lead:**			
	Payment Mechanism	**Amount**	**SNOMED Code**
1a. Phlebotomy – Primary and secondary care **Adults**	Item of service (Monthly claims)	£4.38	Blood sample taken: (313334002) **AND** If sample requested from secondary care: (165791000000107)
1b. Phlebotomy – Primary and secondary care **Children**	Item of service (Monthly claims)	£7.82	Blood sample taken: (313334002) **AND** If sample requested from secondary care: (165791000000107) With a search setup with age added

01a. Service Specification - Adults

01b. Service Specification - Children

To Note:

- Search criteria will be based on the age as per the specification.
- Payment will be made according to age.

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Service Specification No.	Northamptonshire Community Phlebotomy Service 0v0.6
Service	Primary and Secondary Care-Initiated Phlebotomy - Adults
Commissioner Lead	Northamptonshire ICB
Period	
Date of Review	Annually

1. Population Needs

1.1 Local context

The primary and secondary care-initiated (where appropriate) blood testing service provides capacity for patients to receive diagnostic tests in a locally accessible primary care / neighbourhood setting.

Previously the phlebotomy service was commissioned as a Local Enhanced Service, and via secondary care. This model supports secondary care pathways, providing care closer to home. Its continued provision is in-line with the concept of "left shift" to deliver services in the most appropriate setting, by the most appropriate clinician. The service is in line with the principle of "by working with others and making most effective use of resources, we will provide the best possible care for our patients and empower them to make informed decisions about their health."

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	
Domain 2	**Enhancing quality of life for people with long-term conditions**	
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**	**X**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**X**

2.2 2.2 Local defined outcomes

The Provider shall offer a patient-focused and easily accessible service.

The Provider will work as part of Primary Care in Neighbourhoods to ensure that practices can deliver a service that is:

- Available to 100% of the clinically appropriate Northamptonshire population
- To support secondary care delivery of virtual outpatient appointments and pathways that require ongoing/routine monitoring
- Care closer to home
- Increased level of patient satisfaction, access and experience
- Reduced health inequalities
- More cost-effective care

3. Service Outline

3.1 Service Model

- Coordinate and manage access to routine phlebotomy tests for adults aged 16+ in General Practice/ Neighbourhoods to negate patients needing to go to an acute trust.
- Build on the model to ensure that services are localised, convenient, integrated and easily accessible for patients, improving patient experience and reducing health inequalities.
- The service must achieve full countywide coverage and be available to all eligible patients. Where a local GP practice chooses not to participate, the Lead Provider must make arrangements to ensure access to phlebotomy is available.
- Work towards development of services which align to neighbourhood footprints
- Provide a practice delivered, primary-care based, robust, flexible and patient-focused high-quality phlebotomy service that meets local population need.
- The provider will make best use of available workforce in Primary Care through training and development and utilisation of staff in flexible roles.
- The Provider will advertise how patients can access the Service in waiting areas and any leaflet which promotes the ranges of all services that are delivered.
- The procedure should be undertaken utilising best practice guidelines including as a minimum hand washing, cleanliness (alcohol) of the insertion site, correct equipment /consumables and documentation.
- Clinically warranted as part of acute or chronic health concern indicating the need for venepuncture for the investigation or monitoring of confirmed or suspected illness. The following list includes a range of tests, but not limited to:
    - Full Blood Count
    - Urea & Electrolytes
    - INR
    - Thyroid Function Test
    - Liver Function Test
    - Glucose sensing
    - CRP
    - HBA1C
    - Ferritin and Folate

- B12
- Plasma Viscosity
- Urate
- Lipids
- All immunology tests
- Other tests by confirmation and discussion with provider

The Provider must transcribe Anglian ICE pathology laboratory results into the patient's clinical records in the timeframes set out in the providers workflow policy.

The service will be sensitive to individual patient needs, ensuring adherence to protected characteristics. Reasonable adjustments should be made, where needed, to support patient attendance and experience.

The service should be offered within Core hours (hours of operation to be agreed with the Commissioner) by a suitably qualified person, qualified to undertake venepuncture procedures. Any additionality in hours will be subject to the provider agreeing relevant logistical support for transport of blood samples and analysis of those samples with the relevant provider (usually University Hospitals Northamptonshire). The Commissioner will not be liable for costs incurred for provision of services outside core hours.

3.2 Care Pathways

- GP/healthcare professional, having decided a blood sample is required, will ensure the patient does not fall within the exclusion criteria for the service and will complete the appropriate requisition/blood form with GP Practice details.
- Secondary care requests a blood test via discharge letter for any reason, but not exclusive to ongoing monitoring of a health condition or as part of blood test monitoring for shared care. This also includes patients directly being given a blood form following a secondary care appointment or based on advice given to the GP through advice and guidance platforms.
- Patient will have their appointment booked either by the referring healthcare professional, or by contacting their relevant practice. Appointments should be bookable online or via telephone, whichever is most appropriate, noting that arrangements may differ by practice.
- The patient should be offered an appointment within 10 working days for routine blood tests, and within 2 working days for urgent blood tests. Practices should accommodate patients who require their testing to be specifically timed (for example female hormones)
- Patient attends appropriate appointment and venepuncture undertaken; the provider records the procedure on the patient record and the phlebotomy Ardens template.
- Collection of specimens taken to pathology department through existing arrangements as commissioned by UHN.
- Pathology results will be available on ICE
- Appointments should be flexible for patients specifically for those with additional needs such as learning difficulties where best practice should be followed.
- Responsibility for acting on the outcomes of tests remains with the requestor of the test. Where there are operational issues with the process of reporting, governance will remain with the relevant responsible party, for example if

pathology results not reported from lab, or if digital issues with at scale provider beyond the scope of GP's control.

3.3 Population covered

Patients aged 16 years and over and registered with a primary medical provider in Northamptonshire.

Where practices undertake additional tests to those listed or provide a phlebotomy service to other patient groups than those included within this specification due to local custom and practice, this is acceptable within the bounds of this contract and practices will be renumerated so long as tests are coded. Clinician discretion will be exercised to ensure the request is safe and appropriate.

3.4 Any acceptance and exclusion criteria and thresholds

Acceptance criteria:

- Patients aged 16 and over
- Patients registered with a Northamptonshire GP Practice (noting practices should support registration where required)

Exclusion criteria:

- Patients under 16
- Secondary care ongoing monitoring of a health condition.
- Patients from whom venepuncture is "difficult" and are classed as "hard to bleed" in accordance with local definition.
- Patients on a secondary care 2WW/urgent pathway where a blood test is deemed clinically appropriate on the same day.
- Patients within a secondary care outpatient clinic where a blood test is deemed clinically appropriate on the same day.
- Patients requiring blood testing with specific sample management, which cannot reasonably be undertaken in Primary Care. Please see UHN's Direct Access Service specification for the list of tests included.
- Patients under the care of Accident & Emergency or Inpatients.
- Services provided / appointments under Enhanced / Extended Access arrangements

3.5 Onward referral for advice/ escalation

Patients who are hard to bleed, in accordance with the locally agreed definition and process as annexed to this specification, those with established and recorded needle phobia, and those requiring reasonable adjustments beyond the scope of this service can be referred to the UHN Direct Access Service. Please note the UHN Direct Access Service is unable to provide sedation and patients requiring this should be referred through established specialist pathways.

3.6 Interdependence with other services/providers

To ensure the patients experience is a streamlined journey and a good experience, the provider must work collaboratively with the following to deliver services in an organised and cohesive manner:

- The Commissioner
- Primary Care Medical Providers, Federations, PCNs
- Pathology departments
- Sample transport service (commissioned by UHN)
- Northamptonshire NHS Foundation Trust
- University Hospitals of Northamptonshire
- Patient Transport services (both commissioned and voluntary)

4 Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

B0960-optimising-blood-testing-primary-care.pdf (england.nhs.uk)

4.2 NICE Guidelines - https://www.nice.org.uk/guidance/cg139

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

See 4.1 above.

4.4 Applicable local standards

- The provider must be CQC registered.
- The Provider will be expected to deal with any complaints received from patients about the service provided in line with the NHS Complaints Regulations (NHS Complaint Standards 2022).
- The Provider will have in place a robust incident reporting and investigation procedure in place for all clinical and non-clinical incidents and will give notification, in line with the current policy for reporting and handling of serious incidents within 24 hours of the information becoming known to them, to Northamptonshire ICB Patient Safety Team.
- Adherence to the NHSE Patient Safety Incident Response Framework (PSIRF) (2023).
- Patient data is kept confidential, with adherence to the 8 Caldicott principles (2020) and Data Protection Act (2018).
- Have regard to the principles in the Code of Practice on Confidentiality and Disclosure of Information.
- Must comply with relevant health and safety regulations that apply to all NHS providers.
- The Provider must ensure that it has appropriate arrangements in place for infection control and decontamination. The Provider is required to provide the services in accordance with national guidance i.e. National Institute of Health and Clinical Excellence (NICE) clinical guidelines 139 Prevention and control of healthcare-associated (March 2012).

The Provider will:

- Take measures to minimise the risk and spread of infection between patients and staff.
- Ensure the environment and equipment used for patient care is fit for purpose and decontaminated in line with national guidelines.
- Ensure all staff receive suitable and sufficient training and have been assessed as competent to ensure they are complying with national guidelines.
- Be required to participate in random unannounced audits if required by the commissioners e.g., environmental, cleanliness and infection prevention and control
- They must comply in full with recommendations made subsequent to these visits. Should demonstrate good infection control and hygiene practice and must ensure evidence-based protocols are in place to facilitate.
- Sub-contracted providers (practices) will have access to the ICE system to view and action pathology results, and the Ardens system for recording venepuncture appointments
- Minimise rates of spoiled and haemolysed samples by maintaining training standards and ensuring good blood sample control whilst the sample is within their care.

4.4 Electronic Medical Record Coding

The Provider is to ensure that they code the below accurately for payment and activity purposes and do not use any other codes.

The Provider must ensure that the patient record is coded with the following SNOMED codes:

- **Blood Sample taken 313334002**
- **AND if requested by secondary care- add 165791000000107 Phlebotomy generated from secondary care done by practices**

The Provider should also complete the appropriate Phlebotomy template on Ardens for each appointment.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements Monitoring and Reporting

The Lead Provider shall ensure that participating practices delivering the Service:

1. Deliver the Service in accordance with applicable NHS guidance, professional standards, local pathways, and laboratory requirements.
2. Ensure staff undertaking venepuncture are appropriately trained, competent and authorised in accordance with the practice's local policies and procedures.
3. Operate within the practice's established arrangements for clinical governance, patient safety, incident reporting, safeguarding, infection prevention and control, information governance, and health and safety.

4. Ensure blood samples are collected, handled, stored, and transported in accordance with agreed laboratory protocols.
5. Complete the agreed Ardens template for each venepuncture episode.
6. Deliver the Service in accordance with the Key Performance Indicators set out in this Specification.
7. Participate in any reasonable commissioner-led review, audit or assurance process relating to the Service.

Monitoring and Reporting (as a part of the wider Primary Care Quality Schedule)

The Lead Provider shall submit an annual assurance statement to the Commissioner confirming that participating practices continue to meet the requirements of this specification. The annual assurance statement shall include:

- Confirmation that participating practices remain compliant with the requirements of this specification.
- A summary of any significant service-related incidents, risks, complaints, or concerns relating to phlebotomy services and actions taken.
- Confirmation that appropriate workforce training and competency arrangements are in place.
- Confirmation that agreed KPIs have been monitored and reviewed.
- The Commissioner may request supporting evidence on an exception basis where concerns are identified regarding quality, safety, or performance.

All providers (Lead and subcontracted, where involved in direct patient delivery), will be required to accept the local Phlebotomy contract on Ardens and complete the Ardens template for each venepuncture episode

6. Location of Provider Premises

The Service will be delivered from any premises accredited to provide primary care services within the Northamptonshire commissioned geography.

7. Reimbursement of Service

Pricing and Payment

- The rate of payment is £4.38 per adult blood test appointment.
- The Lead Provider will be paid on a cost per case based on appointment. They will then renumerate subcontracted providers accordingly.
- The Lead Provider is entitled to make a fair and reasonable deduction on the cost of each test performed, by agreement with subcontracted providers, to discharge the duties of Lead Provider in terms of management, quality assurance and financial validation.
- The Lead Provider will be required to submit monthly, validated, retrospective claims to the ICB on behalf of all subcontracted providers, using an agreed claim form. The Claim Form must be submitted by the 8th of

the month for payment the same month. Claims outside of this window will be made the following month. Claims must only relate to the previous month's activity and cannot be submitted for payment and reconciliation at a later date.

- Reconciliation will only happen against activity for Month 1. The Lead Provider must ensure that subcontracted providers submit invoices in time, on a monthly basis, to be eligible for payment. No further reconciliation against retrospective invoicing will be available.

- Providers **will not** be paid for failed venepuncture attempts; and claims must not be raised which include these.

- Providers **will not** be paid under this contract for any phlebotomy carried out through Extended / Enhanced Access arrangements, as these are separately renumerated.

- Claims can only be made once. I.e. any duplications submitted under any existing LES will only be paid under this contract.

- Providers **will not** be paid under this contract for any phlebotomy carried out by NHFT Community Nursing teams, which are taken to GP practices for onward conveyance to the Pathology lab.

- It is important that practices use the codes stipulated above, to ensure all activity is reported correctly.

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Service Specification No.	Northamptonshire Community Based Services 01b
Service	Children and Young People Phlebotomy Service – 12 – 15 years and 364 days
Commissioner Lead	Northamptonshire ICB
Period	
Date of Review	Annually

1. Population Needs

1.1 Local context

The primary and secondary care-initiated (where appropriate) blood testing service provides capacity for patients to receive diagnostic tests in a locally accessible primary care / Neighbourhood setting.

Previously the phlebotomy service was commissioned as a Local Enhanced Service, and via secondary care. This model supports secondary care pathways, providing care closer to home. Its continued provision is in-line with the concept of "left shift" to deliver services in the most appropriate setting, by the most appropriate clinician. The service is in line with the principle of "by working with others and making most effective use of resources, we will provide the best possible care for our patients and empower them to make informed decisions about their health."

2. Outcomes

Domain 1	**Preventing people from dying prematurely**	
Domain 2	**Enhancing quality of life for people with long-term conditions**	
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**	**X**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**X**

2.2 Local defined outcomes

The Provider shall offer a patient-focused and easily accessible service. The Provider will work as part of Primary Care to ensure that practices deliver a service that is:

- Available to 100% of the clinically appropriate Northamptonshire population
- To support secondary care delivery of virtual outpatient appointments and pathways that require ongoing/routine monitoring
- Care closer to home
- Increased level of patient satisfaction
- More cost-effective care

3. Service Outline

3.1 Service Model

- Support access to routine phlebotomy tests for CYP 12 – 15 years and 364 days across Northamptonshire General Practice/ Neighbourhoods to negate patients needing to go to an acute trust/specialist service.
- Build on the model to ensure that services are localised, convenient, integrated and easily accessible for patients, improving patient experience and reducing health inequalities
- The service must achieve full countywide coverage and be available to all eligible patients. Where a local GP practice chooses not to participate, the Lead Provider must make arrangements to ensure access to phlebotomy is available.
- Work towards development of services which align to neighbourhood footprints.
- Provide a practice delivered, primary-care based robust, flexible and patient-focused high-quality phlebotomy service that meets local population need.
- The Provider will advertise how patients can access the Service in waiting areas and any leaflet which promotes the ranges of all services that are delivered.
- The provider will make best use of available workforce in Primary Care through training and development and utilisation of staff in flexible roles.
- The procedure should be undertaken utilising best practice guidelines including as a minimum hand washing, cleanliness (alcohol) of the insertion site, correct equipment / consumables and documentation.
- Provide patients with age-appropriate information including:
    - What to expect during the appointment
    - How to prepare
    - Who to contact with any queries/concerns before and after the appointment including how to access result
    - If additional need for support is highlighted when the appointment is booked, a support plan is agreed with the parent carer.
- Clinically warranted as part of acute or chronic health concern indicating the need for venepuncture for the investigation or monitoring of confirmed or suspected illness.
- The service will be sensitive to individual patient needs, ensuring adherence to protected characteristics. Reasonable adjustments should be made, where needed, to support patient attendance and experience.

The Provider must transcribe Anglian ICE pathology laboratory results into the patient's clinical records in the timeframes set out in the providers workflow policy.

The service should be offered within Core hours (hours of operation to be agreed with the Commissioner) by a suitably qualified person, qualified to undertake venepuncture procedures. Any additionality in hours will be subject to the provider agreeing relevant logistical support for transport of blood samples and analysis of those samples with the relevant provider (usually University Hospitals Northamptonshire). The Commissioner will not be liable for costs incurred for provision of services outside core hours.

3.2 Care Pathways

- GP/healthcare professional, having decided a blood sample is required, will ensure the patient does not fall within the exclusion criteria for the service and will complete the appropriate requisition/blood form with GP Practice details
- Secondary care requests a blood test via discharge letter for any reason but not exclusive to ongoing monitoring of a health condition or as part of blood test monitoring for shared care. This also includes patients directly being given a blood form following a secondary care appointment or based on advice given to the GP through advice and guidance platforms.
- Patient will have their appointment booked either by the referring healthcare professional, or by contacting their relevant practice. Appointments should be bookable online or via telephone, whichever is most appropriate, noting that arrangements may differ by practice. Non-digital methods of booking must be offered.
- The patient should be offered an appointment within 10 working days for routine blood tests, and within 2 working days for urgent blood tests. Practices should accommodate patients who require their testing to be specifically timed (for example female hormones)
- Patient attends appropriate appointment and venepuncture undertaken; the provider records the procedure on the patient records and the phlebotomy Ardens template.
- Collection of specimens – taken to pathology department through existing arrangements as commissioned by UHN.
- Pathology results will be available on ICE.
- Appointments should be flexible for patients specifically for those with additional needs such as learning difficulties where best practice should be followed.
- Responsibility for acting on the outcomes of tests remains with the requestor of the test. Where there are operational issues with the process of reporting, governance will remain with the relevant responsible party, for example if pathology results not reported from lab, or if digital issues with at scale provider beyond the scope of GP's control.

3.3 Population covered

Patients aged 12 – 15 years and 364 days and registered with a primary medical provider in Northamptonshire.

Where practices undertake additional tests to those listed or provide a phlebotomy service to other patient groups than those included within this specification due to local custom and practice, this is acceptable within the bounds of this contract and practices will be renumerated so long as tests are coded. Clinician discretion will be exercised to ensure the request is safe and appropriate.

3.4 Any acceptance and exclusion criteria and thresholds

Acceptance criteria:

- Patients aged 12 – 15 years and 364 days.
- Patients registered with a Northamptonshire GP Practice (noting practices should support registration where required)

Exclusion criteria:

- Children and Young people under 12 or aged 16 and over. The service operates on an age threshold basis, so, for clarity, this exclusion includes CYP with Special Educational Needs and/or Disabilities (SEND)
- Secondary care ongoing monitoring of a health condition
- Patients from whom venepuncture is difficult.
- Patients on a secondary care 2WW/urgent pathway where a blood test is deemed clinically appropriate on the same day.
- Patients within a secondary care outpatient clinic where a blood test is deemed clinically appropriate on the same day.
- Patients under the care of Accident & Emergency or Inpatients.
- Patients requiring blood testing with specific sample management, which cannot reasonably be undertaken in Primary Care. Please see UHN's Direct Access Service specification for the list of tests included.

3.5 Onward referral for advice/escalation

Patients who are hard to bleed, in accordance with the locally agreed definition, and process as annexed to this specification, those with established and recorded needle phobia, and those requiring reasonable adjustments beyond the scope of this service can be referred to the UHN Direct Access Service.

ALL children aged 0-11 and 364 days must be referred to the UIHN Phlebotomy Service.

Please note the UHN Direct Access Service is unable to provide sedation and patients requiring this should be referred through established specialist pathways.

3.6 Interdependence with other services/providers

To ensure the patient's experience is a streamlined journey and a good experience, the provider must work collaboratively with the following to deliver services in an organised and cohesive manner:

- The Commissioner
- Primary Care Medical Providers
- Pathology departments
- Sample Transport Service (Commissioned by UHN)
- Northamptonshire Healthcare NHS Foundation Trust
- University Hospitals Northamptonshire

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

- B0960-optimising-blood-testing-primary-care.pdf (england.nhs.uk)
- CG139 - Healthcare-associated infections: prevention and control in primary care (2011)
- CG89 – Child maltreatment: when to suspect maltreatment in under 18s (2017) PH52 - Needle and syringe programmes (2014)
- PH43 – Hepatitis B and C testing: people at risk of infection (2013) PH28 – Looked after children and young people (2015)

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

See 4.1 above.

4.3 Applicable local standards

- The provider must be CQC registered.
- The Provider will be expected to deal with any complaints received from patients about the service provided in line with the NHS Complaints Regulations (NHS Complaint Standards 2022).
- The Provider will have in place a robust incident reporting and investigation procedure in place for all clinical and non-clinical incidents and will give notification, in line with the current policy for reporting and handling of serious incidents within 24 hours of the information becoming known to them, Northamptonshire Patient Safety Team.
- Adherence to the NHSE Patient Safety Incident Response Framework (PSIRF) (2023).
- Patient data is kept confidential, with adherence to the 8 Caldicott principles (2020) and Data Protection Act (2018).
- Have regard to the principles in the Code of Practice on Confidentiality and Disclosure of Information.
- Must comply with relevant health and safety regulations that apply to all NHS providers.
- The Provider must ensure that it has appropriate arrangements in place for infection control and decontamination. The Provider is required to provide the services in accordance with national guidance i.e. National Institute of

Health and Clinical Excellence (NICE) clinical guidelines 139 Prevention and control of healthcare-associated (March 2012).

The Provider will:

- Take measures to minimise the risk and spread of infection between patients and staff.
- Ensure the environment and equipment used for patient care is fit for purpose and decontaminated in line with national guidelines.
- Ensure all staff receive suitable and sufficient training and have been assessed as competent to ensure they are complying with national guidelines.
- Be required to participate in random unannounced audits if required by the commissioner's e.g., environmental cleanliness and infection prevention and control. They must comply in full with recommendations made subsequent to these visits.
- Should demonstrate good infection control and hygiene practice and must ensure evidence-based protocols are in place to facilitate.
- Sub-contracted providers (practices) will have access to the ICE system to view and action pathology results, and the Ardens system for recording venepuncture appointments
- Minimise rates of spoiled and haemolysed samples by maintaining training standards and ensuring good blood sample control whilst the sample is within their care.

4.4 Electronic Medical Record Coding

The provider is to ensure that they code the below accurately for payment and activity purposes and do not use any other codes.

The Provider must ensure that the patient record is coded with the following SNOMED codes:

- **Blood Sample taken 313334002**
- **AND if requested by secondary care- add 165791000000107 Phlebotomy generated from secondary care done by practices**

The Provider should also complete the appropriate Phlebotomy template on Ardens for each appointment.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements

The Lead Provider shall ensure that participating practices delivering the Service:

1. Deliver the Service in accordance with applicable NHS guidance, professional standards, local pathways, and laboratory requirements.
2. Ensure staff undertaking venepuncture are appropriately trained, competent and authorised in accordance with the practice's local policies and

procedures.
3. Operate within the practice's established arrangements for clinical governance, patient safety, incident reporting, safeguarding, infection prevention and control, information governance, and health and safety.
4. Ensure blood samples are collected, handled, stored, and transported in accordance with agreed laboratory protocols.
5. Complete the agreed Ardens template for each venepuncture episode.
6. Deliver the Service in accordance with the Key Performance Indicators set out in this Specification.
7. Participate in any reasonable commissioner-led review, audit or assurance process relating to the Service.

Monitoring and Reporting (as a part of the wider Primary Care Quality Schedule)

The Lead Provider shall submit an annual assurance statement to the Commissioner confirming that participating practices continue to meet the requirements of this specification. The annual assurance statement shall include:

- Confirmation that participating practices remain compliant with the requirements of this specification.
- A summary of any significant service-related incidents, risks, complaints, or concerns relating to phlebotomy services and actions taken.
- Confirmation that appropriate workforce training and competency arrangements are in place.
- Confirmation that agreed KPIs have been monitored and reviewed.
- The Commissioner may request supporting evidence on an exception basis where concerns are identified regarding quality, safety, or performance.

All providers (Lead and subcontracted, where involved in direct patient delivery), will be required to accept the local Phlebotomy contract on Ardens and complete the Ardens template for each venepuncture episode

6. Location of Provider Premises

The Service will be delivered from any premises accredited to provide primary care services within the Northamptonshire commissioned geography.

7. Reimbursement of Services

7.1 Pricing and Payment

- The rate of payment is £7.82 per paediatric blood test appointment.
- The Lead Provider will be paid on a cost per case based on appointment. They will then renumerate subcontracted providers accordingly.
- The Lead Provider is entitled to make a fair and reasonable deduction on the cost of each test performed, by agreement with subcontracted providers, to discharge the duties of Lead Provider in terms of management, quality assurance and financial validation.

- The Lead Provider will be required to submit monthly, validated, retrospective claims to the ICB on behalf of all subcontracted providers, using an agreed claim form. The Claim Form must be submitted by the 8th of the month for payment the same month. Claims outside of this window will be made the following month. Claims must only relate to the previous month's activity and cannot be submitted for payment and reconciliation at a later date.

- Reconciliation will only happen against activity for Month 1. The Lead Provider must ensure that subcontracted providers submit invoices in time, on a monthly basis, to be eligible for payment. No further reconciliation against retrospective invoicing will be available.

- Providers **will not** be paid for failed venepuncture attempts; and claims must not be raised which include these.

- Providers **will not** be paid under this contract for any phlebotomy carried out through Extended / Enhanced Access arrangements, as these are separately renumerated.

- Claims can only be made once. I.e. any duplications submitted under any existing LES will only be paid under this contract.

- Providers **will not** be paid under this contract for any phlebotomy carried out by NHFT Community Nursing teams, which are taken to GP practices for onward conveyance to the Pathology lab.

- It is important that practices use the codes stipulated above, to ensure all activity is reported correctly.

8. Applicable Personalised Care Requirements

8.1 Applicable requirements, by reference to Schedule 2M where appropriate

Not applicable to this service.