

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	V9. 17.08.16
Service	Waltham Forest CCG Community and Domiciliary Phlebotomy Service (WFCG)
Commissioner Lead	Linda Fontaine. NHS Waltham Forest CCG
Provider Lead	TBC
Period	1 st April 2017 – 31 st March 2020 with a possibility of two years extension
Date of Review	Annual Review

1. Population Needs

1.2 Purpose, introduction and context

The purpose of this document is outlining the service specification for the Community and Domiciliary Phlebotomy Service (CDPS) that is high quality, safe, cost-effective and meets the diverse needs of the local population.

The service aim is to provide a routine and urgent CDPS to Waltham Forest population in community clinics. Domiciliary phlebotomy is to be provided to those who are confined to their homes due to illness, in care homes (with no nursing facilities) and or disability or learning disability with challenging behaviour and/non urgent patient transport service to attend hospital appointments.

The content of this refreshed specification is based on service review outcome and Healthwatch Waltham Forest review reports: *Community Phlebotomy (Bloodtesting) Services*, *Patient Participation Group*, *service provider feedback* and World Health Organisation (WHO) best practice guidelines for phlebotomy services.

The service specification is aligned with Waltham Forest CCG primary care strategic goal of delivery of primary/community based care system that delivers quality care and also ensuring that the primary care infrastructure is fit for purpose and supports patients to self-manage.

WFCG primary care transformation strategic objectives are as follows:

- To ensure effective community engagement to help support the delivery of patient centred care;
- To improve primary care services to deliver better health outcomes for the local population;

- To improve patient access to and experience of primary care services
- To maximise clinical engagement, ensuring strong leadership across all primary care services;
- Embrace technology and ensure that primary care infrastructure is fit for purpose and supports patient to self-manage; and
- Practices working collaboratively with other agencies to support the delivery of integrated care.

1.3 National/local context and evidence base

NHS Five Year Forward View (2014) sets out a new deal for general practice by recognising the central importance of everyone having access to a GP, underpinned by a registered list. Better Health for London: the London Health Commission, October 2014, identifies service and quality standards for delivery in primary care.

The 2010 health white paper 'Equity and Excellence: Liberating the NHS' and supporting document 'Liberating the NHS: Greater choice and control' signalled the commitment to provide greater choice for patients and closer to home – within the local community.

1.4 Local context and evidence base

Waltham Forest faces significant health challenges. Its residents experience more health inequalities than most other parts of England, have a lower life expectancy and experience higher than average deprivation. According to the Waltham Forest Joint Strategic Needs Assessment (JSNA) 2014/2015, the population stands at 262,566 based on the 2015 census. It has a more diverse young and mobile population than elsewhere.

Each year the JSNA reviews the health needs of the population and highlights the health challenges in the area and this is used as a framework for understanding health and care issues across the populations' lifespan.

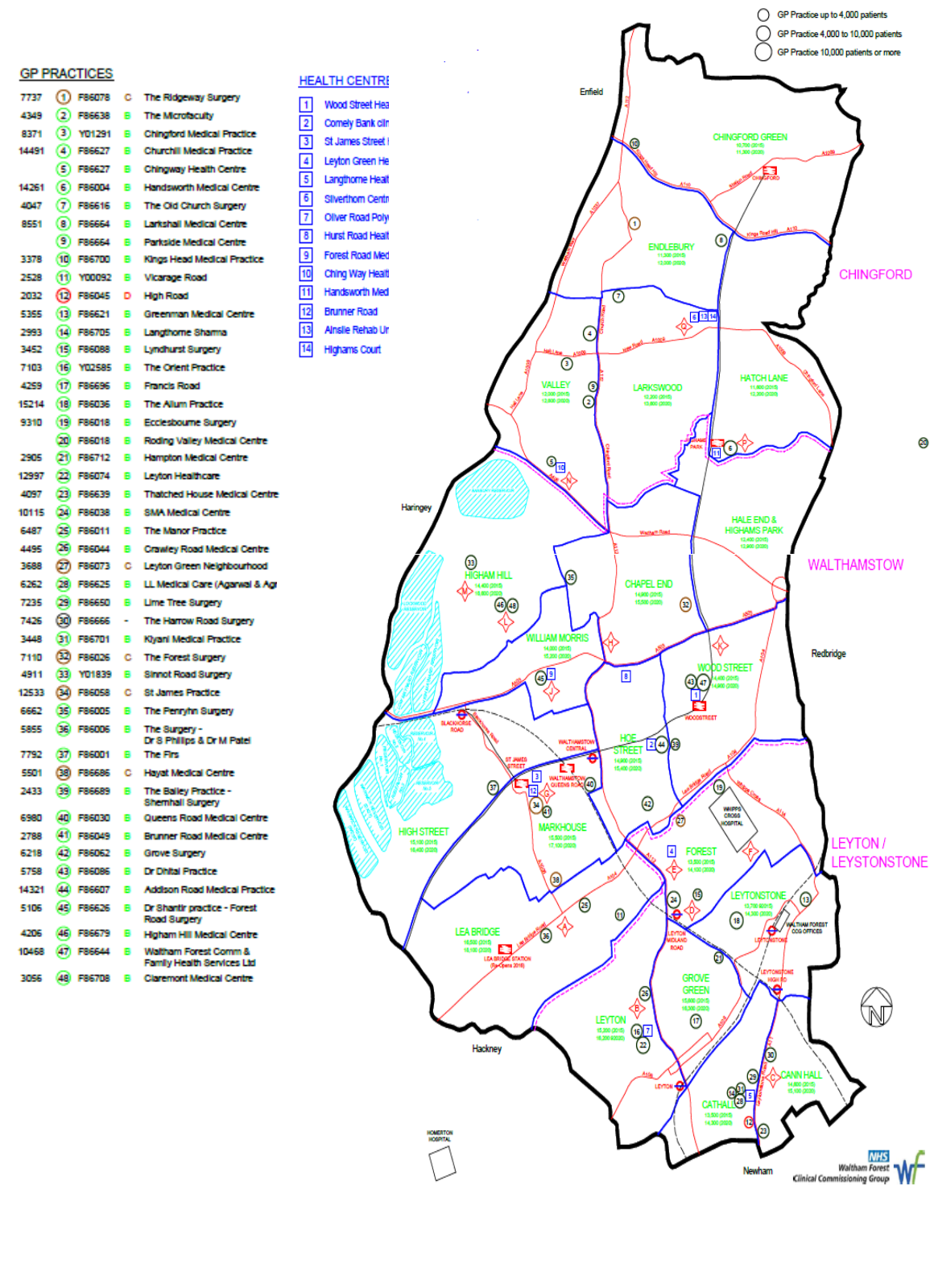
There is a general increased demand for phlebotomy, information from the current service provider indicate that this demand has increased year on year.

Furthermore, as long term conditions are increasingly managed in primary care through the implementation of care packages, the number of blood and other tests required in the community has risen. The number of blood and other tests will continue to increase with the implementation of further care packages.

The CCG is committed to commissioning services which meet the needs of the local population and strive to provide an integrated approach to care in the community.

This is to be achieved by maximising the facilities in the community, increasing phlebotomy provision by appropriately trained personnel and providing a service that is sensitive and responsive to patient needs and feedback, accessible in more convenient times/locations for patients whilst ensuring equitable access across the whole of the borough.

The borough is divided into 3 Localities based on local wards, namely, Chingford, Walthamstow and Leyton/Leytonstone.



List of GP Practices in Waltham Forest CCG

2. Outcomes**2.1 NHS Outcomes Framework Domains and Indicators**

The provision of good transition services will support improved outcomes across all five domains.

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	X
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm	X

2.2 Public Health Outcomes Framework

Domain 2	Health Improvement	X
Domain 4	Healthcare, public health and preventing premature mortality	X

2.3 Community and Domiciliary Phlebotomy Service Objectives

The phlebotomy service provides an opportunity for adults and children over the age of 10 years to receive routine tests, and domiciliary services in the community.

Barts Health Paediatric Outpatient Department provides paediatric phlebotomy service for under 10 year olds.

The community and domiciliary phlebotomy service will be provided locally in the community at delivery points that is conveniently located across the borough ensuring easy access across all localities in Waltham Forest. This model will provide local, accessible and integrated services that are aligned with providers within the health and social care economy.

Core service objectives will include;

- Provide an urgent and routine response to GP phlebotomy referrals that is reactive, flexible and timely;
- Core opening hours offered to accommodate patient need with walk-in and bookable slots;
- Provide a safe and deliver effective high quality care

2.4 Expected Service Outcomes

The following are a list of local outcomes that we expect the service to deliver;

- Safe, cost effective and high quality service.
- Routine referrals accommodated within a maximum of 1 working week from receipt of referral into the service, urgent referrals within a maximum of 1 working day
- Reduction in patient complaints

2.5 Population Covered

Waltham Forest CCG has just over 297,741 registered patients (2015) within Waltham Forest CCG there are 3 localities made up of the following:-

Locality	Number of patients
Leyton / Leytonstone	98,731
Walthamstow	133,907
Chingford	65,463

3. Scope

3.1 Scope of service

The aim of the service is to provide a community and domiciliary phlebotomy service to provide blood specimen obtained with no harm to the patient and phlebotomist, which will produce valid results from clinical laboratory testing for patients who reside in Waltham Forest or are registered with a Waltham Forest GP.

Minimum Service Requirements:

- Provision of a local, convenient and easily accessible community and domiciliary phlebotomy services at agreed community locations across Waltham forest.
- Core opening hours (8:30am-6:00pm) Monday to Friday (and Saturday where pathology laboratory service is operational).
- Domiciliary phlebotomy to be provided to those who are permanently confined to their home due to illness or disability and/ or rely on non-urgent

patient transport service to attend outpatient appointments. Also to those in care homes with no nursing facility

- Offer wider choice of appointments including pre-bookable slots, on-line booking option and appointments times specifically targeted to working people and those with special needs.
- Offer a mix of “Walk in Service” with no appointment required and also booked appointment slots at pre-determined locations for priority patients (example fasting ad diabetes).
- Accessible for all patients respond appropriately to the physical health needs of vulnerable groups.
- Availability of single room(s) or private area to ensure privacy and dignity requirements are met according to individual patient need.
- Service provided by trained phlebotomist(s) experienced to deal with patients with challenging behaviour and /or learning disabilities and /or autism, difficult to bleed, children, patients who are anxious/likely to faint and patient requiring glucose tolerance.
- Provision of community based access points that are easily accessible by public transport and in compliance with disability access requirements;
- Publicised monthly average waiting times.
- Establish and maintain links to existing pathology service arrangements, allowing for timely processing of samples and prompt return of results to referrer.
- Provide own transportation (courier) of blood samples to pathology laboratory services.
- Putting in place robust clinical safety, quality and governance measures that protect users.
- Enhancing service user satisfaction by undertaking patient feedback activities and patient experience initiatives and innovations.
- Service locations (infrastructure & resource permitting) with adequate parking and good access to public transport links.
- Waiting times that are be no more than 30 minutes for booked appointments and no more than 60 minutes for walk-ins.
- Service users and the public to be involved in quality improvement activities.
- Daily waiting information to be made available to patients on request
- A range of communication and publicity materials for GPs and patients to promote the service, its delivery process and mechanisms for feedback.

3.2 Service description/care pathway

Under the community and phlebotomy service specification, the provider is expected to provide all standard blood tests to the adult population and children over the age of 10 years who are registered with a GP in Waltham Forest CCG or residing in the borough. (List of GP practices – see Section 1.4 of the specification), at a delivery point that is conveniently located to their homes.

The service provider is also required to provide domiciliary phlebotomy for all eligible patients within their locality. Also to those in care homes with no nursing facility.

For the purpose of this service specification the term phlebotomy is used to describe the complete procedure from receiving the service user to the dispatch of the blood sample, including venipuncture, the actual act of venous blood.

The provider is expected to ensure that there is sufficient waiting space for patients and appropriate check in system (for example the use of a ticketing machine) for walk-in patients, to ensure that patients are seen in the order that they came in.

Booked-in patient must be told on arrival approximately how long before they are seen.

- Daily waiting time information to be made available to patients on request
- Publicised monthly average waiting times

Providers will be required to deliver a transport schedule of a minimum of one organised blood pick-up at each provider location, to be delivered to Barts Health Pathology Department during Monday to Friday (and Saturday if provided)

Quality and safety requirements:

The provider must ensure there is a written protocol for the provision of this service. All staff must be familiar with this. The protocol must be included as part of the providers submission.

- infection control
- needle-stick injury management,
- management of spillage
- procedures in place in cases of emergency e.g. patient collapsing/fainting

This will include ensuring that there is a safe clinical environment for the storage of blood samples prior to transportation to the Pathology Laboratory. All samples must be transported to the Pathology Laboratory on the day that they are taken.

Maintain records for patients in line with NHS Standard and Practice and capture patient outcomes on appropriate data recording systems for audit and responding purposes.

The service will adopt and adhere to NHS quality standards and guidelines, together with all relevant Waltham Forest Clinical Commissioning Group (WFCCG) policies and guidelines.

Security measures must be in place to ensure the safety of both staff and patients and all staff should receive Health & Safety training.

3.3 Referral, Access and Eligibility Criteria

The provider will provide the service to all patients presenting with GP request form generated through TQuest. The CCG will work with the provider to standardise referrals for blood test via TQuest.

From the 1st April 2016 referrals to the service for domiciliary phlebotomy will be made via secure mail or other electronic methods. Patients, upon referrals being

received, shall be contacted by the service administration team informing them of the date the phlebotomist will visit.

Domiciliary referrals will be responded to within 2 days. Where the referral is urgent the phlebotomist shall attend to the patient within 4 days and for routine referrals within 2-3 weeks.

Bookable referrals will be made through a telephone system or website, where the system is live or patients will access the service via a primary care professional completing the appropriate referral process.

Priority for bookable appointments will be given to urgent requests, fasting or patients with special needs.

Electronic referral is the recommended method. GPs will indicate on referral forms whether the referral is routine, urgent or other relevant patient information that will aid triage and prioritisation.

The service provider will ensure that facilities being used comply with all current NHS standards, good clinical & healthcare practices and any applicable quality standards to promote positive patient experience.

The provider shall ensure suitable and professional reception process is in place to meet and greet patients, process the booking and provide service information to the patient as appropriate.

3.4 Days/Hours of Operation

Waltham Forest CCG require community phlebotomy services to be widely accessible for service users from all different background during core opening hours (8.30am – 6.00pm) and also to consider service extended hours, service provision 7 days a week or extended hours, where this coincides with pathology laboratory opening hours.

The provider shall ensure that as a minimum there is at least one clinic open providing the service within the borough available to patients as set out in the core hours (8:30am – 6:00pm).

3.6 Cancellation of clinics

Cancellations of booked sessions should be avoided to minimise service disruption and negative patient experience and where deemed appropriate, it should be considered as a last resort.

A cancelled session should be rescheduled immediately to ensure that the service keeps in line with targets and outcomes.

The provider is encouraged to use SMS message reminders to reduce DNA rates for those patients who have a bookable appointment.

3.7 Service User Experience

The provider shall have an agreed patient and carer engagement plan that is annually updated with the active involvement of patients and shared with the commissioner.

3.8 Interdependence with other services/providers

The service provider must ensure that they have their own and appropriate transport in place for the safe and efficient collection and delivery of the samples to the local laboratory. The service provider must ensure that they work in partnership with the local laboratory provider to ensure that samples arrive on time and within allocated time frames.

The service provider will work closely with all Waltham Forest CCG practices to ensure regular communication of services availability/ changes etc. The service provider will inform Waltham Forest CCG of the availability of all phlebotomy services and any changes so that an up to date list of phlebotomy services available to patients across the area can be made available to all practices.

3.9 Record Keeping

Providers will be required to organise an electronic record keeping information exchange system in line with the agreed interoperability guidelines and national and local digital requirements.

3.10 Notification of results

Practices will provide patients referred to the community phlebotomy service an information sheet or checklist detailing how they can be notified of the results.

In case an information sheet or checklist is not provided to the patient, the provider must agree with referring practices in their locality a default communication response for the notification of results and notify the agreement with Waltham Forest CCG before initiation of the service.

Results will be available through TQuest to GPs and where technology is available to GPs via CyberLabs (and in 2016/17 CyberLabs may be replaced by Cerner/HIE).

4. Premises and Equipment

Sampling should take place in an appropriate clinical room with:

- adequate light and ventilation A suitable chair with an integral arm rest
- sink/hand wash facilities
- adequate sharps and clinical waste facilities
- oxygen easily available and a selection of airways
- telephone or other method of communicating with reception/colleagues in an emergency

- adequate supplies of specimen bottles, needles, vacutainer systems etc. should be available
- adequate waiting space for patients both before and after sampling procedure
- Access to suitable facilities for patients who faint following the procedure

Accommodation

- Clinical rooms must be appropriately sized and equipped and must offer patients privacy and dignity in line with Essence of Care 2003 and the Equality Act 2010.
- Discrete and single sex toilet facilities must be made available for patients.
- Appropriate infection control procedures are in place.

5. Key Performance Indicators for the service

Data to be collected & submitted monthly by clinical site and no of domiciliary/care homes visits:

Activity levels by service:

- Phlebotomy Test administered
- Glucose Tolerance Test administered
- Domiciliary/home care Phlebotomy Test administered
- DNA rates for pre-booked appointment
- Maximum waiting times experienced for service users
- Average waiting times experienced for service users
- Patient feedback questionnaires on provision of services (summary of findings to be provided to the CCG)

Performance Indicator	Description	Threshold	Method of measurement	Frequency Monitoring
Quality	The Provider shall survey a representative sample of patients at least once per year in order to gauge levels of satisfaction and equality of provision carried out.	≥90% Positive response rate	Patient Survey To capture feedback on service user experience to demonstrate and improve service quality	Annually
Performance & Productivity	Percentage of walk-in patients that have blood taken within 1 hour of attending a clinic session.	≥90%	Service provider to produce evidence and submit to the CCG	Monthly

	Percentage of pre-booked patients that have blood taken within 30 minutes of attending a clinic session.	≥90%	Service provider to produce evidence and submit to the CCG	Monthly	
	Percentage of domiciliary/care home patients who have their referrals responded to within 2 days and urgent referrals seen within 4 days.	≥90%	Service provider to produce evidence and submit to the CCG	Monthly	

6. Finance, Activity & Performance Monitoring

Indicative service line costings and key performance indicators for the phlebotomy service will include:

- Number of Bleeds/phlebotomy administered
- Glucose Tolerance Test administered
- Number of Domiciliary/home care Phlebotomy administered
- Number of DNA for booked appointments
- Number of book-ins who exceeded waiting time targets
- Patient feedback questionnaires on provision of services (summary of findings to be provided to the CCG)

7. 2014/15 Activity

Phlebotomy Service activity and costing tool	Contracted activity (number of bleeds)	Activity (number of actual bleeds)	Domiciliary activity	
2014 – 2015	173,690	140686	936	
2015 - 2016	158568 actual	135663 actual	860 (actual bleeds)	
2016-2017 (forecast)	173,690	137,155 (forecast outturn)	936 (forecast outturn)	
2017-2018 (forecast outturn)	145,000 community clinics		1000 Domiciliary/Care Home	