

## **Service Specification for Locality Phlebotomy Service Providers**

### **1. Service Description**

Delivery of phlebotomy clinics within a community setting, to provide convenient access for patients, who have been asked by their health professional to have a venous blood sample taken.

### **2. Staffing and Training**

The Subcontractor will undertake to:

1. Provide staff to carry out the collection of the blood samples. All such staff must be trained and deemed competent to perform phlebotomy by trainers employed by the Head Provider.
2. Phlebotomy staff will follow the Standard Operating Procedure (PH LPR15 included in Appendix 3 of this contract) for the collection of venous blood samples provided by the Head Provider
3. All staff will receive a yearly assessment of their competence by Head Provider training staff, and the Subcontractor will agree to release these staff at a mutually convenient time to undergo reassessment.

The Subcontractor will co-operate with Head Provider trainers if there are issues regarding the ongoing competence of staff at their clinics. That member of staff must be released to attend a competency assessment and retraining session organised by UHCW if deemed necessary by the phlebotomy trainer(s). If the issues are considered sufficiently serious, the member of staff must cease any phlebotomy duties until this reassessment and training can be carried out, even if this means that the operation of the clinic has to be suspended.

The Head Provider will monitor and trend the errors made by each Phlebotomist. Appendix 2 sets out the process that will be followed should recurrent errors by a phlebotomists occur.

The Head Provider will train up to two staff in any eighteen month period for each phlebotomy clinic site. If training of additional staff is required within any eighteen month period, the cost of this training will be charged to the subcontractor.

### **3. Exception/Exclusion Criteria**

The service is open to all patients

- with a blood test request form
- aged 16 years or over

Exclusions from this service are:

- patients aged 15 years and under
- patients with a request form that contains any of the specialised tests listed in document PH PI8 (pg 4&5) (Included in Appendix 3 of sub contract)
- patients with a history of being hard to bleed

### **4. Population Covered**

This service is open to patients with a blood test request form from GP Practices and NHS Hospitals and services in Coventry and Warwickshire (except when an exclusion criteria listed in para 3. above applies)

#### **5. Interdependencies**

When scheduling clinics, the Subcontractor will need to take into account the scheduled pathology transport collections from the clinic site in order to ensure that blood samples are collected appropriately.

#### **6. Premises**

The Subcontractor will provide Phlebotomy Clinics from locations listed in NHS Subcontract agreed between CWPS and subcontractor.

The Subcontractor is responsible for ensuring that the area, furniture and equipment used for phlebotomy complies with the accreditation standards for premises set out in Appendix 1 of this service specification and cooperates with the Head Provider in allowing inspection of the premises by the Head Provider to ensure that this is the case.

The Head provider will give at least 48 hours' notice of any visit to the clinic and will work with the Subcontractor to identify a time to visit that does not interfere with service provision.

All phlebotomy specific furniture and Phlebotomy equipment will be purchased by the Subcontractor and maintained in good working order.

#### **7. Consumables**

The Subcontractor will manage and maintain stocks of consumables required to provide the phlebotomy service by ordering items from the Head Provider as listed at 12 iii. Temperature sensitive consumables must be monitored by the Subcontractor using document PH LF41 (Included in Appendix 3 of sub contract) Items ordered through the head provider must only be used to provide the phlebotomy service set out in this agreement.

All other consumables required to provide the service must be purchased directly by the Subcontractor from recognised national suppliers. The Head Provider will provide information and details of such suppliers if required. The consumables to be purchased by Subcontractor:

- Gloves
- Plasters
- Alcohol wipes (containing 2% Chlorhexidine)
- Micropore tape

#### **8. Service Provision**

The Subcontractor will be responsible for deciding the structure of their clinics and whether they offer appointments or walk in services. The subcontractor will be supported by the Head Provider to implement and use the Coventry and Warwickshire wide online appointment booking service for phlebotomy clinics, SwiftQueue.

#### **9. Service Continuity**

The Subcontractor should direct patients to alternative phlebotomy sites, or to the two hospital sites, if they are unable to maintain their service for any reason e.g. as a result of staff absence.

#### **10. Waste Management**

The subcontractor is responsible for the appropriate disposal of waste generated by their phlebotomy clinics. Ensuring that all legal requirements for the disposal of the types of waste generated are followed eg sharps and clinical waste disposal.

#### **11. Indemnity Reimbursement**

The Subcontractor will be responsible for indemnity insurance for staff performing phlebotomy duties. They are responsible for recovering the costs of the indemnity from Coventry and Warwickshire Pathology Services and should send proof of the indemnity and evidence of the costs incurred to:

Finance  
Coventry and Warwickshire Pathology Services  
4th Floor West Wing,  
University Hospital,  
Clifford Bridge Road,  
Coventry CV2 2DX

Email: [accounts.payable@uhcw.nhs.uk](mailto:accounts.payable@uhcw.nhs.uk)  
[Hemanshu.Kansara@uhcw.nhs.uk](mailto:Hemanshu.Kansara@uhcw.nhs.uk)

#### **12. Transport of Samples**

The Head Provider will be responsible for the collection of samples and their delivery to a pathology laboratory stabilisation site. The subcontractor will ensure that samples are ready to go on the earliest possible transport from their site so that samples reach the laboratory as soon as possible.

In the event that any Subcontractor is notified of the failure of any normal transport arrangements by the transport provider, the Head Provider will reimburse the Subcontractor for any reasonable costs associated with making alternative transport arrangements for getting the samples to one of the Coventry and Warwickshire Pathology Sites. These costs might be the mileage costs of staff transporting samples to those sites, or the costs of arranging a taxi to take them to the nearest site.

*NB University Hospital currently provides a pick up service from all GP surgeries in Coventry. It is suggested that locality clinics contact their nearest surgery, and make themselves aware of the pickup times. In event of their own transport arrangements failing, they may then be able to leave samples at the surgery to be picked up by UHCW staff.*

#### **13. The Head Provider agrees to:**

- i. Provide the training and regular reassessment of staff in order that they are competent to carry out phlebotomy duties. This will consist of an annual update and reassessment of competence as a minimum with update training should any changes in practice be required.
- ii. Investigate any Clinical Adverse Events (CAEs) raised as a result of patients attending such clinics for the collection of blood samples. Advice

on actions required as a result of any CAEs will be provided by Head Provider

- iii. The supply of the following items for the phlebotomy service:
  - a. Blood collection tubes
  - b. Needles
  - c. Holders
  - d. Pink Bar code location stickers
  - e. Specimen bags
  - f. Reusable tourniquets
- iv. Work with the sub contractor to risk assess blood tube storage at the clinic and the Head Provider will monitor storage temperature once per year to ensure appropriate environment for tube storage.
- v. Head Provider staff will enter the details of the collection location in the laboratory computer system. This is providing all information is provided from the Subcontractor as detailed in paragraph 5 above. That information will be extracted from the computer system on a monthly basis and reconciled with the lists received from the Subcontractor. All discrepancies will be investigated.

## Appendix 1

### PHLEBOTOMY SERVICE PREMISES ACCREDITATION PROFORMA

Person completing form .....

Date of assessment...../...../.....

#### FACILITIES

REQUIREMENT	ASSESSMENT	COMMENT
Is the area private that will allow visual privacy and dignity?	YES/NO	
Is there appropriate flooring ( non absorbent flooring/ no carpets) in this area?	YES/NO	
Is there a dedicated phlebotomy chair?	YES/NO	
Alternatively, is there an ordinary chair with a table of the right height available for the patient to rest their arm on or nothing present?	YES/NO	
Is there a table/ shelving in the clinical area for putting a sharps box on?	YES/NO	
Alternatively is there a wall mounted sharps box?	YES/NO	
Are there at least 3 chairs in your waiting area?	YES/NO	
Is there prominent signage for visually impaired patients already in place?	YES/NO	
Is there a separate area where staff can have lunch breaks, away from the clinical area?	YES/NO	
Is there a dedicated hand washing facility in this clinical area?	YES/NO	
Is there suitable storage facilities for the required phlebotomy consumables/	YES/NO	
Is there a suitable work station for use during venepuncture?	YES/NO	

Date for review...../...../.....

SIGNED.....

PRINT.....

## **Appendix 2**

### **Development and training Process to support phlebotomists with recurring errors**

If a Phlebotomist is found to have met the below criteria, the informal performance review stage will begin, as defined below.

#### **Criteria for performance review**

1. 3 errors within a single month or 1 serious error that has the possibility of having an adverse effect on a patient's care (determined by the Head Provider)
2. At least 1 error for 3 consecutive months

#### **Performance review process**

##### *Informal stage*

1. The Subcontractor is notified via email by the Head Provider and informed their Phlebotomist has met the above criteria.
2. A member of the training team will review the recent errors made and visit the Local Blood Clinic to discuss training requirements and other factors which may affect the Phlebotomist's performance.
3. Upon completion of all actions identified, a target will be set. Zero errors for 6 weeks.
4. During this 6 week period the trainer will meet the Phlebotomist weekly, face to face or via telephone, to discuss progress and any errors made.
5. Upon completion of the 6 week target the Phlebotomist will no longer be performance managed. The Subcontractor will be contacted via email by the Head Provider to inform them that the Phlebotomist will no longer be performance managed.
6. If the Phlebotomist defaults on the above mentioned 6 week target, a review of the errors made will be take place by the trainer and discussed with the Phlebotomist.
  - a. If the trainer concludes that further action is required to aid the Phlebotomist in meeting their target, the action should be completed and the 6 week target should reset.
  - b. If the trainer is unable to identify additional actions then the Phlebotomists should be referred to the formal stage.

##### *Formal stage*

1. Upon referral to the formal stage the Subcontractor will be notified via email.
2. A meeting will be held between the Subcontractor and the Head Provider to discuss the actions taken during the informal stage of the performance management process.
3. During the meeting any further actions recommended by the Head Provider and the Subcontractor will be discussed. Upon completion of the actions a new 6 week target will start.
4. A Weekly meeting should be held with the Head Provider, Phlebotomist and Subcontractor to discuss progress and errors made
5. Upon completion of the 6 week target the Phlebotomist will no longer be performance managed. The Head Provider will contact the Subcontractor via email to inform them that the Phlebotomist will no longer be performance managed.

6. If the Phlebotomist defaults on the above mentioned 6 week target, a meeting will be held with the Head Provider, Subcontractor and Phlebotomist where the errors made by the Phlebotomist.
  - a. If the trainer concludes that further action is required to aid the Phlebotomist in meeting their target, the action should be completed and the 6 week target should reset.
  - b. If the Head Provider and the Subcontractor are unable to identify additional actions, the Phlebotomist's competency should be revoked and seize their Phlebotomy practice.

## **Appendix 3**

### **Related Documents**



Phlebotomy A  
Guide to having a b

PH PI8 - Phlebotomy - A Guide to having a blood test



Phlebotomy  
network temperatur

PH LF41 – Temperature monitoring table



Venepuncture  
Network SOP (PH LP

PH LPR15 – Venepuncture SOP