

REPORT TO THE PBC GOVERNANCE TO BE HELD ON 10th February 2010

Enclosure:	South East Staffordshire Phlebotomy Business Case				
Subject:	Phlebotomy in primary care				
Lead Director:	Sue Price				
Lead Officer:	Rachael Bolton/Frances Sutherland				
Recommendation:	For Approval	x	For Discussion		For Information

PURPOSE OF THE REPORT:

To solve the capacity problems in South East Staffordshire by commissioning a phlebotomy service through a LES. This LES is already in existence in the PCT.

IMPLICATIONS:

Legal and/or Risk	The capacity issues have been raised as a risk due to high numbers of patients attending each clinic.
Standards for Better Health	D1 Safety C7 Governance, particularly C7d D11 Accessible and Responsive Care, particularly D11c
Financial	The cost to provide this service to be financed by potential activity taken from the Provider contract. The cost of the LES is: £68,221 year 1 £71,632 year 2 £75,214 year 3 *The LES payment excludes bloods that have been funded historically via the GP contract.
Training	No training is needed as the service already existing in GP practice
PBC	Project led initiative
Patient Engagement & Safety	

RECOMMENDATIONS / ACTION REQUIRED:

Action required: Agreement to the proposal

ANNEX 2

A Service Provision Template Business Plan

This pro-forma has been designed to assist in submitting an outline business plan proposal for local service provision. This proforma should be used for proposals to be submitted under contracting schemes such as a Local Enhanced Service (LES), PMS, SPMS and APMS etc.

The PCT can provide assistance in completing this proforma. Please provide as much information as possible to enable the PCT to make a provisional informed decision in principle. The PCT will be looking for the proposal to meet local needs as well as falling within the scope of the PCT strategic commissioning framework and priority areas as listed in Section 1 of this proforma. The PCT will also be looking for evidence that this proposal has been developed in line with local public and front-line staff opinion and that local public health issues have been addressed.

(NB: Annex 1 is also available in Word so it can be amended for local use. [Click here to open](#))

TITLE OF PROPOSAL	South East Staffordshire GP Phlebotomy services
ORGANISATION/ COMMISSIONING BODY	
LEAD NAME FOR PROPOSAL	Rachael Bolton Frances Sutherland
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Document Control

Document Version	Date of Revision	Summary of Revision
Version One 8/11/09		First Draft
Version Two 27/11/09		Amendments to introduction and data
Version Three 19/01/10		Amend calculations due to revisions of data
Version Four 21/01/10		Executive Draft
Version five 2/1/10		Revision of Exec Draft

Section 1: Compliance with the PCT Commissioning Framework

This business plan complies with the following priority areas as outlined in the PCT Commissioning Framework:

PCT Commissioning Framework Priority Areas: <i>PCT to complete PCT Commissioning Framework priorities as outlined in the PCT LDP and ISIP.</i> <i>Full details of each of these areas are available from your PCT</i>	This business plan relates to the following <i>(Proposer to tick as appropriate):</i>
<i>PCTS have specific targets on all of the following areas in line with national directives regarding achievement thereof, and practice are expected to work within these priorities as practice based commissioners. With regard to your specific service proposal, please tick all appropriate boxes served by your scheme.</i>	
1. National priorities	
1.1 Improving health of the population	<input checked="" type="checkbox"/>
1.2 Supporting people with long term conditions	<input checked="" type="checkbox"/>
1.3 Access to services	<input checked="" type="checkbox"/>
1.4 Patient/user experience	<input checked="" type="checkbox"/>
1.5 Achieving financial balance	
1.6 Implementing reform	
1.7 6 key service priorities:	
- health inequalities	
- cancer 31 and 62 day waits	
- 18 week wait	
- MRSA	
- Patient Choose & Book	
- Sexual health & access to GU medicine	
1.8 Links with Integrated Service Improvement Plan	
(ISIP) & Benefits Realisation Plan (BRP)?	
2. Local priorities	
(for completion locally)	

Section 2: Outline of the Proposed Service Provision

<p>Introduction <i>Give a brief out line of the background (i.e. current service provision and demonstration of need for improvement. Include Health Needs Assessment)</i></p>	<p><u>Present Pathway</u> Within South East Staffordshire there is a mixture of provision for phlebotomy services:</p> <ul style="list-style-type: none">• Hospital outreach in practice• Practice based phlebotomy (funding was set in 2001)• Clinics at community hospitals (these are intended for patients attending outpatient appointments). <p>This business case focuses on practice based phlebotomy and clinics at the community hospital and not hospital outreach in practice which will be scoped as a separate piece of work.</p> <p><u>The Problem</u></p> <p>There are a number of problems with phlebotomy services in South East Staffordshire these being:</p> <ol style="list-style-type: none">1. The community hospitals have reported a capacity problem with their outpatient phlebotomy service and some patients have been turned away.2. Provider Services have now given notice that they will charge £5.50 per appointment from the 1/4/2010 for patients referred from their GP this activity has never been charged3. Practices are reporting that their clinics are full to capacity and are sending increasing numbers to the community hospitals to meet the demands. <p><u>The Finances</u></p> <p>This is a very complex subject with various funding streams that we set years ago and not documented. Therefore a methodology is outlined below to calculate current levels of funding and funding needed to meet the demands</p> <p>These concerns were raised with the commissioners in March 2009 and a scoping exercise took place to assess the current activity levels.</p> <p>In order to calculate the options the total number of bloods taken per annum is 115693 per annum. This is a combination of bloods taken at practices and the hospital (excluding those referred as a result of an outpatient)</p> <p>It has been assumed that the proportion of these GP bloods have been funded historically via the GP</p>
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	<p>contract. There has been an increase in population and a change in clinical diagnostics but there has been no additional services commissioned. It has been calculated that the difference between numbers taken and funded is 74423 bloods each year (please see spreadsheet in Appendix A).</p> <p>Options</p> <p>Options have been developed to commission this gap in service</p> <p>1. Funding required for current activity levels for patients to attend community hospitals.</p> <p>Cost calculated as follows:</p> <p>74423 additional bloods x £5.50 per blood = £409,323</p> <p>2. Commission the same outreach service as East Staffordshire Hill Street service.</p> <p>Payment based on all appointments costing £2.05 per blood.</p> <p>74423 x £2.05 = £152,567</p> <p>3. Offer practices the existing LES</p> <p>Payment is £11 per hour with 12 bloods being taken each hour.</p> <p>Cost calculated as follows:</p> <p>74423 additional bloods/12 bloods an hour = 6202 hours 5998 hours x £11 an hour = £68,221 needed for the LES</p>
<p>Outline of Proposal <i>How does this link to PCT & Local priorities?</i></p>	<p>Option 3 is proposed for approval for the following reasons:</p> <ul style="list-style-type: none"> • Provides services close to home • Offers value for money • Supports management of certain disease areas e.g. coronary heart disease, diabetes
<p>Aims & Objectives <i>(Please expand on the brief outline that you gave in the Commissioning Proposal)</i></p>	<p>To solve the capacity problems in South East Staffordshire by commissioning a sustainable phlebotomy service to meet the current demands from practices.</p>
<p>Management of the Service <i>(Explain how the service will be managed i.e.</i></p>	<p>Management would stay within the practice.</p>

<i>receiving referrals, appointments, outcomes and waiting list requirements)</i>	
Scope of the Proposed Service (i.e. which patients will be using the service, Target Localities/patient profile)	All patients needing a blood test referred from their practice. Main users of the service will be patients with long term conditions and the older population

What will be the benefits to Patients? <i>(How will this link in to Choice/Choose & Book?)</i>	Patients can currently wait up to several weeks to get a blood test at their practice, alternatively they attend the community hospital whereby it is first come first serve basis. The community hospitals have started to turn patients away. This increase in service provision would therefore improve access and investigation times. Outpatient flow for phlebotomy clinics will also improve.
What will be the benefits for Clinicians/Staff?	Faster access to clinical results
What will be the anticipated benefit area for the PCT <i>(i.e Number of Reduced Admissions / Avoided Out Patient attendances)</i>	<ul style="list-style-type: none"> • Increased patient satisfaction • Improved management of long term conditions • Most cost effective method of meeting the demand

Milestones & Timescales	Milestone	Timescale
	Agreed by South East Staffs PBC	January
	Agreed by PBC Governance	February
	Confirm and agreed detailed costs per practice	February/March
	Confirm contracted activity with all the providers (Provider Services, Good Hope Hospital and George Elliot)	March
	LES sent out to practices	March
	LES returned	April
	Claiming for the LES	May

Initial Risks Associated with the Service Provision Proposal and Strategy for managing those risks (Countermeasure)	Risk	Countermeasure
	Not approved and patients sent to the community hospitals	Increase Provider contract value
	Practices receiving monies for other LESs that include blood taking e.g. Anticoagulation LES	Clearly state bloods excluded from the LES and monitor this.

Section 3: Financial Implications

Annual Expenses (Cost of New Service) <i>List a breakdown of all expenses, remembering to add on-costs to staff costs</i>	Year 1	Year 2	Year 3
Capital Costs	Na	Na	Na
Staffing Costs, including backfill for clinicians running new service provision	£68,221 (cost of LES for 74,423 patients)	£71,632 (Uplift of 5% from year 1)	£75,214 (uplift of 5% from year 2)
National Insurance@9.3%	Na	Na	Na
Training and Supervision Costs	Na	Na	Na
Other Training (Attendance at conferences/national courses/Symptom Management courses)	Na	Na	Na
Equipment & Materials	Included in the cost of the LES	Included in the cost of the LES	Included in the cost of the LES
Set up costs			
Uniform	Na	Na	Na
Sundry equipment	Na	Na	Na
Other Expenses	Na	Na	Na
Total Cost of New Service	£68,221 (cost of LES for 74,423 patients)	£71,632 (Uplift of 5% from year 1)	£75,214 (uplift of 5% from year 2)
Anticipated Revenue <i>please explain source of revenue</i>			
Profit Element for Service Provider	Na	Na	Na

Anticipated Financial Benefit to PBC Budgets	Year 1	Year 2	Year 3

Anticipated freed up resources achieved through avoided secondary care activity. <i>Please specify:</i>	£409,323 (community hospital contract)	£429,789 (community hospital contract including 5% increase)	£451,278 (community hospital contract including 5% increase)
Less Cost of new Service Provision to users of the service	£68,221	£71,632	£75,214
Potential Surplus to PBC Budgets	£341,102	£358,157	£376,064

How much funding is being requested & identification of purpose	£68,221 year 1 £71,632 year 2 £75,214 year 3 Purpose: LES payment *The 5% uplift includes increases in the older population and changes in clinical pathways into community settings.
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Note: Further PBC guidance is expected before the commencement of the next financial year in April 2006. Practices are urged to consider this guidance closely once published for consideration within their budgetary discussions with PCTs as they become practice based commissioners.

Section 4: Corporate Governance

Please note that some contracting methods will entail certain liabilities, for example a Limited Company option under APMS. It is therefore essential specialist advice is taken to understand clinical/personal liability, medical indemnity etc.

<p>On which contracting basis do you intend this service provision to be based? <i>e.g. LES, PMS, SPMS, APMS, PCT GPSI Commissioned Service, please explain.</i></p>	<p>LES</p>
<p>Which National, NSF and PCT Targets will this service provision deliver against?</p>	<p>Long Term Conditions and Older People NSFs' Improved access to services SSPCT Strategic Goals: Access to Services and Patient Experience</p>
<p>Demonstrate links to Standards for better Health <i>(Please identify standards and describe how this plan will support achievement of the standards)</i></p>	<p>D1 Safety C7 Governance, particularly C7d D11 Accessible and Responsive Care, particularly D11c</p>
<p>Patient, Public & Front-line Staff Involvement. <i>Please describe how you have involved Patient, Public and front-line staff in this proposed development.</i></p>	<ul style="list-style-type: none"> • GPs have been involved in discussions regarding fair payment of phlebotomy services • A questionnaire was carried out in East Staffordshire whereby patients were asked about the phlebotomy service at Hill St. One of the outcomes was that patients appreciated not having to attend the hospital and also having to wait several hours. • Practices have raised concerns with the current capacity problems and have sited examples of patients being turned away from clinics.

Section 5: Quality & Corporate Assurance

Please note there is value in discussing your proposals early on with your PCT Clinical Governance Lead

Clinical Governance Assurances	
Please provide details of how the intended provider location meets Health & Safety and other Clinical Governance Assurance standards	All GP practices have to meet the Health and Safety and Clinical Governance Assurance standards
Please Specify Audit arrangements ie, patient satisfaction surveys, reduction of hospital referrals & admissions	The number of patients attending the GP practices and community hospitals will be audited.
What Quality Checks will be in place?	Quality checks will be in place as part of the GP contract
What information will you supply to the PCT and with what regularity?	Patient numbers will be provided to the PCT to allow them to monitor the use or the service and pay accordingly.
Outline Contractual Arrangements (To be detailed in the Service Level Agreement)	
Proposed period of Contract	3 years
Proposed Notice Period	3 months
What Contract Review arrangements do you envisage?	The LES will be reviewed annually as part of the review of all LESs
How will Complaints be managed?	Complaints will be managed in accordance the with PCT complaints policy.

To be Completed by PCT:

Comments received:	Date
Service Development Group	
Clinical Governance Lead	
Executive Directors	
Professional Executive Committee	

Outcome of Application	Name	Date
Approved – on the basis of:		
Rejected - Reasons for Rejection:		
Passed for Payment:		

Appendix A Bloods by practice

key

	bloods taken by GHH in practice and paid for by PCT
	bloods taken by GE in practice and paid for by PCT
	Est number of bloods where there is a lack of data, based on 72% of list size
	Actual number of bloods taken by practice

	A	B	C	D	E	F	G	H
	List size	Average no of bloods per annum	% of people for practice list size	Payment by PCT per annum	Current level of funding (£7.16 per 1000 patients per year in practice)	The number of bloods that current funding would allow based on £11 per hour at a rate of 12 bloods per hour	How many unfunded bloods are carried out	Additional monies required
Calculations	na	na	(C/B)x100	na	((A/1000)x£7.16)x12	(E/£11)x12	A-F	(G/12)x£11
Westgate	17802	11290	63	£8,640.36				
Anchor	2206	1469	67	£2,880.12				
Laurel House	13213	9739	74	£5,400.23				
Crown Medical	4813	2813	58	£4,320.18				
Heathview	2215	1594	72	£2,000.00				
Tri-Links	5350	3852	72	£2,000.00				
Langton	10318	8239	80		£886.52	967	7272	£6,666.08
Aldergate	12867	10289	80		£1,105.53	1,206	9083	£8,325.87
Wilnecote	7532	4430	59		£647.15	706	3724	£3,414.05
Cloisters	9032	8244	91		£776.03	847	7397	£6,780.97
Hollies	15523	12235	79		£1,333.74	1,455	10780	£9,881.86
Yarra V	2530	1121	44		£217.38	237	884	£810.02
Minster	2036	3050	150		£174.93	191	2860	£2,621.27
Riverside	1843	1279	69		£158.35	173	1106	£1,014.25
Peel Medical	12080	8328	69		£1,037.91	1,132	7196	£6,596.09
Spires Practice	9768	7033	72		£839.27	916	6117	£5,607.65
Khare	2336	1681	72		£200.71	219	1462	£1,340.21
Dr Ahmad	1993	1434	72		£171.24	187	1247	£1,143.26
Chasetown	3173	2284	72		£272.62	297	1987	£1,821.04
Fulfen Practice	3801	2736	72		£326.58	356	2380	£2,181.42
Dr Yannamani	1700	1224	72		£146.06	159	1065	£975.94
Rajput VK	1999	1508	75		£171.75	187	1321	£1,210.58
SaltersMeadow	13641	9821	72		£1,172.03	1,279	8542	£7,830.55
Total	157771	115693	70	25241	£9,638	10,514	74423	£68,221.10