

Phlebotomy

By definition, the provision of a phlebotomy service is neither an essential nor additional service and it is the view of the Enhanced services subgroup that the duty of a GP ends at organising for the test to be carried out and later dealing with the result. [Essential and additional services are set out in part 5, paragraph 15 and schedule 2, paragraphs 1-8, respectively, of the NHS GMS Contracts Regulations 2004.] It follows therefore that phlebotomy is not covered by the global sum (or MPIG*) and so practices should not be expected to undertake this work without adequate, additional funding. The source of this funding may be via a Trust-funded service, provided within practices, or as part of a local enhanced service (LES) agreement. [Where it can be clearly demonstrated that a PCT has provided recurrent, ring-fenced monies specifically for in-house phlebotomy provision in the past, and this was both agreed by the LMC and continues to be paid and uplifted in addition to global sum/MPIG payments, it may not be reasonable to negotiate a LES as this could be considered a double payment. However, this will only apply to a small minority of practices.]

The subgroup acknowledges that arrangements do vary across the UK, including within PCO areas. We are also aware that some LMCs do not consider entering negotiations with PCOs on a local enhanced service for phlebotomy to be a high priority, given long-established routes of access to or alternative provision of this service locally.

The GPC remains committed to working towards securing funding for all work that currently is not funded via the global sum/MPIG or enhanced services. The GMS contract enables practices to withdraw such services (giving a reasonable period of notice) and it is then the obligation of the PCO to commission alternative provision accordingly. However, the GPC also recognises that many practices still continue to undertake unfunded work out of good will.

An increasing number of LMCs and PCOs have agreed LES specifications for phlebotomy, which sets a benchmark for others to follow. It would be reasonable to use these agreements to facilitate local negotiation, bearing in mind that any discussions should take into account the specific, local and historical circumstances that apply.

*It should be noted that, in terms of their contractual obligations under GMS, there is no difference between a practice funded via the global sum and one funded via the MPIG.

The Enhanced Services Subgroup
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