**Phlebotomy payment**

 This payment is to reflect the workload involved (both administrative and professional oversight +/- providing the phlebotomist) for phlebotomy tests which has been specifically requested by a secondary or tertiary provider of care.

This payment is to reflect current workload burdens from this activity and is made directly to practices from non GMS funds.

There is a requirement to undertake an annual data collection - practices should record all phlebotomy activity relating to secondary or tertiary care requests using the READ code: 9N7D (phlebotomy generated from secondary care done by practice)

 At year end, there will be a simple data extraction of this data to inform future negotiations for this work. It has been accepted that some caveats may be needed around accuracy of figures extracted (due to potential differences between practices capturing this activity) and that it is not a full year's data.

**Payment details**

The current payments have been based on audit data from HBs undertaken when this work was negotiated - as that was some time ago, and workload demand on practices continues to rise, we have agreed to an annual data collection to inform future negotiations on this element of work.

 The payment recognises that there is workload attached to doing both the administrative and professional oversight of results whether a phlebotomist is directly employed or not.

However, to recognise the staffing costs for practices employing phlebotomists, there is a pricing differential between those employing phlebotomists and those not.

Payment will be in two parts through year and based on registered list size at two points in the year:

* End Sept 2017 and end March 2018.

**The payment will be as follows:**

* For practices NOT directly employing a phlebotomist or paying for the delivery of phlebotomy services  - £300 / 1000  patients / year (i.e. every 6/12 - £150 / 1000 patients)
* For practices directly employing a phlebotomist - £450 / 1000 patients / year (i.e. every 6/12 - £225 / 1000 patients).