

Funding for Blood Tests

1. Is the funding model a public document? If so, please send me a copy.

No.

2. Who determines the funding model, how often is it reviewed and how are patients involved in that process?

Please refer to Q4.

3. How does the funding model operate in relation to paying GP surgeries for phlebotomy? Just on an historical basis? Are assumptions built in, for example, so many assumed blood tests per 1000 patients? Are population age profiles taken into account?

Please refer to Q4.

4. Does that funding model for phlebotomy assume a given split between requests from the practice and those from hospitals?

There are a number of services relating to the care of patients at the interface between General Practice and secondary care, including phlebotomy. In 2015, after consultation with the Local Medical Committee (LMC) and the Neighbourhood Care Network (NCN) Leads the Health Board determined that it should offer an additional discretionary payment to support the delivery of such services.

The funding of the services is supplemented by the Supporting Care Interface Payment (SCIP) in addition to the core funding via Global Sum. The scope and range of services covered by this payment and the size of the payment is kept under regular review by the Health Board in consultation with the LMC and is paid on a per capita basis. Practices can opt out of receiving SCIP payments.

In addition to SCIP and core funding via Global Sum, in April 2017, the Health Board received notification from Welsh Government of the introduction of a phlebotomy payment to be paid to practices on a per capita basis. Following this instruction, the Health Board negotiated with the LMC for a reduction in the SCIP to recognise that some of the work previously covered under this discretionary payment is now payable through the new phlebotomy payment.