

Phlebotomy Service – Procurement Requirements for Smithfield In-Patient Detox Facility, Manchester.

Smithfield is seeking to procure a CQC-regulated phlebotomy service for our in-patient detox setting. The service should support routine blood sampling for clinical monitoring of patients in detox and stabilisation.

Provider requirements:

The provider must:

- ✓ Be registered with the Care Quality Commission (CQC) for the regulated activity “Diagnostic and screening procedures” and provide their CQC registration number and scope.
- ✓ Operate clinical governance arrangements consistent with Turning point standards, including incident reporting, and regular staff competency review.
- Hold £10m Medical Malpractice Liability Insurance

Service scope:

Location: On-site at Smithfield (ward/blood room/ clinic room as arranged).

Volume: we anticipate the maximum 3 venesections per week at full capacity; the provider must be able to cover this flexibly (e.g. 1–3 visits per week or on-demand within agreed windows- same day requests or at a minimum 24hr window).

Scope: Collection of routine bloods for detox monitoring and any additional tests as directed by the clinical team.

No on-site processing: samples must be collected, labelled, and sent to an accredited laboratory.

Staff and training: All phlebotomy must be performed by staff who are trained and assessed as competent, with documented training records and regular competency reviews by the service provider.

Smithfield may train its own staff in line with Turning Point training policy; however, any external provider must use their own competent, CQC-compliant staff unless a shared model is explicitly agreed.

Consent and documentation: For every blood draw, the provider must:

Obtain and document consent (verbal or written where appropriate).

Record date, time, patient ID, samples taken, and any issues (e.g. difficult draw, haematoma, fainting).

Results and sample status must be communicated to the ward:

Ideally via Smithfield's agreed secure email.

For urgent- nonemergency results direct verbal notification to a named nurse/clinician within an agreed timeframe.

Quality measures:

The provider will be expected to meet agreed performance indicators, including:

- Sample rejection rates,
- Haemolysis rates,
- Timeliness of communication and results,
- Patient and staff satisfaction / complaint rates.

Blood testing will not be used for emergency care as this will be done through transfer to hospital. Indications for blood testing will be monitoring of electrolytes, incomplete clotting profile at time of admission. Monitoring liver function tests for patients' risk of deterioration in liver function and need to use Librium or diazepam regimes. Hence blood testing should include: Full Blood Count(FBC), Urea and electrolytes(U&E) including Magnesium, Clotting profile or just INR, Liver function test to include bilirubin levels and albumin.

BBV testing and drug testing will be done as per Turning point policy using matrix and BBV spot testing .