

Report of Consultation

Proposals for Modernising HSC Pathology Services

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Section 1: Introduction & Background

Pathology is an extremely important but often unseen service in the effective delivery of Health and Social Care (HSC), with 70-80% of patient diagnoses depending on a Pathology result in order to determine appropriate treatment pathways. HSC Pathology Services cost around £100 million to deliver each year, employ over 1,100 staff, and provide a service 24 hours a day, seven days a week. Significant challenges to Pathology service and workforce sustainability exist which can only be overcome with investment and through a regional programme of reform and improvement.

On 28 November 2016 the Health Minister launched a twelve week public consultation on proposals to improve HSC Pathology Services, including the Northern Ireland Blood Transfusion Service (NIBTS), in order to ensure a high quality service for the future. The launch of the consultation was one of the key early actions in the Minister's agenda to deliver world class health and social care services, as outlined in 'Health and Wellbeing 2026: Delivering Together'. The Pathology consultation document explained the issues and opportunities faced, and sought stakeholders' views on three proposals for improving services based in evidence of best practice in Pathology service modernisation:

Proposal 1: To separate the delivery of 'hot' time-critical and 'cold' non-time critical Pathology testing, with cold testing being delivered on an appropriate number of cold hubs for the region and 'hot spokes' linked with a defined cold hub existing at any acute site that currently has a laboratory.

Proposal 2: To modernise the enabling infrastructure for HSC Pathology service delivery, to include the development of a region-wide Pathology information system; maximising the use of Pathology technology to facilitate cross-region working and enable wider HSC clinical transformation; and a review of current sample collection and transport arrangements to ensure the safest, most cost effective option.

Proposal 3: To integrate all HSC Pathology services, including NIBTS, into a single regional management structure.

This report summarises the responses to the consultation and sets out the Health and Social Care Board's (HSCB's) response.

The consultation document can be viewed at:

<http://www.hscboard.hscni.net/get-involved/previous-consultations/modernising-health-and-social-care-Pathology-services-consultation/>

Section 2: Overview of the Development of Proposals, Consultation Process & Consultee Responses

Development of Proposals, and Consultation Process

Proposals for modernising HSC Pathology services, including the Northern Ireland Blood Transfusion Service, were developed by the HSCB working in partnership with the Pathology Network. Work commenced in February 2014. Extensive pre-consultation on the proposals was undertaken between April 2015 and March 2016; a total of 49 pre-consultation meetings were held with a broad range of stakeholders including HSC Trusts and NIBTS Chief Executives and Senior Teams, Staff, Trade Unions, Professional Bodies, and the Patient Client Council.

In parallel to the development of proposals to modernise Pathology services, and in response to recommendation 1 of 'The Right Time, The Right Place' report by Sir Liam Donaldson (Jan 2014), an expert, clinically led panel chaired by Professor Rafael Bengoa was established in January 2016 to consider and lead an informed debate on the best configuration of HSC services in Northern Ireland. The outcome was the publication of the report 'Systems not Structures; changing Health and Social Care' (2016) which provided the foundation for 'Health and Wellbeing 2026: Delivering Together'. The report identified HSC Pathology services as one of the most in need of reform.

The public consultation 'Modernising HSC Pathology Services: Proposals for Change' was launched on 28 November 2016, and ran for twelve weeks, ending on 24 February 2017. Responses were invited and received from a wide range of stakeholders.

The consultation questionnaire is included at Appendix A, and Appendix B shows the list of respondents to the consultation exercise. Not all respondents used the response questionnaire nor did all respondents choose to respond to every question.

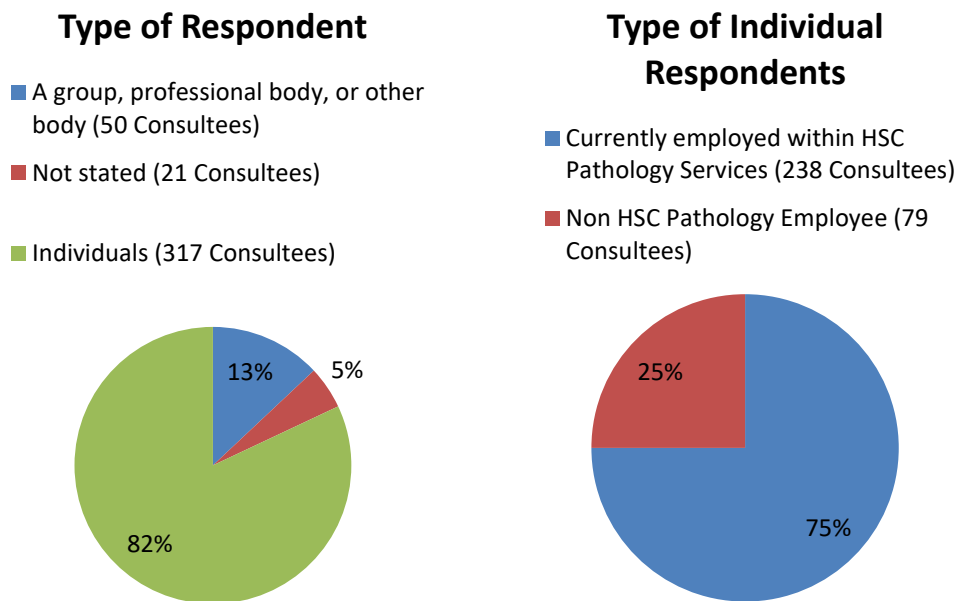
During the consultation period meetings were held in each HSC Trust that requested it (Belfast, Northern, South Eastern, Western), and in the Northern Ireland Blood Transfusion Service. Each meeting followed the same format with a standard presentation and consideration of each of the proposals, followed by an opportunity to engage face to face with representatives from the HSCB and NI Pathology Network Team. Discussion at these meetings is reflected in the qualitative analysis undertaken to inform this report.

When the consultation ended, the 388 responses were analysed to draw out both quantitative and qualitative responses. Quantitative responses provided by Consultees were counted. Comments made by each Consultee were coded, then counted to show which comments appeared most frequently. This qualitative analysis provided a rich level of information about the reasons behind Consultees' quantitative (Yes/No) responses. Due to the very extensive commentary received along with the fact that most of the same comments were repeated for each question, the comments reflected in this report represent the most frequently made statements.

The Northern Ireland Pathology Network held two Extraordinary Network Board meetings in May 2017, including colleagues from the HSCB, to consider the responses and examine the pros and cons of the key issues.

Consultee Responses

A total of 388 responses were received, of which 317 (82%) were from Individuals, three quarters of whom (238) are current Employees of HSC Pathology services.



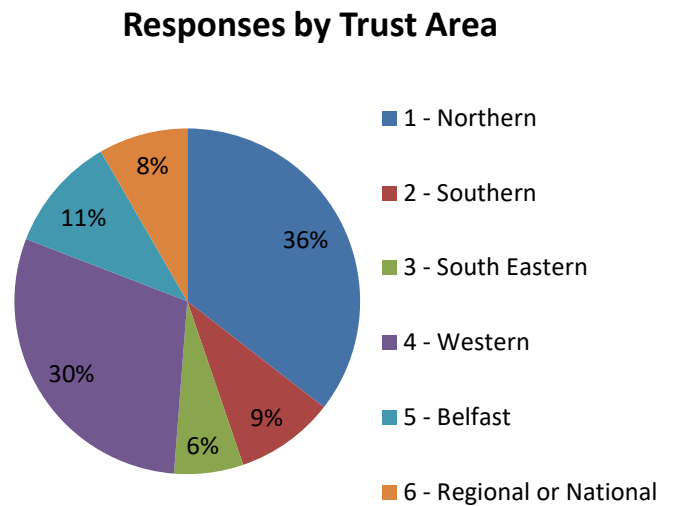
Of the 238, 58 said they were also a Clinical Service User a Patient, a Patient Advocate or a Blood Donor.

Of the 50 groups that responded, 19 were from Pathology specific groups, including Regional Clinical Speciality Fora and Regional Services, groups of Pathology Staff and a Professional Body. Non-Pathology specific groups including Trade Unions, Local Councillors, Professional Bodies, HSC Organisations, Voluntary/Third Sector Organisations, Infection Control Teams, Universities, and Acute Service Clinicians submitted 25 responses. In addition there were 6 responses from Anonymous/Unknown Groups. Group responses reflect more than one voice, and are likely to be shaped by agreed group priorities. The HSCB's view is that Pathology specific groups may hold a different view

to non-pathology specific groups, and one which is likely to be more informed in terms of the understanding of the proposals and their potential impact. A comparison was therefore made of the responses of both groups.

There were eleven sets of replicate responses, which accounted for a total of 10% of all 388 responses.

The 388 responses were coded by area of origin using postcodes provided. Of the 388, 297 were identified as originating from within a particular Trust area. Of the 297, the majority (211, or 71%) originated from the Northern and Western Trust areas.



Around third of the total 388 respondents (35%) indicated that they wished their response to remain anonymous. The names of these respondents have not been included in this report.

Section 3: Summary of Consultee Responses to each Proposal and Health and Social Care Board Response

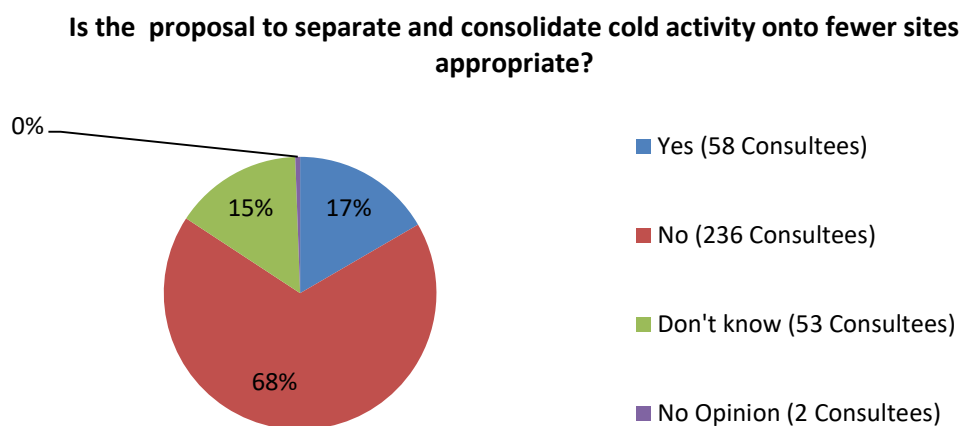
Proposal 1: Consolidation of Cold Activity

To separate the delivery of 'hot' and 'cold' Pathology testing, with cold testing being delivered on an appropriate number of cold hubs for the region and 'hot spokes' linked with a defined cold hub existing at any acute site that currently has a laboratory.

QUESTION 1:

The Consultation asked: Do you think the proposal to separate and consolidate cold activity on fewer sites is appropriate?

Of the 388 who responded to the consultation 349 answered this question.



Of the 349 who responded to this question, 58 supported the proposal, 236 did not, and 55 did not provide an opinion. Of the 236 responses from those who did not support the proposal, 218 were from individuals, over three quarters of whom (171) were employees of HSC Pathology services.

Of the 50 group responses to the consultation, adjusting for the different numbers of responses in the two groups, the proportion of pathology-specific groups (42%) that supported the proposal was almost twice as great as the proportion of non-pathology specific groups (23%).

Main Issues Identified

In commenting on the proposal the following issues were identified as important by Consultees:

1: Turnaround time for non-time critical samples

Consultees were concerned that the turnaround time for non-time critical samples may increase.

2: Quality and Efficiency

Consultees queried whether the separation of 'hot' and 'cold' testing would improve quality and efficiency.

3: 'Hot' / 'Cold' Split

Consultees wanted clearer definitions of 'hot' and 'cold' tests for each Pathology discipline.

4: Impact on staff

Consultees were concerned that there could be an impact on staff as a result of the proposal to consolidate cold testing.

5: Interdependencies with wider HSC Acute reform

Consultees suggested that the proposal to separate 'hot' and 'cold' testing could achieve greater benefits in the context of wider acute hospital reform and should only be progressed after this has occurred.

Health and Social Care Board Response:

The HSCB notes that Pathology specific groups expressed greater support for the proposal than non-Pathology specific groups.

In response to the issues identified, the HSCB's views are:

1. Turnaround time for non-time critical samples

Based on evidence from consolidated Pathology services elsewhere in the UK, the HSCB's view is that with appropriate transport arrangements in place there would actually be a reduction in the turnaround time for 'cold' testing.

2. Quality and Efficiency

Based on best practice evidence, the HSCB's view is that by delivering high volumes of cold tests in a smaller number of laboratories there is the potential to reduce unwarranted variation thereby improving quality and efficiency.

3. 'Hot' / 'Cold' Split

Best practice from consolidated services elsewhere includes the use of a defined specification for 'Hot and 'Cold' testing for each Pathology discipline. The HSCB agrees that an appropriate specification for 'hot' and 'cold' testing in each Pathology discipline would be required in advance of making any change in this regard.

4. Impact on Staff

Evidence indicates that new ways of working can have an impact on staff, but the HSCB's view is that this impact can be mitigated with appropriately designed arrangements for transitioning from old to new ways of working including availing of opportunities for natural staff movement. However, based on evidence from successful modernisation

programmes elsewhere, the HSCB's view is that large-scale changes in working practices aligned to the separation of 'hot' and 'cold' testing deliver greater workforce and equipment resilience, enable greater sub-specialisation and create more opportunities for staff training and development, including maximising experience through appropriate managed rotation of staff between 'hot' and 'cold' services.

5. Interdependencies with wider HSC Acute reform

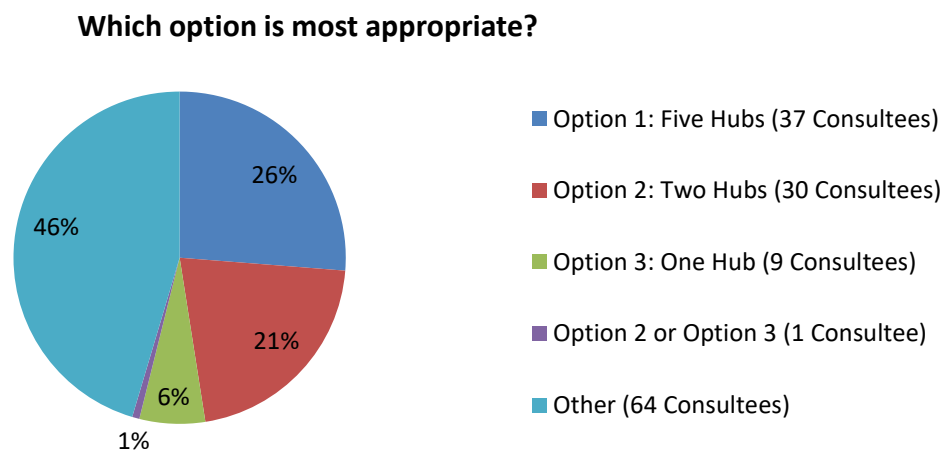
The HSCB agrees that reconfiguration of wider acute hospital services would be helpful to maximise the opportunity associated with consolidation of 'cold' testing, however the HSCB's view is that there are existing opportunities to deliver non-time critical testing on fewer locations, particularly where this would assist in addressing current service vulnerabilities.

QUESTION 2

The Consultation asked: Which option for consolidating cold work do you think is most appropriate?

1. Hot spokes on all acute hospital sites, & cold work consolidated onto 5 hubs for the region
2. Hot spokes on all acute hospital sites, & cold work consolidated onto 2 hubs for the region
3. Hot spokes on all acute hospital sites, & cold work consolidated onto 1 hub for the region
4. Any alternative options

Of the 388 who responded to the consultation a total of 350 answered this question.



Of the 77 who responded to this question and thought one or more of the proposed options were appropriate, 37 supported Option 1 (5 Hubs), 30 supported Option 2 (Two Hubs), 9 supported Option 3 (1 Hub) and one supported Options 2 or 3. Of the 210 Consultees who did not support any of the proposed options, 194 were individuals, of whom 156 were employees of HSC Pathology services.

Of the 50 group responses to the consultation, adjusting for the different numbers of responses in the two groups, the proportion of pathology-specific groups that supported any of the proposed options (32%) was slightly greater than the proportion of non-pathology specific groups (26%), but still low.

The only alternative option suggested was a 'no change' option, maintaining the status quo service provision. The most frequently made comments aside from this noted the interdependencies with wider HSC reform and suggested that Cellular Pathology and Microbiology services should be aligned to the region's two Cancer Centres.

Main Issues Identified

In commenting on the proposed options the following issues were identified as important by Consultees:

1. Synergies with Clinical Services

Analysis of Consultee responses highlighted the importance of clinical Pathology advice to the effective functioning of local Infection Control Teams and Multi-disciplinary meetings, and the suggestion of alignment of Cellular Pathology and Microbiology Services with Cancer Centres.

2. Maintenance of the status quo service provision

There was strong support from Consultees for maintaining the existing service provision as-is, and focussing improvement activity on demand optimisation, reducing variation, and investing in Information and Technology infrastructure.

Health and Social Care Board Response:

In response to the issues identified, the HSCB's views are:

1. Synergies with Clinical Services

Existing HSC Pathology policy (DHSSPS 2007) indicates the need for close integration of the provision of Pathology clinical advice within the acute hospital. The HSCB agrees that clinical Pathology advice is essential to the effective functioning of local Infection Control Teams and Multi-disciplinary meetings.

The HSCB acknowledges the suggestion that Cellular Pathology and Microbiology be aligned to the region's two Cancer Centres, since this aligns with existing HSC Cancer policy.

2. Maintenance of the status quo service provision

In taking forward consideration of options for separating 'hot' and 'cold' activity there will be a requirement to consider the status quo in addition to a range of other options in line with best practice guidance.

The HSCB's view is that the benefits of investment in new Pathology Information Systems will only be realised through a coordinated programme of service modernisation.

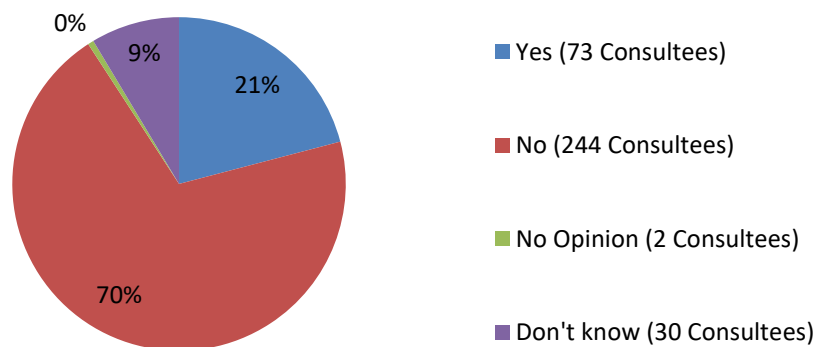
QUESTION 3

The Consultation asked: Do you think the proposed criteria to decide on the right number and location of cold hubs are appropriate?

1. Quality – the extent to which each option would reduce variation in practice and improve quality and safety.
2. Resilience and sustainability – the extent to which each option would create a resilient, sustainable service that would attract and retain high quality staff.
3. Flexibility and responsiveness – the extent to which each option would create a flexible, responsive service that can respond to new models of care and other opportunities for modernisation.
4. Cost – the capital and revenue costs associated with the delivery of each option, including transportation costs.
5. Collaboration – the extent to which each option would be deliverable, securing the support of key stakeholder groups.
6. Any other criteria that should be considered?

Of the 388 who responded to the consultation a total of 349 answered this question.

Are the proposed criteria to decide the number and location of Hubs appropriate?



Of the 349 responses, 73 thought the proposed criteria were appropriate, 244 did not, and 32 did not provide an opinion. Of the 244 Consultees who did not support the proposal, 185 were employees of HSC Pathology services.

Of the 50 group responses to the consultation, adjusting for the different numbers of responses in the two groups, the proportion of pathology-specific groups that supported the proposed criteria (47%) was greater than the proportion of non-pathology specific groups (35%).

Main Issues Identified

In commenting on the proposed criteria the following issues were identified as important by Consultees:

1. Geographical location relevant to turnaround time

The geographical location of cold hubs should be considered since it could impact the turnaround time for cold samples.

2. Cost of transport

The cost of transporting non-time critical samples to cold hubs should be considered since it could cost more than the current transport arrangements.

3. Impact on staff

The impact on staff of the consolidation of non-time critical work should be considered since it could result in de-motivation of staff and potential loss of expertise.

Health and Social Care Board Response

The HSCB notes that Pathology specific groups expressed greater support for the proposal than non-Pathology specific groups.

In response to the issues identified, the HSCB's views are:

1. Geographical location of laboratories relevant to turnaround time is implicit in Proposed Criterion 1, 'Quality – the extent to which each option would reduce variation in practice and improve quality and safety'.
2. Cost of transport is implicit in Proposed Criterion 4, 'Cost – the capital and revenue costs associated with the delivery of each option, including transportation costs'.
3. The impact on Pathology Staff is implicit in Proposed Criteria 5, 'Collaboration – the extent to which each option would be deliverable, securing the support of key stakeholder groups'.

Proposal 2: Infrastructure Development

To modernise the enabling infrastructure for HSC Pathology service delivery, to include:

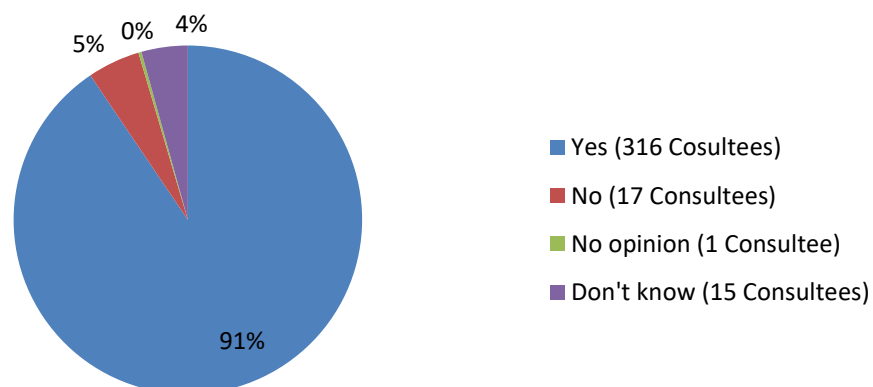
- The development of a region-wide Pathology information system;
- Maximising the use of Pathology technology to facilitate cross-region working and enable wider HSC clinical transformation;
- A review of current sample collection and transport arrangements to ensure the safest, most cost effective option for the region.

QUESTION 4:

The Consultation asked: Do you think the proposal for the development of a region-wide Pathology information system is appropriate?

Of the 388 who responded to the consultation a total of 349 answered this question.

Is the proposal for a region-wide Pathology Information System appropriate?



Of the 349 responses to this question, 316 supported the proposal, 17 did not, and 16 did not provide an opinion. Of the 316 responses supporting the proposal, 268 were from individuals, 217 of whom are employees of HSC Pathology services.

Of the 50 group responses to the consultation, adjusting for the different numbers of responses in the two groups, the proportion of pathology-specific groups that supported the proposal (100%) was greater than the proportion of non-pathology specific groups (71%).

Main issues Identified

In commenting on the proposal Consultees identified the following issues:

1. Back-up systems or other appropriate contingency arrangements need to be in place and any new systems need to be thoroughly tested before they are used 'live'
2. There should be learning from experience in procuring and implementing replacement Pathology information systems elsewhere in the UK
3. This proposal would assist with standardisation of practice

Health and Social Care Board Response

The HSCB notes that Pathology specific groups expressed greater support for the proposal than non-Pathology specific groups.

The HSCB welcomes the support for this proposal. Based on evidence from implementation of similar proposals elsewhere the HSCB accepts the comments and regards them as factors of importance to the successful implementation of a region-wide Pathology Information System in the HSC.

QUESTION 5

The Consultation asked: Do you think the proposal to maximise the use of technology to facilitate cross region working and enable wider clinical transformation is appropriate?

Of the 388 who responded to the consultation a total of 354 answered this question.

Is the proposal to maximise technology to facilitate cross regional working appropriate?



Of the 354 responses to this question, 304 supported the proposal, 15 did not and 35 did not provide an opinion. Of the 304 responses supporting the proposal, 258 were from individuals, 202 of whom were Employees of HSC Pathology services.

Of the 50 group responses to the consultation, adjusting for the different numbers of responses in the two groups, the proportion of pathology-specific groups that supported the proposal (95%) was greater than the proportion of non-pathology specific groups (65%).

Main issues Identified

In commenting on the proposal Consultees asked for a clearer definition of 'wider clinical transformation'.

Health and Social Care Board Response

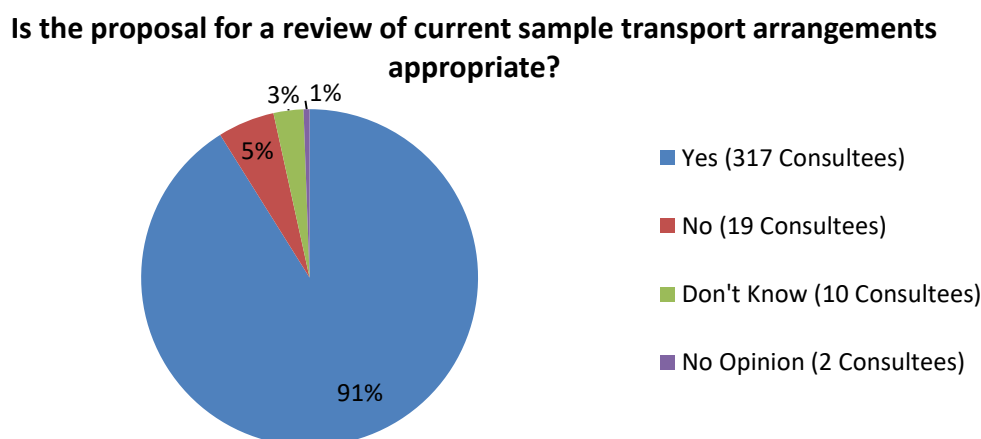
The HSCB notes that Pathology specific groups expressed greater support for the proposal than non-Pathology specific groups.

The HSCB welcomes the support for this proposal. The HSCB's view is that 'wider clinical transformation' is defined by the range of ongoing and potential future developments within HSC Clinical services, including Clinical Pathology services. One example is the introduction of Digital Pathology; another is the development of Precision Medicine.

QUESTION 6

The Consultation asked: Do you think that a review of current sample collection and transport arrangements to ensure the safest, most cost effective option for the region is appropriate?

Of the 388 who responded to the consultation a total of 348 answered this question.



Of the 348 responses to this question, 317 supported the proposal, 19 did not, and 12 did not provide an opinion. Of the 317 responses supporting the proposal, 270 were from individuals, 220 of whom were Employees of HSC Pathology services.

Of the 50 group responses to the consultation, adjusting for the different numbers of responses in the two groups, the proportion of pathology-specific groups that supported the proposal (84%) was greater than the proportion of non-pathology specific groups (77%).

Main issues Identified

Consultees who did not support the proposal expressed the view that the current transport system is working well.

Health and Social Care Board Response

The HSCB notes that Pathology specific groups expressed greater support for the proposal than non-Pathology specific groups.

The HSCB welcomes the support for this proposal. Based on evidence of the implementation of similar proposals elsewhere, the HSCB's view is that a review of transport would only be necessary to support the separation of 'hot' and 'cold' testing if taken forward at scale.

Proposal 3: Integrated Management Structure

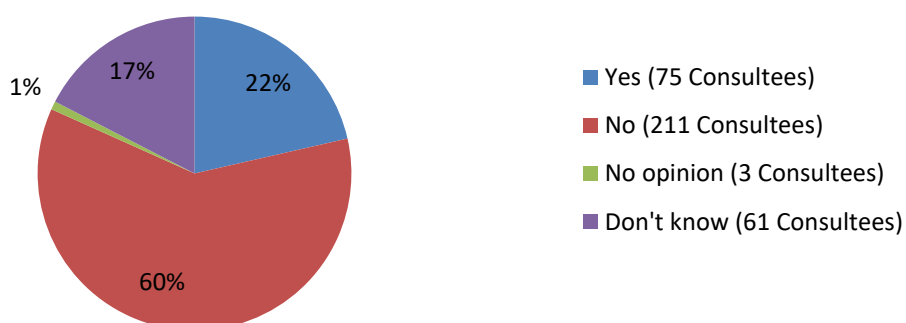
To bring all HSC Pathology services including NIBTS into a single regional integrated management structure which will provide a guaranteed level of service to its users, defined in Service Level Agreement/s that meet recognised quality standards and demonstrate quality and performance using agreed metrics.

QUESTION 7

The Consultation asked: Do you think the proposal to integrate existing management structures, including NIBTS, is appropriate?

Of the 388 who responded to the consultation a total of 350 answered this question.

Is the proposal to integrate Pathology management structures, including NIBTS, appropriate?



Of the 350 responses to this question, 75 supported the proposal, 211 did not, and 64 did not provide an opinion. Of the 211 responses which did not support the proposal, 194 were from individuals, over three quarters of whom (153) were employees of HSC Pathology services.

Of the 50 group responses to the consultation, adjusting for the different numbers of responses in the two groups, the proportion of pathology-specific groups that supported the proposal (47%) was almost twice the proportion of non-pathology specific groups (26%).

Main Issues Identified

For those who supported the proposal, the basis of their support was that a regional integrated management structure would:

1. Provide a more regionally coordinated approach
2. Enhance communication between laboratories
3. Enhance efficient use of equipment
4. Provide greater workforce and service resilience and flexibility
5. Create a more equitable regional service and workload
6. Enable regional standardisation and help to reduce variation
7. Enable adoption of a single regional quality management system
8. Enable staff to transfer roles and develop careers
9. Have no detrimental impact on pay, or job security of managers and staff
10. Bring specialist NIBTS services into the wider Laboratory structures

For those who did not support the proposal, the main issues identified were:

1. Lack of clarity on the anticipated benefits of the proposal
2. Potential loss of control over local decision making
3. Impact on Staff

Health and Social Care Board Response

The HSCB notes that Pathology specific groups expressed greater support for the proposal than non-Pathology specific groups.

In response to the issues identified, the HSCB's views are:

1. Lack of clarity on the anticipated benefits of the proposal

Evidence from Pathology modernisation programmes elsewhere highlights that locally managed services and informal networks show variation in the service provided within laboratories, in the provision of clinical advice, in the management of infection control, and no clear national vision. Formal networks have been shown to provide the best solution to planning and managing a complex pathology service.

Based on this evidence the HSCB's view is that a single regional integrated Pathology management structure would provide the most effective means of reducing variation in practice, providing a regionally standardised approach to the provision of clinical advice for service users, and identifying and applying best practice in all laboratories to improve quality in a regionally consistent manner.

2. Potential loss of control over local decision making

Evidence suggests that bringing together Pathology services under a single organisation would provide enhanced data to inform decision making and deliver greater standardisation and more consistent quality and service delivery in all Pathology specialties nationally, but especially in the fast growing area of molecular Pathology, enhancing the drive towards the delivery of personalised medicine.

The HSCB's view is that the current management arrangements across six different HSC organisations are fragmented and do not facilitate

effective regional decision making due to reliance on consensus. A lack of consensus is indicative of the existence of variation in local decision making practice and priorities.

Based on evidence the HSCB's view is that a single regional integrated management structure would improve the ability of HSC laboratories to respond in a regionally consistent and timely manner guided by regional policy and procedures that permit flexibility of local response in a way that does not compromise regional service quality, sustainability, or equitable service provision.

3. Impact on Staff

Evidence from elsewhere in the UK indicates that consolidation of structures can allow greater specialisation, more flexible working, and the development of academic or management roles that might not otherwise have been possible. The HSCB's view is that the proposals could be implemented in a phased manner which would provide scope to take advantage of natural workforce movement.

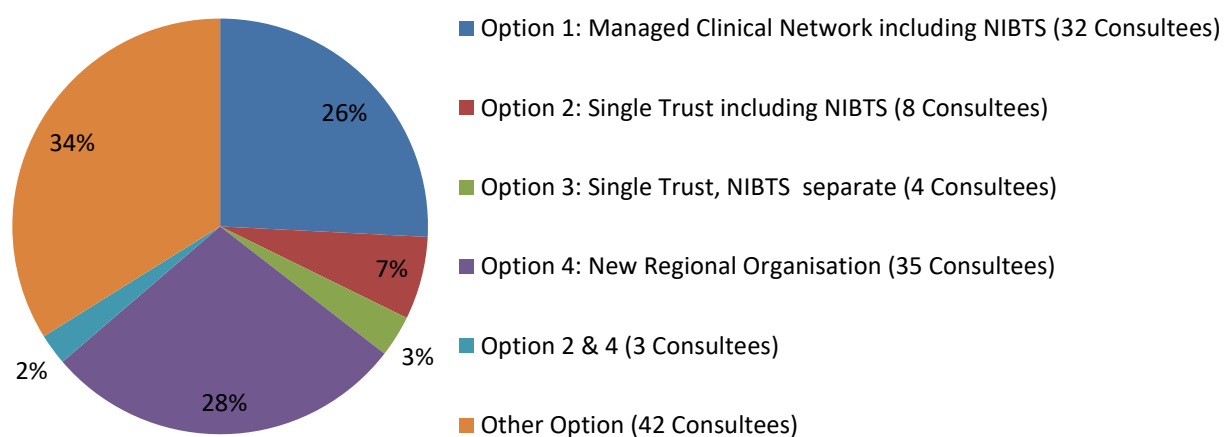
QUESTION 8

The Consultation asked: Which option for managerial reform do you think is most appropriate?

1. A full Managed Clinical Network governed by a regional Pathology Board that has authority to take and implement regional decisions, and allocates a defined regional budget to six separate HSC provider organisations (5 Trusts and NIBTS) that employ their own staff within a regional workforce plan.
2. A single HSC Trust oversees the management of all HSC Pathology services, including NIBTS.
3. A single HSC Trust oversees the management of all HSC Pathology services, apart from NIBTS which retains responsibility for its own management.
4. A single management structure for all HSC Pathology Services, including NIBTS, in a new regional organisation.
5. Any alternative option.

Of the 388 who responded to the consultation a total of 344 answered this question.

Which option for managerial reform is most appropriate?



Of the 82 that thought one or more of the proposed options were appropriate, 35 supported Option 4 (New Regional Organisation), 32 supported Option 1 (Managed Clinical Network), 8 supported Option 2 (Single Trust including NIBTS), and a further 3 supported either Option 2 or 4. The option with least support was the one that excluded NIBTS from the proposed managerial reform (4 Consultees). Of the 220 Consultees who did not believe any of the proposed options were appropriate, 202 were individuals, of whom 158 were employees of HSC Pathology services.

Of the 50 group responses to the consultation, adjusting for the different numbers of responses in the two groups, the proportion of pathology-specific groups that supported any of the proposed options for managerial reform (55%) was more than double the proportion of non-pathology specific groups (20%).

The only alternative option suggested by Consultees was a 'no change' option, maintaining the status quo managerial arrangements, i.e. five Trust and NIBTS, and continuing to make decisions by consensus.

Main Issues Identified

In addition to the commentary on the proposed options for the way forward, the following issues are identified:

1. Cost

The potential for additional cost associated with any of the change options.

2. Equitable regional governance

It was suggested that the option with greatest support, a new Regional Organisation, would be the most acceptable and therefore most

deliverable option. Other comments emphasised that any Regional Pathology Board should include members from all areas, organisations and professional groupings.

Health and Social Care Board Response:

The HSCB notes that Pathology specific groups expressed greater support for the proposal than non-Pathology specific groups.

In response to the only alternative option suggested, the HSCB notes that best practice indicates there are benefits associated with establishing a regional management structure that can make effective regional decisions. Guidance requires that a 'Do Nothing' option is included as part of any options appraisal. The HSCB's view is that maintaining the status quo managerial structures and continuing to make regional decisions based on consensus, despite the inherent challenges this presents, represents a 'Do Nothing' option, which would not provide a means of addressing the range of issues and opportunities outlined in the Consultation document.

In response to the specific issues identified, the HSCB's views are:

1. Cost

The HSCB considers that cost does need to be considered; for this reason cost has been included as one of the potential criteria that would be used in any options appraisal.

2. Equitable regional governance

The HSCB's view is that a clearly defined regional governance and accountability structure that gives appropriate voice to all Professional Groups and Organisations is necessary.

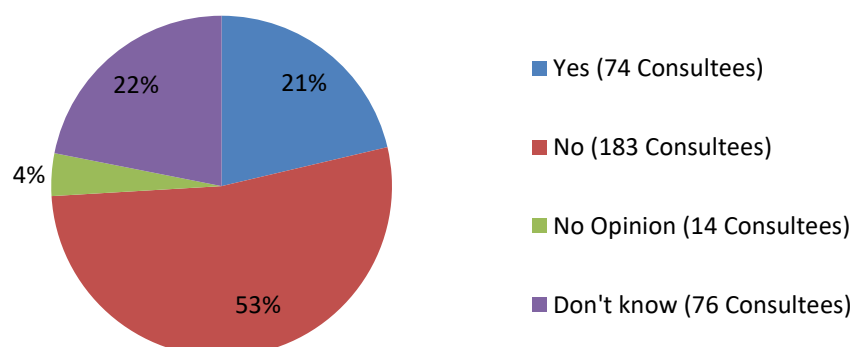
QUESTION 9

The Consultation asked: Do you think the proposed criteria to decide on the best option for managerial reform are appropriate?

1. Modernisation - the extent to which each option would facilitate the delivery of a modern, cost-effective, resilient, sustainable and flexible service.
2. Cost – the revenue costs associated with each the delivery of each option.
3. Governance – the extent to which each option ensures effective governance and accountability, including capacity to meet all regulatory and quality accreditation requirements.
4. Public Confidence – the extent to which option ensures no detrimental impact to the quality or availability of HSC Pathology services, including blood products.
5. Synergies – the extent to which each option supports research, service development and the growth of effective synergies with academia and industry to support the development of precision medicine and new models of care.
6. Collaboration – the extent to which each option would be deliverable, securing the support of key stakeholder groups.
7. Any other criteria that should be considered?

Of the 388 who responded to the consultation a total of 347 answered this question.

Are the proposed criteria for managerial reform appropriate?



Of the 347 responses, 74 thought the proposed criteria were appropriate, 183 did not, and 90 did not provide an opinion. Of the 183 Consultees who did not support the proposal, 166 were individuals, of whom 136 were employees of HSC Pathology services.

Of the 50 group responses to the consultation, adjusting for the different numbers of responses in the two groups, the proportion of pathology-specific groups that supported the proposed criteria (42%) was slightly greater than the proportion of non-pathology specific groups (35%).

Main Issues Identified

In commenting on the proposed criteria the following issues were identified as important by Consultees:

1. Clinical leadership and engagement

The ability to provide clinical leadership and secure clinical engagement in any of the options should be reflected in the criteria.

2. Synergies between HSC laboratories and with clinical services

The ability to maximise collaboration and synergies between HSC laboratories and with clinical services in any of the options should be reflected in the criteria.

3. The need for a solution that is acceptable

The need to move forward with a solution that stakeholders support should be recognised in the criteria used to assess the options.

Health and Social Care Board Response

In response to the issues identified, the HSCB's views are:

1. Clinical leadership and engagement

Evidence from successful managerial reform elsewhere indicates that Clinical leadership and engagement is essential. The HSCB supports the inclusion of this suggestion into proposed Criterion 1, which we would propose to amend to read as follows:

“Modernisation - the extent to which each option would facilitate the delivery of a modern, *clinically led*, cost-effective, resilient, sustainable and flexible service.”

2. Synergies between HSC laboratories and with clinical services

Existing HSC Policy emphasises the importance of synergies between HSC Laboratories and with Clinical Services. The HSCB therefore supports inclusion of this suggestion into proposed Criterion 5, which we would propose to amend to read as follows:

“Synergies – the extent to which each option supports *the growth of synergies between Pathology disciplines, with clinical services, with academia and industry to drive service development, and research to support the development of precision medicine and new models of care*”.

3. The need for a solution that is acceptable

Existing HSC Policy emphasises the importance of co-production. The HSCB recognises the need for a solution that best meets the needs of the region and Pathology stakeholders, and therefore supports inclusion

of this suggestion into proposed Criterion 6, which we would propose to amend to read as follows:

“Deliverability – the extent to which each option would be deliverable, securing the collaboration and support of key stakeholder groups in the co-production of a modern HSC Pathology service”.

QUESTION 10

The Consultation asked:

(Q 10a) Based on belonging to any of the Section 75 groups, do you have any particular requirements with regard to the proposals?

(Q10b) Generally, do you think there are any particular requirements for any of the Section 75 groups? If so, what would you consider as a potential solution?

Of the 388 who responded to the consultation a total of 38 answered question 10a, while 143 answered question 10b.

Main Issues Identified

Two main issues were identified by Consultees in response to the questions:

1. Potential for relocation of place of employment

The potential that staff might be asked to relocate their main place of work was the most significant issue raised by Consultees. Within this, concerns were expressed about:

- the potential for increased travel time to work
- potential lack of public transport to some laboratories
- potential issues if asked to relocate to areas at conflict with individuals' religion or culture.

It was suggested that these factors could result in increased in travel costs and increased child/dependent care costs. It was also suggested that in some cases there could be a negative impact on work-life balance to the degree that some staff may be unable to continue

employment, and potential for loss of experienced staff that may either be unable or unwilling to take a longer journey to work.

Consultees indicated that these issues may impact on members of the following Section 75 Groups: Gender, Dependent Status, Disability, Age, Religion, Ethnicity and Political Opinion and Sexual Orientation.

2. Recruitment, retention, and terms & conditions of employment

The second issue related to the HSC's potential future ability to recruit and retain Pathology staff through any transition, and that existing terms and conditions of employment may not be retained. There was concern expressed that staff might have to reapply for their jobs as a result of any changes, and that there could be an impact on career progression and staff training. Concern was also voiced that jobs may be less well paid in future, and that the existing option to opt-out of participation in out-of-hours rotas would be removed, which could potentially result in loss of experienced staff.

Health and Social Care Board Response

The HSCB's view is that these responses provide helpful information about the concerns of Consultees, and reflect some of the issues already identified in the equality screening exercise published alongside the consultation document.

Should it be decided to proceed with any of the proposals that could impact on the potential for relocation of place of employment, the HSCB's view is that, in line with the findings of the equality screening exercise, the potential impact of the change would need to be assessed

in a full Equality Impact Assessment taking into account this report of the consultation.

In response to the specific issues identified, the HSCB's views are:

1. Potential for relocation of place of employment

Proceeding with any of the proposals that may require relocation of place of employment would require an assessment of how the proposals might work in practice, including the number and location of 'cold hubs' and any impact on staff associated with the separation of 'hot' and 'cold' testing.

2. Recruitment, retention, and terms & conditions of employment

Proceeding with any of the proposals that could impact on recruitment, retention, and terms & conditions of employment would require an assessment of how the proposals might work in practice.

The HSCB's view is that the proposals could be implemented in a phased manner which would provide scope to take advantage of natural workforce movement to minimise any potential negative impacts on staff. In addition, the HSC has developed defined principles and protocols to manage structural and transformational change, for example the Regional Human Resources Framework that was subject to consultation with Trade Unions during the Review of Public Administration and local change management arrangements including agreed protection arrangements for staff. Furthermore, the Transfer of Undertakings and Service Provision Change (Protection of Employment) (Amendment) Regulations (NI) 2011 may also be applicable. It is anticipated that such principles would be used appropriately in the management of any

change occurring as a result of a decision to implement any of the proposals.

QUESTION 11

The Consultation asked:

(Q11a) Do you think that the proposed approach to implementation is appropriate?

(Q11b) Are there any other factors that should be considered?

In summary, the proposed approach to implementation described in the Consultation document included the development of a business case and Equality Impact Assessment. Subject to a decision to proceed with any of the proposals, implementation would follow standard, appropriate Health and Social Care programme management practice, including establishing appropriate governance arrangements and an appropriately resourced implementation team, working to a defined plan and timeline making use of other appropriate documents including a risk register.

Of the 388 who responded to the consultation a total of 333 answered this question. Of the 333 responses, 197 did not think the proposed approach was appropriate, of which 179 responses were from individuals, 143 of whom were employees of the HSC Pathology service.

Main Issues identified

In responding to the proposed implementation process, Consultees highlighted the following issues:

1. Absence of a detailed plan

Consultees indicated that the proposals did not include a detailed action plan or timeline for implementation including risk assessment and cost analysis.

2. Order of implementation

Consultees suggested that regional Pathology information systems and infrastructure (Proposal 2) and a regional management structure (Proposal 3) should precede implementation of the separation of hot and cold testing (Proposal 1).

Health and Social Care Board Response

In response to the issues identified, the HSCB's views are:

1. Absence of a detailed plan

The HSCB's view is that since the purpose of the Public Consultation was to seek views on an evidence-based strategic direction of travel it would not have been possible or appropriate to develop a detailed implementation plan. Subject to the outcome of this consultation, any decision to proceed with any of the proposals would require the development of an appropriate action plan and timeline.

2. Order of implementation

Evidence points to the benefits of ensuring appropriate and robust governance structures are in place to enable effective implementation of other modernisation activity, and that demands on the service to modernise point to the need for a timely response.

The HSCB's view on the next steps is set out in Section 4 of this document.

Section 4: Next Steps and Way Forward

The responses received to this consultation have been considered alongside the views of the Pathology Network Board, the evidence base for the proposals and the wider strategic context. Ultimately it is for the Department, Minister and TIG to decide on the way forward. However, the high-level view of the HSCB in relation to each of the three proposals for change is as follows:

1. Consolidation of cold activity

It is the HSCB's view that pending wider reconfiguration of the HSC in Northern Ireland it is not appropriate at this time to move fully to a hot/cold split as proposed in the consultation. Rather, it is suggested that at this time opportunities to consolidate cold work should be identified and progressed within particular disciplines e.g. cellular pathology.

In addition to this, other opportunities for modernisation have already been identified by the Network in discussion with the HSCB and the Department and are continuing to be progressed. These include ongoing work to reduce the variability in cost per test across Trusts, better support to clinical services to ensure appropriate testing and optimise demand and a move to regional rotas, where appropriate, for consultants on call.

2. Infrastructure development

It is the HSCB's view that we should move immediately to maximise the use of technology to facilitate cross-region working and enable wider HSC clinical transformation. This will include the prioritisation of a replacement Laboratory Information Management System (LIMS) and the introduction of digital pathology. Consistent with this, the HSC

Pathology Information Systems Project and Pathology Network are progressing Outline Business Cases for appropriate investment both systems in conjunction with the HSC Business Services Organisation.

In light of the suggestion not to proceed to full consolidation of cold activity across the region, the HSCB does not recommend progressing with a review of sample collection and transport arrangements at this time.

3. Integrated management structure

It is the HSCB's view that the most appropriate way forward in relation to the management structure for pathology services in Northern Ireland would be to undertake a comprehensive options appraisal. This will include the following options:

1. Do nothing.

HSC Pathology services continue to be managed by 5 HSC Trusts and NIBTS. The role and function of the regional Pathology Network remains unchanged.

2. Strengthened Network with no budget.

HSC Pathology services continue to be managed by 5 HSC Trusts and NIBTS. Each holds its own budget. A full Managed Clinical Network is given greater authority to progress regional strategy and modernisation and to oversee performance.

3. Strengthened Network with budget.

A full Managed Clinical Network is given authority to take and implement regional decisions, including financial decisions, working alongside

commissioners to plan and fund the delivery of Pathology services. HSC Pathology services continue to be managed by 5 HSC Trusts and NIBTS. Each organisation employs its own staff.

4. Strengthened Network with budget. NIBTS integrated within the structure of one Trust.

A full Managed Clinical Network is given authority to take and implement regional decisions, including financial decisions, working alongside commissioners to plan and fund the delivery of pathology services. HSC Pathology Services are managed by 5 HSC Trusts, with NIBTS integrated within the structure of one Trust. Each organisation employs its own staff.

5. New Regional Organisation.

A new regional organisation provides a single management structure for all HSC Pathology Services, including NIBTS. The organisation will be responsible for staff, budgets and performance management and will report to the commissioner.

6. A Regional management structure, hosted within one HSC Trust

A single HSC Trust oversees the management of all HSC Pathology services, including NIBTS. The organisation will be responsible for staff, budgets and performance management and will report to the commissioner.

This options appraisal could be completed within a timeframe of 12 weeks from the decision to proceed with this plan.

Pending a decision by the Department, TIG and, as appropriate, the Minister, it would take not less than 18 months to implement any new model. During this time, the HSCB would seek to realign existing structures consistent with the end model that has been agreed.

Appendix A - Consultation Response Questionnaire



PATHNET NI
Pathology Network, Northern Ireland



**Health and Social
Care Board**

Modernising HSC Pathology Services – Proposals for Change

28 November 2016

Consultation Response Form

Do you wish your response to remain anonymous? (Please tick)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

I am responding	As an individual:	<input type="checkbox"/>
	On behalf of a Group, Professional Body or other Body:	<input type="checkbox"/>
Your Name	<input type="text"/>	
Name of Group, Professional Body or other Body	<input type="text"/>	
Job Title	<input type="text"/>	
Address	<input type="text"/>	
Email	<input type="text"/>	

Please tick:

	Yes	No
I am a Clinical service user of HSC Pathology services		
I am a Patient / a Patient Advocate / a Blood Donor		
I am currently employed in HSC Pathology Services		
I am currently employed in the Private Sector diagnostics industry		
I am currently employed in a University		
Other (please state)		

Question 1:

Do you think the proposal to separate and consolidate cold activity on fewer sites is appropriate?

Yes	
No	
Don't Know	
No Opinion	

Comments:

--

Question 2a:

Which option for consolidating cold work do you think is most appropriate? (Please tick)

Option 1	
Option 2	
Option 3	
I don't believe any are appropriate	
Other (Please comment)	

Comments:

--

Question 2b:

Would you suggest any alternative options?

Yes	
No	

If yes, please state alternative options:

--

Question 3a:

Do you think the proposed criteria to decide on the right number and location of cold hubs are appropriate?

Yes	
No	
Don't Know	
No Opinion	

Comments:

--

Question 3b:

Are there any other criteria that should be considered?

Yes	
No	

If yes, please state:

--

Question 4:

Do you think the proposal for the development of a region-wide Pathology information system is appropriate?

Yes	
No	
Don't know	
No Opinion	

Comments:

--

Question 5:

Do you think the proposal to maximise the use of technology to facilitate cross region working and enable wider clinical transformation is appropriate?

Yes	
No	
Don't know	
No Opinion	

Comments:

--

Question 6:

Do you think that a review of current sample collection and transport arrangements to ensure the safest, most cost effective option for the region is appropriate?

Yes	
No	
Don't know	
No Opinion	

Comments:

Question 7:

Do you think the proposal to integrate existing management structures, including NIBTS, is appropriate?

Yes	
No	
Don't Know	
No Opinion	

Comments:

Question 8a:

Which option for managerial reform do you think is most appropriate?

Option 1	
Option 2	
Option 3	
Option 4	
I don't believe any are appropriate	
Other (Please comment)	

Comments:

--

Question 8b:

Would you suggest any alternative options?

Yes	
No	

If yes, please state alternative options:

--

Question 9a:

Do you think the proposed criteria to decide on the best option for managerial reform are appropriate?

Yes	
No	
Don't Know	
No Opinion	

Comments:

--

Question 9b:

Are there any other criteria that should be considered?

Yes	
No	

If yes, please state:

--

Equality of Opportunity Questions

The HSCB aims to advance equality of opportunity for a range of groups during the development of its proposals for the Modernisation of Pathology Services.

Under Section 75 of the NI Act 1998; nine groups of people are identified and consideration of their different needs is important. These groups are:

1. Age (older and younger people);
2. Gender (including transgender and men and women generally);
3. Marital Status (including Civil Partnership);
4. Religion;
5. Ethnicity;
6. Political Opinion;
7. Dependant Status;
8. Disability; and
9. Sexual Orientation.

The HSCB would value feedback on how the proposals may impact equality of opportunity and the following two questions have been included for this purpose. Responses to these questions will be anonymised in the report of the consultation.

Question 10a:

Based on belonging to any of the Section 75 groups, do you have any particular requirements with regard to the proposals?

Comments:

Question 10b:

Generally, do you think there are any particular requirements for any of the Section 75 groups? If so, what would you consider as a potential solution?

Comments:

Question 11a:

Do you think that the proposed approach to implementation is appropriate?

Yes	
No	
Don't Know	
No Opinion	

Comments:

Question 11b:

Are there any other factors that should be considered?

Comments:

Thank you.

Appendix B - List of Respondents to the Consultation Exercise

The following lists do not include those who wished their response to remain anonymous.

Responses from Groups, Professional Bodies or Other Bodies:

Acute directorate Clinicians Southern Health & Social Care Trust

British Medical Association Northern Ireland

Cancer Research UK

Chief Executive on behalf of Local Councillors, Causeway Coast & Glens Borough Council

Consultant Haematologists, Western Health & Social Care Trust

Derry Well Woman

Federation of Clinical Scientists

Haematology/Transfusion Western Health & Social Care Trust

Institute of Biomedical Scientists

Maxillofacial Surgery Service Northern Ireland as Regional British Association of Oral Maxillofacial Surgeons

Royal College of Surgeons appointed Representative

Microbiology Belfast Health & Social Care Trust

Northern Ireland Blood Transfusion Service

Northern Ireland Pathology Network Specialty Fora:

- Biochemistry
- Cellular Pathology
- Haematology
- Laboratory Managers
- Point Of Care Testing
- Microbiology and Virology
- Transfusion

Northern Ireland Public Health Laboratory (Official Control Laboratory for Food)

Northern Ireland Public Service Alliance (NIPSA)

Parkinson's UK

Professional Affairs Board, Paediatric Surgery Depart, Royal Belfast Hospital for Sick Children

Regional Genetics Laboratories, Belfast Health & Social Care Trust

Regional Histocompatibility & Immunogenetics Laboratory, Belfast Health & Social Care Trust

Regional Mycobacterial reference laboratory, Belfast Health & Social Care Trust

Regional Virology/ Microbiology/ Serology/Molecular Infection/ Molecular Typing Services, Belfast Health & Social Care Trust

Royal College Midwives Northern Ireland

Royal College of General Practitioners Northern Ireland

School Management Board, School of Medicine, Dentistry & Biomedical Sciences, Queens University Belfast

School of Biomedical Sciences, University of Ulster

Senior Management Team Biochemistry Services, Belfast Health & Social Care Trust

Senior Management Team Pathology Services, Belfast Health & Social Care Trust

Social Democratic & Labour Party (SDLP) Council Group, Causeway Coast & Glens Borough Council

South Eastern Health & Social Care Trust

South Eastern Health and Social Care Trust Infection, Prevention & Control Team

Tissue Molecular Diagnostics, Belfast Health & Social Care Trust

Ulster Unionist Councillor Group, Causeway Coast & Glens Borough Council

Unison Northern Ireland

Unite the Union

Western Health & Social Care Trust

Western Health & Social Care Trust Infection, Prevention & Control
Teams

Responses from Individuals

A Boyd	C Butcher	D Crawford
A Esler	C Coghlin	D Devlin
A Holmes	C Cooley	D Farren
A Magill	C Devine	D Gallagher
A McVeigh	C Donaghy	D Gilmour
A Murray	C Esler	D Graham
A Nash	C Farren	D Hamilton
A Porter	C Goldsmith	D McKenna
A Smyth	C Gore	D McLaughlin
A Wallace	C Kelso	D Miller
B Dobbins	C McElduff-Kelly	D Morrow
B Hunt	C McCartan	D Nesbitt
B McLaughlin	C M Dick	D Nesbitt
B Mullan	C Metcalfe	D Potter
B O'Kane	C O'Neill	D Spence
B Smyth	C Quigley	D Smart
C Armstrong	D Bradley	D Scullion
C Boyd	D Bryan	D Smyth
C Brennan	D Coll	D Thompson

D Wright	H Devine	L Grant
E Boyle	H Kinnaid	L Higgins
E Clarke	J Baird	L McEleney
E Douglas	J Burns	L Morgan
E Gibson	J Campbell	L Quinn
E Larkin	J Graham	M Alexander
E L Campbell	J Harron	M Donnelly
E M	J McDaid	M Fleck
E Morrow	J M McCullagh	M Lynch
E Porter	J McMillan	M McCauley
E Scott	J McNamee	M McDonnell
E Whitehead	J O'Neill	M McMenamin
E Wray	J Osetek	M O'Kane
F Elliot	J Ross	M Robinson
G Barnes	J Yaxley	M Salto-Tellez
G Esler	K Duffin	M Watson
G Glynn	K Fitzpatrick	N Anderson
G Griffiths	K Graham	N Black
G Hetherington	K Graham	N Clyde
G Lennon	K Houston	N Duncan
G McClean	K L McVeigh	N Fagan
G McKeeman	K Turkington	N Hull
G Robinson	L Boyd	N McKee
G Warnock	L Caughey	N McKee

N McCallion	R Cox	S Farren
N Quinn	R Devine	S Graham
N Snodgrass	R Gamble	S Hedderwick
N Thompson	R Given	S Maughan
O Finnegan	R Hunter	S McBride
O Hannigan	R McMullan	T Gallagher
O O'Donnell	R McVitty	T Keightley
P Browne	R M O'Donghaile	T Lioe
P Graham	R Morrison	T Lowry
P McBride	R Nicholl	T Shaw
P McCool	R Thompson	T Walker
P McElhinney	S	T Wyatt
P McGowan	S Carlin	U Coey
P O'Neill	S Carmichael	V Mawhinney
P Sharpe	S Carty	V McBride
P Simpson	S Cassidy	W Douglas
R Bell	S Doherty	
R Brennan	S Doron	

