

**Supplementary Analysis of Responses to
Consultation on Proposals for Modernising HSC
Pathology Services**

21 Sept 2017

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Document Purpose

The purpose of this document is to provide supplementary analysis of the responses to the public consultation on Proposals to Modernise HSC Pathology Services (HSCB 2016), following a request from the DoH NI for further information. The document includes:

- A more detailed assessment of responses from professional and expert bodies.
- A more detailed assessment of responses from HSC Pathology staff members and the public.
- Evidence of examples of consolidation in other areas, an update on the evidence base and expert views on pathology modernisation.

Document Focus

This analysis focusses on Proposals 1 and 3 of the consultation.

Proposal 1: Consolidation (Questions 1, 2 and 3)

Proposal 3: Managerial Reform (Questions 7, 8 and 9)

Due to the high level of support expressed by all consultees for Proposal 2, Infrastructure Development, no further analysis is provided.

Part 1: Responses from Professional and Expert Bodies

There were 388 responses to the consultation. 317 were from individuals, 50 were from groups, and 21 did not state whether they were an individual or group respondent.

Of the 50 responses from groups, 34 were received from professional and expert bodies allied to pathology (Annexe 1), i.e. groups that are:

- Regularly involved in regional discussions about the delivery of HSC Pathology Services
- Providers of regional and / or local Pathology services
- Academic experts in Pathology
- Clinical Service users of Pathology services and their representative bodies
- National Scientific Pathology professional bodies and Trade Unions, the bulk of whose members are Pathology Scientific staff and which provide training, qualifications and scientific leadership in Pathology

These included:

- Pathology Network Speciality Fora
- Regional Pathology Services
- HSC Organisations providing Pathology Services
- Universities and Research Organisations
- Infection, Prevention and Control Teams
- Professional Bodies
- Clinical or Scientific Trade Unions

The remaining 16 groups were made up as follows:

- Anonymous Groups (5)
- Non Clinical or Scientific Trade Unions (Unite, Unison, NIPSA) (4)
- Groups of Local Councillors from Causeway Coast & Glens Borough Council (4)
- Others (Derry Well Women, Parkinson's UK, & 'Not stated') (3)

This section of the report focuses on the responses of the 34 professional and expert bodies.

Of the 34, five of the group responses were replicates of other responses, which were received by groups or individuals. Three of these supported the proposals to consolidate non-time critical work and to establish a single integrated management structure for HSC Pathology services.

Proposal 1: Consolidation

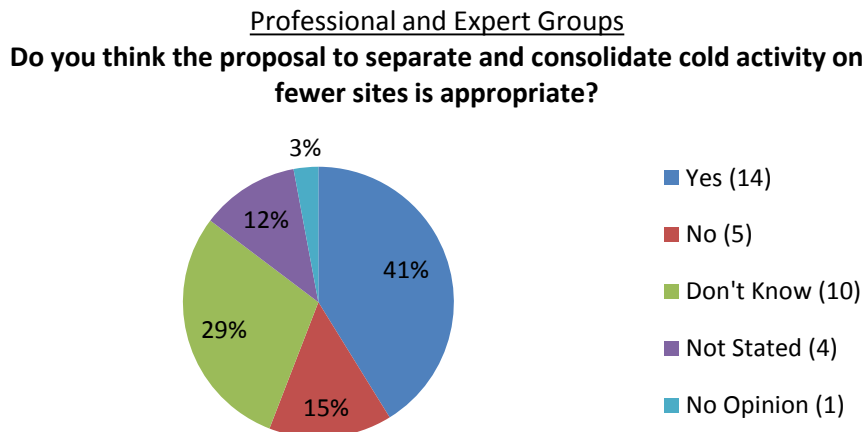
To separate the delivery of 'hot' time-critical and 'cold' non-time critical Pathology testing, with cold testing being delivered on an appropriate number of cold Hubs for the region and 'hot spokes' linked with a defined cold Hub existing at any acute site that currently has a laboratory.

QUESTION 1: Do you think the proposal to separate and consolidate cold activity on fewer sites is appropriate?

As shown in Figure 1, of the 34 professional and expert bodies that responded:

- 41% supported the proposal
- 15% did not support the proposal
- 44% did not provide an opinion

Figure 1



Of note, in the full consultation report of 388 responses:

- 17% supported the proposal
- 68% did not support the proposal
- 15% did not provide an opinion

11 of the 34 professional and expert bodies provided further comments (see Table 1 below). Six of these comments were from those who did not indicate that they supported the proposal. The commentary suggested that, subject to issues that were raised being addressed, the proportion of groups supporting the proposal could increase.

Table 1

Summary of comments from professional & expert bodies on the proposal to consolidate non-time critical work

A review is needed

Consolidation is more appropriate for some disciplines than others, and it is important to understand the linkages between pathology disciplines

In advance of consolidation there is a need for clarity on what is 'hot' and 'cold'

There is a lack of evidence in the document to demonstrate the benefits of consolidation within the HSC setting

The proposals should not go ahead until decisions have been made on the future acute hospital configuration

There may be an adverse impact on staff career, training or travel time to work

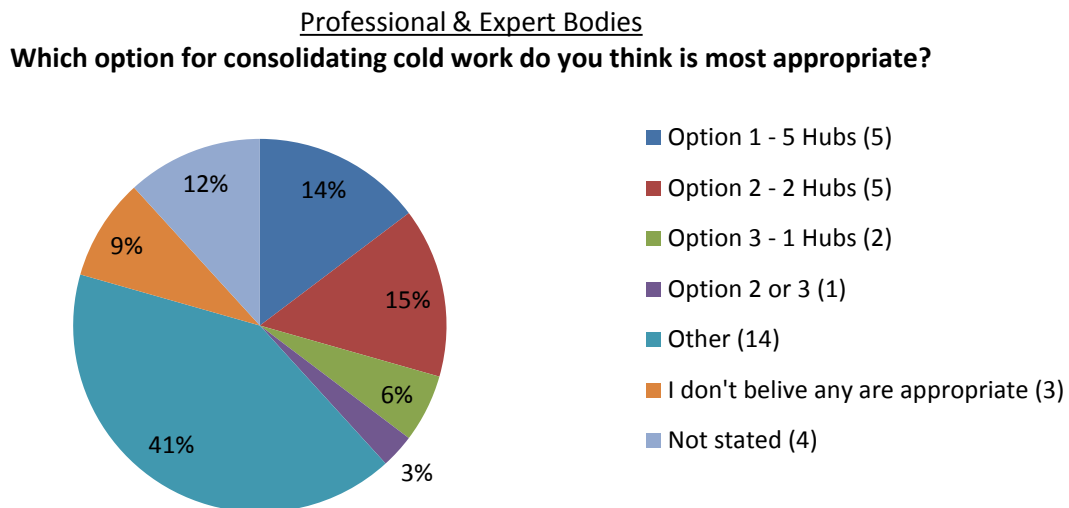
QUESTION 2: Which option for consolidating cold work do you think is most appropriate?

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

As shown in Figure 2, of the 34 professional and expert bodies that responded:

- 38% supported one or more of the proposed options
- 9% did not support any of the proposed options
- 41% said they would suggest an ‘Other’ option
- 12% did not provide an opinion

Figure 2



Of note, in the full consultation report of 388 responses:

- 20% supported one or more of the proposed options
- 54% did not support any of the proposed options
- 16% said they would suggest an ‘Other’ option
- 10% did not provide an opinion

14 professional and expert bodies indicated that they would suggest an alternative option, but did not provide an alternative. However analysis of the comments of other professional and expert bodies indicated that maintaining the status quo service configuration should be considered as an option.

Other issues highlighted are summarised in Table 2:

Table 2

Summary of comments from professional & expert bodies on the proposed options for consolidating non-time critical work

Need to undertake a proper assessment of clinical need and demand on each site

In the case that 'cold' work is consolidated onto fewer locations, some 'cold' work should be retained on the 'hot spoke' sites to maximise the use of equipment and staffing resource, and so reduce costs at both the hub and the spoke sites while maintaining training capacity

Moving towards five integrated laboratories delivering both hot and cold testing based at the main acute sites in each Trust, aligned to the clinical profile the hospitals have moving forward and dependent on availability of appropriate Point of Care equipment for the smaller hospitals' urgent work

Ensure that laboratory services support the clinical service provision on each site

Reduce variation

Apply the principles of appropriate pathology testing

QUESTION 3: 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 34 professional and expert bodies, 11 did not think the proposed criteria were appropriate and 6 of these commented; Table 3 summarises their comments:

Table 3

Summary of comments from professional & expert bodies on the criteria to decide on the right number and location of cold Hubs

Links to education and research

Impact on staff (training, career, travel time, work-life balance, morale)

Workforce planning, recruitment and retention, skills mix

Locations will be a key consideration

Need to take into account instrument failure / contingency

Capital costs required to set up Hubs

Proposal 3: Integrated Management Structure

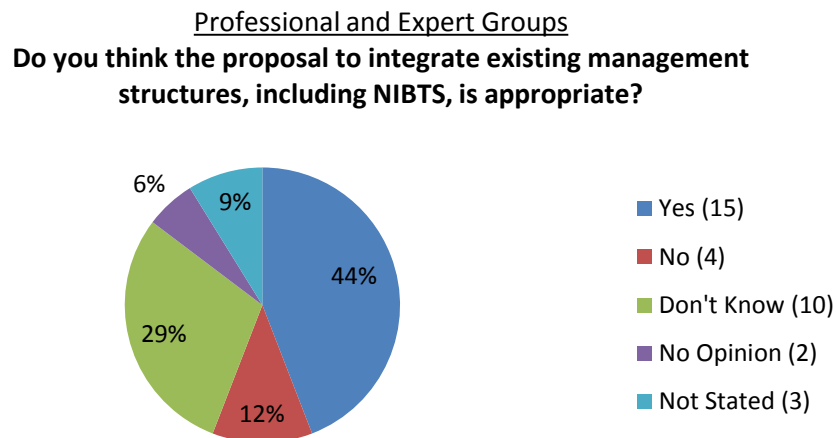
To bring all HSC Pathology services including NIBTS into a single regional integrated management structure which will provide a guaranteed level of service to its users, defined in Service Level Agreement/s that meet recognised quality standards and demonstrate quality and performance using agreed metrics.

QUESTION 7: Do you think the proposal to integrate existing management structures, including NIBTS, is appropriate?

As shown in Figure 3, of the 34 professional and expert bodies that responded:

- 44% supported the proposal
- 12% did not support the proposal
- 44% did not provide an opinion

Figure 3



Of note, in the full consultation report of 388 responses:

- 19% supported the proposal
- 54% did not support the proposal
- 27% did not provide an opinion

Of the 15 groups that supported the proposal, six provided comments as shown in Table 4:

Table 4

Summary of comments from professional & expert bodies that supported the proposal to integrate Pathology management structures, including NIBTS

A regional integrated management structure would provide a more regionally coordinated approach, create a more equitable regional service and workload, and enable regional standardisation and help to reduce variation

A regional integrated management structure would bring specialist NIBTS services into the wider laboratory structure

Consolidation and integration of management should happen in parallel.

For the 4 groups that did not support the proposal, the main issues identified are shown in Table 5:

Table 5

Summary of comments from professional & expert bodies that did not support the proposal to integrate Pathology management structures, including NIBTS

Lack of clarity on the anticipated benefits of the proposal

Potential loss of control over local decision making

The need for Governance and accountability arrangements to be defined

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

These comments suggest that some of those unsupportive of the proposal may be more supportive if more information was available.

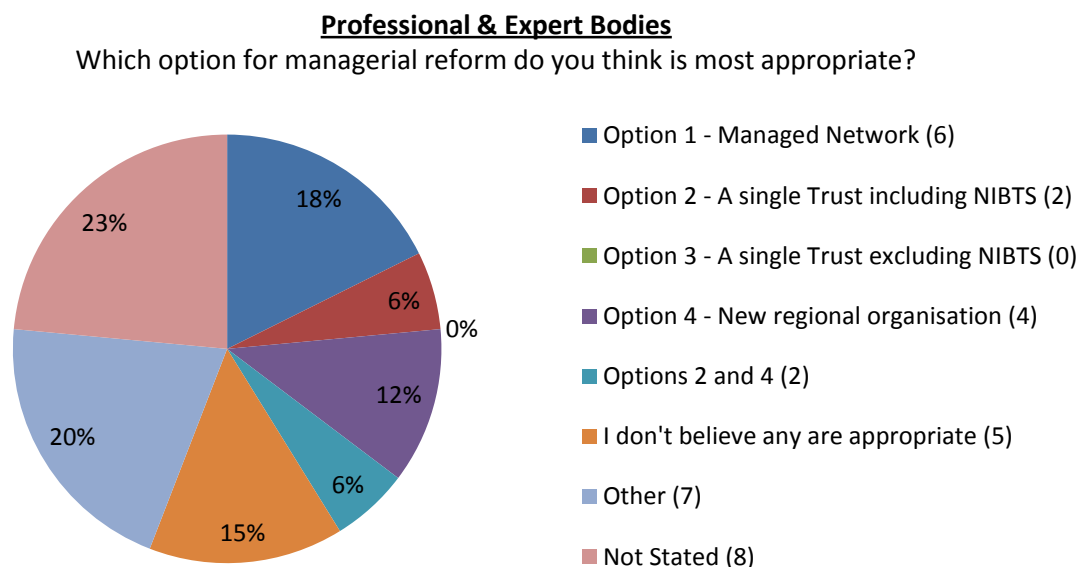
QUESTION 8: Which option for managerial reform do you think is most appropriate?

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.

As shown in Figure 4, of the 34 professional and expert bodies that responded:

- 42% supported one of the proposed options
- 15% did not support any of the proposed options
- 20% said they would suggest an ‘Other’ option
- 23% did not provide an opinion

Figure 4



Of note, in the full consultation report of 388 responses:

- 21% supported one of the proposed options
- 57% did not support any of the proposed options
- 11% said they would suggest an ‘Other’ option
- 11% did not provide an opinion

Of the 14 professional and expert bodies in support of one or more of the proposed options, eight commented. Table 6 summarises their comments:

Table 6

Summary of comments from professional & expert bodies that supported one or more of the proposed options for managerial reform

All staff should come under the management of Belfast Trust (comment made by groups from Belfast Trust)

Any Pathology Board must include members from all areas (clinical, technical, all Trusts)

A new agency would prevent perceptions of loyalty or favouritism to any one Trust

NIBTS should be included in the management structure

Of the seven groups that said they would suggest an alternative option, none was suggested, however three went on to comment (Table 7):

Table 7

Summary of comments from professional & expert bodies that would suggest an alternative option for managerial reform

There is already good communication between laboratories

Having a new agency would prevent perceptions of loyalty or favouritism to any one Trust

There are arguments in support of both a Managed Clinical Network without budgetary responsibility, and a new regional organisation

There is need to adopt a whole systems approach including the wider HSC context and Trust plans, authority is needed to implement regional decisions, there could be a cost to establishing a new organisation.

Of the five groups that did not believe any option was appropriate, four commented, all stated that maintaining the status quo service configuration should be considered.

In May 2017, NI Pathology Network Board members noted the evidence published by the Royal College of Pathologists in April 2017, which identified appropriate governance arrangements as one of a number of critical success factors in enabling Pathology modernisation. The majority of Board members voiced their support for the proposal to integrate existing Pathology management structures.

QUESTION 9: 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 34 professional and expert bodies, five did not think the proposed criteria were appropriate. Key issues are summarised in Table 8:

Table 8

Summary of comments from professional & expert bodies on the proposed criteria to decide on the best option for managerial reform

Public confidence should not be included - must be no adverse change for service users

Assurance needed that any decision is in the best interest of patients, staff and services

Accountability and governance need to be defined

Cost analysis should include any new capital costs

Part 2: Responses from the Public and HSC Pathology Staff

There were 388 responses to the consultation. 317 were from Individuals, 50 were from groups, and 21 did not state whether they were an individual or group respondent.

Of the 317 responses from Individuals, many identified themselves as representing more than one category of individual (e.g. a Patient *and* a member of HSC staff). To avoid double-counting of responses that belonged to more than one category, the two groups under analysis in this section of the report (the Public and HSC Pathology Staff) have been defined as follows (Annexe 2 includes full definition):

The Public:

Those who self-identified only as a Patient / Patient Advocate / Blood Donor, including those who also self-identified as 'Other'

HSC Pathology Staff:

Those currently employed in HSC Pathology services

Based on these definitions, of the 317 individuals that responded to the consultation:

- ~ 238 were HSC Pathology staff
- ~ 33 were members of the Public

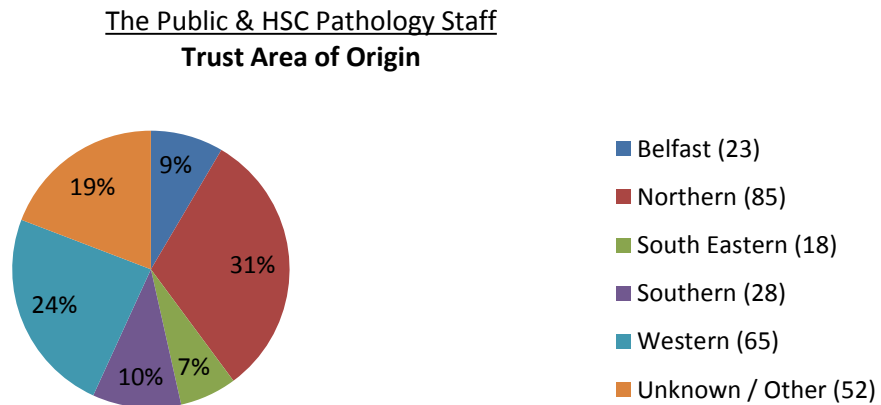
The remaining 46 responses were from Clinical Service Users, those employed by Universities, those employed within the Private Sector Diagnostics industry, and those did not state a category. Annexe 2 provides further information about respondent categories.

This section of the document focuses on the 271 responses from individual members of the Public and HSC Pathology Staff.

Response area of origin

Analysis of the HSC Trust area of origin of the 271 responses from the Public and HSC Pathology Staff is shown in Figure 5:

Figure 5

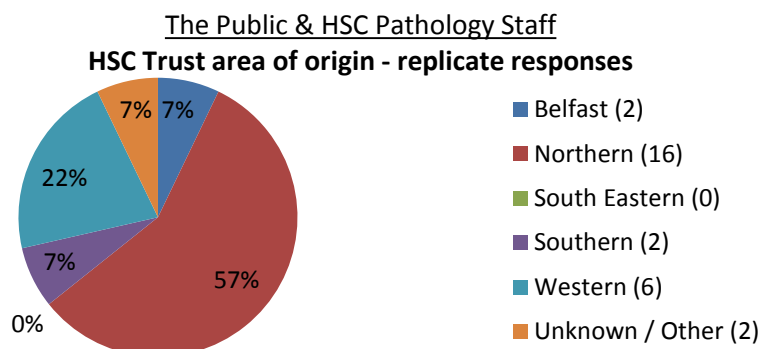


Replicate Responses

Of the 271, 28 were replicates of other responses which were received from groups or individuals; the majority of these did not support the proposals to consolidate non-time critical work or to establish a single integrated management structure for HSC Pathology services.

In total, 93% of these replicate responses were from HSC Pathology staff. Figure 6 shows the HSC Trust area of origin of the replicate responses:

Figure 6



Proposal 1: Consolidation

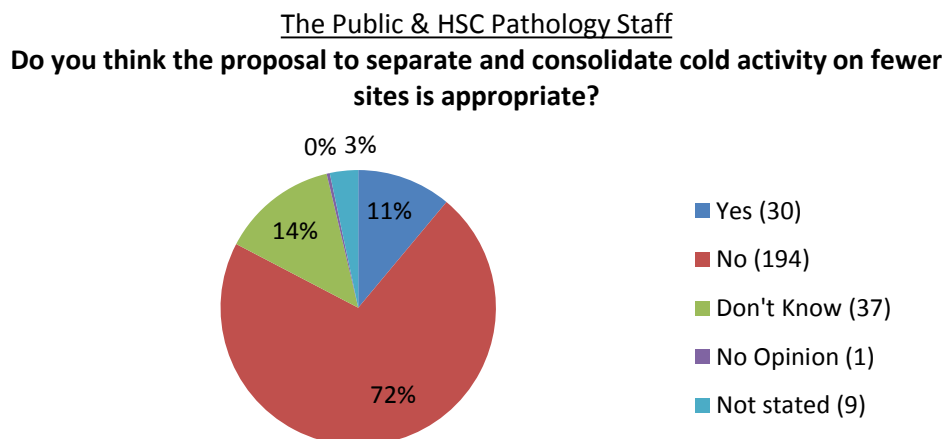
To separate the delivery of 'hot' time-critical and 'cold' non-time critical Pathology testing, with cold testing being delivered on an appropriate number of cold Hubs for the region and 'hot spokes' linked with a defined cold Hub existing at any acute site that currently has a laboratory.

QUESTION 1: Do you think the proposal to separate and consolidate cold activity on fewer sites is appropriate?

As shown in Figure 7, of the 271 members of the Public, and HSC Pathology Staff that responded:

- 11% supported the proposal
- 72% did not support the proposal
- 17% did not provide an opinion

Figure 7

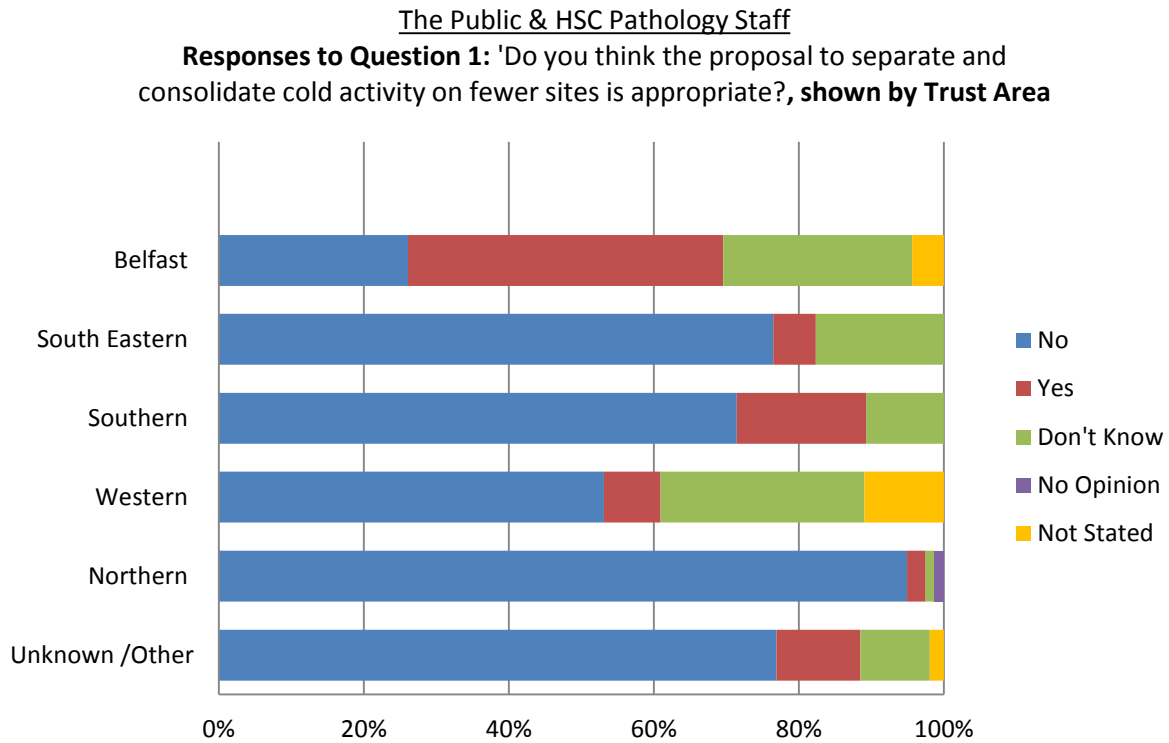


Of note, in the full consultation report of 388 responses:

- 17% supported the proposal
- 68% did not support the proposal
- 15% did not provide an opinion

The range of responses from Consultees to the proposal to consolidate non-time critical work is shown by Trust area in Figure 8.

Figure 8



184 of the 271 provided further comments; the vast majority of the comments made were made by those who did not support the proposal, as shown in Figure 9.

Figure 9

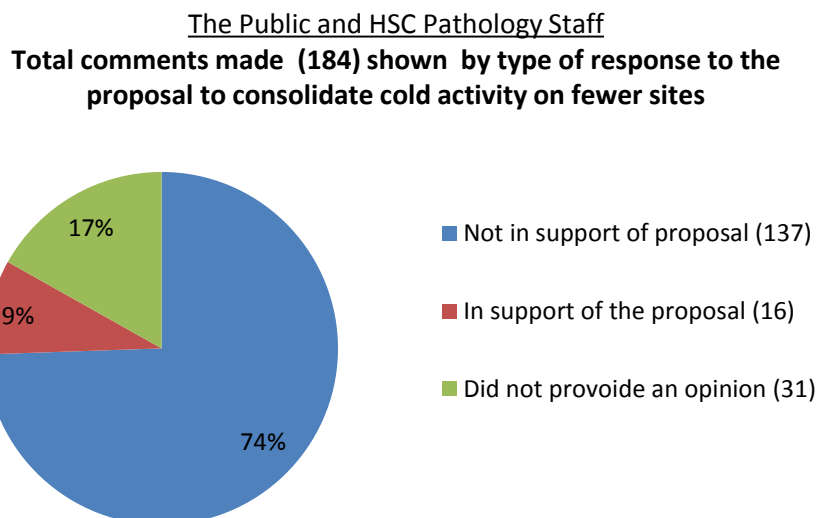


Table 9 provides an overview of the comments made, grouped by Trust area.

Table 9

Summary of comments from the Public and HSC Pathology Staff on the proposal to separate and consolidate cold activity on fewer sites	Belfast	Northern	South Eastern	Southern	Western
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	✓		✓	✓	✓
Agree that a review is needed , it makes sense to reduce the number of sites	✓		✓	✓	✓
Potential for economic benefit	✓				✓
Turnaround time for non-time critical samples may increase	✓	✓	✓	✓	✓
The separation of hot and cold testing may not improve quality & efficiency	✓	✓	✓	✓	✓
Clearer definition of hot and cold tests are required for each Pathology discipline	✓	✓	✓	✓	✓
There could be an impact on staff as a result of the proposal to consolidate cold testing	✓	✓	✓	✓	✓
There may be capital costs associated with setting up the Hubs		✓	✓		✓

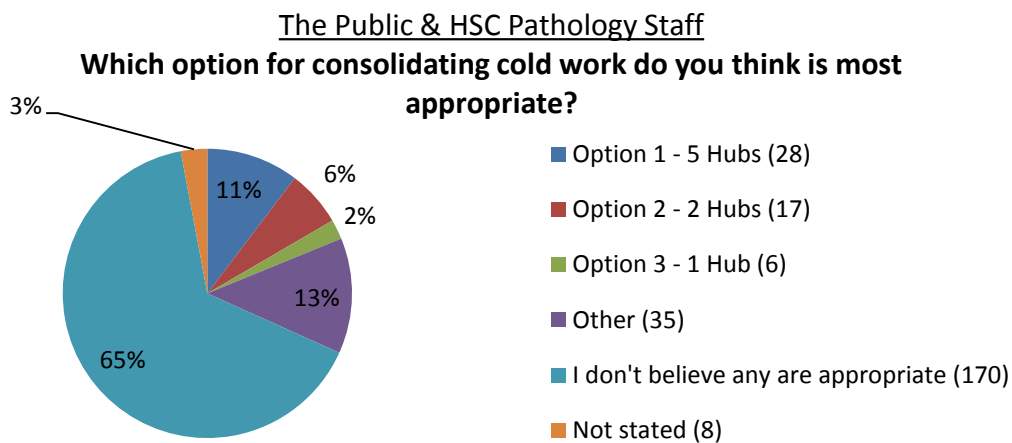
QUESTION 2: Which option for consolidating cold work do you think is most appropriate?

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

As shown in Figure 10, of the 271 members of the Public, and HSC Pathology Staff that responded:

- 19% supported one of the proposed options
- 65% did not support any of the proposed options
- 13% said they suggested an ‘Other’ option
- 3% did not provide an opinion

Figure 10



Of note, in the full consultation report of 388 responses:

- 20% supported one or more of the proposed options
- 54% did not support any of the proposed options
- 16% said they would suggest an ‘Other’ option
- 10% did not provide an opinion

35 members of the Public and HSC Pathology Staff stated that they would suggest an alternative option. Analysis of the comments indicated that maintaining the status quo service configuration should be considered as an option.

In total, 216 of the 271 provided further comments; these are summarised in Table 10.

Table 10

Summary of comments from the Public and HSC Pathology Staff on the proposed options for consolidating cold work

Clinical Pathology advice is critical to the effective functioning of MDTs and Infection Control Teams

Align Cellular Pathology and Microbiology services with Cancer Centres

Some 'cold' work should be retained on the 'hot spoke' sites to make them more efficient

The HSC should not be compared with England, consolidation in some UK areas has not been successful

Ensure that laboratory services support the clinical service provision on each site

Reduce variation

Apply the principles of appropriate pathology testing

QUESTION 3: 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 217 members of the Public and HSC Pathology Staff, 201 did not think the proposed criteria were appropriate, all of whom made comment (see Table 11). Rather than suggesting alternative criteria, comments reflected these Consultees’ responses to the proposal to separate and consolidate cold activity on fewer sites.

Table 11

Summary of comments from the Public and HSC Pathology Staff on the proposed alternative criteria to decide on right number and location of cold Hubs

There could be adverse effects on staff (training, career, travel time, morale)

There are already high standards in place, laboratories are already accredited

Smaller laboratories are easier to manage

There could be an increased sample travel time, and an increase in sample transport costs

The services needs flexibility to adapt to demand

The same amount of personnel may still be needed

There may be no cost benefit

Proposal 3: Integrated Management Structure

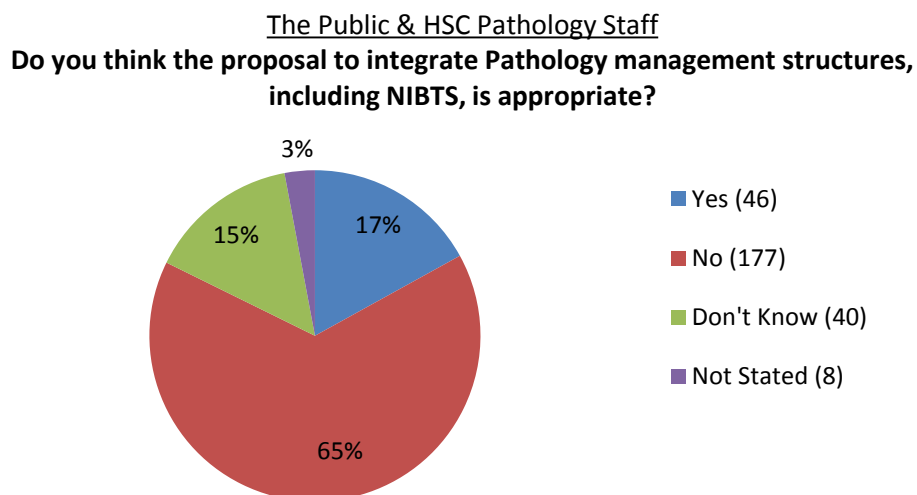
To bring all HSC Pathology services including NIBTS into a single regional integrated management structure which will provide a guaranteed level of service to its users, defined in Service Level Agreement/s that meet recognised quality standards and demonstrate quality and performance using agreed metrics.

QUESTION 7: Do you think the proposal to integrate existing management structures, including NIBTS, is appropriate?

As shown in Figure 11, of the 271 members of the Public, and HSC Pathology Staff that responded:

- 17% supported the proposal
- 65% did not support the proposal
- 18% did not provide an opinion

Figure 11

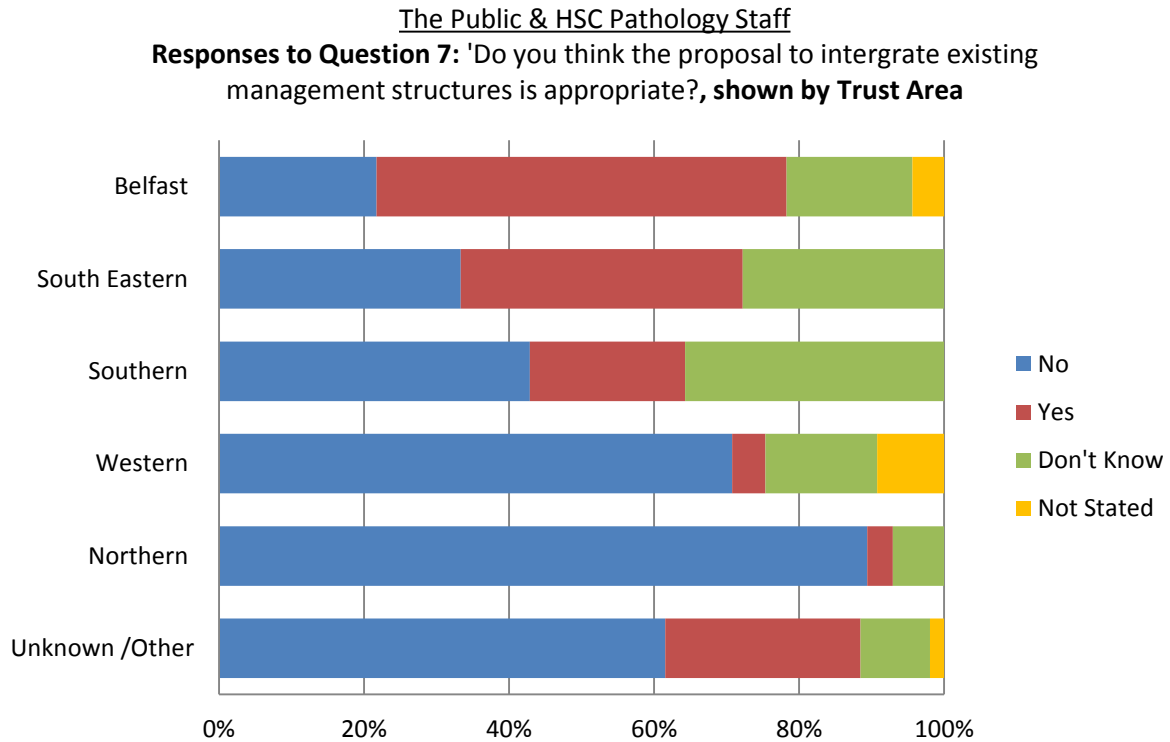


Of note, in the full consultation report of 388 responses:

- 19% supported the proposal
- 54% did not support the proposal
- 27% did not provide an opinion

The range of responses from Consultees to the proposal to integrate existing Pathology management structures are shown by Trust area in Figure 12

Figure 12



Of the 46 that supported the proposal, 20 made further comments; the main themes are summarised in Table 12:

Table 12

Summary of comments from the Public and HSC Pathology staff on the proposal to integrate existing Pathology management structures, including NIBTS	Belfast	Northern	South Eastern	Southern	Western
A regional integrated management structure would provide a more regionally coordinated approach, greater workforce and service resilience and flexibility and would enable staff to transfer roles and develop careers	✓		✓	✓	✓

Summary of comments from the Public and HSC Pathology staff on the proposal to integrate existing Pathology management structures, including NIBTS	Belfast	Northern	South Eastern	Southern	Western
A regional integrated management structure would enable adoption of a single regional quality management system for each discipline	✓		✓		
A regional integrated management structure would bring specialist NIBTS services into the wider laboratory structure	✓			✓	

For the 177 that did not support the proposal, the main issues identified are shown in Table 13:

Table 13

Summary of comments from the Public and HSC Pathology staff on the proposal to integrate Pathology management structures, including NIBTS	Belfast	Northern	South Eastern	Southern	Western
There is a lack of evidence	✓	✓	✓	✓	✓
Loss of local control, local management is more responsive, flexible, allows for career progression and for decisions to be made quickly	✓	✓	✓	✓	✓
The governance and accountability arrangements need to be defined		✓	✓	✓	✓

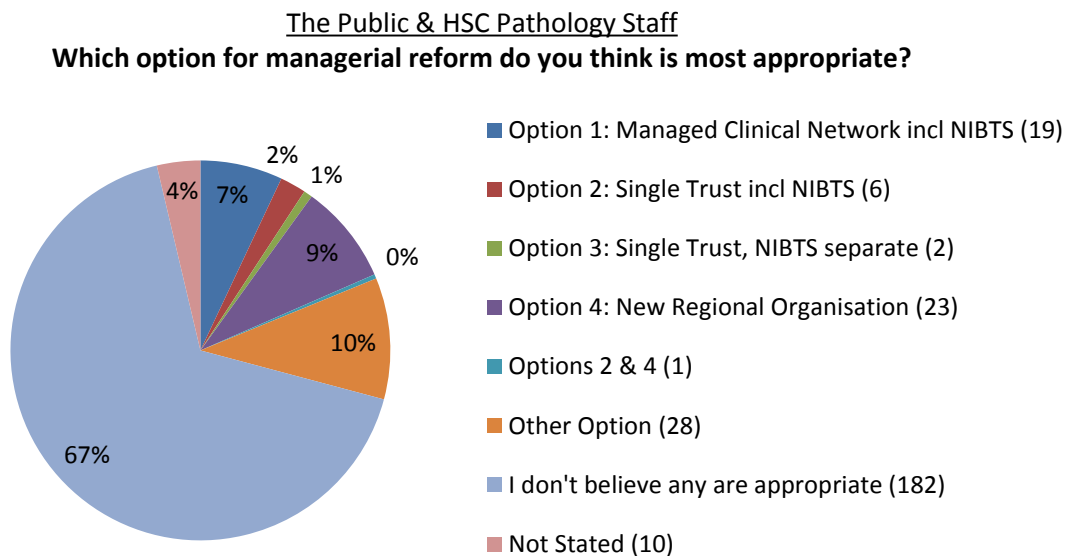
QUESTION 8: Which option for managerial reform do you think is most appropriate?

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.

As shown in Figure 13, of the 271 members of the Public, and HSC Pathology Staff that responded:

- 19% supported one of the proposed options
- 67% did not support any of the proposed options
- 10% said they suggested an ‘Other’ option
- 4% did not provide an opinion

Figure 13



Of note, in the full consultation report of 388 responses:

- 21% supported one of the proposed options
- 57% did not support any of the proposed options
- 11% said they would suggest an 'Other' option
- 11% did not provide an opinion

Of the 51 in support of one or more of the proposed options, 32 made further comments; these are summarised in Table 14:

Table 14

Summary of comments from the Public and HSC Pathology Staff who were in support of one of the proposed options for managerial reform

Pathology Board must include members from all areas (clinical, technical, all Trusts)

Mind-sets need to change

Managers need to be 'on the ground'

Staff have coped well with merges in the past

A new Pathology agency would prevent perceptions of loyalty or favouritism to any one Trust

Central management is a key enabler for implementation of any other changes, would reduce variation, improve standardisation, and provide career development opportunities

Of the 28 that said they would suggest an 'Other' option, and the 182 that did not believe any option was appropriate, the only alternative suggested was a 'no change' option, to maintain the status quo managerial arrangements.

QUESTION 9: 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 271 members of the Public and HSC Pathology Staff that responded, 157 did not think the proposed criteria were appropriate and 150 made further comment (Table 15). Rather than suggesting alternative criteria, comments reflected these Consultees’ responses to the proposal to integrate existing management structures.

Table 15

Summary of comments from the Public and HSC Pathology Staff on the proposed criteria to decide the best option for managerial reform

Cost may not be reduced, additional layers of management would add costs and be inefficient, capital costs need to be considered within a wider cost analysis

Centralisation of management control would not provide enough flexibility for future development, would be unresponsive, reduce quality, and result in communication failures

Summary of comments from the Public and HSC Pathology Staff on the proposed criteria to decide the best option for managerial reform

There is no need to change management structures or working practices, user surveys demonstrate confidence in smaller local labs, which already have accreditation and excellent governance and accountability. Collaboration is already occurring.

Consult with all stakeholders, define the governance and accountability arrangements, ensure that change is in best interests of patients, staff and services

Part 3 – Update on Evidence Base & Expert Views on Pathology Modernisation

The evidence base for the proposals for HSC Pathology modernisation is set out within the Consultation document; since its publication, additional evidence has emerged which supports the proposed direction of travel, and provides learning from other Pathology modernisation initiatives. This was noted by the NI Pathology Network Board in its discussions and informed the ‘Next steps and way forward’ set out in the Report of Consultation.

Success Factors for Pathology Consolidation:

The Royal College of Pathologists published ‘Consolidation of Pathology Services; Lessons Learnt’ in its April & July 2017 Bulletins. It includes accounts from those with experience of consolidation of Pathology services, and shares key considerations & success factors that have helped deliver multi-organisational consolidation. These are summarised in Box 1:

Box 1

1. A clear, compelling, high level vision:

- Provides clarity of purpose, informs decisions & operational design.
- As well as the ‘core’ laboratory business of processing Pathology tests, the vision should include clinical Pathology services embedded within Trusts, education and training, research, innovation and new test development.

2. Clinical Leadership:

- Successful consolidation can only be delivered through a clinically led service.

3. Executive participation:

- Board support with strong, experienced leadership is critical to success; the Board should drive delivery and remove barriers to consolidation.

4. Partnership model / organisational form:

- A formal governance arrangement that allows effective decision making including control of resources, delivers operational flexibility to integrate and consolidate services, defines employment of staff, and the legal framework for contracting is necessary.
- Formal networks have been shown to be the best solution in planning and managing a complex pathology solution.

5. Planning and Process:

- Careful planning is required to implement quickly and incrementally in a series of small steps.

6. A strong local focus, and customer service:

- It is essential that staff have their own service in which they can invest and be proud of, that has a strong customer focus and is supported by appropriate personnel and infrastructure.
- Each service must contribute to planning within their locality, be responsive to Trust priorities and contribute to realising the vision of an integrated Pathology service that delivers regional value and efficiency to its customers.

7. Infrastructure development:

- There is a need to invest in appropriate infrastructure development to enable Pathology consolidation, for example transport and Digital Pathology.
- A standard Laboratory Information Management System (LIMS) is a key enabler for consolidation, supported by a dedicated IT team.

8. Change management:

- Consolidation of Pathology is a resource intensive project that requires investment in a dedicated team, and support from both management and operations teams to deliver a successful outcome.
- Ring fencing resource for transformation is crucial.
- Two-way communication with staff is essential.

NHS Improvement Proposed Pathology Consolidation Networks

NHS England is proceeding toward greater consolidation of Pathology services as part of a wider strategic drive to improve operational productivity (Annexe 3).

During the summer of 2017, NHS Improvement (NHSI) identified 29 potential pathology networks across England; their aim is that these networks will allow pathology services to become more efficient, and deliver better value, high quality care for patients. NHSI proposes to support these Networks in delivering consolidation through the provision of guidance, and sharing lessons learnt from pathfinders; it anticipates the key outcomes as follows (Box 2):

Box 2

For patients:

- patients should receive quicker, more advanced and reliable screening test results for illnesses including cancer (under proposals aimed at improving how NHS pathology services are organised)
- access to pathology services will not change – core services will still remain in hospital labs
- the introduction of a new wave of genetics

Delivery of potential efficiencies:

- under the proposals, the 105 individual pathology services within NHS Hospitals in England will join-up, and form a series of 29 networks
- the new networks will bring together clinical expertise, ultimately making these services more efficient, and delivering better value, high quality care for patients
- enhance career opportunities for staff, whilst being more efficient, delivering recurrent projected annual savings to the NHS of at least £200m

Conclusion

This supplementary analysis suggests that professional and expert bodies are more supportive of the proposals for HSC Pathology modernisation than the Public and HSC pathology staff. The commentary of professional and expert bodies suggested that some of those unsupportive of the proposal to consolidate cold activity on fewer sites may be more supportive if more information was available.

Emerging best practice evidence is leading to a general acceptance of the core principles for Pathology modernisation; appropriate service consolidation, investment in infrastructure, and managerial reform. This evidence also indicates that effective modernisation depends on a range of success factors including a clear vision, clinical leadership, appropriate governance, a stepped process and the need to tailor the approach to the local context. This evidence is being applied elsewhere, for example to drive focussed consolidation of Pathology services in NHS England over the next 4 years.

Annexe 1 – Professional and Expert Bodies Included in Analysis

The Department of Health asked for further analysis of the responses from professionals and expert bodies that responded to the public consultation. The following 34 groups were selected from a total of 50 groups by using the following definition:

Groups that are:

- Regularly involved in regional discussions about the delivery of HSC Pathology Services
- Providers of regional and / or local Pathology services
- Academic experts in Pathology
- Clinical Service users of Pathology services and their representative bodies
- National Scientific Pathology professional bodies and Trade Unions, the bulk of whose members are Pathology Scientific staff and which provide training, qualifications and scientific leadership in Pathology

The 34 selected professionals and expert bodies are as follows:

Pathology Network Speciality Fora

1. NI Pathology Network Microbiology and Virology Specialty Forum
2. NI Pathology Network Transfusion Forum
3. NI Pathology Network Cellular Pathology Specialty Forum
4. NI Pathology Network Haematology Specialty Forum
5. NI Pathology Network Biochemistry Specialty Forum
6. NI Pathology Network Laboratory Managers Forum
7. NI Pathology Network Point of Care Specialty Forum

Regional Pathology Services

8. Regional Tissue Molecular Diagnostics
9. Regional Virology, Microbiology, Serology, Molecular Infection and Typing services
10. Regional Histocompatibility & Immunogenetics Laboratory
11. Regional Public Health Laboratory (Official Control Laboratory for Food)
12. Regional Mycobacterial Reference Laboratory
13. Regional Genetics Laboratories

HSC Organisations providing Pathology Services

14. SEHSCT
15. WHSCT
16. NIBTS

Universities and Research Organisations

17. School of Biomedical Sciences, Ulster University
18. School Management Board, School of Medicine, Dentistry & Biomedical Sciences
19. Cancer Research UK

Infection, Prevention and Control Teams

20. SET Infection, Prevention & Control Team
21. WHSCT Infection, Prevention & Control Team

Professional bodies

22. Institute of Biomedical Science
23. Royal College of Midwives NI
24. Royal College of GPs NI
25. Maxillofacial Surgery Service NI as Regional BAOMS and Royal College of Surgeons appointed representative

26. professional Affairs Board, Paediatric Surgery Depart, RBHSC

Pathology Service Clinicians, Managers, and Staff

27. Haematology/Blood Transfusion Staff, WHSCT

28. Senior Management Team for Pathology Services BHSC

29. Senior Management Team for Biochemistry Services, BHSC

30. Consultant Haematologists, WHSCT

31. Microbiology, BHSC

32. Acute directorate Clinicians SHSCT

Clinical or Scientific Trade Unions

33. Federation of Clinical Scientists (FCS)

34. BMA Northern Ireland

The remaining 16 Groups were made up as follows:

- Anonymous Groups (5)
- Non Clinical or Scientific Trade Unions (Unite, Unison, NIPSA) (4)
- Groups of Local Councillors from Causeway Coast & Glens Borough Council (4)
- Other groups (Derry Well Women, Parkinson's UK, 'Not stated') (3)

Annexe 2 – The Public and HSC Staff: Definition for Analysis

The Department of Health asked for further analysis of the responses from individual members of the Public and HSC Staff that responded to the public consultation.

317 Individuals responded to the Consultation, many identified themselves as representing more than one of the six possible categories provided; Table 16 shows the total number of consultees self-identifying under the six categories provided:

Table 16

Clinical Service User of HSC Pathology Services	Patient / Patient Advocate / Blood Donor	Currently Employed in HSC Pathology Services	Currently employed in the Private Sector Diagnostics Industry	Currently Employed in a University	Other	No Category stated
93	155	238	3	2	29	18
Total: 538						

For the purposes of this report, it is necessary to clearly define the two groups under analysis to ensure there is no double-counting of responses; the definitions used are as follows:

The Public: Those who do not:

- work in, or provide Pathology services (public or private services)
- train current or potential future Pathology services staff
- conduct or direct Pathology research
- request Pathology tests

i.e. 'The Public' is defined as those who self-identified only as a Patient / Patient Advocate / Blood Donor, including those who also self-identified as 'Other'

HSC Pathology Staff: those currently employed in HSC Pathology services.

Based on the definitions provided above, of the 317 individuals that responded to the consultation, 271 were from the Public and HSC Pathology staff broken down as follows:

- 238 from HSC Pathology staff
- 33 from the Public

For reference purposes only, Table 17 summarises the responses from the 238 HSC Pathology staff, as they categorised themselves; 103 of the 238 self-identified as ONLY an employee of the HSC Pathology service:

Table 17

Currently Employed in HSC Pathology Services	<u>AND</u> Patient / Patient Advocate / Blood Donor	<u>AND</u> Clinical Service User of HSC Pathology Services	<u>AND</u> Currently employed in Private Sector Diagnostics Industry	<u>AND</u> Currently Employed in a University	<u>AND</u> Other	Total
238	112	74	1	2	3	238

For reference purposes, Table 18 summarises the responses from the 33 members of the Public as defined above, as they categorised themselves:

Table 18

Patient / Patient Advocate / Blood Donor	<u>AND</u> Currently Employed in HSC Pathology Services	<u>AND</u> Clinical Service User of HSC Pathology Services	<u>AND</u> Currently employed in Private Sector Diagnostics Industry	<u>AND</u> Currently Employed in a University	<u>AND</u> Other	Total
33	0	0	0	0	6	33

Annexe 3 – References

1. Royal College of Pathologists (April & July 2017) *Consolidation of Pathology Services; Lessons Learnt.*
2. NHS Improvement (Summer 2017) *Proposed Pathology Consolidation Networks*
<https://improvement.nhs.uk/resources/pathology-networks/>