

## Statement from the Institute of Biomedical Science on the NHS Improvement's letter to NHS Trusts about the 2016/17 financial position

Many members will be aware that the Chief Executive and Chairman of NHS Improvement (NHSI) have recently written a joint letter to the Chairs and CEOs of Foundation Trusts and NHS Trusts to outline the progress that NHSI has made in the plans to eradicate the financial deficit within the NHS. The letter identifies three areas for further action that NHSI feels will be required, all of which have an impact on pathology services both directly and indirectly. These areas are; back office and pathology consolidation, the elimination of pay cost growth, and unsustainable service consolidation.

The Institute is very disappointed to read that pathology has been termed a 'back office service', a view that is outdated and does not reflect the key role that pathology has in modern diagnostics and chronic disease management. Pathology is a clinically integrated specialist analytical and diagnostic service where the tests carried out by biomedical scientists contribute to 70% of clinical diagnoses within acute care and the community. Pathology not only supports a range of cancer screening programmes, but also the anticoagulation and thromboprophylaxis services and is crucial for infection control and antibiotic stewardship. By classing pathology in this seemingly dismissive term, the crucial work that pathology and biomedical scientists undertake is apparently undermined and belittled, and it shows a worrying lack of appreciation of the vital role that pathology has in patient care. It also implies a view that pathology services can be easily rationalised, centralised or down-sized with little negative impact on patient care, a worryingly naïve basis from which to drive a transformation process.

Hospitals and trusts have investigated potential networked services and consolidations and significant savings have already been made through these arrangements. The Institute recognises that consolidation of expertise can bring both financial and diagnostic benefits but is also aware that change has been slow and in some areas pathology services are becoming unsustainable. However, we would caution that the notion of forcing pathology departments to consolidate in the absence of tangible evidence of benefits to patients or cost savings is not the right approach. We would go so far as to point out that current evidence suggests that a number of organisations involved in earlier consolidations are withdrawing due to large budget deficits and that to pursue the expansion of this agenda could appear to be reactionary and misguided, perhaps even adopting Carter by mandate and not choice.

Cambridge University Hospitals Foundation Trust last week announced that it is withdrawing from the Pathology Partnership (tPP), a joint venture of six NHS hospitals in the East of England, of which they are currently the host, because it is no longer "financially sustainable". It is costing more to run as a consolidated network than it did as the sum of its parts. This was the biggest consolidation to date and is not delivering the envisaged benefits. Other similarly high profile ventures have either abandoned plans or have had to make considerable modifications in order to remain sustainable.

The Institute is of the opinion that asking Trusts to abandon existing service plans in order to consolidate pathology services, irrespective of local arrangements or patient needs, is unlikely to save money and potentially could cost more in the long term. In terms of service continuity, the uncertainty of service provision and location is having a negative impact of staff recruitment and retention that will further challenge the progress towards a 24 hour 7 day a week health service. The four week time scale for the production of outline plans for consolidation is unrealistic and is likely to lead to further unachievable objectives based on oversimplified assessments of pathology services and poorly informed short term decision making as Trusts rush to put these plans into place. A duty of care is a far reaching duty that covers not just our patients, but also the staff and the financial stability of the services provided.

The Institute will be formally writing to NHSI to advise them of our concerns and ask them to reconsider their approach. The Institute will offer to work with NHSI to develop and support the implementation of alternative solutions.

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