



16 February 2017

To whom it may concern

Institute of Biomedical - Response to Modernising HSC Pathology Services Proposals for Change

The Institute of Biomedical Science (IBMS) is pleased to be able to respond to the Modernising HSC Pathology Services consultation. The Institute of Biomedical Science is the UK professional body for biomedical science. It represents 20,000 members employed mainly in NHS laboratories, NHS Blood and Transplant, Public Health services, private laboratories, research, industry and higher education.

Biomedical scientists are the largest regulated professional staff group within pathology, comprising more than half the total workforce. The majority of this graduate workforce are qualified to Master's level and have expertise across all of the pathology disciplines, increasingly taking on specialist roles alongside those of medically qualified pathologists. In addition to their scientific roles in processing and analysing the 800,000,000 UK annual pathology samples, they co-ordinate and deliver training programmes for the whole pathology workforce and frequently this includes junior doctors in pathology. Additionally, pathology is a highly quality controlled service and responsibility for ensuring compliance with the standards of the various quality agencies is a key role for biomedical scientists. It is therefore disappointing to see that the role descriptor for biomedical scientists included in the consultation document (p20) significantly understates the role and contribution biomedical scientists make to pathology and the wider patient pathway.

The Institute's response to the consultation has been informed by its members, including those who have experience of modernising pathology services and those who may be directly affected by any changes resulting from the outcome of the consultation process. Our response is necessarily at a high level rather than a local level and we would be happy to expand on our responses if required.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Ian Sturdegess', with a stylized flourish at the end.

Ian Sturdegess
President
Institute of Biomedical Science



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 checked="" type="checkbox"/>

I am responding	As an individual:	<input type="checkbox"/>
	On behalf of a Group, Professional Body or other Body:	<input checked="" type="checkbox"/>
Your Name	Ian Sturdgess	
Name of Group, Professional Body or other Body	Institute of Biomedical Science	
Job Title	President	
Address	12 Coldbath Square London, EC1R 5HL	
Email	president@ibms.org	

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)	President of IBMS, the UK professional body for biomedical science.		

Question 1:

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

Yes	
No	
Don't Know	x
No Opinion	

Comments:

The Institute of Biomedical Science (the Institute) recognises that centralisation and consolidation are often difficult and contentious. However, the Institute does support the general principle of consolidation of services where appropriate when it maximises service quality and efficiency.

In considering consolidation of services, it is vital that the HSC Board understands the role of pathology in healthcare. Pathology is a clinically integrated, specialist, analytical and diagnostic service that is a critical component of most patient care pathways. It presents many opportunities to deliver better and more efficient care and it underpins the molecular pathology/genomics agenda. Therefore, any changes to pathology will impact upon services in hospitals and in the community.

Treating pathology as a silo and attempting to force through consolidation is likely to lead to destabilisation that will undermine clinical services, impact upon patient safety and experience and cost more than the efficiencies gained.

Rather, the Institute would encourage the HSC Board to take a strategic approach that puts the patient/service user at the centre and focuses on demand optimisation to inform any change to the service configuration and is cognisant of the recommendations of the Donaldson review, 'The Right Time, The Right Place' and

the recent Bengoa report, 'Systems, Not Structures: Changing Health and Social Care'. Any modernisation of pathology services needs to sit within the wider health and social care strategic context and to treat pathology in isolation risks putting form before function and may be more costly in the longer term.

Pathology, as the consultation acknowledges, is not a single discipline but is made up of some twenty diverse specialties. Some of these specialties may lend themselves to consolidation and possible efficiency savings (haematology, clinical biochemistry). This is reliant on underpinning IT, standardisation of requesting and reporting protocols and excellent transport infrastructure. The Institute would encourage the HSC Board to address these issues first before embarking upon any reconfiguration of services. Experience of our members involved in consolidation highlights the need for up-front investment to enable future efficiencies – this may be investment in new equipment, fit for purpose accommodation, transport infrastructure, IT and staff training.

Many other pathology specialties do not benefit from consolidation at all, particularly those that are largely reliant on people to make diagnoses, use relatively little automation and rely upon a close working relationship between requesting clinician, laboratory response and patient treatment. This should be taken into account when agreeing the repertoire of the 'hot' sites.

A major concern for the Institute is the lack of clear definition of 'cold' and 'hot' work. Until there is an accepted definition across the health system it is impossible to declare support, or otherwise, for the proposed reconfiguration.

It is also important to recognise that, with a shift towards more primary and community based services, there is likely to be an increase in demand for urgent testing with faster turnarounds particularly as the system looks to prevent hospital admissions and offer greater support to acute and frail patients in the community. Tests that would once have been described as non-time critical will inevitably move into the time- critical category and this will need to be taken into consideration to ensure that any new model adopted is fit for the future.

The Institute would also wish to highlight the consequences of such separation and consolidation that often results in diseconomies of scale at the 'hot' site. The unit cost per 'hot' test is likely to increase as there is often no corresponding reduction in equipment and/or staff on the 'hot' site. Additionally, although the consultation document states that there would be no impact on patients or service users, in reality experience has shown that turnaround times are increased and there is an increased risk to the sample integrity as a consequence of having to transport to the 'cold' site.

The Institute supports the ambition to address unwarranted variation and acknowledges the role that variation plays in preventing efficiencies being realised and strong networks being established. Standardisation of requesting and reporting protocols is supported provided quality is protected, that it does not prompt 'a race to the bottom' and innovation continues to thrive. Reconfiguration may facilitate the driving out of unwarranted variation but it is not a precursor to it and other methods may inspire greater levels of clinical support and commitment. The Institute supports the use of benchmarking (both internal and external) to identify services that out lie from the median and the critical appraisal of any mitigation in order to promote improvements and drive out unwarranted variation.

The consultation document suggests that the consolidation proposed would lead to greater opportunities for staff training and development. The Institute would urge caution with this assumption; pre and post registration biomedical scientist training requires access to a sufficient test repertoire and experienced trainers. A potential risk of consolidation is reduction or removal of training capability on some sites. The Institute is of the opinion that embarking upon a process of consolidation irrespective of local requirements or patient needs is unlikely to release funding and could potentially cost more in the long run. The uncertainty of service provision and location will impact negatively on staff recruitment and retention as a consequence of potential additional travel, a reduction in specialist skills and their application. This will further impact on the ability to provide a 24/7 service. The Institute is also concerned that any changes to service configuration will impact female staff and part

time staff more acutely than other staff. Any potential enhanced training and development opportunities will not be sufficient to counter the instability of the reconfiguration exercise and, whilst pathology is one of the most automated areas of health care, it requires a highly skilled and motivated workforce to deliver the service.

The Institute supports the proposal to continue with full accreditation of all service provision including POCT.

The Institute would support a consolidation model based on designing for demand, whereby clinical and patient need is assessed and the service configured around this model. This would also take into account the population served (including any cross boundary issues), geography, a standardised approach to testing and testing intervals, regional provision where appropriate, consistency of delivery and equitable access to services to agreed standards of quality.

In summary, the Institute would encourage the HSC Board to ensure that :

- the patient/service user is placed at the centre of, and benefits from, any changes to service configuration
- it takes advantage of the role pathology plays in the wider patient pathway and focuses on developing this, including standardisation, which has a greater potential for savings rather than just focusing on reducing laboratory costs and chasing economies of scale
- the focus is on demand optimisation to deliver cost savings
- the underpinning infrastructure investment is made up front to ensure the future success of any reconfiguration
- the workforce and the skills required for the future are retained and nurtured
- lessons are learned from experiences of consolidation elsewhere where local solutions and an incremental approach have been key to delivering success

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)	X

Comments:

As indicated in the response to Question 1, the Institute is concerned that no clear definition is offered for 'hot' or 'cold' work in the consultation document. Until there is an accepted definition across the health system it is impossible for the Institute to assess the appropriateness of any of the models proposed.

The absence of an explicit scoring system against the selection criteria makes it difficult to judge how the three options identified have been shortlisted as meeting the requirements for consolidation of services.

Additionally, as there is no option appraisal, including a costs/benefits analysis, of the three 'shortlisted' options the Institute is unable to comment on the suitability of any of the options.

The Institute suggests that an option appraisal is undertaken and published in order to provide transparency in option selection.

Additionally, the Institute would support the inclusion in the option appraisal of a hybrid model, whereby an element of 'cold' work is retained on the spoke sites to maximise the utilisation of equipment and staffing resource and so reduce costs at both the hub and the spoke sites while maintaining training capacity (see comments

on Question 2b).

In considering the appraisal of the options, the Institute also suggests that patient safety and benefits as well as service user acceptability criteria should be included to evidence how the consultation has reached the conclusion that they would not be directly impacted other than to perhaps experience an improvement in quality and safety.

Question 2b:

Would you suggest any alternative options?

Yes	X
No	

If yes, please state alternative options:

The Institute proposes a model based on demand analysis.

The starting point should be the maintenance, as a minimum, and preferably the enhancement of patient care (safety and quality of service). This would then allow the determination of the range of pathology services that would be required to be provided at the 'spokes'.

Once this has been determined, then the range of 'cold' work to be retained, to maximise productivity, can be determined.

The remainder of the 'cold' work can then be carried out where there is sufficient capacity with respect to equipment and workforce availability.

Question 3a:

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

Yes	
No	X
Don't Know	
No Opinion	

Comments:

Please see the responses to Questions 1 and 2b

Question 3b:

Are there any other criteria that should be considered?

Yes	X
No	

If yes, please state:

Assessment criteria must include the anticipated impact on patient care. Patient care should be enhanced as a consequence of any reconfiguration. Although the consultation document repeatedly states that 'Patients, Blood Donors and Clinical Service users of HSC Pathology services would not be directly impacted by this proposal', the evidence base to support this assertion is not articulated in the document. Additionally, the Institute would propose the inclusion of patient safety/user acceptability criteria in the assessment of the options.

Question 4:

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

Yes	x
No	
Don't know	
No Opinion	

Comments:

The Institute is supportive of the proposal to develop a region-wide pathology information system and, as indicated in the response to Question 1, would see this as a pre-requisite to any service configuration changes.

However, the Institute would wish to emphasise that a single system covering all disciplines may not be the most appropriate solution as it is rare for a multi-disciplinary LIMS to be best in class for each discipline.

It will be important to ensure that the specification for a new LIMS is well defined and reflects user requirements. Any system will also need to be integrated into the wider health system IT infrastructure for ease of reporting.

The Institute would also caution against making a hasty uninformed decision on the implementation of a region-wide system simply to address the 'burning platform' issues in the Belfast Trust.

Once procured it will be essential to ensure that testing is carried out in advance of go-live in a test environment. It will be important not to underestimate the time for implementation and to learn from experience elsewhere.

Back up arrangements will also need to be determined to ensure resilience.

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	X
No	
Don't know	
No Opinion	

Comments:

The Institute is supportive of the proposal to maximise the use of technology to facilitate cross region work and, as indicated in the response to Question 1, would see this as a pre-requisite to any service configuration changes.

There will need to be built- in resilience to any system adopted and suitable disaster recovery plans in place and tested in advance of go-live.

The Institute recommends that all NPT/POCT is accredited to the same UKAS standards as hospital laboratories. Retention of a suitably qualified and skilled biomedical science workforce will be key in achieving this standard.

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	X
No	
Don't know	
No Opinion	

Comments:

Pathology should be considered as an end to end service and so transport arrangements form an integral part of the service and need to be factored in to plans for service modernisation (**both** costs **and** benefits).

In undertaking a review of transport and its impact on patient care/service user acceptability, the focus should be on travel time not travel distances given the geography of the province.

Question 7:

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

Yes	
No	
Don't Know	X
No Opinion	

Comments:

The proposals for the management structure are all variations on a single management arrangement and no other options are presented for consideration. In the absence of supporting evidence as to why no other configurations have been presented the Institute is unable to comment on the appropriateness.

The Institute supports the benefits identified for delivery by any management structure adopted and would wish cost of transition and benefit to patients/service users also to be taken into account when appraising the options. It will be important for any management structure to build on current good practice and not to 're-invent the wheel' which may risk staff disengagement and extend the period before benefits can be realised.

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)	X

Comments:

The Institute supports the adoption of a management model that delivers strong accountability and robust governance at both the strategic and local delivery levels. There needs to be a clear line of sight from the 'board to the bench'. The Institute would encourage taking a whole health system view when configuring pathology services and its management structure.

There will be a significant cost associated with any change to management arrangements and so it will be important to be assured that the benefits attributed to a 'centralist' management arrangement cannot be delivered through the current arrangements.

If an alternative, management system is to be adopted then there can be no legacy loyalties, no options to opt out of central decision-making and subsidiarity will be key to the success.

As laboratories are likely to be sited on trust premises, a mechanism would need to be agreed to ensure pathology service developments are integrated with host trust plans.

Question 8b:

Would you suggest any alternative options?

Yes	X
No	

If yes, please state alternative options:

See response to Question 8a

Question 9a:

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

Yes	
No	
Don't Know	X
No Opinion	

Comments:

Consideration should be given to whether the criteria are weighted in order to improve comparison of option appraisal.

Question 9b:

Are there any other criteria that should be considered?

Yes	X
No	

If yes, please state:

The criteria should be expanded to include :

- Benefit to patients/service users
- Clinical engagement
- Integration with host trust
- Acceptability to host trust

Equality of Opportunity Questions

The Health and Social Care Board 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:

Any reconfiguration of services may result in staff having to alter their place of work.

This is likely to impact disproportionately, having most effect on:

Older staff– who may choose to retire rather than relocate with the subsequent loss of scarce skills.

Younger staff–

Who may have less access to private transport and therefore unable to travel or relocate.

Who since they tend to be in the less well-paid jobs will be more affected financially as a consequence of increased travel costs.

Those with dependents-

Who may experience an increase in travel and cost and level of adjustment required.

Difficulty fitting work commitments around caring responsibilities and may choose to leave the service.

Females may be more affected by these changes as they are more likely than males to be carers.

Question 11a:

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

Yes	
No	
Don't Know	X
No Opinion	

Comments:

In the absence of the identification of a preferred option and an underpinning detailed implementation plan, including timescales, it is not possible for the Institute to comment on the appropriateness of the approach.

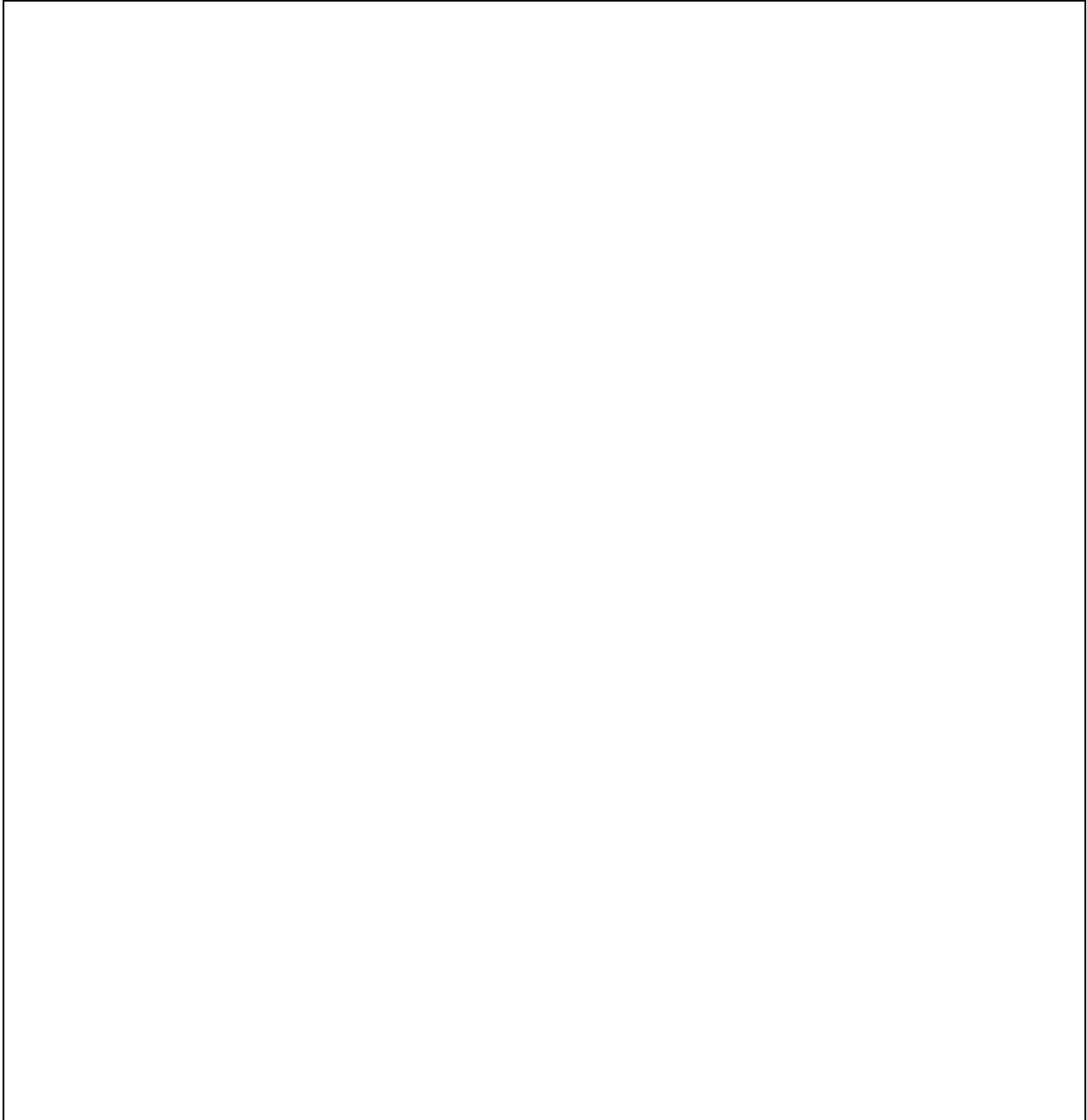
The Institute would re-emphasise the importance of having the supporting infrastructure, transport and IT connectivity, in place, tested and accepted, before making any structural changes to service provision.

Additionally, the Institute would caution against a revolutionary approach and recommend incremental change in order to protect patient safety and service provision.

Question 11b:

Are there any other factors that should be considered?

Comments:

A large, empty rectangular box with a thin black border, intended for providing comments or answers to the question above.

Thank you.