

Blackburn with Darwen Health Scrutiny Committee

Meeting to be held on 6 September at 6pm

Lancashire & South Cumbria Pathology Collaboration Update

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Executive Summary

This report is provided to update members about the planned formation of a single pathology service for Lancashire and South Cumbria by 2023. The information provided serves to give an overview of the rationale for change, benefits, associated workstreams and timescales. Information as requested by the committee is also provided in the pack.

Recommendation

1. To receive the update and note the timescales involved in this programme of work
2. To seek assurance from the Managing Director that this work will benefit the health economy whilst achieving the best use of resources and improving outcomes for patients
3. To receive further updates at agreed points in time to gain assurance that the programme of work remains on track.

Background and Advice

Please see the appended stakeholder presentation slides for an overview of the programme, case for change, benefits, achievements to date and programme timescales.

Additional information is also provided below to give more detail to members about specific issues.

Patient and patient safety perspective: Pathology services are not patient facing; therefore there will be no change to the provision received as a result of this service transformation. A person's experience of having a test/diagnostic work in primary care or an acute setting will not feel any different at the point of service delivery. However, there are a number of benefits to be achieved from this programme of work which have the potential to improve outcomes for patients across the health economy.

Patient safety: The Carter Reviews of 2006 and 2008 set out a case for pathology consolidation in order to ‘improve quality, patient safety and efficiency.’

Standardised Laboratory Information Management System (LIMS): The nature of modern pathology services has become much more reliant on efficient and effective technology and this area is an absolute key enabler for the success of the collaboration. The ability to share results in real time will enable effective diagnosis for patients standardised across the whole of the ICS footprint. The IT infrastructure and an integrated LIMS is crucial to the clinical quality, patient safety and operational effectiveness of pathology collaboration and has been identified by NHSI as one of the critical success factors.

The collaboration has applied for national capital funding to support the deployment of a standardised LIMS and to progress aspirations relating to digital pathology.

New equipment – Standardising equipment will facilitate greater alignment of operating procedures, quality systems and training across all sites. This will lead to greater workforce flexibility, with staff more easily able to work across multiple sites and/or relocate permanently between sites.

Tests conducted in more than one laboratory will be performed on the same type of equipment, ensuring that results and reference ranges between laboratories are comparable. This is important to patients who regularly undergo the same tests, where healthcare professionals are making clinical decisions based on longitudinal trends. This includes patients living with a range of long-term conditions as well as oncology and renal patients and supports the direction of more collaboration of services across the region.

The ability to procure equipment and invest in technology at scale will support the provision of testing that is not currently available in the area. In the longer term, this could give some patients access to tests in the area that are not currently available, reducing their need to travel. Joined up IT infrastructure will reduce duplication of tests which releases a costs benefit and more importantly results in a smoother and more efficient pathway for patients. Exploratory work is on-going to reduce the number of ‘send-away’ tests with the aspiration of bringing as many tests in house as possible at the Hub. This could speed up turn-around times for some patients.

The proposed location of the Hub at the Enterprise Zone site in Samlesbury, will co-locate the service amongst like-minded scientific and technologically advanced partners which will support the on-going development of the service especially in regard to its aspirations for technology, innovation and research.

Supporting information: Please find the appended slides and route map.

Route map - please see the appended route map for information on the main workstreams within the programme, key decisions and associated timescales.



Route Map July
(4).pdf



Stakeholder slides
FINAL.pptx

Consultations

N/A

Implications:

Impact on patients: As pathology services are not patient facing, there will be no adverse impact on patients. They will not experience any change in the provision of service that they receive. Please note the potential benefits for patients as outlined earlier in the paper.

Impact on workforce: It is anticipated that there will be reduction in jobs of approximately 7%, this equates to about 50 jobs. It is proposed that this reduction will be achieved through natural turnover of staff. The formation of a single service will serve to ensure that a regional workforce is developed with the diverse and innovative career paths able to attract, develop and retain the skills needed to deliver a modern pathology service.

Estate: The estate that pathology services is currently provided from is not fit for purpose and requires significant investment. The £30 million capital funding that is being made available for the programme will be utilised to build the Hub and to refurbish the Essential Services Laboratories on the acute hospital sites.

Finance/return on investment: The Comprehensive Investment Appraisal Model identified that the Hub and Spoke model represents the best return on investment with a return of £8.32 for every £1.

Payback period - cumulative savings will exceed the capital cost by 2027/28 which is within 5 years of the hub being operational. The return on investment is 102% after 5 years following completion of the project.

Risk Management

Existing pathology services currently face a number of challenges and it is clear that delivering services on an individual Trust basis is not sustainable in the future as new technologies become more expensive, activity increases, workforce is increasingly scarce and value for money becomes a critical issue to commissioners.

Introducing a single pathology service across Lancashire and South Cumbria and investment at scale can produce a clinically and financially sustainable service for the future.

There is a national expectation and direction from NHSE/I that pathology services will form and work in networks. At this stage Lancashire and South Cumbria will be one of 29 networks nationally and it is likely that the number of networks will continue to grow.

Implications of not following the proposals:

- Pathology services in Lancashire and South Cumbria could be subsumed into a larger neighbouring network, i.e. Manchester
- If not utilised now, the £30 million capital funding that is currently available will be withdrawn
- Current pathology estate on acute hospital sites is not fit for purpose and it will not be possible to continue delivering services from this estate without significant investment which Trusts cannot afford locally
- Current equipment and existing IT infrastructure is of a variable quality and standard across Trusts. Investment is needed to ensure that this is fit for purpose and sustainable in the long term. This is not affordable at individual trust level and it is more efficient to procure at scale and through standardisation at health economy level.

A process of due diligence is being undertaken to identify all of the risks and issues associated with the formation of a single pathology service. This is a requirement of NHSE/I and of the acute trusts within the collaboration. A report is being compiled and will be reported to the Pathology Collaboration Board before the end of the calendar year.

A Quality Committee will be formed as a sub-committee of the Board to manage and mitigate the risks associated with the formation of the single service and its on-going operation.

Summary of Abbreviations

CIAM	Comprehensive Investment Appraisal Model
FBC	Full Business Case
ESLs	Essential Services Laboratories
ICS	Integrated Care System
LIMS	Laboratory Information Management System
NHSE/I	NHS England/Improvement
OBC	Outline Business Case
SOC	Strategic Outline Case