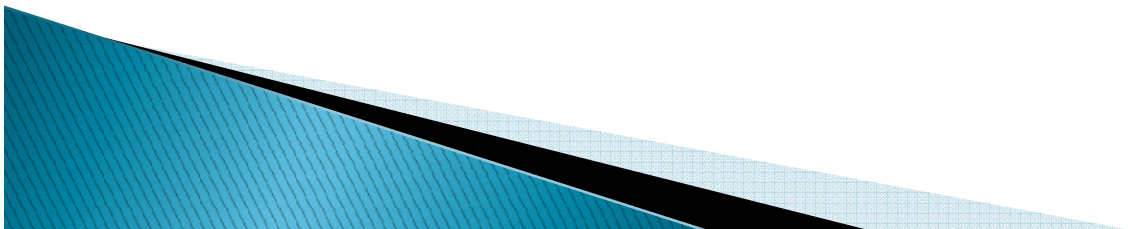


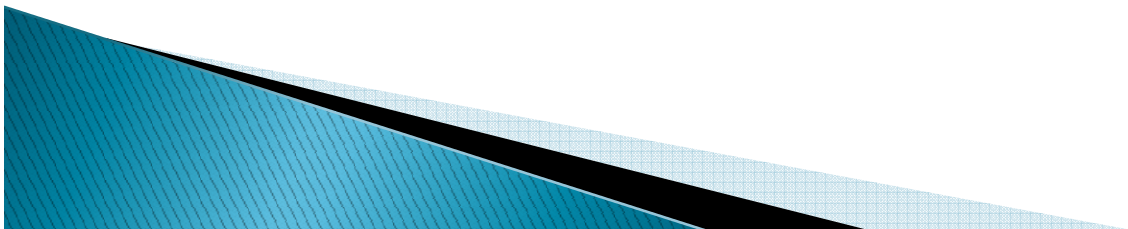
# Transforming Pathology Services

Southend HOSC  
February 6th 2013



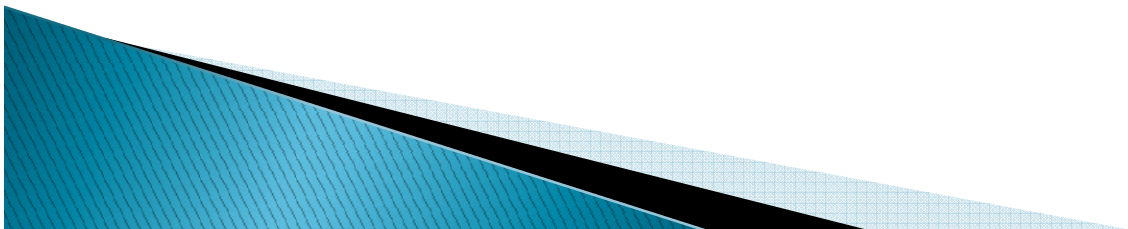
# Understanding the proposed changes to pathology services in the East of England

- Pathology in the East of England
- Case for change and benefits
- Consolidation of laboratories
- Benefits of proposal
- Accessibility of services
- Improvements in patient care
- Demand management
- Current status
- Caveats put in place by CCGs
- What is NOT proposed
- Southend CCG position



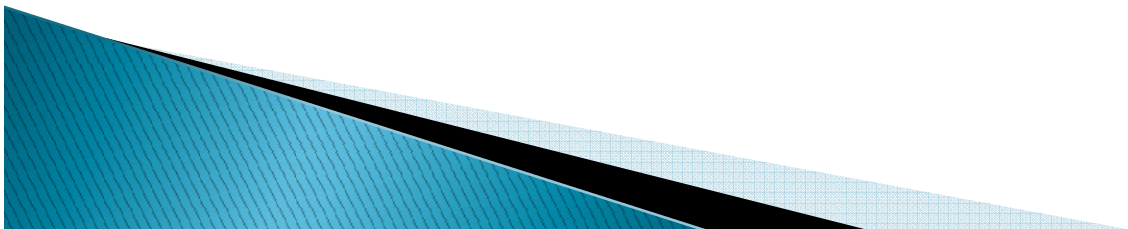
## Pathology Services in the East of England

- 18 providers of NHS pathology services delivering about 80m tests at an annual cost of £205 million
- This is 2.5% of health expenditure across East of England, employing 2,700 staff to deliver services to 5.6m people
- GP/Community work accounts for 40–50% of tests by volume



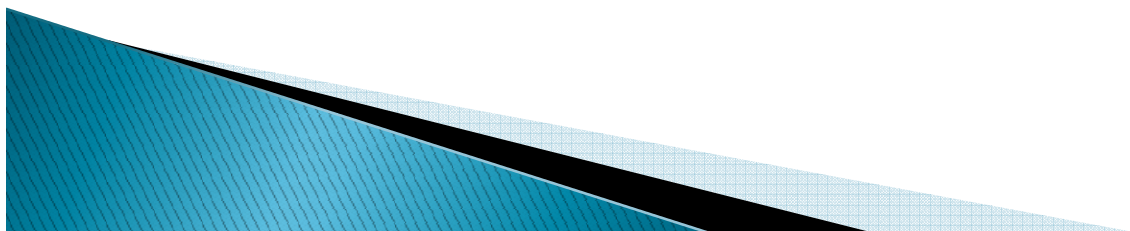
## Case for change

- To implement the recommendations of the Carter review of NHS pathology services in England in 2009
- Quality, Innovation, Prevention and Productivity (QIPP) Programme to save £20bn across the NHS over 5 years
- Optimum service delivery model is through the formation of managed networks to deliver significant quality and efficiency gains
- Re-design of pathology services could reduce costs by between 10–20% across the East of England
- Outline business case approved by East of England Strategic Health Authority in January 2011 considered four options and recommended the creation of clusters to consolidate services



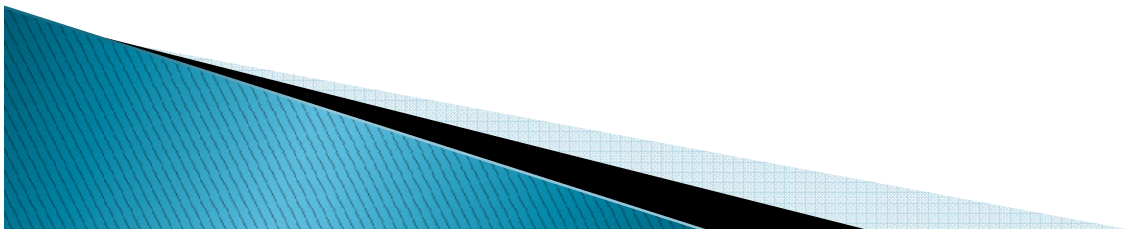
## Consolidation of Laboratories

- At present there are a large number of laboratories close together
- All undertake a similar repertoire of tests
- Consolidation and increased efficiency is required
- Most pathology testing could be provided from large sub-regional hub laboratories with small acute local labs
- There has already been successful consolidation in some locations without compromising on quality
  - e.g. Pathlinks in Lincolnshire



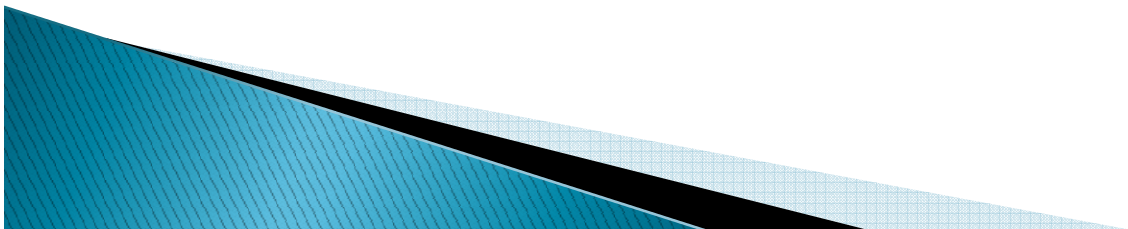
## The Benefits

- Improved quality of service provision gained through a defined clinical specification and introduction of Royal College of Pathologists Quality Standards and KPIs
- Standardised test profiles, scientific units, methods and test ranges
- Ability to perform increasing numbers of tests
- Better IT connectivity over a wider area i.e. not just Southend
- Enable research and development
- Demand management improved
- A more cost-effective service



## Accessibility of Services

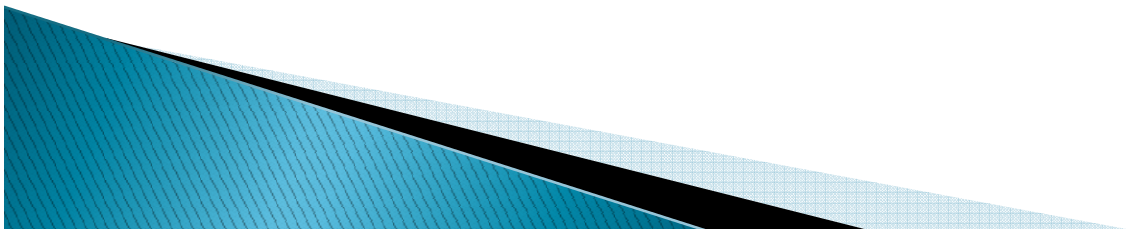
- Guaranteed access for all community health professionals from 08.00hrs – 20.00hrs plus out of hours service
- Hub laboratory will be open 24/7
- Guaranteed access to appropriate local clinical advice within 30 minutes of request
- Harmonisation of laboratory practices
- Authorised reports within agreed turnaround times
- Agreed transport and logistics service with at least two collections per day
- Electronic tracking of samples
- Access to advice for infection control



# Improvements in patient care

Improvements in the use of pathology results in the management of patients' clinical condition by:

- Suggesting additional tests on samples where clinically appropriate
- Agree with community health professionals a list of critical test results which might need immediate action
- Telephoning unusual and urgent test results out of hours
- Telephoning test results when there is a trend suggesting patient deterioration requiring immediate action
- Ensuring robust onward referral pathways are in place clearly identifying where patients shall be referred urgently for urgent further opinion when needed
- Advising on retesting frequencies for long term conditions
- Issuing reports on urgent requests within 2 hours of receiving the sample

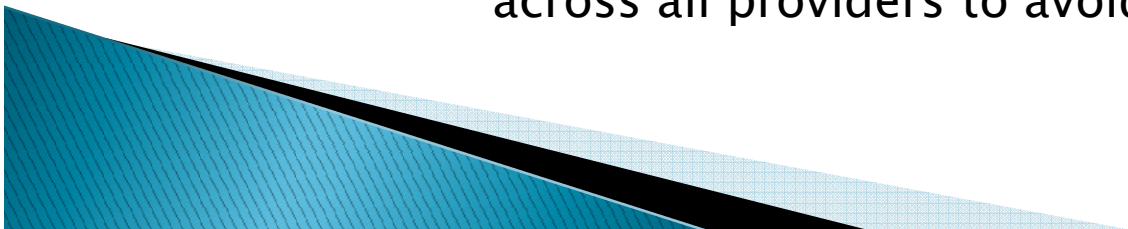




# Demand Management

Providers of community pathology are required to implement innovative measures to:

- Advise community healthcare professionals on most appropriate tests and algorithms to ensure appropriate test selection
- Suggest a reduction in inappropriate testing by providing clinical education through use of guidelines and protocols for appropriate testing
- Ensure samples are correctly stored to reduce the need to re-sample
- Make equipment and training available at community collection sites to maintain integrity of samples
- Provide electronic access for community healthcare professionals to all relevant patient results from across all providers to avoid re-testing



## Current status of proposal

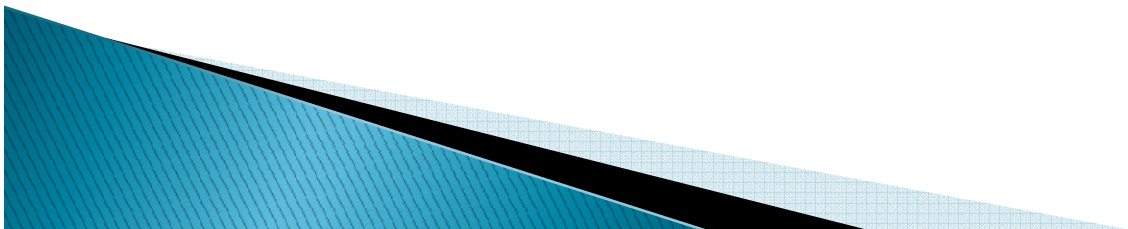
- Intra-NHS reconfiguration across East of England SHA
- Needed to be agreed by all PCT clusters across East of England and now their successor organisations, CCGs
- All CCGs across East of England have agreed to move to preferred bidder status
- In approving the preferred bidder status CCGs in south Essex have put caveats in place that must be fulfilled before contract signature
- If agreed, contracts will be for 3 years with ability to extend to 5 years and a 12 month notice period
- There are three providers that have been recommended to move to preferred bidder status across the East of England

## Preferred provider for south Essex

- Consolidated Pathology Services (CPS) is the preferred bidder for 11 CCGs covering the PCT Clusters of NHS SW and SE Essex, NHS West Essex, NHS Hertfordshire, NHS Luton and NHS Bedfordshire
- CPS is made up of four hospitals, Bedford, Princess Alexandra in Harlow, Luton and Dunstable Hospital and West Hertfordshire Hospital
- The pathology laboratory at Bedford is managed by GSTS which is a LLP formed by Guy and St Thomas' and King's College Hospitals with Serco
- The bid is prepared on the basis of the whole area and if only part of the area was included it would lead to an increase in bid costs
- Implementation board now being set up from the four CCGs in South Essex and including preferred provider CPS and a separate patient representative group

## Caveats required by south Essex CCGs

- ✓ Integrated IT system
- ✓ Business continuity plans to allow for transport delays
- ✓ Non urgent results available on the ICE system
- ✓ Clear clinical governance in place
- ✓ Robust sub-contracting plans in place
- ✓ Comparable service to present
- ✓ Mobilisation and transition plans are robust and risks mitigated
- ✓ Current phlebotomy service remains as now



## What is NOT proposed

- There will be no reduction in phlebotomy services (blood taking)
- Urgent tests needing to be available in less than 4 hours will not be sent elsewhere
- Patients will not have to travel any further for their blood tests
- Service will NOT begin on 1<sup>st</sup> April 2013, expected 2014 if approved
- Anti-coagulation services (warfarin) are not included in the proposal
- Southend Hospital will still have a pathology service and no additional hospital generated pathology tests will go elsewhere as a result of this proposal
- The information systems will remain integrated

## Southend CCG position

- The Board of Southend CCG has had extensive debate on the proposal and agreed to move to preferred bidder status but with caveats
- The Board of Southend CCG are fully aware of the levels of anxiety amongst the public and concern expressed by consultant and GP colleagues
- Southend CCG is committed to supporting Southend Hospital and investing in it. Even before becoming a statutory body we have funded above the current contract with the hospital with a WTE Consultant in Old Age Medicine in the community, extra respiratory nurses, supported the hospital in developing a comprehensive diabetes service and are working with the hospital to develop a MSK hub to allow them to bring back work from London.
- Southend CCG is working with the hospital and the preferred bidder to come up with a solution that will reassure our patients about safety, support our hospital and bring the financial benefits to the CCG to allow us to protect existing local services.