



Department of

**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

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THE FUTURE OF PATHOLOGY SERVICES IN NORTHERN IRELAND

Report on a workshop held on
Monday 18 June 2007,
Tullyglass Hotel, Ballymena

INTRODUCTION - OPENING REMARKS AND SETTING THE CONTEXT

The Department acknowledged the work carried out by the Pathology Review Project Board and Project Team members in taking forward the review. The review document represented the pinnacle of a substantial period of research, consultation and visits to laboratory facilities throughout Northern Ireland and further afield. One of the key issues which the review group noted in the course of the review were the very considerable inequalities in provision of pathology services across Northern Ireland and inequalities for laboratory staff.

The aim of the review was to provide the Department with a strategic plan for strengthening and developing effective, high quality pathology services, responsive to the needs of patients and users.

There have been significant developments as the review has proceeded, both within and outside pathology services, including Developing Better Services, the Review of Public Administration; the Elective Services Reform with its focus on reducing waiting times for patients; and pathology modernisation in other areas of the UK.

The aim of the workshop was to bring together members of the Pathology Review Project Board, Project Team and other stakeholders to consider some of the key issues which have emerged from the Pathology Review consultation, and invite informed discussion on key areas of importance to many consultation respondents.

UPDATE ON THE PATHOLOGY REVIEW CONSULTATION

289 responses were received. The bulk of responses came from within the Health and Social Care (HSC) family – 71% were from Boards, Trusts and staff, either as individuals or representing professional groups. Of the HSC responses, 28% came from clinicians and 54% from other staff working in laboratories. This latter group included BMS staff, MLAs and administrative and clerical staff.

14% of the total responses came from members of the public. Many of these were primarily concerned about the potential loss or reduction in pathology services in their local hospitals and the impact on other services at the hospital. Some were from people who had read press articles about the potential impact of the review on their local hospital rather than in response to the consultation document itself.

6% were from elected representatives, including individuals and organisations such as local councils. The remainder included trade unions, community and voluntary organisations.

Geographically, 37% of responses were from the Northern Board area, 37% from the Western Board area, 9% from the Southern Board area and 13% from the Eastern Board area.

ACCREDITATION AND QUALITY

There was general support for the recommendations about quality, accreditation and benchmarking of pathology services. These were aims which underpinned many of the other recommendations for pathology services.

WORKGROUP DISCUSSION AND FEEDBACK

Workshop attendees were provided with a summary of the consultation comments relating to the recommendations under discussion. Delegates split into four groups with a round table discussion and feedback sessions on each issue.

LARGE ACUTE HOSPITALS: HISTOPATHOLOGY AND CYTOPATHOLOGY

The proposal in Recommendation 19 of the pathology review report for histopathology and cytopathology services was not supported by a majority of delegates. Concern was voiced in respect of:

- the size of the facility and volume of samples which a single facility would have to process
- the need for on-site histopathology services to support clinical services
- multidisciplinary meetings and urgent diagnostic work
- difficulties caused by separation of medical and BMS staff at Altnagelvin
- impact on medical student teaching
- potential safety issues and impact on cancer services – in particular, a potential loss of flexibility if services had to be co-ordinated and planned around the schedule of outreach teams attending from a central facility
- loss of added value provision
- timely reporting.

On the review's arguments for consolidation of services, a number of delegates felt that subspecialisation should not outweigh other factors and that more than half of specimens would be general specimens. It was stated that although manpower had been an issue for histopathology/ cytopathology services at the time of the review, it was not currently an issue in these specialties. It was noted however, that the issues of securing accreditation and critical mass identified in the report are still relevant.

There was some support for a four-site model with histopathology/cytopathology laboratories at Belfast (to include the Ulster), Altnagelvin, Antrim and Craigavon. Supporters of this model felt this would better facilitate multidisciplinary team meetings and provide accessibility to the public. However, this also raised the question why the Ulster should be treated differently from Altnagelvin, Antrim and Craigavon – if on-site histopathology/ cytopathology services were clinically essential to the effective operation of a cancer unit, logically the Ulster should require them on

site as well. It was suggested that travel times/proximity of the four cancer units to a central Belfast facility was a relevant issue here.

The option for a two site configuration, with full services at Belfast and Altnagelvin was also considered a feasible and sustainable model.

Other issues raised included the usefulness of a full MCN for histopathology and cytopathology; the value of further work/clarity about what was meant by “urgent diagnostic work”; and separation of the processing function from clinical interpretation.

LARGE ACUTE HOSPITALS: MICROBIOLOGY

Views on the review’s recommendations for microbiology varied, with no consensus either for or against the proposed reconfiguration. There was however a view that more clarity was required on what the 12-hour model entailed.

Practical experience in some Trust areas, for example Southern Trust, had demonstrated that with proper risk management and care pathways in place, an on-site and/or 24 hour microbiology service was not required for every acute hospital. Issues of cost effectiveness, patient safety, sample management and transport, POCT and IT were key factors in making the proposed model work. It was suggested that assessment of current out-of-hours utilisation would help to identify the best approach for urgent out of hours needs. A MCN would have a role in supporting staff.

There was a suggestion that each Trust area should be allowed to determine its own microbiology requirements, with a model of four or five 24-hour laboratories providing cover across NI. Northern Trust representatives believed that Antrim would require a 24-hour service given the volume of samples and its role in SARS and pandemic flu planning, and that microbiology was an integral part of clinical services, eg where paediatrics and obstetrics were provided. There was also a view that the Erne/SW Hospital might be a special case due to its location.

SMALLER ACUTE HOSPITALS: CLINICAL BIOCHEMISTRY AND HAEMATOLOGY

The critical issues relating to this recommendation were the availability of blood transfusion, cross matching, the 4-hour A&E target access times and patient safety, particularly for A&E and obstetrics. It was suggested that this was something which might need to be determined on an individual hospital basis. Some delegates felt that POCT in NI is not sufficiently advanced or comprehensive in respect of blood transfusion and renal services yet and that over-reliance on O-negative blood for emergencies could be wasteful. There might also be governance issues for Trusts.

Some felt that emergency biochemistry could be managed with effective, well managed POCT combined with management by the nearest 24-hour facility – the technology currently exists and appropriate training can be provided and monitored by pathology services. Infrastructure issues included POCT, ICT, and transport. It was recognised that POCT was not a cheap option and needed to be adequately resourced.

It was suggested that lessons might be learned from the experience of Lagan Valley and the Downe which currently manage without an on-site laboratory, and their experience of support from BCH and use of POCT.

CONFIGURATION OF PATHOLOGY SERVICES IN THE BELFAST AREA

On balance, there was agreement on the principle of a single facility for Belfast but a number of issues required further thought or consideration.

It was recognised that travel times within the Belfast area could be as difficult as in rural areas, particularly at peak times of the day, and effective transport arrangements and IT needed to be in place. Compliance with A&E target times was an issue for Belfast hospitals too. It was noted that a new build could take 5-10 years so integrated process redesign on the current infrastructure was required.

Some suggested a campus arrangement might be preferable to a single site model. A single laboratory for microbiology was feasible. Consideration might be given to development of 'hot' and 'cold' laboratories – the latter for non-urgent high volume samples, including GP work. There should be discussion on what pathology services were essential on-site and how best to manage these – hot labs, POCT, etc.

There was agreement on the recommendation for autopsy services, although the issue was raised about accessibility for people in the north west.

MANAGED CLINICAL NETWORK FOR PATHOLOGY

Most delegates supported a managed clinical network arrangement but views differed on how it should operate. Some were concerned that it should not become Belfast-centred and that Trust Chief Executives should not lose control of the local pathology service. Others felt that a single network accountable to the Strategic Health Authority would be able to provide leadership and address inequities of service provision.

It was felt that any network needed to have 'teeth' and be able to address difficult issues. There was a need for the Department to be clear about what model of network was envisaged.

List of delegates

Lady Joan Alderdice	Northern HSC Trust
Dr Derek Allen	Belfast HSC Trust
Ms Helen Allen	Belfast HSC Trust
Prof Dame Ingrid Allen	QUB
Dr Peter Auld	Belfast HSC Trust
Dr Alistair Crockard	Belfast HSC Trust
Dr Nizam Damani	Southern HSC Trust
Dr Elizabeth Davies	Northern HSC Trust
Ms Patricia Donnelly	Belfast HSC Trust
Dr Ellie Duly	South Eastern HSC Trust
Dr Salah Elshibly	Northern HSC Trust
Mrs Dreena Evans	DHSSPS
Mr David Galloway	DHSSPS
Dr Colin Hamilton	WHSSB
Ms Joan Hardy	DHSSPS
Dr John Harty	Southern HSC Trust
Dr Dermott Hughes	Western HSC Trust
Mrs Jackie Jamison	Northern HSC Trust
Dr Paddy Kearney	Northern HSC Trust
Mrs Margaret Kelly	Western HSC Trust
Dr Mike Ledwith	Northern HSC Trust
Ms Anne Lynch	HSC Authority
Mr Stuart MacDonnell	NHSSB
Mr Brian Magee	Southern HSC Trust
Dr Miriam McCarthy	DHSSPS
Dr Morris McClelland	NIBTS
Dr Grainne McCusker	Southern HSC Trust
Dr Kieran Morris	NIBTS
Mr Tom Morton	Northern HSC Trust
Dr Maurice O'Kane	Western HSC Trust
Dr Emeka Ozo	Northern HSC Trust
Dr Liz Reaney	DHSSPS
Dr Mike Ryan	Northern HSC Trust
Dr Delia Skan	DHSSPS
Mrs Louise Skelly	Belfast HSC Trust
Dr Hugh Webb	Belfast HSC Trust

