

# **DHSSPS**

## **Regional Review of Clinical Pathology / Laboratory Services**

**IBMS Symposium 2004**  
**Dame Ingrid Allen**

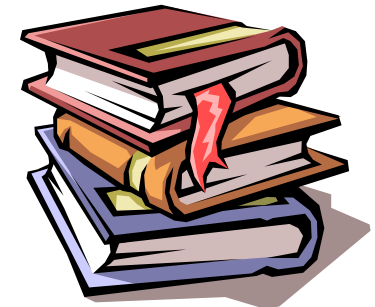


# Purpose of This Presentation

- Inform IBMS about the progress of the Review to date
- Summarise key challenges ahead
- Encourage greater BMS input
- Discussion

# The Review

- Terms of Reference – DHSSPS
- Project Board
- Project Team
- Project Initiation Document
- Communication Strategy
- Information available on web-page.



# The Review

## - an Open Consultative Process

- Web page – 3,000 hits per month
- Conference – 100 staff
- Site Visits – all laboratories – 12 Trusts
- Meetings - CEOs, MD
- Focus Group – all disciplines – 225 senior officers
- Benchmarking – workshop 40 attended – all Trusts involved
- Networking with and visits to Other Labs – UK
- Visits to Trusts with no Labs
- Interim Progress Report

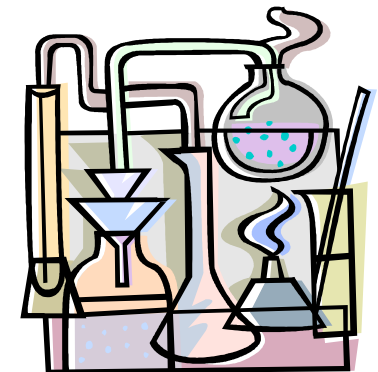
# Ongoing ....

- Primary Care
- Universities
- Staff side focus group
- Republic of Ireland
- Newsletter
- Benchmarking
- Etc. etc.



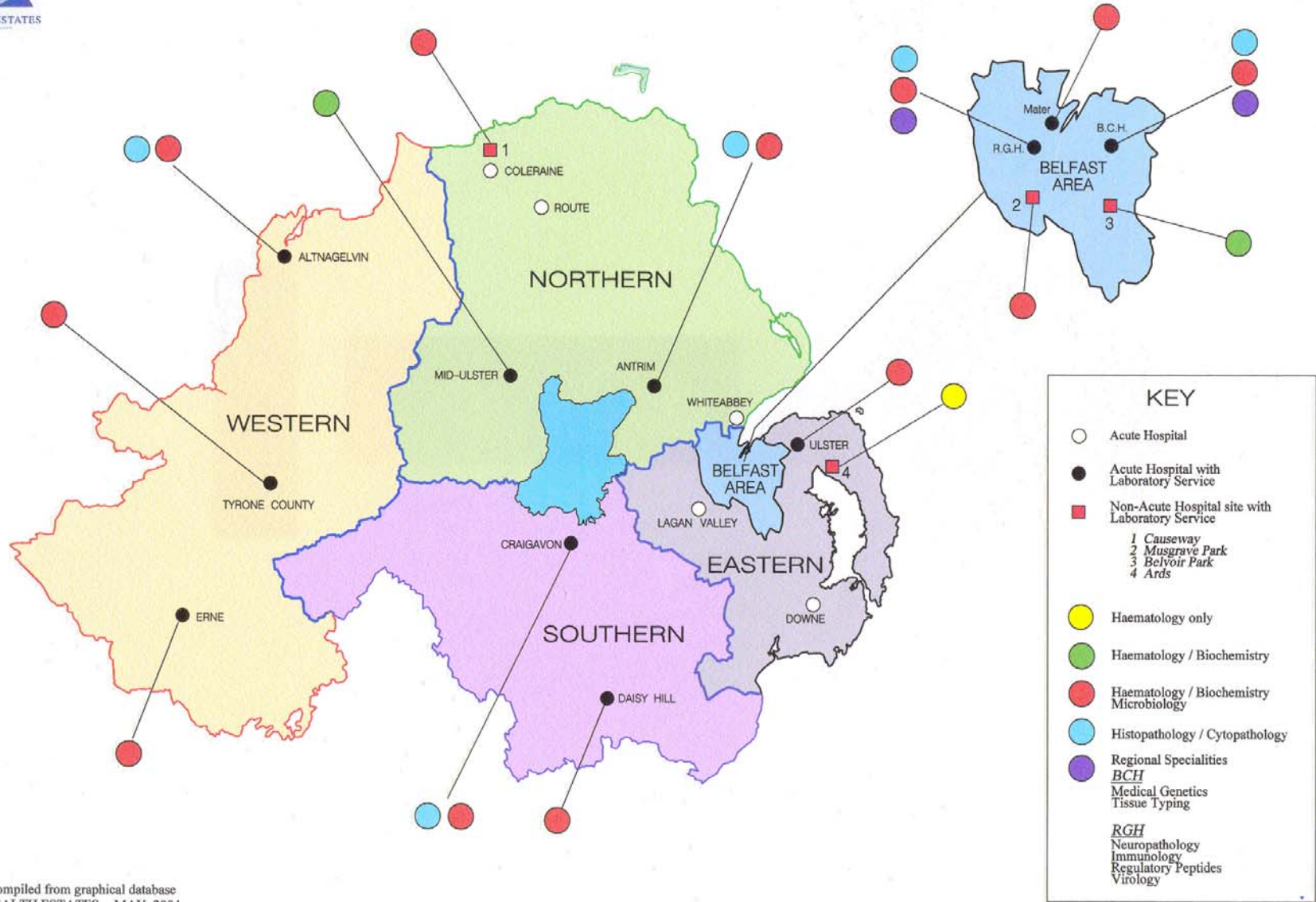
# Why Change is inevitable?

- Numbers of labs – not sustainable
- Need for modernisation
- Equity
- Standards, quality and specialisation
- Legislative requirements – including EWTD
- Changes in delivery of acute and primary HSS
- Value for money – public accountability
- Efficiency
- Need to build capacity





# Laboratory Services in Northern Ireland – May 2004



Drawing compiled from graphical database held by HEALTH ESTATES - MAY 2004

## “Developing Better Services”

- The vast majority of people will be within 45 minutes and everyone will be within one hour of emergency care and consultant led in-patient maternity services.
- 10 Acute hospitals at the Royal Group, Altnagelvin, Antrim, Belfast City, Causeway, Craigavon, Daisy Hill, Mater, and Ulster Hospitals, and a new hospital to the north of Enniskillen.

## “Developing Better Services”

- The Mid Ulster, South Tyrone, Whiteabbey, Downe, Lagan Valley, and Tyrone County Hospitals will be developed as Local Hospitals. Lagan Valley will become a specialist centre for planned (elective) surgery.
- Work is ongoing on proposals for the reform of HPSS administrative structures

# Developing Better “Pathology” Services – Possible Options

- Local / Enhanced Local Hospitals / Pr. Care
  - No need for on-site laboratories
  - Need access to coordinated, modern efficient, pathology service
  - Key enablers for change
    - ICT
    - Transport
    - POCT

# Acute Hospitals – possible options

- 24/7 Pathology Services - not necessarily on site
- Acute clinical demands – chemotherapy patients, trauma patients, renal dialysis and obstetrics
- A number of key centres for Pathology
- Regional Laboratory for those services best provided on a regional basis

# Issues

- Defining site-essential services
- Geography
- Ensuring Turnaround times

# Defining a regional service:

- Expertise / consultative back up
- Skills and / or technology
- Numbers
- VFM
- Timeliness
- Need for integrated management of this services – influence, equity, flexibility

# So where are we going?

- Integrated multidisciplinary network
- Number of key centres including one regional centre
- Site essential services
- Clinical Network – Supported by:
  - Integrated POCT
  - Efficient dedicated transport
  - ICT

# Next Steps

- Formal Consultation Exercise
- Implementation – live developmental process
- Pilot changes and review as project progresses
- Project Evaluation
- Key Enablers:
  - ICT
  - Transport
  - Accommodation
  - Equipment.

# Beliefs to be Challenged??

- Specimens that travel deteriorate in quality
- Road closures make networks vulnerable
- Networks are for cities only
- Consultants must be with their labs
- Consultants can only give advice to colleagues they know personally or to their own base hospital
- “Hot Labs” are necessary in all acute hospitals
- Standardisation stifles R & D

# The Geographical Challenge

- Patient access and user access can be local and timely even if lab processing is done at a distance
- Standardisation of methodologies, reporting, data handling, clinical governance and transparency across these will enable local access and comparability of data regionally
- Telemedicine and IT will allow weakening of the geographical link with a strengthening of the functional link between Clinicians and Labs

# Challenges:

- Capacity - dealing with bottlenecks to expansion
- Accommodation
- Increased automation
- New & emerging scientific and technological advances
- New ways of working – including cross disciplinary working
- Networking
- Standardisation
- Demonstrating VFM with scarce public resources

# Challenges for BMS personnel

- Need for innovation in HR structure
  - POCT specialists?
  - Molecular scientists?
  - Blood scientists?
  - Cross disciplinary working?
  - Consultant BMS??
  - Leadership & management of laboratories?
  - Role in interpretation and advice?

# Challenges for BMS

- Largest group of laboratory staff – over 50% of pathology workshop
- Be proactive in this Review process
- Opportunity not likely to be repeated
- 5 to 10 year strategy
- Make it your Review and your Strategy

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