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Regional Review of Clinical Pathology / Laboratory Services

Interim Report Of Progress

Understanding Today and the Challenges for
Tomorrow

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Foreword from the Chair



Dear Reader

As you drink your early morning cup of tea or coffee and browse the DHSSPS website, I hope you will take the time to read this interim progress report on the regional review of clinical pathology/laboratory services. Knowing how busy you are, I can imagine you posing the question “why bother with an interim report, let’s wait for the final report with recommendations, something we can get our teeth into”. On behalf of the project team and project board may I plead with you to read this report, consider the issues and help us formulate recommendations which will solve problems and ensure that laboratory medicine in Northern Ireland will be a model service of which we can be justly proud.

As is outlined in the report the project team has spent the first few months of the review getting a very full picture of the current state of laboratory medicine in Northern Ireland. I must first pay tribute to the co-operation and active participation, which we have had from all categories of HPSS staff. Chief executives and clinical directors have given generously of their time and expertise, and laboratory staff have been totally involved in the process. What has become apparent is the high morale within laboratory medicine in Northern Ireland, exemplified by the stability and dedication of the workforce, the professional strengths, and the quality of the service. That is not to say that all is well. Many laboratories have long-term staff vacancies and face increasing workload in poor working conditions. Chapter 4 of the report gives some indication of the site-specific issues that have emerged from our visits. It should be noted that although a number of laboratories remain nationally unaccredited, in the vast majority of cases this is either because of deficiencies in the physical environment or lack of medical consultant cover.

Chapter 5 of the report addresses the challenges we face. In the next few months we will be developing, with input from all stakeholders, solutions to problems and possible models for services. This regional review presents us with a great opportunity. It comes at a time of global change in laboratory medicine and at a time of great advances in the underpinning sciences, both biological and technological. In Northern Ireland we have a very sound basis on which to build. Help us ensure that our recommendations will provide a gold standard service, from which the entire population of Northern Ireland can benefit equally.

May I thank all of you who have helped us thus far, and may I ask for your continuing interest and help until our task is finished.

Ingrid V Allen
June 2004

Executive Summary

Purpose Of This Report

During April 2003, the Chief Medical Officer announced her intention to undertake a review of clinical pathology / laboratory services with a view to establishing a regional strategy for clinical pathology services. The project formally commenced on the 1 December 2003. This report details progress made during the first five months of the review project. It is in essence a stock take of the current situation and a distillation of the key challenges which have emerged to date. This interim progress report is broken down into four main parts:

- Strategic context (chapter2)
- A summary of the work of the project team to date (Chapter 3)
- A stock take of the current level of service provision (Chapter 4)
- The key challenges to be addressed within the proposed regional strategy (Chapter 5)

Number of Hospital Laboratories

Although 9 main hospital laboratory configurations are listed this does not count all the individual laboratories within a hospital group or site.

Total Budgets

The budgets for 2002/3 have been identified for the above as being in the order of £ 60 m. This figure includes capital charges.

Total Staff Employed

The estimated number of staff is in the order of 1,000. A more precise figure will be provided for the final report. The majority are trained, skilled biomedical scientists and medical laboratory assistants.

Total Requests Received and Tests Undertaken

It is estimated that over 10m requests are received in NI laboratories and many more individual tests are completed each year and this is increasing at approximately 8% per annum.

Vacancy Rates

The initial survey has highlighted that two thirds of hospital sites have at least one long-term vacancy. In particular there are regional shortages of Consultant Medical Staff in Tissue Pathology, Microbiology, Immunology, Clinical Biochemistry and Haematology.

Laboratories Unaccredited

A significant number of laboratories remain unaccredited for various reasons mainly relating to physical environment and lack of consultant medical cover.

The key challenges that have been identified by service providers to date include:

Information Technology

The need to modernise and maximise the potential of information communication technology has been the major recurring theme throughout the consultation process to date. With some 70% of all diagnosis and treatment within the HPSS being dependent on pathology information this issue is fundamental to the future shape of all health care systems throughout the Province. The major deficiencies in the current systems must be addressed in any pathology modernisation strategic plan.

Potential for Networking / Cross Trust Working

Given the size and distribution of the NI population and the relatively even spread of clinical services as outlined in “*Developing Better Services*” service providers have expressed the view that a more integrated network / model for the provision of pathology services is desirable.

The Workforce

During the course of the next decade it is predicted that the profile of the workforce will change to accommodate the demands of information technology and new technological advances including the use of molecular biological techniques.

Any restructuring and increase in service demand implies the need for staff to embrace new and flexible working practices to provide 24 hour essential service provision which will include the wider application of automated technology, development of multi - skilling of some staff, and acceptance of the need for some senior staff (especially senior medical and scientific staff) to work on more than one site.

Locations and Access to Pathology Services

For each pathology discipline it will be necessary to define what constitutes essential core activity to be provided locally and what may be more efficiently or economically provided at another location because of its complexity or low volume/high cost nature. There is also a need to take full advantage of new technology and automated facilities, maximising the use of expensive equipment and resources.

The Development of Integrated Purchasing and Supply Processes

Providers have suggested that pathology service improvement cannot be successfully achieved without modernisation of its supply networks and the strategic management of procurement processes.

Standards & Accreditation

A number of laboratories in Northern Ireland do not meet current accreditation standards. Future accreditation standards are likely to have a significant influence on the nature / shape of future services and / or network developments.

The Needs of Primary Care

Throughout the Province, GP laboratory work accounts for 45% of the average district general hospital pathology services and around 20-25% of the university teaching hospital's pathology services.

During the work of the Review, providers have highlighted the likely increase in demands for laboratory tests as a result of the implementation of the new GP contract.

Buildings

At present there is a wide variation in the standard of the laboratory buildings across the HPSS. Limitations imposed by the building fabric are a major constraint to further realignment of services. Plans are in place for major developments to the building fabric at a number of hospital sites including: Altnagelvin Area Hospital, Belfast City Hospital, Royal Hospitals Group, and the Ulster Hospital.

Molecular Biological Technology

The use of common analytical techniques across different pathology disciplines may be a driver towards consolidation of the technical aspects of this service.

The project team plans to convene a cross-discipline focus group to consider these issues.

Teaching, Research & Development

Pathology services play a key role in underpinning teaching and R&D activities within the HPSS and universities. University departments also provide services to the HPSS. In addition, HPSS pathologists have a key role in teaching in their own and other clinical specialities as well as maintaining their own skills and knowledge through continuing professional development. These functions must be developed in any regional strategy.

Point of Care Testing

There are many developments in point of care testing. These are usually implemented where there needs to be rapid feedback to clinicians and patients on their condition. It is likely that a well-organised pathology department can provide these services more economically and that user-operated point of care testing would only be justified in a minority of circumstances. Other issues, which must be addressed, include quality control, including user training, collation of results and the avoidance of duplicate testing.

Mortuaries

In recent years there has been a significant decline in the number of clinician initiated post mortems. In addition there are variations in the standards of mortuary facilities and buildings across the HPSS. Many such facilities do not meet current accreditation standards. The future pattern of mortuary provision needs to be considered.

Transport

At present there are variations in transport systems available to the laboratories for the receipt of samples and distribution of reports. The frequency of collections varies across the Province, as do the management arrangements and efficiency of service delivery. The development of efficient transport systems is seen as fundamental to the implementation of any regional strategy.

This document details the outcome of the initial phase of the Regional Review. The next phases of the project will seek to develop the thoughts outlined in this report to determine the optimal manner of providing pathology services for at least the next decade. The Government's modernisation strategy and the regional plans for both hospitals and primary care provide significant impetus and opportunity for the development of pathology services. This is an opportunity that all stakeholders must seize.

The Review Team wishes to thank all the stakeholders for their time and input into the project to date and looks forward to continuing co-operation to develop these initial challenges into a valuable framework for the development of 21st century clinical pathology services.

Purpose of This Report

During April 2003, the Chief Medical Officer announced her intention to undertake a review of clinical pathology / laboratory services. The project formally commenced on 1 December 2003. This report summarises strategic context, presents an overview of the current situation, summarises the work of the project to date, outlines next steps for the review and identifies challenges to be addressed within the proposed regional strategy.

Background & Terms of Reference

The Department of Health, Social Services and Public Safety (DHSSPS) has a statutory responsibility to ensure the provision of health and social care for the population of Northern Ireland. Clinical pathology laboratories play an integral part in this.

"The term **pathology** describes clinically led diagnostic, laboratory and post mortem services based in HPSS Trusts. This includes direct patient care, interpretation and clinical liaison. The services cover a range of tests on blood and other human materials necessary for diagnosis and monitoring of a wide range of clinical conditions so that the appropriate treatment can be given; and the investigation of the reasons why people may have died and the care of their body if they do so in hospital".

(Department of Health: 'Modernising Pathology Services' 2004)

In Northern Ireland several pathology specialities are provided and these include:

- Clinical Biochemistry
- Clinical Haematology & Blood Transfusion
- Cytopathology
- Immunology
- Medical Genetics
- Medical Microbiology
- Histopathology
- Tissue Typing.

The last review of pathology services was undertaken in 1983, and since then the demand for and pattern of service provision has changed considerably. On 10 April 2003, the Chief Medical Officer, Dr Henrietta Campbell announced the Department's intention to undertake a review of clinical pathology laboratory services.

The terms of reference for the review are as follows.

“This proposed review aims to provide the Department with a strategic plan for strengthening and developing effective, high quality, clinical pathology laboratory services, responsive to the needs of the patients and clinical users. This will take account of the work in progress both locally and nationally, including North/South (Republic of Ireland (RoI)) dimensions, and will address the recommendations of the Public Accounts Committee Report on Laboratory Pathology Services.

The review will also address:-

- The requirements of primary and community care, local hospitals, and acute hospitals in the context of the Department’s vision for hospital services as set out in the document entitled “*Developing Better Services*” (DBS)
- The need for cost-effective pathology services
- Developments in clinical services and the impact on laboratory pathology services
- New and emerging technologies
- Staffing implications
- Quality issues, including professional qualifications and attaining/retaining service accreditation
- The requirements of clinical governance within the HPSS
- Capital resource requirements, to include buildings, equipment and IT
- Teaching and training
- Research and development
- Management and governance arrangements.

Pathology laboratories deliver a complex range of services against a background of significant change and rising levels of user and public expectation. This means that significant demands for high quality services are generated both within the HPSS and by external organisations. In addition, changing employment legislation, Clinical Pathology Accreditation (CPA) standards, ageing equipment, variations in quality standards, practices, cost, etc all present challenges for the future.

This chapter summarises the business environment in which pathology services operate. It does so with reference to:

- Global Trends in Pathology
- UK Policy Issues Impacting on Pathology
- Local Context.

Global Trends in Pathology

Similar to all other health care disciplines, pathology operates in an environment whereby:

- Population projections indicate an ever increasing ageing population with flat or falling birth rates.
- There are increasing cumulative demands for health care services.
- There is a very steady increase in new medical and scientific technology, which is capital intensive.
- Consumers are better-educated and more informed about health care.
- Public debate on health care issues continues to be contentious and highly emotional.
- There is improved understanding of the scientific basis of disease.

Global challenges, which are common across pathology services, include:

- **Trained Workforce**
There is an inadequate supply of trained pathology professionals including pathologists and scientific staff. The age profile of the typical pathology laboratory is skewing towards middle age. In addition, new technologies require specific skills with an increasing need for specialisation.
- **Demand**
There is a year on year increase in demand for laboratory tests. These demands arise from population growth and change, as well as the availability of new tests demanded by clinicians and patients and increased hospital and primary care workloads.
- **New Technology**
The quantity of new technology, and next generation laboratory equipment reaching the market is increasing. Independent of the increase in demand, laboratories have an increasing need for investment to acquire, train and offer new diagnostic tests. In addition

there is general agreement that increased knowledge from genomic and proteomic research will stimulate ever-growing numbers of molecular based assays.

- **Public Accountability & Efficiency**

In general laboratories must continuously learn how to do more tests each year from within scarce resources. "Benchmarking" is becoming more important to successful management of pathology. The need to improve productivity is a strategic imperative for almost every laboratory. Various forms of systems/process re-engineering, activity analyses and laboratory best practice are being widely adopted by laboratories. Financial and productivity data are just as important as clinical impact when seeking to secure appropriate management of, and investment in, pathology.

- **A Focus on Outcomes**

There is an increasing need for good quality information arising from the increased focus on patient outcomes. The need to reduce errors and improve patient safety is one major driver for more information reporting by providers. Laboratories produce information as their end product. They hold a vital source of good quality information that is fundamental to the whole health care system.

(Michel, R; 2004)

UK Policy Issues

The current Government is committed to a programme of substantial change and reorganisation in both acute, community, and primary health care services. During recent years a number of strategic initiatives have been launched at national level that have a direct bearing on the future of pathology services.

- **The NHS Plan** - This is a plan for investment in the NHS in England with sustained increases in funding with a major emphasis on modernisation and efficiency. The NHS Plan targets include an emphasis on reducing waits for diagnostic services that will enable other targets to be achieved.
- **Clinical Pathology Accreditation** – Within the UK there are two laboratory accreditation bodies, operating in complementary fields, the Clinical Pathology Accreditation (UK) Ltd (CPA) and United Kingdom Accreditation Service (UKAS). Accreditation is the procedure by which formal recognition is given of competence to carry out specific tasks. In July 2003 the DoH issued a letter stating that "it will be compulsory for all NHS laboratories in England to enrol with a relevant accreditation scheme."
- **Pathology Modernisation** – The Department of Health launched a Pathology Modernisation Programme in 1999, with the key goals of improving the quality and efficiency of NHS pathology services and encouraging the introduction of new technologies and practices to deliver high quality care for patients. A consultation paper "Pathology – The Essential Service – Draft Guidance on Modernising Pathology Services" proposed future principles, goals and objectives for NHS pathology. The key change proposed was the introduction of managed pathology networks across NHS Trusts as a model of service delivery to address the workforce and technology challenges facing the NHS.

In February 2004, the Department of Health issued final guidance entitled "*Modernising Pathology Services*" This new guidance reflected a commitment to ensuring that pathology services are able to modernise and respond to future challenges.

The steps proposed in this document will help the NHS build capacity to develop better pathology services as well as putting in place basic building blocks to support clinical services to meet key priorities and targets by:

- Setting up a managed pathology network, or similarly robust mechanism, identifying local leaders, appointing and resourcing network managers and clinical champions.
- Reviewing local pathology services and establishing and promulgating implementation arrangements to achieve change and support local clinical and health protection requirements.
- Participating in audit of delivery and continuous quality improvement
- Undertaking a workforce review and skill mix profile of the staff required to deliver improved services.

The document recognises that managed pathology networks can provide a wider strategic context for pathology services planning. Modernisation strategies, which will support service development, are outlined including:

- Integrating pathology into wider service developments
- Redesigning systems
- Decreasing inappropriate variation
- Making effective use of ICT and new technologies
- Improving information management.

The Local Context

Within Northern Ireland the following initiatives have relevance to this project:

- **The Department's Regional Strategy 2002–2022** – Themes emerging from initial consultation on developing a regional strategy include establishing networks and pathways between professions and services to ensure optimal management of specific conditions.
- **Service Specific Strategies** - In addition the Department has developed a number of service specific strategies, which have relevance to this review. These include strategies in connection with Nephrology, Medical Genetics, Cancer Services etc.
- **Review of Public Administration** - at present a review of public sector bodies throughout the Province is underway. It is anticipated that there will be changes to the management structures for health and personal social services.
- **Developing Better Services (DBS)** – The then Minister, Des Browne, announced his decisions on the proposals in *Developing Better Services* in February 2003. The key decisions set out in his announcement included the replacement of the current configuration of 15 acute hospitals by a network of nine acute hospitals supported by seven local hospitals, with additional local hospitals in other locations, as appropriate. The document also envisages structural changes in the organisation of HPSS management bodies. In recent months each of the four HSS Boards has submitted a strategic context document to the DHSSPS outlining implementation proposals.
- **Primary Care Strategy** – One of the corporate objectives of the Department is to ensure the delivery of effective, high quality health and social services. To this end, a key priority is to improve Primary and Community Care services. The Primary Care Directorate of the Department has recently issued for consultation a Primary Care strategy, which will provide the strategic framework for the development of all Primary Care services over the next 20 years. It will also identify key principles and values to underpin the development and

delivery of Primary Care services. A primary care strategy framework document was issued for consultation on 7 June 2004.

- **New Contract for General Practitioners**- The new contract for GPs has implications for the future operation and management of laboratories. For example, objectives in respect of chronic disease management will likely increase test numbers and further necessitate the demand for electronic transmission of results.
- **Regional Consensus Policy for Point of Care Testing** – With the huge increase in availability of point of care testing at all levels within the HPSS, the Clinical Directors of Laboratory Medicine developed a consensus policy which has been discussed and agreed in principle by DHSSPS. The policy is presently being implemented in an incremental way across the Province.
- **Legislation** - Recent years have brought about significant changes in legislation affecting employment and professional practice. The legislative agenda continues to develop. In respect of this project, the most relevant pieces of legislation govern areas such as working time, part-time working, work-life balance, equality and registration of professionals with national bodies.
- **Quality Framework & Regulation (Best Practice – Best Care)** – In 2001 the DHSSPS published this document outlining a framework for setting standards, delivering services and improving monitoring and regulation in Northern Ireland's health and personal social services.

The proposals in the document centre on:

- Setting standards - Standards will be improved through the related measures of continuing professional development and strengthened professional regulation from a single body.
 - Delivering services - Establishing a statutory duty of quality for Health and Personal Social Services (HPSS) providers.
 - Improving monitoring and regulation of services - Extending the range of social care services currently regulated and establishing a single regulatory body for care services.
 - Ensure equality of provision.
- **The Health & Personal Social Services (Quality, Improvement & Regulation) Order (NI) 2003.** The Duty of Quality came into effect in April 2003. It places a statutory duty of quality, to be backed by a system of clinical and social care governance, on the HPSS and creates a new Independent body, the Health and Personal Social Services Regulation and Improvement Authority (HPSSRIA), which will independently inspect and publicly report on the quality of regulated and non-regulated services delivered by both the HPSS and the independent sector.
 - **Northern Ireland Audit Office (NIAO) – Review of Pathology Services** – During February 2001, the NIAO published the above mentioned review which highlighted a number of key recommendations, including the following:
 - There is a strong case for a greater strategic overview of laboratory service provision by DHSSPS to clarify relationships and agree how the services should be developed alongside clinical services.

- DHSSPS should encourage Trusts to consider the costs and benefits of their present configuration of laboratory services against an off-site service in some locations with on-line access to laboratory computer systems.
 - DHSSPS should review its policy on laboratory service provision in the context of the latest strategic thinking about acute hospital services in general.
 - One third of all laboratories have not yet obtained full or even partial CPA accreditation. Contracts should only be awarded to accredited laboratories. Corrective action required immediately.
 - DHSSPS should assure itself that all action possible is taken to fill vacant consultant posts and to ensure that no laboratory has unconditional accreditation withheld because of lack of cover.
 - There is a need for an objective reappraisal of how the technical staff grading and payment system is applied.
 - Spending per head of population is 28% more than England. DHSSPS must satisfy itself as to the cause of the variances in costs between hospitals and regions. Comment was also made on the credibility of the pricing process.
 - Adoption of common protocols in laboratory testing.
- **Agenda for Change** - this is a national policy document that outlines radical proposals for modernisation of the workforce and payment systems.
 - **Information and Communications Technology (ICT) Strategy** - In recognition of the need for strategic investment in ICT, an Information and Communications Technology Strategy has been published. Principles guiding the strategy include:
 - Supporting and empowering care professionals and support staff in their work
 - Improving the efficiency of current service delivery
 - Facilitating services innovation and development
 - Facilitating cross-sector co-operation and working
 - Supporting the research activities of the HPSS and the wider academic communities, and,
 - Supporting the development of clinical and social care governance and risk management within the HPSS.

New services to be introduced under the Strategy will include electronic transmission of pathology results.
 - **Resources** - there are very many competing and increasing demands on the health and personal social services, with limited resources with which to meet those demands. The health and personal social services cannot meet them all and must be selective as to where it can deliver the greatest benefit to those in greatest need.

An Overview of the Work of The Review Project

Project Outline

The DHSSPS recognised that substantial work needs to be undertaken to provide laboratory services in a way that can fully support the changing business and clinical environment (as summarised in Chapter 2). Key stakeholders in this project believe that many of the national, regional and local objectives cannot be achieved without changing current working practice and operational systems.

In light of the circumstances outlined in Chapter 2, it has become apparent that the existing pathology systems do not adequately address current and future business and clinical requirements. The DHSSPS has, therefore, established this collaborative project to plan strategic direction for the future provision of clinical pathology laboratory services within Northern Ireland.

The overall aim of the review is to provide the Department with a strategic plan for strengthening and developing effective, high quality, Clinical Pathology / Laboratory services, responsive to the needs of patients and users. This will take into account work in progress both locally and nationally including linkages with the Republic of Ireland and Great Britain, and will address the recommendations of the Public Accounts Committee on Laboratory Pathology Services. This chapter provides a summary of the key tasks undertaken by the Project Team during the first four months of the Review – (December 2003 to March 2004)

The next phase of the Review will include an in-depth analysis of activity, and projected anticipated future demand for laboratory services in Northern Ireland. It will also include an assessment of the overall provision, effectiveness, efficiency and economy of services, taking account of appropriate benchmarking information and other relevant measures. This audit will assist in the development of appropriate models for the future provision of clinical pathology - laboratory services, taking account of:

- The future configuration of hospitals as outlined in *DBS* and the Ministerial announcement February 2003;
- The focus on collaborative working arrangements and network development;
- The development of linkages with the Republic of Ireland and Great Britain;
- The availability of resources;
- The need to provide timely access to results;
- The need to address major challenges for the current system including addressing the underdevelopment in ICT; and,
- The development of telepathology and its implications for service delivery

Project Organisation

The project structures were designed to ensure that key stakeholder representatives are actively involved in all the major decisions. The structure underlined the need for involvement of professional, user, and technical representatives, including representatives from all disciplines.

The structure also provides a focal point for driving the process forward whilst ensuring that all parties are actively contributing to the key decisions and activities that will affect them. Appendix 2 provides details of the project organisational structure.

Key Tasks Undertaken to Date

Project Initiation:

The Project Initiation Document was completed and has been made available to all interested parties including via the web-page at http://www.dhsspsni.gov.uk/hss/clinical_pathology

Project Team:

Nominations were obtained from the service for the Project Team and the team held its first meeting on 23 /12/03. A full schedule of project team meetings has now been agreed for the duration of the project. To date ten project team meetings have been convened and the team is now operating as a very cohesive unit. Members are extremely enthusiastic and very committed to the project.

Communication:

- A communication plan has been drafted
- Web Page is now fully operational. To date the site has averaged around 1,000 hits per month. This site will continue to be developed as the project progresses.
- A letter has been issued to senior officers in all Boards and Trusts advising staff about the review and how to make contact.
- A Newsletter has been developed.
- Information on the Review is being reported in the Medical Laboratory World magazine.
- A stakeholder workshop was held on 11 February 2004.
- A series of focus group meetings have been scheduled for May and June. These include discipline-specific, staff side and primary care focus groups.

Site Visits:

Site visits were arranged to all hospital laboratory sites and mortuaries. The focus of these initial visits was on orientation for the team; fact finding in respect of the current situation; and consultation with senior personnel on the strategic issues impacting on each laboratory.

These visits have provided a rich baseline of information for the review and there is a striking degree of consensus of opinion across the service. These issues include:

- A strong desire for change which will improve and modernise this essential service
- The need for a more integrated approach to the management and operation of laboratories across the Province.
- The fundamental requirement for an integrated ICT system.
- A wish for standardisation of methodology, procurement and operating systems.

- The need for pathology to develop a greater patient / user focus.
- The fundamental need for a regional approach to Human Resource (HR) management including manpower planning.

Workshop:

A workshop was convened on 11 February and invitations were issued to a wide cross section of stakeholders (150 sent). On the day 109 delegates attended. The workshop achieved its objectives and provided the review with a valuable insight into the expectations of key stakeholders. A full report and an executive summary have now been produced. A brief summary of the key challenges identified is contained in Appendix 3 of this Report.

“Frontiers in Laboratory Medicine” Conference:

Independently a number of review team members attended a conference in Manchester on 3rd & 4th March 2004. The conference focused on changing process and improving outcome. The speakers came from UK and North America. This was an extremely useful event, with insight into some leading edge thinking in terms of laboratory medicine, as well as providing the team with some very valuable contacts with colleagues in UK and Republic of Ireland. These links are currently being further developed.

Next Steps

The project plan for the review contains a number of key steps that will enable the Team to clarify and develop some of the initial ideas that have emerged from the first phase.

These steps include:

- the implementation of the Pathology Module of the Acute Hospitals Portfolio - an extensive data collection exercise and audit of performance indicators for pathology services (see below)
- a series of mono-discipline focus groups
- cross – cutting focus group on technological advances
- a focus group on human resource (HR) issues which will involve staff side representatives.

The Acute Hospital Portfolio – Pathology Module

The Acute Hospital Portfolio (AHP) is a collection of audits covering 16 key topics that are relevant to acute hospitals, and, are important to patients, trust managers and staff. The AHP has been implemented by the DHSSPS in a number of business areas. During 2004/05, the AHP will be looking at Pathology Services, as well as some other key business areas. This is particularly timely as it will complement the work of the Review of Clinical Pathology / Laboratory Services in Northern Ireland.

Data has already been collected in national surveys at all relevant NHS acute hospital trusts in England and Wales and some Scottish Regions are currently adopting the audit. This enables the Commission's appointed auditors to provide each trust involved with a tailored performance assessment based on the national comparative data collected, but also taking account of the local circumstances of the trust.

The results of the surveys are published in short national reviews and the data on which the reviews are based, together with computer software to facilitate their use, are released to HPSS bodies. Detailed definitions of the performance indicators, good practice examples and other management tools are also made available to trusts on the Acute Hospital Portfolio website. (For further information about the Portfolio go to www.audit-commission.gov.uk/itc/acuteportfolio.shtml).

- **The AHP audit of Pathology Services**

The AHP audit of pathology services aims to provide a robust evidence base for decision making taking into account impact on the quality, accessibility, efficiency, etc. of services by providing a performance assessment across a range of pathology-related areas, backed up by interpretation by independent local auditors. The audit will also produce robust comparative data covering all Trusts in N Ireland. These data, used as the basis for the audit assessment, will also be released to the HPSS in an interactive software tool ('Compare') which enables them to produce their own performance information reports, 'drill down' into a hierarchy of performance information, and tailor their analysis by selecting their own comparative groups.

The results of the audit are fed back at the corporate level within the Trusts (to Chief Executives, Finance Directors and/or audit committees) providing an important opportunity for pathology-related

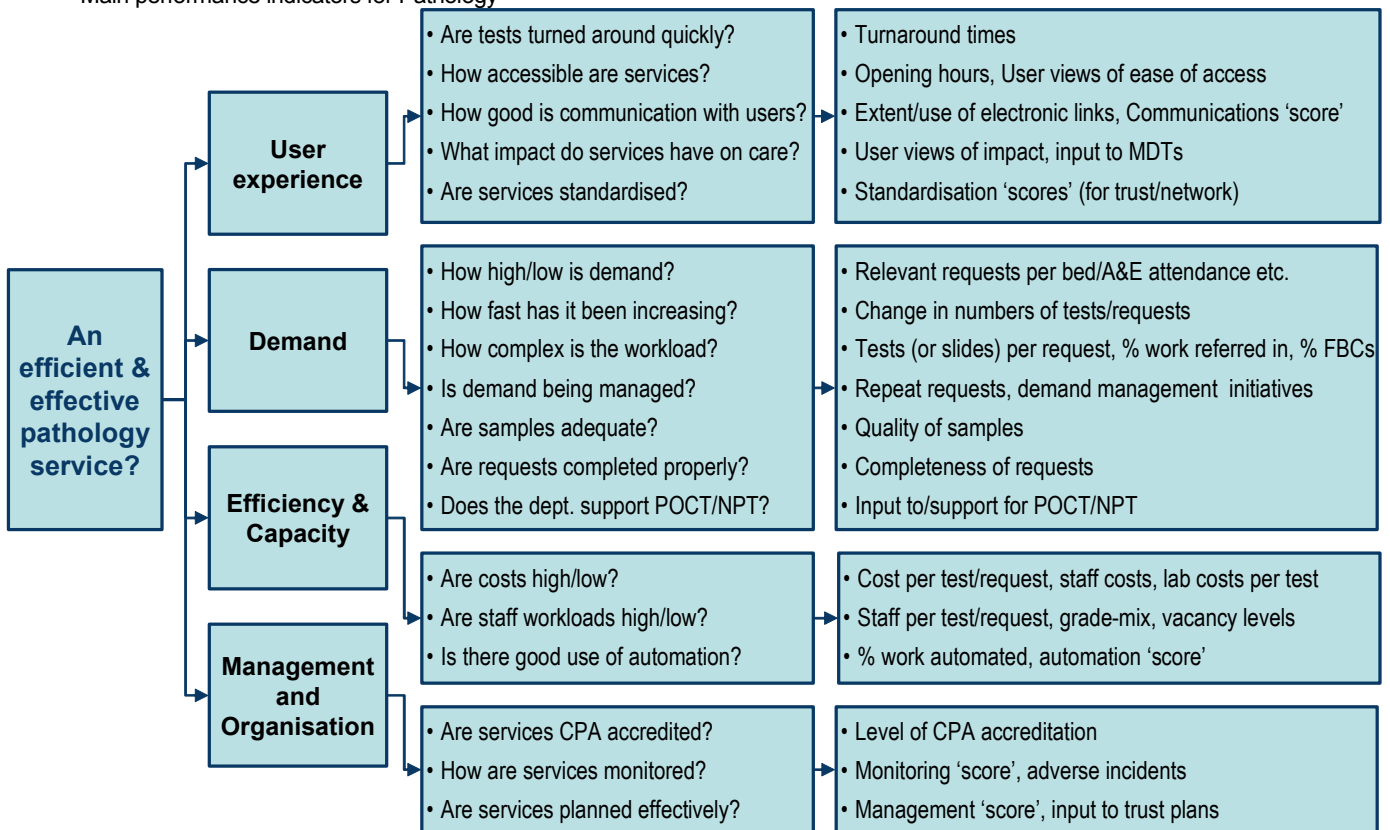
concerns to be raised as part of Trust-wide planning – a key issue raised by pathology managers during the development of the topic. Similarly, the publication of the regional review should provide an opportunity for wider regional issues to be raised with regional stakeholders.

The audit has drawn on the work already undertaken as part of the National Pathology Alliance Benchmarking Review. In particular, it is using the same definitions of tests and requests, and where relevant (for example, in the tables collecting data on staff and costs) it has used consistent headings – hence reducing the data collection work at those sites that take part in this work and helping to ensure that the indicators collected are comparable between the two systems.

• **Performance map**

The performance map below outlines themes of the audit. It is used as the basis of the structures of both the standard reports and the Compare topic maps.

Main performance indicators for Pathology



- **Timetable**

It is planned that data collection for the audit will take place from May to August of this year with a view to validation, collation and first draft data being fed back during September 2004.

The AHP audit of pathology services is ambitious. For it to deliver the maximum value, auditors will need to work with the local pathology staff to ensure that their conclusions are both challenging and valid, while the Compare database will provide the staff themselves with a useful tool to take the analysis further and support their own local improvement work.

The audit will also provide a methodology for continuous monitoring and evaluation throughout implementation and post-project benefit assessment.

Mono Discipline Focus Groups

A series of five mono discipline focus groups was arranged as follows:

- 5th May 2004 – Haematology
- 12th May 2004 – Microbiology
- 24th May 2004 – Immunology, Tissue Typing, and Medical Genetics
- 2nd June 2004 – Clinical Biochemistry
- 21st June 2004 – Tissue Pathology.

The purpose of these focus groups was to bring together senior professionals from within each laboratory specialty with a view to ascertaining key issues likely to impact on any future model for service delivery. Invitations were sent to all Consultant Medical Pathologists, Consultant Scientists, or Senior Scientists, and Senior BMS personnel from each laboratory site.

Focus Group - Technology

Across the disciplines there is general agreement that increased knowledge from genomic and proteometabolic research will stimulate ever-growing numbers of molecular based assays. The project team plan to arrange a focus group with a view to developing a co-ordinated plan for technological development.

Focus Group – Staff Side

In recognition of the significant HR challenges, which need to be addressed in the regional strategy the Project Team is currently establishing a series of focus group meetings with staff side to support the project.

Other Tasks

In addition the project team is currently planning a number of other initiatives. These include a focus on the requirements of primary care practitioners, research and service development, education, teaching and training and the role of Universities.