



Department of

**Health, Social Services
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

The Future of Pathology Services in Northern Ireland

Summary of Responses to the Public Consultation

December 2007

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Summary of Responses

OVERVIEW

The consultation, which closed on 28 February 2007, received 289 responses. Of these, 162 were completed questionnaires and 127 were letters or emails.

The table below details the source of the responses.

Responses from:	Number of responses
Health and Social Services Boards	3
Health and Social Services Trusts	10
Health and Social Services Councils	3
Health and Social Services staff and organisations	176
GPs	9
Professional Bodies	10
Political representatives	6
Local Councils	13
Members of the public	43
Trades Unions	4
Other	12
Total	289

The majority of responses came from within the Health and Social Care (HSC) family – 70% were from Boards, Trusts and staff, either as individuals or representing professional groups. Of the HSC responses, 62% came from staff working in laboratories, including consultant pathologists, scientific and administrative and clerical staff.

Almost 15% 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 hospital 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.

6.5% of responses were from elected representatives, including local councils and MLAs. Other responses came from organisations such as trade unions, community and voluntary organisations.

Geographically, 37% of responses were from the Northern Board area, 37% from the Western Board area, 8% from the Southern Board area and 9% from the Eastern Board area.

SUMMARY OF RESPONSES

Recommendation 1: Pathology services in NI should work towards the development of a single, managed pathology network, led by a Director and with regional leaders appointed for each of the key disciplines.

Agree	29%
Disagree	64%
No comment	7%

Opinion on a single managed network was divided among respondents. To some extent this appears to have been caused by lack of clarity about the form of network which the review was proposing and a number of respondents indicated that they would wish to see more detail about this.

Some respondents interpreted the proposed network as a stand-alone, centralised network akin to an Agency with its own staff and budget. This attracted support because it would not be constrained by the priorities of any individual Trust and would be in a position to implement consistent standards and procedures across Northern Ireland. It was also suggested that laboratory services should be managed through a single provider, which would facilitate cross-Trust working, do away with single-handed consultant practice and allow regional rotas for consultant staff, while permitting senior staff to be based in local area laboratories.

Other respondents expressed concern however that a model such as that proposed in the review would result in the loss of direct accountability between pathology services and the HSC Trusts, with implications for clinical governance and clinical services. Others were concerned that such an organisation would become Belfast-centred, to the detriment of pathology services outside Belfast.

There was also concern that central management and budgetary control could result in a cost-driven service rather than an excellence-driven one; and that laboratories which have been more proactive and successful in attracting funding from their Trusts for service development might be disadvantaged or see funding diverted to laboratories elsewhere. Some felt that a pathology service outside the Trust structures could adversely affect existing close working relationships with clinical services like breast clinics or infection control. A separate network might also have difficulty responding flexibly to clinical priorities within individual Trusts.

A few respondents expressed concern that a stand-alone network was the first step towards privatisation of pathology services.

There was considerable support for the idea of a federated or informal clinical network rather than a separate network. Many supported the idea of developing a Managed Clinical Network (MCN) for pathology which would enhance collaborative working, standardise procedures, increase efficiency and improve quality without the loss of local services and accountability. Pathologists and biomedical scientists could collaborate on areas such as workforce planning, equity of service provision, IT systems, testing protocols, education and training and equipment procurement.

Recommendation 2: Establishment of a small working group to explore the potential of formalising operational and management links between the proposed pathology network and the Northern Ireland Blood Transfusion Service.

Agree	62%
Disagree	22%
No comment	16%

A majority of respondents agreed with this recommendation, although there was some uncertainty about what “formalising links” might entail. Suggestions for issues that the group could explore integration, management issues, and the blood supply chain and clinical delivery.

Those opposing the recommendation felt that strong professional links already existed with NIBTS through HSC Trust Service Level Agreements, the Regional Transfusion Committee and NIBTS Users meetings.

A number of respondents felt that the pathology review did not give sufficient attention to blood transfusion, which should be recognised as a separate key discipline.

Recommendation 3: The Departmental workforce plan in relation to consultant pathologists posts should be reconsidered in light of the new reconfiguration of services proposed in the report.

Recommendation 4: The Departmental workforce plan in relation to Technical and Scientific staff should be reconsidered in light of the new reconfiguration of services proposed in the report. Future requirements for administrative and clerical staffing should also be examined as part of the process.

Agree	54%
Disagree	39%
No comment	7%

A majority of respondents agreed with these recommendations. Some commented that the recommendation should be more specific, ensuring that workforce planning took account of training requirements, especially for biomedical staff. Other respondents suggested that extended roles for scientific staff should be considered. A number of respondents stressed that staff and staff side organisations should be involved in workforce planning from the early stages. There was a view that onerous on-call rotas and EWTD needed to be addressed.

Generally, the inclusion of administrative and clerical staffing in the review was supported, although a small number of respondents did suggest this should remain with the Trusts to retain flexibility. The need to include workforce planning for information officers and infection control staff was also raised. There were some suggestions that there should be opportunities for MLAs to progress through time and training on to Trainee BMS and BMS, and that it should not be restricted to those with biomedical science degrees. Others suggested that laboratory clerical staff should be included under a new laboratory grade, with appropriate terms and conditions.

Although a significant proportion of respondents indicated disagreement with the recommendations, in most cases the objection was not to reviewing the workforce plans, but to doing so in light of the proposed reconfiguration of pathology services, which they opposed. Some concern was also expressed about potential job losses arising from the proposed reconfiguration.

Recommendation 5: The current voluntary arrangements for the provision of out-of-hours services should be replaced by more sustainable and appropriate arrangements by 2008.

Agree	50%
Disagree	37%
No comment	13%

A majority of respondents agreed with this recommendation, feeling that the existing arrangements were not sustainable. However, some staff had reservations about how it would be implemented and expressed concern about a 'shift system' being enforced in place of voluntary systems which were felt to be more family-friendly.

Respondents felt that any replacement arrangements should involve consultation with the workforce. Given the need for consultation and discussion with staff-side organisations, it was suggested that 2008 was over-optimistic. A number of respondents suggested that in light of the *Agenda for Change* experience, 2010 was a more realistic target date.

Recommendation 6: The Department and Queen's University should consider joint initiatives to strengthen academic pathology.

Agree	35%
Disagree	59%
No comment	6%

Although a majority of respondents disagreed with this recommendation, it was because they felt that the recommendation failed to recognise the excellent work which the University of Ulster carried out in respect of biomedical science. Respondents felt that joint medical and biomedical science initiatives with both

Queens’s and the University of Ulster should be developed further, to strengthen diagnostic and academic pathology at a number of levels

Some respondents suggested that links could also be developed with universities in the Republic of Ireland and Great Britain and organisations such as NICan and CDSC(NI), and that as well as working with universities, the HSC should work with the Department of Education to encourage pupils in secondary education to choose pathology as a career.

Recommendation 7: The proposed pathology network should ensure that all clinical needs are met in all health and social care settings, irrespective of their distance from the nearest laboratory.

Agree	71%
Disagree	23%
No comment	6%

A majority of respondents agreed that laboratory services must be responsive to the requirements of clinical users and their patients. Timely and appropriate specialist opinion should be matched to the clinical activity and profile of the healthcare provider, through a combination of on- and off-site delivery. It was noted that there would inevitably be cases where distance meant longer times for results and there was need to ensure effective use of transport and POCT.

Of those opposing the recommendation, a significant number were opposed on the grounds that the proposed network would be doing it, rather than the general principle that clinical needs should be met. Others felt that the proposed changes in reconfiguration of services would make this recommendation impossible to achieve.

Recommendation 8: The proposed NI Pathology Network should ensure that all pathology services are subjected to obligatory regular audit and that clinical governance is used to ensure quality, equity of provision and responsiveness to clinical need.

Recommendation 9: All pathology Services must enrol with CPA(UK) Ltd accreditation scheme by October 2007 and work towards full accreditation as soon as possible.

Recommendation 10: The proposed pathology network should ensure that all laboratory activity is benchmarked using the NPABS, AHP –Pathology Module and NI financial benchmarking exercise.

Agree	83%
Disagree	6%
No comment	10%

The majority of respondents agreed with this recommendation. A number suggested that it should go further and require that laboratory services should only be provided from CPA accredited departments and that a target date should be set for achieving full accreditation. Some respondents suggested other quality schemes and statutory requirements which would also be relevant to pathology services.

Those expressing disagreement did so mainly on the grounds that implementing the reconfiguration proposals would have an adverse effect on the accreditation of their local laboratories or fears that resources would be diverted from them.

Recommendation 11: Resources currently allocated for pathology services should be retained but re-invested across an integrated NI pathology network.

Agree	30%
Disagree	61%
No comment	9%

Although a majority of respondents disagreed with this recommendation, it was because they either felt there would not be any surplus resources to be reallocated or feared the process would result in the reallocation of resources from better-resourced laboratories to support those which were less well resourced, with detrimental effects on established good quality services. Some felt that the current distribution of resources was too disparate and there was inequity of funding between Board areas.

Several respondents commented that the report contained insufficient financial information to assess whether there would be any resources available to reallocate. Others felt that further investment in pathology services would be required, or at least some pump priming to facilitate change. Some expressed a view that the projected increase in workload could not be funded through efficiency savings and increased automation, and centralised commissioning of pathology services could result in pathology services failing to keep pace with developments in other services that rely on them, particularly outside the Belfast area.

Areas identified for reinvestment included development of effective POCT and training staff to use them, IT, facilities and equipment.

Recommendation 12: The Department, RSS and the proposed pathology network should develop proposals for the implementation of regional procurement and maintenance in relation to all new and replacement laboratory equipment.

Recommendation 13: Consideration should be given to buying services from the private sector or universities when expensive, infrequently-used equipment is required.

Agree	57%
Disagree	36%
No comment	7%

Recommendation 12:

Although a majority of respondents agreed with this recommendation, many stressed that while there were advantages to regional procurement, cost should not take priority over quality. They also warned of the possibility that buying from a single supplier could create a monopoly system with increased costs in the longer term. Input from local laboratories to the procurement process would be required. Some respondents indicated that regional procurement needed to be effective, timely and responsive to local needs.

Recommendation 13:

Respondents stressed that there was a need for the private sector and universities to be subject to same rigorous levels of quality assurance as the HSC, otherwise accreditation could be compromised. They should also represent a cost-effective option. It was suggested that buying in from providers in Great Britain and the Republic of Ireland should be considered.

Recommendation 14: Point of Care Testing (POCT) should be managed under a regional framework in line with CPA accreditation standards and the guidelines of the Royal College of Pathologists.

Agree	60%
Disagree	27%
No comment	12%

A majority of respondents agreed with this recommendation. Many expressed the view that POCT systems were well advanced and could provide high quality analyses at many sites where it is perceived that a full lab service is required. Most agreed that POCT should be under the auspices of the network with discipline-specific strands working to a regional POCT policy. However the need for POCT to be responsive to local requirements was also identified.

Respondents indicated that POCT was not an inexpensive option. It needed to be properly resourced, managed by a laboratory service, with appropriate quality assurance, maintenance and training for staff.

Respondents opposed to the recommendation did so on two main grounds – who should manage POCT (ie a regional network or local HSC Trusts) and the reliability of it. There was some concern that POCT may not provide the standard of support required by hospitals that are receiving emergency admissions.

Recommendation 15: **The work currently under way on a regional pathology ICT system should be progressed urgently with a view to commissioning a new system by the end of 2009.**

Agree	78%
Disagree	12%
No comment	10%

A majority of respondents agreed with this recommendation. Those who disagreed did so because they felt the timescale was not feasible. Some felt the system needed to be introduced sooner, others felt implementation was likely to slip beyond 2009. GP respondents also highlighted the need for a system which would deliver rapid results to primary care.

Recommendation 16: **Current arrangements for sample transport and sample management within laboratories should be reviewed, with a view to ascertaining the most cost-effective and efficient way of delivering samples, entering relevant data on ICT systems, tracking samples through laboratories and delivery of reports.**

Agree	81%
Disagree	11%
No comment	8%

A substantial majority of respondents agreed with this recommendation. Some felt that there should be a dedicated pathology transportation service under the control of the regional network, others that it should fall under the local Trust. Most felt however that quality transport services would be best achieved by keeping transport arrangements within the HSC, where a dedicated service could better manage the issues around sample integrity and the Health and Safety issues associated with transport of clinical material. A very small number suggested it could be contracted out.

Although supporting the recommendation for a review, a number of respondents stressed that the proposed reconfiguration of services will increase transportation costs significantly. Some of those who opposed the recommendations did so because they objected to the proposed reconfiguration and felt that no review was required if services remained unchanged. Several respondents expressed concern that the proposed reconfiguration would mean additional use of taxis, which would increase traffic congestion and environmental damage.

Recommendation 17: **Regional pathology services should remain in Belfast and be managed by the new pathology network. Opportunities to benchmark these services against their equivalents in the rest of the UK should be explored.**

Agree	43%
Disagree	48%
No comment	10%

Opinions on this recommendation were almost evenly divided. Respondents who supported it indicated that there is a need to consolidate services that are either of low volume, high complexity or dependent on specialist expertise. It was suggested that the network should monitor the nature and location of these services. It was desirable that the regional pathology services should be co-located with appropriate clinical services, with the result that many would remain in the tertiary referral environment of Belfast.

At the same time, it was felt that the regional pathology services should be regularly reviewed with a view to forthcoming developments and devolvement of investigations which become more routine in nature.

Respondents against the recommendation cited the potential for peripheral pathology services to develop specialist expertise where appropriate. Some suggested cross-border co-operation might prompt such development. A number of suggestions were put forward for alternative geographical locations, as transport links with Belfast are becoming increasingly difficult. Some respondents felt that Belfast-based regional services were less responsive to requests from peripheral areas.

Recommendation 18: Laboratory services in Belfast should be provided from a single facility on a 24-hour daily basis, to include integrated biochemistry and haematology, histopathology, cytopathology, microbiology and all regional services, including the autopsy service. Essential diagnostic facilities to support specific clinical needs at other Belfast locations should be developed.

Agree	55%
Disagree	31%
No comment	14%

A majority of respondents agreed with this recommendation, although there were a number of concerns about the detail of how it would be implemented.

Some respondents sought more clarity about what was meant by an integrated clinical biochemistry and haematology laboratory, feeling that while there is potential for integration of aspects of automated clinical biochemistry and haematology, complete integration would not be achievable. It was felt that training, supervisory and management arrangements should allow appropriate professional accountability. There was some concern that care must be taken to avoid a production line environment and that staff should have a workload that was varied, gave job satisfaction and maintained broad skill levels.

The idea of a single histopathology/cytopathology facility received support but it was noted that it would be challenging to establish suitable workflow patterns to handle such a significant size of workload and to maintain or improve the access of service that currently exists. The need to operate all specialties on a 24-hour basis was queried, particularly for histopathology/cytopathology and some regional specialisms. It was noted that even though the Belfast hospitals were in close proximity, there needed to be fast and efficient transport arrangements between them and good IT facilities between the new facility and other hospitals.

There was also a suggestion that further thought should be given to incorporating pathology at the Ulster Hospital into the Belfast laboratory or alternatively, the Ulster laboratory could expand to become the new Belfast laboratory. In-hospital 'hot labs' were suggested which would offer basic biochemistry and haematology and some microbiology urgent plating and cell counts, and allow a large laboratory to be sited outside the congestion of Belfast

Recommendation 19: For pathology services at the large acute hospitals - Altnagelvin, Antrim, Craigavon and the Ulster –

- **integrated clinical biochemistry and haematology should be provided on a 24-hour basis at all four hospitals**
- **microbiology should be provided on a 24-hour basis at Altnagelvin and a 12-hour basis at the other three hospitals**
- **histopathology and cytopathology services should be provided from Belfast, with small facilities at the large hospitals for urgent diagnostic work, and a permanent consultant pathologist team at Altnagelvin.**

Agree	12%
Disagree	81%
No comment	7%

There was significant opposition overall to this proposal, particularly from organisations, staff and the public in the Altnagelvin, Antrim and Craigavon areas. Opposition focused primarily around the proposals for histopathology and cytopathology services and, to a lesser extent, microbiology. The proposal for clinical biochemistry and haematology services was accepted, although similar concerns about the nature of integrated biochemistry/haematology services were expressed as in the case of the Belfast facility.

Some respondents proposed an alternative configuration of a central laboratory for the major Belfast hospitals, including the Ulster Hospital, with the autopsy service as a centralised regional specialty and full processing and reporting laboratories at Craigavon, Antrim and Altnagelvin.

Microbiology

Some respondents expressed concerns about changing from a 24-hour to a 12-hour microbiology service at Antrim, Craigavon and the Ulster Hospitals. Transport issues were cited as the major cause for concern. Even though traffic would be lighter out of hours, the results of urgent microbiology samples from the Ulster, Antrim and Craigavon would take longer. In addition, out of hours urgent microbiology samples from Causeway, Daisy Hill and the new South West Hospitals will also have to be routed to Belfast or Altnagelvin, with travel times of up to 2 hours.

Those opposed to the proposal felt that all acute hospitals required on-site microbiology and the proposal would increase risks with regard to local infection control arrangements. There was concern that the proposed arrangements could compromise containment of an outbreak at the weekend and patients would face longer turnaround times for critical tests. It was suggested that savings would be small and that more imaginative ideas such as multidisciplinary working could allow services to be provided over a 24-hour period.

Histopathology/cytopathology

A majority of respondents opposed this element of the recommendation. Two main alternative models of service were proposed by respondents:

- a. Two histopathology/cytopathology laboratories, one in Belfast and a full laboratory service in Altnagelvin;
- b. A four-centre model, with a single laboratory serving Belfast, including the Ulster Hospital, and histopathology/cytopathology services at Altnagelvin, Antrim and Craigavon.

A small number suggested a 5-site option, with laboratories at Belfast and all four cancer unit hospital sites.

Key issues identified by respondents opposed to the proposal were:

- The importance of close collaboration between staff of different disciplines: on-site histopathology and cytopathology offered the benefits of rapid diagnosis, maintenance of good interprofessional relationships, participation in multidisciplinary teams/meetings (MDMs) and contribution to training, audit and research.

Those who supported the recommendation stressed that removal of histopathology and cytopathology services from Antrim and Craigavon needed to be underpinned by strong and appropriate support for MDMs and retention of clinical services such as fine needle aspirations, and that appropriate support should be in place at the Ulster as well. Any new system had to ensure that results were timely, particularly in view of the cancer services targets.

- A number of respondents challenged the review's rationale in favour of increased subspecialisation, indicating that many general pathologists did not wish to subspecialise, or that a degree of subspecialisation could be achieved in local units.
- There was concern that a single facility would be too large, having to process over 90,000 requests per year. Staff felt that working in large centres was not desirable. Some feared that they might be forced to either move to the Belfast area or leave the profession and seek work elsewhere. Implementation of the recommendation would also entail increased staff travel by senior staff, which was unlikely to be attractive to many.
- A single facility would increase turnaround time for samples. There was also a risk that samples could be lost or mixed up when transporting them between centres.
- Although EWTD and shortage of manpower had been an issue during the course of the review, they were not a problem for in histopathology and cytopathology at present.
- There would be an adverse impact on cross border working, for example cyto-screening for Donegal women currently undertaken by Altnagelvin.
- The service would be vulnerable if the single laboratory were to be put out of operation and a two-centre options would provide a contingency facility as well as a more equitable solution for patients.

Recommendation 20: For Causeway, Daisy Hill and the new South West hospitals – integrated clinical biochemistry and haematology should be provided on a 12-hour basis; all out of hours urgent samples should be transferred to the nearest large acute hospital laboratory; 24-hour blood transfusion maintained with out of hours cover from the nearest large acute hospital laboratory and electronic release of blood for patients who have previously been cross matched.

Agree	10%
Disagree	76%
No comment	14%

A majority of respondents disagreed with this recommendation and even those who agreed included a caveat that prompt 24/7 provision of blood products was required to match the clinical profile of these hospitals, particularly with regard to A&E, obstetrics and acute trauma. The majority of replies highlighted the risks to patient safety and potential impact on the effective delivery of key acute services at the three smaller acute hospitals. In particular, the comparative geographical isolation of the Erne/South West Hospital and the distance from Causeway to either Antrim or Altnagelvin were cited as reasons to maintain a 24-hour service. While Daisy Hill

Hospital was closer to Craigavon, the presence of an on-site renal unit providing a twilight shift and the hospital's 24-hour A&E provision were cited as key reasons to maintain service there.

Views on the provision of microbiology in the smaller acute hospitals were mixed, with some feeling 24 hour microbiology was not required, some in favour of 12-hour rapid response microbiology, and others favouring full microbiology services. A significant number of respondents from the Causeway and South West areas felt that removing microbiology would have a detrimental effect on services, in particular infection control.

Recommendation 21: There should be no laboratory facilities at local and enhanced local hospitals; services should be provided by the nearest laboratory.

Recommendation 22: Primary and community care pathology services should be provided by the nearest laboratory.

Agree	43%
Disagree	28%
No comment	29%

A majority of respondents agreed with this recommendation. A number of primary care respondents stressed the need for an integrated IT system to facilitate rapid reporting of results to General Practice. It was also suggested that POCT could be appropriate in primary care. Some respondents expressed disappointment that the review did not consider in more detail the provision of pathology services to GPs.

Of those opposed to the recommendation, several felt that local hospital laboratory services should be decided by the clinical profile of the hospital or Trust it serves. There was concern about the implications of the recommendation for the future of the current laboratory at Tyrone County Hospital, Omagh and fears that the removal of clinical biochemistry and haematology services might have a detrimental affect on the renal dialysis unit there. It was also noted that local hospitals will still need receiving and logging offices, and there was a suggestion that small 'hot labs' could be provided for key biochemistry, haematology and blood tests.

Recommendation 23: The Department, Health Estates and the proposed pathology network should develop and take forward the planning, design, commissioning and construction of the new laboratory and mortuary infrastructure associated with the new configuration of services.

Agree	70%
Disagree	7%
No comment	22%

A majority of respondents agreed with this recommendation, and several referred to the importance of closer working with the State Pathology service. Those objecting to the recommendation did so on the grounds that they were opposed to the reconfiguration rather than the need for new laboratory infrastructure.