



Department of
**Health, Social Services
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agus Sábháilteachta Poiblí**

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an Fowk Siccar**

DEPARTMENT OF HEALTH, SOCIAL SERVICES & PUBLIC SAFETY

**Recommendations for the
Future of Pathology Services
in Northern Ireland**

December 2007

The Future of Pathology Services in Northern Ireland

1. This document sets out the formal response of the Department of Health, Social Services and Public Safety to recommendations proposed by the Review Group established to provide the Department with a strategic plan for strengthening and developing effective, high quality clinical pathology laboratory services in Northern Ireland. It sets out the strategic policy and principles which will guide the future development of pathology services in Northern Ireland and secure higher quality, more efficient services which are responsive to patients and service users. The recommendations are listed in Annex 1.

BACKGROUND

2. On 28 November 2006, the Department issued for public consultation the recommendations of the Pathology Review Group. The report of the review group, entitled *The Future of Pathology Services in Northern Ireland*, examines the current provision of pathology services and makes twenty-three recommendations for the future provision of these services. The report highlighted the sweeping changes under way in the provision of health services across Northern Ireland and stressed the need for pathology services to change too, to ensure that they remained sustainable and delivered high quality, cost effective services.

CONSULTATION RESPONSES

3. The consultation period closed on 28 February 2007. 289 responses to the consultation were received. A summary of the responses is available on the Department's website at www.dhsspsni.gov.uk/hss/clinical_pathology_review. 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; 6.5% were from elected representatives, including Northern Ireland Assembly members and local councils. The remaining responses came from a range of organisations including trade unions, community and voluntary organisations.
4. 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. This is disproportionate to the general population

distribution and pathology staff numbers, and indicated particular concerns for individual local hospital laboratory services.

5. Following the consultation, the Department organised a workshop for HSC stakeholders on 18 June 2007 to allow further exploration of several key issues which had been identified from the consultation responses. A report of the workshop is available on the Department's website at www.dhsspsni.gov.uk/hss/clinical_pathology_review.

KEY ISSUES

6. Many of the recommendations of the Review Group were welcomed. In particular, there was a broad consensus that our laboratory services, which provide critical services for a broad spectrum of medical diagnosis and treatment, must strive for the highest standards of quality in order to ensure the best possible service and outcomes for patients.
7. Ensuring the quality of our laboratory services is critical to the delivery of first class care for patients and must therefore underpin any changes to pathology services. The achievement of nationally recognised accreditation standards in each of our laboratories must be a cornerstone of the future development of pathology services.

THE RECOMMENDATIONS: CONCLUSIONS

Managed Network for Pathology

8. In the course of the review, the Pathology Review Group had identified a desire on the part of many pathology staff for a strong integrated pathology network which could promote modernisation, increase efficiency and promote equity of provision across Northern Ireland. During the consultation, however, a significant number of respondents expressed concern that the network, as proposed in the review, would have such autonomy that that there may be conflict with the accepted Health and Social Care (HSC) Trust accountability arrangements, particularly in respect of clinical governance and might be detrimental to the developing role of pathologists as integral members of multidisciplinary teams. There was also some concern that such a network might become focused on the centre, to the detriment of services elsewhere.
9. There was however widespread support for a professional clinical pathology network to provide for greater consistency in practice, quality and equity across Northern Ireland.
10. The reduction in the number of Trusts under the Review of Public Administration can, to an extent, be expected to assist with reducing the present diversity in standards and operating procedures across the region and will also impact on inequalities of staffing and service provision. However there are still potentially five Trusts operating their own laboratories and procedures, so the challenge remains of securing common standards and practices across Northern Ireland. The Department therefore recommends that instead of the pathology network envisaged by the review proposal, **there should be a managed clinical network for pathology, consistent with the new guidance on Managed Clinical Networks which is currently being developed. The network should involve all professional groups [Recommendation 1].** This will enable clinicians to play a full and active role in the development of the service while ensuring that the service develops within current Trust accountability arrangements.

Collaboration with the Northern Ireland Blood Transfusion Service

11. In the context of collaborative working and improving service delivery the Review Group acknowledged the role of the Northern Ireland Blood Transfusion Service (NIBTS) and the informal links with HSC providers. The Department accepts the group's recommendation that **a small working group should be established to explore the potential of formalising operational and management links**

between the pathology network, HSC Trusts and the Northern Ireland Blood Transfusion Service [*Recommendation 2*].

Workforce and out of hours provision

12. The Review Group highlighted the challenges posed through changes in working practices, the requirement to meet the European working time directive (EWTD) and provide sustainable services, including sustainable out of hours arrangements. Respondents to the consultation suggested that there was an opportunity now for workforce planning to take into account issues such as multidisciplinary working, extended roles for biomedical staff and training requirements. The Department therefore endorses the group's recommendations that:
- **The Departmental workforce plan in relation to consultant pathologists posts should be reconsidered in the light of the new configuration of services proposed in this report [*Recommendation 3*]; and**
 - **The Departmental workforce plan in relation to Technical and Scientific staff should be reconsidered in light of the new configuration of services proposed in this report. As part of this process, future requirements for administrative and clerical staffing should also be examined [*Recommendation 4*].**
13. The Department also accepts the Review Group's recommendation that **the Department should ensure that the current voluntary arrangements for the provision of out-of-hours services are replaced by more sustainable and appropriate arrangements across Northern Ireland [*Recommendation 5*].** However, taking into account the advice of many respondents to the consultation, the target date for achieving this recommendation will be **by 2010**, rather than 2008. The Department would stress the need for early involvement of staff and staff-side organisations in developing the new arrangements.

Links with the Universities

14. The Review Group indicated that recruitment to academic pathology has experienced many challenges in recent years and that, given its vital role in providing medical teaching and training, the Department, together with Queen's University should consider joint initiatives to strengthen academic pathology. The Department accepts this recommendation. In addition, many of the respondents to the consultation strongly emphasised the excellent academic

work which the University of Ulster carries out in respect of biomedical science.

15. The Department therefore recommends that **joint medical and biomedical science initiatives with both Queen's University and the University of Ulster should be developed further, to strengthen diagnostic and academic pathology at a number of levels [Recommendation 6].**

Clinical support

16. Recognising the need for increased interaction between pathology services and a wide range of other clinical specialties throughout the health service, the Review Group recommended that the proposed Northern Ireland pathology network should ensure that all clinical needs for pathology services are met in all health care settings, irrespective of their distance from the nearest laboratory. While there was general agreement to the principles that laboratory services must be responsive to the needs of users and of increased involvement with clinical services through, for example, participation in multidisciplinary meetings, it was felt that the recommendation could benefit from a greater degree of focus.
17. The Department would therefore amend this recommendation to reflect **the need for appropriate clinical input from pathology staff to ensure a timely and responsive service. Clinical pathology services should be an integral component of multidisciplinary team working and the delivery of inpatient and outpatient services in hospital settings [Recommendation 7].**

Audit, accreditation and benchmarking

18. Ensuring the quality, effectiveness and value for money of our laboratory services is critical to the delivery of first class care for patients and the Review Group's recommendations in respect of audit, clinical governance, accreditation and benchmarking attracted support from the majority of respondents. The Department therefore endorses the group's recommendation in respect of the need for regular audit; however, this will be a responsibility of the HSC Trusts. The Department therefore recommends that **HSC Trusts should ensure that all pathology services are subjected to obligatory regular audit, and that clinical governance is used to best effect to ensure quality, equity of provision, and responsiveness to clinical need [Recommendation 8].**
19. The Review Group had recommended that all pathology services must enrol with CPA (UK) Ltd by October 2007 and work towards full accreditation as soon as possible. A number of respondents to the consultation suggested that as accreditation was such an important factor in ensuring high quality services, a

target should be set by which all pathology services would be expected to achieve full accreditation. The Department therefore recommends that **all pathology services must enrol with CPA (UK) Ltd accreditation scheme by April 2008. In addition, the HSC should work towards full accreditation by 2010 [Recommendation 9].**

20. Benchmarking laboratory performance across Northern Ireland and against other parts of the UK is vital in assessing the efficiency and effectiveness of services; however this will take place under the auspices of the HSC Trusts, rather than the proposed managed pathology network. The new pathology network, when established, will have a valuable role to play in identifying where local practice or costs differ significantly between Trusts. The Department therefore recommends that **HSC Trusts, with support from the managed clinical pathology network, should ensure that all laboratory activity is benchmarked using the National Pathology Alliance Benchmarking Service, the Acute Hospitals Portfolio – Pathology Module, and the Northern Ireland financial benchmarking exercise [Recommendation 10].**

Resources

21. The Review Group's report recognised that implementation of the recommendations it proposed cannot depend on additional revenue resources and, in the period since the publication of the report, indications are that the HSC will continue to operate under considerable resource constraints in future. It is therefore even more crucial that pathology services demonstrate that they are making best use of existing resources and that HSS Boards and HSC Trusts work together to ensure that resources are utilised in a way that secures quality, equity and reinvestment in new services. The Department endorses the Review Group's conclusion that **the future demand for pathology services requires that resources currently allocated be retained and reinvested in the pathology services. HSC Trusts and commissioners should agree arrangements for the reinvestment of resources, ensuring more effective use of resources as a result of reconfiguration, and taking account of all competing demands for resources [Recommendation 11].**

Procurement and equipment

22. The procurement and maintenance of laboratory equipment remains important to the sustainability of cost effective, high quality services. HSC Trusts will have a role in regional procurement. The Department therefore accepts the recommendations that:

- **The Department, in conjunction with Regional Supplies Services, HSC Trusts and the pathology network, should develop proposals for the implementation of regional procurement and maintenance in relation to all new and replacement laboratory equipment [Recommendation 12].**
 - **Consideration should be given to buying services from the private sector or from the Universities when expensive equipment is required which is used infrequently [Recommendation 13].**
23. In line with comments received during the consultation, the Department would expect that any regional procurement process would include input from HSC Trusts/local laboratories. Where services are purchased from the private sector, care should be taken to ensure that these have appropriate quality assurance.

Point of Care Testing

24. The Department accepts the Review Group's recommendation for point of care testing (POCT): that **POCT should be managed under a regional framework in line with CPA accreditation standards and the guidelines of the Royal College of Pathologists [Recommendation 14].** The managed network will have a key role in development of a region-wide POCT policy.

ICT

25. There was considerable agreement among consultation respondents that the work which has been under way on a regional pathology ICT system needed to be progressed as a matter of urgency. The issue of final recommendations for the future of pathology services and clarification of the future configuration of services will facilitate this.
26. The Department recommends that **the current work in bringing forward capital development proposals for a regional pathology ICT system should be completed by 2009 [Recommendation 15].** Commissioning and implementation of the system will be subject to securing the necessary funding for the project.

Sample transportation and management

27. The recommendation for a review of current sample transportation and management arrangements attracted wide support. The proposals for reconfiguration mean that this is a recommendation which needs to be progressed urgently. The Department therefore accepts the Review Group's recommendation that **the current arrangements for sample transportation, 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, taking into account the new configuration of services proposed and the needs of primary care, particularly in rural areas [Recommendation 16].**

Future configuration of laboratory services

28. The Review Group highlighted the unsustainability of the current pattern of laboratories and made six recommendations (Recommendations 17-22 of the group's report) which would result in a new configuration of pathology services across Northern Ireland. The Review Group rigorously analysed what services were required and recommended substantial reconfiguration of laboratory provision. The physical reconfiguration of services focuses on the analytical aspect of pathology services; appropriate clinical pathology input and support must continue to be provided across all healthcare services at an appropriate level to support clinical needs, as outlined in Recommendation 7.
29. Having considered the responses to the consultation, the Department has made a number of amendments to the recommendations, as follows.

Regional services

30. The Review Group's recommendation that **the regional services should remain in Belfast** is accepted; however, they should be **managed by Belfast HSC Trust. Opportunities to benchmark all of these services against their equivalent in the rest of the UK should be explored. There should be input from the pathology network to ensure equity of access to regional services and regular review of services to consider devolvement of investigations which become more routine in nature. [Recommendation 17].**

Belfast laboratory services

31. The Department also accepts the recommendation that **laboratory services for Belfast should be provided from a single facility on a 24-hour daily basis, to include integrated clinical 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 [Recommendation 18]**. Development of the proposed facility will be subject to securing the necessary funding for the project and, in the interim, the first step will be to establish a single pathology service for the Belfast area, moving incrementally towards consolidation on a single site.

Clinical biochemistry and haematology

32. For clinical biochemistry and haematology, the Review Group recommended that:
- at Altnagelvin, Antrim, Craigavon and the Ulster Hospital sites integrated clinical biochemistry and haematology should be provided on a 24-hour daily basis; and
 - at Causeway, Daisy Hill, and the new South West Hospitals integrated clinical biochemistry and haematology services should be provided on a 12-hour daily basis. Out-of-hours urgent samples should be transferred to the nearest large acute hospital laboratory.
33. Respondents agreed with the proposal in respect of the larger acute hospitals but the proposal for the three smaller acute hospitals was viewed with concern by a significant number of respondents, who felt that patient safety in the event of out of hours emergencies could be compromised. It was suggested that electronic cross matching and blood issue technologies were not yet sufficiently developed in Northern Ireland to allow confidence in emergency situations. The peripheral location of the smaller hospitals was also cited as a relevant factor, with the risk that time delays in sending samples to the nearest out of hours laboratory may adversely affect patient care.
34. Following consideration of the responses and discussion with HSC stakeholders, the Department is persuaded that **all acute hospital sites should have 24-hour biochemistry and haematology, except for within the Belfast Trust where a single service will operate [Recommendation 19]**. This will ensure that patient safety is not compromised. The Department would expect that efficiency will be improved through increased pathology networking within the new Trusts and the revision of current out of hours working arrangements.

35. Under *Developing Better Services*, the HSC will move to a position where there are nine acute hospitals across Northern Ireland. A number of hospitals currently providing acute services will become local hospitals.

Histopathology and cytopathology

36. The Review Group recommended that histopathology and cytopathology services should be provided from Belfast, with small facilities at the large acute hospitals for urgent diagnostic work, and a permanent consultant pathologist team at Altnagelvin.
37. Respondents opposed to this proposal argued that the proposed model would affect the ability of pathologists to effectively participate in multidisciplinary team meetings, audit and research; would result in longer turnaround times for samples; and create an unmanageably large single facility in Belfast. Other issues raised included the risk to the service if there was only one facility in Northern Ireland, and the loss of opportunities for cross-border co-operation. Two alternative models were proposed by respondents: a two-centre model (full laboratories at Belfast and Altnagelvin) and a four-centre model (full laboratories at Belfast, Altnagelvin, Antrim and Craigavon).
38. While the Department believes that some revision to the original recommendation is justified, the Pathology Review Group's rationale in support of change is still very relevant. The Review Group's identification of the need for reconfiguration of the service to promote greater quality and equity of service by ensuring patients benefit from a highly specialised team, help the long term recruitment and retention of consultants, and allow greater subspecialisation and exploitation of new automated technology in a way that can be economically justified are still valid.
39. A number of variables affect how quickly the HSC can move to this position, including the availability of capital funding to develop a sufficiently large facility in Belfast, the outcome of the Comprehensive Spending Review, the implementation of a comprehensive ICT system for pathology services and the speed with which new technology will provide greater automation in this area.
40. The Department has also noted that consultant pathologists are increasingly playing a key role as members of multidisciplinary clinical teams and that as treatment options develop and are refined, the need for pathology to provide more detailed information on the nature of disease increases. This combination of factors creates additional pressures in tissue sampling and analysis.
41. At this time, it remains the Department's view that histopathology and cytopathology services in Northern Ireland should in the future be provided predominantly from Belfast and Altnagelvin, with small facilities at Antrim,

Craigavon and the Ulster for urgent diagnostic work. We are however mindful of the changing nature of this service, particularly the increasing emphasis on clinical advice and liaison and the need for more detailed examination of tissues to inform sophisticated treatment regimes.

42. The Department therefore recommends that **the current provision of histopathology and cytopathology services service should continue in the short term; and that there should be a further review of histopathology and cytopathology services in 3 years time [Recommendation 20]**. This will provide an opportunity for the developing role of pathology within multidisciplinary team-working to be fully realised and for there to be a better understanding of how technological developments might impact on these specialties before decisions might be reached on the configuration of these services. In the interim, existing services will be unchanged.

Microbiology

43. For microbiology, the Review Group recommended that this service should be provided on a 24-hour daily basis at Altnagelvin and Belfast, and on a 12-hour daily basis at Antrim, Craigavon, and the Ulster Hospitals. This would effectively mean no on-site microbiology laboratory at Causeway and the new South West Hospitals, which would instead source their services from the nearest large acute hospital laboratory.
44. The Department recognises the Review's Group's rationale for the recommendation. There are comparatively few time-critical microbiology tests and a working example – Craigavon and Daisy Hill – has demonstrated that with effective management and local protocols in place, microbiology services can be effectively provided from an off-site laboratory. As Belfast and Altnagelvin will continue to operate a full service on a 24 hour basis, there would be two facilities to deal with urgent out of hours samples, and back-up to guarantee a service in the event of a contingent event in one of the facilities. At the same time, it is recognised that a prescriptive model of service may not be appropriate to microbiology and that Trusts are best placed to determine precisely how local clinical demands over the 24-hour period are to be met in acute hospital settings.
45. The Department therefore recommends that **Belfast and Altnagelvin will continue to provide a full microbiology service on a 24-hour basis. In Antrim, Craigavon and the Ulster, microbiology will not routinely operate on a 24-hour basis, but Trusts will ensure a sufficient service to meet anticipated clinical demands.** This is likely to feature a core service, with extended hours and out of hours arrangements determined by Trusts in conjunction with commissioners. **Trusts will ensure that hospitals with no on-site microbiology laboratory have an appropriate level of clinical input from a consultant microbiologist, with particular emphasis on a need to ensure**

adequate local infection control arrangements [Recommendation 21].

Local hospitals and primary care

46. The Department endorses the recommendations of the Review Group with regard to pathology services at local and enhanced local hospitals and primary and community care:
- **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. [Recommendation 23]**
47. The Department would expect Trusts to put in place appropriate arrangements to meet the pathology requirements of local and enhanced local hospitals and primary care users.

Capital development

48. The Review Group noted that the physical state of laboratories in Northern Ireland is variable and at some sites there is a clear need to upgrade facilities to facilitate the delivery of quality services. In many cases, pathology laboratory developments are part of broader site-wide hospital developments and the Department recommends that **HSC Trusts should ensure that the planning, design, commissioning and construction of the new laboratory and mortuary infrastructure are taken forward in the light of the proposals for reconfiguration of pathology services [Recommendation 24]**. The outcome of the current review of the Investment Strategy for Northern Ireland (ISNI 2), which is being taken forward in conjunction with the Comprehensive Spending Review will determine the capital resources available to the Department to meet the many demands it faces for capital investment across the HSC.

Equality

49. In the consultation document, the Department asked a number of questions relating to the equality aspects of the proposals in the review. These would be used to enable the Department to screen the policy and decide whether an Equality Impact Assessment was required.

50. Following screening of final policy proposals, the Department considers that the Pathology Review proposals do not have a significant impact on equality of opportunity and therefore do not require an Equality Impact Assessment. The proposals are intended as a high level strategy which aims to improve the overall quality and effectiveness of pathology services, which will benefit all patients and service users. The Department recognises the concern on the part of staff and Trades Unions about the potential impact of the review on individuals' work areas and we would expect Trusts, in taking forward implementation of the Pathology Review recommendations locally, to be mindful of these concerns.

SUMMARY OF RECOMMENDATIONS

1. **There should be a managed clinical network for pathology, consistent with the new guidance on Managed Clinical Networks which is currently being developed. The network should involve all professional groups.**
2. **A small working group should be established to explore the potential of formalising operational and management links between the pathology network, HSC Trusts and the Northern Ireland Blood Transfusion Service.**
3. **The Departmental workforce plan in relation to consultant pathologists posts should be reconsidered in the light of the new configuration of services proposed in this report.**
4. **The Departmental workforce plan in relation to Technical and Scientific staff should be reconsidered in light of the new configuration of services proposed in this report. As part of this process, future requirements for administrative and clerical staffing should also be examined.**
5. **The Department should ensure that the current voluntary arrangements for the provision of out-of-hours services are replaced by more sustainable and appropriate arrangements across Northern Ireland by 2010.**
6. **Joint medical and biomedical science initiatives with both Queen's University and the University of Ulster should be developed further, to strengthen diagnostic and academic pathology at a number of levels.**
7. **There is a need for appropriate clinical input from pathology staff to ensure a timely and responsive service. Clinical pathology services should be an**

integral component of multidisciplinary team working and the delivery of inpatient and outpatient services in hospital settings.

- 8. HSC Trusts should ensure that all pathology services are subjected to obligatory regular audit, and that clinical governance is used to best effect to ensure quality, equity of provision, and responsiveness to clinical need.**
- 9. All pathology services must enrol with CPA (UK) Ltd accreditation scheme by April 2008 and work towards full accreditation by 2010.**
- 10. HSC Trusts, with support from the managed clinical pathology network, should ensure that all laboratory activity is benchmarked using the National Pathology Alliance Benchmarking Service, the Acute Hospitals Portfolio – Pathology Module, and the Northern Ireland financial benchmarking exercise.**
- 11. The future demand for pathology services requires that resources currently allocated be retained and reinvested in the pathology services. HSC Trusts and commissioners should agree arrangements for the reinvestment of resources, ensuring more effective use of resources as a result of reconfiguration, and taking account of all competing demands for resources.**
- 12. The Department, in conjunction with Regional Supplies Services, HSC Trusts and the pathology network, should develop proposals for the implementation of regional procurement and maintenance in relation to all new and replacement laboratory equipment.**
- 13. Consideration should be given to buying services from the private sector or from the Universities when expensive equipment is required which is used infrequently.**

- 14. POCT should be managed under a regional framework in line with CPA accreditation standards and the guidelines of the Royal College of Pathologists.**
- 15. The current work in bringing forward capital development proposals for a regional pathology ICT system should be completed by 2009.**
- 16. The current arrangements for sample transportation, 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, taking into account the new configuration of services proposed and the needs of primary care, particularly in rural areas.**
- 17. The regional services should remain in Belfast and should be managed by Belfast HSC Trust. Opportunities to benchmark all of these services against their equivalent in the rest of the UK should be explored. There should be input from the pathology network to ensure equity of access to regional services and regular review of services to consider devolvement of investigations which become more routine in nature.**
- 18. Laboratory services for Belfast should be provided from a single facility on a 24-hour daily basis, to include integrated clinical 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.**

- 19. All acute hospital sites should have 24-hour biochemistry and haematology, except for within the Belfast Trust where a single service will operate.**
- 20. The current provision of histopathology and cytopathology services service should continue in the short term and there should be a further review of histopathology and cytopathology services in 3 years' time to assess the future configuration of services in the light of emerging technological developments and the developing role of pathology within multidisciplinary team working.**
- 21. Belfast and Altnagelvin will continue to provide a full microbiology service on a 24-hour basis. In Antrim, Craigavon and the Ulster, microbiology will not routinely operate on a 24-hour basis, but Trusts will ensure a sufficient service to meet anticipated clinical demands. Trusts will ensure that hospitals with no on-site microbiology laboratory have an appropriate level of clinical input from a consultant microbiologist, with particular emphasis on a need to ensure adequate local infection control arrangements.**
- 22. There should be no laboratory facilities at local and enhanced local hospitals; services should be provided by the nearest laboratory.**
- 23. Primary and community care pathology services should be provided by the nearest laboratory.**
- 24. HSC Trusts should ensure that the planning, design, commissioning and construction of the new laboratory and mortuary infrastructure are taken forward in the light of the proposals for reconfiguration of pathology services.**