

Creating a pathology network for West Yorkshire and Harrogate Scoring criteria and shortlisted models – 8 August 2019

Criteria

Following the staff workshops, we have reviewed and refined the criteria for scoring the shortlisted options. These have been grouped into 5 main areas and some include ‘sub-criteria’ which will each be scored individually. As set out in the Programme Board’s response to staff feedback, these now include logistics and environmental impact.

The table below sets out the criteria and what each covers, plus the allocated weightings, which reflect the priorities identified by staff (Quality, Workforce and Achievability).

Criteria	Definition	Weighting
1. Quality		30%
a) clinical effectiveness	Enhances clinically effective patient care eg reduces turnaround times, supports more rapid cancer diagnosis, increases potential for using new techniques/procedures	
b) safety	Maintains or improves safety, eg meets / exceeds UKAS standards, maximum turnaround times etc	
c) safety-resilience	Offers greater resilience	
d) patient experience	Supports excellent patient experience	
2. Workforce	Amount of disruption and if it will improve retention, recruitment and development	20%
3. Operations		10%
a) standardisation	Facilitates common systems, processes, reference ranges etc	
b) technology	Facilitates greater automation and better use of automated systems to improve productivity	
c) estates	Makes best use of existing estate and minimises good quality estate being left unused	
d) logistics	Minimises number of journeys required/ drivers etc	
e) environment	Based on the mileage travelled to collect samples	
4. Finance		20%
a) affordability	Funding needed for expansion / refurbishment	
b) value for money	Savings made and costs incurred	
5. Achievability	How hard it would be to implement	20%

Short-listed options

Recap

As previously explained, as a minimum each acute hospital will have an acute hospital laboratory (AHL) to support its services, particularly the urgent testing requirements. Some of the larger AHLs will also do some routine testing or GP work to make the most of their capacity. The rest of the routine testing and all specialist testing for the network will be carried out in 'hubs' for each discipline, which will be sited at one or more of the AHLs.

It was agreed that the sites which could potentially be hubs are Airedale General Hospital, Calderdale Royal Hospital, Pinderfields General Hospital and St James University Hospital. It was also agreed that specialist testing will need to stay at Leeds, due to interdependencies with other specialist services and the need to be co-located with them. This means that the hub providing specialist services for each discipline will need to be at St James' University Hospital so the options for each discipline were as follows:

Blood sciences

2 hubs	3 hubs
A. St James and Airedale	D. St James, Airedale and Calderdale
B. St James and Pinderfields	E. St James, Airedale and Pinderfields
C. St James and Calderdale	F. St James, Pinderfields and Calderdale

Microbiology

One hub	2 hubs
A. SJUH	B. SJUH, Pinderfields
	C. SJUH, Airedale

There are differing opinions about whether a 3 hub option should also be considered for microbiology and the evidence for this is still being reviewed. The microbiology consultants have strongly recommended that a single hub would offer clinical benefits, although they recognise that there are other factors that will need to be considered. In the meantime, it was agreed to continue on the basis of the options set out above.

Cellular pathology

As set out at the staff workshops, the options for cellular pathology were less defined and it was still being considered whether there was a benefit in consolidating into 1, 2 or 3 hubs, or whether the current configuration should be maintained. It was therefore decided to model all these options and consider them alongside the final few options for blood sciences and microbiology, once these had been narrowed down.

Potential options

Taking all this into account, when looking at blood sciences and microbiology options together it meant that there was a total 18 possible configurations, as listed below:

1. Blood Sciences: St James, Airedale Microbiology: St James
2. Blood Sciences: St James, Airedale Microbiology: St James, Pinderfields
3. Blood Sciences: St James, Airedale Microbiology: St James, Airedale
4. Blood Sciences: St James, Pinderfields Microbiology: St James
5. Blood Sciences: St James, Pinderfields Microbiology: St James, Pinderfields
6. Blood Sciences: St James, Pinderfields Microbiology: St James, Airedale
7. Blood Sciences: St James, Calderdale Microbiology: St James

8. Blood Sciences: St James, Calderdale Microbiology: St James, Pinderfields
9. Blood Sciences: St James, Calderdale Microbiology: St James, Airedale
10. Blood Sciences: St James, Airedale, Calderdale Microbiology: St James
11. Blood Sciences: St James, Airedale, Calderdale Microbiology: St James, Pinderfields
12. Blood Sciences: St James, Airedale, Calderdale Microbiology: St James, Airedale
13. Blood Sciences: St James, Airedale, Pinderfields Microbiology: St James
14. Blood Sciences: St James, Airedale, Pinderfields Microbiology: St James, Pinderfields
15. Blood Sciences: St James, Airedale, Pinderfields Microbiology: St James, Airedale
16. Blood Sciences: St James, Pinderfields, Calderdale Microbiology: St James
17. Blood Sciences: St James, Pinderfields, Calderdale Microbiology: St James, Pinderfields
18. Blood Sciences: St James, Pinderfields, Calderdale Microbiology: St James, Airedale

Short-listing process

It was agreed that no more than six options should be short-listed, due to the amount of work required for modelling each option. The short-listing was based on identifying any barriers that would make a potential model unfeasible or difficult to deliver, including:

- The strategic alignment with organisational and trust plans to support existing clinical strategies.
- Whether it would be affordable and generate the savings required by NHS Improvement.
- Requirements of existing commercial arrangements, such as PFI sites and managed service contracts, and the costs that would be incurred from any changes to these.
- Whether it would provide a good geographical spread / equity of provision across the region.

One of the main considerations was the implications of existing commercial arrangements, namely the Joint Venture's contract with its commercial partner and Mid Yorkshire's PFI contract. Analysis of the costs of exiting these arrangements and leaving space unused showed that these would significantly undermine the savings generated so it was agreed both Airedale and Pinderfields needed to be a hub for at least one discipline. (NB: Although the reconfiguration of services at CHFT and changes to the hospital have not been finalised yet, there is an expectation that the main blood sciences acute hospital laboratory for the trust will move from Huddersfield Royal Infirmary to Calderdale Royal Hospital. So although there is also a PFI contract for Calderdale Royal Hospital, this would minimise any unused space and residual costs if Calderdale is not a bloodsciences or microbiology hub).

This ruled out eleven of the potential options: numbers 1, 3, 4, 5, 7, 8, 9, 10, 12, 16 and 17. When reviewing the remaining seven options against the other considerations, it was decided that the two weakest were numbers 11 and 18 as they both had a larger number of hubs and the second microbiology and blood sciences hubs would not be co-located. Of these two, no 18 was felt to be weaker geographically as it would mean that all blood sciences would be in the south of the region.

This left the following six options (originally numbers 2, 6, 11, 13, 14 and 15) which we have asked LTS to model fully for scoring:

1. Blood Sciences: St James, Airedale Microbiology: St James, Pinderfields
2. Blood Sciences: St James, Pinderfields Microbiology: St James, Airedale
3. Blood Sciences: St James, Airedale, Calderdale Microbiology: St James, Pinderfields
4. Blood Sciences: St James, Airedale, Pinderfields Microbiology: St James

5. Blood Sciences: St James, Airedale, Pinderfields Microbiology: St James, Pinderfields
6. Blood Sciences: St James, Airedale, Pinderfields Microbiology: St James, Airedale

Next steps

LTS (the specialist pathology consultants we are using to collect and analyse our data) have used all the data collected from trusts to fully model the short-listed options and bring back an initial analysis for scoring. The Programme Board and Collaboration Group have started discussions and identified areas where further information is required, and a final workshop to score the six potential options will take place later this month. Once a preferred model has been identified, this will be shared with staff, which we anticipate will be at the start of September. There will also be a series of staff meetings at each trust to give staff the opportunity to ask any questions about the recommended model and next steps.

An outline business case for the preferred model will be developed to take to the chairs and chief executives of all trusts in October. If this is agreed, it will then be taken to each trust board for individual approval. The business case for the common laboratory information management system will also be taken to the Committee in Common and trust boards for approval.

In the meantime, if you have any questions about the information in this update, please speak to your pathology lead or you can email the Pathology Collaboration Group at wyaatpathology@nhs.net

Appendix 1: Summary of short-listing rationale

	Configuration		Rationale for discounting
1	BS(a) SJUH, AGH	M(a) SJUH	Strategic fit – excludes Pinderfields
2	BS(a) SJUH, AGH	M(b) SJUH, PGH	Short-listed
3	BS(a) SJUH, AGH	M(c) SJUH, AGH	Strategic fit – excludes Pinderfields
4	BS(b) SJUH, PGH	M(a) SJUH	Strategic fit – excludes Airedale
5	BS(b) SJUH, PGH	M(b) SJUH, PGH	Strategic fit – excludes Airedale
6	BS(b) SJUH, PGH	M(c) SJUH, AGH	Short-listed
7	BS(c) SJUH, CRH	M(a) SJUH	Strategic fit – excludes Airedale & Pinderfields
8	BS(c) SJUH, CRH	M(b) SJUH, PGH	Strategic fit – excludes Airedale
9	BS(c) SJUH, CRH	M(c) SJUH, AGH	Strategic fit – excludes Pinderfields
10	BS(d) SJUH, AGH, CRH	M(a) SJUH	Strategic fit - excludes Pinderfields
11	BS(d) SJUH, AGH, CRH	M(b) SJUH, PGH	Short-listed
12	BS(d) SJUH, AGH, CRH	M(c) SJUH, AGH	Strategic fit – excludes Pinderfields
13	BS(e) SJUH, AGH, PGH	M(a) SJUH	Short-listed
14	BS(e) SJUH, AGH, PGH	M(b) SJUH, PGH	Short-listed
15	BS(e) SJUH, AGH, PGH	M(c) SJUH, AGH	Short-listed
16	BS(f) SJUH, PGH, CRH	M(a) SJUH	Strategic fit – excludes Airedale
17	BS(f) SJUH, PGH, CRH	M(b) SJUH, PGH	Strategic fit – excludes Airedale
18	BS(f) SJUH, PGH, CRH	M(c) SJUH, AGH	Geographical distribution of bloodsciences hubs worse than option 11