

Creating a pathology network for West Yorkshire and Harrogate Scoring outcome and recommended model – 10 October 2019

The following briefing sets out the outcome of the options appraisal on the shortlisted delivery models and the approach that the Pathology Programme Board is recommending for the West Yorkshire and Harrogate network.

Recap of how the network will work

The network will comprise an acute hospital laboratory (AHL) at each hospital to support its services, particularly the urgent testing requirements, and a number of 'hubs' for each discipline. The hubs will be sited at one or more of the AHLs and will carry out routine testing and GP work on behalf of all trusts. Some of the larger AHLs will also do some routine testing or GP work to make the most of their capacity.

All laboratories will be part of the WY&H network and will use the same processes and standards, which will be developed collectively for the new network.

The move towards this way of working will be implemented on a gradual basis over a number of years.

Scoring outcome

Blood Sciences and Microbiology

As you will hopefully recall from the previous briefing, the following six options were shortlisted for modelling and 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

The six options were scored against the criteria set out in the last briefing, assessing each criteria on a scale of 0-4 (with 4 being the best). This gave a total score for each option and then the agreed weightings were applied and the options ranked in order according to the

weighted score. The highest scoring option was no 4 – three blood sciences hubs at St James, Airedale and Pinderfields, and a single microbiology hub at St James.

The table below summarises the results of the scoring and a full breakdown by criteria is attached as an appendix:

| | BS: SJUH, AGH M: SJUH, PGH | BS: SJUH, PGH M: SJUH, AGH | BS: SJUH, AGH,CRH M: SJUH, PGH | BS: SJUH, AGH,PGH M: SJUH | BS: SJUH, AGH,PGH M: SJUH, PGH | BS: SJUH, AGH,PGH M: SJUH, AGH |
|----------------------|-------------------------------------|-------------------------------------|--------------------------------------|---------------------------------|--------------------------------------|--------------------------------------|
| Total raw score | 19 | 25 | 30 | 40 | 32 | 29 |
| Total weighted score | 1.49 | 1.72 | 2.23 | 2.72 | 2.42 | 2.42 |
| Ranking | 6 | 5 | 4 | 1 | =2 | =2 |

Cellular pathology

For cellular pathology, consolidation into one or three hubs was considered, as well as maintaining the current configuration of five hubs. However, it was felt that there were several initiatives currently in development, including auto-sectioning and digital pathology, which would have a significant impact on the discipline. It was therefore agreed that the current laboratory configuration should be maintained whilst digital pathology is rolled out across all trusts, which is scheduled to be completed by the end of 2021. This will allow the impact of this initiative to be fully assessed and understood before any decisions about future service configuration are made.

Recommendations

Delivery model

The scoring outcomes have been discussed extensively by the Programme Board and with the trusts' chief executives, chief operating officers and finance directors to ensure all partners have had opportunity to review the modelling and potential benefits for our network. One of the main areas of consideration has been the fact that implementing any of the models will take a number of years and how to allow for any developments which may change the data or assumptions we have used for the modelling. There has also been considerable discussion about how best to manage the challenges around the commercial models and PFI arrangements that are currently in place.

Based on the current data and assumptions, the Programme Board has agreed that the highest scoring model - 3 hubs for blood sciences and a single microbiology hub - would offer the greatest benefits for the network. However, given the longevity of the implementation process and potential changes in demand, workforce and technology over that period, it was also agreed that the assumptions for microbiology would need to be reviewed and tested as part of a full business case to assess the quality and economic case for consolidation to a single laboratory.

This option will therefore be put forward as the recommended long-term delivery model for the Network Strategy with the following conditions:

- Consolidation of services will take place in stages and at each stage of consolidation we will revisit the assumptions and potential benefits to check that the long-term model remains the best approach for our region, both clinically and financially. This will also help us to manage the challenges around the different commercial models and PFI arrangements that are currently in place.
- A series of gateways will be put in place setting out quality, performance and efficiency criteria that must be met before any movement of services takes place.
- A review of the consultant model for microbiology will be undertaken to agree an approach for the network and support the consolidation of services.
- A clinical vision and strategy will be developed for cellular pathology to support the identification of a future service configuration. This will be supported by work to standardise processes and improve productivity across the network.

It was also reiterated that the hubs will be West Yorkshire and Harrogate laboratories using the collectively agreed standards and processes for the network. Work will be prioritised by clinical need irrespective of location and the quality, efficiency and performance of each site will be the responsibility of the whole network.

Organisational model

The WY&H pathology network strategy will include a recommended organisational model for the network, which has been the other main focus of discussion.

The legal constraints for non-foundation trusts and the joint venture's contractual arrangements mean that we are not able to come together to work as a single entity. The recommended approach is therefore to group the trusts into two operating units, which will be overseen by a joint board composed of all six trusts to make decisions about the operation of the network. These will each be supported by a joint Operational Group and a joint Clinical Oversight Group to ensure the development and maintenance of agreed standards across the two units.

There is still a lot of detail to be worked through, including any HR implications. In line with the feedback from staff to date, we will be aiming to minimise disruption for staff, including avoiding where possible any requirement to move employers. We appreciate this is an important issue for staff and will be working to clarify the position as soon as possible, and continuing to involve staff and the unions in this process.

Implementation – other key factors

There are a number of other factors that need to be in place before the new model can be implemented, in particular the procurement and implementation of a common laboratory information management system (LIMS), developing operating process and standards for the network and the completion of the new laboratory at St James University Hospital (SJUH).

As you are hopefully aware, our region has been allocated £12 million of funding from the government for a common LIMS. This will cover a large proportion of the cost of a new system, which we have agreed is essential to support the network. The business case has been revised to take account of this funding and will be taken to the Committee in Common and trust boards for approval in October and November. Subject to its approval, we will be starting a procurement process as soon as possible. The new system will be implemented in a phased approach with the aim of being operational in all trusts by the end of 2023/24 at the latest.

The outline planning application for the new laboratory at SJUH will be submitted this year, with the aim of completing the building work by early 2023. Representatives from each trust will be involved in developing the plans for the network laboratories that will be sited at SJUH.

To function as a network, all laboratories will need to use the same standards and processes. This will be a major piece of work and need to involve staff from all trusts at all levels to review existing practices and identify the best approaches for the network.

Next steps

The recommended strategy for the network will be taken to the Committee in Common on 29 October 2019. Subject to the Committee's agreement, this will then be taken to each trust board for individual approval.

Meetings are being organised at each trust to give staff the opportunity to discuss the recommended model in more detail and answer any questions you may have. Dates for these will be circulated by your pathology lead shortly. Feedback from the staff meetings will be shared with each trust's board. We will also be talking to the unions regionally on 18th October and discussing with local partnership forums between now and the new year.

In the meantime if you have any questions please contact your pathology lead or email the Pathology Collaboration Group at wyaatpathology@nhs.net

Appendix 1: Breakdown of scoring against criteria

Each option was assessed against the criteria and given a positive, neutral or negative rating for each one. The table below shows the ratings for each criteria

| EVALUATION | | SJUH, AGH SJUH, PGH | SJUH, PGH SJUH, AGH | SJUH,AGH,CRH SJUH, PGH | SJUH,AGH,PGH SJUH | SJUH,AGH,PGH SJUH, PGH | SJUH,AGH,PGH SJUH, AGH |
|---------------|------------------------|------------------------|------------------------|---------------------------|----------------------|---------------------------|---------------------------|
| Quality | Clinical Effectiveness | Neutral/ Positive | Neutral | Neutral/ Positive | Positive | Neutral/ Positive | Neutral |
| | Safety | Neutral | Neutral | Neutral | Neutral | Neutral | Neutral |
| | Resilience | Neutral | Neutral | Neutral | Negative | Neutral | Neutral |
| | Patient Experience | Neutral | Neutral | Neutral | Positive | Neutral / Pos. | Neutral |
| Workforce | Workforce | Negative | Neutral / Neg. | Neutral | Neutral | Neutral | Positive |
| Ops. | Standardisat'n | Neutral | Neutral | Neutral | Positive | Neutral | Neutral |
| | Technology | Neutral | Neutral/ Neg. | Neutral | Neutral/ Pos. | Neutral | Neutral/ Neg. |
| | Estates | Neutral/ Neg | Positive | Neutral | Positive | Neutral | Neutral |
| | Logistics | Negative | Neutral | Neutral / Pos. | Positive | Neutral / Pos. | Neutral / Pos. |
| | Environment | Negative | Neutral | Neutral / Pos. | Positive | Neutral / Pos. | Neutral / Pos. |
| Finance | Affordability | Neutral | Neutral / Pos. | Neutral | Neutral / Pos. | Neutral / Pos. | Neutral |
| | Value for money | Neutral/ Neg. | Negative | Neutral / Pos. | Positive | Neutral / Pos. | Neutral |
| Achievability | | Neutral | Neutral | Neutral | Neutral | Neutral | Neutral |

To obtain the scores, a score was awarded for each rating, using the following system:

| Rating | Score |
|------------------|-------|
| Negative | 0 |
| Neutral Negative | 1 |
| Neutral | 2 |
| Neutral Positive | 3 |
| Positive | 4 |

This allowed a total score to be calculated for each option and then the weightings were applied in line with the priorities agreed, giving the results set out earlier in table 1.