

Our hospitals working together

Creating a pathology network

Current position - quick recap

- As per briefing, working to establish a network for pathology services in West Yorkshire & Harrogate
- Will mean providing services collectively rather than as individual trusts.
- Is in line with NHS Improvement requirements and will also address the challenges we are all facing, such as staffing and resilience
- Also key to enable investment in new technology, including upgrading LIMS
- Likely to bring together some services into 'hubs' but each trust will retain testing to support acute care.

Pathology services in West Yorkshire and Harrogate

- Four trust services, plus Bradford & Airedale Joint Venture
- Harrogate potentially joining JV – supported by trust boards and WYAAT, plans submitted to NHSI for review
- Approx 50 million tests from 12 laboratories each year
- Almost 1200 staff

About the Pathology Programme

- One of the WYAAT workstreams – started in 2017
- To date, led by collaboration group of clinical and managerial leads from each trust
- Chief Executive lead - Martin Barkley, MYHT
- Programme Board – first meeting in March, will oversee development of network
- Airedale rep is Stacey Hunter, Bradford rep is Cindy Fedell
- Recruiting a clinical pathology lead for the programme

Pathology programme – other work

- Urgent need to update the LIMS in several trusts
- Agreed to procure common LIMS for all trusts
- Developing business case to go to trust boards in July
- If approved, procurement likely to take at least 6 months
- Would be implemented in phased approach

Developing the network

Principles

1. Will be transparent about our plans and any constraints or conflicts of interest
2. Will set high but achievable standards
3. Risk and gain share approach to ensure financial benefit shared across all trusts
4. Share info on costs and prices with partner trusts
5. **Will develop standard test protocols, reference ranges, processes and systems**
6. **Will seek to continuously improve quality and efficiency**
7. Competition between labs will be avoided
8. Decisions on insourcing or outsourcing tests will be taken by the network as a whole
9. **Single procurement strategy for replacement analysers**
10. **Will have a common LIMS for whole network and single procurement process**
11. Any expansion of / investment in estates should be agreed by the network
12. **Will plan the whole pathology workforce, including clinicians, as a network**
13. **Will involve pathology staff in developing the network and determining the best model**

Operating model

- Agreed will look at each discipline separately and recommend best approach rather than having one overall model
- Used specialist pathology consultants (LTS) to collect information from all trusts and identify some initial scenarios
- So far, these have been reviewed by senior pathology staff (clinical and scientific) and trust executives to determine likely feasibility and information required for full modelling

Blood sciences

- Currently 9 labs delivering c47 million tests annually – 53% hospital, 47% external
- 3 scenarios initially identified:
 - 1 hub (including specialist testing), 6 standard acute hospital laboratories (AHLs), 2 small AHLs
 - 2 hubs (only one hub providing specialist testing), 5 standard AHLs, 2 small AHLs
 - 3 hubs (only one hub providing specialist testing), 4 standard AHLs, 2 small AHLs
- AHLs would provide support for each hospital plus some GP work

Blood sciences cont'd

- Initial view is to discount single hub model
- Further work to be carried out with blood sciences staff to determine recommended approach and sites
- Will include developing service spec for hospital and GP needs, capacity analysis, site assessments, modelling of test distribution, workforce and costs
- Also involve GPs and CCGs in discussions

Microbiology

- Currently 6 labs delivering 2 million tests a year-
43% hospital, 57% external
- Longer processing times so different issues to consider.
- Currently facing increasing staffing pressures
- 3 scenarios initially identified:
 - 1 hub (including specialist testing), 5 AHLs
 - 2 hubs (only one providing specialist testing), 4 AHLs
 - 3 hubs (only one providing specialist testing), 3 AHLs

Microbiology cont'd

- Feeling that 1 or 2 hubs more likely
- Further work to be carried out with microbiology staff to determine recommended approach and sites
- Similar to blood sciences, plus impact of increased PCR and POCT, potential for full automation, and modelling of test distribution

Cellular pathology

- Currently 5 labs delivering c1.1 million reports per year – 80% hospital, 20% external
- Won funding to deliver full digitisation of all slides across trusts in West Yorkshire and Harrogate
- Initially identified 3 scenarios:
 - 1 hub (also providing specialist testing), 4 AHLs
 - 2 or 3 hubs (only one providing specialist testing), 3 AHLs
 - No consolidation: 5 labs as now, with LTHT providing specialist testing.

Cellular pathology cont'd

- Further work to be carried out with cellular pathology staff to determine recommendations
- Will include workforce analysis to understand if current configuration sustainable and reviewing processes to understand productivity and variation across the region
- Will also continue focus on implementing digital pathology

Next steps

- Modelling of potential options
- Review potential options with service leads
- Review potential options with staff at workshops in May
- Review potential options with Clinical User Reference Group
- Collaboration group to score options and make recommendations to Programme Board
- Develop outline business case to take to WYAAT Committee in Common and trust boards
- Subject to approval, will be a gradual implementation over next few years

Criteria for scoring models

- Any potential models must:
 - support clinically effective patient care
 - deliver a safe service
 - support good patient experience
- If meet these standards, will be scored against range of criteria, including aspects such as
 - improving recruitment/ retention and staff development
 - Supporting quicker turnaround times, more rapid cancer diagnosis etc
 - supporting standardisation of systems and processes
 - making best use of existing estate
 - Affordability / value for money

Organisational structure

- Once determined models for network, will consider best structure for delivering them
- 3 possible approaches:
 - Maintain 5 separate services working independently within overall WY&H Pathology Network
 - Combine existing services into 2 or 3 units with separate management teams and governance arrangements, working within the overall WY&H network
 - Create single WY&H pathology service with a single management team and governance arrangements

Timings

When	Action
March/ April	Scoping meetings
April/May	Review findings from scoping and potential models (service leads)
May	Review potential models with staff / clinical users
May / June	Develop business case with recommended models
30 July	Business case to WYAAT Committee in Common
August	Submit business case to trust boards

**Over to you – any
questions?**

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