

Our hospitals working together

# Developing our pathology network

# Welcome

- Aim of today is to help determine best approach for WY&H pathology network
- Trusts formally agreed to create the WY&H pathology network in January 2019
- Being delivered by the 6 trusts working in partnership through WYAAT
- Pathology a priority:
  - need to ensure services are sustainable
  - opportunity to improve services for patients and staff

# Developing our network

- National drive for regional pathology networks
- Key focus for us is doing this in the right way for our region
- Has to be shaped by staff – collaboration group plus input from all staff
- Feedback from today and other work shops will be used to inform scoring and decision-making process

# Focus for today

Two areas for discussion:

1. Criteria for assessing options
2. The potential options currently being considered for blood sciences, cellular pathology and microbiology

# Criteria for scoring options

# Process

Work done so far:

- Considered approach to network, including acute hospital labs and hubs for each discipline
- Data collection to determine feasibility and model potential options
- Two meetings with service leads and representatives from each discipline to refine thinking

# Process cont'd

## Next steps:

- Review conclusions so far and potential options with staff
- Determine shortlist for full modelling and scoring
- Collaboration Group and Programme Board to score options and determine recommended approach
- Develop outline business case to take to WYAAT Committee in Common and each trust board

# Scoring Criteria

Identified 9 possible areas to assess options against:

- Quality – effectiveness, safety & patient experience
- Workforce
- Resilience and business continuity
- Standardisation – supporting standardisation of systems and processes
- Strategic Fit - with national and regional strategies
- Technology - ability to invest in and implement new technology
- Estates – making best use of existing estate
- Finance: affordability and value for money
- Achievability – how easy it will be to implement

# Discussion

1. Are there any other factors you think we should consider when scoring?
2. What are the key features to consider for each of the criteria? What does 'good' look like?
3. Which three criteria do you think are the most important?

# Feedback on Criteria

- Other factors
- Top 3 priorities
- Key points

# Potential models

# Conclusions so far

## Laboratory types

- **Acute hospital laboratories (AHLs)**  
each acute hospital will have an AHL to support its services, particularly the urgent testing requirements.
- **AHL+**  
To make best use of capacity, some AHLs will also do some routine / GP testing.
- **Hubs**  
will provide AHL function for their site plus deliver the remaining routine testing work for the network. One hub will also provide specialist testing for each discipline.

	AHL	Hub	Specialist
<b>Blood sciences</b>	Blood Transfusion Urgent Blood Sciences (Direct Clinical Engagement)	Automated Haem/Bio; Routine Blood Sciences	Biochemical Genetics Genetics HMDS, Hb electrophoresis Immunology, Manual Chemistry
<b>Cellular Pathology</b>	Frozen Sections Other Intra Operative and Procedural Tests Transplant	IHC / Enzyme Histochemistry Histology main lab Histology cut up & prep Consultant screening & reporting	Andrology Gynae Cytology Molecular Cell Path
<b>Microbiology</b>	Microbiology POCT Infection testing CSFs Blood Culture incubation	Bacteriology Mycology TB Positive blood culture Gram staining	Virology (serology, molecular)

# Laboratory configuration options

- Potential hub site considerations
  - ✓ current space / expansion potential
  - ✓ already a 'hub' for a trust service or the JV
  - ✓ already provides specialist services
- ANHSFT, CHFT, LTHT and MYHT identified as having potential sites – Airedale, Calderdale, St James and Pinderfields
- Specialist services – consensus that need to remain at LTHT due to clinical interdependencies

# Blood Sciences

## Configuration:

- Narrowed down to either 2 or 3 hubs

## Potential options:

- 2 hubs – SJUH (specialist) and either Airedale, Calderdale or Pinderfields
- 3 hubs – SJUH (specialist) and two of the above

# Cellular Pathology

## Configuration:

- Still discussing 1, 2, or 3 hubs or maintaining current configuration

## Potential options:

- SJUH (specialist), Airedale, Calderdale, Pinderfields
- Current configuration (5 services)

# Microbiology

## Configuration:

- Either 1 or 2 hubs

## Potential options:

- 1 hubs – SJUH (specialist)
- 2 hubs – SJUH (specialist) and either Airedale, Calderdale or Pinderfields

# Discussion

In discipline groups, please consider the benefits and risks of each potential option, using the key considerations provided

# Key considerations for discussions

Consider benefits and risks for the criteria discussed earlier:

1. **Quality:** what are the implications for clinical effectiveness, safety and patient experience? Does it meet the needs of interdependent services?
2. **Resilience & business continuity:** how resilient will this option be?
3. **Workforce:** will this help to recruit/retain and develop staff?
4. **Strategic Fit:** how well does this option fit national and WY&H strategy for pathology?
5. **Standardisation, Technology, Estates:** does it enable these areas and make best use of our existing assets?
6. **Affordability & Value for Money:** will this option save money? What do we need to invest in to make it successful?
7. **Achievability:** how easy will it be to achieve? What issues do we need to consider?

# Feedback on potential options

- Blood Sciences
- Cellular Pathology
- Microbiology

# What happens next?

- Notes written up and shared with staff
- Report presented to the Collaboration Group and Programme Board
- Criteria to be confirmed and shared with staff
- Short-list of options agreed by the Collaboration Group and shared with staff
- Scoring of options by Collaboration Group and Programme Board – outcomes shared with staff

# Thank you