



Response to Lord Carter of Coles Second Independent Review of NHS Pathology Services in England and the Department of Health Response

The Association for Clinical Biochemistry is pleased to see the Second stage Review of Pathology Services released and note that it meshes with the work associated with Lord Darzi's Report. We are also pleased to see the support and further work proposed by the Department of Health [DH].

The theme adopted by Lord Carter is of consolidation of the service to improve efficiencies and to improve investment strategies. We recognise that this will cause difficulties for some services, but agree there is logic in this especially when effective interconnectivity is delivered.

Taking each recommendation in turn:

1. We agree that objective and measurable quality standards for all aspects of pathology service delivery are desirable provided the laboratory is given the means to control all aspects of the service, the proposal in the DH response to establish national quality standards through NICE would be useful.
2. Review of accreditation is recommended, but the report fails to note that the standards currently used are governed by International standards, though the DH response does. The report chooses to ignore the innovation by the UK in developing the whole concept of laboratory accreditation and substantially informing the international standards. We are unimpressed with the disingenuous justification [para 10] giving the impression of poor accreditation performance, but actually reflecting technical issues with newly required quality systems extant when the snap-shot was taken. The quality standards referred to are presumably service indicators. We do believe that while this section of the Report is the result of a poor understanding of the current system; we agree with the concept of service indicators.
3. We agree with mandatory accreditation against international standards. We note with surprise that this assurance of quality is not explicitly endorsed by DH, it may be that the further consultations they are undertaking may provide such support.. We have supported the current model of Clinical Pathology Accreditation and note with interest the engagement of medical professional bodies in developing accreditation in medicine. We therefore wonder why a replacement is proposed for pathology without professional body involvement; an anomalous position. A replacement accrediting body through UKAS must maintain if not enhance standards. We note with approbation the DH initiative in creating a methodology for delivering quality point of care testing.
4. We agree that clinical audit and clinical governance are important to service delivery and concur with the specified participation identified by DH. We agree that all providers should participate including point of care services.
5. As identified above IT connectivity is essential, we agree this requires a high priority and fully support the initiatives referred to in the DH response.
6. The pre-analytical elements of the service have for too long been out-with the control of the laboratory and we would welcome innovation that enabled responsive services to be developed. We see this as a partnership process which will enable the patient

focus that pathology services wish to provide, but have hitherto been inhibited from delivering by organisational constraints. The positive actions proposed by DH will, we hope, enable this process.

7. We are unclear quite what measures would provide the required intent of 'quality and safety for service users'. There is a rigorous programme of quality assurance actively encouraged in professional laboratories and we would encourage the adoption of such standards by all service providers. Information is available to professionals and patients through the widely praised Lab Tests on Line which the Association for Clinical Biochemistry introduced to the UK and Map of Medicine with whom we work in partnership. Professional versions of the latter are already in use and funded and planned for the former.
8. We are aware of the damage done to Specialist Services by the vagaries of ill-informed local decision making and non-existent succession planning. We agree that consolidation properly supported and resourced can establish sustainable Specialist services. This has to be done in a planned and sustainable way.
9. We are unclear how pathology networks sit with Foundation Trusts, nor how such arrangements sit with the provision of services across a geographical area as envisaged in Lord Darzi's Report, but recognise that networks have the power to deliver innovation and consistency across a geographical area.
10. We do not agree that proscriptive description of how a network should be structured is wise or necessary and should be a matter for local determination, but accept that the model described has validity.
11. There is no question but that NHS Pathology has previously suffered from a lack of a formally recognised National Champion. We believe that the establishment of a National Pathology Clinical Director is beneficial to the service and that significant service benefits should accrue from engagement at the highest levels to the policy agenda.
12. We agree and understand that DH will consider the impact assessment before inclusion in the DH Operating Framework.
13. We support Modernising Healthcare Scientist Careers and believe that the Modernisation of Medical careers has been helpful to recruitment to our specialty. However we do not believe that the Pathology Workforce Planning Tool referred to by DH, nor the Report on which it is based adequately reflect the roles undertaken by Clinical Scientists in Laboratory Medicine. We do however agree with DH that Modernising Scientific Careers is an excellent initiative with considerable potential to modernise and reform service delivery in association with workforce reform.
14. We agree a planned funded local approach is necessary.
15. As things stand we are unaware of how and when tariffs for community based and specialist services will be implemented; this is a potentially significant weakness given the historical relationship of Pathology being integrally embedded in Acute Trusts; the potential for direct access pathology to reflect service usage is a potential advantage.
16. We believe the interpretation of benchmarking needs to be tempered with recognition of the context of a service, but agree it can be a valuable indicator of areas of interest to service users and providers.
17. Commissioning guidance is essential, as recognised by DH, to ensure that truly innovative services are developed rather than 'easy-win' competitive tendering exercises.

18. Consideration of model contracts for pathology would be helpful and we believe should pre-suppose a quality framework for the service. We note DH are to roll out standard contracts including direct access pathology from April 2009, but regrettably we have not been consulted on this. The integral role of pathology in care pathways would have to be a core principle.
19. We agree; we recognise the formative work that is currently being undertaken by the professional bodies in developing a pathology “formulary” equivalent. The same bodies not trusted to deliver accreditation despite having pioneered it!
20. We recognise that innovation is necessary and there has been much innovation in the service despite the financial and managerial constraints that successfully stifle much of it. We would be delighted to see partnerships for innovation with interested parties and understand the significance of the operational deadline for an evaluation programme required by the Ministerial Medical Technologies Strategy Group identified in the DH response.

It will be understood that while we broadly welcome Lord Carter’s recommendations there are some that require an understanding of the financial and organizational constraints and what may be considered as misapprehensions. We believe appropriate dialogue at the Department of Health and at SHA level needs to be structured to obtain best practice advice from senior innovative thinkers from within the profession. We would suggest there is a need for a credible experienced Pathology Lead in each SHA to ensure PCTs and Commissioners understand the nature of the services proposed and offered. The Association looks forward to working with the Department of Health to facilitate implementation of the Carter Report and the work streams arising from its publication’

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