



The Association for Clinical Biochemistry

**THE REPORT OF THE REVIEW OF NHS PATHOLOGY SERVICES IN ENGLAND
CHAired BY LORD CARTER OF COLES**

KEY FINDINGS AND IMPLICATIONS OF THE CARTER REVIEW

- **THE CARTER TEAM VIEWPOINT**
- **THE DH VIEWPOINT**
- **THE ACB VIEWPOINT**

We are exceedingly grateful to Professor Chris Price and Dr Ian Barnes for giving their time and joining Ian Watson or Graham Beastall to give these presentations at the five regional Carter Roadshows and the Pilot Group Meeting organised by the ACB through its regional committees during September and October 2006. These were attended by nearly 25% of the eligible membership, and the speakers have kindly provided their presentations which have been collated here for the benefit of all the ACB membership.

INDEPENDENT REVIEW OF PATHOLOGY SERVICES

key findings and next stage

Christopher P Price

Department of Clinical Biochemistry
University of Oxford
Oxford, UK

Member of Carter Review Team

INDEPENDENT REVIEW OF PATHOLOGY SERVICES

key findings and next stage

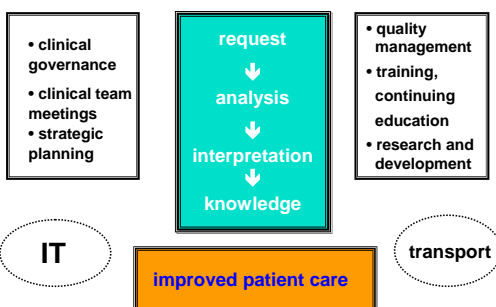
Christopher P Price

Department of Clinical Biochemistry,
University of Oxford,
Oxford, UK

Lord Carter's Review remit

- "To advise Ministers, in the context of current resource constraints, on the timeliness, reliability, capacity and efficiency of current pathology services in England, benchmarked against international standards and the feasibility of and efficiency benefits arising from wide-scale service reconfiguration, innovation and modernisation and involvement of the independent sector."

The Pathology Service



The National Health Service context of change

- Patient choice
- Services closer to home
- Practice-based commissioning
- Standard template contracts
- National standards
- Contestability
- Plurality of providers
- Better value for money

The National Health Service pillars of reform

- Management of:
 - demand
 - supply
 - transactions
 - system

The Pathology Service the context of change

- Pathology impacting on 18-week waits
- Unnecessary testing (repeat testing etc)
- Delays in reporting results
- Excessive capacity and duplication
- Slow adoption of new technology
- Costs increasing excessively

Pathology Today

- Workload 175 million requests (~ 700 m tests)
- Increasing at ~ 10% per annum
- Workforce ~ 25,000
- Productivity increased by 46% over last six years
- Expenditure in England ~ £1.8 billion
- Including overheads this figure is ~ £2.5 billion
- Workforce expenditure is ~ £1.0 billion

Healthcare Commission data 2005

Pathology Modernisation drivers of change

- Meeting people's expectations
- Re-design to meet expectations
- Competitiveness, plurality, commissioning-led
- Clinical leadership and business management
- Productivity and process management
- Information not data to run service effectively
- Better use of workforce and technology
- Ensure more effective use of pathology services

Independent Review of Pathology barriers to change

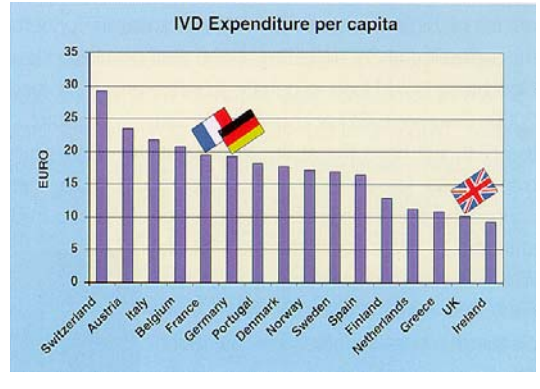
- Lack of end-to-end IT connectivity.
- Fragmentation of collection services
- Poor quality of transport and logistic support
- Host Trust management
- Host Trust clinicians
- Host Trust incentives
- Foundation Trusts
- Government policies
- Workforce inflexibility

Independent Review of Pathology key findings

- Several barriers to change
- Undue influence of host Trusts
- Absence from planning discussions
- Absence of contractual obligation
- Poor quality of data and information on service
- Variability of service repertoire
- No optimisation of configuration
- Low level of investment
- No incentive to invest
- No clinical leadership or business management

Independent Review of Pathology international benchmarking

- Lower spend cfd most countries in Europe + US
- Cost per test very competitive in UK
- Productivity in England may be lower
- Laboratory service more fragmented in England
- - phlebotomy, transport and IT main culprits
- IT connectivity variable (except Kaiser, Sweden)
- Impact on patient journey greater in England
- Overall service LESS fragmented in England
- England offers a more clinical service



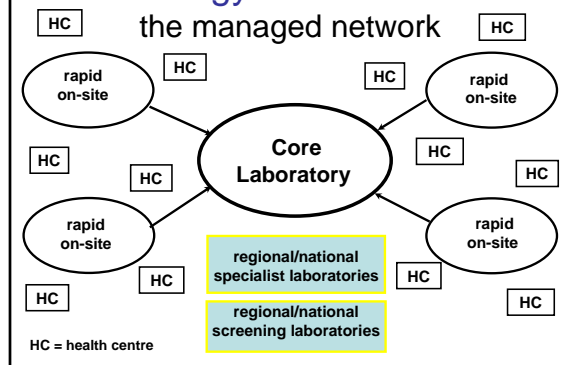
Commonwealth Fund Report 2006 International Health Rankings

	AUS	CAN	GER	NZ	UK	US
Overall rank	4	5	1	2	3	6
Patient safety	4	5	2	3	1	6
Effectiveness	4	2	3	6	5	1
Patient-centred	3	5	1	2	4	6
Timeliness	4	6	1	2	5	3
Efficiency	4	5	1	2	3	6
Equity	2	4	5	3	1	6
\$ Per capita	2903	3003	2996	1886	2231	5635

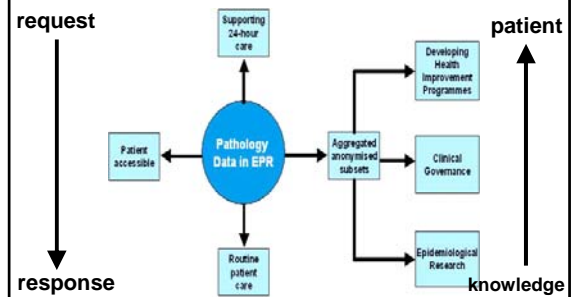
Commonwealth Fund Report 2006 Patient safety

	AUS	CAN	GER	NZ	UK	US
Overall rank	4	5	2	3	1	6
Medication errors	10%	10%	10%	9%	10%	13%
Medical errors	13%	15%	13%	14%	12%	15%
Incorrect/late lab test	14%	18%	9%	14%	11%	23%

Pathology Modernisation



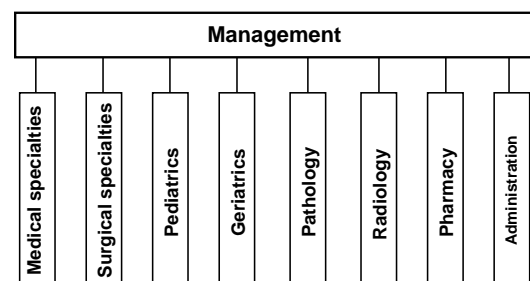
Pathology and Information Technology end-to-end connectivity



Independent Review of Pathology key recommendations

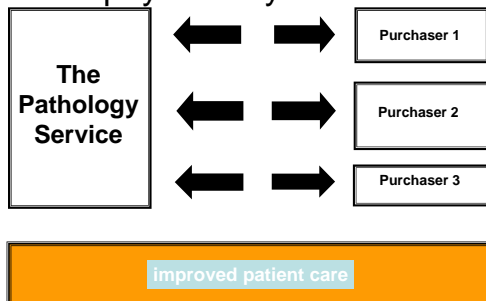
- Managed pathology networks
- Stand alone organisations
- National quality specification
- Reimbursement strategy/tariff
- Introduction of IT connectivity
- Clinical leadership and business management
- Pilot projects

The National Health Service silo management



The Purchaser Provider Contract

payment by results



Independent Review of Pathology

some key issues

- Commissioning
- Contestability
- Choice
- Plurality of providers
- Ensuring effectiveness of service
- Involving the Independent Sector

Independent Review of Pathology

the pilot projects

- One per region – range of economies
- Work to a common template
- Identify an appropriate network
- Identify all activity, costs and resources
- Model for network
- Benefits and risk analysis
- Share and compare
- Report to Minister

Independent Review of Pathology

points for discussion?

- Issues from the Review findings
- Issues from Review recommendations
- The pilot projects
- Getting buy-in to a network
- Involving the Independent Sector
- Commissioning
- Clinical leadership

The Carter Review DH Perspective

ACB Roadshows

Dr Ian Barnes

Chair, DH Pathology
Modernisation Team

The Carter Review
DH Perspective
ACB Roadshows

DH

Health Reform

- More choice, patient led (Demand)
- Diverse provision (Supply)
- Money following patient (Transaction)
- System management and decision making (System Reform)

DH

- Commissioning
- Patient Choice
- NHS Workforce development
- Provider reform
- Information requirements (NPfIT)
- Payment by Results (PBR)
- Management and regulation
- Quality (QoF etc)
- Safety
- Performance

3

Our health, our care, our say: a new direction for community services

Goals achieved through:

- Practice based commissioning
- Shifting resources into prevention
- More care outside hospitals and in the home
- Better joining up of services at local level
- Encouraging innovation
- Allowing different providers to compete for services

System Reform

Practice Based Commissioning (PBC)

- 80% NHS funding
- GPs commission services to meet local needs

Primary Care Trusts (PCTs)

- Contract management
- Privatisation and value for money

Strategic Health Authorities

- Performing management of PCTs
- Strategic planning
- Seek new and innovative delivery solutions

PCT Responsibility

- Commissioning must be information based
- PBC roll out by December 2006
- Provide practices with clinical and financial activity
 - Historical referral patterns
 - Historical spend
 - Use of diagnostic tests / procedures

Benchmark with other practices in the PCT and the national average

Improving Effectiveness of Healthcare Delivery

- PBC - unbundling of OP investigations / costs
- service redesign
- Intermediate Care Services – keeping patients out of hospital
- Nurse / other healthcare practitioner led assessment services
- One stop clinics, improved access
- Care pathway redesign

What Do GPs Want From Pathology?

- Benchmarking data (test rates)
- Integration of pathology into care pathway
- Standardised guidance, up-to-date
- Best practice guidelines
- Reduction in inappropriate testing
- Electronic requesting / reporting
- Automatic prompts
- Governance role of laboratories
- Standardisation across the patch
- POCT where appropriate

VALUE ADDED PARTNERSHIP

Working with the Independent Sector

Commercial Directorate

- ensure commercial and procurement excellence
- promote best commercial practice
- facilitate adoption and integration of commercial innovations
- develop and manage links with IS
- input to assist departmental strategic reviews and policy decisions

Commercial Directorate

- Independent Sector Treatment Centres
- Supply Chain Excellence Programme
- Collaborative procurement hubs
- IS diagnostic procurement

Pathology in Primary Care

- IS procurement
 - Phlebotomy
 - Anticoagulation clinics
 - BNP
- HbA_{1c}
- H.pylori
- ITCs with diagnostics
- Walk in centres

Needs of Future Pathology Workforce

- Working in new ways, in extended roles and using skills flexibly
- Working with others, developing service delivery models and influencing care
- Challenging established practice
- Supporting learning opportunities, CPD and commitment to education and training
- Developing leadership capacity
- Recognised and represented in local NHS structures
- Actively participating in healthcare planning for local communities

Workforce Planning for the Future

- Integrated with LDPs / ISIPs
- Clear definition of pathology functions
- Delineation of roles based on skill / knowledge based competencies (KSF) matching functional requirements
- Single career progression framework
- Extension of roles beyond traditional boundaries
- Development of equitable / common education and training pathways / commissioning
- Need to deliver improved efficiency and effectiveness

DH & Carter Recommendations

- Commissioning specification / plan
- IT connectivity
- Best Clinical Practice dissemination programme
- Reimbursement mechanism – tariff
- Technology Innovation Hubs
- Reform of Workforce

DH & Carter Recommendations

- Standardisation of results / ref ranges
- Review of independent accreditation process
- National screening programme / specialist services
- Genetics programme and pathology
- Promoting contestable services / plurality
- Preventing fragmentation (SHA / PCT / PBC)

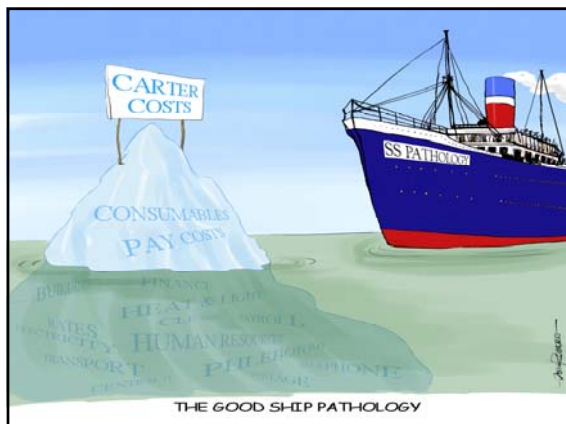


**The Association for
Clinical Biochemistry**

The ACB Perspective

Ian Watson

Chair, ACB



A Cynic's View?

However there is a distinct wind of change!

- ### KEY ISSUES
- Consolidation of Clinical Networks: not just Pathology
 - Do we need all the labs we have now?
 - Where they are?
 - Staffed as they are?
 - Disseminated laboratory?
 - Electronic rules & tools
 - Pre & Post Analytical weakness

- ### Workforce
- To deliver future service model
 - How well qualified do you need to be to:
 - Book in samples?
 - Press buttons on a machine?
 - Supervise the above?
 - Sort problems out?
 - Interpret results?
 - Determine future direction of service?

- ### Training: Modernising Healthcare Scientist Careers
- 3y common core pre-registration University-based training
 - Masters-level
 - Taught Doctorates
 - 4-5y specialty training
 - MRCPATH: for all Life Sciences Healthcare Scientists?
 - Including BMSs?

Training: Modernising Healthcare Scientist Careers: the TLAs

- SfH
- NOS
- NWC
- KSF
- AfC
- Not forgetting MMC for Medical staff

Leadership

- CPA: B1 to change
- Who can be HOD, CD, Director of Service?
- Why should a professional qualification bestow a right to be one of these?:- A Manager should do it?

Disseminated Laboratory

- Set the quality and performance standards across a geographical area
- Inter-connection of data
 - Analytical
 - Interpretative

ACB

Views

& Questions

KEY POINTS

- Pilot sites: 26th Sept
- Activity & costing data
- ACB actions:
 - + & - of network
 - Specification for local services:
 - Activities
 - Standardization
 - Reference ranges/units
 - Use of a Biochemistry Dept?

Pilot sites

- What is an effective network?
- Define quality needed?
- How does funding system work?
- How can activity be determined?
- How will the IS fit in?
- What are the difficulties in making these transferable nationally?

Welcome

- Common National specification- minimum?
- 'Independence' from Acute Trust
- Strong recommendation on IT
- A reimbursement system
- Workforce reconfiguration
- Recognition of need for strong Clinical leadership
- Opportunity to direct & deliver improving change

Queries/objections

- How does contestability, plurality and choice sit with MPN?
- If pathology is "a core clinical service" and "part of an integrated health care system" how is this served by plurality and contestability?
- How will commissioners decide: on quality or price or contrive additional 'value'?
- How do proposals sit with:
 - Practice based commissioning
 - Foundation Trusts

KEY POINTS

- Clinical Leadership
- Reimbursement and unbundled tariffs
- IT
- Fragmentation due to IS?

IT

- Do we solve Pathology's problems or all services problems? i.e.
 - Radiology
 - Cardiology
 - Pharmacy
 - Physiotherapy
 - etc

GP Turnaround times

- GPs don't want results back quickly
- So don't need POCT
- OK to do 1ry care work in a central lab with 24 hour turnaround
- What do patients want?
- Could patients directly access lab?

Testing, testing, testing

- Need for NICE-type evaluation of new tests
- Delete old tests
- Rationalise test combinations
- Define what tests should be done in certain scenarios and use it in demand management
- Insist on proper patient demographics

ACB & Carter: Summary

- Positive approach
- Grounded in a knowledgeable framework
- Radical, constructive proposals
- Huge challenges
- Lots of questions
- Could be great opportunity if properly implemented
- Don't ignore the threats

DISCUSSION POINTS

- Why isn't everyone one in a wide area network?
- How do YOU get buy-in from Commissioners?
- Consider Independent Sector Models
- Is the IT we need out there?
- What needs to be in the specification?
- What can the ACB do to help members tackle the change?



**The Association for
Clinical Biochemistry**

ACB Roadshow: 3 October

Graham Beastall

gbeastall@gri-biochem.org.uk

President, ACB



ACB Roadshow: 3 October

Graham Beastall

gbeastall@gri-biochem.org.uk

My Role

- To listen rather than to talk
- To take your views back to ACB Executive
- To help decide what the ACB does next

Related Developments

- MMC – metabolic medicine
- NHS career framework
- Healthcare scientists/NOS/AfC
- Competence assessment/CPD/revalidation
- Revision of pre-registration training
- Revision of CPA Standard B1
- Integrated diagnostics

Carter: Key Recommendations-1

- Managed pathology networks
 - Strong and effective leadership (clinical and business)
- Improved profile for pathology (? freestanding)
- National commissioning specification
- End-to end IT connectivity
- Knowledge dissemination programme
- Reimbursement mechanism – tariff
- Quicker introduction of proven new technology
- Competition on quality/value - not just cost

Carter Key Recommendations-2

- Definition of roles/E&T requirements for staff
- Standardization of results/reference ranges
- Flexible accreditation of all pathology services
- Quality standards for POCT
- National lead for screening / specialist services
- Greater contestability/plurality of provider
- Pilot sites (12) to test the above
 - Realistic timescale
- [No alternative on offer]

Discussion Points: (What can the ACB do)?

- Managed networks / disseminated laboratories
- Clinical leadership
- Commissioning
- Workforce reconfiguration
- End-to-end connectivity
- Laboratory outreach/POCT
- The role of the independent sector
- Reimbursement models – national tariff
- National service specification
- National focus for screening/specialist services

Workforce

- To deliver future service model
- How well qualified do you need to be to:
 - Book in samples?
 - Press buttons on a machine?
 - Supervise the above?
 - Sort problems out?
 - Interpret results?
 - Determine future direction of service?

Training: Modernising Healthcare Scientist Careers

- 3y common core pre-registration University-based training
 - Masters-level
 - Taught Doctorates
- 4-5y specialty training
- MRCPATH: for all Life Sciences Healthcare Scientists?
 - Including BMSs?

Training: Modernising Healthcare Scientist Careers: the TLAs

- SfH
- NOS
- NWC
- KSF
- AfC
- Not forgetting MMC for Medical staff

Leadership

- CPA: B1 to change
- Who can be HOD, CD, Director of Service?
- Why should a professional qualification bestow a right to be one of these?:- A Manager should do it?

Disseminated Laboratory

- Set the quality and performance standards across a geographical area
- Inter-connection of data
 - Analytical
 - Interpretative

KEY ISSUES

- Consolidation of Clinical Networks: not just Pathology
- Do we need all the labs we have now?
 - Where they are?
 - Staffed as they are?
- Disseminated laboratory?
- Electronic rules & tools
- Pre & Post Analytical weakness

ACB Views & Questions

KEY POINTS

- Pilot sites: 26th Sept
- Activity & costing data
- ACB actions:
 - + & - of network
 - Specification for local services:
 - Activities
 - Standardization
 - Reference ranges/units
 - Use of a Biochemistry Dept?

Pilot sites

- What is an effective network?
- Define quality needed?
- How does funding system work?
- How can activity be determined?
- How will the IS fit in?
- What are the difficulties in making these transferable nationally?

Welcome

- Common National specification- minimum?
- 'Independence' from Acute Trust
- Strong recommendation on IT
- A reimbursement system
- Workforce reconfiguration
- Recognition of need for strong Clinical leadership
- Opportunity to direct & deliver improving change

Queries/objections

- How does contestability, plurality and choice sit with MPN?
- If pathology is "a core clinical service" and "part of an integrated health care system" how is this served by plurality and contestability?
- How will commissioners decide: on quality or price or contrive additional 'value'?
- How do proposals sit with:
 - Practice based commissioning
 - Foundation Trusts

KEY POINTS

- Clinical Leadership
- Reimbursement and unbundled tariffs
- IT
- Fragmentation due to IS?

IT

- Do we solve Pathology's problems or all services problems? i.e.
 - Radiology
 - Cardiology
 - Pharmacy
 - Physiotherapy
 - etc

GP Turnaround times

- GPs don't want results back quickly
- So don't need POCT
- OK to do 1ry care work in a central lab with 24 hour turnaround
- What do patients want?
- Could patients directly access lab?

Testing, testing, testing

- Need for NICE-type evaluation of new tests
- Delete old tests
- Rationalise test combinations
- Define what tests should be done in certain scenarios and use it in demand management
- Insist on proper patient demographics

ACB & Carter: Summary

- Positive approach
- Grounded in a knowledgeable framework
- Radical, constructive proposals
- Huge challenges
- Lots of questions
- Could be great opportunity if properly implemented
- Don't ignore the threats

DISCUSSION POINTS

- Why isn't everyone one in a wide area network?
- How do YOU get buy-in from Commissioners?
- Consider Independent Sector Models
- Is the IT we need out there?
- What needs to be in the specification?
- What can the ACB do to help members tackle the change?