Pathology : A Vision for the Future

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NHS Reforms

- Department of Health
- National Commissioning Board
- Public Health Board
- CCGs
- Health and Well Being Boards
- Clinical Senates
- Foundation Trusts

SHA / PCT Clusters

- North of England
- South of England
- Midlands and East of England
- London

- 51 PCT Clusters

Overseeing transition phase to 2013/2014

Operating Framework for the NHS in England 2012/13

- Sets out clear performance expectations
- Must achieve sustainable improvement
- Improving outcomes and delivering value for money
- NHS to increase the pace of delivering QIPP through service redesign
- Each of 5 domains will be supported by suite of NICE quality standards

Domains

1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long term conditions
3. Helping people to recover from episodes of ill health or following injury
4. Ensuring that people have a positive experience of care
5. Treating and caring for people in a safe environment and protect them from avoidable harm

Operating Framework and Pathology

Pathology specifically mentioned :

‘Consolidation of pathology services can improve productivity and deliver increased standardisation and quality services’

- Focus on reducing diagnostic waits and earlier diagnosis
- 2013/14 – choice of diagnostic test provider

Why the Need to Redesign Services

- QIPP (Quality, Innovation, Productivity, Prevention) - delivering on financial challenge
- NHS Reforms
- Shift of clinical care (primary care)
- Changing clinical demand (patients, users)
- Commissioning (value / performance management)
- Technology
- Workforce

Pathology Transformation

- Pathology QIPP devolved to SHAs/local for implementation, in integrated plans
- Focus on savings, workforce and technology
- All have approach to networks/consolidation
- Some plans well advanced, new networks forming
- Emergence of hubs
- Increased interest in, and by, private sector
- Increased interest in pathology by commissioners

Managing Change Through Commissioning

- Manage the market for pathology, introducing mechanisms which will improve contestability and encourages quality and value for money improvements, including the consolidation of services (QIPP).
- Improve the contribution of pathology in identifying innovative means of providing care.
- Review the configuration of pathology, improving access and aligning the service more closely with pathways of care.
- Review the demand for pathology, ensuring that pathology testing is used in line with best clinical practice.
- Increase safety of pathology using information flows that reduce risk, error and poor practice.

What will commissioners want from a Provider ?

- Standard Service Specification
- Quality – nearly always assumed, now will be questioned and evidence required
- Guaranteed waiting times appropriate for individual patient needs
- Accessible and convenient testing (and treatment) centres
- Patient results available electronically through a single access point
- Electronic ordering systems
- Value for money – a better service at lower cost

How will commissioners get what they want ?

- Negotiate a reduced price
- Use AQPs (Any Qualified Provider)
- Commission Best Value (Best Price + Quality = Value)
- Procure new provider if necessary (contestability)
- Drive innovation
- Possible clustering for some services

Benchmarking, competition, contracting

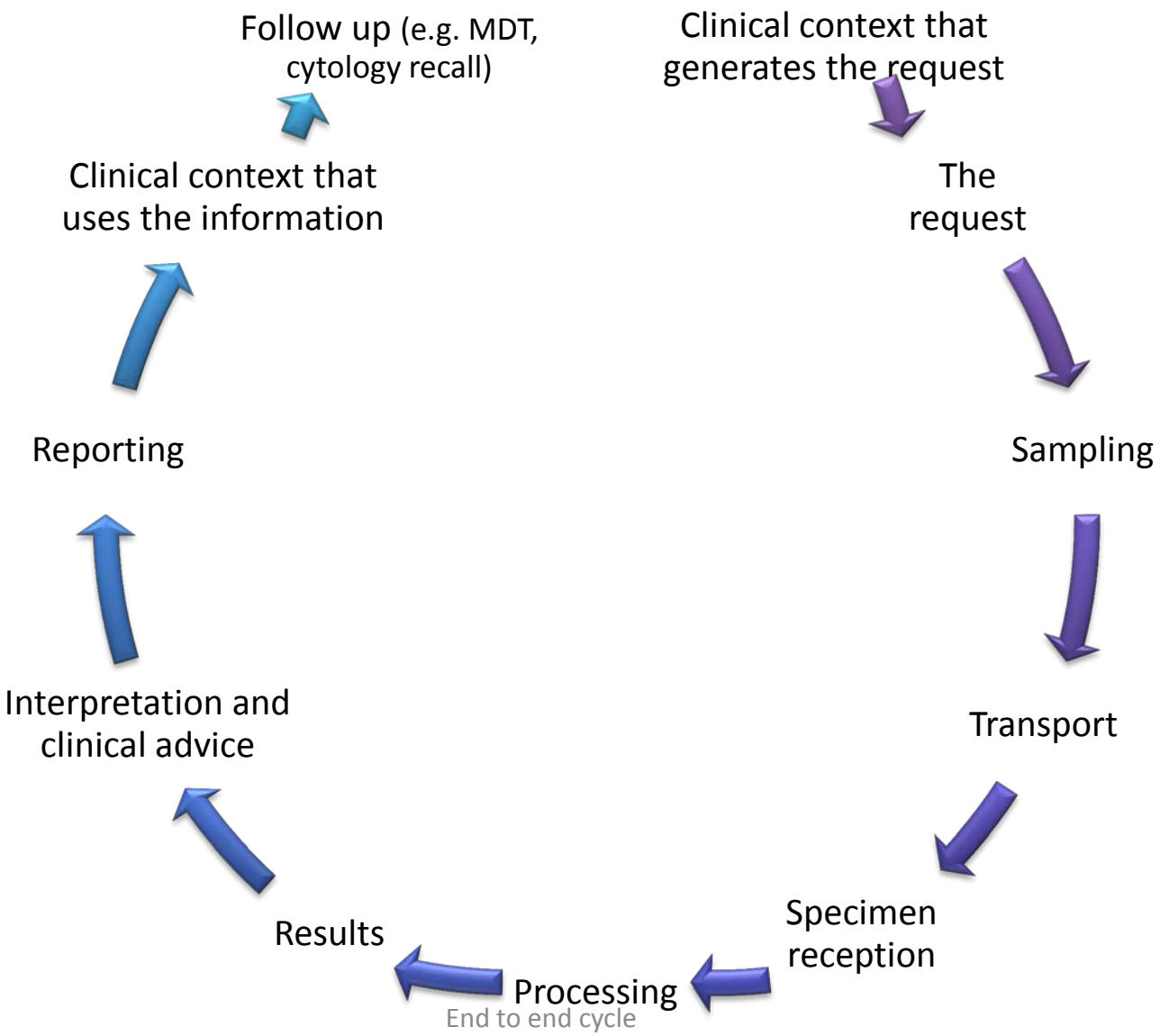
Any Qualified Provider (AQP)

- AQP is a way of commissioning services that enables patients to choose any provider that meets the necessary quality standards and price
- c/f competitive tendering which is a way of selecting a single provider to provide a service exclusively.
- Opportunity for pathology healthcare professionals to form new partnerships to deliver service innovation and service improvement

Pathology and Quality

- Service improvement roll out
- Commissioning toolkit / overview in final stages
- Service specification issued
- IT / National Lab Med Catalogue (NLMC)
- Primary care benchmarking
- Atlas of Variation
- Metrics - RCPath KPIs / ACB Clinical Quality Indicators
- Accreditation
- Harmonisation / standardisation
- EQAS
- Audit

End to End Quality



End to end cycle

Pathology and Technology

Next 10 years

- Digital technologies
- POCT
- Genetic/molecular technologies/lab on a chip

The patient

Technology Impact

- Distributed services
- Changing settings / workforce
- Self testing / disease management
- Genetic / bio markers
- Integrated lab services
- Risk/predisposition
- Knowledge / interpretation

Transforming clinical pathways and patient experience

Innovation

An idea, service or product new to the NHS or applied in a way which is new to the NHS, which significantly improves the quality of health and care wherever it is applied …

… associated with service improvement – removing waste, reducing variation …

… and stacks up financially.

VALUE

Science and Innovation

- Discovery
- Translation
- Evidence
- Adoption

The NHS has a worldwide reputation for science and discovery, but is less successful at adopting and spreading innovation at pace and scale.

Barriers to adoption and spread of innovation

- Cultural – not invented here/risk averse
- Poor quality of evidence/dissemination best practice
- Professional resistance
- Silo working
- Commissioning/contracting
- Tariff
- Fragmentation/competition, FTs
- Procurement bureaucracy
- Short term planning/payback

Innovation Review

- Review of Innovation and Adoption to be published soon
- Pathology can have major impact on clinical pathways, patient experience and improving outcomes by innovating service delivery
- Strong leadership required to achieve cultural change
- Sharing of evidence and best practice needed

Innovation Examples 1

- GP direct link to expert consultant advice in secondary care eg cardiology – ECG done in GP practice, direct link to cardiologist.
- Patient self management – eg anticoagulation at home (or device when on holiday). Home testing of patients on chemotherapy to avoid inappropriate outpatient treatment visit.
- DVT (deep vein thrombosis) – D-dimer and ultrasound (vascular scanning with hand held Doppler scanners) on symptomatic patients with leg pain, linked to questionnaire.

Innovation Examples 2

- Heart failure – BNP (brain naturetic peptide) in the community as a rule in/rule out for echocardiography
- Infection – point of care devices for MRSA. Molecular techniques challenging traditional ways of working
- Histopathology
  - digital imaging
  - hand held visualisation devices linked to consultant dermatologist
  - Molecular techniques
- Biochemistry – calprotection in irritable bowel syndrome/colon cancer preventing invasive colonoscopies
- Blood sciences consolidation
- Electronic blood issue and transfusion lab consolidation

Genomics and Pathology

Stratified medicine / genomics :

- Subtyping of cancer by use of biomarkers/genomics linked to appropriate targeted drug treatment – companion drugs.
- High throughput analysis, whole genome sequencing – cancer, chronic diseases, heart disease.
- Bioinformatics.
- Embedding in clinical pathways.
- Eventually hand held devices.

- Impact of molecular techniques /technology on pathology.

  Combined genetic and molecular pathology labs into central labs.

Pathology Service Redesign

- Pathology services need to be designed to align with the patient pathway of which they form part.
- Pathology services are successful only to the extent that they contribute to the efficacy of that pathway.
- Quality measures must include not only the accuracy and reliability of the analysis but also the fitness for purpose of pre- and post- analytical processes.
- Any reconfiguration of pathology services can not take place without consideration of the impact on other services.
- Information flows in and out of pathology need to include the purpose of the test and the interpretation of the result.

Transformed Pathology Services

- Consolidated and networked laboratories.
- Services organised around patients not labs
- Elimination of waste and duplication (improved efficiency and productivity)
- Reprofiled, flexible workforce
- Greater standardisation and more appropriate use of tests and pathology knowledge
- Quality standards with improved performance management including benchmarking and stronger quality assurance
- Transparency of performance with KPIs covering end to end pathology and recognition of centres of excellence

Key Messages

- Single standalone hospital labs will come under increasing CHALLENGE as to affordability and viability, however automated and 'leaned'.
- There is a recognition that services must CHANGE to meet the healthcare demands of the future to achieve BETTER OUTCOMES and provide a more effective, efficient and convenient service to PATIENTS.
- Improving outcomes will require adoption of INNOVATION across diagnostic services in technology, workforce and service models.
- There should be greater pathology INTEGRATION with clinical care.
- To some, an OPPORTUNITY to IMPROVE the service we provide to users and patients. To others, a THREAT to ESTABLISHED practice.

- Achieving success will be challenging, and sometimes painful, but NO CHANGE IS NOT AN OPTION. Ultimately you have a CHOICE – embrace, control and manage the change, or let someone else do it.