



Dr Ian Barnes

## Department of Health Pathology Programme

**A**s you have been repeatedly reminded of late in the Editorial pages of *The Bulletin*, lean times are ahead as NHS efficiency savings need to be made. But according to Ian Barnes, National Clinical Director for Pathology, there is still opportunity to shape and improve our pathology service, providing we all work together.

Pathology sits firmly at the heart of a modern NHS, and has a profound impact on health services' ability to deliver high quality, efficient and effective patient care. Indeed, pathology is a core component of 70% of clinical interventions in England and is the bedrock for providing diagnosis, treatment and care for patients. Each year NHS pathologists carry out more than 700 million pathology investigations, and the results of routine tests are overwhelmingly reported within 48 hours. The UK has a strong reputation for excellent pathology services thanks to the hard work and commitment of pathology teams across the health service. Our services are good, but I believe they could be even better.

My ambition as the National Clinical Director for Pathology is to see that NHS pathology delivers the best possible clinical service to enable the best possible care to be given to patients. I think that this ambition is shared by pathology professionals across the NHS and I have every confidence that, working together, it can be achieved.

However, we cannot be complacent about the challenges that face the NHS. David Nicholson, Chief Executive of the NHS, warned in his 2009 annual report that the NHS needs to make efficiencies totalling £15–20 billion over the next 3-year spending review period – without compromising the quality of patient care. Pathology must play its part in meeting the 'Quality and Productivity Challenge (QPC)' of maximising NHS resources while continuing to meet patient need and drive up the quality of care.

Indeed, the QPC provides us with a unique opportunity to build on and accelerate the good work that the Department of Health's Pathology Programme is already doing to support local pathology services in embracing innovation, transforming working practices and reducing waste. I am delighted that the fundamental contribution of pathology has been recognised by making the Department of Health's Pathology Programme one of the first-wave QPC national workstreams.

You may have seen that the Pathology Programme recently published our end-of-year

progress report. The Programme is already working closely with professional bodies, including the Royal College of Pathologists and Strategic Health Authorities (SHAs) in responding to, and supporting the NHS to deliver, the recommendations made by Lord Carter in his Independent Review.

### Highlights from the past year

- The creation of the National Pathology Forum, with nominees from each SHA, who are pooling their expertise and frontline experience to address common issues in service reconfiguration.
- Partnership initiatives to improve IT efficiency and support, including work towards developing a single National Catalogue for Laboratory Medicine; improving IT connectivity between laboratories, and between GP systems and laboratories; and determining the feasibility of safely and appropriately combining pathology data.
- Identifying what support would be useful for primary care trusts (PCTs) and commissioners.

### The way ahead

A variety of stakeholders, from patients and commissioners to providers and managers, have a role to play in shaping pathology services. However, I believe that the pathology community itself is best placed to know how improvements can be made. As Lord Carter's Review identified, developing the skills of the pathology community and enhancing clinical leadership is a vital step towards a better service. That is why we recently invited applications for a national Emerging Leaders Programme, which aims to develop the pathology leaders of the future. We hope that those participating in the programme will apply their enhanced skills gained from the course, together with their local knowledge, to make a real and constructive impact on local and national pathology services.

Transforming pathology will not happen with a 'one-size-fits-all' approach. Each pathology service needs to meet local needs and ambitions, and

pathology service managers and clinical leads will be able to identify what their service is already doing well and where they could go further.

However, we also need to think beyond local boundaries. By sharing knowledge we will be able to learn what works from others' practice and experience. Through local partnerships, pathology services can develop supportive networks that enable good practice to be shared and solutions found in order to meet local needs and challenges. The Kent & Medway Pathology Network is a case in point, where savings of £4–5 million have been made through a series of measures to reduce inefficiencies. The joint purchase of blood containers alone is saving them £250,000 over 3 years.

Kent & Medway's experience is just one illustration of where relatively simple measures have had a significant impact. There will be many other examples of how innovative use of pathol-

ogy is helping to deliver productivity gains such as reduced bed stays or fewer admissions to A&E. It is important that we all hear about them, so we can champion pathology's vital contribution to the efficiency and quality of patient care.

Working together, we have the opportunity to transform pathology from a good service into a great one. I look forward to working with NHS pathology services and the professions as we navigate the important challenges ahead.

**Dr Ian Barnes**  
**National Clinical Director for Pathology**

#### Reference

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_111524](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111524)

## Pathology Harmony Phase II

If laboratories across the country do not use consistent units or common reference intervals/protocols, patient safety could be compromised, particularly given the mobility of medical staff. The aim of the Pathology Harmony initiative has been to iron out variability that has no scientific foundation. Here the Pathology Harmony Steering Group brings us up to date with Phase II which has broadened the concept beyond clinical biochemistry to other areas of pathology.

In 2007, the Pathology Harmony initiative started to look at the harmonisation of several aspects of work within clinical biochemistry. This work began as part of the Department of Health's Pathology Action Learning Programme and was

designed to bring together clinical biochemistry laboratories to look at issues of variability that appeared to have no scientific foundation. Individual action learning sets were formed under the Pathology Harmony umbrella, working on different areas, all with the key aim to address unjustified variation in different aspects of the pathology service. Initially, all laboratories in the West Midlands SHA were invited to participate in the work of this group, but it soon gained considerable momentum and similar work from the North West Strategic Health Authority and Wales was incorporated. The results were collated and presented at a meeting in November 2007 to conclude Pathology Harmony Phase I. Representatives from across England, Scotland, Wales and Eire attended this meeting.

The value and success of this work was welcomed, and with support of the Department of Health, Phase II commenced in autumn 2008. Phase II aimed to broaden the Harmony concept to other areas of pathology, including haematology, immunology, paediatric biochemistry and further biochemistry. The working group was expanded to include representatives from these disciplines

The Pathology Harmony Team who presented at the recent review meeting in Birmingham. Michelle Brereton, Alison Hunt, Rachel Marrington, Kirsty Gordon, Rachael Webster and Hazel Borthwick

