

How seven Trusts in the east of England dealt with the challenge of consolidating pathology services

The Pathology Partnership (PP) was a pathology network of seven Trusts across the middle of the east of England. It spread from Ipswich in the east through to Stevenage in the west. The organisation was hosted by one of the partner Trusts, Cambridge University Hospital (CUH), but ran as a separate entity with its own executives and staff; all the non-medical staff in pathology were TUPE'd across to CUH (or to Public Health England [PHE] for those in microbiology, as this service was subcontracted to PHE). PP became responsible for the running of all the diagnostic laboratories within the partner organisations, for the provision of IT within pathology, and for the transportation of specimens outside of Trust premises (GP specimens, inter-laboratory transport).

The service was initiated and set up by the Special Projects Team (2014) within a short timescale. The GP pathology contract was used as leverage to move the project on through primary care commissioners. It was agreed early in the process to establish pathology hubs in the west and east of the geographical area. The location of these hubs was established by organisational willingness rather than through a careful analysis of where the best locations would be from the perspective of the pathology service providing a service to dispersed hospitals and GP surgeries. The hubs were established at Addenbrooke's and Ipswich hospitals.

As individual specialities worked towards consolidating services, each took a slightly different approach:

- Biochemistry and haematology: PP wished to move to a consolidated blood sciences model with hubs processing all GP samples and all non-hot specimens from the satellite spoke hospitals.
- Histology: PP found it difficult to effect much in the way of change.
- Microbiology: worked towards consolidation of all work on to the two hub sites.

It is fair to say that these projects have resulted in a variety of outcomes. In general terms, several themes have emerged that have been common across the services.

Staff turnover has continued at its historic rate, exacerbated by a number of senior staff taking the opportunity to take redundancy. This was associated with PP restructuring the workforce. Replacing those more junior staff who left for jobs in other parts of the country was not successful; it is likely that this was due to the great uncertainty surrounding the future of the PP service in the short term and practical issues such as where staff might look to live. The net outcome of all this was a staff workforce that had lost significant experience and knowledge, a junior workforce with many vacancies, especially in those laboratories destined to be satellites. This impacted not only on the ability to process specimens and get results out but also on quality management systems, which became very stretched.

IT has been far from straightforward. The PP project coincided with the implementation of hospital electronic patient systems. Each Trust has or is implementing different systems, at different times and with varying degrees of success. The pathology Laboratory Information

Management System (LIMS) was part of the hospital system at Addenbrooke's and a separate LIMS was to be placed in the east; this system is still under construction and has to integrate with four different hospital systems. A feature of this process beyond the difficulties above was the tendency for the pathology service to be expected to follow the IT rather than the IT following the pathology service.

The development of the PP service has also been hampered by another important issue. An offsite headquarters was established with significant numbers of corporate staff. At the beginning of the process it seemed as though clinical engagement was thought to be an impediment to change and transformation rather than a prerequisite. None of the clinicians who were likely to be working in the new service were included in the original project team.

As the service developed, so the gap between the pathology staff in the partner Trusts and the PP management team widened. This disconnect manifested itself in a variety of ways. In blood sciences the consolidation of services into the eastern hub (2016) happened precipitously and against clinical advice. It appeared that the decision was made to satisfy contractual timescales even though the pathology staff felt that the hub laboratory was insufficiently prepared. Subsequent incidents and press attention around high specimen rejection rates confirmed this view.

Across all specialities the incident reporting systems were Kafkaesque: incidents were reported in one system, passed to another, possibly investigated and almost never concluded, and returned back to the originator in a timely fashion. The quality management system was equally complicated and with insufficient senior staff to drive change the systems were weak. In all of these areas it is unlikely that the governance systems in place allowed the senior PP team to appreciate the realities of what was actually happening in the laboratories themselves.

PP and the partner Trusts were, however, aware that the service was operating at a far greater loss than had been anticipated in the original business plan. Attempts were made to rectify this and these actions may have amplified some of the issues outlined above. Further progress of PP was hampered by the decision of CUH to withdraw from the partnership; notice to withdraw in 2017 was given in 2016. The remaining partners discussed the way forward and a decision was made to split PP in two, a western service and an eastern service, with the dissolution of the PP headquarters.

Colchester agreed to host the eastern service and a project was established to manage this transition. As this project has been worked through it has become apparent that the narrative above is accurate and that Colchester had perhaps underestimated the scale of the problems to be addressed. We need to re-instate clinical leadership, invigorate the quality management system, including incident reporting, and establish a grip on the IT and financial systems in use. It is likely that this will take the best part of this year.

Dr Tony Elston
Consultant Microbiologist
Colchester Hospital University NHS Foundation Trust
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