The Royal College of Pathologists
Pathology: the science behind the cure

Email: President@rcpath.org

Mr Jim Mackey
Chief Executive
NHS Improvement
Waterfront 4, Goldcrest Way
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29 July 2016

Dear Mr Mackey,

Re. Consolidation of back office and pathology services

We are writing on behalf of the Royal College of Pathologists, Association for Clinical Biochemistry and Laboratory Medicine and Institute of Biomedical Science. Our members are the 30,000 pathologists, clinical scientists and biomedical scientists who deliver NHS pathology services across the UK.

While we have some concerns about the details of Lord Carter's recent report, *Operational productivity and performance in English NHS acute hospitals*, we support the general principle of consolidation of services where appropriate to maximise efficiency and quality. All the examples of successful consolidation cited in the Carter report were delivered by our members. Our responses to Lord Carter's report set out ways in which we hoped to be able to further support this process.

It is vital that the role of pathology in healthcare is understood. Pathology forms part of almost all patient pathways, so anything that effects pathology will inevitably have an impact on primary care, emergency medicine, acute medical care and surgery, to name but a few. There is evidence that at times of financial constraints, investment in pathology can save money elsewhere in the system. We believe the focus should be on demand optimisation – ensuring that services are used appropriately to inform patient care – rather than relying on efficiencies of scale to deliver savings. Treating pathology as a silo and attempting to force through hastily-planned mergers is likely to lead to destabilisation that will undermine clinical services and cost more than any savings made. In addition, at a time when there are already workforce shortfalls in many parts of the country, the effect on staff morale may precipitate collapse of the system.

The recent letters from NHS Improvement demanding plans for consolidation of 'back office and pathology' services within days are, in our opinion, a mistake and a backward step. Forcing a single solution on such a diverse range of services will inevitably result in failure, with associated expense, compromised quality and reduction in staff morale. It is vital that we learn from the examples of consolidated services – both those that have failed as well as the celebrated successes.

The Pathology Partnership (tPP), a joint venture of six trusts in East Anglia established in 2014, aimed to 'transform and modernise pathology services', working more efficiently 'following best practice recommendations set out in the Carter Report on Pathology 2008'. Cambridge University Hospitals, the host of tPP, has recently given notice that it intends to withdraw from tPP, following losses of £15 million last year. CUH stated that 'tPP was 'not proving to be the most cost effective way of providing pathology services for CUH.'

Empath, a pathology partnership between University Hospitals of Leicester NHS Trusts and Nottingham University Hospitals, was established in 2012. Despite following recommendations set out in Lord Carter's 2008 report, the initiative has not realised the degree of consolidation or efficiency savings predicted. The Board of Empath was disbanded in 2015 and a new board is being established, with a new Strategic Outline Case – effectively starting again.

The above are just two examples of much-heralded consolidation programmes that failed, despite the best intentions of those involved, adherence to the principles set out in Lord Carter's report, years of discussions and adequate investment. What hope is there for other services to consolidate at extremely short notice, without consideration of local requirements or the complexity of services?

Pathology is not a single discipline but is made up of twenty diverse specialties. Some, such as haematology and clinical biochemistry, lend themselves to consolidation and efficiency savings, with large labs being able to process millions of blood samples. This relies on joined-up IT, standardised requesting and reporting protocols and good transport infrastructure, the provision of which is patchy or non-existent in many places. Investment in the National Laboratory Medicine Catalogue will help, but will require significant clinical input and investment in IT systems to realise the potential benefits.

Many other pathology specialties do not benefit from consolidation at all. There is increasing evidence that cellular pathology, which is largely reliant on people to make diagnoses and uses relatively little automation, is better provided from smaller, local departments. We are aware of departments that have merged, with no overall change in the number of staff or volume of workload, but resulted in poorer turnaround times and reduced quality. Specialised genetics and molecular pathology services are already largely provided on a regional basis, usually on a larger scale than STPs, which may not provide the best model for reconfiguration of services.

We are collating information from pathology services that have attempted or undergone consolidation, both successful and failed, and plan to issue a document on lessons learnt to aid others considering the same process. The pathology professionals who deliver, manage and develop services are keen to be involved in maximising efficiency while maintaining high quality services but this takes time, good management, investment in infrastructure and consideration of local demographics and priorities, there is a no one-size-fits-all solution that can be planned in a few days or adequately summarised in two pages.

We encourage you to consider the submissions that trusts will be providing in the next few days in the light of the information above and to involve our organisations where possible to ensure that those with the greatest understanding of pathology services are at the heart of plans for service reconfiguration.

Yours sincerely,

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Dr Gwyn McCreanor
President, ACB

Mr Ian Sturdgess
President, IBMS