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

Commentary: Consolidation of pathology services

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Over the past decade or so there has been a move toward consolidation of pathology services. The need to develop and rationalise services is driven by a variety of forces that depend on local circumstances and healthcare needs, but which often include workforce and financial pressures. As a result, consolidation of services takes on a variety of forms with some more successful than others.

Given the variable nature and success of such consolidation projects, it is not possible for the Royal College of Pathologists to provide a blanket opinion as to the suitability of such restructuring; rather each must be taken on a case-by-case basis. The Royal College of Pathologists does, however, believe that there are a range of issues that must be considered if any such programme is to be successful.

Pathology is a clinical service that must not be considered separately from other clinical services with which patients are more familiar.

UK pathology should be world leading, never average.

The College supports service providers taking measures to improve productivity and value for money and to reduce unwarranted variation, and encourages departments to consider closer collaboration and networking to ensure optimal provision of pathology services. The focus should be on the value of the services provided, ensuring that the quality remains high while any possible cost savings are sought.

It is important to recognise that pathology is a diverse group of 17 largely separate clinical specialties and what works for one discipline may not work for another. While consolidation may be appropriate for some pathology specialties, it may be inappropriate for others. As a result, there is no single solution for all pathology disciplines and geographical locations. Some pathology services are best located close to the patients and healthcare professionals who rely on them, while others can more easily combine to serve larger areas.

While there may be economies of scale in large departments, the workforce remains key to the provision of a high-quality service and should not be forgotten or taken for granted. Meaningful staff consultation and buy-in is essential, as is clinical leadership of the process.

The expertise of pathologists and clinical scientists is critical to the services provided by any laboratory. Close professional relationships between pathologists and other clinicians in primary and secondary care is integral to patient management. Organisations spread over large distances may find developing and utilising such relationships difficult.

It is clear that consolidation doesn't always save money, at least not in the short term. All successful reconfigurations have required significant investment.

There are some common themes that emerge from successful consolidation projects. These include the need to invest in infrastructure to facilitate connectivity of services between the sites involved. In particular, this is likely to require joined up and integrated IT systems and reliable and frequent transport, which are fundamental to the success of such a project. Experience has shown that this investment in suitable infrastructure is often lacking, resulting in very poor connectivity and integration of service provision, which in turn leads to very poor outcomes for the consolidation project as a whole and increased turnaround times for patients.

Once implemented, such change will be almost impossible to reverse.

While some reconfigurations have worked well, not all have been beneficial; we are aware of examples of consolidation being detrimental to services. Members tell us that adverse effects of consolidation can include a marked increase in never events and avoidable errors, significantly increased turnaround times, dissatisfaction with reduced multidisciplinary team input and loss of highly qualified staff. In addition, there is a danger of unexpected costs such as where one test is reduced in cost while another is significantly increased in cost due, for example, to requirements to keep it on a particular site. There is also a danger with certain reconfigurations that some staff may feel that they have lost 'ownership' and control of clinical services for which they were previously responsible. This may include issues such as loss of complex or specialist cases or testing at certain sites with retention of only simple cases. These scenarios can lead to loss of engagement and morale, which can be detrimental to service quality and staff retention and recruitment in the longer term.

The original 'hub and spoke' model included the presence of 'hot' laboratories for some specialties on spoke sites to allow urgent processing. Maintaining such local facilities allows increased flexibility – a useful asset as highlighted by the recent COVID-19 pandemic.

The absence of reliable data makes comparison of service providers very difficult. Different units have different types of pathology services offering different ranges of tests. Specialist tests, for example, will often be more expensive, labour intensive and time consuming than routine ones. Small units may provide such specialist services, making them appear less efficient than larger units providing only routine services. Comparing one with another irrespective of case mix is meaningless.

We are aware of units in which data is obtained from finance departments without consultation with pathology laboratories. Many finance departments do not fully appreciate the nature or scope of pathology services and are unable to provide accurate data in isolation. We are also aware of sites where obtaining pathology data for epidemiological analysis has been difficult and has involved significant delays. Access to pathology data is essential to drive health improvements and guide clinical decisions, from understanding the local epidemiology of drug-resistant bacteria to highlighting specific regions with a higher

incidence of certain pathologies, for example cancer, which require more tailored health interventions.

While benchmarking services and sharing best practice are to be encouraged, benchmarks should be based on evidence since unreliable and inconsistent metrics will do more harm than good. Basing decisions to consolidate services on flawed data will not bring about the predicted benefits, nor will it consider specific service needs and the unique geographical and clinical circumstances that each region, unit and laboratory service finds itself in.

In response to the issues detailed above and to feedback from our members and pathology providers, the Royal College of Pathologists (RCPath) set up 'RCPath consulting'. This consultancy organisation provides advice to organisations that need an expert, independent view on how pathology and laboratory medicine services should be organised to have the greatest impact on patient care.

About the Royal College of Pathologists

The Royal College of Pathologists is a professional membership organisation with more than 11,000 fellows, affiliates and trainees, of which 23% are based outside of the UK. We are committed to setting and maintaining professional standards and promoting excellence in the teaching and practice of pathology, for the benefit of patients.

Our members include medically and veterinary qualified pathologists and clinical scientists in 17 different specialties, including cellular pathology, haematology, clinical biochemistry, medical microbiology and veterinary pathology.

The College works with pathologists at every stage of their career. We set curricula, organise training and run exams, publish clinical guidelines and best practice recommendations and provide continuing professional development. We engage a wide range of stakeholders to improve awareness and understanding of pathology and the vital role it plays in everybody's healthcare. Working with members, we run programmes to inspire the next generation to study science and join the profession

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