



The Royal College of Pathologists

Pathology: the science behind the cure

Response from the Royal College of Pathologists to Achieving world-class cancer outcomes: Taking charge in Greater Manchester 2016-2021

The Royal College of Pathologists' written submission

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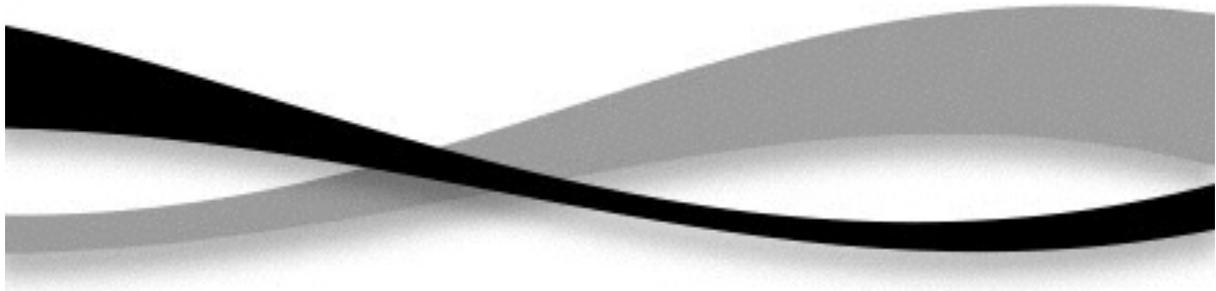
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1 About the Royal College of Pathologists

1.1 The Royal College of Pathologists (RCPATH) is a professional membership organisation with charitable status. It is committed to setting and maintaining professional standards and to promoting excellence in the teaching and practice of pathology. Pathology is the science at the heart of modern medicine and is involved in 70 per cent of all diagnoses made within the National Health Service. The College aims to advance the science and practice of pathology, to provide public education, to promote research in pathology and to disseminate the results. We have over 10,000 members across 20 specialties working in hospital laboratories, universities and industry worldwide to diagnose, treat and prevent illness.

1.2 The Royal College of Pathologists comments were made by members of the College English Regional Council during the consultation which ran from 16th December 2016 until the 24th December 2016 and collated by Dr Luisa Motta co-lead for cellular pathology in Cancer Vanguard Greater Manchester and Dr Rachael Liebmann, Registrar.

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2.1 The pathology community welcomes the opportunity to comment on this document. While all pathology disciplines interact with cancer services, cellular pathology (histopathology and cytology) in particular is a medical specialty which provides diagnostic opinions on the basis of thorough microscopic examinations of patient's tissues. Patients may not see us or know about us, but we dedicate great time and effort to studying each individual case, in order to provide a helpful and safe diagnoses.

2.2 Cellular pathology does not only play a crucial role in the diagnosis of cancer patients, but information derived from our examinations guides treatments, informs prognosis and helps to monitor disease progression. The usefulness of our diagnostic opinion relies on us being an integral part of the Clinical Team looking after patients. Having a well-functioning team demands the presence of Cellular Pathologists in Hospitals. This facilitates both programmed and spontaneous face to face interactions, creating and promoting trust and mutual understanding, leading to better outcomes and experiences for patients.

2.3 As can be seen, cellular pathology is more than a supportive clinical service. We play a crucial role in the development of personalised/ precision medicine. Systematic analysis of the information contained in our reports is also vital to Public Health strategies and to research. Current deficiencies in the technology available makes extracting this vital information an onerous, expensive and inaccurate exercise.

2.4 As mentioned in the recent report by Cancer Research UK on pathology services, there is a mismatch between capacity and demand in cellular pathology services and a failure to respond to this serious issue will adversely affect patients.

2.5 Cellular pathology departments in Greater Manchester are under significant stress and are ill-resourced to support the ambitious plans presented in this document to provide better, faster and earlier diagnoses. There is clearly a need for a visionary strategy for cellular pathology in Greater Manchester. The plan needs to be all encompassing and focus on adequate staffing levels which match the throughput, case complexity and expectations on turnaround times (TAT). Particular emphasis on improving recruitment and supporting sub-specialisation is needed. It is also essential to invest in novel technology and to implement collaborative regional organisational structures that improve logistics and facilitate regional lean working methods.

2.6 Plans to agree on regional standards for the different cancer pathways are welcomed.

2.7 It is important to highlight that most patients referred to two week wait clinics do not have cancer, and that deviating scarce resources to give priority to this cohort of patients, in order to comply with ambitious turnaround time targets, has the potential to be detrimental to patients in non-cancer pathways, some of them with serious illnesses including life threatening conditions.

2.8 It is essential to analyse in great detail the results from the proposed pilots, in order to understand the real implications for cellular pathology in terms of costs and resources needed to fully implement the tested concepts in a safe and sustainable manner for all patients.

2.9 Investing in the creation of a robust cellular pathology service in Greater Manchester would unlock and enable the regional plans to stride towards a world class quality service and with outstanding patients' outcomes and experiences in a cost effective manner. A failure to tackle the capacity and demand mismatch would put services and patients at risk. Representation of cellular pathology at the regional cancer Board would be beneficial and it is encouraged.