



The Royal College of Pathologists

Pathology: the science behind the cure

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Dear Dr Wreghitt,

I am writing on behalf of the Royal College of Pathologists (RCPATH) in response to the various documents that have been issued in the past weeks. You will have had individual comments from speciality advisors on the clinical specification group, which the RCPATH wholly endorse. In addition we would like to raise some general points. The college supports pathology reorganisation and development programmes but these have to be planned, evaluated and implemented over timescales that are appropriate. We wish to see the development of sustainable, high quality and cost effective services and are positive about the potential for change in the East and West Midlands and wish to work with your team to achieve this.

A key aspect of the 2012 Health and Social Care Act was to introduce competition from qualified providers, and in doing so placed service quality as the primary measure for commissioning. Minister for Care Services Paul Burstow recently iterated that establishing and using a tariff for the service to be provided and then selecting providers on quality measures would achieve this. The introduction of a national system for reimbursement was also one of the recommendations from Lard Carters report. The RCPATH supports this approach and would support providers to competing on the basis of quality. A considerable amount of work has been done on the costs of pathology Services in West Midlands (Collinson Grant "Project initiation document for the reconfiguration of Pathology") and the College Fellows would be both surprised and concerned if this data (generated in large part by its Fellows) was not used to establish tariffs for the services being commissioned.

Lord Carter indicated the importance of pathology as an essential service whereby 70-80% of all health care decisions are based on pathology investigations. We are very concerned about the potential for fragmentation of services and we believe this represents a major clinical and financial risk to healthcare provision in the East and West Midlands. We therefore think that a wide-ranging risk assessment of these proposals is conducted before any proposals are implemented.

The artificial separation of the acute sector (Hospitals) from community (GP's and community healthcare) has the potential to cause harm. There is evidence from other healthcare systems that a fully integrated system is the foundation of high quality, safe and cost effective healthcare. We believe there is a healthcare ecosystem in place, in which it is not possible to abstract one section out of the system without a detrimental effect on the remainder.



Letter

23rd May 2012

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There are already systems in existence or development where there is seamless support across primary and secondary care, with full availability of results to mitigate clinical risk across these artificial boundaries in care pathways. Unless changes to the provision of primary care pathology are carefully thought out, including IT provision, there is a considerable risk of detriment to patient care as well as increasing wasteful duplication of investigations. There is a very real risk of destabilisation of acute hospital pathology provision, consequent upon increasing cost per test where providers see an egress of substantial portions of (primary care) work. This would have the inevitable consequence of contraction of the manpower in that service with threats to viability of 24 hour provision, and therefore an inability to support existing acute hospital clinical service configuration. We believe there needs to be time for careful consideration of 'Whole Pathology' costs (both financial and clinical outcomes) from this proposal. In addition "Cherry picking" of which pathology services/disciplines are included in this process does not appear to support the idea of providing high quality services. All facets of pathology service provision (including histopathology and cytology) need to be taken into account.

We have concerns about the geographical areas proposed for the lots in terms of maintaining the clinical quality of services, sample integrity and turnaround times. We recognise that a call for comments on these lots has been issued and we support this. We are happy to comment on any re-proposal.

We have concerns about the timescales involved for the development of the new ways of working. The timescales proposed are challenging and we believe there is potential that the full impact of the changes cannot be assessed and this represents a significant risk to service provision across all areas of the healthcare system.

We would like clarity around the engagement of Clinical Commissioning Groups (CCGs) and Public Health. From April 2013 CCGs will be responsible for delivery of Pathology to the whole community and as such will be major stakeholders in this proposal going forward. It is not clear that they have been engaged in this process, indeed on the evidence of conversations with CCG leads, many have been completely unaware of the proposals. They will clearly have a view on the fragmentation of the Acute and Community work and its impact on care pathways.

The information technology architecture is currently not available to support a project of this size. We believe current connectivity between primary and secondary care systems in a number of organisations in the region is pivotal to the provision of a safe and effective holistic pathology service. We believe that it should be an essential requirement that these mechanisms are maintained in any future solution.

Sincerely

A handwritten signature in black ink, appearing to read 'Craig Webster'.

Craig Webster, FRCPPath, Regional RCPPath College Council Chair