

A SINGLE PATHOLOGY SERVICE FOR KENT AND MEDWAY

1. EXECUTIVE SUMMARY

1. Pathology services are in need of change driven by local factors in Kent and Medway, and the national programme.
2. The Chief Executives of the four acute provider trusts in Kent – Medway NHS Foundation Trust, East Kent Hospitals University NHS Foundation Trust, Maidstone and Tunbridge Wells NHS Trust, and Dartford and Gravesham NHS Trust – have signed up to a shared vision, goal and key principles for the creation of single pathology service for Kent and Medway. This is about creating a more vibrant, self-sufficient service which meets the needs now and in the future, and is affordable for trusts.
3. A clear timetable has been set, and a project structure is in place with a steering group and project team which actively involves pathology leaders and trust representatives. The steering group is chaired by Lesley Dwyer, Chief Executive at Medway.
4. The project is building on the success of closer partnership working over the last few years in the Kent and Medway pathology services.
5. Staff within the existing pathology services are valued and there is a commitment to support them, and to promote the single service as a great place to train, work and research in pathology.

2. DRIVERS FOR CHANGE AND CHALLENGES

- 2.1. There is a requirement to create a single service in response to the National Pathology Network Strategy.
- 2.2. The network must be clinically led.
- 2.3. It is important to recruit and retain high calibre staff at all levels throughout this process. Attracting and retaining staff is a priority.
- 2.4. Kent and Medway has an ageing pathology workforce, and it is likely there would be difficulties sustaining the current configuration.
- 2.5. Technology platforms are ageing, so investment would be required. The review enables a strategy to transform the technological capability within Kent and Medway.
- 2.6. The rise of artificial intelligence and new technologies means 'no change' is not an option. The direction of travel within pathology is towards consolidation due to the

technology and workforce impacts within the service. This will see a more effective and efficient way of delivering pathology services. Meanwhile, a continual rise in the demand for the service, and new testing platforms, will require investment to deliver high quality patient care in our hospitals and wider community.

- 2.7. Developments in molecular diagnostics present challenges and new opportunities.
- 2.8. There is a financial imperative to work with commissioners to provide a responsive and cost efficient service for the future.

3. THE GOAL OF THE SINGLE PATHOLOGY SERVICE

3.1. The goal of the single service is:

- The creation of a single pathology service across Kent and Medway under a single management to deliver high quality, sustainable pathology services, embracing new technologies and diagnostics requirements of primary and secondary care.
- It will become a nationally leading pathology service in the areas it concentrates on by 2030 and the best place to learn, work and participate in research.
- The service will deliver a net £5.6million reduction in its own costs from 2017/18 and net of any investment in the new single service. This will be secured by 2020/21 and will be net of individual trust efficiency requirements for 2018/19 - 2020/21 for the pathology services.

4. STAFF ENGAGEMENT

- 4.1. Staff are being kept informed throughout the process, with regular updates on progress. Project leaders are working in partnership with unions to engage and involve staff.
- 4.2. There are planned discussions to consider how we can further develop this important part of the programme as we are now moving into a more detailed phase of the work.
- 4.3. The project is building on the experience of partnership working in pathology over the last few years, and leaders are keen to work closely with staff within the service to respond to their feedback.

5. BENEFITS OF A SINGLE PATHOLOGY SERVICE

- 5.1. Improved patient outcomes by delivering sustainable high quality pathology services.
- 5.2. A stronger proposition to aid recruitment and to retain the best staff to learn, work and research in Kent and Medway.

- 5.3. Opportunities to embrace new technologies and ways of working to be a leading edge single service by 2030.
- 5.4. A single unified management structure, a common set of standards, and common systems.
- 5.5. The service will generate financial savings of £5.6million through better economies in all areas, different service models and investment in new technology and information systems.

6. PROGRESS TO DATE

- 6.1. There has been agreement by all acute trusts to a single service under a single management and governance system with a clear, challenging goal.
- 6.2. Potential options have been scoped and a long list created. Scoring criteria were due to be applied in mid-September, with accredited staff representatives from each trust involved in the process.
- 6.3. A strategic outline case has been written, and will be shared with NHS Improvement by the end of September 2018.
- 6.4. Learning from previous changes in the pathology services, such as the recent formation of the North Kent Pathology Service, has been taken on board to help formulate the best possible business model.
- 6.5. Capital bids for replacement systems are being drawn up to ensure the single service runs smoothly, with technology that promotes a seamless, unified service to benefit patients.

7. OPTIONS LONG LIST

- 7.1. Option 1 – maintain the status quo, with current service configuration remaining the same.
- 7.2. Option 2 – ‘do minimum’ option which retains the current three hubs in the Kent pathology system and provides for four emergency services laboratories (ESLs) in the single service, with a single management team and standardised systems.
- 7.3. Option 3 – single hub on a greenfield site (or existing hospital site with considerable capital investment), and 6 or 7 ESLs.
- 7.4. Option 4 – two hubs and 5 ESLs – similar to option 3 but with greater resilience, and less likely to need major reconfiguration, but capital investment could be more.
- 7.5. Option 5 - Centralisation by Service Laboratory or Distributed Model with 7 ESLs. ESL on each site. In addition each site would specialise in a certain discipline and see the non urgent work centralised to this discipline. The disciplines affected would be haematology, clinical chemistry and microbiology.

- 7.6. Option 6 – strategic partner with the trusts. This option would involve the procurement of a strategic partner who would support investment, operating certain services and the potential management of the service as a whole.
- 7.7. Option 7 – the service for all four pathology services would be procured from a single pathology provider which could be a private sector or NHS organisation.
- 7.8. The costing of options has been undertaken and uses standard planning assumptions. These will allow for the selection of a smaller group of options which will be worked on in more detail at the outline business case stage.

8. TIMESCALES AND NEXT STEPS

Complete Strategic Outline Case, including evaluation criteria, and submit to NHS Improvement	End September 2018
Decision on target operating model	October 2018
Develop Full Business Case	December 2018