







Single Pathology Service for Kent and Medway – update for Kent Health Overview and Scrutiny Committee

1. Background

- 1.1. Two reviews carried out by Lord Carter indicated potential savings of upto £200million nationally from unwarranted variation and consolidation in pathology services.
- 1.2 Following this a review of pathology services across Kent and Medway was initiated, driven by a desire to deliver a sustainable and improved service, as well as national requirements to develop a pathology network.
- 1.3 A pathology network has been formed for Kent and Medway, one of 29 such networks across England.
- 1.4 The chief executives of the four acute trusts in the county agreed to work towards a single pathology service in the spring of 2018, and confirmed a clear goal, key principles and requirements on which to base a Strategic Outline Case (SOC).

2. Goal for the single pathology service

2.1. The following goal for the project was agreed early on:

"The creation of a single pathology service across Kent and Medway under a single management to deliver high quality, sustainable pathology services and embrace 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 research. The service will deliver a net £5.6million reduction in its own costs from 2017/18 outside any investments 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."

3 Strategic objectives

- 3.1 The strategic objectives have been identified:
 - 1) Clinically and financially sustainable single pathology service based on a strong, viable service clinically led, standardised, innovative and creative.
 - 2) High quality diagnostic service for patients, hospital and GPs, which meets current and future needs.
 - 3) Creating a workforce which feels valued, involved and owns the single pathology service as partners in the service, and a great place to work.
 - 4) Transforming service models in the pathology service in Kent to deliver

January 2019 Page 1

technological change – more responsive service, increased efficiency and meaningful roles for staff.

5) Managing transition to a new single service in a creative, competent manner.

4 Key principles

- 4.1 A common set of key principles has been developed, and all four acute trusts have signed up to these.
- 4.2 Learning from previous collaborations has been, and continues to be, important in ensuring the achievement of this project, and shared principles lay the foundation for future success.
- 4.3 Our key principles are:
 - A single organisation contracting with commissioners for pathology services
 - Every trust should benefit from the creation of a single pathology service
 - Joint venture between the four Trusts based on a model of shared ownership
 - Agnostic view on where direct access pathology and other services should be located; all major acute emergency sites will require an essential services laboratory
 - Target operating model to include public/private partnerships
 - Service models based on two core requirements sustainable quality and financial and regularity delivery
 - All partners agree investment needed to secure reconfiguration of services
 should be based on best option
 - Partners commit to developing a pathology consortium in 2019.

5 Vision for the future service

- 5.1 As part of the development of the Strategic Outline Case (SOC) we have set out the key requirements for the single pathology service under the following headings:
 - Quality
 - Financial, regulatory and strategy
 - Workforce.
- 5.2 It was also important to identify the vision for the service. Representatives from the pathology service joined a workshop to produce the vision, which is included in the SOC:

"We will create a single pathology service across Kent and Medway which delivers high quality, modern diagnostics services to secondary and primary care, which are affordable to Trusts and commissioners and are delivered in a single pathology organisation where the best people wish to learn, work and research."

- 5.3 The Programme Board is really clear that the project should deliver a sustainable pathology service for the county, and is ambitious around the benefits it will achieve.
- 5.4 The benefits can be summarised under these four headings:
 - Standard Operating Procedures this will ensure a consistently high

- standard of service leading to a better service for patients.
- IT for the first time systems will be linked and standardised across all parts of Kent and Medway.
- Equipment the project will remove inconsistencies across the service and ensure all labs have the equipment they need to best serve pathology needs.
- Procurement single processes will ensure consistency and best value.

6 Staff engagement

- 6.1 The project is clinically led, with clinical leads from each Trust involved at every stage. Pathology staff have been engaged in the development of the SOC and will be involved in the OBC.
- 6.2 We will adhere to a single set of change principles in line with Trust organisational change policies and following employment law, good practice and NHS and Trust values and behaviours. We are aiming for harmonisation of HR policies where possible before any organisational change.
- Open and transparent communications with staff is in place, through regular bulletins, face-to-face briefings and open staff forums. We also have a good level of engagement with union representatives.

7 Next steps

- 7.1 The Strategic Outline Case is currently being considered by boards of the four acute trusts.
- 7.2 The next stage will be to develop the Outline Business Case, with the aim of this being approved by boards in the summer of 2019, after which it will be submitted to NHS Improvement.
- 7.3 A Final Business Case will then be written for approval towards the end of 2019.
- 7.4 Subject to all approvals, implementation will begin in 2020, with further phases of implementation through to 2024.