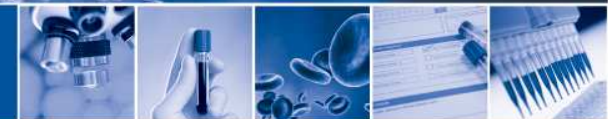




19 May 2010



Transforming Pathology Workshop: overview



Prepared by the Strategic Projects Team, NHS EoE
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Dr Hemal Desai, Strategic Projects Team

DATE:

The challenge

- Need to transform pathology services across the region to:
 - Meet the Carter recommendations
 - **Managed networks**
 - **Consistent quality**
 - **Consolidation**
 - Meet the QIPP efficiency savings (c. £40m)



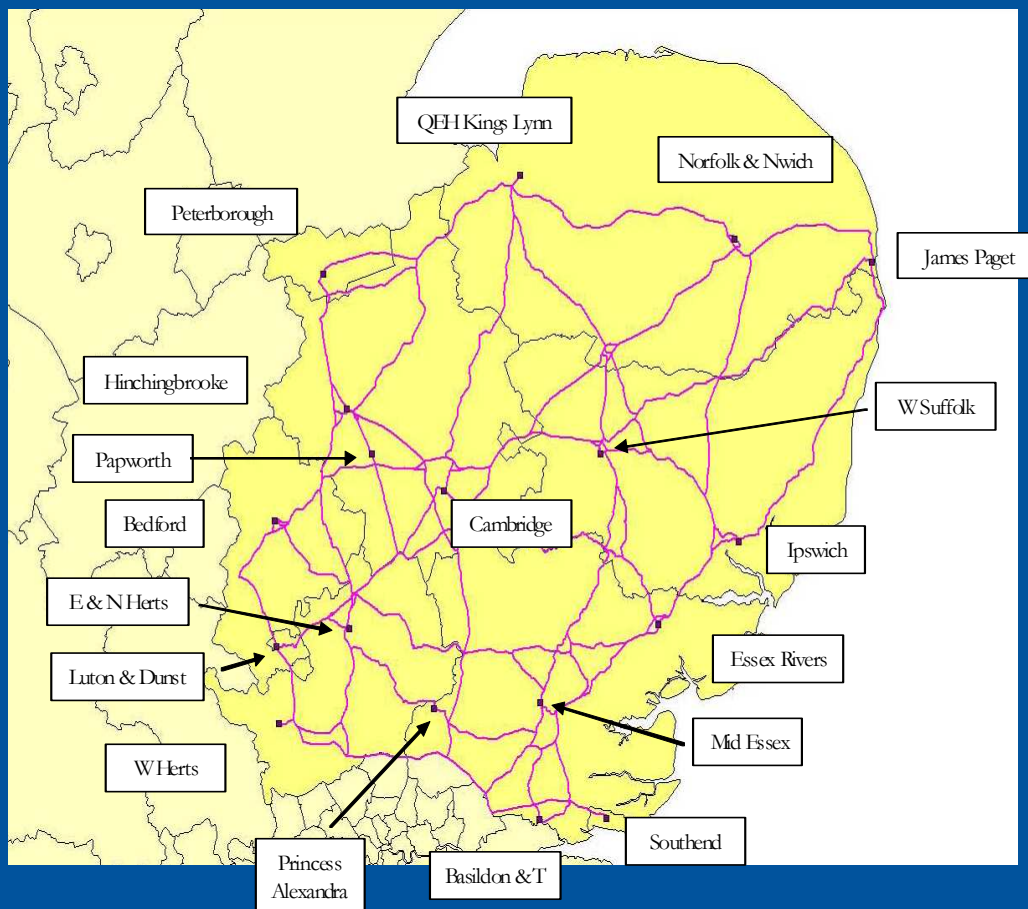
Key facts

- Large geographical area with rural and urban populations
- Pathology spend estimated between £209-216m
- Primary care spend estimated between circa £50-60m
- Estimated annual volumes (excluding cytology) are:

Discipline	Annual volumes
Biochemistry	44,000,000
Haematology	11,000,000
Microbiology	4,000,000
Histopathology	500,000



Provider profile



- 18 Trusts providing pathology services
- Varying catchments from 160,000 – 2,000,000
- Some Trusts provide services from more than one site



Source of referral

- There are approximately 800 GP practices across the region
- Acute hospitals generate the majority of other workload
 - A&E
 - maternity
 - inpatient
 - outpatient
- Workload generated varies by discipline

Discipline	GP Referrals % (nationally)
Biochemistry	46
Haematology	34
Microbiology	44
Histopathology	17



Turnaround times

Some illustrative examples of variances.....

- a Troponin generated by A&E with average turnaround time (ATT) of 69 mins (range 22 - 227 mins)
- a routine TFTs generated by a GP has ATT of 15 hrs (range 1 - 48 hrs)
- a routine inpatient test for U&Es has ATT of 89 mins (range 32 - 240 mins)
- FBCs with ATT for GPs of 118 mins (range 10 - 300 mins); for “urgent” inpatient work the ATT is 24 mins (range 8 - 70 mins) although some providers within the region have the same turnaround time regardless of the initiator
- a D-Dimer test with an average turnaround time of 49 minutes, however this varies between 8 and 90 minutes



The approach

- Led regionally by the Pathology Services Board
 - Jointly led by commissioner and provider CEOs
 - Commissioner, providers, clinicians, lab managers
- Strong clinical involvement
- Start with what “good” looks like
- Work with both commissioners and providers at each stage of the process
- Keep all up to date with progress



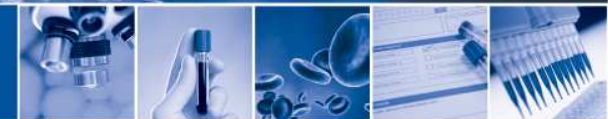
Next steps

- Work with commissioners to map out the detailed commissioning requirements for future pathology services
- Work with providers to map out the provision landscape for pathology services to meet the challenges and any commissioner requirements
- Work with clinicians to produce detailed clinical specifications for pathology services
- Produce commissioner and provider business cases by end of Sept 2010





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Be part of the process!



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