

**PATHOLOGY SERVICES TRANSFORMATION BOARD MEETING
PSB4 / 29 JULY 2010 / FOR INFORMATION**

**ANNEX A - TRANSFORMING PATHOLOGY SERVICES BOARD
TERMS OF REFERENCE**

1. Background, Aims and Objectives

- 1.1. There have been successive reviews of the Pathology Service in England. Reviews since 1999, including the Carter Review of Pathology Services in 2008, have recommended a fundamental reconfiguration via the formation of Managed Pathology Networks as the optimum mode of delivery for Pathology Services.
- 1.2. The Carter Report made 20 discrete recommendations covering 8 broad topics.
 - Quality – standards, accreditation, audit
 - Communication – IT connectivity
 - User responsiveness and information transparency
 - Consolidation – specialist services, networks, network management
 - Workforce reform
 - Tariffs/Benchmarking
 - Commissioning Guidance – model contract, formulary
 - Innovation
- 1.3. Accountable to the NHS EoE Management Board, the objectives of the Board are to:
 - Review output based commissioning of community pathology services and to produce outline business case(s), specifications, proposals and work with NHS providers and commissioners to ensure proposals for change are implemented.
 - Review provider networks of pathology services and encourage providers (including networks) produce outline business case(s), specifications, proposals and work with NHS providers and commissioners to ensure proposals for change are implemented.
 - Develop and implement effective communications strategy to involve stakeholders in the process.
- 1.4. Activities of the Board may also include:

- Establishing commissioner pathology networks to develop robust commissioning plans to meet Carter recommendations
- Engaging with “existing” provider pathology networks to call for provider proposals for service re-design to meet Carter recommendations
- Establishing clinical reference group to provide subject matter expertise in developing clinical specifications, clinical pathways, set regional quality and safety standards for future pathology services and define training and research requirements
- Reviewing “new” options and proposals for Direct Access Pathology, moving services closer to the patient.
- Reviewing proposals brought by commissioners and providers to develop and implement a joint east of England pathology strategy to establish optimum commissioning networks
- Understand and respond to the funding and operational stability implications of any proposals on providers.
- Agreeing commissioning network priorities and regional projects
- Develop strategic outline case(s) (SOC) and prepare relevant project timelines
- Establishing project governance structure and obtain necessary approvals
- Developing outline business case(s) (OBC)
- Ensure all commissioning/procurement plans are efficiently executed
- Developing full business case(s) FBC
- Ensuring service delivery is accurately monitored and any deficiencies rectified
- Agreeing network groupings
- Agreeing and implement a communications strategy.
- Establish and monitor a budget for the project.
- Seconding resources to the programme or specific projects.
- Agreeing and implement a communications strategy.
- Where appropriate, considering opportunities for, and benefits of, unbundling pathology services from NHS Tariff.
- Engaging NHS EoE to assist in the above.

2. Commissioning Networks

- 2.1. Each of the Commissioning Networks should have a minimum of 4 commissioners to enable coordination across traditional provider boundaries, to create a critical mass for procurement, and to maximise the interchange of ideas. It is expected that the Network procurements will be of sufficient scale to market test the Pathology services by attracting competition from Independent Sector providers, either acting alone or in Joint Ventures with NHS providers. The configuration, number and size of each of the Networks should be decided by the participating Commissioners.

3. Duties and Responsibilities

- 3.1. The Transforming Pathology Services Board will be responsible for the overall direction and management of the management of a programme and has the responsibility and authority for the programme. Initially the board will meet bi-monthly.

4. Accountability

- 4.1. The Transforming Pathology Services Board will report and brief the NHS East of England Operations Board who are ultimately accountable for the pathology programme. To enable the process to be managed swiftly the Operations Board will receive papers on (1) the project initiation, e.g. the process, plan, timeline and governance arrangements (2) the specification for change projects, tendering, assessment and criteria for final decision. This will be formally agreed with the Operations Board.

5. Authority

- 5.1. The NHS East of England Operations Board has ultimate authority and has delegated responsibility to the project board.

6. Proposals

- 6.1. Action Plan/Timelines;

- Form Transforming Pathology Services Board and establish terms of reference – April 2010.
- The Transforming Pathology Services Board should establish Network Structures and agree working relationships – within 3 months of formation, circa July 2010.
- Region wide projects should commence from the first meeting of the Transforming Pathology Services Board – initial “broad brush” benchmarking exercise to be completed – June 2010
- Develop Commissioning SOC and OBC, and agree initial Commissioning projects and specifications - September 2010.
- Solicit and support the development of provider SOC and OBC - September 2010.
- Implementation activity should take 6 months from establishment of SOC and Commissioner Specifications - From October 2010 to March 2011.
- Service delivery should be 3 to 6 months from completion of procurement process, circa July to December 2011 (a total of 15 to 21 months from commencement).

- 6.2. The Transforming Pathology Services Board should produce a detailed work plan and detailed objectives for other SHA wide projects – within 3 months.

7. Resources, Cost and Budget

- 7.1. Andrew MacPherson – NHS East of England Director of Strategic Projects, will be the project director and his team will provide the secretariat to the Transforming Pathology Services Board. A Project plan and budget based on the above advice will be presented by the project team to the Project Board for approval.

8. Composition/Membership

- 8.1. Transforming Pathology Services Board (PSB) Membership should include;
- Joint Chair from a provider CEO and a commissioners CEO with a medical background, with support from NHS EoE
 - A representative for each commissioning area, Essex, Norfolk/Suffolk, West Anglia and Bedfordshire/Hertfordshire, at least until effective plans and relationships are established.
 - A representative appointed by the Royal College of Pathologists to give expert advice on clinical issues unbiased by local loyalties
 - Pathologists for each of the remaining disciplines, Microbiology, Biochemistry, Haematology and Histopathology, not represented by the RCoP representative, from within the SHA area to provide local knowledge and expertise
 - A representative from the Health Protection Agency
 - A representative from Genetics
 - A representative from PHG Foundation
 - At least one General Practitioner identified by Commissioners
 - A Commissioner Director of Finance or Deputy
 - A number of Provider Management Representatives, number to be set by Project Board.
 - Two representatives of the pathology managers group, one with experience of automated laboratories.
 - Project Board may co-opt additional representatives as it deems necessary.
- 8.2. The following should also be in attendance:
- Secretariat - NHS East of England
 - Representative of Cooperation and Competition Panel
 - Chair of EofE Competition Panel, NHS East of England Competition Panel
- 8.3. The following minimum attendance, in person or by telephone or authorised deputy:
- Transforming Pathology Services Board chair or deputy
 - One commissioner from each network
 - One pathologist
 - NHS EoE Strategic Projects Team representative.

9. EoE Support & Budget

- 9.1. The project can be split into five stages:
- Stage 1 - Initiation – establishment of Transforming Pathology Services Board and plans
 - Stage 2 – Benchmarking, base setting and development of SOC(s) – comparison of costs and volumes of activity between Commissioners across EoE. – Development of OBC(s) for one or more community contracts and receipt of OBC proposals from providers.
 - Stage 3a – Development of or more community pathology service contracts including development of model contract documents
 - Stage 3b – Support to acute providers to restructure and prepare their businesses for forthcoming change
 - Stage 4 - Implement change projects
 - Stage 5 – Benefits tracking & review.
- 9.2. NHS EoE will assist the Networks in the development of benchmarking data and commissioning specifications.
- 9.3. NHS EoE will also assist in the implementation of procurement activity based on the new commissioning specifications.
- 9.4. Andrew MacPherson, Director of Strategic Projects, will assemble a core programme team to support the Transforming Pathology Services Board. The programme team is expected to be responsible for the day to day progression of the project. Core programme team members mobilised include;
- Dr Hemal Desai MRCP, Transforming Pathology Lead and Subject Matter Expert
 - Diekola A Sulu, Pathology Project Manager
 - Ian White, Strategic Projects Manager
 - Samantha Sherratt, Marketing and Stakeholder Engagement Manager, with support from Patsy Ryan, Communications Adviser
 - Laura MacPherson, Project Co-ordinator
 - Martin Peat (Commercial Lead)
- 9.5. NHS East of England's Head of Clinical Quality will support this project. The Transforming Pathology Services Board and pathology network members will be expected to identify project team members who can help support the process, particularly at network level.

10. Performance and Outputs

- 10.1. The key success criteria is that the recommendations of the carter report are each implemented within East of England to the fullest possible extent.

10.2. The process should take around two years to complete.

11. ToR Approval and Review Date

11.1. The Transforming Pathology Services Board should approve the ToR at its inaugural meeting. The ToR will be reviewed after 3 months by the Transforming Pathology Services Board and any changes communicated to all lead commissioners.

12. Frequency of Meetings

12.1. Initially Project Board will meet bi-monthly.

Strategic Projects Team
09/08/2010

Version Control

Version ID	Date of Issue	Change Description	Author
0.1	27 November 2009	Draft	Ian White
0.2	30 November 2009	Review of draft.	Andrew MacPherson
0.3	06 January 2010	Review amendments	Ian White
0.4	07 January 2010	addition of provider representation	Ian White
0.5	08 January 2010	minor changes	Ian White
0.6	12 January 2010	changes to phasing.	Ian White
0.8	16 June 2010	Amendments as PSB 1/4/10	Ian White
0.9	23 June 2010	Amendments as PSB 23/6/10	Ian White
10	09 August 2010	Amendments to names and titles in 9.4 and minor change to 9.5	Patsy Ryan