

*The Department of Health's Response  
to the Report of the Second Phase  
of the Independent Review of NHS  
Pathology Services in England*



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**DH INFORMATION READER BOX**

<b>Policy</b> HR/Workforce Management Planning Clinical	Estates Commissioning IM & T Finance Social Care/Partnership Working
<b>Document purpose</b>	For Information
<b>Gateway reference</b>	10977
<b>Title</b>	Department of Health's Response to the Report of the Second Phase of the Independent Review of NHS Pathology Services in England
<b>Author</b>	DH
<b>Publication date</b>	December 2008
<b>Target audience</b>	PCT CEs, NHS Trust CEs, SHA CEs, Foundation Trust CEs , Medical Directors, Directors of PH, Directors of Nursing, Directors of HR, Directors of Finance, Allied Health Professionals, GPs, Communications Leads, Emergency Care Leads, Directors, managers and staff of pathology services; clinical pathology service users
<b>Circulation list</b>	
<b>Description</b>	This is the Department of Health's initial response to the recommendations of the Independent Pathology Review chaired by Lord Carter of Coles. The Department is undertaking further work, with the NHS, to develop its Impact Assessment on the recommendations for service consolidation; this will be published for consultation in 2009.
<b>Cross reference</b>	Report of the Second Phase of the Independent Review of NHS Pathology Services in England, chaired by Lord Carter of Coles.
<b>Superseded documents</b>	N/A
<b>Action required</b>	N/A
<b>Timing</b>	N/A
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<b>For recipient use</b>	

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First published December 2008

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# Foreword from the Minister of State for Public Health, the Rt Hon Dawn Primarolo MP



Pathology services lie at the heart of healthcare and the modern NHS. The vast majority of patients will have pathology tests carried out for diagnosis and many will also have pathology tests on a regular basis to monitor their treatment and care. A key issue for the future is the role pathology can play to support personalised care and enable patients to self-manage effectively.

That is why the work of the Independent Review of NHS Pathology has been so important. Lord Carter and his colleagues have taken a thorough and thoughtful approach to this complex service which affects so many patients. I welcome the Review's report and am very grateful to Lord Carter for leading the Review. I am also very grateful to the members of the Review Project Board and team who gave their time and expertise for this important work.

It is also good news that East of England, South East Coast and Yorkshire and the Humber Strategic Health Authorities will be working with the NHS on developing approaches to the Review's recommendations on pathology reconfiguration. We will feed the outcome of that work into the Department's Impact Assessment which we will publish next year for consultation.

Through our pathology programme, we will continue to take forward the agenda set out in the Review's report on quality, patient safety and efficiency, in the context of the framework set out in Lord Darzi's report *High Quality Care For All*. Our aim is to support the NHS to develop a patient-centred pathology service which is clinically led, supports personalised, high quality care and empowers patients by giving them access to information to make choices and manage their care effectively. We are also focusing on developing clinical leadership in pathology, and aligning work on IT and innovation to improve evaluation and uptake of new diagnostic devices. We will report on progress in 2009.

A handwritten signature in black ink that reads "Dawn Primarolo".

Rt Hon Dawn Primarolo MP  
Minister of State for Public Health

# Executive summary

In 2005 the Department of Health asked Lord Carter of Coles to chair an Independent Review of NHS Pathology Services to “advise Ministers, in the context of current resource constraints, on the timeliness, reliability, capacity and efficiency of current pathology services in England, benchmarked against international standards; and the feasibility of and efficiency benefits arising from wide-scale service reconfiguration, innovation and modernisation and involvement of the independent sector”.

The Review has published two reports (in August 2006 and December 2008). The Review’s second report focused on three main themes:

- improving quality and patient safety
- improving efficiency; and
- identifying the mechanisms for change.

The Review estimated that potential savings of between £250 million and £500 million could be realised by the NHS through consolidating pathology services. Its report set out 20 specific recommendations for change.

The Department of Health welcomes the approach taken by the Review, which set out a vision for an NHS pathology service which is clinically excellent, responsive to users, cost effective and fully integrated with the Government’s strategy on NHS reform. This document sets out the Department of Health’s response to the Review’s final report and specific recommendations.

East of England, Yorkshire and the Humber, and South East Coast Strategic Health Authorities will be working with the Department of Health on developing approaches to examine the Review’s recommendations on service reconfiguration, as well as working with providers and commissioners locally to improve the quality, safety and efficiency of pathology services. This work will feed into the Department of Health’s Impact Assessment, which will be published in 2009 for consultation.

Section 1 covers background, the Independent Review of NHS pathology services, next steps on working with the Strategic Health Authorities, and work the Department of Health is doing to support improvements in efficiency and effectiveness in pathology services.

Section 2 sets out the Independent Review’s 20 recommendations, with the Department of Health’s response to each.

# Section 1: Background

1. The Independent Review of NHS Pathology Services, chaired by Lord Carter of Coles, was set up in 2005 to “advise Ministers, in the context of current resource constraints, on the timeliness, reliability, capacity and efficiency of current pathology services in England, benchmarked against international standards; and the feasibility of and efficiency benefits arising from wide-scale service reconfiguration, innovation and modernisation and involvement of the independent sector”.
2. This document sets out the Department of Health’s (DH’s) response to the Independent Review’s recommendations. We welcome the Review’s report and its comprehensive overview of service transformation and we support its overall approach. This now needs to be viewed in conjunction with Lord Darzi’s report *High Quality Care For All*<sup>1</sup> and the clinical visions (which include diagnostic services) developed by each Strategic Health Authority (SHA) in England.
3. DH will undertake further work, in conjunction with the NHS, to develop its Impact Assessment on the Review’s recommendations, in particular for large-scale service consolidation in pathology and the potential for savings identified by the Review. Further detail on the Department’s response to specific recommendations is set out below.

## The Independent Review of NHS Pathology Services

4. The Review’s first report found scope to achieve significant benefits from further reform of pathology, for those using, providing and funding the service. However, it also found that lack of good quality, useable data about costs, activity and performance within NHS pathology services was a barrier to formulating its conclusions. Lord Carter’s main recommendation was to set up a series of pilot sites to obtain this information and to test different approaches to the future organisation and management of pathology. This was accepted by Ministers.
5. As a consequence, the second phase of the Review’s work focused on working with 12 trusts to collect data on activity and costings in their pathology departments. This exercise showed wide variation in the costs per investigation, both for high volume, automated investigations and for more complex ones. Having explored with the pilot sites the reasons for this variation, the Review identified scale of operation (and the

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<sup>1</sup> *High Quality Care For All: NHS Next Stage Review Final Report*. Department of Health, June 2008.

associated economies of scale) and the way in which staff were deployed as the main factors. The Review concluded that the data pointed towards consolidation of services as a means of improving service quality and cost-effectiveness.

6. The Review then considered how far consolidation should go and commissioned some modelling of pathology services, based on information from two SHAs. The models assumed that consolidated, reconfigured services would have responsibility for the end-to-end service, full IT connectivity linking the requester with the laboratory, and effective and economic management of resources in line with best practice. Based on these models, the Review estimated that potential savings of between £250 million and £500 million annually (based on 2005 figures) could be realised by the NHS.
7. These proposals were set within the Review's vision for an NHS pathology service which is clinically excellent, responsive to users, cost effective and fully integrated with the Government's strategy on NHS reform.

## Next steps

8. Change in NHS pathology services needs to be responsive to local needs, patient-centred and clinically driven, and aligned with the SHA 10 year clinical visions for eight clinical pathway groupings from early life to the end of life. That is why we are very pleased that three SHAs – East of England, South East Coast, and Yorkshire and the Humber – will be working with the Department of Health on developing approaches to examine the Review's recommendations on reconfiguration, as well as working with providers and commissioners locally to improve the quality, safety, accessibility and efficiency of pathology services. Their approach will be to examine the potential for change through those pathology network developments already in place or being planned in their localities.
9. DH will work with the SHAs to understand in more detail the potential transition costs and implications for local service delivery and the workforce of pathology service consolidation and to further refine the potential for savings to be realised through that process, which may be significant. We also want a realistic forecast of the likely timescales involved. This work will feed into DH's Impact Assessment, which will be published by early summer 2009 for consultation before further planning assumptions are required of the NHS.

## Improving efficiency and effectiveness in pathology services

10. The Independent Review's report also highlighted the importance of service improvement in pathology. DH will support a further three-year programme of work in partnership with NHS Improvement. This has already demonstrated the importance of adopting and implementing Lean methodology in pathology departments. Using this approach in acute hospitals has led to dramatic improvements in efficiency and the added value of pathology services in end-to-end pathway delivery, which has resulted in shorter lengths of stay, more efficient outpatient clinics and better infection control. It is important that the NHS takes the opportunity to bring efficient ways of working into reconfiguration plans for pathology services. This requires clear leadership and engagement of the whole team in implementing and sustaining change.
11. The report also highlights the popularity of action learning as a tool for change in pathology. Building on action learning projects supported through the national programme, we are commissioning further action learning resource to support network management development locally in the NHS and to share learning and good practice on this issue. This will be enhanced by a commitment to develop the leadership capability within pathology services to respond to both the opportunities and the challenges in delivery for the benefit of both patients and the public.
12. Information about other projects supporting increased efficiency and effectiveness in NHS pathology services is set out in response to individual recommendations in Section 2.

## Section 2: Recommendations of the Report of the Second Phase of the Independent Review of NHS Pathology Services in England

13. The Review's second report focuses on three main themes:
  - improving quality and patient safety
  - improving efficiency; and
  - identifying the mechanisms for delivering change.
14. The report makes 20 specific recommendations for change. These are set out below, together with DH's response.

### **Recommendation 1: Objective and measurable quality standards should be developed for pathology services, from sample request to delivery of interpreted result.**

15. Lord Darzi's report *High Quality Care For All*, published on 30 June 2008, set out changes in the way in which quality standards will in the future be set for the NHS as part of the process of bringing greater clarity to what high quality care looks like, and of transforming the role of the National Institute for Health and Clinical Excellence (NICE).
16. NICE will from 2010 lead the process of expanding the number and reach of national quality standards and, through NHS Evidence, improving NHS access to quality standards and the guidance from which they are derived. DH will discuss the Independent Review's recommendation with NICE and other stakeholders and consider how it might best be taken forward in the light of these wider developments.

### **Recommendation 2: The accreditation process should be reviewed so that it inspects against the quality standards (once developed) referred to in Recommendation 1.**

17. DH is considering this recommendation in the context of five recent reforms:
  - the amended relationship between quality standards and mandatory healthcare inspection as provided by the Health and Social Care Act 2008;
  - the potential inclusion of pathology services in services to be registered by the new regulator, the Care Quality Commission;

- the further development of the existing voluntary pathology accreditation system as described below;
- EC Regulation 765/08 which establishes a legal framework for accreditation in the European Economic Area; and
- the future expansion of NICE's responsibilities, as described above.

**Recommendation 3: Pathology service providers – and, in future, consolidated networks – should be subject to mandatory accreditation by an organisation independent of the providers and the professions.**

18. We agree that all NHS laboratories should participate in accreditation and that consistent failure to obtain accreditation is unsatisfactory. Commissioners and providers of pathology services have a responsibility to ensure that they meet basic standards of quality and safety. DH consulted on the scope of registration of NHS services with the Care Quality Commission during the summer. In the consultation we proposed including pathology services within the scope of registration. We are considering the responses to the consultation and will publish the Government's response in due course.
19. In addition, in *Modernising Pathology Services*<sup>2</sup> the Department of Health highlighted the importance of NHS pathology laboratories participating in accreditation as a means to encourage improvement in safety and quality beyond the bare minimum. We will reinforce this by addressing the issue in commissioning guidance for the NHS on pathology services.
20. Currently, accreditation of pathology laboratories is carried out by Clinical Pathology Accreditation (UK) Ltd (CPA). This is a company limited by shares, which operates as a 'not-for-profit' organisation, whose main shareholders are the major pathology professional bodies, including the Royal College of Pathologists. CPA assesses pathology laboratories against the 'CPA standard' which incorporates ISO 15189. CPA is also developing guidance for point of care testing (POCT) based on ISO 22870.
21. DH has worked with CPA to support an internal review and to encourage it to update its approach to accreditation, in the light of changes in the NHS and healthcare generally and the need for transparent consistency in the application of standards. We would support any moves by CPA to merge or otherwise integrate with the United Kingdom Accreditation Service (UKAS), which is the national accreditation body that is recognised by the UK Government for its role within the

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2 *Modernising Pathology Services*. Department of Health 2004

- new European legislation in both the regulated and voluntary sectors. This follows UKAS' new role in accrediting diagnostic imaging services on behalf of the Royal College of Radiologists and the Society and College of Radiographers, and would provide a strong, independent focus for diagnostic service accreditation.
22. We believe that this change will provide the necessary independence and transparency highlighted by the Independent Review. DH will continue to work closely with UKAS and CPA to improve pathology laboratory accreditation and to ensure that it supports high quality, safe diagnostic services for patients.
  23. An increasing number of pathology tests are being done using POCT equipment (for example blood glucose monitors and cholesterol testing) and much of this is being undertaken outside hospitals – in general practice, polyclinics, community clinics, ambulances and high street pharmacies, for example – and by non-pathology staff. This can have a positive impact on patients, since they get their results at the same time as tests are done and decisions made about their care, and it may reduce the number of times they need to see their GP or attend hospital clinics.
  24. Pathology POCT outside hospitals is not currently covered by existing accreditation systems. DH has, therefore, commissioned UKAS to develop a pilot approach to accrediting pathology POCT. To support this, DH has also commissioned Skills for Health to develop appropriate competences for pathology POCT and e-Learning for Healthcare to develop e-learning modules for staff providing POCT. We are holding workshops early in 2009 to enable key stakeholders to input into the project development.
  25. This project will also act as a pilot for accrediting other diagnostic point of care tests outside pathology, for example physiological measurement.
  26. We will also look at the requirement for more formalised awards and qualifications and for opportunities to embed learning and development relating to POCT within the modernised career programmes for a range of clinicians (for example doctors, pharmacists, nurses and allied health professionals).

**Recommendation 4: All providers of pathology services (including providers of point of care testing) should be required to participate in clinical audit and other clinical governance activities.**

27. We will consider this recommendation further with key stakeholders, including the relevant Royal Colleges, the Healthcare Quality Improvement Partnership and the National Clinical Audit Advisory Group.

28. To support quality assurance in pathology, we would expect pathology providers to participate in relevant accreditation, External Quality Assurance and benchmarking schemes.

### **Recommendation 5: IT connectivity should be put in place for NHS pathology services as a matter of priority.**

29. DH supports this recommendation, and we have been working closely with NHS Connecting for Health (NHS CfH) on a range of projects to support IT connectivity for NHS pathology services.
30. The key to more effective use of pathology services lies in enhancing the interoperability of laboratory medicine information through IT. Interoperability is being achieved by the development and rollout of strict IT standards, as in the National Laboratory Medicine Catalogue, SNOMED-CT coding and HL7v3 messaging. This enables lab-to-lab interactions, results storage in the Care Records Service, and access to data by the Health Protection Agency (for surveillance and other health protection functions), Cancer Registries and other disease registries, screening programmes and clinical researchers, as well as more immediate laboratory issues of networking and benchmarking. Through links with current information sources (for example Lab Tests Online, Better Testing and Pathopedia, which provide information for patients, GPs and specialists respectively), interoperability permits access to pertinent data for both pre- and post-analysis decision support. This is an example of system alignment through developing pathology IT architectures which support the emerging patterns of business models in response to the report of the Independent Review.
31. DH collaborated with the Office of the Chief Clinical Officer (OCCO) in NHS CfH in hosting a pathology IT workshop in July 2008 which created a pathology IT strategy *Evidence, safety and quality – an information strategy for NHS Pathology*. This was further developed at a two-day pathology IT summit in November 2008. The outcome of the summit highlighted a number of related issues which will be addressed in a series of one-day workshops to ensure that IT is aligned to the wider pathology agenda. All these findings have been and will be published in a wide range of pathology professional newsletters and websites and on NHS Pathology IT on eSpace.
32. There are a number of IT projects developing the concept of end-to-end pathology services, as outlined in the reports of the Independent Review. A major project is to support the development of electronic test requesting by and results reporting to GPs, using the Spine. Other concepts under consideration include:

- 'Choose and Book' for phlebotomy and investigations requiring the patient to be in the laboratory;
  - the inclusion of the results of screening, whether neonatal or for cancer, in the electronic clinical record;
  - Lab2Lab communications – for those analyses undertaken only in specialist laboratories – which will ensure accuracy of results through avoiding the need for transcription and save considerable laboratory time; and
  - decision support through links between the National Laboratory Medicine Catalogue and pathology information sources.
33. These projects also enhance both the quality and safety of the service to patients.

**Recommendation 6: Priority should be given to ensuring that pathology services are made more responsive to users' requirements; and, in particular, that phlebotomy and sample collection services should be made more accessible and convenient.**

34. DH accepts this recommendation. DH undertook an in-depth stakeholder assessment, in partnership with the Central Office of Information (COI), and concluded that:
- pathology service providers will be encouraged to build on good practice in order to become more customer-focused. The pathologists interviewed in the process were clearly very dedicated to their profession and committed to providing a high quality service to their immediate users (ie clinicians requesting tests). However, pathology – and the patient care it enables in the NHS – could be significantly enhanced if pathology services identified and engaged with all their users, including patients, and designed services around their needs; and
  - customer pressure for change is perhaps the single most significant factor, if change is to be achieved. Currently, such pressure does not widely exist. A re-framing of users' expectations, based on better understanding of good practice and quality rather than simply turnaround times, would reap significant rewards in delivering change. When pathology users (including commissioners) appreciate how the service can help realise wider strategic objectives, they will become drivers for the change process.
35. In a patient-centred NHS, convenient and reliable access to phlebotomy is important and we know that it is often a concern to patients in different areas that they may have to wait some time for an appointment. We will address this issue in guidance for commissioners. NHS Improvement's Diagnostic Improvement Team will undertake

work funded by DH's pathology programme with a specific focus on improving access to phlebotomy services for patients.

### **Recommendation 7: The Department of Health should formulate proposals for ensuring that more information is made available to service users about the quality and safety of services.**

36. We agree that we should encourage access to information for pathology service users about the quality and safety of services. DH will consider this recommendation further with key stakeholders, such as the Care Quality Commission, UKAS, CPA and pathology professional bodies, including the Royal College of Pathologists.
37. Another key area for further development is the provision of information on pathology testing for patients. DH supports Lab Tests Online, a valuable source of information about pathology tests for patients. We will continue to take forward work to improve access for patients to pathology information. This will include enhancing the coverage of quality of information about pathology tests available via NHS Choices (www.nhs.uk) which is rapidly being developed as the common patient portal to information about health and health services. Through NHS Choices, patients will also be able to access their own secure HealthSpace where they can use a range of online services, including test results.

### **Recommendation 8: Specialist services should be consolidated through referral to specialist testing centres to assure quality and to address professional isolation.**

38. DH recognises the challenges facing specialist pathology services and will review existing provision of specialist pathology testing, in conjunction with key stakeholders. We will take this work forward, in collaboration with the SHAs, to understand more fully the issues relating to and potential impact of consolidating specialist pathology services.

### **Recommendation 9: Pathology networks should be developed on the lines set out in paragraph 43 [of the Report of the Second Phase of the Independent Review of NHS Pathology Services in England]**

39. This is in line with existing guidance DH has issued in *Modernising Pathology Services*<sup>3</sup> and *Modernising Pathology: Building a Service Responsive to Patients*.<sup>4</sup> This guidance was based on the potential benefits of consolidation which networks can bring in terms of quality, safety, workforce development, efficiency and cost effectiveness.

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3 *Modernising Pathology Services*. Department of Health 2004

4 *Modernising Pathology: Building a Service Responsive to Patients*. Department of Health 2005

Pathology services will wish to take such factors into account when considering service development. This will, however, need to fit with SHA clinical visions and delivery for local communities, as well as with Foundation Trusts and their freedom and ability to innovate.

**Recommendation 10: Each consolidated network should have a single integrated management structure, including a clinical director and commercial director, who would provide clear leadership and accountability.**

40. *High Quality Care For All* recommended that each SHA should have a Medical Director and a Clinical Advisory Group, and we hope that these will support the development of pathology networks. DH recognises the potential benefits of an integrated management structure for pathology networks and would expect local services to have regard to this recommendation in developing networks. However, the structure and organisation of services are a matter for local decision.

**Recommendation 11: A national clinical director for pathology should be appointed, working in partnership with a national commercial director for pathology.**

41. DH accepts the need for clinical leadership at a national level. We were delighted that Dr Ian Barnes from the Leeds Teaching Hospitals NHS Trust was willing to take this role. He is a member of the National Clinical Directors' Group, and works closely with the national clinical leads for diagnostic services (Professor Sue Hill, Chief Scientific Officer and National Clinical Lead for Physiological Measurement; Dr Erika Denton, National Clinical Lead for Diagnostic Imaging; and Professor Brian Duerden, Inspector of Microbiology and Infection Control) through the DH Diagnostics Programme Board. We are very pleased that Dr Barnes has increased his work commitment in DH to reflect the growing importance of the diagnostics agenda and to provide greater clinical leadership for NHS pathology in England.
42. A key focus of *High Quality Care For All* is on fostering leadership for quality. In line with this, we recognise that developing clinical leaders is crucial to enable pathology services to develop and respond to the challenges of the changing healthcare environment, technology and scientific developments. We will develop a programme to support clinical leadership for pathology, as part of a wider programme of support for clinical leadership in diagnostic services.
43. We also support NHS CfH's initiatives to develop clinical leaders, including the OCCO project of a Clinical Leaders' Network, which will enable laboratory medicine professionals to interact more effectively with service users.

44. In relation to the recommendation for a national commercial director for pathology, DH is close to completing work on its commercial strategy, including operating models. This work will be finalised in early 2009 and will clarify roles and responsibilities of the various parts of DH and the NHS. It is recognised that commercial support to commissioners is required and the form it takes will derive from this work.

**Recommendation 12: Our proposals for the reform of NHS pathology services should be reflected in the Department of Health's Operating Framework for the NHS in England.**

45. DH's priorities for the NHS in England have been set out for the period 2008/09 – 2010/11. We shall consider this recommendation further in the light of DH's Impact Assessment.

**Recommendation 13: The NHS pathology workforce should be reformed as set out in paragraphs 58–59 [of the Report of the Second Phase of the Independent Review of NHS Pathology Services in England].**

46. There are a number of initiatives which have been and are focused on ensuring that the pathology workforce is fit for the future. The importance of having the right competences and skill-mix, based on the service functions to be delivered, was outlined in *Pathology: towards a competence based workforce*.<sup>5</sup> This document included evidence from a number of pathology services in the West Midlands.
47. This was further enhanced by the launch of the *Pathology Workforce Planning Tool*<sup>6</sup> in October 2008 to assist and enable provider organisations at a local level to achieve the optimal workforce profile, based on the basket of functions outlined in the *Report of the Second Phase of the Independent Review of NHS Pathology Services in England*, and linked to available finances. This was informed by and tested in a number of NHS pathology services. The toolkit will be rolled out in a series of practical 'hands on' workshops in every SHA in the first part of 2009. This will support pathology services in being able to respond to the new workforce planning arrangements outlined in *A High Quality Workforce*.<sup>7</sup>
48. The Modernising Scientific Careers programme is a UK-wide initiative aimed at providing coherent and cohesive education and training pathways for the whole

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5 *Pathology: towards a competence based workforce*. Department of Health and Skills for Health 2008

6 *Pathology Workforce Planning Tool*. Department of Health 2008

7 *A High Quality Workforce: NHS Next Stage Review*. Department of Health 2008

healthcare science workforce, including pathology disciplines. It will ensure that the pathology workforce of the future can meet the challenges of modern healthcare, including scientific and technological advances and changing models of care provision, as well as enabling skill-mix opportunities and the creation of a more flexible and sustainable workforce that provides value for money. The concepts and intentions of the proposed model are consistent with the recommendations of the Independent Review. The proposals are currently out for formal consultation and can be found at [www.dh.gov.uk/cso](http://www.dh.gov.uk/cso).

49. The DH Chief Scientific Officer, Professor Sue Hill, is joint chair of the DH/Royal College of Pathologists Task Force which is looking in detail at the synergies between clinical scientist training pathways at a higher specialist level and the eventual roles that are undertaken, and those of medically qualified pathologists.
50. Consideration is also being given to the creation of a workforce group, focused on diagnostics, to inform the requirements of the Next Stage Review report *A High Quality Workforce*.

**Recommendation 14: Based on guidance and support from the Department of Health, each Strategic Health Authority (SHA) should require the Primary Care Trusts (PCTs) in its area to take the lead with providers (existing and – where known – potential) in drawing up cost-effective plans for implementation of this report's [the Report of the Second Phase of the Independent Review of NHS Pathology Services in England] proposals.**

51. Again, the priorities for the NHS have been set and based on an expectation that decisions are best taken as near as possible to the front line. We shall need to consider how best to implement the proposals in line with expectations of devolution and subsidiarity.

**Recommendation 15: Further work should be undertaken by the Department of Health to develop a tariff for community-based and specialist pathology.**

52. In line with this recommendation, DH has convened a group of specialists, which is considering, in the first instance, costings for direct access pathology (pathology tests requested by GPs for their patients), with a view to developing pathology tariffs. At a later stage, the expert group will consider costings for specialist pathology tests.

**Recommendation 16: The Department of Health should determine the coverage and format of benchmarking data to be collected from all pathology providers, and procure the collection of such data.**

53. DH recognises the need to improve benchmarking of pathology services and increase participation. Currently, the National Pathology Benchmarking Service, based at Keele University, provides a UK-wide benchmarking service. We are funding a project to review the existing system and make proposals for improvement so that the service supports improved commissioning and service efficiency. The review will also include the development of web-based technology so that data collection will be easier for pathology services and reports can be provided closer to 'real time'. We believe this is a cost-effective approach to developing an effective, efficient and self-sustaining pathology benchmarking system for the future that meets the needs of the wider NHS as well as pathology services.
54. DH funds a joint project between the University of Leeds and Keele University to develop and pilot a benchmarking system for primary care pathology. Demand for pathology tests and investigations is rising steadily and the proportion of requests from primary care is increasing. This system is being developed to meet the needs of primary care service users, commissioners and pathology laboratories for a tool to enable them to make the most effective clinical and financial use of pathology services.
55. The system brings together laboratory, demographic and epidemiological data to provide anonymised data about requesting and usage patterns for pathology tests. Reports will allow users to review, analyse and compare requesting patterns for common pathology tests and map them against best practice and population data. This will support more intelligent commissioning, better patient care and more effective use of resources through appropriate testing.

**Recommendation 17: The Department of Health should develop commissioning guidance as a matter of priority.**

56. DH accepts this recommendation and will develop commissioning guidance, in conjunction with the NHS World Class Commissioning team and key stakeholders.

### **Recommendation 18: The Department of Health should consider the development of model contracts for pathology.**

57. DH is including directly commissioned pathology within the NHS Standard Community Services Contract, currently under development and expected to be rolled out from April 2009. The aim is for services specifications to adhere to a standard template which will form a schedule of the overall contract. Commissioning guidance will accompany the standard contract to assist commissioners in tailoring services to their local health economies.

### **Recommendation 19: The Department of Health should ensure that a pathology 'formulary' equivalent to that used for medicines is introduced.**

58. DH supports the aim of this recommendation. The development of the National Laboratory Medicine Catalogue (see paragraph 30) is a key element of the approach we are taking to develop a system to streamline ordering tests, reporting results, providing decision support and improving evaluation of tests. We are working closely with the Royal College of Pathologists and other key stakeholders to ensure robust and sustainable clinical input to this approach. DH also supports a national project to build consensus on standardising reference ranges for pathology tests. This work will feed into the Catalogue. This combined approach will lead to a 'virtual' formulary for pathology in due course.
59. *High Quality Care For All* tasked NICE with managing the synthesis and spread of knowledge through NHS Evidence – a new, single portal, through which users will be able to access clinical and non-clinical evidence and best practice. This will support the commissioning and uptake of the most clinically and cost effective diagnostics, treatments and procedures.

## **Recommendation 20: The Department of Health should identify ways to facilitate the adoption of innovation in pathology.**

60. DH accepts this recommendation. Lord Darzi's final report of the NHS Next Stage Review included a commitment to ensure that "clinically and cost effective innovation in medicines and medical technologies is adopted... For new medical technologies, we will simplify the pathway by which they pass from development into wider use, and develop ways to benchmark and monitor uptake". This includes diagnostic technologies and on 25 November 2008 the Ministerial Medical Technologies Strategy Group (MMTSG) endorsed proposals, developed by DH, to turn this commitment into reality. In particular, ways are being explored to establish a new diagnostics evaluation programme which will be tailored to the particular needs of the product under evaluation. The outputs of this process will be accessible via the NHS Evidence service (see paragraph 16). MMTSG asked for the proposals to be developed in more detail. The timetable for delivery is subject to the results of this further work but it is envisaged that the new evaluation pathway is likely to be operational in 2011.
61. Our aim is to align the agendas on innovation, workforce, quality and IT to ensure an effective approach across NHS pathology.

# Conclusion

62. DH will continue to develop its pathology programme, taking forward the agenda set out in the Independent Review's report on quality, patient safety and efficiency, in the context of the framework set by *High Quality Care For All*. A key focus of the programme will be stakeholder engagement, including with patients, to develop a truly patient-focused pathology service that supports personalised, high quality care. Such a service will be clinically led and empower patients by giving them access to information to make choices and manage their care effectively.





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