

# **Networking and Commissioning Pathology services: Haemochemistry and Transfusion**

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# Pathology Networking

- “ The Strategic Projects Team of the East of England Strategic Health Authority began a procurement project in 2011 to “transform” pathology services across the region, informed by the recommendations in the Lord Carter Independent Review of Pathology Services in England in 2008
- “ In December 2012 the successful provider for the provision of community pathology to Norfolk was named as **Eastern Pathology Alliance (EPA)**, a joint venture partnership between the Norfolk and Norwich University Hospital (NNUH), James Paget University Hospital (JPUH) and The Queen Elizabeth Hospital King’s Lynn (QEHL)

# What is Commissioning

## *NHS England*

- “ At its simplest, commissioning is the process of planning, agreeing and monitoring services
- “ However, securing services is much more complicated than securing goods and the diversity and intricacy of the services delivered by the NHS is unparalleled
- “ Commissioning is not one action but many, ranging from the health-needs assessment for a population, through the clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment

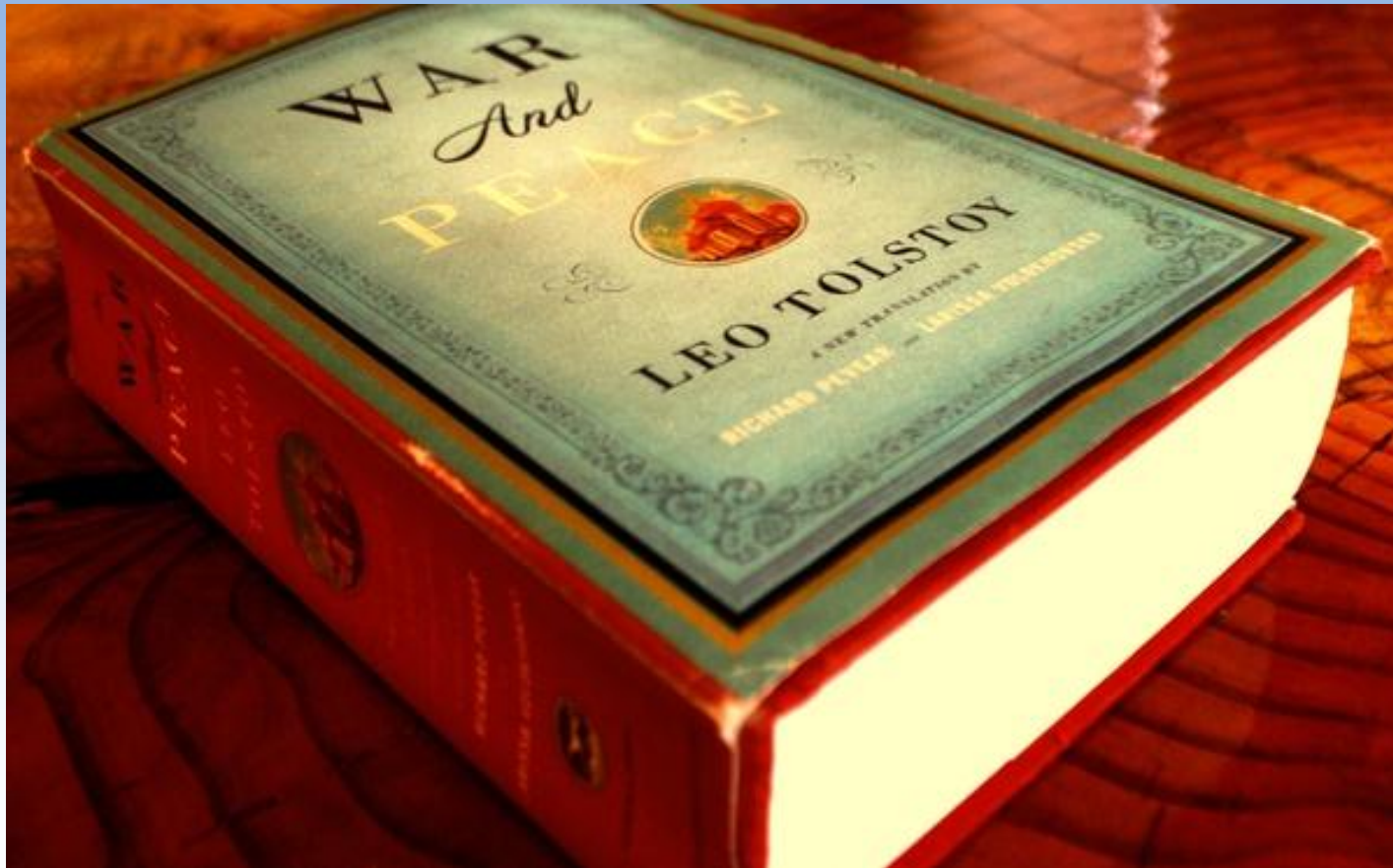
# Commissioning Community Pathology

Position in March 2012: Health Service Journal

- “ The NHS spends some £3bn on pathology a year – and around 30 per cent of this is on community and primary care work. It would not be unreasonable to expect that clinical commissioning groups will start to look at what they are getting for their money- and whether they could get more
- “ According to Dr Ray Prudo, director of The Doctors Laboratory, primary care and CCGs are not at the table as pathology reorganisation takes place:

*“It’s pretty clear to me and to GPs that the community part of labs is seen as an appendage to the main action – the hospital”*

# Agreement for the provision of community pathology services to Norfolk 2014/15



# **Agreement for the provision of community pathology services to Norfolk**

**43902 words**

**“The Commissioners shall manage external demand for all the Services and the Provider will be expected to support the Commissioner in managing the demand for pathology services”**

- “ CPA/UKAS-mentioned 5 times “comply with accreditation standards”
- “ MHRA- one mention “comply with standards and regulations”
- “ Transfusion-no mention
- “ SHOT-no mention
- “ Blood components-no mention
- “ Traceability-no mention

# Commissioning transfusion

CCGs don't do it

Transfusion sits with the Trusts and is part of  
national tariff

## Is transfusion different?

- “Provides” a product that is administered to patients
- Transfusion practitioners embedded both in laboratory and in hospital service
- Significant areas of overlap between laboratory and clinical work, with some boundaries unclear
- Highly regulated, internally and externally
- Little transfusion work done in primary care



# Hospital Transfusion Service



# **Internal Relationships of a Hospital Blood Transfusion service**

Chris Elliott, South Tees

Laboratory staff

Clinical advisory service (HTT)

Formal links with clinical users (HTC) and  
thereby links to Hospital Governance

Role in Hospital Pathology service (or EPA)

# External Relationships of Hospital Blood Transfusion service

Chris Elliott, South Tees

Blood component/product supplier (*NHSBT*)

Equipment, reagent and IT suppliers

External clinical users

Haemovigilance reporting (*SABRE and SHOT*)

Blood stocks management scheme (*BSMS*)

External Quality assurance schemes (*EQA*)

National guidelines including:

BCSH, UK TLC, Patient Blood Management, emergency blood management, transfusion specific national occupational standards

# Regulatory and accreditation bodies

*“Over regulated”*

Chris Elliott, South Tees

Professional registration bodies

UKAS inspecting to ISO 15189

NHS Litigation Authority and Clinical  
Negligence Scheme for Trusts (CNST)

MHRA inspecting to the BSQR

Care Quality Commission

# Transfusion service in EPA

- “ Blood components are held as a separate budget by each Trust not by the laboratory
- “ Transfusion Practitioners are employed and funded by the Trust and traceability and Trust staff competency is their responsibility
- “ There is shared responsibility for electronic blood tracking
- “ Laboratory staff competency is responsibility of and funded by EPA
- “ Currently, there is a national shortage of qualified and experienced BMS staff, particularly with Transfusion experience, causing:
  - a large training burden on the laboratory
  - difficulty in meeting the UKTLC standards, esp requirement that all staff working alone must have a specialist Transfusion qualification



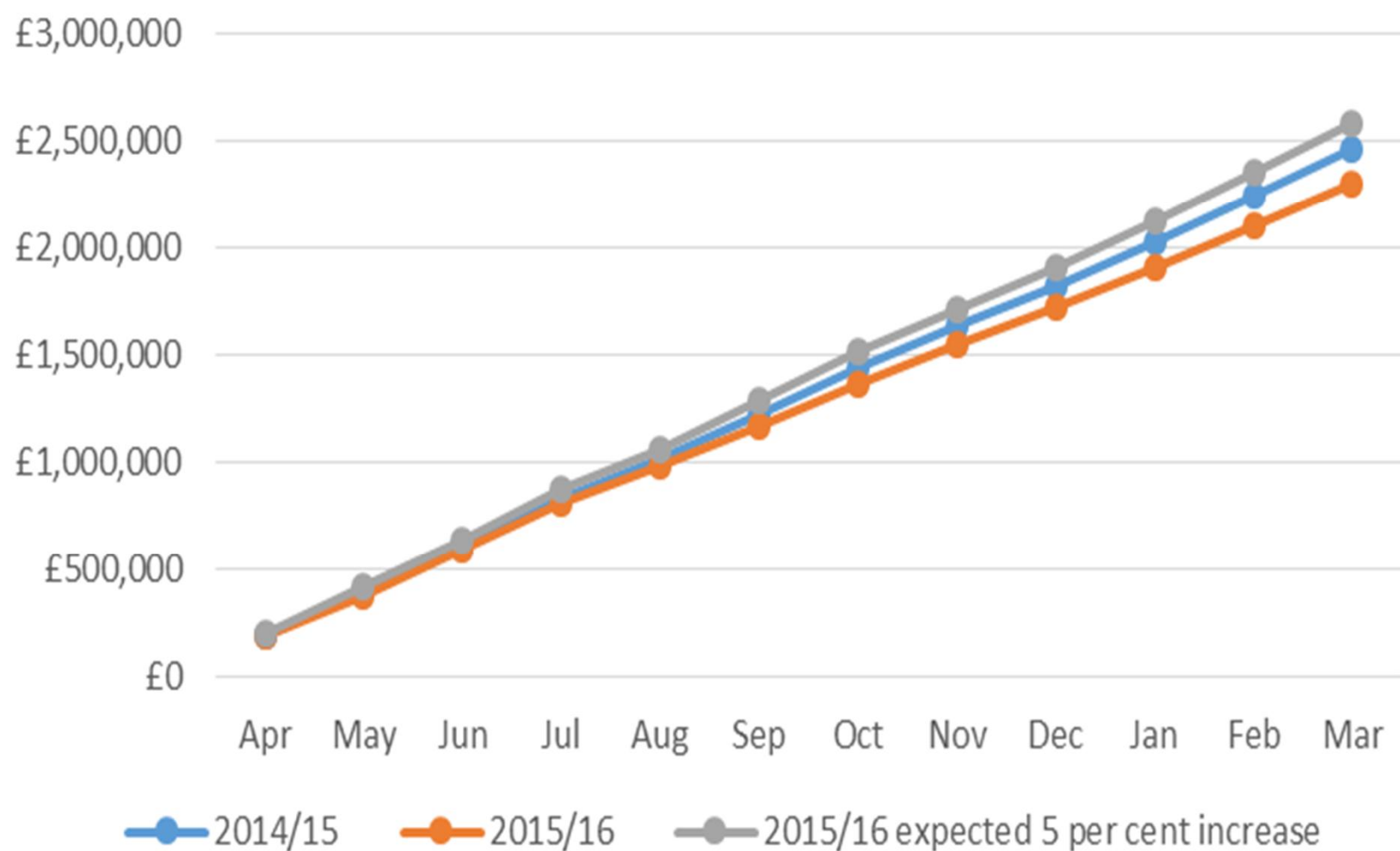
# Networking and Commissioning Pathology and Transfusion services



# The Good

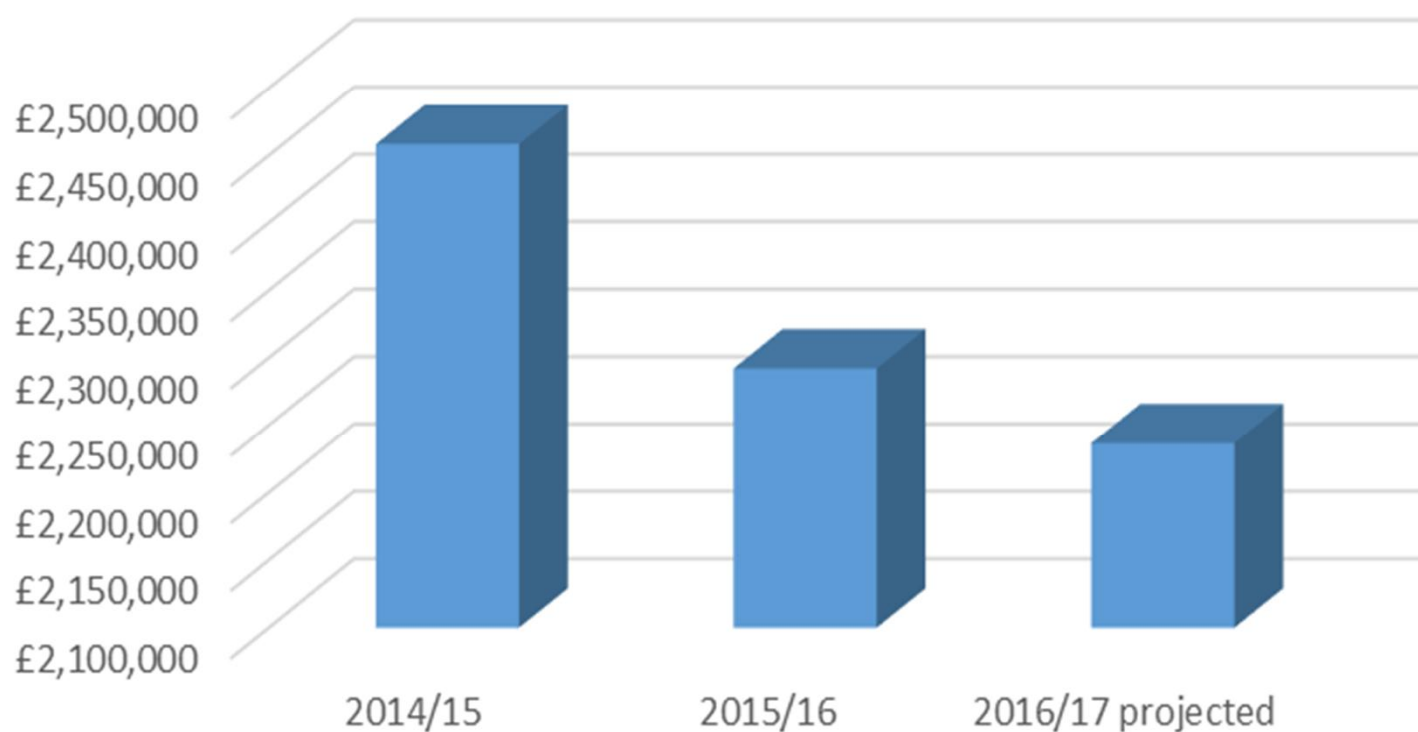
- “ **Networking** improved efficiency- Keele benchmarking in 2015 showed that EPA haemochemistry is one of the largest laboratories in the UK, and the most highly productive and lowest cost/test
- “ **Networking** may provide increased “resilience” for NHS laboratories when competing with private sector-*well we kept telling ourselves that!*
- “ **Networking** aligns with new Carter ideas (Feb 2016)- Pathology Quality Assurance Dashboard
- “ **Commissioning** promotes discussion across the primary/secondary care boundary eg transfusion avoidance/PBM
- “ **Commissioning** means GPs are focusing on number and nature of tests they request

## Cumulative pathology spend





### Annual expenditure on GP direct access pathology at NHS North Norfolk CCG



# The Bad

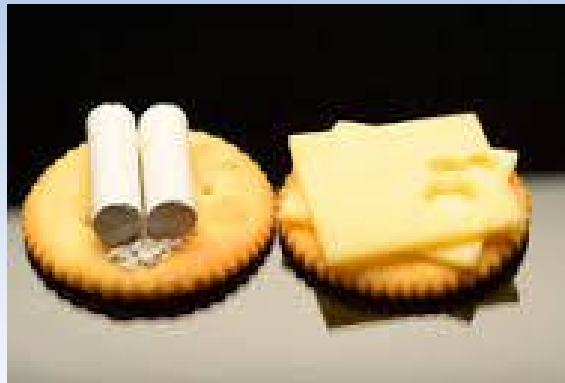
- “ Pathology networking in East was driven by NHSE projects team with no pathology advisers on their “side”
- “ No provision made for a proper transition period – expectation that we would (and did!) transform the service whilst running “business as usual”
- “ Limited investment in infrastructural change
- “ Focus was almost entirely on cost- had to be 20% cheaper, and we were already lean
- “ High volume, low cost ( haemochemistry and microbiology) trumped high cost, low volume (transfusion)

# The Ugly

- “ Savings were supposed (Carter review) to be reinvested in pathology.....
- “ Commercial sector sees pathology, especially community tests, as “ripe for picking”
- “ Providers and commissioners have different agendas-do more tests versus do fewer tests
- “ No-one thought about the “uniqueness” of transfusion when the pathology network was being set up (we tried to explain!!!!)
- “ Commissioners have no “interest” in transfusion

# Advice for transfusionists 1

“ Clearly explain how and why transfusion is different from haemochemistry and microbiology provision



# Advice for transfusionists 2

” Regulations=power



## Advice for transfusionists 3

“ Remember no-one in primary care thinks about transfusion until you press the right buttons



# Thanks to....

- “ Dianne Gibson, EPA Laboratory Medicine Service Manager
- “ Debbie Asher, EPA Blood Transfusion Service Manager
- “ Chris Elliott, Transfusion Lead Scientist, South Tees Hospital
- “ Tim Shayes, Head of Clinical Commissioning, North Norfolk CCG
- “ Dr Linda Hunter and Ellis Layward, NNCCG
- “ Finance staff at NNUH and QEH