Midlands & East 2 Pathology Network Update

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NHSE/I
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Annual Report for ME2

1. Introduction

- Pathology networks have been identified as a key workstream by Lord Carter for over 10 years. 29 networks have been agreed of which the Midlands & East 2 (ME2) is one such network with a scope that incorporates the following Hospitals and partnerships

- Derbyshire Pathology (which includes Derby and Chesterfield Hospitals)
- Pathlinks
- Nottingham
- Sherwood Forest
- Leicester
- Kettering
- Northampton
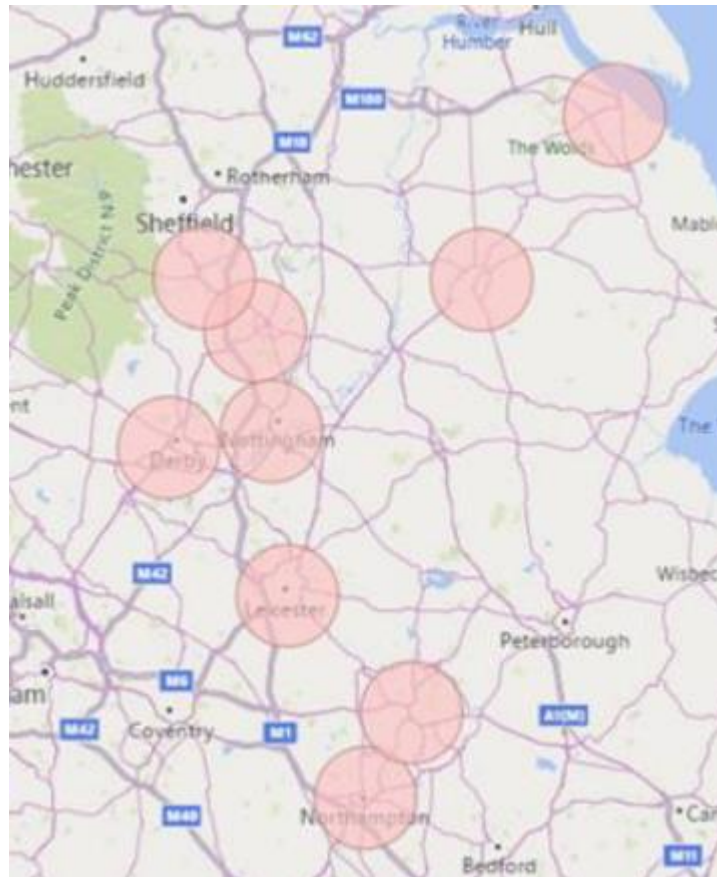
The ME2 Network represents one of the largest proposed networks in England for both test volumes and population coverage. Covering 5 STP/ICS footprints and a population of 4.8M (ONS 2015) the overall spend for pathology across the network is £112.8M compared with other Midlands networks with spend of £43M, £52.1M and £39.3M respectively. Therefore this represents a large complex process but with significant benefits when achieved.

The benefits of networking pathology services for any region are focused on a number of areas,

- Overall service resilience being one of the biggest
- Minimise variation and consistently delivering high quality safe services.
- Having sufficient workforce capacity and skills to support the demands of the region and consequently all hospital sites.
- Creating the opportunities to better support the clinical pathway transformation work in areas such as cancer, supporting faster diagnosis and improved outcomes for patients.
- Establishing and maintaining ever rigourous standards of regulatory compliance
- Providing the ability to cost effectively procure equipment and consumables at scale.
- Access funding that is only available when operating as a network.

To varying degrees over the last 10 years there have been significant efforts made to establish the network across the ME2 network footprint, but for various reasons have not been sustainable to date. Only Pathlinks and Derbyshire Pathology exist as formal structures within the ME2 footprint. Other partners have provided varying degrees of partnership working elsewhere in the region in areas such as mortuary and common IT systems across clusters, which may not have been feasible across the entire ME2 Network. It is expected that there will remain some work that still has a smaller geography impact to progress in this way; however a significant amount of the work will occur across the full network footprint.

Across the country progress has also been slow to establish the other defined networks

and so a national programme was established to support the development of pathology Networks. In September 2017 all Trusts were written to identifying which network they had been allocated to with the overarching aim:

> "Consolidating pathology services allows for most consistent, clinically appropriate turnaround times ensuring the right test is available at the right time. It makes better use of our highly skilled workforce to deliver improved, earlier diagnostic services supporting better patient outcomes. Taking a hub and spoke approach to this consolidation can ensure an appropriate critical mass to support specialist diagnostics, so that patients have equal access to key tests and services are sustainable."

On December 6th 2018 NHSI convened a meeting with representatives of the ME2 network as a means to "kickstart" a renewed approach to creating the ME2 Pathology network.

The ME2 Pathology Network started working together on very much an informal basis from January 2019. All Trusts within the network have consistently provided representation to the meetings to support development of trust between all parties and to start to understand the landscape of pathology across the ME2 footprint.

This report provides,

- An update on progress over the last year
- Seeks to clarify the next steps
- Quantify the ask of each Board for the next stage of development of the ME2 network

2. Progress over the last year

The following statements capture the progress made;

Governance

- All partners within the network (see appendix 1 for list of partner representatives) have consistently provided representation to the meetings to support the development of trust between all parties and to start to understand the landscape of pathology across the ME2 footprint.

- These meetings have been chaired throughout this period by the Chief Operating Officer of Chesterfield Royal Hospital and supported by Andrea Clark regional Diagnostic Lead for NHS England and NHS Improvement for the ME2 region.

- All Trusts have signed a memorandum of understanding committing themselves to the development of the ME2 Pathology network.

- The network successfully secured funding from the East Midlands Cancer Alliance to fund a project manager and admin support for the next 12 months which started on 01.12.19. These posts are being hosted by Derbyshire Pathology on behalf of the network. The project manager will help to support the progression of the network against a work programme which will be developed over the next few months.

- In November 2019 NHSI/E published an update on the assessment of pathology networks across England. The update reflected a significant improvement of the engagement ratings of the partners within ME2 when compared with the same report in 2018.

- A workstream implementation structure is progressively being established.

Procurement:

The network has made excellent progress in understanding the current landscape on individual partner procurement activities and existing contracts. Common break points, which offer an opportunity for procurement at scale or consolidation and reconfiguration, have been identified, as have some short term "quick wins". In addition the group have reviewed outsourcing of tests to determine if network partners are able to offer the same service at a high standard and KPIs

Significant savings has been agreed with one of the suppliers as a non-recurrent contribution and signal of their intent to support a network wide approach.

What has also become obvious is the pressure to deliver cost improvements by different individual partners has also highlighted short term gain as opposed to how the potential for much greater savings associated by procuring at a network level could be achieved.

Boards are asked to confirm their commitment to joint procurement across the cluster and guide their procurement teams to actively support alignment of organizational contracts to be accessible and shared by all members of the ME2 network.

IT

The IT profile of the network has been reviewed with only two suppliers of LIMS (Laboratory Information Systems) across the network, there appears to be a cluster of LIMS for DXC within the Lincolnshire, Leicestershire, Northampton and Rutland area, with the remaining Trusts on Clinisys. The key area to support network progression is to ensure IT interoperability, which becomes more feasible as IT platforms are aligned to suppliers. Where partners can procure IT systems together there is significant opportunity to save on costs and support network working.

Digital Pathology

A lead on behalf of the network has been identified to support development of a business case and support roll out on securing funding. As a demonstration of how well the network is starting to work together the ME2 partners rapidly pulled together a bid for £7.17M to roll out digital pathology across all Trusts in a recent Innovate UK competition. This was the first completely aligned working together and if the bid is

successful will require significant implementation work.

The outcome of the bid will be known by the end of January 20 with a 2 year implementation programme. The £7.17M will not achieve 100% digitization but will be a significant step forward and will offer a key benefit of network operation. This workstream requires the support of Trusts and will require matched financial commitment to progress. This was a key feature of the bidding process and your respective Finance Directors will have supported this approach when the bid was submitted.

Workforce

A network lead has nominally been identified from the group but this has not yet been established as a workstream; however in response to national funding for advance practice the network responded as a single entity to secure the funding. This workstream has developed linkages with the East Midlands Cancer Alliance clinical workforce programme.

Quality and Safety

This is a workstream that has been identified to support the network to achieve accreditation at a network level. It is anticipated that learning from GIRFT and model hospital will also form an integral part of this workstream. However this is yet to be established but a network lead has been identified.

3. Next Steps

There are a number of expectations set out in the national document 'state of the nation' which requires action from all Trusts in the ME2 network. Likewise to progress and elevate the programme of work to a much more formal status there are a number of themes to be developed and supported by each individual Board.

1. We need to confirm who the senior responsible officer (SRO) is for the network. It is recommended by the current ME2 membership that Tony Campbell is named the network SRO.

2. In 2020 we will need to develop a strategic outline case for the formation of the ME2 network.

3. The individual partner representatives need to be reviewed as to who attends the programme board and supporting workstream meetings. This is likely to require more clinical and managerial leaders from within your respective pathology departments and your support is sought to encourage release of staff to attend, lead and/or contribute on a regular basis.

4. There is a need to develop a more formal approach to the workstream structure required to create the ME2 network. There will be a need to appoint workstream leads and supporting resources to support the development of the network. This may require additional time commitment from those already involved and/or additional resources.

   The network now needs to develop a programme of work against each workstream with key milestones. The overall aim is to ensure that an agreed operating model is developed for the delivery of Pathology across the network and developing a road map to deliver this. An agreed operating model will start to release the benefits across several workstreams such as; Workforce, procurement, logistics and clinical pathways, allowing patients which move between Trusts a truly seamless service.

5. There is a need to define an approach to procurement that is implemented on a network basis so it is essential that all individual partner pathology and procurement representatives are encouraged to support the network, as opposed to a sovereign organization point of view.

6. Trust boards must ensure that procurement departments are clear on the Pathology landscape and are held to account for ensuring procurements meet the needs of the ME2 network.

7. There is a need to align digital and IT procurements to be consistent and supportive of developing an ME2 wide approach.

8. It is expected that more regular updates will be provided to the participating Boards from hereonin.

4. Summary & Recommendations

Items 1-8 described within this report are the essential steps required to move towards the creation of the ME2 pathology network.

The respective Boards that make up the Midlands & East 2 Pathology network are asked to agree to and support items 1-8 identified within the next steps section of this report.

Agreement to these next steps by inference demonstrates your continued commitment to the creation of the ME2 pathology network.

It is our intention to provide the respective Boards with regular updates on progress and submit supporting business cases when necessary.

Appendix 1: Partner representatives

Trust/ Org	Job Title	Name
Chesterfield	COO	Tony Campbell
Chesterfield	Divisional Clinical Director	Unnikrishnan Anoop
Derbyshire Pathology	Pathology General Manager	Chris Ainger
Derbyshire Pathology	Pathology Clinical Director	Gerry Van-Schalkwyk
UHDB	COO	Sharon Martin
UHDB	Divisional Clinical Director	Mike Goodwin
Kettering	Director of Strategy and Transformation	Polly Grimmett
Kettering	Divisional Director	Duane McLean
Kettering	Pathology General Manager	James MacLean
Kettering	Pathology Clinical Director	Gwyn McCreanor
Northampton	Director of Strategy and Partnerships	Chris Pallot
Northampton	Divisional Clinical Director	Minas Minassian
Northampton	Pathology General Manager	Gus Lusak
Northampton	Deputy Head of Pathology	Mary Pendleton
NUH	Transformation	Paul Saunders
NUH	Divisional General Manager	Amanda Kemp
EMRAD	EMRAD rep/IT Rep	Penny Storr
NUH	Pathology General Manager	Stephanie Szolin
Sherwood	Director of Strategic Planning & Commercial Partnerships	Peter Wozencroft
Sherwood	Divisional Clinical Director	Shafiq Gill
Sherwood	Divisional Manager (covering pathology management)	Elaine Torr
Leicester	Head of Partnerships and Business development	Jon Currington
Leicester	Divisional Clinical Director	prashanth Patel
Leicester	Pathology General Manager	Anne Freestone
Leicester	Pathology Clinical Lead	Linda Barton
Pathlinks	Pathology General Manager	Mick Chomyn
United Lincolnshire	COO	Mark Brassington
United Lincolnshire	Divisional Clinical Director	ciro Rinaldi
United Lincolnshire	General Manager	Yaves Lalloo
Cancer Alliance	Cancer alliance	Julie Owens
ME2	Programme Manager	Chloe Ashford-Smith
ME2	Programme support officer	Elsa Taylor