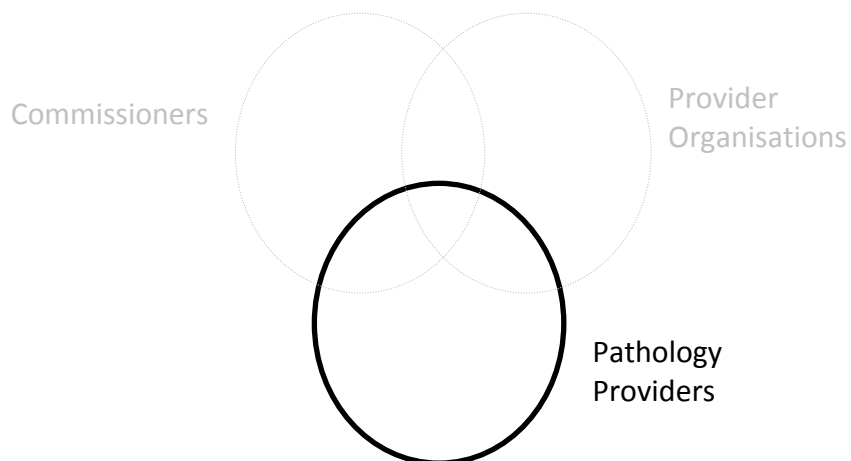




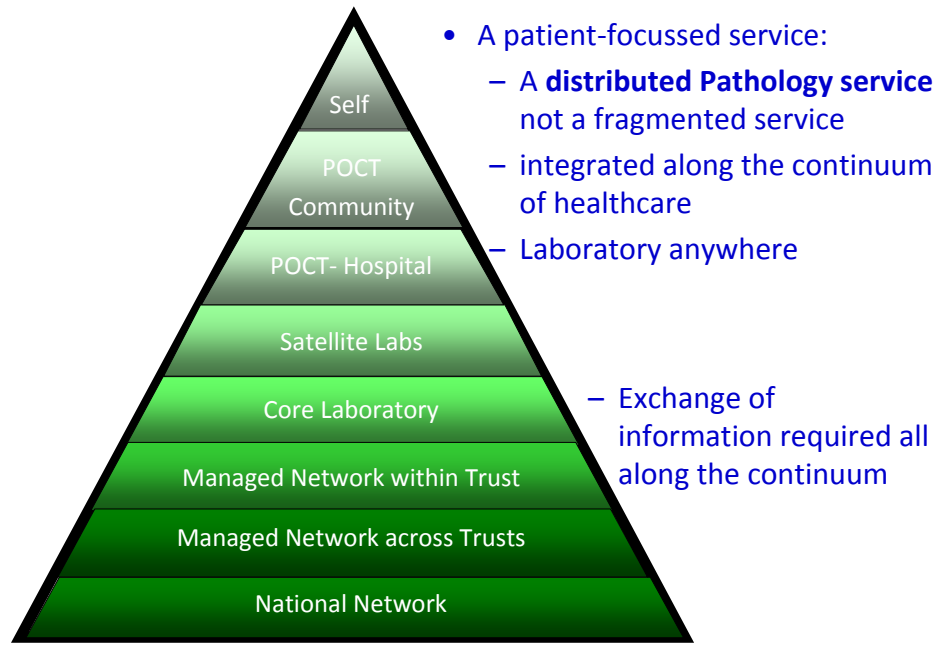
Commissioning Pathology Services a Pathologist's Perspective

Dr Martin Myers
Clinical Director of Pathology Services

"Old" Pathology Network

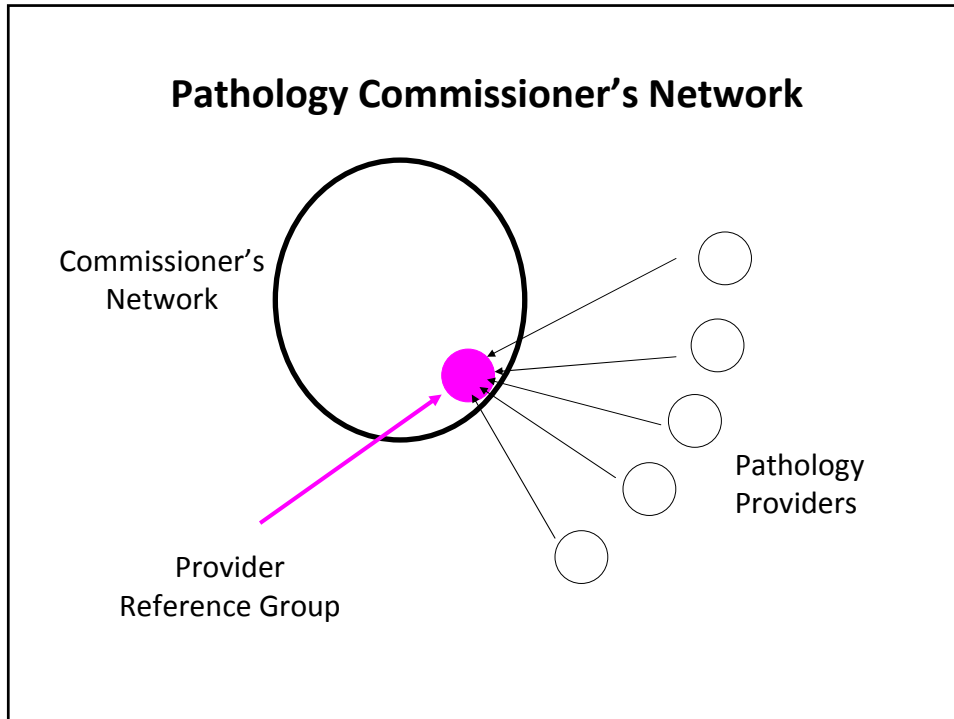


Vision for the Future: Integrated Pathology Service



Change through Pathologists Network

- **Shared vision but...**
 - Change occurred but there was a limit
 - Limited power to make change
 - Multiple managed organisations
 - Competing interests
 - Local agendas



- ### Pathology Commissioner's Network
- **Shared vision but:**
 - The tendering tool:
 - Change by tendering will have the opposite effect of networking
 - NHS Trusts become competitors
 - The collaboration tool:
 - Integrated thought processes
 - **Focus on commissioning governance**
 - Patient pathway
 - Value for money and quality

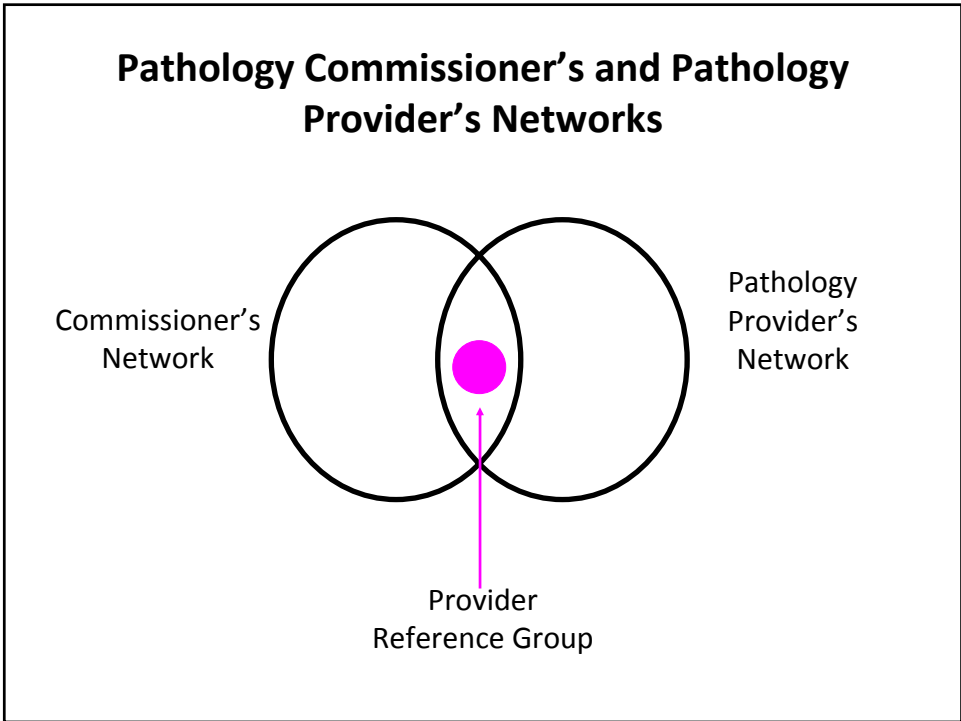
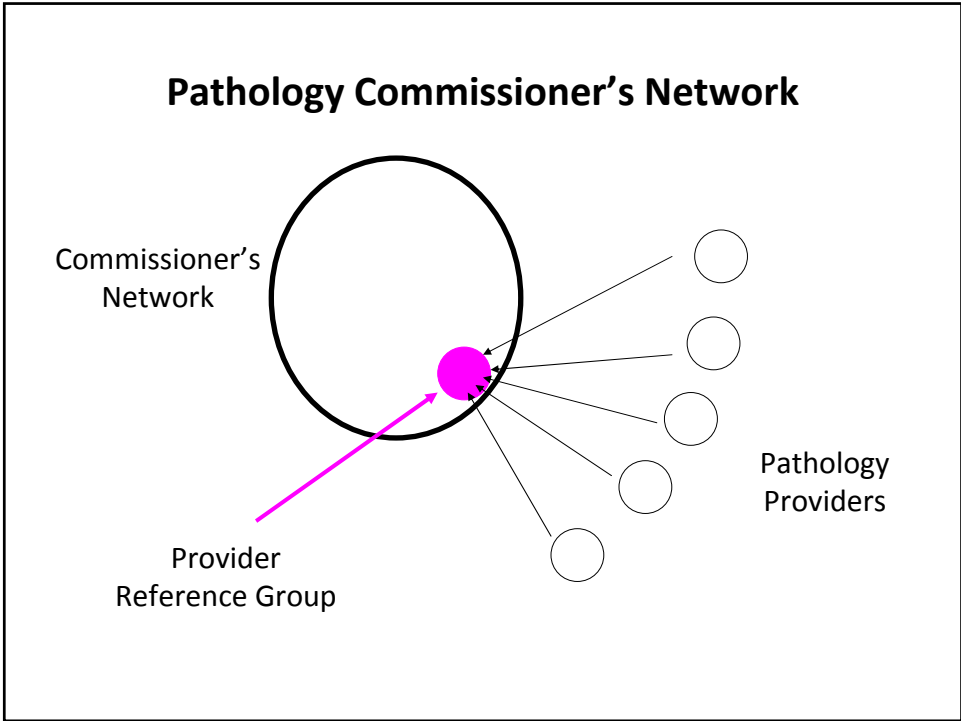
Change through Commissioning

- The tendering tool:
 - **Gynaecology Cytology Screening**
 - Step 1: pathologists involvement in writing specification
 - Step 2: put it out to world tender, delivery anywhere in world
 - Step 3: competition between trusts (and the world)
 - Step 4: award tender
 - Step 5: unsuccessful trusts re-align their business
 - Step 6: choose another pathology service and go to step 1
- If free market applied then strong Trusts (and others) will compete to win. Polarisation of debate.
- But where is the incentive to engage with Commissioners if there is a high risk of losing services?

Commissioning Services

- *With quality at its core, I think the NHS can finally move beyond the polarising debates of the last decade over private or public sector provision. Let me begin with where I stand on this debate, and that is that the NHS is our preferred provider. But it is the important job of the commissioner to test whether these services provide best value and real quality.*
- *Where a provider is not delivering quality – and the new accountability information will more readily demonstrate that – we will set out a clearer process that will provide an opportunity for existing providers to improve before opening up to new potential providers.”*

Andy Burnham, Secretary of State for Health



Pathology Provider's Network

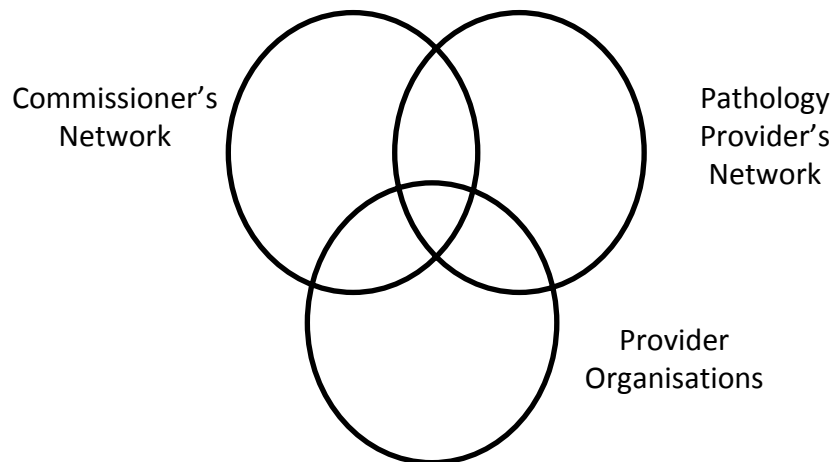
Focus on Clinical Governance and Quality

- Delivery of Pathology Services
 - (Commissioner's focus on Direct Access, Pathologists have to deliver DA and Acute)
- Liaise with users, e.g. GPs, Consultant etc
- Better testing
- Knowledge management
- Demand management
- Laboratory anywhere
- Close working with Commissioner's Network

Pathology Provider's Network

- Focus on Governance and Quality
 - Between labs
 - Harmonisation of units
 - Harmonisation of reference ranges
 - Harmonisation of Profiles
 - With Renal Network
 - Harmonisation of proteinuria in CKD and DM (ACR)
 - With Cardiac Network
 - Harmonisation of ACS investigation using hsTroponins
 - With local GPs
 - Harmonisation of Lithium monitoring
 - Harmonisation of Brain Natriuretic Peptide usage

Enter the Provider Organisations



Provider Organisations

- Directors of Finance from:
 - Primary Care Providers
 - Secondary Care Providers
- Set up a joint group to look at the Pathology organisational structures
- **Focus on**
 - **Financial Governance**
 - **Organisational Governance**

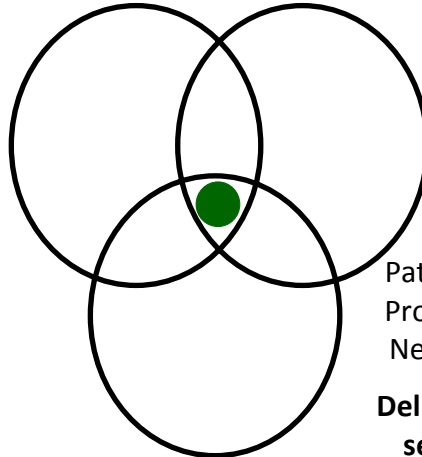
Integrated Planning, Integrated Pathology,



Commissioner's
Network:

Define the need

Quality
Innovation
Productivity
Prevention



Provider
Organisations:

Define the
structure

Pathology
Provider's
Network:
Deliver the
service

Integrated Commissioning, Pathology and Provider Structure: Can we do it?

