

Appendix 'A'



Lancashire & South Cumbria Pathology Service

L&SC Pathology Collaboration

Background and Current Delivery Model

- Each NHS Trust has an individual laboratory based on the hospital sites providing a diagnostic service for the individual NHS Trust and the GPs in the CCG catchment area. The Trusts involved are:
 - Blackpool Teaching Hospital Trust
 - East Lancashire Hospital Trust
 - Lancashire Teaching Hospitals NHS Trust
 - University Hospitals of Morecambe Bay
- Test results cannot be shared easily across the pathology laboratories in each Trust because they all have different IT systems so if a patient attends another Trust (for example for a specialist condition) their tests may have to be undertaken again which is time consuming for the patient and not cost effective
- Laboratories have different equipment providing the same tests but have different ways of interpreting tests (reference ranges) leading to inconsistencies

Why Change and Collaborate?

- **National policy** for transformational change and expectation that labs will network. The response to Covid would not have been possible without networks
- **Sustainability** some services have vacancy rates of 33% and an ageing workforce. There is currently a difficulty in recruiting specialised and highly trained staff across all four NHS Trusts
- Resilience of service individual Trusts may not be able to afford modern diagnostic technologies which are only viable at scale
- **Fragmentation** as the results can't be shared leading to duplication of tests; reference ranges can be different across Trusts
- **Duplication** of testing, training, quality and administrative processes and fragmentation of procurement affecting the ability of the current services to deliver efficiencies
- Estate Three of the four Trusts would have to update all or part of their pathology estate in the short/medium term as current estate is poor and no longer fit for purpose

Proposed Future Model

- The four Trusts in the ICS footprint will establish a formal partnership to deliver a single pathology service across the whole of Lancashire and South Cumbria
- A high quality and sustainable service will be delivered by co-locating 'cold' pathology together in one central hub location. Emergency/ Urgent activity will be processed on the Trust sites from essential service laboratories
- Patients will not notice any difference but will have a better quality service (reduction in duplication and turn around times of some tests). This applies to GP users of the service too
- IT systems and equipment are procured jointly standardising reference ranges and improving quality of service. Possibility of providing additional tests that are not currently available in the area, for example to improve cancer diagnosis

Benefits

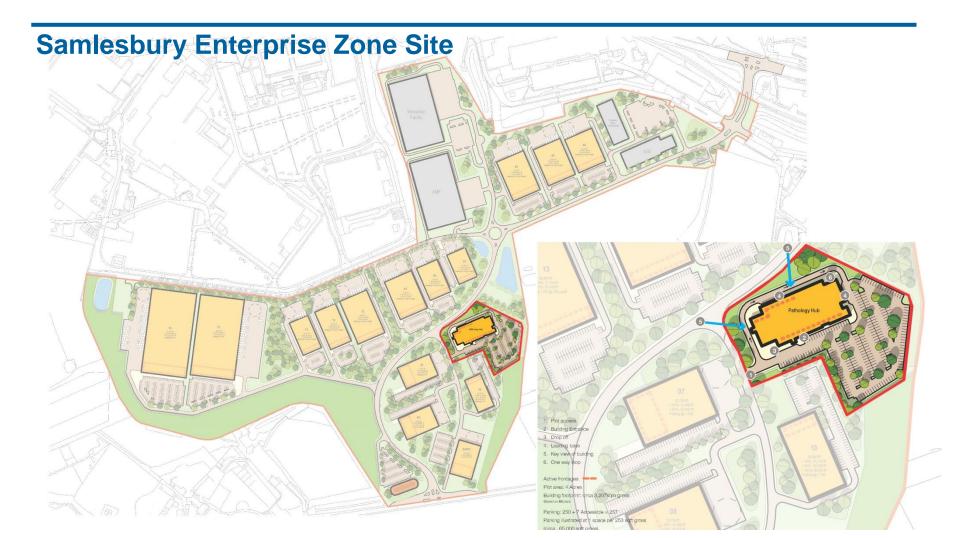
- Increase in new technologies e.g. digital pathology, molecular
- Ability to deliver complex tests within the region
- Ability to procure modern equipment at scale & achieve financial benefit of this
- Common equipment platforms to support patient movement around the region
- Consolidate workforce to ensure future resilience, talent mapping, training and succession planning, making the best use of resources
- Broader and more diverse career opportunities for staff
- Cohort of staff trained in emerging technologies
- Reduce spend on tired estate Trusts can re-use in future development plans

Progress to Date:

- Significant and effective collaborative working through Covid-19
- Strategic Outline Case agreed
- OBC drafted and at approval stage, green light to progress FBC
- Significant clinical engagement, variable clinical agreement
- Workforce models being identified
- Governance arrangements in place
- LIMs specification agreed and out to tender
- Commenced blood sciences equipment tender process

- Economic case (CIAM) and delivery framework agreed – hub & spoke
- Location for Hub identified Enterprise Zone site in Samlesbury
- Appointment of modular building contractor underway and the process of developing detailed designs for the Hub will commence in August
- Host organisation agreed at Board on 30 July
 - Due diligence process started





Why A Hub & Spoke Model

- Comprehensive Investment Appraisal Model (CIAM) identified Hub & Spoke as the best option
- For projects to be seen as viable by NHSI, the level of return needs to be at least 4:1
- Best use of resources and return on investment, this option gives a return of £8.32 for every £1 spent
- Best option for achieving the required transformation, quality and safety standards
- Endorsement from acute trusts for this option

About the Hub & Spoke Model

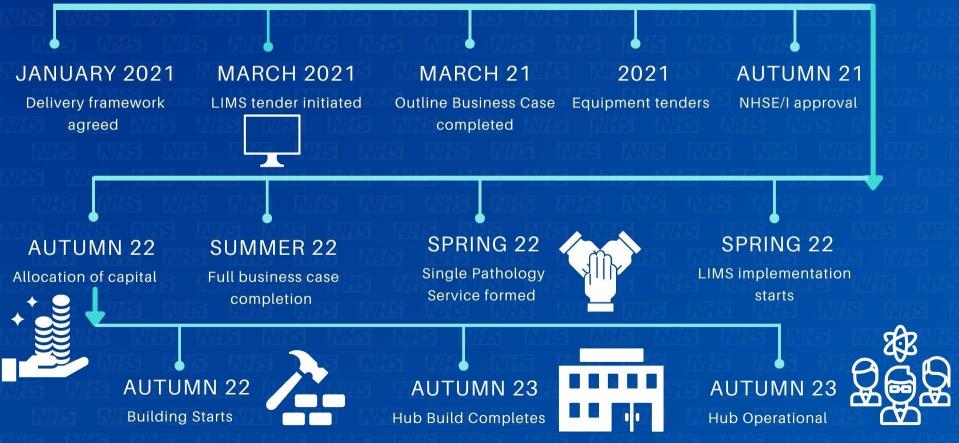


- Emergency/urgent work will be undertaken in the Essential Services Laboratory (ESL) on each acute site
- The future model **will not be a one size fits all** and there will be a bespoke approach to designing ESLs to respond to geographical factors and to meet the clinical requirements and specialties of specific acute sites
- A Quality Committee is to be convened to ensure all issues/risks raised are considered and mitigated as the future model is designed.

Key Project Milestones



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Thank You

Your Questions and Feedback





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