Pathology Services Commissioning Toolkit

London, 19th September 2012
Housekeeping

Water
Air
Earth
Fire
Process

National context

Local challenges

Application and learning
National Guidance Documents

- National context
  - QIPP

- Strategic
  - Strategic guidance

- Implementation
  - Commissioning Toolkit
NATIONAL CONTEXT
Key pathology Initiatives

- Commissioning Toolkit
- Service Specification
- Key Performance Indicators (KPIs)
- National Laboratory Medicine Catalogue
- Service Improvement (LEAN) case studies
  eg 7day histopathology TAT now a QIPP Evidence case study
QIPP and Service Transformation
Consolidation and Networks

- East of England
- E and W Midlands
- Kent and Medway
- Pathlinks
- Somerset Pathology Service
- GSTS
- Wirral microbiology
- ............

- Provider and/or commissioner driven
Innovation Examples 1

- GP direct link to expert consultant advice in secondary care eg cardiology – ECG done in GP practice, direct link to cardiologist.
- Patient self management – eg anticoagulation at home (or device when on holiday). Home testing of patients on chemotherapy to avoid inappropriate outpatient treatment visit.
- DVT (deep vein thrombosis) – D-dimer and ultrasound (vascular scanning with hand held Doppler scanners) on symptomatic patients with leg pain, linked to questionnaire.
Innovation Examples 2

• Heart failure – BNP (brain naturetic peptide) in the community as a rule in/rule out for echocardiography
• Infection – point of care devices for MRSA. Molecular techniques challenging traditional ways of working
• Histopathology
  – digital imaging
  – hand held visualisation devices linked to consultant dermatologist
  – Molecular techniques
• Biochemistry – calprotection in irritable bowel syndrome/colon cancer preventing invasive colonoscopies
• Blood sciences consolidation
• Electronic blood issue and transfusion lab consolidation
Pathology Service Improvement

- Funded team and projects for last four years
- Pathology team led by Lesley Wright
- Pathology projects:
  - Cervical screening
  - Histopathology
  - Phlebotomy
  - Microbiology
  - Blood Science

Improved quality and efficiency (10-20% savings)

NHS Service Improvement publications
The NHS Atlas of Variation in Healthcare (Nov 2011)

- Pathology pp 41-49
- Difference in GP requesting rates per 1000 population
  - PSA : x4
  - Ca125 : x9
  - eGFR : x8
  - Folate : x14
  - Rheumatoid Factor : x107

- Diagnostic E-Atlas to follow in Jan 2012
Real-time capability to drill down from SHA to GP Practice

- Gives insight into variable investigation policies
- Compliance with best practice

http://www.ychi.leeds.ac.uk/pmipunits
Uptake of NICE Guidance - BNP

Tests Per 1000 Patients On Sum of GP Lists Per PCT
Uptake of Innovation: CA125 (Baseline)
Strategy for the Future

- Deliver consolidation and service improvement etc in the short term 1 - 3 yrs
- Embrace the innovation agenda and ensure professional representation
- Engage with primary care and commissioners.
- Develop quality standards and performance management KPIs – be transparent
- Improve knowledge and information management
Strategy for the Future

• Change the workforce to fit requirements.
• Develop a multiprofessional approach to working (clinical teams) and training and education where appropriate.
• Move away from tests to clinical services/integrated care.
• Rebalance clinical leadership with management
Strategy for the Future

• Improve awareness of the healthcare agenda.
• Identify and support emerging leaders.
• Work in partnership across sites/regions etc where appropriate.
• Publicise best practice.
• Change the service paradigm to deliver the new diagnostics.
“The Government has establish improvement in quality and healthcare outcomes as the primary purpose of all NHS funded care”

Health and Social Care Act 2012
“Clinical Commissioning Groups have a duty to seek out and adopt best practice, and promote innovation”

Department of Health
Innovation – Health and Wealth
Dec 2011
Commissioning Drivers

- High quality, safe, compliant
- Improved effectiveness
- Improved Affordability
- Improved Value for Money
- Minimise complexity of operation
- Minimise complexity of change process

Commissioning Approach
Principles

Value

Quality

Innovation

Commissioning Services
High quality care requires all three dimensions to be present.
Securing Best Value

“Commissioners’ most important task will be to secure ‘best value’. They need to find ways to do more with their budgets. Simply doing the same things in the same way will not be affordable”.

Department of Health - Securing best value for NHS patients – Aug 2012
Key Principles of Commissioning

- Put patients first
- Focus on outcomes
- Encourage the delivery of service modernization and the QIPP agenda
- Do more for less
- Align to the pathway
- Manage the market
- Maintain the momentum
Commissioning
Who are the Pathology Commissioners

- **CCGs** - who decide whether to: do, buy or share
- **Local Government (Public Health)** – for National Screening and Public Health Programmes
- **Community Trusts** – As providers of sexual health clinics, will sub contract the pathology element
- **Acute Trusts** – Indirectly in support of acute services under the acute tariff
- **CSU** – A not for profit provider who offer commissioning support to customers
Expectations of Pathology Commissioners

- Raise the quality of pathology services
- Improve the experience for patients and users
- Ensure providers adhere to standards
- Ensure providers deliver an affordable service
- Ensure providers deliver value for money
- Have regards to regional pathology plans
Commissioners Tools

- Managing Provider Performance
- Ensuring Quality
- Promoting Innovation
- Population Needs
- Value for Money
- Type of Contract
- Choice of Provider
- Extending and Varying Contracts
- Ensuring Quality
- Population Needs
What do Commissioners Want

- Quality is assumed and not normally questioned
- Guaranteed sample collection times throughout the day
- Accessible and convenient Phlebotomy Centres
- Guaranteed consistent turn around times
- All patient results electronically available through single access point
- Electronic ordering and reporting systems linked to laboratories
Plus....... Now they will want...
Which means......
Commissioning ‘Best Value’

[Diagram showing: BEST PRICE + Quality = BEST VALUE]
Negotiate a Reduced Price

£1.99

REDUCED

£1.49
Using Any Qualified Provider
Manage the market for pathology, introducing mechanisms which will improve contestability and encourage quality and value for money improvements, including the consolidation of services. Holds the QIPP ring

Improve the contribution of pathology, to identifying radically innovative means of providing care. (Commissioners have a duty to promote innovation)

Review the configuration of pathology, improving access and aligning the service more closely with pathways of care

Review the demand for pathology, ensuring that pathology testing is used in line with best clinical practice
Managing Change Through Commissioning

- Increase the safety of pathology, encouraging information flows that support patient safety and reduce risk, error and poor practice
- Maintain and build on clinical engagement and clinical collaboration for higher quality
- Maintain the ability to collaborate for commercial benefit and meet financial targets
- Maintain stability of provision
- Introduce contestability
Commissioning Toolkit

• Developed specifically to support commissioners who either:
  ▪ Have undertaken a strategic review of their existing community pathology services and/or
  ▪ Wish to improve the quality, effectiveness, affordability and value for money of these services, in line with locally determined objectives and priorities
Support/Approach for Services

1. OBC
2. Project Governance
3. Project Management
4. Stakeholder Management
5. Service Specification
6. Market Sounding
7. Procurement Strategy
8. MOI & PQQ
9. Tender
10. Contract
11. Approvals & Contract Management

Toolkit Steps
Modules and tools are designed either as freestanding, combined with others, or used to support single elements within overall process.
To support commissioners to commission high quality, effective, affordable and value for money community pathology services.
Benefits of using the Toolkit

- Current financial challenge means delivering more for less
- Focus on quality and outcomes
- Appropriate diagnostics and treatment needs can be aligned with clinical pathways
- Aids the management of the market
- Helps manage/reduce the significant waste in many of the systems
Benefits of using the Toolkit

- Improves the knowledge and understanding of what improvements can be made to the design and delivery of the service
- Helps manage the significance/introduction of new tests and technology
- Helps management of long term conditions which depends on regular testing
- Ability to significantly reduce variation in current costs between providers
Pathology value chain

Clinical question → Result interpreted → Appropriate follow up

Test selected → Result obtained → Measured outcomes
Quality criteria in the value chain

Correctly framed clinical question
Correctly chosen test
Correct Request

Correctly and conveniently taken sample
Timely transport
Viable Sample

Result obtained
Timely
Accurate

Result interpreted
the clinician understands the result
the patient understands the result

Appropriate Follow up
patient and clinician agree the correct follow up action

Measured outcomes
Improved health
Improved satisfaction
Quality in all processes

Clinical context that generates the request

Follow up (e.g. MDT, cytology recall)

Clinical context that uses the information

Reporting

Interpretation and clinical advice

Results

Processing

Specimen reception

Transport

Sampling

Reporting

Clinical context that uses the information

Follow up (e.g. MDT, cytology recall)

Clinical context that generates the request

The request

Quality in all processes
Interdependency of pathways
“Patients have a right to expect a basic quality standard of care no matter where they are being screened, investigated or treated” - DH

“Objective and measurable quality standards should be developed for pathology services “– Lord Carter of Coles

“The importance of the ‘end to end’ pathology service is crucial to maintaining and demonstrating the relevance of the service” – RCPath

“Given that direct measurement of the effect of the quality of a medical laboratory service on patient outcomes is rarely possible, surrogate measures or Key Performance Indicators are required” - RCPath
Performance Management

KPIs

- Identify Best Practice
- Focus on Continuous Improvement
- Define targets/goals
- Identify emerging issues
- Benchmarking
Decision-making and guidance

- Strategic appraisal
- Outline Business case
- Final Business case
- Strategic Guidance
- Toolkit
Options for commissioners

Driver for change

- Local negotiation
- Competitive Tender
  - Tender
  - System-wide tender
Benefits for Commissioners

- Greater involvement in the design of care pathways, leading to more appropriate testing and better clinical outcomes
- Getting the right test, done on the right patient, at the right time
- Standardisation of pathology service provision
- Reduction in inappropriate and duplicate testing
- The provision of a more cost effective service
- An improvement in safety, quality and productivity
- Significantly improved information for Commissioners
- Meets High Quality Commissioning Requirements
Benefits for Providers

- Better understanding of the Commissioning Process
- Full knowledge of quality standards required and understanding that they will provide ‘Best Practice’
- Ability to plan innovation in knowledge of what will be required
- Useful for Providers wishing to redesign their service
- Tools to accurately identify cost of providing service
Additional benefits of Toolkit

Although specifically produced for pathology, commissioners and Trusts may find the tools useful in helping commission or redesigning other services, as they are not only presented sequentially, to show suggested stages of a commissioning process, but many of the individual tools can be used in a generic form for specific elements of any new or revised service provision process.
Benchmarking
Annual average number of tests per person per person per practice
HbA1c Test requests per 1,000 population
Range of Tests per Patient April – June 2012

- Practices with Lowest Number of tests per Patient
- Practices with Highest Number of tests per Patient
- Average over the CCGs

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Note: The range of tests per patient varies significantly among the CCGs, with South Kent Coast CCG having the highest average and Ashford CCG having the lowest.
### KPI Reporting

#### Average Turnaround Times - 95%

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#### New Number Compliance - 98%

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#### Continuing Professional Development - 100%

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#### Histopathology Reporting of Cancer Resections using a template or pro forma - 80%

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### Other KPIs

#### Timeliness of responding to requests for clinical advice - 90%

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#### Critical Results Communication - 90%

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### Overall Histopathology Reporting Turnaround Times - 80%

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#### SNOMED or SNOMED-CT coding of Histopathology cases - 95%

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#### Consultant Appraisal - 100%

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#### A&E Blood Sciences Turnaround Time - 85%

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#### Clinical Scientific Staff Appraisal - 100%

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</table>
Thank you

Any Questions?
National Guidance Documents

- National context
  - QIPP
- Strategic
  - Strategic guidance
- Implementation
  - Commissioning Toolkit
Using the guidance in context

- Tender: Toolkit
- Local negotiation: Elements of the guidance
- Non-path service reconfiguration: ?
Tools for all?

- **Strategic guidance on pathology**
  - “Aligning diagnostics”

- **Service specification**
  - Step 5 Tool 1

- **Overall process**
  - “Pathology Services Commissioning Toolkit”
  - Specific tools, adapted

- **Other applications**