Association for Laboratory Medicine

NHSE 10 Year Plan – response (27 Nov 2024)

Responses to Q1-5 aligned to the three shifts in priorities outlined in the NHSE consultation (Q2-4):

1. Moving care from hospitals to communities
2. Making better use of technology in health and care
3. Focussing on preventing illness and the cause of ill health

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

Laboratory medicine needs to be a fundamental part of the 10-Year Health plan; up to 80% of treatment or patient management decisions have been shown to be made on the basis of a diagnostic test.

- Any shifts or innovations in healthcare delivery will have resource implications for laboratory medicine so changes proposed must have laboratory medicine embedded in the design of the patient pathway.
- Engagement of laboratory medicine subject matter experts, including medical and clinical scientists, in the design and delivery of change.
- Support for laboratory medicine for the introduction of new tests and pathways recommended by NICE guidance to prevent inequality of access for patients depending on location (postcode lottery).
- Expansion of point of care testing (POCT) with laboratory medicine providing governance and quality assurance to ensure patient safety. POCT should be established as a discipline in its own right.
- Focus on appropriate test utilisation across all NHSE pathology networks to reduce waste, improve sustainability and diagnostic stewardship.
- Plan to include expansion of laboratory medicine workforce including clinical scientists to fill extended roles and gaps in the medical workforce with appropriate job planning.
- Extended roles for clinical scientists such as non-medical prescribing to provide clinical support for example for microbiology and virology ward rounds and lipid clinics, to reduce patient backlogs.
- Digital and coding skills training for AI and machine learning to enable the development of diagnostic and clinical decision support tools.
- Lead Healthcare Scientists in a nationally mandated structure within Trusts to provide leadership and coordinate improvements.

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

Biggest challenges will be to ensure patient safety and the quality of services provided in the community compared to hospitals.

- Laboratory medicine can provide governance and quality assurance, challenge will be the staff resource implications.
- IT infrastructure and connectivity of testing devices and results transmission to patients' electronic records.
- Differences in results obtained by POCT in the community compared to hospital laboratory may impact interpretation.
- Requirement for end-to-end phlebotomy where this is delivered in the community including electronic links.
- Ensuring continuity of care and the responsibility for following up abnormal results. Clarity is needed as to whether this responsibility lies with secondary care or with the GP.
- Lack of understanding of tests, interpretation of results and appropriate follow up.
- Duplication of services, as will need to continue to provide high throughput and highly specialist tests within hospital laboratories. Need for understanding that the right test may be delivered by a hospital test rather than within the community.
- Recognition that the service model may be more expensive when diagnostics are delivered by POCT compared to a laboratory test however may deliver downstream benefits to patient care and reduced cost of hospital visits. Funding model will need to address pathway to ensure POCT costs are met.

Enablers will be for clinical scientist and laboratory medicine staff to oversee the governance and quality of point of care testing performed in the community to ensure patient safety.

- Point of care testing can be provided in a number of ways from portable devices embedded within clinical teams in the community, such as Hospital at Home; or POCT in Community Diagnostic Centres; or patient centred sampling at home with referral to hospital laboratory for testing. All types of point of care testing need to be of the appropriate quality to ensure patient safety.
- Laboratory medicine is able to advise on the implementation of innovative patient-centred sampling solutions to remove the need for patients to attend hospital for monitoring of their disease.
- LabTestsOnline UK linked to the NHS App can provide information for patients about tests being undertaken to improve their understanding.
- Oversight of community and laboratory-based testing by ICB Lead Healthcare scientist.

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

Challenges will be to ensure widespread adoption of new technologies and digital tools at speed to enable the benefits to patient care to be maximised.

- There are challenges for IT infrastructure and connectivity in the community and between hospital laboratories.
- Laboratory IT systems currently provided by only a few big suppliers who have not delivered the intended benefits of NHSE investment. There is a need to hold them to account to deliver improved performance.
- Quality of data due to differences in nomenclature, need for standardisation.
- Need for clinical leadership to improve the impact of technology and digital developments in healthcare.
- Need an adequately skilled workforce to deliver high quality diagnostics outside of the traditional laboratory setting.
- Current risk appetite low for implementation of digital developments as improvements not guaranteed.
- Complex regulation for AI and machine learning development
- Coding skills and other technology skills gaps
- Challenge to agree how data generated in the community in particular by point of care or self testing will be integrated into the patient record, and whose responsibility it is to ensure results are followed up/appropriate.
- Health inequality exists with lack of access to digital tools or wifi
- Through providing patients' access to their health record and test results this highlights a lack of understanding of what results mean in conjunction with their illness and symptoms.

Enablers include engagement with clinical scientist and medical staff in laboratory medicine to provide clinical leadership of digital developments to ensure better use of technology.

- Standardisation of nomenclature for testing to ensure commutability of results and improve data quality.
- Digital and coding skills training for AI and machine learning to enable the development of diagnostic and clinical decision support tools.

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Challenges in raising awareness of current screening programmes for cancers such as cervical, breast and bowel cancer to increase uptake of testing amongst the public.

- Recognition that screening needs to be evidenced-based to improve patient outcomes rather than high-profile media campaigns that bypass national screening processes.
- Tackle health inequalities both for uptake of screening tests in hard to reach groups and also access to testing.
- Expansion of well-person testing for early identification of chronic diseases such as diabetes and cardiovascular disease.
- Lack of understanding of disease, important symptoms to look out for and what tests mean.

Enablers include expanded use of LabTestsOnline UK linked to the NHS App providing patient empowerment and information for patients on what their tests mean; further development is required to make best use of this technology.

- Laboratory medicine guidance and support is essential to ensure direct-to-consumer testing has clinical utility, is of adequate quality, and provides appropriate clinical interpretation for patient safety.

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

- **Quick to do, that is in the next year or so**
- **In the middle, that is in the next 2 to 5 years**
- **Long term change, that will take more than 5 years**

Short term

- Appropriate test utilisation with an agreed national approach across NHSE pathology networks.
- Diagnostic stewardship a priority to reduce inappropriate testing and follow-up of patients, and prevent antimicrobial resistance. A collaborative statement that diagnostic stewardship is a priority for reducing cost, improving sustainability and preventing patient harm, should be produced as a first step.
- Focussed approach to increase take up of screening services particularly in hard to reach communities.
- Engagement of laboratory medicine staff and clinical scientists in development of new patient pathways and services, including point of care testing in the community, to embed this in the patient pathway and improve outcomes.
- Digital and coding skills training for laboratory medicine staff for AI and machine learning to enable the development of diagnostic and clinical decision support tools.
- Lead Healthcare Scientists to be nationally mandated for all Trusts to provide leadership and coordinate improvements.

Medium term

- Prescribing rights for HCPC registered clinical scientists to be able to run patient clinics, ward rounds and ease backlogs/medical workforce pressures.
- Research to inform developments in AI and machine learning.
- Improve IT connectivity in the community and between laboratories.
- Standardisation of nomenclature for testing to ensure commutability of results and improve data quality.
- Increased workforce in laboratory medicine to fill workforce gaps.
- Adoption of new technologies and digital tools at speed to enable the benefits to patient care to be maximised.

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Long term changes

- IT access and fully connected electronic patient record across primary and secondary care.
- AI and machine learning tools for clinical decision support and aid to diagnosis.

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