Laboratory Medicine – An essential driver for a progressive healthcare system

Dr Ian Godber

President
The Association for Laboratory Medicine

Consultant Clinical Scientist
NHS Greater Glasgow and Clyde

Association for Laboratory Medicine

NHS England 10 Year Plan – 3 key shifts

- **Reflects similar plans across the 4 home nations**
- moving care from hospitals to communities
- moving from analogue to digital
- moving from a focus on treating sickness to preventing it.

NHS England 10 Year Plan

- **We need to see this as an opportunity**

“If we are serious about being fit for the future, about prevention, about Neighbourhood Health, about making technology and data work for patients - we must put laboratory medicine at the heart of the transformation.

LabMed fully supports the ambition for local innovation, faster decision-making, and more integrated care. But none of that will be safe or effective without the diagnostic infrastructure that underpins modern healthcare.”

Ian Godber July 2025

Future Services

Key Components

The overarching goal is to enable people in to live longer, healthier, and more fulfilling lives by shifting the focus of the health and social care system from reactive care to **proactive prevention** and **early intervention**.

What is the role of Diagnostics?

NHS England 10 Year Plan

July 2025

- Standardisation and interoperability across digital laboratory systems to achieve the ambitions for the NHS App and Health Companion
- Patient-facing diagnostic tools and empowering patients with better information
- Expansion of community-based phlebotomy and sample logistics to support care outside hospitals
- Sustainable investment needed to expand diagnostic services in line with future demand, enable innovation, and fund the preventative diagnostics critical to delivering Neighbourhood Health

Future Services

- **Improving Access to Treatment:**

  This includes tackling long waiting lists and improving the patient experience. The government is committed to delivering more appointments and procedures by using National Treatment Centres and establishing "centres of excellence" for specific areas like cancer, ophthalmology, and orthopaedics. There is also a focus on **expanding services like "Hospital at Home,"** which provides acute care in a patient's own home, as well as extending services like radiology to a seven-day week. Challenges have been highlighted.

Future Services

- **Shifting the Balance of Care**

  The strategy seeks to **move services away from acute hospitals and into community-based settings.** This involves providing more support in local communities and homes and **strengthening primary care services, like general practice and community pharmacies**. The aim is to ensure that hospitals are reserved for the most acute and complex cases, while more routine care is delivered closer to home.

Patient led diagnostic Strategies

- **The patient needs to be the focus of the investigation**
- Keeping patients out of hospital is key
- We need to be focusing on technologies to improve access to diagnostic tests
- **Examples**
- Point of Care Testing (POCT)
- Patient Centric Sampling
- All require a robust digital infrastructure

Point of Care Testing

- Which tests suit a POC setting
- Key for fast local decision making
    - Clinics
    - Ambulances
    - Acute admissions
- Requires infrastructure – IT and equipment
- Standardisation
- Agreed pathways
- Cost
- Training
- Governance

Patient Centric Sampling

- Self collection – capillary blood
- Utilising the investment already allocated to large automated laboratories
- Reducing clinic appointments
- Improving the patient experience
- Improving equity and access
- Chronic diseases
- Learning disabilities
    - Clinical incidents
- Screening/Trials
- Stability and sample quality

Digital Innovation

- includes the national rollout of the **Digital Front Door app,** which will provide patients with digital notifications, access to personal health information, and options for interacting with services. The plan also emphasizes **expanding video consultations (**Near Me) and remote monitoring for long-term conditions.
- Laboratory Systems – require intra-operability through standard coding (SNOWMED-CT) and standardised practices
- Personalised Healthcare – one size does not fit all
- Artificial intelligence (AI) – how do we integrate, how do we monitor quality
- Move to patient led monitoring –wearable technologies

Prevention

- **Prevention First** approach - prevent illness and proactively meeting their needs.
- This approach aims to not only improve individual well-being but also reduce the long-term financial pressure on public services.
- From a diagnostics viewpoint we need to integrate to form diagnostic pathways based on disease e.g. Heart Failure which should be identified in Primary Care

Heart Failure

- There are big issues with delayed diagnosis in the community throughout the UK for HF.
- Delayed diagnosis leads to most patients presenting to hospital with HF as first diagnosis rather than in community , which is associated with increased mortality.
- Around 80 per cent of heart failure diagnoses in England are made in hospital, despite 40 per cent of patients having symptoms that should have triggered an earlier assessment (BHF 2024).
- Improvements in community diagnosis requires access to diagnostic tests.

Heart Failure

- Data from January 2023 shows that nearly 165,000 patients in England were waiting for an echo test, up nearly 3% since January 2022. More than 40% of these patients were waiting over 6 weeks.

- Delivering these echo tests is best achieved by using NT-proBNP as a triage, as it will make detecting undetected heart failure feasible.

- Delayed diagnosis and the unavailability of community based NT-proBNP results in:
  - Wrong treatment – e.g. steroids for COPD when it is HF
  - Patients transferred to wrong clinical area
  - Cardiologists and HF specialists involved late in care
  - Denied entry into clinical trials which may require NT-proBNP

NHS England Best Practice Review – Enhancing GP direct access to diagnostic tests for patients with suspected chronic obstructive pulmonary disease, asthma, or heart failure. December 2023

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Funding for Models of Care

- **Guidance introduced without funding for the process**
- Business cases difficult to quantify
- Financial structure – barriers include:
  Diagnostics is demand led – this will increase
  Cross Charging – Primary Care/Secondary Care
  Move towards larger legal entities – Health Boards/Networks
  Block contracts

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Funding for Models of Care

Pathways ↗

- **Cross charge the requestor?** – Not sustainable – Inequality
- **Develop funded pathways for key conditions – move away from silo budgets**
- Need to look at the **Whole Patient Pathway** – utilise guidelines
  e.g. Detect Cancer Early (Scotland 2012)
  – Funding for symptomatic FIT initiatives

  Other trials – often short term but inform business cases (PIGF, NSE)

  Need to link in other sources of funding e.g. prescribing budgets,
- Better links with Government and NHS policy makers – a roll for Royal Colleges and Associations and link with industry partners (IBMS/LabMed, BIVDA & ABHI)
- Link with patient organisations e.g. BHF

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Funding for Models of Care

Guidelines ↗

- **We need to develop a robust infrastructure**
- Guidance needs to be accompanied by funding
  - NICE
  - SIGN
- Similar mechanism for diagnostic tests to drug therapies
- Fund the pathway not the test and the treatment

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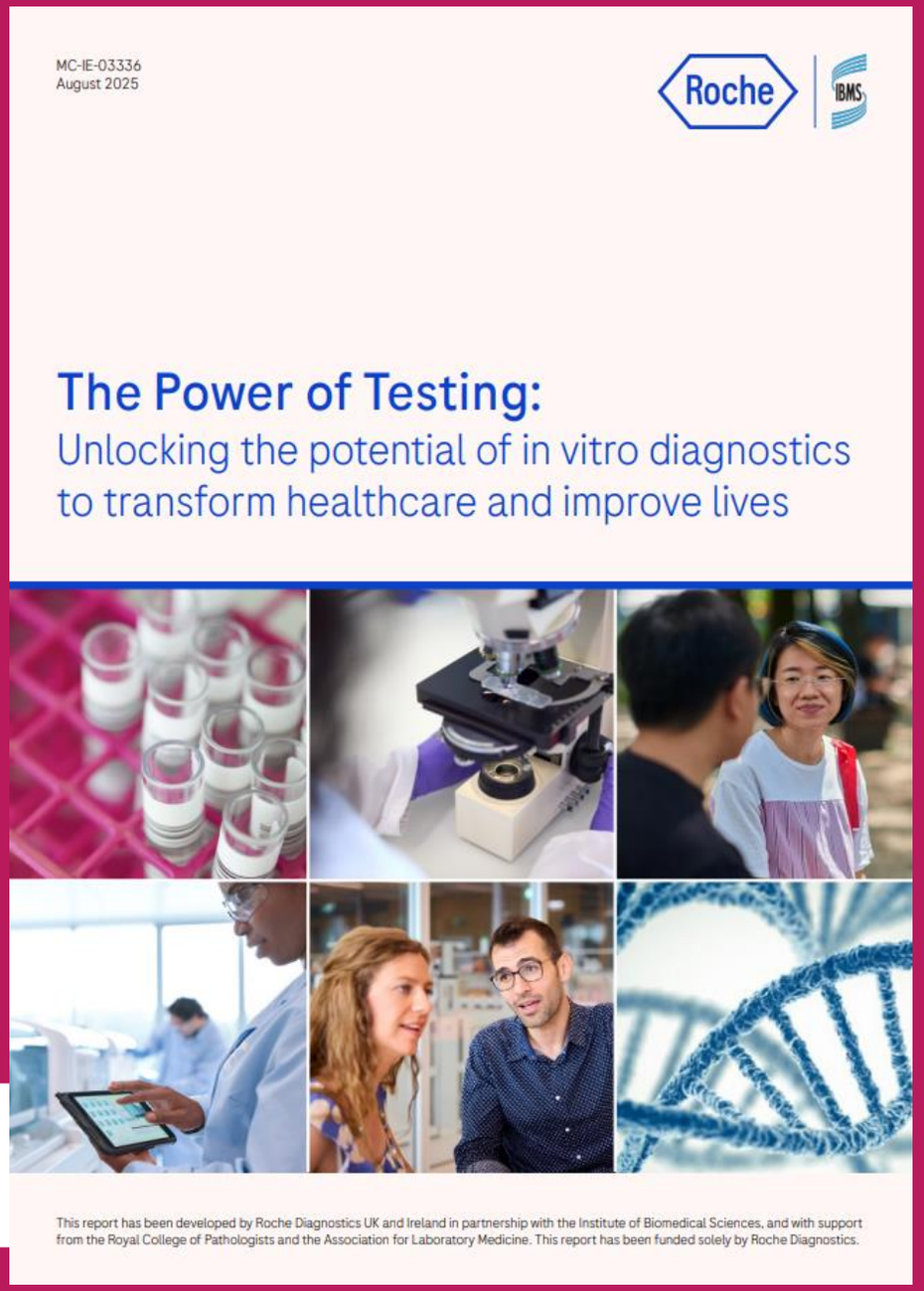
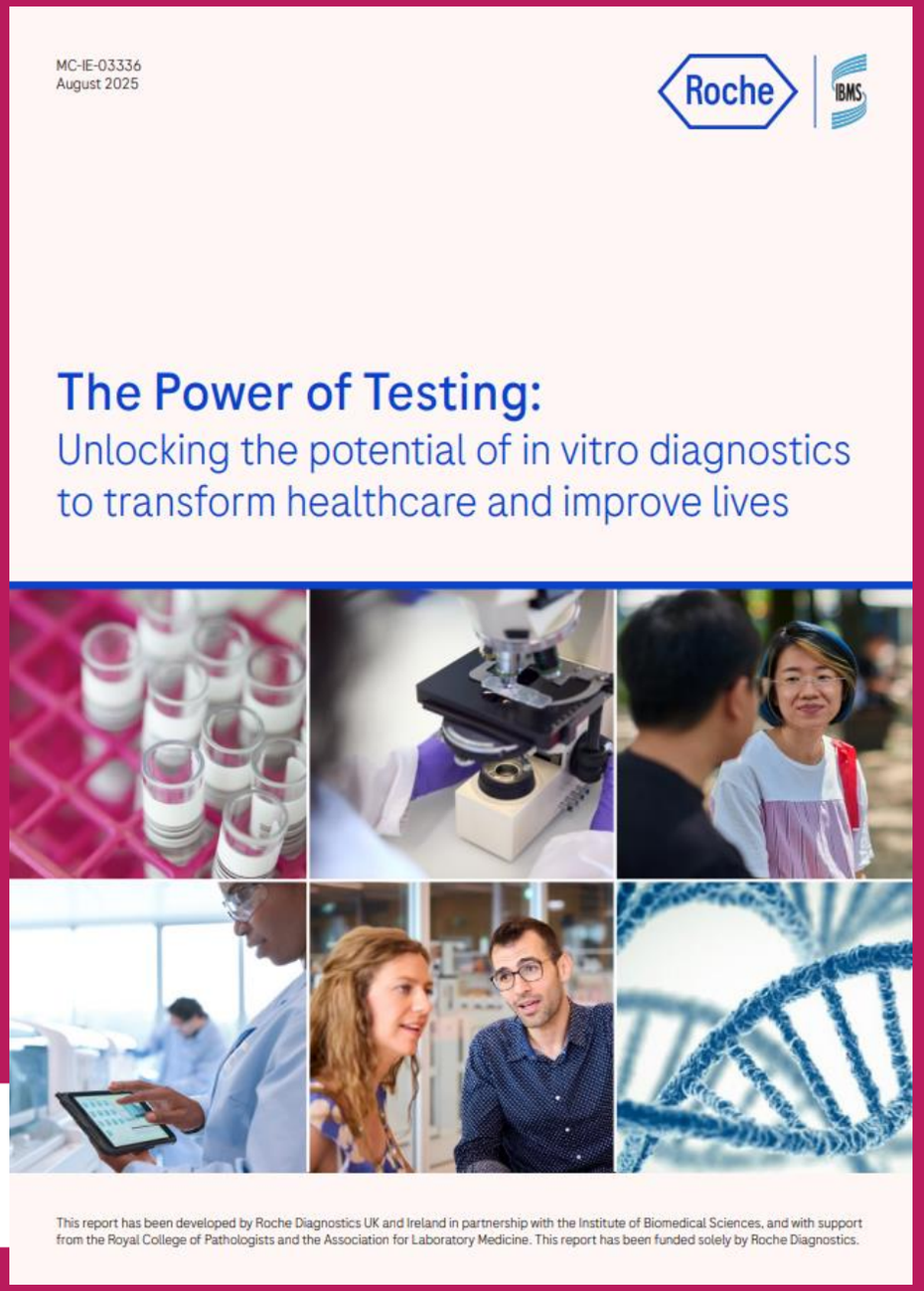
Funding for Models of Care

Workfoce ↗

- **We need to fund the workforce**
- Develop a skilled, digitally literate laboratory workforce ready to deliver the future of diagnostics
- Full investment into training and education for laboratory professionals
- Recognising the leadership roles of healthcare scientists and extend their roles e.g. prescribing powers to help tackle workforce gaps and backlogs



- Published September 2025
- Government should mandate equitable funding for diagnostics
- Government should utilise expertise and infrastructure to support the adoption and implementation of innovation across the NHS
- Government should champion the role of non-imaging diagnostics



- Each Integrated Care Board (ICB) should develop local diagnostics strategies that are embedded within the Neighbourhood Health Services promised in the 10 Year Plan
- ICBs should collaborate strategically with industry and cross-sector partners to create the headroom for diagnostic innovation
- Stakeholders, including industry and ICBs, should collaborate with the diagnostics workforce to reform pathology contracting models
- Stakeholders from academia, industry, the voluntary sector and those with lived experience should promote and share best practice
- The patient voice should be a key consideration in the development, adoption, and integration of IVD technologies

Pathology Alliance

- The Royal College of Pathologists (RCPath)
- The Institute of Biomedical Science (IBMS)
- The Association for Laboratory Medicine (LabMed)
- The Association of Clinical Pathologists (ACP)
- The British Society for Haematology (BSH)
- The British Infection Association (BIA)
- The British Division of the International Academy of Pathology (BDIAP)
- The Pathological Society of Great Britain & Ireland (Path Soc)
- The British In-Vitro Diagnostics Association (BIVDA)
- The Association of British Health Tech Industries (ABHI)

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Questions

Which priority area should we as lab professional focus on?

a) New tests for early diagnosis
b) IT infrastructure
c) Workforce

Which technology will have the biggest impact on diagnostics in the next 5-10 years?

a) AI Algorithms
b) Patient Apps
c) Point of Care Testing
d) Patient Centric Blood Sampling