

Pathology Priorities

Pathology is complex, multidisciplinary and interacts with almost all clinical pathways. NHS England Pathology reflects this intricacy with a vast, and evolving remit.

All priorities, current and planned are underpinned by a commitment to **reduce unwarranted variation**, in access to high quality pathology services.

An elevated understanding of the central role pathology in patient clinical pathways has opened avenues for wider collaboration across programmes.

Current priorities:

- 1 Ensure delivery of the NHS Long-term Plan objective to establish 29 or fewer pathology networks, that are mature across all domains
- 2 Support Histopathology Transformation and Recovery, with the implementation of the 6-Point Histopathology Improvement Plan
- 3 Recognise variation in access and deployment of IVD Point of Care testing, including bio-sample acquisition for companion diagnostics
- 4 Understand the opportunities to embed sustainability across pathology transformation for a greener future for pathology

Pathology Networks Maturity

National Pathology Network Summary 2024

Pathology provisions in England are organised into 27 pathology networks.

From Q1 2024, all pathology networks self-assessed as developing or above and we are therefore on track to deliver 50% maturity by the end of the year:

- 12 at maturing or above
- 15 at developing

North West Region <ul style="list-style-type: none">N1 Lancashire & South Cumbria Pathology CollaborationN4 Cheshire and Merseyside Pathology NetworkN5 Greater Manchester Pathology Network	North East and Yorkshire Region <ul style="list-style-type: none">N1 North East & North Central Pathology NetworkN2 West Yorkshire & Humber Pathology NetworkN3 South Yorkshire & Rotherham Pathology NetworkN7 Scarborough Hull York Pathology Service
East of England Region <ul style="list-style-type: none">ME1 Essex Pathology ServicesME2 Midlands & East 2ME3 Strengthen & Support Pathology NetworkME4 South Midlands PathologyME North Midlands & Cheshire Pathology Service	East of England Region <ul style="list-style-type: none">ME5 Midlands and East 5ME6 East Coast Pathology NetworkME8 Mid & South Essex Pathology Service
London Region <ul style="list-style-type: none">L1 North West London Pathology ServiceL2 North Central London Pathology NetworkL3 Mid East & South East London Pathology PartnershipL4 South East London PathologyL5 South West London Pathology Service	South West Region <ul style="list-style-type: none">S1 Peninsula PathologyS2 West of England Network

For further information contact: england.pathservices@nhs.net

Pathology Networks: Our Work so Far

The National Programme continues to work alongside NHSE regional diagnostics colleagues and companion programs to deliver the NHS Long Term Plan commitment to ensuring all pathology networks are classed as 'Maturing' across all domains of the maturity matrix by 2024/25

27 pathology networks recognised.

Pathology network maturity 23% maturing or above, 44% developing and 33% emerging.

Capital investment in estate to enable transformation e.g. BCPS.WYH.

Investment of over 6m in various initiatives to support pathology network workforce strategies.

Communities for shared learning via our Future NHS page, with webinars, Lunch and Learns and case studies.

Over £200m digital investment e.g., digital pathology, LIMS to deliver productivity and support network operating models.

Data and evidence driven prioritisation of pathology transformation.

Aligning pathology networking with wider national programmes such as genomics, AMR, sepsis, cancer.

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Our Commitment to Maturing Pathology Networks

The NHS Long Term Plan committed the NHS to ensuring all pathology networks are classed as 'maturing' across all domains of the maturity matrix by 2024/25

Maturing

Established network governance, operational and commercial models, with demonstrable realisation of benefits and evidence of ongoing innovation and improvement. Being led by an appropriately constituted Board and leadership team. Workforce strategy implemented; digital roadmap, single quality management process and procurement strategy in delivery.

Thriving

Fully integrated network governance and operations, with effective cross-network collaboration. Established workforce development, retention and resilience strategy supported by routine sharing of best practice

Developing

Established network models, with demonstrable realisation of benefits and evidence of ongoing innovation and improvement. Domain strategies being implemented.

Emerging

Collaboration across network with implementation of network model underway, including agreed governance and operational strategy

Pre-emerging

Constituent pathology services operating independently within a network. Pathology network programme board with supportive governance developed to support the implementation of a network model

Constituent pathology services within a network operate independently at Trust level

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Pathology Network Maturity Domains

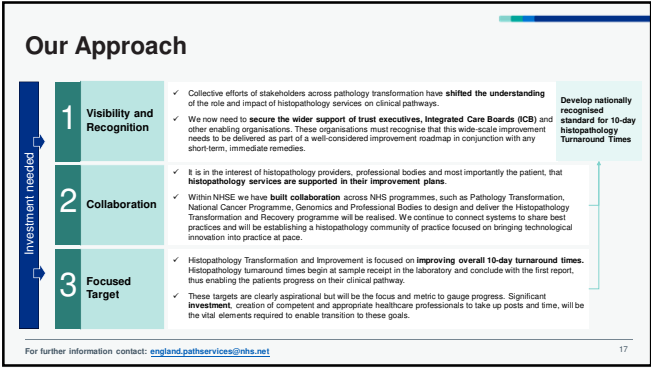
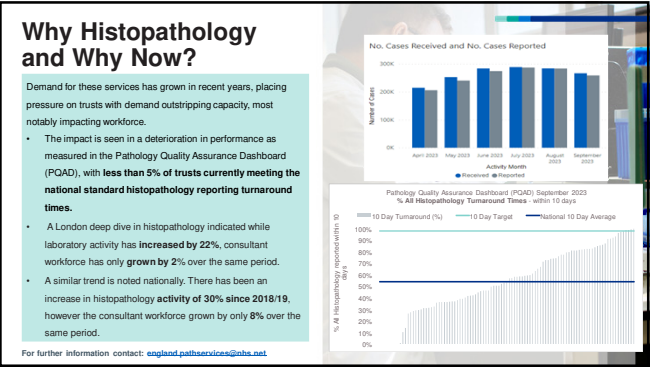
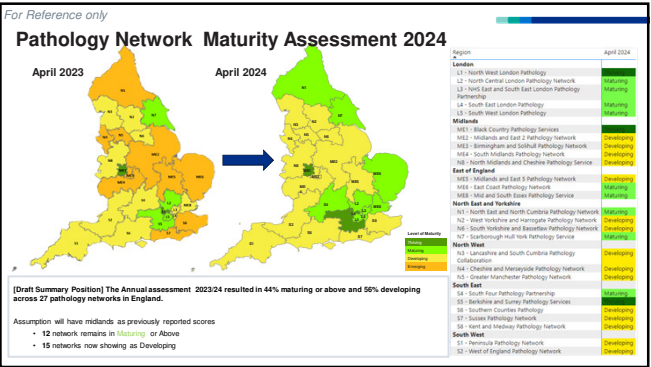
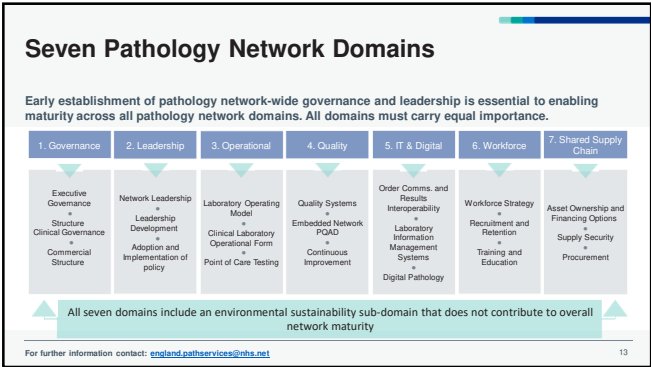
The pathology network maturity matrix identifies seven domains that characterise a pathology network.

As networks navigate complex, and changing healthcare landscapes, across trusts, systems and statutory bodies- communities of practice provide opportunity for shared learning to progress maturity. Region teams support implementation and development through:

- ✓ Highlighting best practice approaches and lessons learnt by mature networks
- ✓ Developing regional pathology network director forum for peer-to-peer support and collaboration
- ✓ Supporting the recognition of benefits and networks mature.

Governance	A single governance model signed off by all network member Trusts and ICS Boards, with clear clinical and operational leadership arrangements where dissolution would require Trust Board approval
Leadership	A single accountable officer appointed at VSM level for the Network and other leadership roles defined and appointed e.g., for pathology, quality, commercial, CDO, workforce
Operating Model	Agreed clinical, operating and business models signed off by trust boards e.g., consolidation of services at agreed sites and integration into clinical pathways
Quality	A common quality management process for oversight of performance, quality and clinical governance including working with local, regional and national systems such as PQAD
IT and Digital	A digital roadmap setting out how the network will achieve digital interoperability across the whole local healthcare system and digitization of cellular pathology services with shared digital pathology reporting
Workforce	Agreed workforce strategy for parasparring/mobility, skill mix, training and CPD and recruitment and retention, managed via a network workforce lead
Shared Supply Chain	A single network procurement strategy with sustainable supply chain, joint purchasing at scale e.g., shared MSC across the network, or a clear process and timeline to achieve one

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What is Needed?

Investment needed

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Short-term

- ✓ Increased insourcing and outsourcing to address immediate backlogs
- ✓ Investment in workforce to enable new way of workings (digital reporting, home reporting) and take advantage of skill mix opportunities (Advance practice for scientist to carry out dissection and case reporting).

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Short-term to Medium term

- ✓ Investment in end-to-end services optimisation, including the workflow into specialised testing such as Genomics.
- ✓ Investment in automation of manual laboratory process to address bottlenecks and build resilience to manage increasing upstream activity.

3


Medium-term to Long-term

- ✓ Investment in estate to enable consolidation of services towards a hub (and spoke) model for histopathology, where estate is a fundamental barrier to further improvement in histopathology turnaround times.

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Invitro Diagnostic Point of Care Testing & Phlebotomy




PoCT Services in England

What is IVD Point of Care Testing?

- Point of Care Testing is defined by MHRA as any analytical test performed for a patient by a healthcare professional outside the conventional laboratory setting.
- In practice, and in response to the rapidly evolving healthcare landscape, Point of Care Testing can also include self-administered testing, such as Lateral Flow Device-based Testing (LFD).
- Invitro Diagnostic (IVD) refers to testing of samples outside of the body, such as urine, blood, sputum etc.

How is IVD Point of Care Testing delivered?

- Laboratory based testing and hospital-based Point of Care Testing is typically provided and governed by Pathology Networks. There are currently 27 pathology networks that deliver NHS pathology services.
- Although Point of Care Testing has been available to NHS use cases (patient pathways) for many years, recent developments in new technologies (that have improved accuracy and test stability), has expanded opportunities to deliver pathology testing nearer the patient.
- There is an immediate need to develop a quality and governance framework around PoCT deployment, in response to new health care delivery models and increase availability of novel PoCT device technology.



Management and use of IVD point of care test devices

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Anticipated Benefits of effective IVD PoCT

PoCT can add value with earlier identification or severity assessment of illness in a pre-hospital setting using POC blood testing to improve clinician confidence and decision-making. Key generic benefits are set out below, including being able to detect or rule out serious illness, allowing clinicians to make better decisions and avoid unnecessary hospital admissions.

Reduction of unnecessary hospital admissions	PoCT allows clinicians to quickly detect or rule out serious illness, allowing clinicians in conjunction with patients to make better decisions and avoid unnecessary conveyance and hospital admission.
Quicker and more effective clinical decision-making	Quicker decision-making, with results usually available within a minute or two of analysis, resulting in a more rapid intervention. Clinicians can make decisions to care for a patient in the most appropriate place, that may otherwise lead to a conveyance or admission.
Increased patient satisfaction	Testing in a person usual place of residence with rapid results, provide reassurance and help inform subsequent personalised care decisions. Reduces the need to transport people with frailty to access tests in an urgent care setting; which is more likely to lead to a hospital admission. People treated for acute conditions have in their home have high rates of patient satisfaction of care
Direct discussion of result	Patients can be seen, tested and consulted face to face and within a short period of time.
Reliable results & reassurance for staff	Provided PoCT devices are used by appropriately trained, competent and accredited operators, adhering to the guidelines and procedures set out in local clinical governance, results are reliable. PoCT provides reassurance for staff and patients that an accurate diagnosis is being made early in the treatment pathway.

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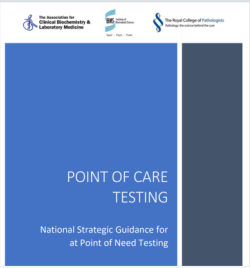
IVD Point of Care

Published May 2023

The IBMS has collaborated with the Royal College of Pathologists (RCPath) and the Association for Clinical Biochemistry and Laboratory Medicine (ACB) to produce [Point of Care Testing: National Strategic Guidance for at Point of Need Testing](#).

The paper aims to communicate with those responsible for planning and commissioning novel patient services outside of traditional care settings.


It outlines the strategic requirements necessary to adopt POCT where it is needed and how to deliver safe and high quality POCT within an accreditable framework.



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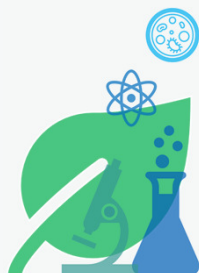
Sustainability in Pathology



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Shaping Greener Pathology Services in England

The role of pathology in achieving net-zero emissions involves **adopting efficient practices**, embracing **low-carbon technology**, **reducing waste**, and promoting a culture of sustainability within the field. By doing so, pathology contributes to both improved healthcare outcomes and a healthier planet.



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