

*Version 5 This document reflects the views of the listed representatives. A previous version has had limited discussion in the associated pathology departments. This version is designed to take final amendments from the departments concerned by the 23<sup>rd</sup> June. The subsequent document will be released for general consultation with all stakeholders for feedback by 31<sup>st</sup> August.*

## North & East of Scotland Pathology Network (NESPAN)

Document for discussion, consultation and feedback.

### Representation at the meetings:-

Brian Adamson	Clinical Leader/Consultant Pathologist	Fife
Kendra Murray	Consultant Pathologist	Fife
Ibriham Nawroz	Consultant Pathologist	Fife
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Stewart Fleming	Consultant Pathologist/Academic Head	Tayside/University
Derek Bishop	Head BMS	Tayside
Blair France	Head BMS	Highland
John Goodlad	Consultant Pathologist	Highland
James McPhie	Consultant Pathologist	Highland
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Date 10 June 2003

### **Executive Summary**

This paper reviews the outcome of 3 meetings which took place in February, May and June 2003 where representatives from Highland, Fife Grampian and Tayside Pathology Departments met to assess the potential of linking to form a managed clinical network. The overall conclusion from the group is that there will be significant benefit to patients, staff members, departments and employers by creating a network and views are sought from all stakeholders before 31<sup>st</sup> August 2003.

## North & East of Scotland Pathology Network (NESPAN)

### 1. Introduction

- 1.1 Pathology for the purposes of this paper can be defined as the diagnosis and management of disease through the processing and examination of cells and tissue. It has a major role in multidisciplinary management of many diseases with a pivotal role in cancer services
- 1.2 The specialty is recognised as facing particular problems in staffing and resources and this has been recognised by the Scottish Executive Health Department in commissioning the Scottish Pathology Action Group Report <sup>1</sup> and the Recruitment, Training and Retention of Medical Laboratory Scientific Officers (Biomedical Scientists) Report <sup>2</sup>
- 1.3 It has become apparent that there may be benefits in closer collaboration of individual pathology departments. An initial horizon-scanning meeting was arranged to discuss the merits of a potential network across the North and East of Scotland and encompassing Highland, Fife, Tayside and Grampian with a catchment area of over 1.5 million people. The initial meeting took place in February 2003 with pathologists representing both NHS and academic interests and biomedical scientist (BMS). The day session was chaired by a North of Scotland Cancer Network Manager. The meeting was open and wide ranging and the outcome was that there was merit in pursuing the benefits of a network further. Subsequent meetings were arranged for May and June and this paper is the consensus opinion following further consultation in constituent departments. It is intended to form the basis of an application for recognition as a managed clinical network.

### 2. Strategic Context

- 2.1 The development of pathology services has been reviewed on a number of occasions and includes The Scottish Pathology Action Group Report, Guidance on Pathology Modernisation <sup>3</sup> and the Audit Commission and Department of Health reports from the early and mid 1990s. <sup>4-6</sup> All indicate the need to modernise pathology services to meet increasing complexity and quantity of clinical demand. Particular issues considered have been pressures of specialisation and the desirability of increased multidisciplinary working.
- 2.2 The Scottish Executive Health Department has outlined its commitment to managed clinical networks and this has been highlighted within Partnership for Care<sup>7</sup>, Our National Health<sup>8</sup> and in HDL (2002) 69 <sup>9</sup> and MEL (1999) 10 <sup>10</sup>. Networks have been proposed as one potential solution for the future development of pathology

### 3. Drivers for Change

- 3.1 Pathology services provided throughout Scotland are undergoing organisational change in relationship to a number of issues. Some of these developments could best be addressed cooperatively through a managed clinical network. The main drivers for change include:-
  - Pressures toward specialisation
  - Recruitment and retention difficulties for medical and BMS staff
  - Skill mix review and role extension for BMS
  - Rapid development of new technology, particularly in molecular pathology
  - Evidence based guidelines and minimum datasets
  - Difficulties in advancing academic pathology
- 3.2 The main barriers to change identified early in the process was insecurity from all sites as to exactly how a network may work. Early on it became apparent that openness and involvement reduced many of the anxieties expressed

### 4. Development Framework

- 4.1 A framework was developed as an outcome of the 2 meetings and it is the consensus view that success of a future managed clinical network depended on it being:-

- of definite value to the constituent patients, staff, departments and employers
- working within a guiding philosophy which would take cognisance of HDL (2002) 69 and MEL (1999) 10
- Managed in partnership across all NHS area covered
- open and transparent in its style of work
- non-threatening

4.2 The framework takes the form of a set of principles and these are set out in section 5. These principles will be incorporated in a formal and explicit constitution and methods developed to ensure they are adhered to in running the network.

## 5. Principles of Operation

5.1 The aims of the network will be to improve the quality of care by sharing or creating: best practice; resources; innovation; problem solving; risk management; evidence bases; audit information and standardised reporting.

5.2 The network will be committed to quality through CPA accreditation and meeting Quality Improvement Scotland standards. Audit data will be gathered throughout to defined standards.

5.3 The network will be inclusive and all members of staff in each participating centre will be part of the network. This will ensure that all have the opportunity to influence its role, agenda and direction, and gain benefit from its existence. It is not envisaged however that contracts of employment will be held by the network.

5.4 The management, scope and authority will be clearly defined and agreed by consensus of members of the network. There will be open, frequent and wide reporting on the work and successes of the network. Development of IT links, telepathology and a well maintained web page will be important in this regard.

5.5 Each member centre of the network will have equal influence in network decision making, irrespective of size or any other measure of status. Medical and BMS management from all centres will have an integral role in operational decisions.

5.6 The network will require dedicated resource to facilitate action and deliver benefit. Each centre will commit real time and effort to deliver the agreed goals. The network structure will be geared to delivering successful outcomes by organising sub-groups with remits for action focused on the potential benefits.

5.7 The network though its management structure will welcome and pursue opportunities for wider collaborations on either geographic or topic bases. An important factor in this regard is recognition that some topics may be best managed on a population greater than the 1.5m included in the catchment area.

## 6. Benefits

6.1 It is envisaged that significant benefits will be achieved which leading to improvements in clinical care through enhanced service delivery.

6.2 In addition to the clinical benefits outlined below a particular focus of this development is the support of the specialist pathologist and the provision of wider access to specialisation across the network. This will be achieved by developing specialist groups working across the area (supporting similar developments in other clinical specialties) and bringing the concept of specialist reporting to all departments in the network. This pooling of resource will enhance sustainability of smaller departments in an era of increasing specialisation

### 6.3 Clinical Benefits

- Sharing best practice
- Improve practice through service development and audit

- Improved recruitment and retention by promoting the support structure and specialisation opportunities which the network will create.
- Improve ability to meet existing Quality Improvement Scotland (QIS) standards.
- Pan-network audit to allow peer review and a non-threatening approach to quality assurance.

#### 6.4 *Organisational Benefits*

- Improved representation of regional interests by speaking with one voice
- Increased ability to utilise communication technologies such as video conferencing and tele-pathology.
- Sharing procedures and resources for Clinical Pathology Accreditation
- Harmonised policies on governance and risk management.
- Access to resources in other trusts and networks.
- A natural forum for the introduction of new concepts and technology (molecular pathology, enhanced role of BMS, etc.)

#### 6.5 *Financial Benefits*

- Better value for money through more efficient use of scarce resources
- Collaboration in identifying and obtaining funding from central organisations e.g. NOSCAN,(North of Scotland Cancer Network) , RARARI,(Remote and Rural Areas Resource Initiative) CSO (Chief Scientists Office) and NHS Education

#### 6.6 *Education, Training and Staff Developments*

- A network wide approach to education, training and development
- Academic and research opportunities enhanced by extending caseload and experience
- A Network with the advantage of 3 cancer centres, 2 medical schools and 1 preclinical school, providing a strong academic base to support education
- A post graduate medical specialist training school
- A post registration BMS school.
- Support the enhanced role of the biomedical scientist
- Supporting CPD and harmonising competency assessment for BMS's.

### 7. **Why a Managed Clinical Network? (MCN)**

7.1 In assessing the suitability of the MCN model to meet the needs of North & East of Scotland Pathology Network (NESPAN) the following criteria outlined in HDL (2002) 69 have been taken into consideration.

#### 7.2 *Multi Agency Membership*

The network will include all health professionals from within pathology. Relevant cancer networks (SCAN, NOSCAN) will be represented. Patient representation will be sought.

#### 7.3 *Network Management Arrangements*

The network will need clear management arrangements including the appointment of a lead clinician with overall responsibility for the operation of the network and of a manager to support that operation. Rotation of the lead clinician role is inherent in the concept of shared ownership. The managerial arrangements are detailed in section 8

#### 7.4 *Annual Report*

An annual report will be produced for reporting to NHS Boards, cancer networks and SEHD (Scottish Executive Health department) . It will also be available to the public.

#### 7.5 *Network Structure*

The structure is outlined in fig 1. The emphasis is on involvement and coordination of effort.

## 7.6 Evidence Base

The network will document its evidence base from QIS, SIGN (Scottish Intercollegiate Guidelines Network) and Royal College of Pathologists guidelines and will be consistent with all. There will be a commitment to expansion of function through research and development.

## 7.7 Information

The network actions, notes of meetings and proceedings will be available to and through constituent departments and on the specially developed web page.

## 7.8 Inclusion

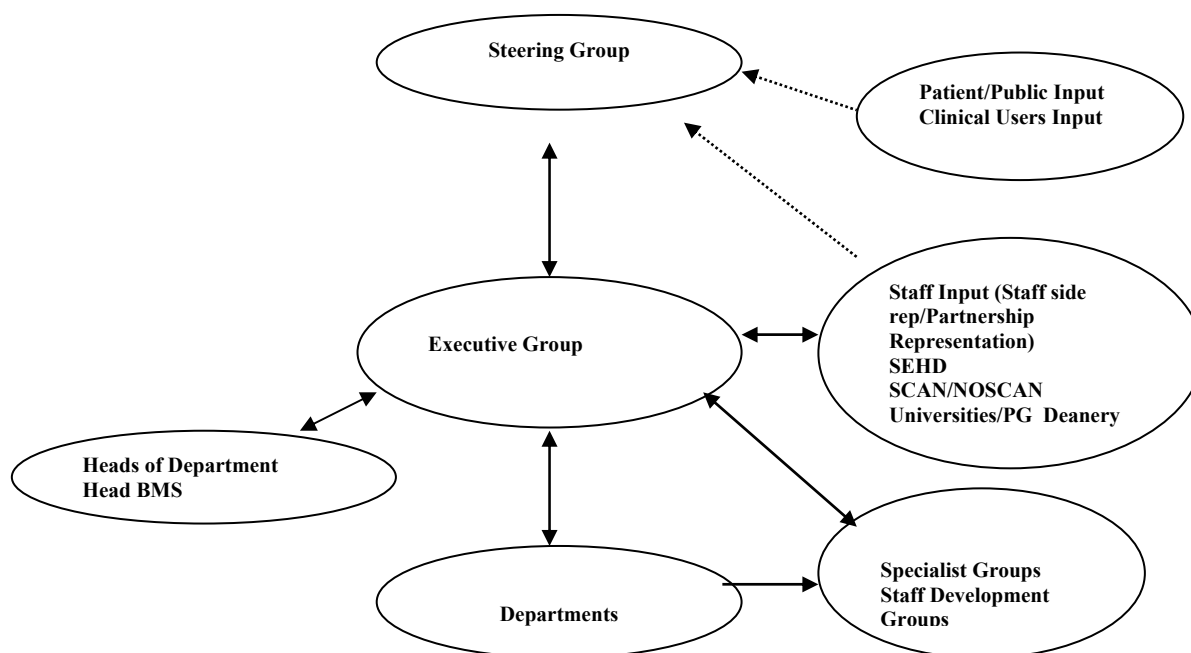
The network has been discussed and approved in all constituent departments

## 7.9 Quality Assurance

An integral part of the network will be a quality assurance programme consistent with Quality Improvement Scotland

## 8. Management Structure (see fig 1)

**Fig 1 Management Structure**



8.1 The management structure will strengthen rather than challenge local management arrangements for the delivery and monitoring of service. Emphasis will be on a consensus approach and although there will be an administrative base and lead clinician, the group will act on a partnership basis and decision making will be by agreement

8.2 The network lead clinician will be appointed for a period of 3 years and will rotate among willing representatives from each participant Department. The appointment will normally be by consensus. It is imperative that the person appointed is recognised as having the necessary attributes to take the project forward and will be available for the agreed sessions.

- 8.3 A network manager will be appointed and the initial funding will be for 3 years. The appointed manager will be responsible to the network lead clinician.
- 8.4 The management arrangements will consist of an executive group with operational responsibility for the network. This group will consist of the head of service and head biomedical scientist from each participant department, the lead clinician if this individual is not the head of department and the network manager. Other input would be on an adhoc basis as required for particular areas of expertise. This group will be the operational group reporting to the Steering group. The executive group will meet bimonthly
- 8.5 The steering group's remit will be to provide strategic direction. It will consist of :-
- The lead clinician/head of service from each department
  - The head BMS from each department
  - 1 BMS with training responsibility
  - 1 Post Graduate Dean's representative/ Specialty advisor
  - 1 academic representative
  - 1 patient representative
  - 1 Clinical user
  - Staff side representative
  - Other relevant clinical network representation. (In particular cancer networks)

The steering group will meet twice per year.

## 9. Finance (Table 1)

- 9.1 Imperative to the success of the project is funding to allow the appointment of a network manager with appropriate skills and attributes. This appointment will include require infrastructure support including clerical support, recognition of the significant travelling costs, information technology and space requirements.
- 9.2 The network lead clinician will require protected time. Currently it is anticipated this would require probably one notional half day per week (Subject to review)
- 9.3 The anticipated costs are outlined in Table 1. Funding will be sought from the Scottish Executive Health Department as outlined in HDL (2002) 69

**Table 1 Finance**

<i>Requirement</i>	<i>Cost 03/04</i>	<i>Cost 04/05</i>	<i>Cost 05/06</i>
Lead Clinician (Allowance)	7500	7800	8112
Network Manager	44840	46634	48500
A&C Grade 3/4	18200	18928	19686
Transport Costs (Network Manager)	4240	4410	4588
Training and Development	1000	1040	1082
Local Office Accommodation (Rental)	2000	2080	2164
Information Technology	3500	0	0
Consumables	1000	1040	1082
Network meeting expenses	2120	2205	2294
<b>Total</b>	<b>84400</b>	<b>84137</b>	<b>87508</b>

## 10. Conclusions

- 10.1 The potential benefits and shared vision are considerable. The consensus of opinion is that the risks are manageable and that with appropriate SEHD support the benefits are realisable. All participants left with a clear commitment to a managed clinical network and further consultation with stakeholders was required.
- 10.2 A further meeting will take place at 10.30 on the 16<sup>th</sup> or 18<sup>th</sup> September (TBC) in Perth, Isle of Skye hotel.

10.3 This paper will be circulated widely within departments for additional feedback before the 23<sup>rd</sup> June 2003. The subsequent amended paper would be issued for consultation to wider stakeholders for feedback before 31<sup>st</sup> August 2003

## References

1. Scottish Pathology Action Group SEHD Unpublished Data
2. The Recruitment, Training and Retention of Medical Laboratory Scientific Officers. (2001) SMASAC
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4. The Pathology Services; A Management Review (1991) Audit Commission HMSO
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7. Partnership for Care (2003) SEHD [www.scotland.gov.uk/library5/health/pfcs-00.asp](http://www.scotland.gov.uk/library5/health/pfcs-00.asp)
8. Our National Health: A Plan for Action, a Plan for Change SEHD (2000) [www.scotland.gov.uk/library3/health/onh-00.asp](http://www.scotland.gov.uk/library3/health/onh-00.asp)
9. NHS Circular HDL (2002) 69
10. Management Executive Letter (1999) 10