

16 April 2013		ITEM: 6
Health and Well-being Overview and Scrutiny Committee		
Pathology Services Development		
Report of: William Guy, Head of Commissioning, Thurrock Clinical Commissioning Group		
Wards and communities affected: All wards in Thurrock	Key Decision: Non Key	
Accountable Head of Service: William Guy, Head of Commissioning, Thurrock Clinical Commissioning Group		
Accountable Director: Mandy Ansell, Chief Operating Officer, Thurrock Clinical Commissioning Group		
This report is public		
Purpose of Report: This report is to update the Committee on the proposed development of Pathology Services across South Essex. This is for information only.		

EXECUTIVE SUMMARY

As part of an East of England wide proposal to transform pathology services, Thurrock Clinical Commissioning Group (alongside a number of other CCGs including the three South Essex CCGs) were recommended the proposal to transfer pathology services to a consortium led by Bedford Hospital. This proposal was considered by the Clinical Commissioning Groups in November 2012. Whilst the CCGs supported the move to Preferred Bidder status, a number of issues were identified that require resolution before movement towards contract signature. Since December 2012, working with the proposed provider, the two local acute trusts and fellow CCGs, Thurrock CCG have been involved in the due diligence process. At this stage, further work is still required before the detailed service model can be presented to stakeholders to reassure them that the issues identified as part of the movement to Preferred Bidder stage have been mitigated.

This report provides an overview of the discussions to date.

1. RECOMMENDATIONS:

1.1 To consider and note the following:

Working with the three other CCGs, Thurrock Clinical Commissioning Group will continue the clinically led due diligence process. The due diligence process will attempt to resolve the concerns identified by the

CCGs. This will include the formal sign off of each concern when a solution has been agreed.

This process will include regular communications to the stakeholders to ensure that they are reassured that the local due diligence process is effective and addressing concerns appropriately.

The original start date for the new service model was the 1st April 2013. This date is now unachievable. We have commenced discussions with Southend and Basildon hospitals to extend the current provision into 2013/14. A revised mobilisation plan and implementation date is being agreed with the Transforming Pathology Services team.

2. INTRODUCTION AND BACKGROUND:

2.1 In early 2011, based on the Carter recommendations, all NHS East of England commissioning organisations endorsed a programme of work to Transform Pathology Services across the East of England. This aimed to;

- Implement a uniform specification and commissioning contract for pathology services that includes specific performance indicators (strengthening current contracting arrangements)
- Deliver a value for money solution that is affordable across the East of England and delivers savings
- Support the transformation of pathology services to meet the demands for effective and efficient GP accessed pathology services.

2.2 This process has been led by the Transforming Pathology Services (TPS) team, part of the NHS Midlands and the East Strategic Projects team on behalf of all commissioning organisations. The process aimed to seek a provider to deliver a three year contract with the option to extend for two further years.

The process has been undertaken through several phases

- 1) Engagement with stakeholders
- 2) Specification development
- 3) Competitive process
 - a. Invitation to Participate in Dialogue
 - b. Invitation to Tender

3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

3.1 The outcome of the evaluation is that the bid for Consolidated Pathology Services (CPS) became the recommended solution for NHS South Essex, NHS West Essex, NHS Hertfordshire, NHS Bedfordshire and NHS Luton. This solution is based on hub and spoke model utilising Luton and Dunstable, West Hertford, Bedford and Princess Alexandra pathology departments.

- 3.2 At the November Board meetings of the four South Essex Clinical Commissioning Groups and PCT Cluster Board, it was recommended that we move to Preferred Bidder Status subject to a number of caveats being resolved during the Preferred Bidder period

These included

- The quality of the services will be comparable as a minimum with the current service
- The logistics of providing timely results and historic medical information to those that need to see them are adequate
- Contingency plans are in place for the transport of specimens
- Adequate clinical governance and access to clinical experts for GPs is clear and robust and agreed by all parties as safe, effective and deliverable
- The logistics of collecting and processing samples is robust and deliverable
- Plans to include local trusts in sub contracting are agreed
- All risks have been thoroughly investigated and mitigated during transition and beyond
- Blood taking (phlebotomy) arrangements are unchanged
- There is no financial risk and savings are realised

- 3.3 There has been a significant level of interest in this development from a number of stakeholders notably the local Echo newspapers, MPs and members of the public.

The concerns raised by all stakeholders largely mirror those identified by the Clinical Commissioning Groups;

- Concerns regarding the logistic arrangements for transporting samples over a long distance
- Impact on patient care if the service does not meet required standards
- Viability of retained local services and loss of local expertise
- Delays on reporting samples
- Concern regarding private sector involvement

- 3.4 The Echo newspaper have commenced a campaign to retain local pathology services. This has garnered the support of a number of local clinicians, MPs as well as members of the public

4. REASONS FOR RECOMMENDATION:

- 4.1 It is recommended that the Committee support the continued due diligence process being undertake. This is in line with the process established by the Clinical Commissioning Groups and due commissioning processes.

5. CONSULTATION (including Overview and Scrutiny, if applicable)

- 5.1 It should be noted that the patient facing element of this service (i.e. the phlebotomy service) is not affected by this development.

- 5.2 From the outset of this commissioning process, the Transforming Pathology Services team has undertaken a significant level of engagement with various stakeholders notably;

Acute Trusts – all acute trusts have fully participated in this process since the establishment of the project. This engagement process has included supporting the specification development, sustainability and risk analysis, supporting the activity requirements and bidding for service provision. Both Southend and Basildon Hospitals have fully participated in this process.

Patient/LINKS representatives – whilst the expected impact on patients will be very limited as the patient facing aspects of the service will be ‘like for like’, the TPS team has fully engaged with patient representation and LINKS organisations across the East of England. This has included South Essex groups.

Primary Care Representatives – the TPS team has engaged with primary care throughout this process.

PCTs – the TPS team has regularly engaged with PCTs during the process.

CCGs – since the transition of commissioning responsibilities to Clinical Commissioning Groups and the resulting need for the preferred bidder recommendations to be approved by the CCGs, a number of engagement sessions have been undertaken with Clinical Commissioning Groups in South Essex.

- 5.3 Over the past three months an engagement process has been undertaken across South Essex for members of the public that have expressed an interest in this development. This is continuing.
- 5.4 At the March Board, the PCT formally received a petition from Southend Echo. The petition, against the proposed new provision, had been signed by 16,000 people.

6. **IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT**

- 6.1 The patient facing element of the service (phlebotomy) will remain the same. The caveats identified by the Clinical Commissioning Groups demonstrate the areas of concern that require resolution in order to ensure that the proposed service will be as a minimum, the same standard/functionality of the current service.

7. **IMPLICATIONS**

7.1 **Financial**

There are no financial implications to Thurrock LA. The proposal does over a QIPP savings opportunity to the South Essex Clinical Commissioning Groups in the region of £3m over 3 years.

7.2 **Legal**

There are no legal implications to Thurrock LA.

7.3 **Diversity and Equality**

The proposed development does not impact upon diversity and equality. The patient facing element of service provision will not change.

7.4 **Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

Not applicable.

BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):

- None

APPENDICES TO THIS REPORT:

- None

Report Author Contact Details:

Name: William Guy

Telephone: 01268 245722

E-mail: william.guy@swessex.nhs.uk