



IBMS Congress 2011

A transformed Pathology workforce

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Healthcare**

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The policy context (unless Ian has said anything different?)

- Are there any circumstances where choice of where to go for diagnostic testing would not be appropriate, and if so, what are they?

(Liberating the NHS: Greater choice and control, Question 8 – page 16)

- The Comprehensive Spending Review
 - will 'look at setting proportions of appropriate services across the public sector that should be delivered by independent providers, such as the voluntary and community sectors and social and private enterprises'
 - the approach 'will be explored' first in social care, early-years, community health, pathology, youth, court and tribunal services, and early interventions for the neediest families

(Financial Times, Thursday 21st October 2010)

The implications for Pathology

- Selected as a 'wave one' priority 'QIPP' workstream, tasked to demonstrate how to save £500m while improving quality, safety and access
 - 'if we can't achieve the savings in Pathology, we don't stand a chance of achieving them elsewhere' (anonymous (ish))

- But frankly
 - FT's (think they) can do what they like!
 - there are no established and accepted 'benchmarks' for measurement - costs, quality, access or patient satisfaction
 - commissioning 'levers' have been (significantly) negated by PCT demise
 - 'any willing provider' policy appears secondary to 'in the public / politicians interest'
 - different approaches by SHA's

The exam questions

- Should members of the audience care about the structure of the organisation they work for?
 - and whether one (or more) of the partners is a private sector company?
- And what are the implications for the Pathology workforce of today and tomorrow?

To consolidate or not?

- Organisational consolidation appears desirable for many reasons
 - improvements in quality and productivity should occur
 - variation in practice should reduce
 - new technology and techniques should be introduced more easily
 - workforce development and planning should become straightforward
 - professional job satisfaction should increase

- And costs to the system should reduce!

- It is difficult to make a compelling argument to maintain a 'full service' Pathology capability at each hospital, or even at each Acute Trust
 - although there are risks to be managed during transition, and the affect of change on the workforce must be considered carefully

And your point is?

- So as taxpayers, why wouldn't we consolidate?
- Note to self – consider rationally and unemotionally, but discuss...
 - current defensive tendering activity for seven year managed service contracts
 - an example of partnership with the private sector!
 - the impact of PFI (again, the private sector) on business cases
 - a market in information exposing variation in performance
 - any examples from any sector where the incumbents (public AND private) haven't attempted to reduce competition
 - and therefore stifled innovation and maintained higher prices / costs
 - Mid-Staffs!

And then talk about the sustainability of Pathology...

- The (un) desirability of unplanned consolidation for short term gain
- The affect of 'poorly considered decisions' on professionals
- How to make a business case for
 - training and development
 - research
 - introduction of new technologies and techniques
 - specialist testing
 - screening for rare diseases?
- What is 'fact' and what is 'fiction' about consolidation in Healthcare
 - statements from recent Pathology Pre-Qualification Questionnaires about workforce

What do stakeholders want?

- Commissioners and patients' representatives need to be sure that access *to* and the quality *of* Pathology services will be maintained (improved?) over time
 - do they care where the work is done?
 - or who does it?
- Trust Boards need to be convinced that any organisational changes in Pathology (consolidation, collaboration, outsourcing et cetera) will not reduce their operational and financial performance, and will benefit patients, clinicians *and the* Trust
- Professionals need to be certain that patient safety, continuous service and clinical continuity have been assured; that the case for change is based on robust data; and they understand the assumptions on which it is based
- And all the participants need to understand their role (and potential benefits!) in the change

Does the form of consolidation matter?

- In the short term, yes
 - because Managers and Pathologists are debating alternative organisational forms, rather than making service and clinical improvements
 - investment decisions are being delayed
 - and individuals remain unsettled and demotivated

- In the long term, it might
 - because the form of consolidation of providers could ultimately reduce
 - innovation (technology, location, combination)
 - opportunity (for organisations, workforce and suppliers)
 - competitive tension (between providers, and in the supply chain)

The exam questions (again)

- Should members of the audience care about the structure of the organisation they work for?
 - and whether one (or more) of the partners is a private sector company?
- And what are the implications for the Pathology workforce of today and tomorrow?

The (dirty, filthy...) private sector

- The private sector is already intimately involved in Healthcare in the NHS
 - research, development and provision of pharmaceuticals
 - innovation and development of new molecular tests and techniques
 - manufacturer of diagnostic instruments, PET/CT, MRI et cetera
 - HR and payroll systems
 - PAC/RIS IT systems

- 25% of registered nurses work in the private sector

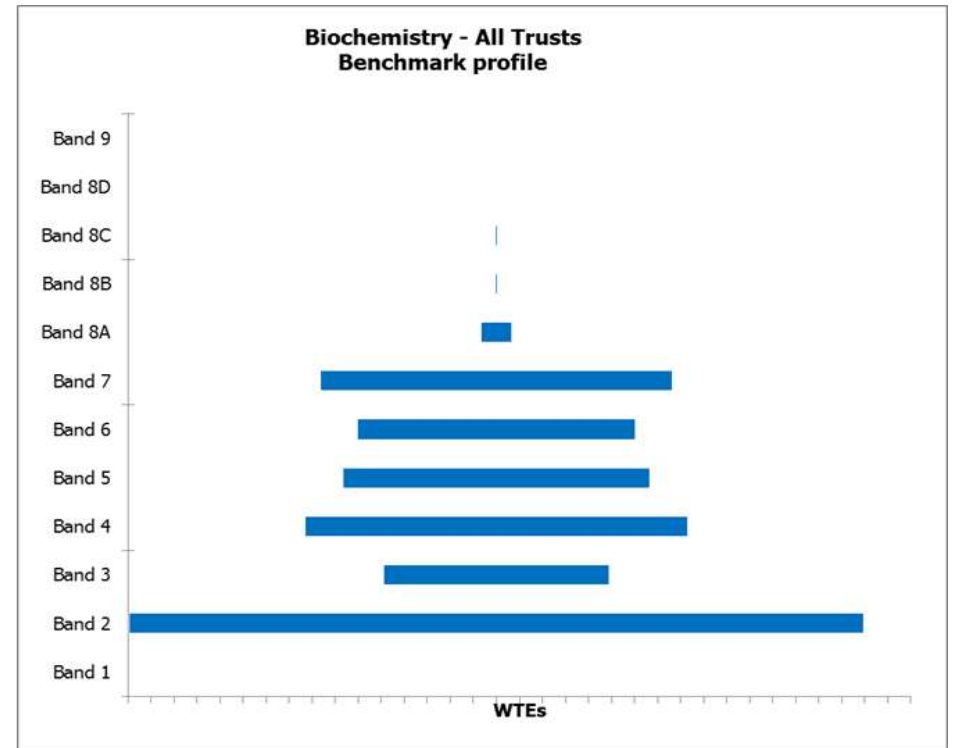
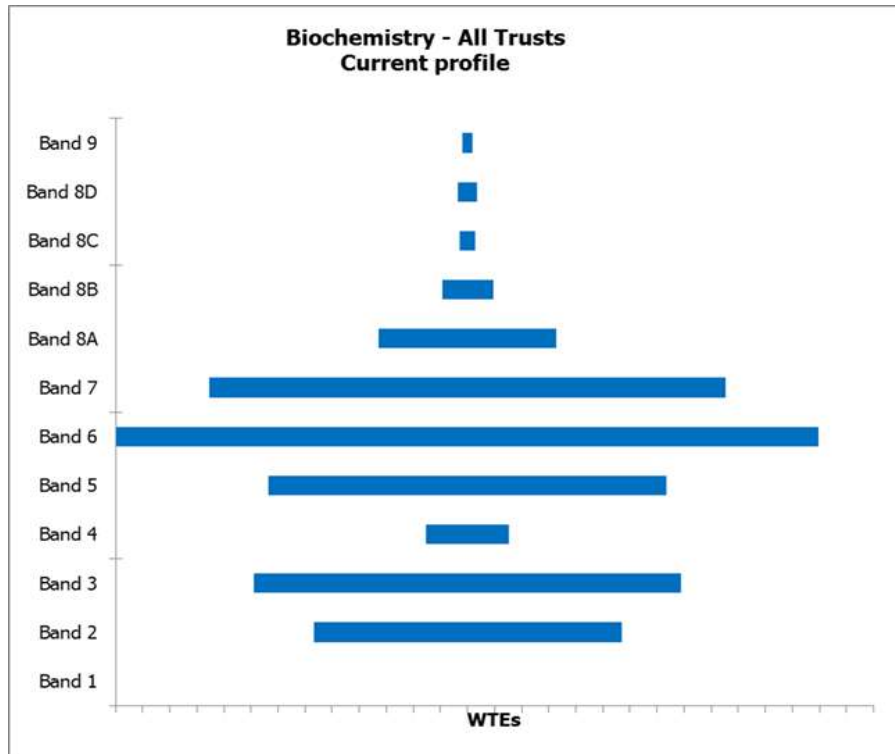
- Pathologists occasionally (!) sell their (NHS 'paid for') expertise to the private sector
 - who mainly use the resource to 'sell' back to the taxpayer!

- So is the concern about further private sector involvement simply a 'protectionist' view?
 - answers on a postcard to the usual address!

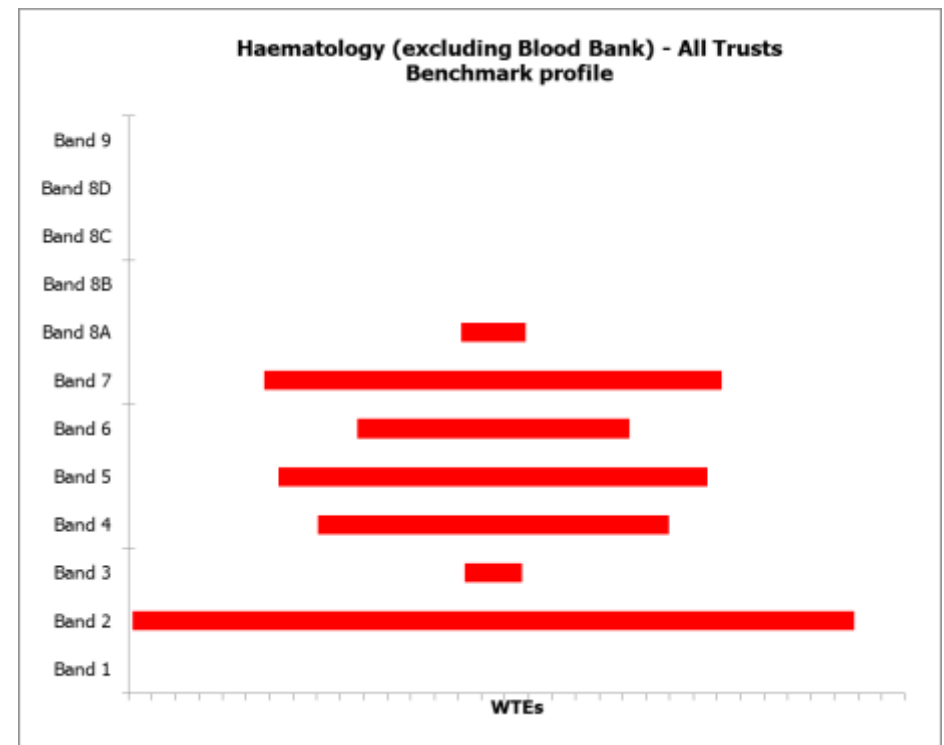
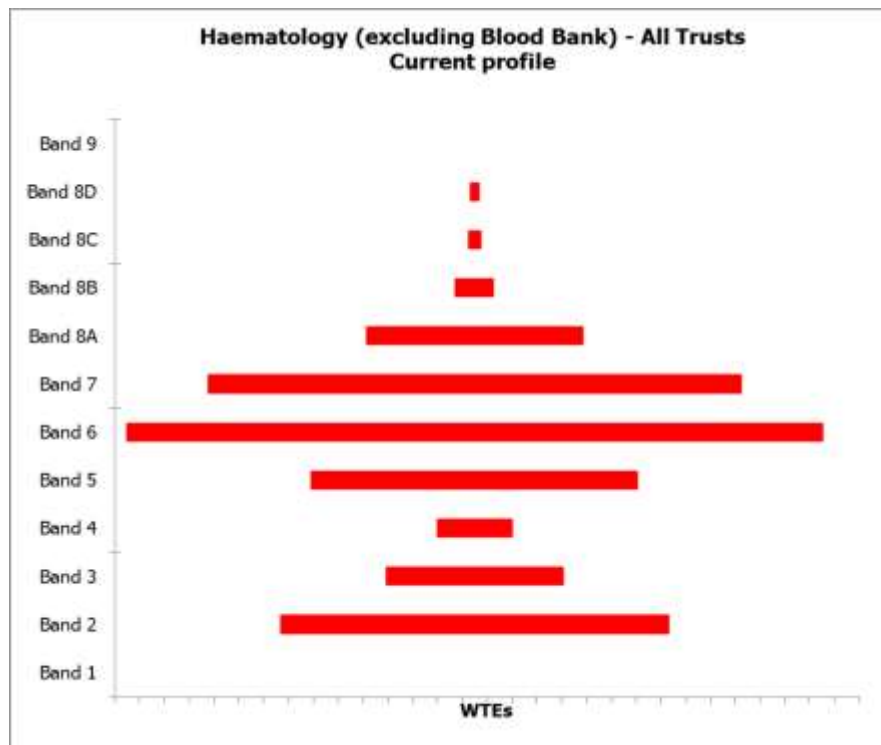
The MSC Early Adopter population (copyright DH MSC team)

	Total employees represented (WTE)	Employees at specialist hospitals (WTE)	Employees at local hospitals (WTE)
Biochemistry	343	213	130
Haematology (excluding Blood Bank)	305	217	88
Cytology (excluding Andrology)	156	84	72
Histopathology (excluding Mortuary)	268	172	96
Microbiology	444	297	147
Total	1,516	983	533

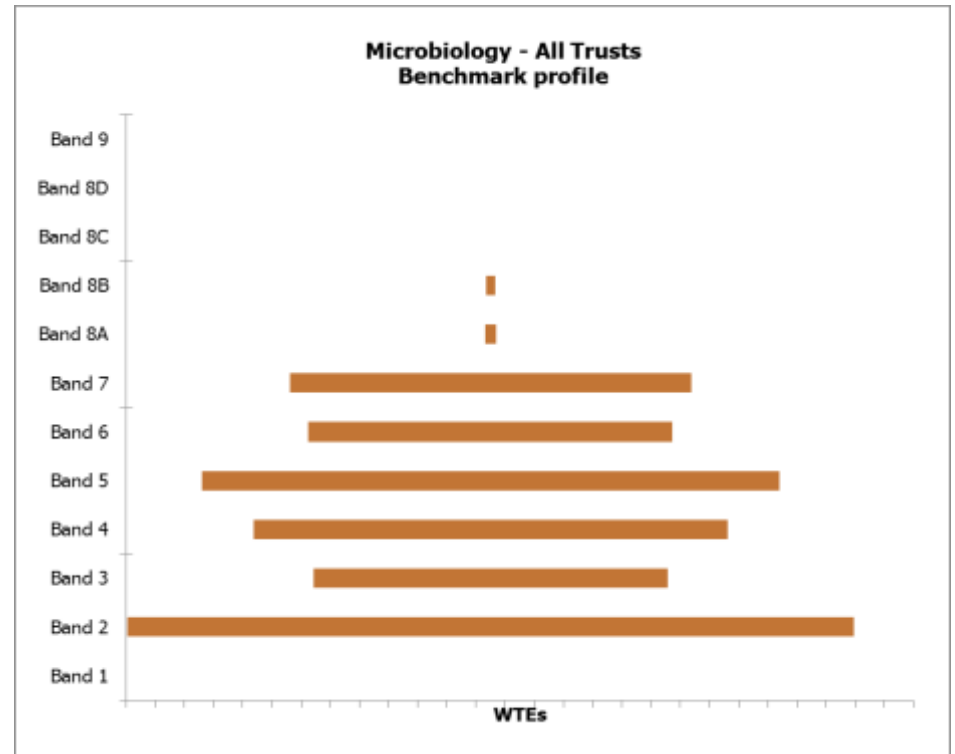
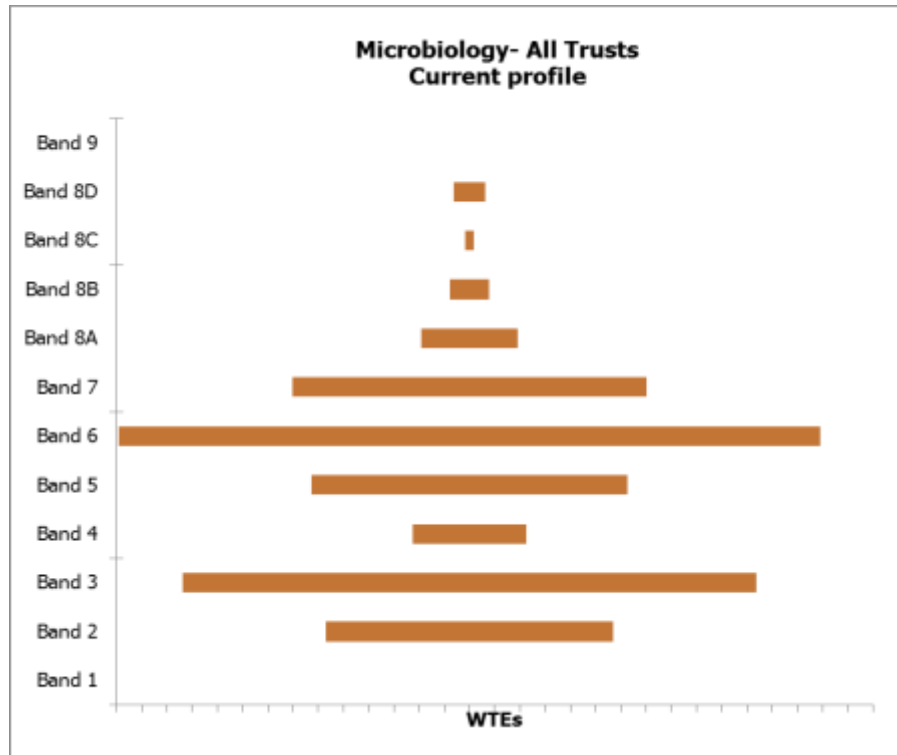
Biochemistry – before and after (copyright DH MSC team)



Haematology – before and after (copyright DH MSC team)



Microbiology – before and after (copyright DH MSC team)



Reprofiling the Pathology workforce – the money shot (copyright DH MSC team)

Discipline	Potential savings from re-profiling
Biochemistry	18% to 22%
Haematology	16% to 22%
Microbiology	12% to 20%
Histopathology	16% to 21%

But be careful...

- In certain circumstances, there may be good reasons why a profile shouldn't be optimised
 - the use of higher band people may be a necessity out of hours, if there is only one person on duty, for instance
 - more experienced people might do some tasks more efficiently than those at lower bands, because they are more skilled. In other words, it could be a false economy to use the lower bands all the time
 - shortages in one band might be 'pushing' work onto other bands, at busy times of the day, for instance
- But without capturing and studying data, how to decide what is best?
- And don't underestimate the value of Senior Scientists to the service
 - as leaders, innovators, custodians of best practice and governance

A good time to be a Healthcare Scientist?

- A constant downward pressure on costs and posts
 - and a National pay freeze
- Few new posts being created for career progression
- The threat (?) of organisational consolidation
 - and the (dirty, filthy...) private sector
- The introduction of new technologies and techniques
- Modernising Scientific Careers
- Workforce reprofiling
- 'Death' by management consultancy!

I'll get my coat!

At an individual level...

Rhetorical questions

- Do you feel more or less positive about your choice of career than you did a few years ago?
- Would you recommend a career in Healthcare Science to family and friends?
 - if so, why?
 - if not, why not?
- Do you feel that your employer has fulfilled their side of the bargain?
- Do you feel that your professional body has fulfilled their side of the bargain?
- And, do you have a vision for Pathology in the future?

Leadership in Pathology at a time of change

- So who are the leaders of tomorrow?
 - and why would anyone want to lead?

- Some of you must have a vision
 - of the service you will provide and why
 - about why your service is valuable
 - the technologies you will need
 - and in particular, the 'shape' of your future workforce

- Take an opportunity – or accept 'stuff' will be done to you
 - and maybe by people who don't understand

In summary

- Organisational consolidation is likely to be considerable, at least in the short term
 - who will keep Pathology 'safe' during the transition?
- Does anyone have reason to care about organisational form, location or ownership?
- Workforce reprofiling is difficult
 - great care should be taken – don't underestimate the 'human' element
- It's tough at the moment
- And most importantly, will you, as an individual, lead, follow, or 'bury your head in the sand'
 - what do patients want you to do?
 - what do taxpayers want you to do?
 - what does your profession want you to do?

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