

Pathology Consolidation

to drive quality improvements and budget efficiency

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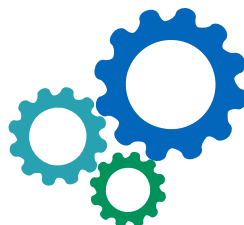


The Pathology Centre

Overview



Financial Pressure



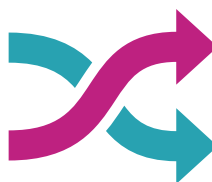
Pathology Automation



Cost Reduction Programmes



Consolidation



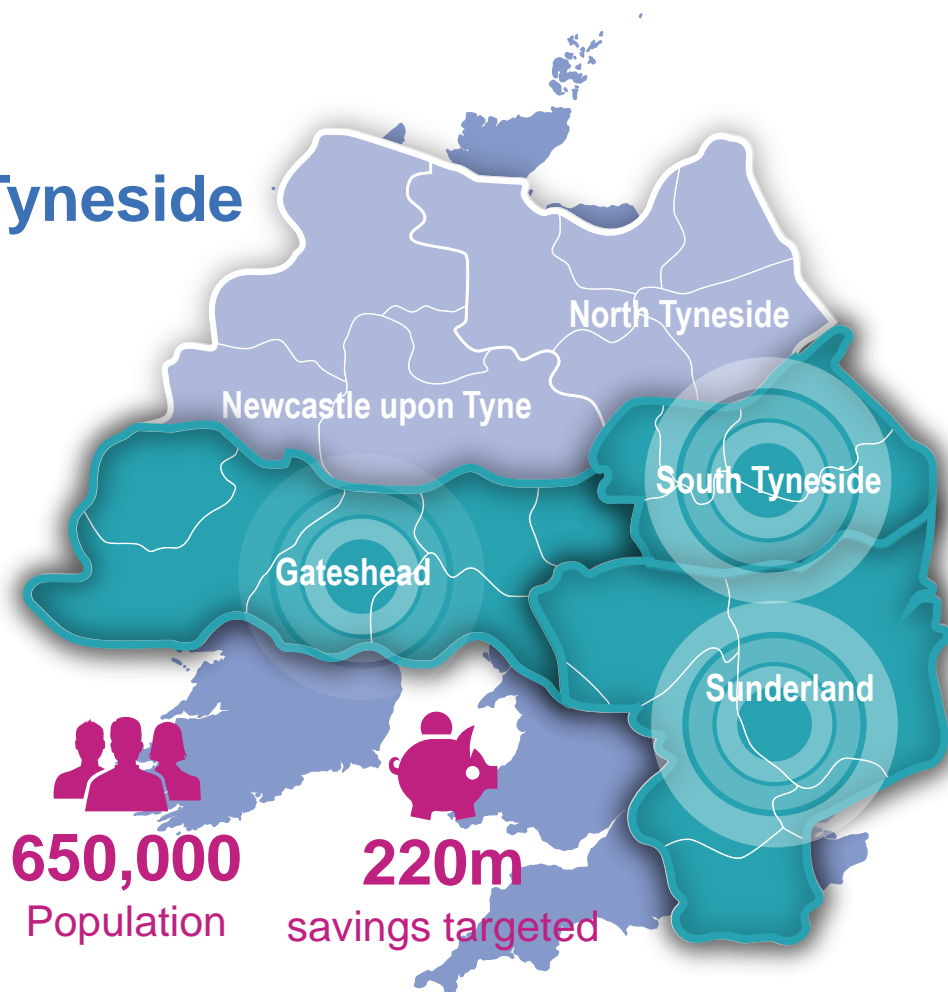
Transformational Change



Political / Cultural Considerations

Background

Tyneside



600 beds



300 beds



300 beds

Cultural Differences

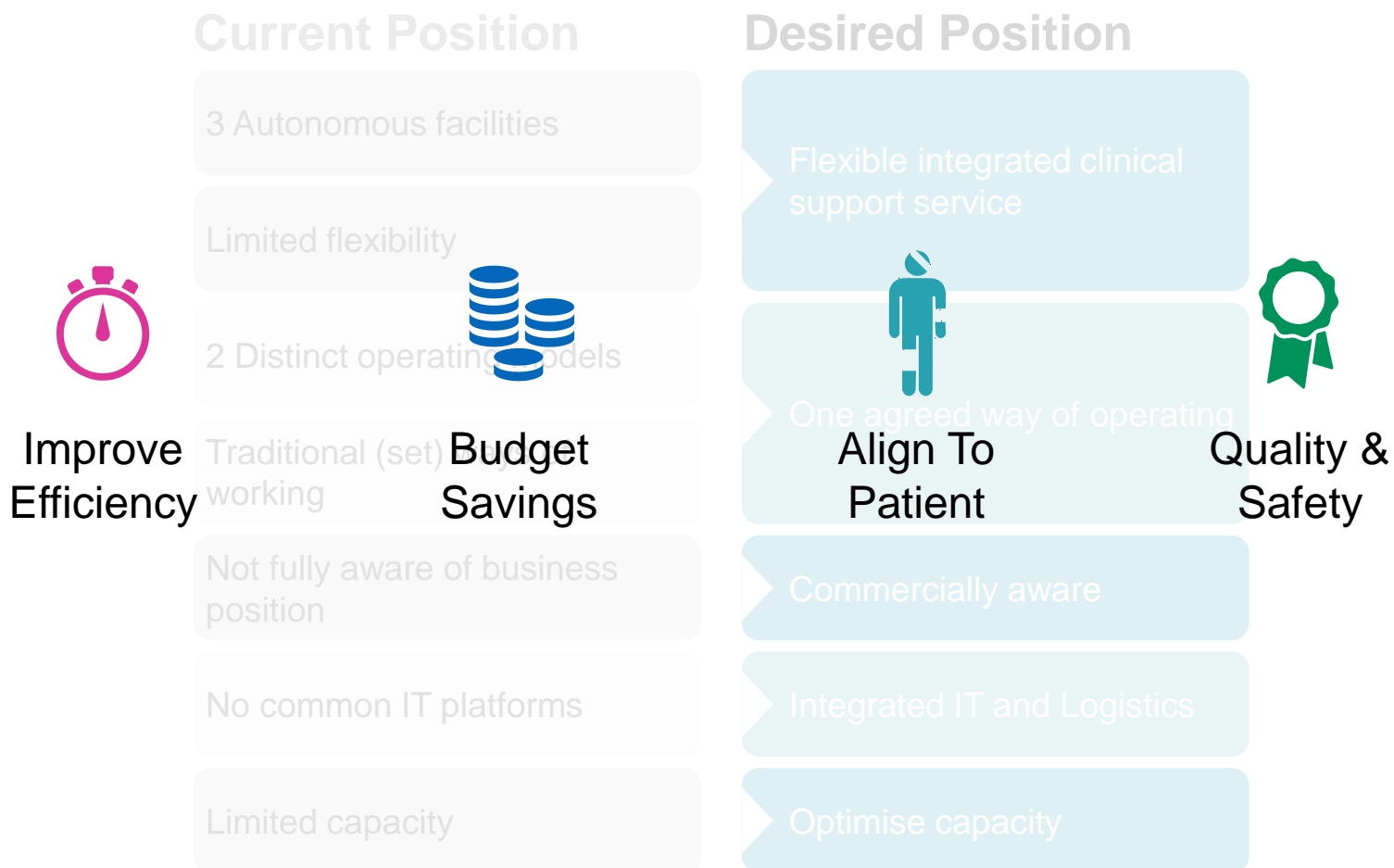


VS



Chief Exec Challenge

For a consolidated service South of Tyne and Wear (2010)



Challenges – All Change at Once



Business Case



Fit for
now



Sustainable



Fit for
future



Population
trends



24/7

Our Objectives – Business Case



Vision for the New Service



Care For Life

World Class



Constantly Improving



Best Practice



Innovation

People Care for People

Every sample is a
person

She puts her **trust** in us

They wait and worry about what the test

will mean
People don't choose when to be ill

owe them our best

They don't care how or where the test gets done
They never question the results from the

laboratory
at all times

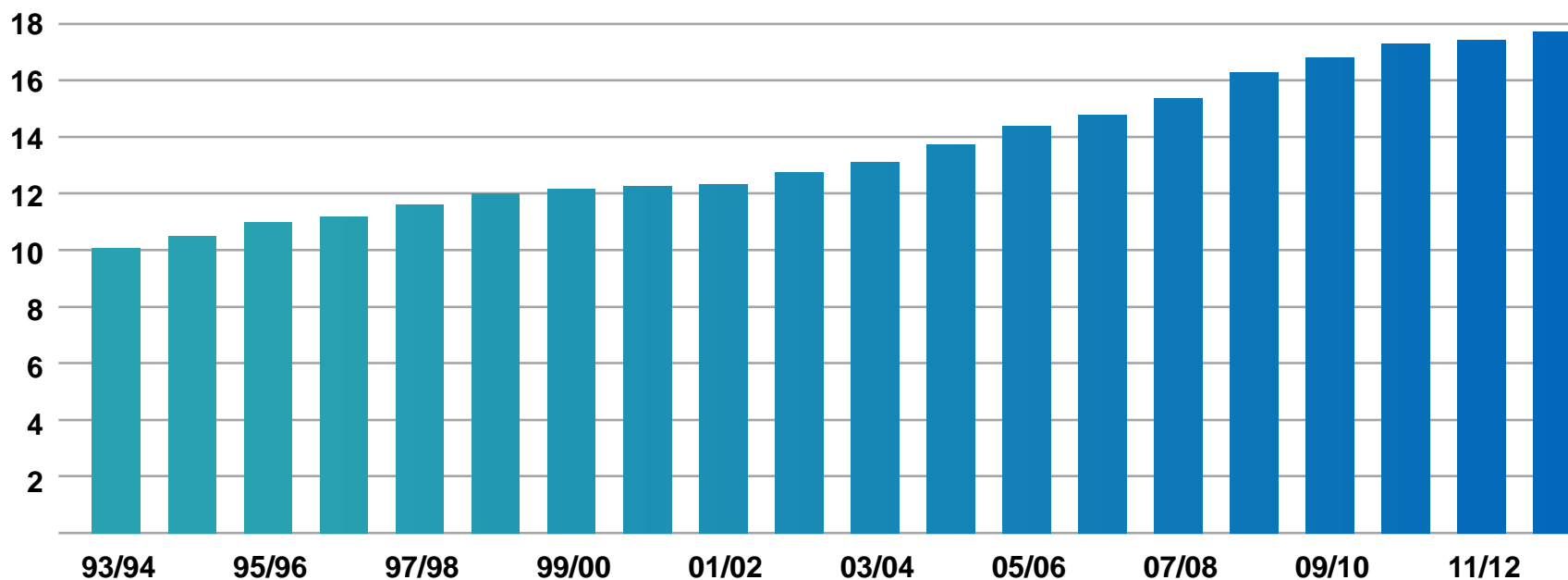
They **trust** us to get it right

They have no direct recourse to complain



Trends: In-patient Activity in the NHS

FCEs (millions) England 1993/94 – 2012/13



17.7 million

finished consultant episodes
2012/13



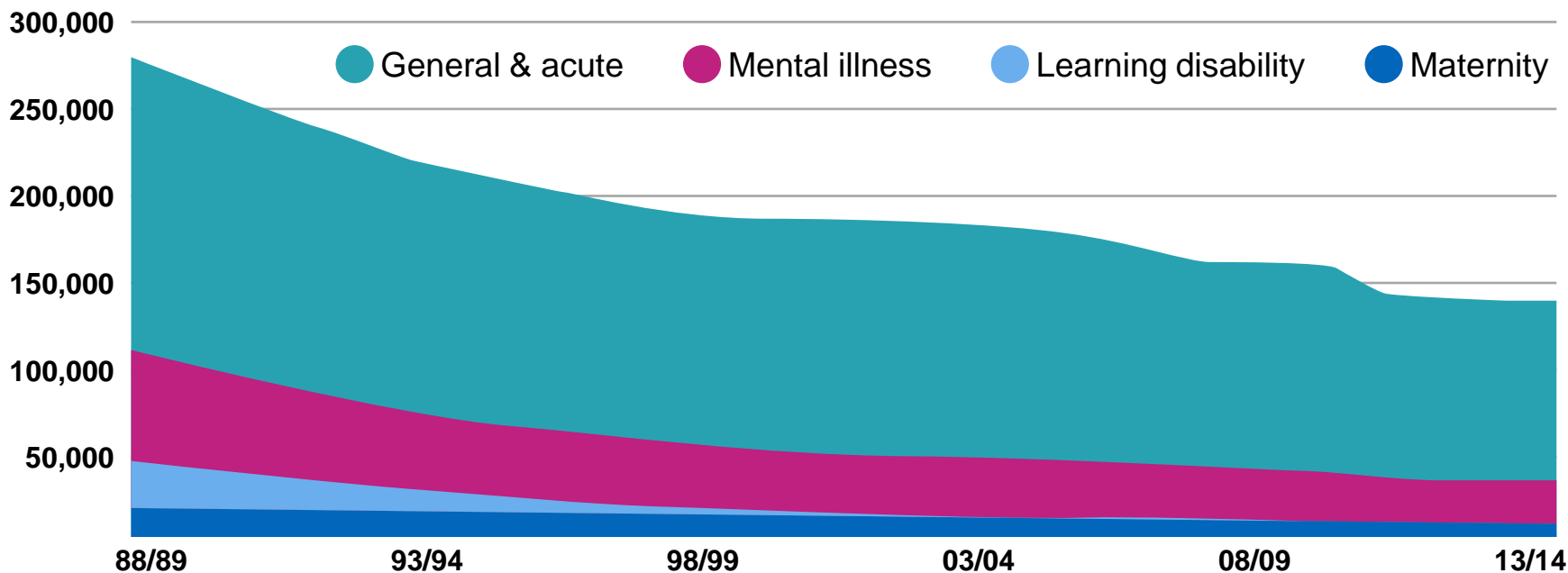
1.4%

more than
2011/12

Source: Social Indicators – Research Paper 14/47
 House of Commons Library (3 September 2014)

BUT Bed Availability Declines

Bed Availability in England 1988/89 to 2013/14



136,895

beds available in wards open 24 hours a day in NHS hospitals in England. (2013/14)



That is **less than half** the beds available in 1987/88 and more than **55,000 fewer** than in 1997/98

Source: Social Indicators – Research Paper 14/47
 House of Commons Library (3 September 2014)

NHS National Drivers

By 2023 UK population trend projections

Increase from **53.5 million** to **58 million**

People over 75 rising from **8%** to **10%**

People over 85 increasing by **40%**

The over 65 yr currently account for **68%** emergency bed days

1 in 3 population have long-term conditions & consume...

Half of all GP appointments

64% out-patient appointments

70% all in-patient bed days

30% population account for **70%** overall spend



2021/22 funding gap

£54bn funding gap in NHS in England by 2021/22 without significant productivity gains (PwC)

A Case for Change



NHS England's **Sir Bruce Keogh** sets out plan to drive seven-day services across the NHS, Feb 2013

Weekend issues



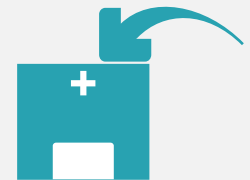
Mortality rates



Patient experience



Length of hospital stays



Readmission rates

(Analysis of over 14 m hospital admissions in 2009/10)

Challenges



Optimising use of staff



Less qualified staff available



Create new roles



Communication, training and development



Cover for holiday and sickness

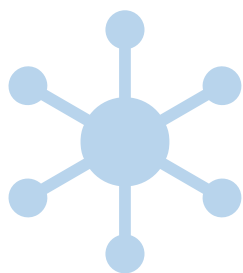


Stratify job descriptions



Pull staff to the work

Considerations



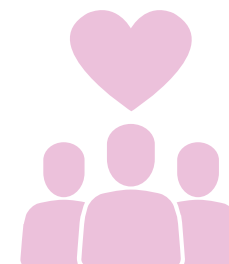
Central hub to handle 80% of workload – cold tests



3 acute spokes – tests within 90 minutes



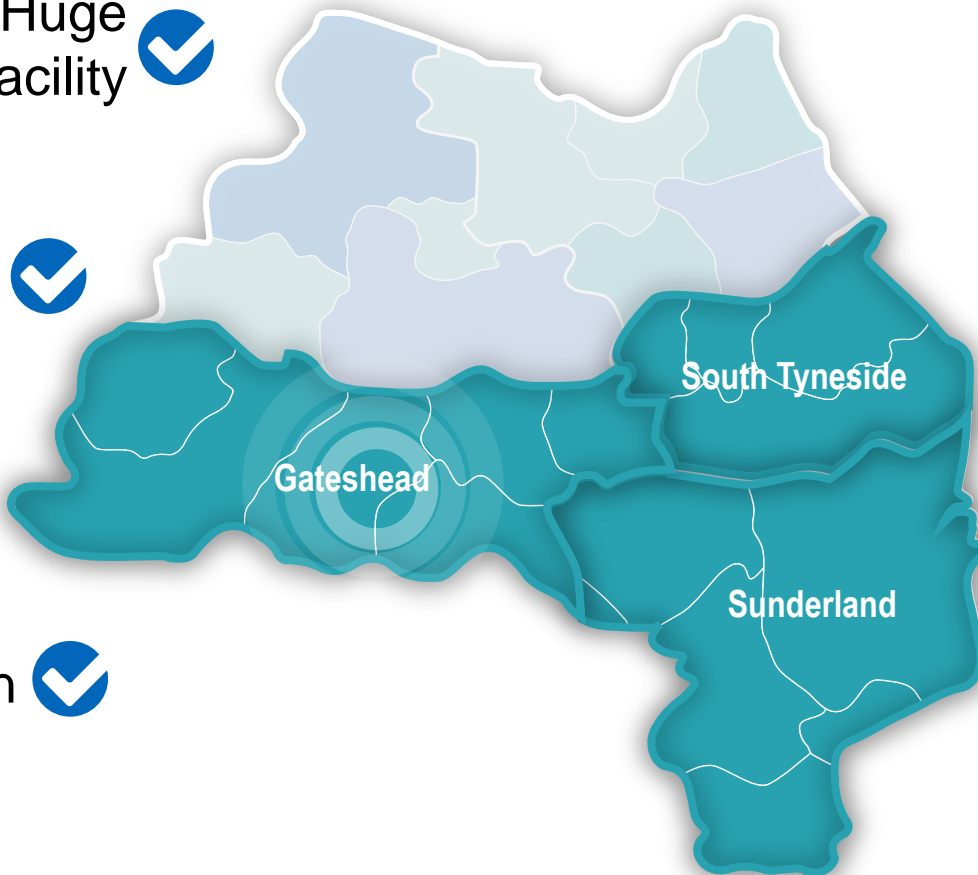
Hub location



Win the hearts and minds of all involved

The Chosen Option

- Huge latent facility ✓
- Numbers & technology ✓
- Existing single-site infrastructure ✓
- Perfect location ✓

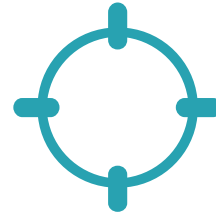


The map shows the geographical layout of the region, with Gateshead, South Tyneside, and Sunderland highlighted in a darker teal color. The other areas are shown in lighter shades of blue and green. The text labels 'Gateshead', 'South Tyneside', and 'Sunderland' are placed over their respective areas on the map.

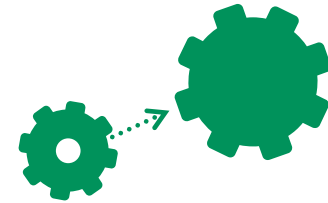
Seeing the Benefits of Consolidation



Clinical scientists best located for effective results



Subspecialisation



Larger, more resilient services



Collaboration

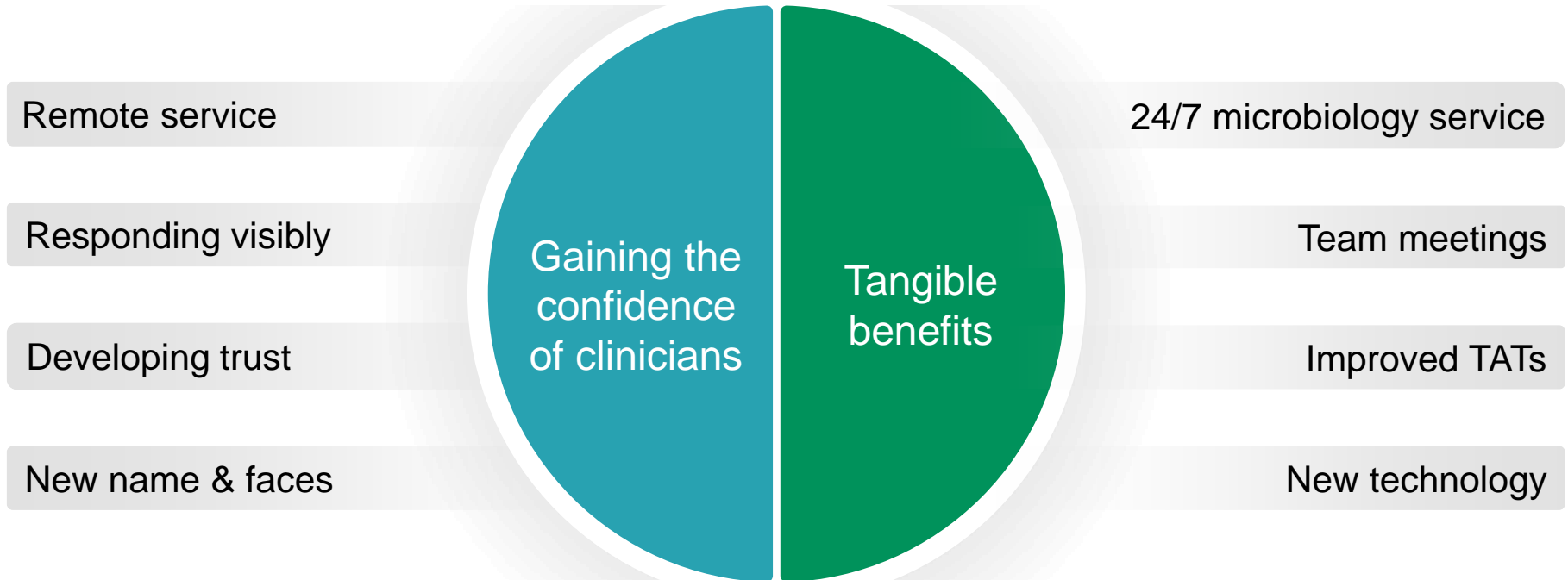


R&D opportunities

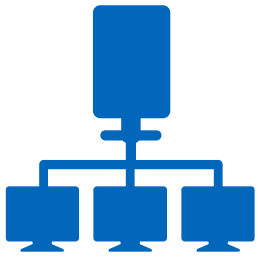


Training and succession planning

Where are we in terms of Clinical Engagement?



Learnings



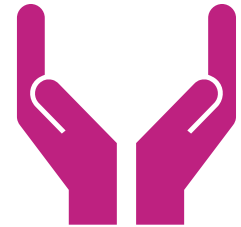
Single IT system
from day 1



Early
appointment of
Clinical Director



Consistent
communications
strategy



ALWAYS
prioritise patient
care

Working Together to Make It Work

Ownership of the issues



Financial 'principles' agreed



Close working relationships



Leadership from key people

Trust



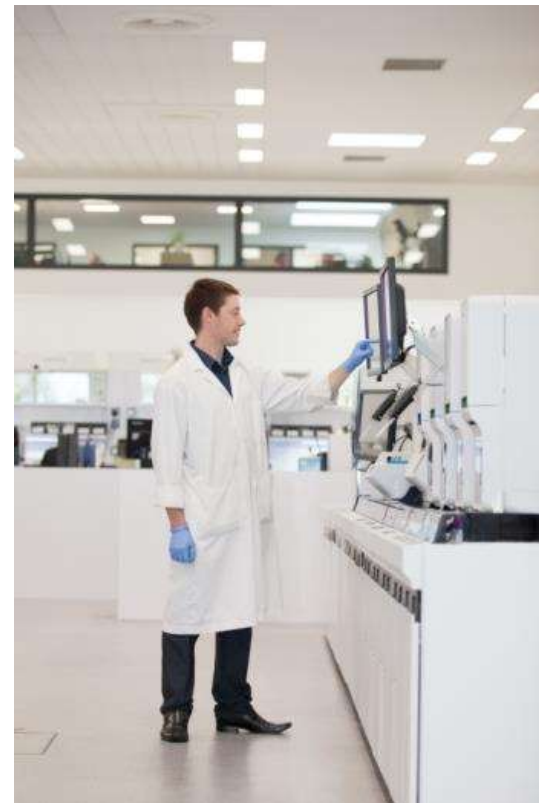
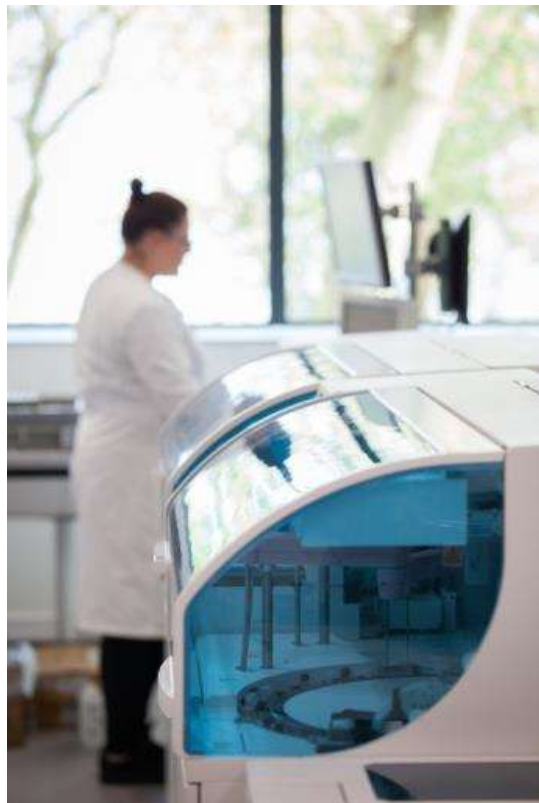
Constant sense checking



New Laboratory

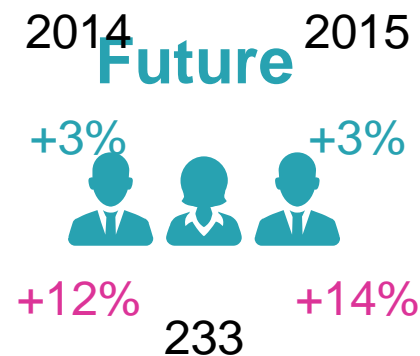
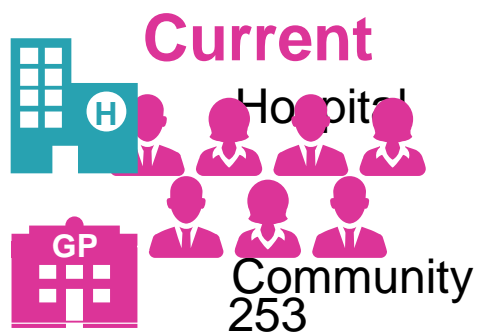
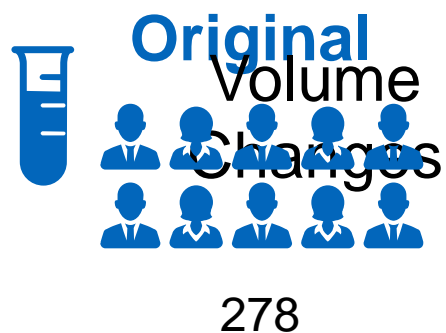


A Laboratory Fit for Purpose.....



for both now, and the future.....

Staffing Changes



Staff Savings 2.92-2.17%
 Staff Savings 0.92-2.17%

Where does Service Quality come from?



Implementation of the HR Structure

Considerations



Success

Pay Protection
(ACTUAL TBC)



Redundancy
Single figures



Independent HR
Perception



Actual cost
c35% of £2M
anticipated



Partnership working
Regional & local
representatives



**Positive working
relationships**
Cultural adaptation



Change Learnings



De-stabilises the workforce



Uncertainty about their future



Reduced staffing numbers



Transition to new structures



New skills required



New work environment



New management arrangements

Difficult Transition Period

The Outcome



The Unexpected

Implementation Timescale

HR Issues

Health & Wellbeing

Temporary Measures



Next Steps

Vacancies

Terms & Conditions

Skill Retention

Structure Meet Service Need?

People Care for People

Remember...
Every sample is a
person

Thank you.

