

# Pathology Quality Review : Outcomes and Update

Dr Ian Barnes

UK NEQAS (H) 17<sup>th</sup> Annual Meeting

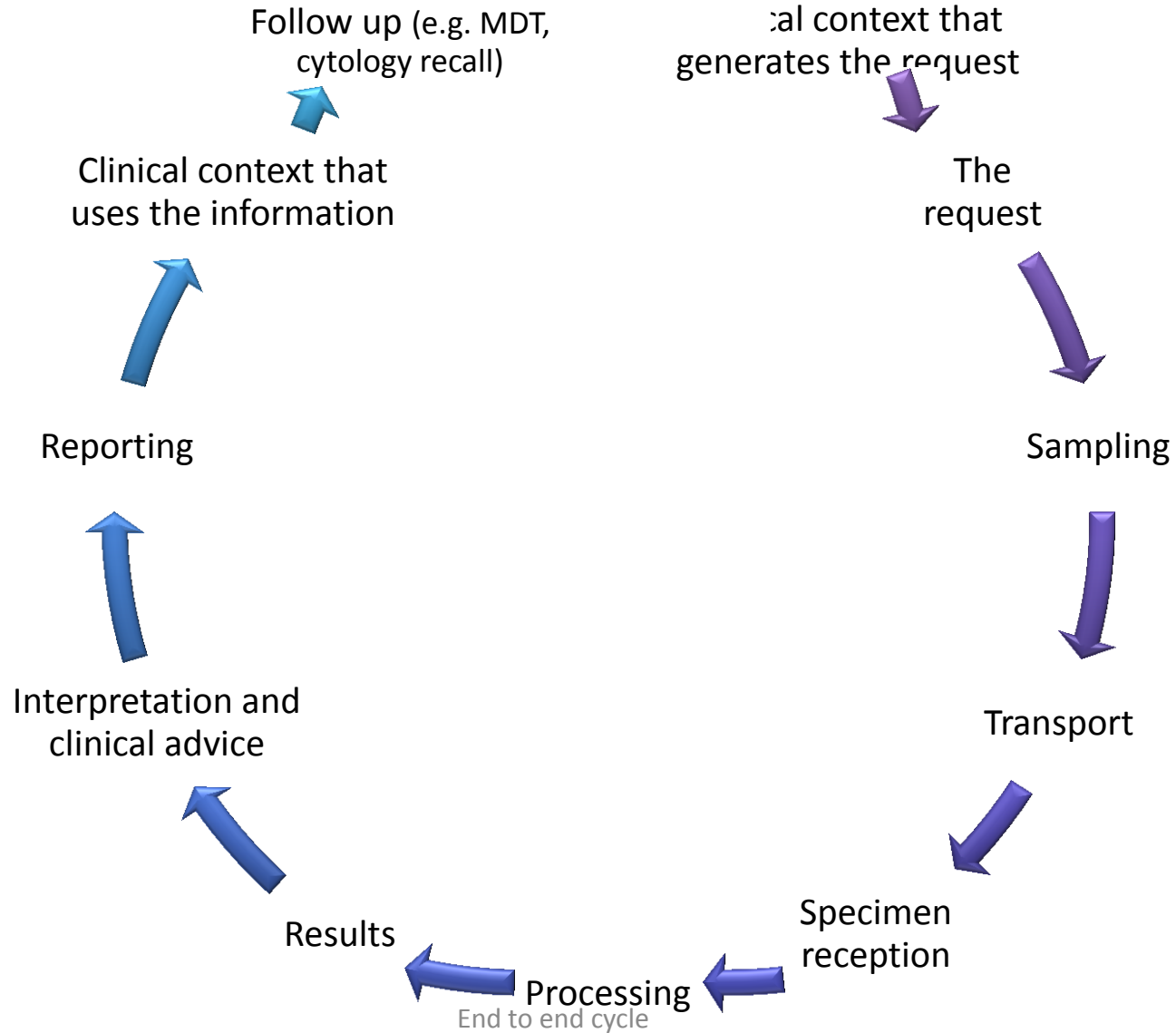
National Motorcycle Museum

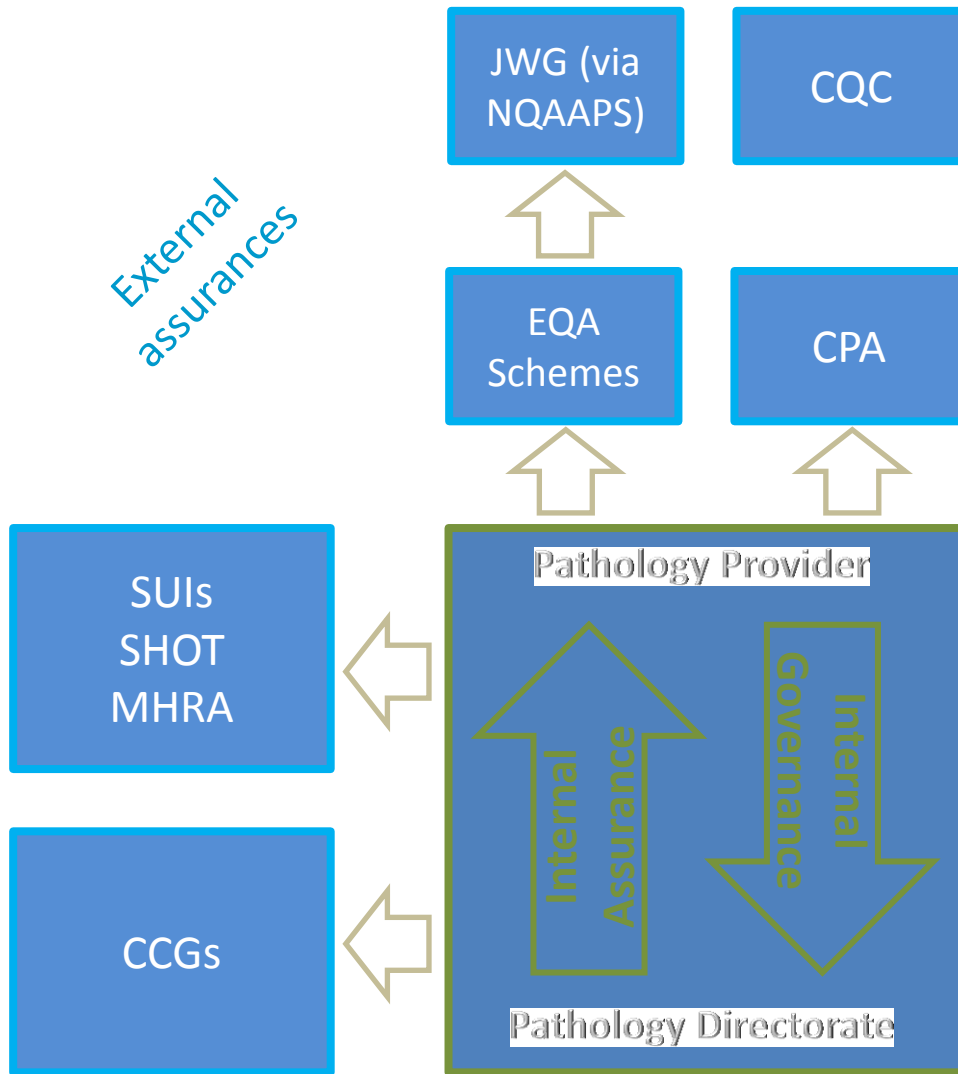
Tuesday 14<sup>th</sup> October, 2014

# The Review

- Launched January 28<sup>th</sup>, 2014.  
([england.pathQAreview@nhs.net](mailto:england.pathQAreview@nhs.net))
- A range of recommendations covering the overall quality assurance framework.
- Well received by pathology professions and organisations involved in quality assurance.
- Implementation of recommendations progressing.

# End to End Quality





- Transparency?
- Integration?
- Verification?
- Oversight?
- Sanctions?

Current QA system

# Review Findings

Focused on minimum acceptable standards.

Not designed to provide public assurance to patients, nor to assist provider boards and commissioners in fulfilling their statutory duties.

Too much variation in the services, lack of harmonisation and standards, which is unacceptable to patients and users.

QA and governance not consistently embedded in provider governance frameworks.

# Review Findings

Current system fit for what it was designed for, it is not fit for the future.

It does not meet emerging requirements for transparency and well-evidenced quality assurance.

Current QA framework lacks Key Assurance Indicators (KAI) to evidence quality and safety of pathology services.

Pathology unable to provide evidence to CQC/Hospital Inspectorate of overall quality of service.

# Review Findings

Current system needs to be enhanced to take account of :

Impact of new technology, processes and innovation on delivering pathology.

Impact of rapidly changing workforce.

Changing requirements of healthcare, commissioners and the public.

There is a need to move from minimum acceptable standards to defining and recognising best practice and excellence.

# The Patient

‘There must be public trust in the accuracy and integrity of medical laboratory testing. It is always patients who pay the ultimate price for misdiagnosis of specimens and errors in laboratory testing ‘



# Recommendations

- Training and development for quality
- External quality assurance
- Governance and error reporting
- Informatics
- Accreditation
- Commissioning
- Oversight

# Training and Development for Quality

A systematic approach should be taken to educating, training and developing the skills of the pathology workforce in quality management systems and quality improvement methodology.

Quality must be recognised as an essential requirement in CPD and in individual appraisal.

# External Quality Assurance

- Membership, role and function of the JWGQA should be revised and expanded.
- Consistent standards and performance criteria for all schemes should be set.
- Define and report consistent poor performance to the Chief Inspector of Hospitals.

# Individual Performance

Consideration must be given to the way in which individual performance can be assessed, monitored and competence-assured.

Professional bodies should develop methodologies

All senior clinical staff should be registered with an EQA individual assessment scheme

# Governance

The quality and governance systems of pathology providers must be integrated with hospital governance and quality structures.

The Chief Inspector of Hospitals has indicated that robust information on the quality of pathology could contribute to the overall assessment of hospital quality under the new hospital inspection model.

Pathology services should publish regular quality performance reports to their host organisation, commissioners and other interested parties.

# Error Reporting

Error reporting should be improved, and pathology services should share information and data about clinical risks, lessons learnt and good practice.

Commissioners of services should require providers to report the number and type of errors, including remedial actions.

# Accreditation

The accreditation of pathology services must be updated showing clearly which laboratories are meeting minimum requirements and which are excelling to provide first-rate service quality.

UKAS has agreed to :

Undertake additional unannounced spot checks.

To work with JWGQA to reduce variation of EQA schemes and with EQA providers to agree publication of attributable data.

To work with RCPATH, IBMS and ACB to pilot assessment of joint KAls.

# Oversight

A high level, system-wide Oversight Group should be created with responsibility for steering the improvements in quality assurance frameworks and governance mechanisms outlined in the report.

The Oversight Group should develop a Pathology Quality Assurance Dashboard which draws transparent and meaningful information from existing data sources to provide a national picture of quality improvement across England.



# Review Progress

- NHS England supporting recommendations, oversight group will be established
- Professional bodies embracing and driving implementation
- Key groups/organisations in QA are engaged eg UKAS, JWG
- Some pathology directorates are adopting governance recommendations

# Expected Outcomes

CQC and UKAS will have access to an enhanced set of KAls to assess and assure pathology services.

Provider CEOs will have greater assurance of their pathology departments.

Commissioners will be in a better position to monitor and managed contracts.

Patients, the public and clinicians will have open and transparent details of how pathology services are quality assured.

# Expected Outcomes

A culture of continuous service improvement will be embedded in pathology organisations.

Quality will be evidenced by consistent and transparent data performance data at all levels of the assurance framework.

Pathology will be in a better position to support patients and clinicians.

The IVD industry will be better able to ensure its technologies and materials are suitable for clinical application.

# What should the Review do for the patient ?

- Access to transparent performance data, assurance of quality, informed choice , trust.
- Enhanced patient experience by improved pathology services.
- Predictable, standardised service quality.
- Integrated diagnostic processes within clinical pathways.
- Improved outcomes by better use of pathology testing and specialist advice and knowledge

# What does the Review mean for you ?

- All staff have a responsibility for quality.
- Every sample represents a patient and you are an essential part of clinical care.
- You should be fully engaged in contributing to CQI, your views and ideas are an essential part of the process.
- The Review emphasises the need for data to help you to assess and assure quality, to identify development needs, and to properly implement improvement processes.

# Pathology - a testing service or a clinical service ?

- Pathology has an impact on clinical quality.
- Pathology is a knowledge service not a testing service.
- Pathology must be embedded in clinical care.
- The effectiveness of services across the whole patient pathway should be assessed (ISO 15189, KIMMS , Atlas of Variation).
- The value of pathology is ignored or not understood.
- Pathology should be outward focusing, part of multidisciplinary clinical teams.
- Pathology should be advising on diagnosis, treatment and patient care.

# Quality - meeting clinical expectations

- Clinical contracts require quality specification.
- How does your hospital perform (eg cancer pathway, acute admissions, cardiac pathway, discharge delays, bed occupancy ) compared with targets and other hospitals ?
- Is pathology a factor, for good or bad – how do you know ?
- What are clinical and financial implications ?
- How do you engage with clinicians ?

# Failing the quality challenge

- Transparent reporting of continuous poor performance to external quality assurance schemes, UKAS , CQC and CCGs could lead to :
- Unannounced accreditation visits
- Withdrawal of accreditation status
- Reports to CQC
- Impact on Trust CQC registration status
- Reports to commissioners
- Impact on commissioning contracts



# What is required in pathology ?

- Changing culture
- Professionalism
- Competency
- Changed mindset
- Engagement of all staff
- Continuous quality improvement (CQI)
- Improvement processes
- Innovation
- Performance indicators and quality data
- Multidisciplinary team working inside and outside the laboratory