



The Royal College of **Pathologists**

Pathology: the science behind the cure

Response from the Royal College of Pathologists to the Call for Views on Clinical Governance from the Scottish Government

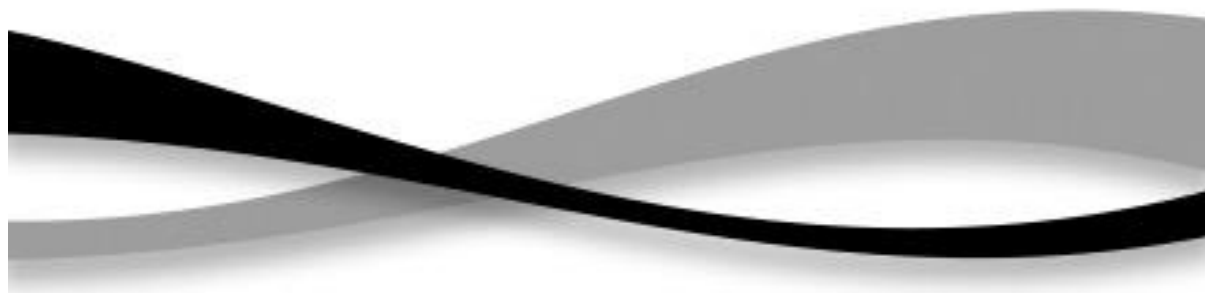
The Royal College of Pathologists' written submission

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1 About the Royal College of Pathologists

1.1 The Royal College of Pathologists (RCPATH) is a professional membership organisation with charitable status. It is committed to setting and maintaining professional standards and to promoting excellence in the teaching and practice of pathology. Pathology is the science at the heart of modern medicine and is involved in 70 per cent of all diagnoses made within the National Health Service. The College aims to advance the science and practice of pathology, to provide public education, to promote research in pathology and to disseminate the results. We have over 10,000 members across 19 specialties working in hospital laboratories, universities and industry worldwide to diagnose, treat and prevent illness.

1.2 The Royal College of Pathologists response reflects comments made by members of the College Scotland Regional Council during the consultation which ran from 4th July 2017 until the 22nd July 2017 and collated by Scotland Regional Council Chair, Dr Bernie Croal.

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2.1 This response from the Royal College of Pathologists is in relation to the recent call for evidence around the topic of NHS Governance – Creating a Culture of Improvement. The comments below are with regards to the specific area of clinical governance as it applies to laboratory services across NHS Scotland.

2.1.2

Clinical Governance standards within laboratories, and in particular with regards to aspects of quality, patient safety and risk management, are already very high across laboratory services within the 14 territorial health boards across NHS Scotland. In recent years, the move from CPA accreditation to UKAS ISO 15189 has further consolidated efforts and arguably has created a laboratory medicine service across Scotland that has an embedded clinical governance infrastructure that sets the example for the rest of the NHS. Things are not perfect however, with many laboratories still working towards full ISO 15189 accreditation status and controversy remaining over the definition and application of specific standards, especially around consultant competency.

2.1.3

While clinical governance standards remain high within central laboratory services, the same cannot be said with regards to laboratory testing taking place outside of the laboratory, which still largely remains outside of overall laboratory services' control. Point of Care Testing (laboratory testing taking place at a distance from the laboratory or closer to the patient) (POCT), has seen significant expansion in recent years due to advancements and wider availability of new technology and clearly identified patient pathways that benefit from quicker turnaround closer to the patient service. Many of these services have however been implemented without the important input from laboratory medicine professionals. In addition, there are many existing services that have limited or absent systems in

place for adequate quality control, training, staff and patient safety, and risk management functions. Such deficiencies in clinical governance are widespread across, not only Scotland, but the UK, and this despite the existence of both national and international guidance on safe POCT. The existence of silo budgets within laboratory medicine have made it very difficult for laboratories to be able to expand to both advise on appropriate POCT services, but also provide continued input in terms of maintenance, quality and training. As it stands, there are no POCT services run through NHS Scotland which currently meet accreditation standards. In addition, there are no mechanisms in place to detect, audit or identify poor POCT practice, and no systems to bring about improvement should such poor practice be identified. This lack of clinical governance as applied to POCT therefore presents a significant risk to patient care and wellbeing.

2.1.4

Another area of concern is linked to the continued wide variation in practice regarding the use of laboratory services. While there still exists some variation in the scope of services provided across different health boards, the biggest concern is around the huge variation in laboratory requesting for specific testing areas, both between health boards but also down to specific requesting units, notably at general practice level. Such wide variation in the use of laboratory testing cannot be evidence based nor can it be deemed effective or efficient. In addition, both under and over requesting of particular tests bring about patient safety issues as a result of under-diagnosis and over-treatment. There exists currently no mechanism to routinely audit and detect under and over requesting, and no system in place to try and reduce such variation. A programme of test request rationalisation could provide significant benefits for NHS Scotland. Recent work carried out by the National Demand Optimisation Group has resulted in a series of recommendations, including the development of a routinely collected and reported atlas of variation focussed on laboratory test requesting. We believe this should be made a priority within NHS Scotland.

2.1.5

Finally, it is worth pointing out that while there are attempts under Shared Services to develop a more linked up Laboratory Service for Scotland, there remains clinical governance issues around ensuring there is adequate oversight and managerial potency in driving such partnership working together on a national, regional and even local levels – creation of appropriate blood science services covering large areas and networks for histopathology utilising digital pathology technology all require adequate governance oversight to ensure appropriate clinical services that are fit for purpose and safe for patients.