Specialist Healthcare Commissioning

NHS National Services Scotland

Quality Strategy

Scottish Pathology Network

June 2020

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Document control

Key personnel

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Version	Date of revision	Summary of changes	Changes marked
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V0.3	22/06/2020	Update following feedback	

Distribution

Name	Organisation
SPAN Steering Group	

Approval

Date	Approved by	Next Review Date
27.02.2018	Network Steering Group	
27.02.2018	Information Management Service	
27.02.2018	NNMS	
13.02.2019	SPAN Core Team	
23-09-2020	SPAN Steering Group	31.03.2021

Section 1: Introduction

National Managed Clinical and Diagnostic Networks (NMCNs and NMDNs) are recognised vehicles for improving the quality of the services they support.

The key responsibility of networks in delivering quality improvement is clearly articulated in the most recent published guidance, CEL 2012 (29), which states, "The role of MCNs in improving the quality and efficiency of services across complex whole systems has become even more important in the current financial climate. MCNs achieve their results through consensus and collaboration, by enabling clinicians, patients and service managers to work together across boundaries to deliver safe, effective and person-centred care.... MCNs are integral to achieving the three Quality Ambitions. They epitomise the ethos of co-operation and collaboration that distinguishes the whole of NHSScotland."[1]

Scottish Government's core principles of managed networks identify the requirement for:-

- Continuous quality improvement, articulated through an annual workplan to demonstrate intended improvements year on year, quantified from the perspective of the service user
- Expansion of the evidence base through continuous quality improvement and ongoing audit

Diagnostics, whether primary care, community or secondary care delivered, have an important role to play in supporting much of the quality strategy and its ambitions by contributing to early, accurate and cost effective diagnosis, monitoring and self-management.

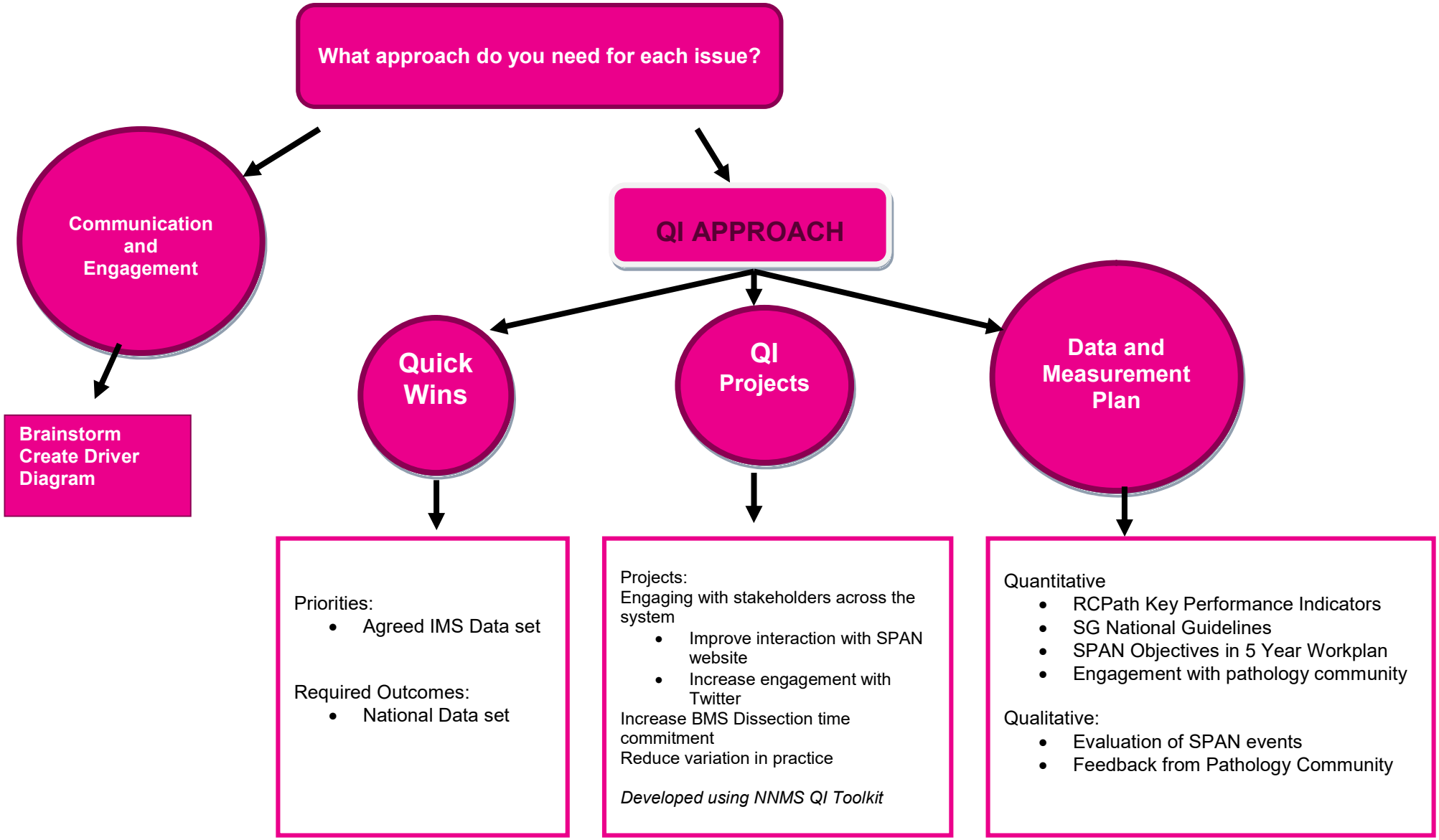
This strategy outlines the approach the Scottish Pathology Network (SPAN) will take to improving quality in diagnostic pathology services.

This strategy complements the strategic vision for the network, which can be found in its five year plan (Annexe 1).

1.2 Network approach

Networks develop five year and annual workplans, based on policy drivers, horizon scanning and identified need for service improvement. From the development of workplans an understanding of the issues to be addressed is developed. How these issues are addressed is contained within this strategy. The network's identified approach to quality improvement can be illustrated as follows:-

[1] http://www.sehd.scot.nhs.uk/mels/CEL2012_29.pdf


What approach do you need for each issue?
Communication and Engagement
Brainstorm
Create Driver Diagram
QI APPROACH
Quick Wins
QI Projects
Data and Measurement Plan
Priorities:
Agreed IMS Data set
Required Outcomes:
National Data set
Projects:
Engaging with stakeholders across the system
Improve interaction with SPAN website
Increase engagement with Twitter
Increase BMS Dissection time commitment
Reduce variation in practice
Developed using NNMS QI Toolkit
Quantitative
RCPath Key Performance Indicators
SG National Guidelines
SPAN Objectives in 5 Year Workplan
Engagement with pathology community
Qualitative:
Evaluation of SPAN events
Feedback from Pathology Community

2. Network Vision

SPAN aims to ensure the provision of an innovative, equitable, patient centred, high quality, and clinically effective Pathology service.

Managed Diagnostic Networks are defined as coordinated groups of health professionals that support diagnostic services to continuously improve service delivery, in order to ensure equitable provision of high quality, clinically effective services.

The Scottish Government[2/3] has identified that diagnostics are central to whole systems service redesign of the NHS in Scotland. Diagnostic Networks drive forward a number of key pieces of national strategic work, including:

- Shared Services
- National Delivery Plan for Healthcare Scientists
- National Clinical Strategy

During 2016-17, in line with NHS Scotland's national commissioning policy, SPAN became the first NMDN to undergo an external review. The purpose of this was to inform a decision on continuing central funding; based on the extent to which SPAN was meeting the needs of its stakeholders, including NHS Scotland's vision for diagnostic services.

This provided the Network with the opportunity to refresh and revitalise its workplan. The review acknowledged that SPAN has added considerable value to services since inception, highlighting the following as successes:

- information sharing between Pathology services
- conduit of essential communications
- contribution to a number of service redesign initiatives
- collection of a sizable data set, providing comparisons on performance and staffing profiles across Scotland and also comparisons with previous years
- tangible engagement and participation from each of the centres, with excellent attendance at meetings and good buy-in throughout.

Areas for improvement have been identified through the SPAN Annual Review. The following key areas could be targeted for quality improvement initiatives:

- Improving turnaround times (productivity) for cellular laboratories
- Testing of Digital Pathology
- Improving stakeholder engagement across the whole system
- Using data to make quality improvements

[2] A National Clinical Strategy for Scotland 2016
[3] Realistic Medicine Chief Medical Officer's Annual Report 2014-2015

The review highlighted areas of concern in the Network's performance, most notably engaging with a range of stakeholders, including at a strategic and operational level, to improve SPAN's ability to effect change.

The review identified that SPAN should improve its communication and engagement within the Pathology community and with its external stakeholders such as service users. Therefore, in December 2016, SPAN issued its first quarterly newsletter. A communication and engagement strategy was produced, which was endorsed by the SPAN steering group. The Communication Strategy is reviewed annually to measure progress against objectives.

Priorities are reflected through the following activities in the five year plan for years 2017-2022 (Annex 1).

3. Quick Wins

Quick Wins are improvements that have high value to the network but are manageable and inexpensive to implement. The Quick Wins should motivate the network and be communicated to stakeholders about the improvements that are producing results.

The point is to:

- Show results and success quickly and communicate this widely
- Motivate the network by doing something early
- Demonstrate to stakeholders that the network is going to make improvements
- Support the overall improvement targets – the five year workplan
- Choose Quick Wins that will be visible
- Look for Quick Wins that can be easily solved with current resources

4. QI Projects

In 2020, SPAN plan to undertake a number of QI projects. SPAN is continuing to work with the pathology community to increase BMS dissection in Scotland. (Annex 2).

5. Data and Measurement Plan

A Data and Measurement plan has been developed to measure progress against the SPAN workplan. The plan includes process measures (aiming to improve reliability), outcome measures (improving the patient experience) and balancing measures (how improvements in one area may have unintended consequences for another area). (Annexe 3).

Measures include:

- Quantitative data e.g. quality and performance data generated by NHS Boards and managed through IMS
- Quantitative data relating to time commitment for pathological dissection
- Quantitative data relating to engagement with the pathology community
- Qualitative data work e.g. stakeholder feedback, evaluation of SPAN events
- Quality Indicators/RCPath Key Performance Indicators relating to Biopsy Turnaround Times, Reporting Times
- Relevant national guidelines including Scottish Government recommendations for mortuary services, post-mortem reporting
- Identification of local QI projects e.g. appendix dissection practice

Annexes

1. SPAN Five Year Workplan

2. QI Project on increasing time commitment for BMS Dissection in Scotland

3. SPAN Data and Measurement Plan

Annexe 1 SPAN 5 Year Workplan

Scottish Pathology Network (SPAN)

Scottish Government Policy Aim: Adopt a consortia approach in order to inform and drive the redesign of clinical diagnostic services

Policy framework of core principles and quality dimensions to which national networks must adhere.

Core Principles (Ref: CEL 29 (2012))

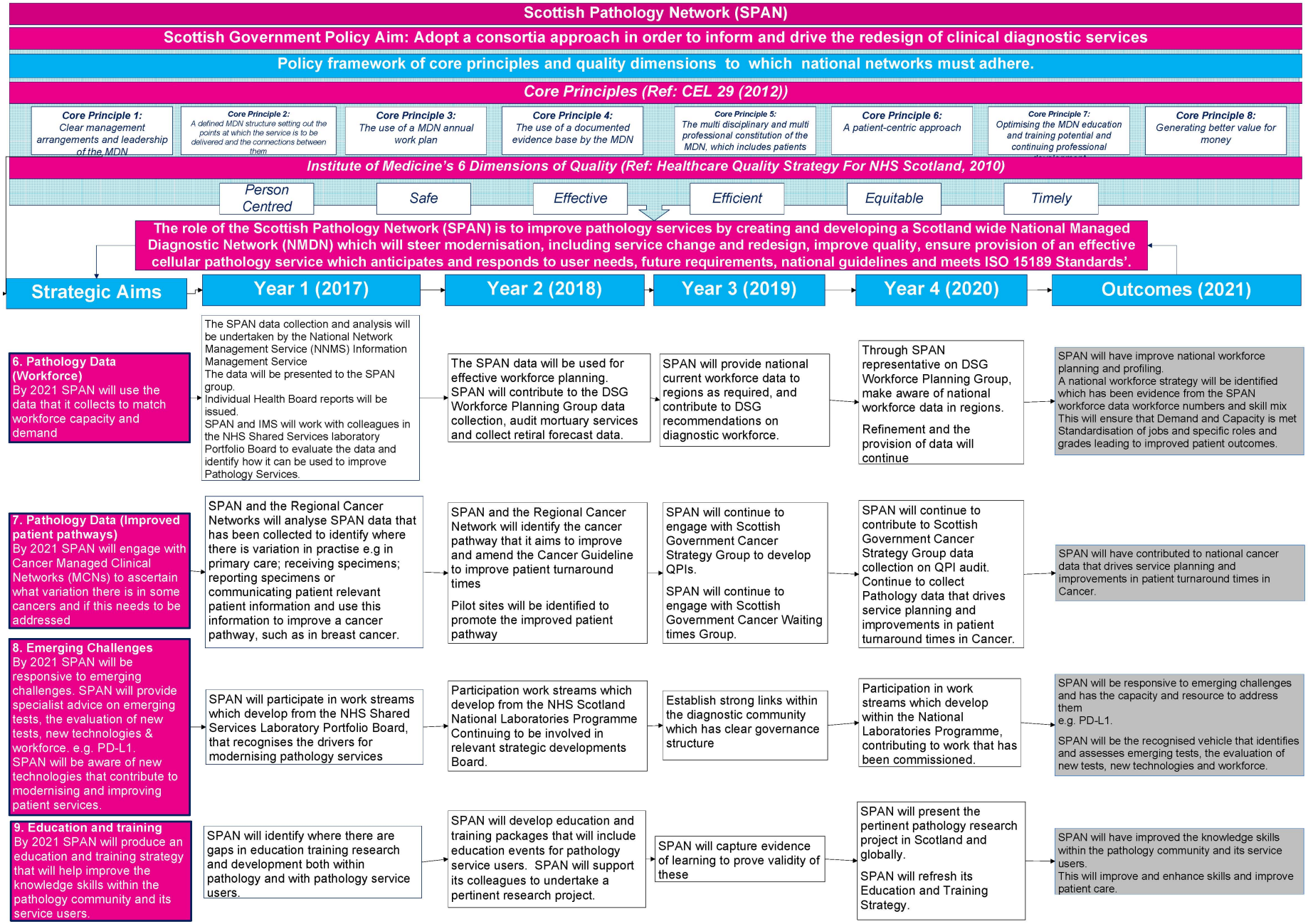
Core Principle 1:	Core Principle 2:	Core Principle 3:	Core Principle 4:	Core Principle 5:	Core Principle 6:	Core Principle 7:	Core Principle 8:
Clear management arrangements and leadership of the MDN	A defined MDN structure setting out the points at which the service is to be delivered and the connections between them	The use of a MDN annual work plan	The use of a documented evidence base by the MDN	The multi disciplinary and multi professional constitution of the MDN, which includes patients	A patient-centric approach	Optimising the MDN education and training potential and continuing professional development	Generating better value for money

Institute of Medicine's 6 Dimensions of Quality (Ref: Healthcare Quality Strategy For NHS Scotland, 2010)

Person Centred | Safe | Effective | Efficient | Equitable | Timely

The role of the Scottish Pathology Network (SPAN) is to improve pathology services by creating and developing a Scotland wide National Managed Diagnostic Network (NMDN) which will steer modernisation, including service change and redesign, improve quality, ensure provision of an effective cellular pathology service which anticipates and responds to user needs, future requirements, national guidelines and meets ISO 15189 Standards'.

Strategic Aims	Year 1 (2017)	Year 2 (2018)	Year 3 (2019)	Year 4 (2020)	Outcomes (2021)
1. Communication and engagement By 2021 SPAN will be visible and integrated into the Pathology Community and with its stakeholders	SPAN will write its communication strategy. The SPAN website will be an up to date effective resource for the SPAN steering group working groups, the Pathology community and its stakeholders. SPAN will issue Quarterly newsletters. SPAN will use twitter to engage with the Pathology community	SPAN will facilitate a Education Event	SPAN's stakeholders will be aware of SPAN, with regular use of the website and engagement through Twitter. SPAN will be responsive to the Pathology Community and its stakeholders, engaging frontline staff through diagnostic roadshows. SPAN will provide Pathology expertise to Scottish Government, Regional Cancer Networks and Regions	SPAN will continue to provide expert Pathology information to the Scottish Government, Regional Cancer Networks and Regions. SPAN will widen the Pathology community, engaging with undergraduate medical and biomedical science students. SPAN will engage laboratory staff through continuing diagnostic roadshows.	SPAN will be a point of contact for Pathology stakeholders. SPAN will have widened the Pathology community. SPAN will have provided expert Pathology information to the Scottish Government, Regional Cancer Networks and Regional Planning groups
2.Digital Pathology By 2021 there will be a network of Pathologists who are trained to report digitally.	NHS GGC and NHS Lothian are piloting digital pathology Identify the strengths; weakness and opportunities of rolling out a Scottish digital pathology	Identify people who can share work . Develop & Provide training and development for Pathologists in the use of digital pathology (up-skill the workforce)	Identify sites that are able to roll out digital pathology and identify which Histopathology specimens can be viewed digitally SPAN will provide expertise and facilitate development of the full business case and facilitate engagement with the Pathology community with Scottish Digital Pathology pilot	SPAN will facilitate evidence of workload sharing across Scotland. SPAN will develop project plan for implementation of Digital Pathology across Scotland.	A network of Digital Pathology (Virtual Pathology) is in place across Scotland enabling increased specialist reporting, automated reporting , Expert Opinion, supporting on-call services, workforce planning, improving the patient pathway outcomes and waiting times and a reduced costs in handling and storing glass slides
3. Standardised data definitions By 2021 SPAN will ensure that every pathology laboratory uses the same data definition which will be transferred to a National data reporting system	Establish a SLWG that will scope what data definitions are being used The SPAN SLWG will agree on what standard data definitions should be used in NHS Scotland	SPAN will implement the role out of the national data definitions which is now published on the SPAN website			Improved data collection which will ensure that NHS Scotland is prepared for the implementation of Digital Pathology
4. BMS Dissection By 2021 SPAN will have developed and contributed to a national training programme for extended BMS roles	Undertake a data gathering exercise to identify the following: Percentage of specimen dissection undertaken by BMS staff; Categories of specimens dissected by BMS & medical staff; Staff resource (hours per week) involved in Dissection (BMS & Medical); Numbers of BMS staff involved in the IBMS Dissection qualification (already obtained, in progress and/or planned). A working group will be set up to develop the requirements for a national training school for BMS Dissection, and a business case will be submitted to Scottish Government	Training school will be set up and staff will be identified to attend. There will be at least 1 BMS from every relevant Board, being supported through the training school, including undertaking the Dissection qualification if required.	Rolling programme of Training School takes place. Audit of dissection time across Scotland and Advanced Practitioner role takes place. Appropriate backfill arrangements will be implemented.	Refresh Learning Agreement and Objectives. Refresh SPAN Education and Training Strategy.	All Health Boards will have the ability to extend BMS roles A national training programme for extended BMS roles will have been established. This will free up consultant capacity and alleviate the workforce pressures associated with Consultant recruitment & retention issues. This will reduce turnaround time and therefore improve patient pathways in the identified areas
5. BMS Reporting By 2021 SPAN will facilitate expansion of the number of BMS staff involved in diagnostic reporting.	Identify the current number of BMS who are reporting and what category specimen they are reporting. Invite BMS colleagues who have undertaken BMS reporting to share their experiences Determine qualification requirements for BMS reporters and identify specific reporting areas for prioritisation	Determine qualification 'gaps' versus qualified staff required for priority reporting areas. Develop an options appraisal, outlining options for delivery of training and recommending national funding to support training across NHS Scotland	SPAN will continue to explore options to support this transformational role but acknowledges that the current staffing issue will delay short term development.	SPAN will continue to explore options to support this transformational role but acknowledges that the current staffing issue will delay short term development.	The development of transformational roles within the scientific workforce for BMS reporting in histopathology has the potential to address workforce capacity and alleviate pressures on histopathology services. SPAN will continue to explore options to support this transformational role but acknowledges that the current staffing issue will delay short term development.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Core Principle 6: A patient-centric approach
Core Principle 7: Optimising the MDN education and training potential and continuing professional
Core Principle 8: Generating better value for money
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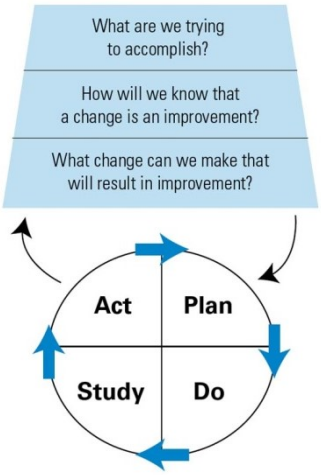
Strategic Aims
Year 1 (2017)
Year 2 (2018)
Year 3 (2019)
Year 4 (2020)
Outcomes (2021)
6. Pathology Data (Workforce)
By 2021 SPAN will use the data that it collects to match workforce capacity and demand
The SPAN data collection and analysis will be undertaken by the National Network Management Service (NNMS) Information Management Service
The data will be presented to the SPAN group.
Individual Health Board reports will be issued.
SPAN and IMS will work with colleagues in the NHS Shared Services laboratory Portfolio Board to evaluate the data and identify how it can be used to improve Pathology Services.
The SPAN data will be used for effective workforce planning.
SPAN will contribute to the DSG Workforce Planning Group data collection, audit mortuary services and collect retiral forecast data.
SPAN will provide national current workforce data to regions as required, and contribute to DSG recommendations on diagnostic workforce.
Through SPAN representative on DSG Workforce Planning Group, make aware of national workforce data in regions.
Refinement and the provision of data will continue
SPAN will have improve national workforce planning and profiling.
A national workforce strategy will be identified which has been evidence from the SPAN workforce data workforce numbers and skill mix
This will ensure that Demand and Capacity is met
Standardisation of jobs and specific roles and grades leading to improved patient outcomes.
7. Pathology Data (Improved patient pathways)
By 2021 SPAN will engage with Cancer Managed Clinical Networks (MCNs) to ascertain what variation there is in some cancers and if this needs to be addressed
SPAN and the Regional Cancer Networks will analyse SPAN data that has been collected to identify where there is variation in practise e.g in primary care; receiving specimens; reporting specimens or communicating patient relevant patient information and use this information to improve a cancer pathway, such as in breast cancer.
SPAN and the Regional Cancer Network will identify the cancer pathway that it aims to improve and amend the Cancer Guideline to improve patient turnaround times
Pilot sites will be identified to promote the improved patient pathway
SPAN will continue to engage with Scottish Government Cancer Strategy Group to develop QPIs.
SPAN will continue to engage with Scottish Government Cancer Waiting times Group.
SPAN will continue to contribute to Scottish Government Cancer Strategy Group data collection on QPI audit.
Continue to collect Pathology data that drives service planning and improvements in patient turnaround times in Cancer.
SPAN will have contributed to national cancer data that drives service planning and improvements in patient turnaround times in Cancer.
8. Emerging Challenges
By 2021 SPAN will be responsive to emerging challenges. SPAN will provide specialist advice on emerging tests, the evaluation of new tests, new technologies & workforce. e.g. PD-L1.
SPAN will be aware of new technologies that contribute to modernising and improving patient services.
SPAN will participate in work streams which develop from the NHS Shared Services Laboratory Portfolio Board, that recognises the drivers for modernising pathology services
Participation work streams which develop from the NHS Scotland National Laboratories Programme
Continuing to be involved in relevant strategic developments Board.
Establish strong links within the diagnostic community which has clear governance structure
Participation in work streams which develop within the National Laboratories Programme, contributing to work that has been commissioned.
SPAN will be responsive to emerging challenges and has the capacity and resource to address them
e.g. PD-L1.
SPAN will be the recognised vehicle that identifies and assesses emerging tests, the evaluation of new tests, new technologies and workforce.
9. Education and training
By 2021 SPAN will produce an education and training strategy that will help improve the knowledge skills within the pathology community and its service users.
SPAN will identify where there are gaps in education training research and development both within pathology and with pathology service users.
SPAN will develop education and training packages that will include education events for pathology service users. SPAN will support its colleagues to undertake a pertinent research project.
SPAN will capture evidence of learning to prove validity of these
SPAN will present the pertinent pathology research project in Scotland and globally.
SPAN will refresh its Education and Training Strategy.
SPAN will have improved the knowledge skills within the pathology community and its service users.
This will improve and enhance skills and improve patient care.

Annexe 4 QI project to increase BMS Dissection time commitment across Scotland

National Network Management Service: Quality Improvement Plan

Planning		**Following the Model for Improvement**
Network: Scottish Pathology Network - SPAN		
Project: Improving BMS Dissection across Scotland		
Planned start date: 18.05.2018	**Planned end date:** 31/03/2021	

Rationale: Why are you undertaking the project?

Tissue dissection is routinely undertaken in Histopathology laboratories. Historically, this was undertaken by medical staff. However, demand on laboratories, combined with consultant staff shortages, has resulted in pressure in Pathology departments with meeting patient turnaround time targets.

In recent years, non-medical staff, such as Biomedical Scientists (BMS), have been trained to undertake tissue dissection of selected specimen types. Across Scotland, 21% of dissection time commitment is undertaken by BMS.

Aims statement: What are we trying to accomplish?

This sets out your project aims and answers the questions how good? By when? This should be something you can measure. (Setting aims).

By 2021, dissection time commitment undertaken by BMS will have increased by 10%. This will enable medical time to be released from dissection to diagnostic reporting or other clinical work which will ultimately impact on patient turnaround times

How do we know that a change is an improvement?

Measures to monitor the impact of improvement effort. There are three types of measure that might be needed – an outcome measure that links to the aim question but there will also be measures of process that are needed to help understand what is happening during the project and balance measures to evaluate any unintended consequences. A baseline measure will be needed to start with and then a responsive method for continual measuring.	Outcome measure (s): Time commitment for BMS dissection to have increased by 10% Baseline: Time commitment for BMS dissection is 21% across Scotland	Process measures: Facilitate BMS Dissection training school to advance tissue dissection. Develop learning agreement with Boards and dissectors to agree local agreement to pursue BMS dissection.	Balance measures: Evaluate school objectives and ascertain training levels at local level.

What changes can we make that will result in the improvements we seek (improvement)?

There are many tools that can help with analysing the root causes of problems and identifying opportunities for improvement.	Potential causes: Not enough BMS trained to dissect less complex specimens at Board level. Not enough medical time to be released from dissection to diagnostic reporting or other clinical work.	Improvement ideas: Facilitate BMS Dissection training school to advance tissue dissection. BMS dissection to be progressed at local Board levels, upon signed agreement between SPAN and Boards.
Results To be reported midyear October 2020		
Who is in our project team?		
Role	**Name**	
Network Scientific Manager Programme Manager Assistant Programme Manager BMS Dissection Implementation Group	Amanda Malham Camilla Young Phillli Cottam	

Annexe 7 SPAN Data and Measurement Plan

- Measuring SPAN's performance against the 5 Year Workplan
- Using Quality and Performance Benchmarking data to make local improvements

Description	Example of Measure	Current baseline	Suggest target to aim for	Suggested date
1. Productivity	% of histopathology requests reported in 7 days	Scotland average = 38%	Should this be a Scotland-wide area for focus?	July 2020
2. Productivity	% of post mortem requests with a final report at 30 working days (RCPath KPI = 90% at 30 days)	Scotland average = 42%	Should this be a Scotland-wide area for focus?	July 2020
3. Productivity	% of reports ready for MDT (clarify which clinics)		Can this data be collected?	
4. Productivity	% of prostate core biopsies reported within 7 calendar days (RCPath KPI = 80%) Monitor impact on other histopathology requests reported within 7 days: monitor turnaround times	Scotland = 57%	Should this be a local area for focus?	July 2021
5. Technology solutions	Increase % of laboratories utilising voice recognition technology	Scotland =	Should this be a Scotland-wide area for focus?	July 2020
6. Technology solutions	Increase number of laboratories testing digital pathology technology	Scotland =	Should this be a Scotland-wide area for focus?	July 2020
7. Stakeholder engagement	Increase number and range of services/organisations engaged with SPAN	Stakeholder Graph for SPAN event	Increase the range of stakeholders represented at SPAN event and attendance by 10%	December 2020
8. Stakeholder engagement	Reliability with labs participating in all-distribution list	80% labs included	Aim for 100%	March 2021
9. Stakeholder engagement	Number of #pathologycommunity retweets	Average number of retweets per month = 23	Increase by 20%	March 2021
10. Interaction with website	Number of visits per month	Median visits per month =	Increase interaction with the SPAN website by 10%	March 2021
	Length of time on website	Median length of time per visit =		
	Pages viewed per month per visitor	Median pages viewed per month =		
	Number of boards interacting	Increase to all territorial boards		
11. BMS Dissection Training	Increase number of BMS participating in dissection training	May 2020 = Cancelled	Aim for 8 participants	May 2021
12. BMS Dissection	Increase % Total B-E dissection hours carried out by BMS in Scotland	???? in Scotland	Should this be a Scotland-wide area for focus?	May 2021
13. Quality &	% of NHS boards submitting SPAN data by given	June 2019 = 100%	Aim for 100%	June 2020

Description	Example of Measure	Current baseline	Suggest target to aim for	Suggested date
Performance reporting	date			
14. Stakeholder engagement	Feedback generated from the SPAN Annual Event	68% rated the event as excellent in 2019	Aim for 60%	November 2020
15. BMS Dissection Training	Feedback generated by evaluation of training		Aim to improve % meeting learning expectations	November 2020
16. Productivity	% of all SPAN meetings agendas and papers within NNMS agreed timescales		Aim for 95%	December 2020
17. Productivity	% of SPAN minutes issued within NNMS agreed timescales		Aim for 95%	December 2020

Annexe 5 SPAN Steering Group Membership

Dr Sarah Bell	Consultant Pathologist	NHS Greater Glasgow and Clyde
Ms Liz Blackman	Senior Programme Manager	NNMS, NSD
Ms Joanne Brook	Biomedical Scientist	NHS Highland
Dr Gareth Bryson	Consultant Pathologist	NHS Greater Glasgow and Clyde
Mr Michael Burns	Biomedical Scientist	NHS Dumfries and Galloway
Dr Lorna Cottrell	Consultant Pathologist	NHS Ayrshire and Arran
Ms Suzanne Ferra	Biomedical Scientist	NHS Forth Valley
Ms Adele Foster	Biomedical Scientist	NHS Dumfries and Galloway
Dr Frances Gallacher	Consultant Pathologist	NHS Lanarkshire
Mr Steven Harrower	Biomedical Scientist	NHS Greater Glasgow and Clyde
Dr Natasha Inglis	Consultant Pathologist	NHS Highland
Dr Peter Johnston	Honorary Consultant Pathologist	Chair of Diagnostics Training Board
Ms Wendy Leaper	Biomedical Scientist	NHS Grampian
Ms Amanda Malham	Network Scientific Manager	NHS Lothian
Dr Elizabeth Mallon	Consultant Pathologist	NHS Greater Glasgow and Clyde
Dr Marie Mathers	Consultant Pathologist	NHS Lothian
Ms Kelly Maxwell-Brown	Information Management Service	NSD
Ms Debbi McEwan	Biomedical Scientist	NHS Ayrshire and Arran
Dr Nadja Melquiott	Clinical Lead for Pathology	NHS Forth Valley
Ms Veronica Mesquita	Network Programme Support Officer	NNMS, NSD
Fiona Murdoch		NHS Fife
Dr Graeme Murray	Honorary Consultant Pathologist	NHS Grampian
Dr Colin Moyes	Consultant Pathologist	NHS Forth Valley
Dr Tim Palmer	Consultant Pathologist, Lead Scottish Cervical Cytology Consortium	NHS Highland
Dr Fiona Payne	Consultant Pathologist	NHS Grampian
Dr Maeve Rahilly	Consultant Pathologist	NHS Fife
Ms Louise Reid	Biomedical Scientist	NHS Grampian
Mr Derek Selbie	Biomedical Scientist	NHS Fife
Dr Stuart Thomas	Network Clinical Lead	NHS Lothian
Mr Dave Topping	Biomedical Scientist	NHS Tayside
Mr Allan Wilson	Biomedical Scientist	NHS Lanarkshire
Dr Jamie Wilson	Consultant Pathologist	NHS Tayside
Dr Jennifer Wilson	Consultant Pathologist	NHS Tayside
Mrs Camilla Young	Network Programme Manager	NNMS, NSD