

IRP

Independent Reconfiguration Panel

*ADVICE ON PROPOSALS FOR CHANGES TO
MICROBIOLOGY SERVICES IN LINCOLNSHIRE*

Submitted to the Secretary of State for Health
29 May 2009

IRP

Independent Reconfiguration Panel

Kierran Cross

11 Strand

London

WC2N 5HR

Tel: 020 7389 8047/8045/8048

Fax: 020 7389 8001

Email: info@irpanel.org.uk

Website: www.irpanel.org.uk

Press Office

Tel: 020 7025 7530

Email: IRPpressoffice@trimediauk.com

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Abbreviations used in this report

A & E	Accident and emergency service
BMS	Biomedical scientist
Cllr	Councillor
CPA	Clinical Pathology Accreditation
CPD	Continuing professional development
CSFs	Cerebro spinal fluid
DH	Department of Health
EWTD	European Working Time Directive
GP	General practitioner
HPA	Health Protection Agency
HSC	Health Scrutiny Committee
IRP	Independent Reconfiguration Panel
IT	Information technology
MP	Member of Parliament
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
NLAG	Northern Lincolnshire and Goole Hospitals Foundation Trust
PCT	Primary care trust
PEC	Professional executive committee
PHLS	Public Health Laboratory Service
SHA	Strategic health authority
SLA	Service level agreement
ULHT	United Lincolnshire Hospitals NHS Trust
TATs	Turnaround times
WTE	Whole time equivalent

RECOMMENDATIONS

- 1 The IRP supports the strategic direction being taken in Lincolnshire led by the Northern Lincolnshire and Goole Hospitals Foundation Trust and United Lincolnshire Hospitals NHS Trust and supported by Lincolnshire Primary Care Trust in developing a managed network of pathology laboratories across Lincolnshire to deliver sustainable and high quality services for the future.**
- 2 The IRP supports the assimilation of the Lincoln microbiology laboratory into the microbiology laboratory at Scunthorpe Hospital with the Lincoln consultant microbiologists and Control of Infection Team remaining on the Lincoln site.**
- 3 The Panel recommends that Northern Lincolnshire and Goole Hospitals Foundation Trust, the Path Links Directorate and United Lincolnshire Hospitals NHS Trust implement a single performance and incident reporting system, endorsed by Lincolnshire PCT and the Lincolnshire Health Scrutiny Committee, to ensure that any operational problems are promptly identified and resolved and that the planned improvements in turnaround times are delivered.**

RECOMMENDATIONS

- 4 The Panel further recommends that the Department of Health is kept informed of the performance of the new arrangements by East Midlands Strategic Health Authority so that this experience can be shared more widely and be available to other parts of the country to help them develop their own pathology network solutions.**
- 5 United Lincolnshire Hospitals NHS Trust Board and Path Links, together with staff and other service users, should reflect on their experience of this change. They should ensure that staff are appropriately engaged in developing the high quality services that patients and the public have a right to expect.**
- 6 The Lincolnshire HSC and NHS organisations should together consider the lessons to be learned from this experience and review their joint protocol in the light of their conclusions. This will contribute to developing further the open and constructive relationships between them that will be needed in the future.**

OUR REMIT

What was asked of us

- 1.1 The Independent Reconfiguration Panel's (IRP) general terms of reference are included in Appendix One.
- 1.2 On 18 December 2008, Councillor (Cllr) Amanda Puttick, Chairman of the Health Scrutiny Committee for Lincolnshire (HSC) wrote to the Secretary of State for Health, Alan Johnson, exercising powers of referral under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 (Appendix Two). The referral concerned proposals for changes to microbiology services at Lincoln County Hospital. Lincoln County Hospital is part of United Lincolnshire Hospitals NHS Trust. United Lincolnshire Hospitals NHS Trust (ULHT) commissions its pathology services from Northern Lincolnshire and Goole Hospitals Foundation Trust (NLAG). The service is known as Path Links.
- 1.3 The Secretary of State wrote to Dr Peter Barrett, Chair of the IRP, on 27 January 2009 requesting that the IRP undertake an initial assessment in accordance with the agreed protocol for handling contested proposals for reconfiguration of NHS services (Appendix Three).
- 1.4 The IRP set out its initial assessment in a letter to the Secretary of State of 16 February 2009 (Appendix Four).
- 1.5 The Secretary of State responded to Cllr Puttick on 5 March 2009 advising that he had asked the IRP to undertake a review of the proposals. Terms of Reference were set out in the Secretary of State's letter of 2 March 2009 to the IRP Chair, Dr Peter Barrett (Appendix Five).
- 1.6 The Panel was asked to advise by 29 May 2009:
 - a) *whether it is of the opinion that the proposals for change will ensure the provision of a safe sustainable and accessible microbiology service at United Lincolnshire Hospitals NHS Trust, and if not why not;*
 - b) *on any other observations the Panel may wish to make in relation to the proposals;*

- c) *on how to proceed in the best interests of local people in the light of a and b above and taking into account the issues raised by Lincolnshire's Health Scrutiny Committee in their referral letter of 18 December 2008*

It is understood that in formulating its advice the Panel will pay due regard to the principles set out in the Independent Reconfiguration Panel's general terms of reference.

- 1.7 In addition, as United Lincolnshire Hospitals NHS Trust was continuing closure of the microbiology laboratory on grounds of safety, the IRP was asked to explore this issue fully.

OUR PROCESS

How we approached the task

- 2.1 NHS East Midlands, the strategic health authority (SHA), was asked to provide the Panel with relevant documentation and to arrange site visits, meetings and interviews with interested parties. The SHA, together with the relevant primary care trust (PCT) and NHS trusts, completed the Panel's standard information template.
- 2.2 The Health Scrutiny Committee for Lincolnshire was also invited to submit documentation and suggest other parties to be included in meetings and interviews.
- 2.3 The Panel Chair, Dr Peter Barrett, wrote an open letter to editors of local newspapers on 4 March 2009 informing them of our involvement (see Appendix Six). The letter invited people who felt that they had new evidence to offer, or who wished to make their views known, to contact the Panel. Press releases were issued on 4 March, 3 April and 29 May 2009.
- 2.4 A sub-group of the IRP carried out the review. It consisted of four Panel members - Gina Tiller who chaired the sub-group, Dr Nick Naftalin, Linda Pepper and Dr Paul Watson. Members were accompanied on visits and at evidence sessions by the IRP Secretariat. The Panel visited the microbiology laboratories at Lincoln County Hospital and Scunthorpe General Hospital and undertook four days of oral evidence taking. Details of the people seen during these sessions are included in Appendix Seven.
- 2.5 A meeting was held with Gillian Merron, Member of Parliament for Lincoln.
- 2.6 Discussions were held with Dr Brian Duerden, Inspector of Microbiology and Infection Control at the Department of Health, Dr Ian Barnes, National Clinical Lead for Pathology, Deirdre Feehan, Pathology Programme Manager at the Department of Health and a number of other experts in the field.
- 2.7 A list of all the written evidence received from the SHA, PCT, NHS trusts, the Scrutiny Committee, MP and all other interested parties is contained in Appendix Eight. The Panel

considers that the documentation received, together with the information obtained in oral evidence meetings, provides a fair representation of the views from all perspectives.

- 2.8 Throughout our consideration of these proposals, our aim has been to consider the needs of patients, public and staff, taking into account the issues of safety, sustainability and accessibility as set out in our terms of reference.
- 2.9 The Panel wishes to record its thanks to all those who contributed to this process. We also wish to thank all those who gave up their valuable time to present evidence to the Panel and to everyone who contacted us offering views.
- 2.10 The advice contained in this report represents the unanimous views of the Chair and members of the IRP.

THE CONTEXT

A brief overview

- 3.1 Lincoln County Hospital is part of United Lincolnshire Hospitals NHS Trust. United Lincolnshire Hospitals NHS Trust (ULHT) commissions its pathology services from Northern Lincolnshire and Goole Hospitals Foundation Trust (NLG). The service is known as Path Links.
- 3.2 Path Links is a Managed Pathology Network providing microbiology, histopathology, chemical pathology, haematology and immunology services across the whole of Lincolnshire. Services are provided to primary and secondary care service providers covering a population of over one million people. As part of this network, Path Links runs laboratories on hospital sites in Lincoln, Scunthorpe, Boston, Grantham and Grimsby. Prior to 2003, the microbiology laboratory at Lincoln County Hospital was run by the Public Health Laboratory Service (PHLS). The service transferred to the NHS in 2003 and became part of the Path Links network.
- 3.3 Work to develop a 5-Year Service Strategy for the Path Links Microbiology Clinical Directorate began in November 2002. This review took account of the imminent transfer of the PHLS laboratory at Lincoln County Hospital into the NHS as part of the Path Links Microbiology Network. The work to develop the strategy was undertaken by members of the Path Links Microbiology Clinical Directorate supported by the Path Links general manager, finance manager and a representative of primary care commissioning. The review was intended to address a range of service pressures across the Path Links microbiology network. The service pressures centred on:
- a) scientific staffing issues including recruitment difficulties and the implications of compliance with the European Working Time Directive (EWTD)
 - b) transfer of Public Health Laboratory Services (PHLS) services into the NHS which saw the transfer of routine diagnostic microbiology testing into the NHS
 - c) the physical condition of the Lincoln microbiology laboratory which was judged to require re-provision as part of a medium to long-term plan
 - d) on-call arrangements which needed to be more comprehensive and were not compliant with the EWTD

- 3.4 The service strategy work focused on the assessment of a long-list of seven options for the future configuration of microbiology services in Lincolnshire. The options were:

Option	Description	Implication
1	All work referred out	No laboratories in county
2	Five site option	Laboratories in Lincoln, Boston, Grantham, Scunthorpe and Grimsby
3	One site option	Full centralisation
4	Two site option	Centralised labs north and south
5	Three site option	Close two labs
6	Four site option	Close one lab
7	More than five sites	additional laboratories in smaller hospitals

- 3.5 Following an initial appraisal, a shortlist of two options was agreed for consultation. Option 2, the five site option (renamed option A) and an agreed variation of option 5, the three site option (renamed option B). Option B provided for centralisation of bacteriology services onto three sites and the centralisation of serology onto two sites, thus allowing continued utilisation of all five sites. This was proposed to minimise staff relocations and retraining and maximise use of existing facilities. Implementation was proposed in three phases over a period of four years.
- 3.6 Informal consultation regarding these two options took place within the NHS from March 2004 to January 2005. Clinical service users in the hospitals affected and general practitioners were consulted. In March 2005, following discussion of the consultation responses, Option B was agreed by NLAG Trust Board. Implementation proceeded with the removal of on-site bacteriology services from Grimsby and Grantham and re-provision to Scunthorpe and Boston respectively. Specialist viral serology services were centralised at Grimsby and Grantham.

- 3.7 In 2005, before phase three - the re-provision of facilities for microbiology on the Lincoln County Hospital site - was implemented, ULHT was in significant financial difficulty. As part of a programme of operational efficiency savings, Path Links was asked by ULHT to propose how savings could be made on the contract for pathology services between NLAG and ULHT. As a result, a proposal to close the microbiology laboratory at Lincoln County Hospital and transfer the work to the microbiology laboratory at Scunthorpe General Hospital was incorporated in the ULHT turnaround plan in June 2006.
- 3.8 In July 2006, the Health Scrutiny Committee for Lincolnshire received a presentation regarding the ULHT turnaround plan. The HSC was advised that full details of the proposals were contained in a 99 page turnaround plan, which could be found on the ULHT website.
- 3.9 The proposals in the turnaround plan that directly affected patient services were consulted upon. However, the proposed closure of the microbiology laboratory at Lincoln County Hospital was not included in this consultation as this was considered to be an operational change with no direct affect on patient access to services.
- 3.10 The decision to transfer microbiology services from Lincoln County Hospital to Scunthorpe General Hospital was confirmed in a letter from the Chief Executive of ULHT to the Chief Executive of NLAG on 19 June 2007.
- 3.11 Implementation of the transfer of the service began in February 2008 with alterations to the Scunthorpe laboratory. The transfer of specimens from GP practices commenced in March 2008 and was completed in summer 2008. Full implementation was planned to be completed by the end of March 2009.
- 3.12 In May 2008, the HSC received information about concerns regarding the service change. The Chief Executive of ULHT was asked to respond and sent a letter to the HSC Scrutiny Officer on 28 May 2008. The HSC asked for further information and reassurance that the proposals would not have an adverse impact on services at Lincoln County Hospital. The Committee received a presentation from Path Links on 16 July 2008. The information received was formally noted by the HSC.

- 3.13 In September 2008, members of the HSC received further comments and information from members of the public, from Dr Ron Dixon, Head of the Department of Forensic and Biomedical Sciences at the University of Lincoln and from staff at the Lincoln microbiology laboratory. In the light of these concerns and further information received, the HSC invited representatives of Path Links and the Chief Executive of ULHT to attend a meeting of the HSC on 1 October 2008. The Committee formally noted the information provided to it by Path Links and ULHT and decided to meet again on 15 October 2008 to consider whether any further action was required. ULHT halted implementation of the changes to services pending the HSC decision.
- 3.14 At the meeting on 15 October 2008, the HSC determined that the service change *did* constitute a substantial variation in service but *resolved not to refer* the matter to the Secretary of State for Health. ULHT re-commenced implementation of the service changes.
- 3.15 On 3 December 2008, the HSC considered further information set out in minutes of Path Links meetings and accreditation reports. The HSC determined by a majority vote that *the matter should be referred to the Secretary of State for Health*.
- 3.16 On 18 December 2008, Cllr Amanda Puttick, Chairman of the HSC wrote to the Secretary of State for Health, Alan Johnson, exercising powers of referral under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 regarding the changes to microbiology services at Lincoln County Hospital.
- 3.17 The Secretary of State wrote to Dr Peter Barrett, Chair of the IRP on 27 January 2009 requesting that the IRP undertake an initial assessment in accordance with the agreed protocol for handling contested proposals for reconfiguration of NHS services. The IRP set out its initial assessment in a letter to the Secretary of State of 16 February 2009.
- 3.18 The Secretary of State for Health wrote to the IRP Chair, Dr Peter Barrett, on 2 March 2009, asking the Panel to undertake a review of the proposals.
- 3.19 The Secretary of State responded to Cllr Puttick on 5 March 2009 advising that he had asked the IRP to undertake a review of the proposals.

- 3.20 ULHT considered whether implementation of the service changes could be halted again in response to the referral. The Trust considered that the clinical and financial risks were too great. The service transfer was completed on 31 March 2009. The Trust gave a clear assurance to East Midlands Strategic Health Authority that the service could be re-instated and that no irreversible action would be taken.

INFORMATION

What we found

- 4.1 A significant amount of written and oral evidence was submitted to the Panel. We are grateful to all those who took the time to offer their views and information. The evidence put to us is summarised below – firstly general background information followed by an outline of the proposals, then an outline of the issues raised regarding the proposed service change by Lincolnshire Health Scrutiny Committee and by others and finally other evidence gathered.
- 4.2 **Services provided and activity**
- 4.2.1 Lincoln County Hospital is an acute hospital providing a wide range of surgical, medical and emergency services including oncology, paediatrics, maternity, special care baby unit, A&E and intensive care. Lincoln County Hospital is part of United Lincolnshire Hospitals NHS Trust. The Trust also provides a range of inpatient and outpatient services at Boston, Gainsborough, Grantham, Louth, Skegness and Spalding.
- 4.2.2 The Pathology Department on the Lincoln County Hospital site provides haematology, biochemistry and histopathology services. The histopathology service is a centralised service for the county. Until 31 March 2009, the Department also provided microbiology services. The microbiology laboratory was in a separate building from the rest of the Pathology Department and operated 8.45am to 5.30pm Monday to Friday and 8.45am to 12.30pm at weekends with an on-call out of hours service.
- 4.2.3 Services provided by ULHT are commissioned in the main (97 percent) by Lincolnshire PCT. The activity levels at Lincoln County Hospital in 2008/09 are set out below:

Table 1: activity levels 2008/09 Lincoln County Hospital

2008/09 activity out-turn Lincoln County Hospital	
Daycase	28,613
Elective	6,691
Non-elective	30,932
New outpatients	73,668

4.2.4 United Lincolnshire Hospitals NHS Trust (ULHT) commissions its pathology services from Northern Lincolnshire and Goole Hospitals Foundation Trust (NLAG). The service is known as Path Links. Path Links is a “managed pathology network” providing microbiology, histopathology, chemical pathology, haematology and immunology services across Lincolnshire - a large geographical area of approx 4,800 square miles. Services are provided to primary and secondary care service providers covering a population of over one million people. Path Links runs laboratories on the Lincoln, Scunthorpe, Boston, Grantham and Grimsby sites. The Scunthorpe laboratory operates 9.00am to 11.30pm Monday to Friday and 8.00am to 5.30 pm at weekends with an out-of-hours on call service. The staff in the Pathology Department (including microbiology) at Lincoln County Hospital, and all the other hospitals where Path Links provides the pathology service, are employed by NLAG. The Lincoln microbiology laboratory was formerly a PHLS laboratory and transferred to Path Links in 2003.

4.2.5 The staffing levels and grades at Scunthorpe, Lincoln and Boston are set out below:

Table 2: budgeted staffing levels by grade 2008/09

Grade	Lincoln¹	Scunthorpe	Boston
BMS 3	1.0 wte	2.0 wte	1.0 wte
BMS 2	4.5 wte	5.0 wte	2.0 wte
BMS 1(incl trainees)	3.5 wte	13.0 ² wte	7.0 wte
MLA and A&C	6.2 wte	19.0 wte	5.9 wte
Total	15.2 wte	39.0 wte	15.9 wte

4.2.6 The microbiology workload relating to Scunthorpe, Lincoln and Boston for 2006/07 and 2007/08 is set out overleaf. Due to the service transfer being underway during 2008 comparable data for 2008/09 is not available.

¹ includes WTE associated with HPA work

² 6 wte BMS 1 are in training

Table 3: microbiology laboratory workload 2006/07 and 2007/08

Site	Number of Requests	
	2006/07	2007/08
Scunthorpe	181,175	192,655
Lincoln	132,245 ³	140,000 ⁴
Boston	132,901	149,177

4.3 Geography, demography, access and transport

- 4.3.1 The administrative county of Lincolnshire has a population of around 693,000⁵ and the city of Lincoln has a population of around 87,800. The population of Lincolnshire is forecast to rise to 856,000 by 2029. Lincolnshire has one of the fastest growing populations in the UK.



³ incl. 10,482 environmental samples

⁴ incl. 8,800 environmental samples

⁵ Office of National Statistics 2007 mid-year estimates

4.3.2 Patient access to the microbiology service would be unaltered by the proposed change. Patients would still provide samples in the same locations - at their GP surgery or at hospital either as an outpatient or inpatient. The issue of access and transport in relation to this proposed service change is therefore the transport of specimens. Path Links operates a van service to collect samples from all hospital sites and GP surgeries that it serves. Under the proposed service change, specimens would be transported from Lincoln County Hospital to Scunthorpe General Hospital and specimens from GP surgeries previously tested by the Lincoln laboratory would also be transported to Scunthorpe.

4.3.3 The A15 provides the main road link between Lincoln and Scunthorpe, although other routes are available. It is approximately 34 miles from Lincoln to Scunthorpe with a direct journey time of around 45 minutes.

4.4. **Estate**

4.4.1 Lincoln County Hospital is located on the south eastern side of Lincoln, approximately one mile from the city centre. The microbiology laboratory was housed in a building constructed in the 1940s on the western edge of the hospital site. Some of the buildings located adjacent to the laboratory have been redeveloped to provide office accommodation, others are derelict. The HSC presented the Panel with an email, dated 8 Jan 2003, which indicated that there was no formal estate condition report on the Lincoln laboratory building but suggesting that it might be condition B in the Estatecode ranking. Condition B means a facility requiring general maintenance only. The HSC also referred to the Clinical Pathology Accreditation (CPA) report undertaken in June 2007 as an indication that the building was in an acceptable condition. The CPA report stated “.....at Lincoln the age of the building and its location adjacent to unoccupied estate compromises security. The fabric of the laboratory is just adequate”. The CPA report in 2008 did not report on the condition of the building as it was scheduled for closure. The latest independent condition report indicates that the laboratory is rated ‘DX’ in the Estatecode ranking for both physical condition and fire and health and safety requirements. A ‘D’ assessment means that there is a serious risk of imminent breakdown and an ‘X’ rating added to the assessment means that nothing but a total rebuild or relocation will suffice (that is, improvements are either impractical or too expensive to be tenable).

- 4.4.2 The microbiology laboratory to which it is proposed the service is transferred is based at Scunthorpe General Hospital, which is located on the northern side of the town. The microbiology laboratory is located in the main pathology buildings, which are central to the site and provided in modern, well maintained, purpose designed buildings. The laboratory is very well equipped. There is space to expand into an adjacent unused laboratory area.

4.5 Healthcare Commission annual assessment

- 4.5.1 The Healthcare Commission ratings for ULHT in 2006/07 and 2007/08 are:

Domain	2006/07	2007/08
Quality of Services	Fair	Good
Use of Resources	Weak	Fair

4.6 The proposals for changes to microbiology services at Lincoln County Hospital

- 4.6.1 The proposed changes to microbiology services at Lincoln County Hospital would result in all microbiological tests required for hospital patients and other hospital related testing (such as water testing for endoscopy) previously undertaken in the microbiology laboratory at Lincoln County Hospital being undertaken in the microbiology laboratory at Scunthorpe General Hospital. All samples would be transported from Lincoln County Hospital to Scunthorpe General Hospital by van at set times during the day. Any urgent samples after 7.00pm in the evening or at weekends would be transported by taxi. Samples from GP surgeries and community hospitals would be transported to Scunthorpe General Hospital instead of being transported to Lincoln County Hospital.
- 4.6.2 The system for providing results to clinicians would be unchanged even though the testing is undertaken in a different location. As at present, results would be provided via the computerised reporting system and by phone calls from the laboratory staff or consultant microbiologist to hospital or general practice staff where this is necessary.
- 4.6.3 Under the proposals, microbiology laboratory staff at Lincoln County Hospital would be offered redeployment to other posts in the pathology laboratory at Lincoln County

Hospital with any necessary re-training or alternatively could transfer to the microbiology laboratory at Scunthorpe.

4.6.4 Two consultant microbiologists provide a service at Lincoln County Hospital and are based there. Control of Infection staff are also based at Lincoln County Hospital. There would be no change to the consultant microbiologist or Control of Infection staffing at Lincoln County Hospital associated with the proposal.

4.6.5 To accommodate the work in the Microbiology Department at Scunthorpe General Hospital a number of changes are required:

- additional transport runs and vans
- out of hours transport arrangements
- alterations to the Scunthorpe laboratory to improve operational efficiency
- increased staffing at the Scunthorpe laboratory

4.7 **Issues raised by those opposing the change**

4.7.1 In referring the proposals to the Secretary of State for Health, Lincolnshire Health Scrutiny Committee considered the proposal “*is not in the interests of healthcare provision in Lincolnshire*”.

The grounds for referral were:

- *the size and calibre of Lincoln County Hospital*
- *transport of specimens and the impact on turnaround times*
- *cerebral spinal fluid tests (CSFs)*
- *intra-operative gram stain tests*
- *condition of the microbiology laboratory building at Lincoln County Hospital*
- *financial savings*
- *public engagement and concern*

4.7.2 Details of the HSC views are provided in the Committee’s referral letter to the Secretary of State of 18 December 2008.

- 4.7.3 The Panel found the issues raised by the HSC, by staff and by others focused on these common themes with the addition of the implications for consultant microbiologist support, staffing and capacity at the Scunthorpe laboratory and the standard of operational performance. The following sections of the report outline what we heard in relation to each of these issues and then other issues raised.

4.8 **Size and calibre of Lincoln County Hospital**

- 4.8.1 Lincoln County Hospital is considered by many of those who presented information to the Panel to be a *flagship* hospital. The HSC was not aware of a hospital of the same size and providing the same range of specialist services functioning without an on-site microbiology laboratory. Where centralisation of microbiology services had taken place, it was understood that such hospitals had retained a 'hot lab' for urgent work. There was no plan for a 'hot lab' at Lincoln.

- 4.8.2 Some hospitals were reported as having moved to this model and then re-instated the on-site service. There was a lack of confidence in the proposal as it was seen as an unusual model. There were therefore questions about the viability of the service model, particularly when this was allied to the questions over future recruitment of consultant microbiologists.

- 4.8.3 There were questions about the implications of not having an on-site microbiology lab for the future range of services that could be provided at Lincoln. Concerns were expressed that it would prevent the hospital becoming a teaching hospital or providing complex surgery such as transplant services in future.

4.9 **Transport of specimens, turnaround times and urgent tests (CSFs and gram stain tests)**

- 4.9.1 Concerns were raised by the HSC, laboratory staff and some hospital clinicians and members of the public about the implications of transporting specimens. These concerns focused on:

- the road network between Lincoln and Scunthorpe - there was concern that the A15 is accident prone and the implications of potential road closures due to bad weather
- whether the logistics of transportation would result in samples being lost

- whether as a result of the time taken to transport the specimens they would degrade and be unable to be tested or give false results
- the length of time it would take vans to make the journey - people were concerned that journeys would not be direct and that vans would collect specimens from GP surgeries and other hospitals as well as Lincoln resulting in even longer transport times

4.9.2 The HSC and microbiology technical and medical staff reported to us that the majority of microbiological tests take 24 to 72 hours as it takes this length of time for bacteria to grow to an extent that evaluation can begin. Sensitivity testing to various antibiotics adds further time. Path Links estimate that 99 percent of all microbiology workload falls in this category. The HSC and those staff at Lincoln County Hospital who contacted the Panel were, however, concerned that a further four hours delay, as a minimum, would be built in to reporting times (due to transportation, collecting and unloading specimens and logging them in to the Scunthorpe laboratory) and that this would result in a deterioration in the quality of patient care.

4.9.3 By far the most significant concern was the implications for urgent tests. Cerebro-spinal fluid tests (CSFs) and intra-operative gram stain tests were considered to be urgent tests that should be reported within four hours of a sample being taken. Standard operating procedures for Path Links state that CSFs should be reported within four hours. This standard is audited. There was particular concern as CSF tests are used to diagnose meningitis.

4.9.4 There was concern that delays might occur to both the identification of patients with infections such as MRSA and clostridium difficile and the notification of control of infection staff. If so, there could be an increased risk of infections spreading to other patients.

4.9.5 There was a general concern that the improvements in turnaround times, (defined as the time taken from the collection of the specimen from the patient to the time a test result is available) which were set out as a major reason for the proposed service change would not in fact be realised. There was also a lack of confidence in the turnaround time data and concern that any improvement would not be sufficient to outweigh the disadvantages that were considered to apply to the proposal.

4.10 Condition of the microbiology laboratory building at Lincoln County Hospital

- 4.10.1 The condition of the buildings in which the microbiology laboratory was housed on the Lincoln County Hospital site was one of the reasons cited for its closure. The condition of the buildings was disputed. Inconsistent evidence had been received by the HSC. Information was put forward suggesting that it was capable of remaining in use for a further 25 years, which contradicted statements from ULHT. Laboratory staff were very satisfied with the existing building.

4.11 Financial savings

- 4.11.1 The HSC did not feel that a clear explanation had been provided as to how the proposal would save money. There was concern that not all of the costs associated with the changes had been taken into account, particularly transport costs and staff costs associated with redeployment. The HSC was not satisfied that the stated savings could be made and was concerned that financial considerations were over-riding safety and the well-being of patients.

4.12 Public engagement and concern

- 4.12.1 The HSC indicated in their referral that there *“was widespread public concern about the proposal”*. Those members of the public who commented were supportive of Lincoln County Hospital and wished to see it continue to provide a wide range of services in future. They also felt they should have known about the proposals and had an opportunity to comment and that this had been denied to them, as the proposed changes had not been subject to formal public consultation. Some GPs and hospital staff reported that they had not been consulted and were not aware of the proposed changes until after implementation had begun.
- 4.12.2 The HSC, staff and the public who contacted the Panel indicated that they were not clear about the rationale for the proposed changes. Saving money, the condition of the buildings and improving turnaround times were all reported to have been cited as reasons for the proposals. It was felt that the reasons given had changed over time and on different occasions. This meant people were not confident they understood why the changes were being proposed and what the potential benefits would be.

4.12.3 Members of the public who commented did not understand how the proposals could be an improvement and felt the service would be worse. The transport of specimens to Scunthorpe was thought inevitably to increase turnaround times. Those people who commented were particularly concerned about:

- the implications for urgent test results
- the effect of transit time on specimens
- road conditions
- the appropriateness and safety of transporting specimens
- screening for infections such as MRSA and clostridium difficile
- the impact on the range of services the hospital could provide in future

4.13 **Staffing and capacity in the Scunthorpe Laboratory**

4.13.1 Scunthorpe was believed to have more staff on a lower grade than at the Lincoln laboratory. Laboratory staff at Lincoln microbiology laboratory have many years experience. There was concern amongst laboratory staff and other hospital staff that service quality would not be as high.

4.13.2 There was concern that the Scunthorpe laboratory did not have the staffing or physical capacity (both space and equipment) to cope with the work transferred from Lincoln County Hospital. There were comments that samples were waiting to be tested and there were backlogs of work at times for some tests.

4.14 **Implications for consultant microbiology support**

4.14.1 Concerns were expressed by the HSC and microbiology staff that the absence of an on-site laboratory would make it difficult to recruit to the consultant microbiologist posts at Lincoln County Hospital in the future.

4.14.2 It was felt that the consultant microbiologists could not provide the highest quality of service possible if they were at a distance from the laboratory staff and the consultant did not have the opportunity to view complex or equivocal results. Communication was, inevitably, thought to be poorer with the absence of an on-site laboratory.

4.14.3 Some clinical staff were worried about whether the absence of on-site laboratory staff would of itself result in poorer quality of service as established working relationships

would be lost. It was felt that communication could not be as good as staff at Scunthorpe did not know the hospital staff at Lincoln. There was concern this might result in delays in the necessary action being taken in response to test results and that the right staff would not always be contacted and thus the quality of patient care would deteriorate.

4.15 **Operational effectiveness of the proposed changes**

4.15.1 Staff raised concerns about the operational arrangements associated with the transport of specimens. The concerns focussed on:

- the time taken to transport specimens and impact on turnaround time
- the logistical and communication arrangements for dealing with urgent samples
- ensuring results got to the correct person

4.15.2 Experiences of the new service were recounted where it was stated the operational arrangements were not working effectively. The Panel was told that:

- delays were occurring
- problems were being encountered with results being identified to the right wards or GP practices
- results were not being phoned through to the most appropriate people
- ward staff did not know who to ring and were still phoning the old lab
- samples had sometimes been lost

4.16 **Views from ULHT and Path Links**

4.16.1 The Board of ULHT consider that the proposals are in the best interests of patient care at Lincoln County Hospital and would result in improvement to turnaround times and consequently improvements in the quality of patient care. Whilst financial issues were stated as a factor, they were no longer the primary driver for the proposals. The Trust anticipates savings of £285,000 per annum by 2012/13. The Trust and Path Links accept that there are aspects of the planning and implementation of the proposals that could have been managed differently - particularly communication with the HSC, public and media. The Trust and Path Links raised the following points:

- the centralisation of microbiology is in line with national policy as set out in the *'Report of the Review of NHS Pathology Services in England'* chaired by Lord Carter of Coles which detailed a number of benefits:
 - *a larger workforce can work more flexible hours*

- *an extended range of tests can be taken as there is a critical mass of specimens*
- *improved job satisfaction for laboratory staff and improved training and continuing professional development (CPD)*
- *scale enables cost effective investment in automated equipment that can improve accuracy and turnaround times further*
- Path Links has a strong track record of performance and has evidence that centralisation of microbiology services from other hospitals has resulted in improvements to turnaround times
- the Scunthorpe laboratory is open 91 hours per week and the Lincoln Laboratory is open 46 hours per week thus, even allowing for transport time, turnaround times can be improved - growth in workload in future can only be met by larger centralised laboratories that have the potential to work longer hours and more days of the week
- Path Links is a managed pathology network underpinned by a single IT platform and database, single clinical governance structure and single, standardised operating procedures
- the majority of microbiology work has a turnaround time of 24-72 hours - thus the geographical location of the laboratory has little effect
- samples are not affected by transportation as the samples are always placed with reagents that preserve them for 24-48 hours
- there are no urgent tests in microbiology as 'urgent' is defined in terms of any result that is necessary to the immediate management of the patient - there is no clinical significance associated with a four hour standard for CSF tests as the antibiotic regime will have commenced immediately on medical assessment of the patient and the interval between administrations of doses is usually eight hours; so as long as results are reported within this timeframe there is no impact on patient care
- the condition of the existing laboratory is such that it would require major capital investment in the near future - it is isolated, there are security risks and re-provision on the Lincoln site would cost in the region of £2.5 million
- Path Links has 10 years experience of transporting specimens around the county and has never missed a delivery - there are several alternative routes to the A15 if it should be closed due to accident
- there is a specimen tracking system and monitoring data demonstrates that specimens rarely go astray once they are collected by Path Links

- the absence of an on-site laboratory is not expected to have an adverse affect on the recruitment of consultant microbiologists - other consultant microbiologists in the Path Links network work successfully without a laboratory on site
- the HSC had not raised concerns about other similar pathology services changes in the county in earlier years
- the HSC was aware of the proposed changes in summer 2006 and did not raise concerns
- the Trust and Path Links responded to the HSC concerns in July and September 2008 and no formal objections to the proposals were raised
- concern over procedural issues as the HSC had considered the changes to microbiology services at Lincoln County Hospital on a number of occasions during 2008 when implementation was well advanced and had resolved to take different action in response to the proposals on each occasion
- the relocation is not, in the opinion of the Trust and Path Links, a substantial variation in service as there is no change in access to the service by patients

4.17 Commissioner views

- 4.17.1 Lincolnshire PCT supports the proposals on the basis that they would improve turnaround times and access to results by clinical staff and are in line with national guidance. The PCT is supportive of Path Links as it has an excellent record of accomplishment and is recognised as being at the forefront of the implementation of national guidance. Previous service changes have delivered improvements in service quality. GPs, the Professional Executive Committee Chair and representatives of GP commissioning are all very positive about the service provided by Path Links.
- 4.17.2 When the HSC raised concerns about the proposals in May 2008 the PCT reviewed the information given to the HSC at its Governance and Risk Committee. The Committee concluded that the proposed service change was appropriate.
- 4.17.3 Lincolnshire PCT has a good track record of patient and public engagement and a positive relationship with the Lincolnshire HSC. A protocol for agreement of substantial variations in service is in place between NHS organisations in Lincolnshire and the HSC. It has been used successfully on a number of occasions.

4.18 NHS East Midlands (the SHA) views

4.18.1 The SHA is supportive of the Path Links network and their performance and the proposed changes to microbiology services at Lincoln County Hospital.

4.18.2 The SHA noted that the relationships between the NHS in Lincolnshire and the HSC were generally very good. The SHA did not consider that the proposed change was a significant variation in service.

4.19 Other evidence

4.19.1 The Panel sub-group read a number of national policy documents and reports relating to pathology services. These include:

- *Modernising Pathology Services, Department of Health, February 2004*
- *Modernising Pathology Services: Building a Service Responsive to Patients, Department of Health, September 2004*
- *The Health Protection Functions of NHS Diagnostic Microbiology Laboratories – Health Protection Agency and Department of Health, July 2006*
- *Report of the Review of NHS Pathology Services – An Independent Review for the Department of Health by Lord Carter of Coles, August 2006*
- *Pathology Modernisation and Networking for Medical Microbiology – A report prepared by the Inspector of Microbiology and Infection Control, January 2007*
- *Report of the Second Phase of the Review of NHS Pathology Services in England - An Independent Review for the Department of Health by Lord Carter of Coles, December 2008*
- *The Department of Health's Response to the Report of the Second Phase of the Independent Review of NHS Pathology Services in England, December 2008*

4.19.2 Discussions were also held with the Inspector of Microbiology and Infection Control at the Department of Health (DH), the DH National Clinical Lead for Pathology, the DH Pathology Programme Manager, one of the Vice Presidents of the Royal College of Pathologists and a number of pathology network leads of both provider and commissioner networks.

OUR ADVICE

Adding value

5.1 Introduction

- 5.1.1 The Secretary of State for Health asked the Panel to undertake a review of proposals to transfer microbiology services from Lincoln County Hospital to Scunthorpe General Hospital.
- 5.1.2 The decision taken by ULHT on 19 June 2007 to request Path Links to transfer microbiology services from Lincoln County Hospital resulted in a rationalisation of microbiology laboratory services in Lincolnshire from three sites (Lincoln, Boston and Scunthorpe) to two (Boston and Scunthorpe). It has also resulted in a change in the location of testing for specimens from GP practices in the area, which formerly went to Lincoln County Hospital.
- 5.1.3 Implementation of the service transfer commenced in February 2008. The HSC wrote to the Secretary of State for Health asking for a review of the proposals on 18 December 2008. Due to the advanced stage of implementation and issues of service safety and financial risk, which were advised to the Secretary of State by ULHT, the service transfer continued and was completed by 31 March 2009. ULHT have given a firm assurance to East Midlands Strategic Health Authority that no action had been taken that is irreversible.
- 5.1.4 The Panel commenced work on the review in March 2009. The Panel has reviewed the written evidence presented to it and the relevant national policy documents. The Panel spent four days in Lincoln meeting the HSC, ULHT, Path Links, Lincolnshire PCT, NHS East Midlands, laboratory staff, GPs, consultant medical staff, members of the public and the local MP for Lincoln. The Panel has visited the microbiology laboratories at Lincoln and Scunthorpe.
- 5.1.5 This review is unusual in that the service change under review had taken effect prior to the Panel completing its review. This did, however, have the benefit that there was some experience of the new service arrangements. General practices have been receiving a service from Scunthorpe since summer 2008. The new arrangements for hospital

specimens had commenced in January 2009 for some tests and had been fully operational by 31 March 2009, a period of a little over two weeks at the time of the second Panel visit to Lincoln.

5.2 Microbiology service strategy

- 5.2.1 The *Report of the Second Phase of the Review of NHS Pathology Services in England*⁶ recommended that pathology networks be developed. This recommendation was accepted by the Department of Health and is in line with national guidance set out in *Modernising Pathology Services*⁷ and *Modernising Pathology: Building a Service Responsive to Patients*⁸. This guidance was based on the potential benefits of consolidation that networks can bring to secure sustainable, efficient and high quality services that make best use of skills and expensive equipment and release resources for reinvestment in NHS.
- 5.2.2 The development of pathology networks across England is still in the early stages of development. Path Links has been at the forefront of the development of pathology networks and is one of a growing number of such networks being established across the country. It has a single management structure and budget and integrated IT system. Path Links has over 11 years experience of delivering high quality, sustainable pathology services. The network was established to address challenges to the sustainability and maintenance of standards in small laboratories in Lincolnshire. It has been nationally recognised for its successful track record.
- 5.2.3 Lincolnshire is at the forefront of progress with the development of pathology networks. The Panel understands why the HSC was concerned that the service model proposed in Lincolnshire was unusual, given that the majority of hospitals do currently have on-site microbiology laboratories. The expectation nationally is that the process of centralisation of pathology services will be extended across the country over time.
- 5.2.4 The Panel supports the strategic direction being taken by Path Links and the NHS in Lincolnshire, which it considers, will bring significant benefits to people in Lincolnshire:

⁶ Report of the Second Phase of the Review of NHS Pathology Services- An Independent Review for the Department of Health by Lord Carter of Coles, December 2008

⁷ Modernising Pathology Services. Department of Health , February 2004

⁸ Modernising Pathology: Building a Service Responsive to Patients, Department of Health, September 2005

- sustaining consistent high quality services
- enabling the efficient use of expensive new equipment
- providing the critical mass of staff necessary to move towards 24/7 working
- the potential to improve turnaround times
- improved recruitment, retention and training
- maximising cost efficiency and releasing resources for other health priorities in the county

5.2.5

Recommendation One

The IRP supports the strategic direction being taken in Lincolnshire led by the NLAG and ULHT and supported by Lincolnshire PCT in developing a managed network of pathology laboratories across Lincolnshire to deliver sustainable and high quality services for the future.

5.3 **Transfer of microbiology laboratory facilities from Lincoln to Scunthorpe**

5.3.1 The strategy of consolidating microbiology laboratories is in line with national guidance. There is a successful track record of microbiology laboratory rationalisation in Lincolnshire. The move from five sites to three for bacteriology and five sites to two for serology was completed in May 2006. The Panel heard evidence from both hospital and general practice staff that indicated that the consolidation had resulted in improvements in service quality, including turnaround times.

5.3.2 The original 2003 strategy involved moving the Lincoln laboratory from its old poor quality building and isolated position into the main laboratory at significant additional capital cost. In 2005, financial pressures led to a proposal to close the Lincoln laboratory and move testing to Scunthorpe. In making this decision in June 2007 ULHT sought a number of service guarantees that were agreed with Path Links as preconditions to proceeding with the transfer. These were:

- full consultation with affected staff
- consultant microbiologists to remain on the Lincoln site
- control of infection staff would remain on the Lincoln site
- all samples would be tested within quality standards which have been agreed with clinical users of the service

- Lincoln Hospital to receive as a minimum the same high quality of service as it currently received
- ULHT would receive a reduction in the costs of the SLA for microbiology testing in the order of £100k pa

5.3.3 The transfer of microbiology testing to Scunthorpe and the closure of the Lincoln Laboratory will save an estimated £285,000 per annum by 2012/13, avoiding a capital spend of £2.5 million with consequential revenue costs estimated at over £120,000 per annum.

5.3.4 The concerns raised with the Panel regarding the proposal focused on the following issues:

- size and calibre of Lincoln County Hospital
- transport of specimens, the impact on turnaround times and urgent tests (CSFs and gram stain tests)
- condition of the microbiology building at Lincoln County Hospital
- financial savings
- public engagement and concern
- staffing and capacity at the Scunthorpe Laboratory
- implications for consultant microbiologist support
- operational performance

The Panel's finding in relation to each of these issues is set out below.

5.4 **Size and calibre of Lincoln County Hospital**

5.4.1 The HSC raised concerns that it was not aware of other hospitals of the size and calibre of Lincoln County Hospital and providing the same range of specialist services, functioning without an on-site microbiology laboratory. The Panel accepts that the development of pathology networks is in its early stages and Lincolnshire is at the forefront of the implementation of national guidance. The Panel does not consider that the role or range of specialities at Lincoln County Hospital is compromised now or in the future by the proposed service change, provided that turnaround times and quality standards are maintained or improved. Many health services, such as cancer services, already operate as networks and histopathology services are already centralised at Lincoln. The HSC's

concerns, although also voiced by some Lincoln clinicians, were not shared by ULHT, Lincolnshire PCT, GPs or the SHA. National policy also favours a networked solution.

- 5.4.2 The number of laboratories in Lincolnshire was not sustainable looking to the future and the costs of building suitable accommodation to replace the laboratory at Lincoln made Scunthorpe the preferred option.

5.5 Transport of specimens, turnaround times and urgent tests (CSFs and gram stain tests)

- 5.5.1 The Panel has taken advice from a number of experts and is satisfied that the transport of specimens over the distances and for the time required in line with standard operating procedures will not result in degradation of samples. Some specimens need to remain cool but the use of cool boxes is acceptable. Refrigeration is not required.
- 5.5.2 The Panel does not accept the concerns regarding the roads and weather conditions. The distances can be managed within acceptable time limits and although the A15 is classified as a 'red route' there are alternatives if there is a problem. Path Links have never had to cancel runs because of the weather. If there were weather or other conditions bad enough to prevent traffic, the Panel accepts that there would be more urgent health issues to deal with. There are special arrangements for any potentially hazardous material and there is no risk from the samples that would be travelling to Scunthorpe.
- 5.5.3 The Panel has reviewed information regarding turnaround times achieved at Lincoln County Hospital, Scunthorpe and Boston. We tested satisfaction levels with the service with GPs now receiving a service from Scunthorpe who were previously receiving a service from Lincoln. We also spoke to medical staff working in hospitals with no on-site laboratory. Satisfaction levels with the service were consistently reported to be high.
- 5.5.4 There is a dedicated transport system that has worked well and a tried and tested system for taxi services for urgent specimens outside of the hours of the transport service. There is evidence to indicate that turnaround times can be improved even allowing for transportation, particularly if Path Links continue to invest in improved equipment and extend laboratory working hours. Path Links' track record suggests that they will be able to maintain/improve turnaround times even for urgent tests.

5.5.5 The Panel has taken advice from a number of clinical experts. Intraoperative gram staining is a technique which is rarely undertaken and is generally considered to be of little clinical value. In relation to CSFs, the Panel is satisfied that the test can be completed in the necessary timeframe for clinical requirements in an off-site laboratory and supports these tests being done at the Scunthorpe laboratory. The Panel noted the possibility of retaining the capability to perform CSFs tests at Lincoln by training other members of pathology staff. The Panel also noted the possibility of establishing a ‘hot lab’ at Lincoln for undertaking urgent tests. We were advised that this would require the provision of a *category 3 room* for the management of potentially dangerous pathogens and the availability of suitably trained staff. This would be expensive and not cost effective for the number of tests undertaken. Furthermore, the IRP considers that running two parallel systems for the processing of tests would introduce an inherent clinical governance risk. For this reason, the Panel does not believe that either the training of other members of the pathology staff at Lincoln County Hospital to perform CSF tests or the provision of a hot lab at the Hospital is in the best interests of patients.

5.5.6 The Panel concluded that the additional time taken to transport specimens to Scunthorpe was not an issue and that turnaround times for urgent tests could still be maintained and improved with all tests being undertaken at Scunthorpe.

5.6 **Condition of the microbiology laboratory building at Lincoln County Hospital**

5.6.1 The Panel visited the Lincoln laboratory and had serious concerns about the condition of the building, its maintenance and its isolated position. The latest independent condition report confirms the view of the Panel that were the laboratory to remain, it would need to be replaced and incorporated into the main laboratory. This would cost in the order of £2.5 million.

5.7 **Financial savings**

5.7.1 The Panel reviewed the financial savings assumptions and was satisfied that all costs had been accounted for and that there was a realistic prospect that they would be achieved. The Panel noted the importance of the financial savings to support reinvestment to achieve further improvements in service quality, particularly in the current financial climate.

5.8 Staffing, capacity and clinical working practice

- 5.8.1 The Panel was impressed by the laboratory in Scunthorpe. Considerable effort had been put into the development of efficient working practices as well as training and continuing professional development. The accommodation and equipment at Scunthorpe was of a high standard. There is adjacent laboratory accommodation that is not currently in use that could be used to provide additional capacity. In addition a further extension to operating hours is feasible. Not all of the people objecting to the proposal had been to the Lincoln laboratory, and none had been to visit the Scunthorpe laboratory.
- 5.8.2 The Panel does not accept that the absence of an on-site laboratory prejudices further recruitment of consultant microbiologists. A consultant microbiologist has been recruited to the laboratory in Grimsby without an on-site laboratory. The strategic direction is consistent with national guidance. The Panel accepts that it does require a change in working practices for the consultant microbiologists but does not consider that this is detrimental to effective communication or clinical relationships. The Panel accepts that there are differences of view on this issue amongst microbiologists.
- 5.8.3 The Panel noted the considerable depth of experience of the laboratory staff in Lincoln and was pleased to note that steps are being taken to transfer staff to other roles or locations so that the pathology service overall can benefit.

5.9 The way forward for microbiology

- 5.9.1 While the original plan developed in 2003 was to move from five to three sites including Lincoln, the circumstances by 2007 supported the move to two laboratories - Scunthorpe and Boston. Centralisation to two laboratories will enable Path Links to develop expertise, invest in specialist equipment and work towards 24/7 working. These benefits could not be achieved in the existing Lincoln laboratory due to the small staff complement, the absence of critical mass to justify investment in automated equipment and the costs of re-provision of the laboratory. Given the track record of Path Links, the Panel accepts that turnaround times and service quality can be maintained or improved.
- 5.9.2 The Panel considers it essential that the consultant microbiologists and control of infection staff remain on site. The Panel considers that these staff should be relocated

from the current isolated accommodation to a more central location on site as soon as possible.

- 5.9.3 The Panel recognises benefits in terms of risk management of retaining two microbiology laboratories in the county in case of a major incident that rendered one laboratory non-functional.

5.9.4

Recommendation Two

The IRP supports the assimilation of the Lincoln microbiology laboratory into the microbiology laboratory at Scunthorpe Hospital with the Lincoln consultant microbiologists and Control of Infection Team remaining on the Lincoln site.

5.10 **Performance and incident reporting systems**

- 5.10.1 The Panel found that there was a lack of confidence that performance on turnaround times was being measured on a consistent basis and that there was confusion about the validity and significance of the standards - particularly the four hour standard for urgent tests. It is important that everyone is clear about operating standards and the reasons for them and that performance monitoring is not open to misinterpretation. The Panel is of the view that there needs to be greater clarity regarding standards and these should be built in to the contractual standards and performance management systems for Path Links and ULHT.
- 5.10.2 In hearing evidence, the Panel was told of problems with delivery times to the Scunthorpe laboratory since the service change had taken place. These were not showing up on the Path Links or ULHT incident monitoring systems. The Panel was concerned that the clinical staff raising these issues with them might not be reporting the incidents within the Trust. Therefore, ULHT and Path Links could not establish whether there was a problem and, if so, where the delay was occurring so that it could be resolved. Instances that were reported to the Panel were made known to ULHT and Path Links and the specific circumstances were investigated. It was found that there were some instances of delay. Where these occurred, they arose during transfer of the specimen within Lincoln County Hospital and not as a result of transporting specimens to Scunthorpe.

- 5.10.3 Standards for maximum delivery times are useful for performance management and to ensure arrival of specimens at the laboratory in time to commence processing before shifts finish for the day. The Panel noted that Path Links has a tracking system to monitor sample progress once they have taken receipt. The ability to track hospital specimens from the time they are taken in clinic, ward or theatre would be advantageous given that it is recognised that it is this part of the logistics of specimen handling that are most prone to delay. The Panel was concerned that there did not appear to be clear allocation of, or acceptance of responsibility for, ensuring efficient systems were in place for this process from end-to-end. Whilst the specimen is within Lincoln County Hospital, control of the process lies with ULHT. Transport is either by dedicated Path Links transport or NLAG general transport. There is a lack of clarity about who holds responsibility for the timeliness of collections and deliveries. Path Links has indicated that it does not consider that it is responsible for specimen transport until the specimen reaches the main laboratory at Lincoln County Hospital.
- 5.10.4 The Panel considers it important that an effective system of specimen tracking is put in place across the whole process and that there is clear allocation of responsibility for performance monitoring and process improvement where necessary.
- 5.10.5 In addition, it is important that there is a clear and well understood procedure for staff to highlight instances of poor performance. Information about performance of the specimen transport process should form part of the contractual standards and monitoring in place between ULHT and NLAG.
- 5.10.6 The Panel agrees with some of the criticisms of the HSC that the information presented regarding comparative performance on turnaround time could have been clearer but does not agree that the issues were such as to have been a main reason for reversing the October 2008 decision and referring to the Secretary of State for Health.

5.10.7

Recommendation Three

The Panel recommends that NLAG, the Path Links Directorate and ULHT implement a single performance and incident reporting system, endorsed by Lincolnshire PCT and the Lincolnshire HSC, to ensure that any operational problems are promptly identified and resolved and that the planned improvements in turnaround times are delivered.

5.10.8 Path Links has been leading the way in implementing managed networks in pathology, the policy direction set out by the Department of Health, and in the two reports on the future of pathology services produced by Lord Carter which were endorsed by the Department of Health. This experience should be shared more widely and be available to other parts of the country to help them develop their own network solutions.

5.10.9

Recommendation Four

The Panel further recommends that the Department of Health is kept informed of the performance of the new arrangements by East Midlands SHA so that this experience can be shared more widely and be available to other parts of the country to help them develop their own pathology network solutions.

5.11 Management of change

5.11.1 The Panel supports the strategy of centralisation of pathology services adopted by Path Links and ULHT and notes that Path Links had not encountered any challenge to the implementation of the centralisation of microbiology services from Grantham and Grimsby to Boston and Scunthorpe. The Panel considers that Path Links and ULHT could have avoided concerns being raised with the HSC if they had done more to enable staff to feel that their concerns had genuinely been listened to and that their contribution to ensuring high standards of performance was recognised.

5.11.2 It was apparent to the Panel that the staff in the Lincoln laboratory did not feel integrated into Path Links despite being employed by Path Links since 2003 following transfer from the PHLS. They remained isolated and opposed to the strategic direction of Path Links. Improved communication and working relationships and a clear focus by all staff on

patient experience and service quality are essential to ensure effective performance in future.

5.11.3 In addition the Panel considers that it would have been helpful, given the evidence of concern amongst laboratory staff and the HSC, to have set in place pro-active monitoring arrangements to audit the changes and ensure that systems were in place to address implementation issues. This would have helped to build confidence about the new pattern of service delivery and enable laboratory staff or other clinicians to identify logistical problems in the early stages of the service transfer.

5.11.4 The Panel considers that ULHT and Path Links could have done more to engage staff in the change process and to ensure that there was good communication about the proposed change amongst all hospital clinical staff. A new handbook for all wards/department had been issued setting out the new systems. However, communication does not seem to have been good enough to ensure everyone was clear about the new arrangements and their responsibilities. Arrangements should have been in place to ensure staff were confident about how to access the service and knew how to raise any issues or concerns. More direct person to person communication is required beyond the issuing of guidance.

5.11.5 There needs to be a clearly understood process for identifying, reporting and resolving operational problems, particularly at this early stage of implementation when there is the highest probability of problems with a new way of working. All staff need to be clear about their responsibilities for ensuring problems are reported and resolved, and for improving service quality.

5.11.6

Recommendation Five

ULHT Board and Path Links, together with staff and other service users should reflect on their experience of this change. They should ensure that staff are appropriately engaged in developing the high quality services that patients and the public have a right to expect.

5.12 **Consultation**

5.12.1 It is for the HSC to decide whether a service change constitutes a substantial variation. However, it was of concern to the Panel that a decision by a HSC to refer a service

change to the Secretary of State should occur when the contested service change was already underway and nearing completion. In considering this issue, the Panel found that there were four factors that had contributed to this situation:

- i At the time the proposal was first put forward in 2006, there were major financial issues facing the NHS organisations in Lincolnshire. A series of changes to front line services were being considered in response, some of which had far reaching implications for local people. The proposal to transfer the microbiology service was included in a 99 page turnaround plan, on which the HSC received information, but it received little mention in the document and was considered by the Trust to be one proposal amongst many in a programme of operational efficiency savings.
- ii In 2007, when the decision to proceed with the transfer of services was made, it was judged by ULHT to be an operational change that did not require consultation as there was no direct impact on patients. The same pattern of service rationalisation had already taken place elsewhere in Lincolnshire without contention or public consultation and was judged to be delivering benefits. Consequently no dialogue took place with the HSC.
- iii The existing protocol in place between the NHS organisations in Lincolnshire and the HSC to determine whether changes to services constitute a substantial variation in service was, therefore, not applied.
- iv When concerns were raised, the HSC found it received sharply conflicting views on the merits of the proposal, the benefits to patients and the rationale for the service change. Consequently the HSC did not consider it had sufficient assurance that the proposal was in the best interests for the healthcare provision in Lincolnshire.

5.12.2 The HSC referral was on the grounds that the changes were not in the interests of the healthcare provision in Lincolnshire. The concerns raised with the HSC were primarily concerns amongst Lincoln laboratory scientific and clinical staff, and some clinicians who are service users as implementation of the changes started. At their meeting on 15 October 2008, having confirmed their view that the issue *was* a significant change, the HSC decided *not* to refer. The HSC then decide *to refer* the matter at their meeting on 3 December 2008.

5.12.3 With the protocol agreed between the HSC and the NHS in Lincolnshire it should have been possible to resolve this earlier. The Panel was aware that the NHS organisations in

Lincolnshire and the HSC have successfully managed a number of significant changes in health services in the recent past. The Panel recommends that ULHT, Path Links, Lincolnshire PCT and Lincolnshire HSC review the lessons to be learned from this experience. In particular, they should consider whether they can reach agreement on criteria to determine service changes that are operational in nature and do not need to be raised with the HSC and how issues that arise can be resolved at an early stage. In future if the HSC is in the position of receiving conflicting clinical advice the HSC should consider seeking external advice to ensure that it takes a consistent approach to the issues it addresses.

5.12.4

Recommendation Six

The Lincolnshire HSC and NHS organisations should together consider the lessons to be learned from this experience and review their joint protocol in the light of their conclusions. This will contribute to developing further the open and constructive relationships between them that will be needed in the future.

5.13 Continuing with implementation after referral to the Secretary of State

- 5.13.1 The Panel was asked by the Secretary of State for Health to explore the strength of the justification for continuing with implementation of the service changes on the grounds of safety. It would not normally be expected that implementation of contested service changes would proceed after a referral had been made to the Secretary of State for Health.
- 5.13.2 It was clear to the Panel that work to transfer the service was very far advanced by the time the HSC made its referral on 18 December 2008. The Trust was then 11 months into a 14 month service transfer plan. Some staff had already taken on new roles and posts had been held vacant for staff to transfer to. The staffing in the Scunthorpe laboratory had been expanded to accept the additional workload, new equipment had been purchased and transport infrastructure had been extended.
- 5.13.3 The Panel accepts that continuing to holding vacancies in Blood Sciences and Cellular Pathology for the planned transfer of staff from the microbiology laboratory and reversing newly established operational arrangements was not in the interests of patient services.

- 5.13.4 The Panel considers that ULHT and Path Links were right to continue with the implementation of the microbiological laboratory closure after the HSC referral to the Secretary of State in December 2008 because by this stage the implementation plans were too far advanced to halt without some risks to service delivery. We accept that were we to have recommended that the Lincoln microbiological laboratory be reopened that would have been possible.

Appendix One

Independent Reconfiguration Panel general terms of reference

A1. To provide expert advice on:

- Proposed NHS reconfigurations or significant service change;
- Options for NHS reconfigurations or significant service change; referred to the Panel by Ministers.

A2. In providing advice, the Panel will take account of:

- i. whether the proposals will ensure safe, sustainable and accessible services for the local population
- ii. clinical and service quality, capacity and waiting times
- iii. other national policies, for example, national service frameworks
- iv. the rigour of consultation processes
- v. the wider configuration of the NHS and other services locally, including likely future plans
- vi. any other issues Ministers direct in relation to service reconfigurations generally or specific reconfigurations in particular.

A3. The advice will normally be developed by groups of experts not personally involved in the proposed reconfiguration or service change, the membership of which will be agreed formally with the Panel beforehand.

A4. The advice will be delivered within timescales agreed with the Panel by Ministers with a view to minimising delay and preventing disruption to services at local level.

B1. To offer *pre-formal consultation* generic advice and support to NHS and other interested bodies on the development of local proposals for reconfiguration or significant service change - including advice and support on methods for public engagement and formal public consultation.

C1. The effectiveness and operation of the Panel will be formally reviewed annually.

Appendix Two

Letter to The Rt Hon Alan Johnson MP, Secretary of State for Health, from Cllr Amanda Puttick, Chair, Lincolnshire Health Scrutiny Committee, 18 December 2008



**The Right Hon Alan Johnson, MP
Secretary of State for Health
Richmond House
79 Whitehall
London
SW1A 2NS**

County Offices
Newland
Lincoln
LN1 1YL

18 December 2008

Dear Secretary of State

REFERRAL TO THE SECRETARY OF STATE FOR HEALTH MICROBIOLOGY LABORATORY AT LINCOLN COUNTY HOSPITAL

The Health Scrutiny Committee for Lincolnshire, using powers in Regulation 4 of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, has determined to refer the matter of the closure of the microbiology laboratory at Lincoln County Hospital to you as the Secretary of State for Health.

The Committee is referring this matter on the basis that the service change is not in the interests of the health service provision in Lincolnshire. The grounds for reaching this conclusion are set out in the attached submission.

I understand that such referrals are passed by you to the Independent Reconfiguration Panel. I am prepared to provide both you and the Panel with any further information that may be required. Please contact my scrutiny officer, Simon Evans, (telephone: 01522 553607, email simon.evans@lincolnshire.gov.uk) who will be pleased to provide any further information that is required.

I am grateful for your consideration of this matter and look forward to your response.

Yours sincerely

**Councillor (Mrs) Amanda Puttick
Chairman of the Health Scrutiny Committee for Lincolnshire**

Appendix Three

Letter to Dr Peter Barrett, Chair, Independent Reconfiguration Panel, from Secretary of State for Health, 27 January 2008 (requesting initial assessment)

*From the Rt Hon Alan Johnson MP
Secretary of State for Health*



SofS51826A

Dr Peter Barrett
Chair
Independent Reconfiguration Panel
Keirran Cross
11 The Strand
London WC2N 5HR

Richmond House
79 Whitehall
London
SW1A 2NS
Tel: 020 7210 3000

27 JAN 2008

Dear Peter

REFERRAL FROM LINCOLNSHIRE HEALTH SCRUTINY COMMITTEE ON CLOSURE OF MICROBIOLOGY LABORATORY AT LINCOLN COUNTY HOSPITAL

I am writing to request the initial advice of the IRP in relation to the above referral from Lincolnshire's Health Scrutiny Committee (HSC) concerning the closure of the microbiology laboratory at Lincoln County Hospital.

The advice should be provided by Friday 27 February 2009 in line with the agreed protocol between the Department of Health and the IRP.

If you have any further queries please do not hesitate to contact James Skelly in the NHS Business Unit on 0113 254 6583 who will be happy to help.

I look forward to hearing from you.

I am copying this letter to Councillor Amanda Puttick, Chair of the Health Scrutiny Committee for Lincolnshire, Dr Barbara Hakin, Chief Executive NHS East Midlands and Margaret Edwards, Chief Executive NHS Yorkshire and the Humber.

*Yours sincerely
Alan*

ALAN JOHNSON

Appendix Four

Letter to The Right Hon Alan Johnson MP, Secretary of State for Health, from Dr Peter Barrett, Chair, Independent Reconfiguration Panel, 16 February 2008 (IRP initial assessment)

IRP

Kierran Cross
First Floor
11 Strand
London
WC2N 5HR

The Rt Hon Alan Johnson MP
Secretary of State for Health
Richmond House
79 Whitehall
London SW1A 2NS

16 February 2009

Dear Secretary of State

**Referral to the Secretary of State for Health
Microbiology Laboratory at Lincoln County Hospital**

Thank you for forwarding copies of the referral letter and supporting documentation from Cllr Amanda Puttick, Chair of the Health Scrutiny Committee for Lincolnshire (HSC). We have also received papers and commentary from NHS East Midlands, and correspondence from Gary Walker, Chief Executive of United Lincolnshire Hospitals NHS Trust (ULHT), and from Gillian Merron, Member of Parliament for Lincoln.

The IRP has undertaken an initial assessment. In accordance with our agreed protocol for handling contested proposals for reconfiguration of NHS services, the IRP offers the following comments.

Background

ULHT commissions its pathology services from Northern Lincolnshire and Goole Hospitals Foundation Trust (NLAG). The service is known as Path Links Pathology and is a stand alone clinical division within NLAG. Path Links provides a countywide NHS pathology service covering all hospitals and GP practices across greater Lincolnshire. It provides services to hospitals in Lincoln, Boston, Grantham, Scunthorpe and Grimsby.

A review of microbiology services, begun in 2003, identified the need to move to fewer larger microbiology laboratories that could support the existing service quality in terms of results availability, expected workload growth and allow the introduction of new technology in an affordable manner in the future. Phase 1 of the review saw the Grantham microbiology service relocated to Boston in 2005 and, under Phase 2, the Grimsby microbiology service relocated to Scunthorpe in 2006.

The third phase of the review considered the future of the Lincoln microbiology service and the need to address accommodation issues as the laboratory is in an old and isolated area of the hospital. The review considered the development of a smaller Bacteriology facility on the Lincoln site in the main Pathology complex. However, during the course of 2005, in light of significant financial difficulties experienced by ULHT, Path Links was

Independent Reconfiguration Panel
Tel: 020 7389 8045/6/7/8 Fax: 020 7389 8001
E Mail: info@irpanel.org.uk Website: www.irpanel.org.uk

IRP

asked to assist the Trust in achieving financial turnaround. Path Links put forward a proposal to close the microbiology laboratory at Lincoln County Hospital and consolidate microbiology services in Scunthorpe and Boston. An initial decision to close the Lincoln laboratory was made in June 2006 and the proposal was included in the Trust's Financial Recovery Plan on which the HSC was consulted. The decision was confirmed in a letter of 25 June 2007 from Gary Walker, ULHT Chief Executive, to Andrew North, Chief Executive of NLAG - subject to a number of conditions including ULHT receiving a reduction in its service level agreement of the order of £100,000 per annum. Planning for the implementation of the changes began in June 2007 and work to facilitate the transfer of services to Scunthorpe and Boston took place in February – April 2008.

The intended closure of the Lincoln laboratory was raised with members of the HSC by members of the public in May 2008. On 28 May 2008, Gary Walker wrote to the HSC officer providing background information on the changes and on 16 July 2008 representatives of Path Links provided a presentation to the HSC. A further presentation was made to the HSC by representatives of Path Links and ULHT on 1 October 2008.

At its meeting on 15 October 2008, the HSC determined that the transfer of the microbiology laboratory service and consequent closure of the laboratory at Lincoln constituted a substantial variation of service. The HSC also resolved not to refer the matter to the Secretary of State for Health.

At a further meeting on 3 December 2008, the HSC considered new information received and resolved to refer the matter to the Secretary of State.

In the intervening period, implementation had continued with the phased transfer of work and commencement of processes for the redeployment and recruitment of staff. The IRP understands that implementation has continued subsequent to the HSC's referral for reasons of clinical risk and safety, as set out in a letter of 30 January 2009 from Gary Walker to NHS East Midlands.

Basis for referral

Cllr Puttick's letter of 18 December 2008 states that referral is made *"using powers in Regulation 4 of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002"* on the basis that *"the service change is not in the interests of the health service provision in Lincolnshire"*.

Amongst the supporting documentation provided by the HSC, the minutes of the HSC meeting of 15 October 2008 record that *"it was felt that the Committee had not been fully consulted, despite receiving a presentation from ULHT and Path Links on the future of the service. The Committee's view was that the public had not been given the opportunity to discuss and provide feedback on the transfer"*. However, referral does not appear to have been made on the grounds that inadequate consultation took place with the HSC.

IRP

IRP View

The Panel notes:

- The HSC's concerns:
 - Size and calibre of Lincoln County Hospital
 - Transport of specimens and impact on turnaround times for results including cerebral spinal fluid tests
 - Non-availability of intra-operative Gram Stain Tests
 - Current condition and the cost of replacing/upgrading the microbiology laboratory building at Lincoln County Hospital
 - Financial saving
 - Public engagement and concern
- The apparent lack of documentary evidence regarding an HSC workshop meeting on 22 September 2008 attended by the Head of Forensic and Biomedical Sciences at the University of Lincoln and by representatives of *Unite*; and references in the HSC minutes of 3 December 2008 to "*other information which could not be presented, owing to legal advice*"
- That concerns have arisen surrounding this change despite the long standing links that exist between ULHT and Path Links, and the implementation of similar service models for acute hospitals in Grimsby and Grantham
- That the timing of the HSC's decision to refer the matter to the Secretary of State, at an advanced stage in the implementation of the change, has left little scope for a local resolution of the issue
- The intention of ULHT/Path Links to continue, on the grounds of clinical risk and safety, with the transfer of the Lincoln microbiology service - with full transfer to be completed by end March 2009 (as set out Gary Walker's letter of 30 January 2009 to NHS East Midlands)
- The recent publication of the *Report of the Second Phase of the Review of NHS Pathology Services in England*, chaired by Lord Carter of Coles and the next steps as described in The Department of Health's *Response to the Report*

Conclusion

The Panel wishes to consider these issues further and would be willing to undertake a full review if requested.

Yours sincerely

Dr Peter Barrett CBE
IRP Chair

Independent Reconfiguration Panel
Tel: 020 7389 8045/6/7/8 Fax: 020 7389 8001
E Mail: info@irpanel.org.uk Website: www.irpanel.org.uk

Appendix Five

Letter to Dr Peter Barrett, Chair, Independent Reconfiguration Panel, from The Rt Hon Alan Johnson MP, Secretary of State for Health, 2 March 2009 (terms of reference)

*From the Rt Hon Alan Johnson MP
Secretary of State for Health*



SofS51826B

Dr Peter Barrett, Chair
Independent Reconfiguration Panel
Kierran Cross
First Floor
11 The Strand
London WC2N 5HR

Richmond House
79 Whitehall
London
SW1A 2NS
Tel: 020 7210 3000

02 MAR 2009

Dear Peter

Thank you for your letter of 16 February 2009 appending initial advice following my request on 27 January 2009.

Your letter states the IRP would be willing to undertake a full review of the proposals and I would be grateful if this could commence with immediate effect.

I understand the local NHS is currently pursuing closure of the microbiology laboratory on grounds of health and safety. As part of its formal review, I expect the IRP to explore this issue fully.

Annex A sets out terms of reference for this review and IRP advice should be provided in accordance with those terms of reference.

I am copying this letter to Dr Barbara Hakin, Chief Executive of NHS East Midlands.

If you have any queries please do not hesitate to contact James Skelly in the NHS Business Unit on 0113 254 6583 who will be happy to help.

I look forward to hearing from you again on this matter in the future.

*Yours sincerely
Alan*

ALAN JOHNSON



Annex A

Terms of reference

The Panel is asked to advise by 29 May 2009

- a. whether it is of the opinion that the proposals for change will ensure the provision of a safe sustainable and accessible microbiology service at United Lincolnshire Hospitals NHS Trust, and if not why not;
- b. on any other observations the Panel may wish to make in relation to the proposals; and
- c. on how to proceed in the best interests of local people in light of a and b above and taking into account the issues raised by Lincolnshire's Health Scrutiny Committee in their referral letter of 18 December 2008

It is understood that in formulating its advice, the Panel will pay due regard to the principles set out in the Independent Reconfiguration Panel's general terms of reference.

Appendix Six

Letter to Editors from Dr Peter Barrett, Chair, IRP

Kierran Cross

*First Floor
11 Strand
London
WC2N 5HR*

4 March 2009

For publication

IRP: Have your say on health review

Dear Editor

The IRP, the independent expert on NHS service change, is carrying out a review concerning the microbiology laboratory at Lincoln County Hospital. The IRP will advise the Health Secretary on whether the proposals for changes to the microbiology laboratory will ensure the provision of a safe, sustainable and accessible service at United Lincolnshire Hospitals NHS Trust.

As part of our review, we would like to hear from a range of interested parties, including local residents, local authority representatives, interest groups, clinicians and other staff. Please contact us by email at: info@irpanel.org.uk or by calling 020 7389 8055.

It is important that our reviews are open and accountable to local communities. We will therefore publish our conclusions on our website - www.irpanel.org.uk - once they have been considered by the Health Secretary.

Yours sincerely

Dr Peter Barrett CBE
Chair, IRP

Appendix Seven

Site visits, meetings and conversations held

2 April 2009

**IRP Gina Tiller, Nick Naftalin, Paul Watson, Linda Pepper,
Chris Howgrave-Graham, Fiona Wood**

Site visits

Microbiology laboratory Lincoln County Hospital
Microbiology laboratory Scunthorpe General Hospital

Evidence gathering sessions – Bentley Hotel, Lincoln

Mr David Bowles, Chairman United Lincolnshire Hospitals NHS Trust
Mr Karl McCartney, Prospective Conservative Parliamentary Candidate
Mr Don Bruce, Retired former Head BMS of Lincoln Laboratory
Dr Chris Brightman, Consultant Microbiologist Lincoln County Hospital
Cllr Talbot, Executive Member of Lincolnshire County Council
Dr Ron Dixon, Head of Department of Forensic and Biomedical Sciences, University of Lincoln
Mr Keith Carter, Acting Laboratory Manager Lincoln Microbiology Laboratory

3 April 2009

**IRP Gina Tiller, Nick Naftalin, Paul Watson, Linda Pepper,
Chris Howgrave-Graham, Fiona Wood**

Evidence gathering sessions – Bentley Hotel, Lincoln

Mr Steve Syson, Regional Officer Unite
Mr Robert Davis, Senior Biomedical Scientist Lincoln Microbiology Laboratory and Unite Representative
Cllr Mrs Amanda Puttick, Chair Lincolnshire Health Scrutiny Committee
Cllr Mrs Meg Davidson, member Lincolnshire Health Scrutiny Committee
Cllr Barry Fippard, member Lincolnshire Health Scrutiny Committee
Cllr Miss Joyce Frost, member Lincolnshire Health Scrutiny Committee
Cllr Howard Johnson, member Lincolnshire Health Scrutiny Committee
Cllr Mrs Marianne Overton, member Lincolnshire Health Scrutiny Committee
Cllr Ossie Snell, member Lincolnshire Health Scrutiny Committee
Mr Simon Evans, Scrutiny Officer, Lincolnshire County Council
Mr Gary Walker, Chief Executive, United Lincolnshire Hospitals NHS Trust
Dr David Boldy, Medical Director, United Lincolnshire Hospitals NHS Trust
Dr David Clarke, Clinical Director Path Links, North Lincolnshire and Goole NHS Trust
Dr Peter Cowling, Microbiology Clinical Director, Path Links, North Lincolnshire and Goole NHS Trust
Mr Peter Wisher, General Manager, Path Links, North Lincolnshire and Goole NHS Trust
Mr Robert Lister, Microbiology Directorate Operational Manager, Path Links, North Lincolnshire and Goole NHS Trust

Mr Paul Hogg, Business Analyst, United Lincolnshire Hospitals NHS Trust
Mr Wayne Harris, Biomedical Scientist, Lincolnshire Microbiology Laboratory
Mr Jack McCluskie, Senior Biomedical Scientist, Lincolnshire Microbiology Laboratory
Dr Carty, Chairman Medical Advisory Committee, Lincoln County Hospital
Ms Edie Butterworth, Director of Quality and Involvement, NHS Lincolnshire

Mrs Gillian Merron, MP for Lincoln

16 April 2009

IRP **Gina Tiller, Nick Naftalin, Linda Pepper, Chris Howgrave-Graham, Fiona Wood**

Evidence gathering sessions – Bentley Hotel, Lincoln

Cllr Mrs Amanda Puttick, Chair Lincolnshire Health Scrutiny Committee
Cllr Mrs Meg Davidson, member Lincolnshire Health Scrutiny Committee
Cllr Mrs Marianne Overton, member Lincolnshire Health Scrutiny Committee
Mr Simon Evans, Scrutiny Officer, Lincolnshire County Council
Mr Ralph Clark, Retired former Head MLSO Lincoln Laboratory
Mr John McIvor, Chief Executive, NHS Lincolnshire
Mr Gary Walker, Chief Executive, United Lincolnshire Hospitals NHS Trust
Dr David Boldy, Medical Director, United Lincolnshire Hospitals NHS Trust
Mrs Sylvia Knight, Chief Nurse, United Lincolnshire Hospitals NHS Trust
Mr Peter Wisher, General Manager, Path Links, North Lincolnshire and Goole NHS Trust
Mr Robert Lister, Microbiology Directorate Operational Manager, Path Links, North Lincolnshire and Goole NHS Trust
Mr Paul Hogg, Business Analyst, United Lincolnshire Hospitals NHS Trust
Dr Gabriel Anghel, Consultant Haematologist, Lincoln County Hospital
Mrs Jill Gray, member of the public

Conference Call

Dr Bryan Massey, Professional Executive Committee Chair NHS Lincolnshire

Evening drop-in staff session – Lincoln County Hospital

17 April 2009

IRP **Gina Tiller, Nick Naftalin, Linda Pepper, Chris Howgrave-Graham, Fiona Wood**

Evidence gathering sessions – Bentley Hotel, Lincoln

Dr Paddy Twomey, Medical Director, Lincolnshire Local Medical Committee
Dr Anthony Vicca, Consultant Microbiologist, Diane Princess of Wales Hospital, Grimsby
Dr Alan Liddle, Clinical Lead for Critical Care, Lincoln County Hospital
Dr G Wallace, Retired former Director of Lincoln Laboratory
Mrs Avril Johns, Director of Strategy and System Development, NHS East Midlands

Conference Call

Dr David Murphy, GP, Sleaford Medical Group and Local Medical Committee Chair

Other conversations held

Dr Brian Deurden, Inspector of Microbiology and Infection Control, DH

Dr Ian Barnes, DH National Clinical Lead for Pathology

Ms Deirdre Feehan, DH Pathology Programme Manager

Dr Tim Wreghitt, Vice President, Royal College of Pathologists, Addenbrookes Hospital, Cambridge

Prof. Mark Wilcox, Head of Microbiology, Leeds Teaching Hospitals

Mr Les Martin, Pathology Commissioning Network Manager, Cumbria and Lancashire PCTs

Mr Peter Huntley, Director, Kent and Medway Pathology Network

Appendix Eight**Information made available to the Panel****Written evidence**

1	Lincolnshire HSC Referral letter and documentation, 18.12.08
2	Letter to S Evans Scrutiny Officer at Lincoln CC from United Lincolnshire Hospitals NHS Trust 28.05.09 - Background Doc 1
3	Lincolnshire HSC Committee Report 16.07.09 - Pathology Services - Background Doc 2
4	Presentation: Path Links Developments 1998 to 2008 - Background Doc 3
5	Lincolnshire HSC Minute 23 - Pathology Services 16.07.09 - Background Doc 4
6	Proposed closure of LMS: paper by Cllr M Davidson, Sept 08 - Background Doc 5
7	Lincolnshire HSC Committee Report on Microbiology Services 01.10.08 - Background Doc 6
8	Lincolnshire HSC paper: Microbiology Lab at Lincoln County Hospital - Background Doc 7
9	Presentation: Path Links - Background Doc 8
10	Lincolnshire HSC Minute 47 - Microbiology Services at Lincoln County Hospital 01.10.08 - Background Doc 9
11	Letter to Councillor Amanda Puttick from United Lincolnshire Hospitals NHS Trust 07.10.08 - Background Doc 10
12	Lincolnshire HSC Committee Report on Microbiology Services at Lincoln County Hospital 15.10.08 – Background Doc 11
13	Lincolnshire HSC Follow Up Questions for meeting 15.10.08 - Background Doc 12
14	Lincolnshire HSC Examples of Urgent Microbiology Services - Background Doc 13
15	Lincolnshire HSC Minute 51 - Microbiology Services 15.10.08 - Background Doc 14
16	Lincolnshire HSC Committee Report: Microbiology Services 03.12.08 - Background Doc 15
17	Lincolnshire HSC Paper for Meeting 03.12.08 re additional information - Background Doc 16
18	Lincolnshire HSC Minute 75 - Microbiology Services 03.12.08 - Background Doc 17
19	Letter to Dr Peter Barrett from Gillian Merron, MP for Lincoln 29.01.09
20	Evidence submitted by Dr Ron Dixon, Head of Biomedical Sciences at Lincoln University (Email, Statement and background details) 24.02.09 and documentation 02.04.09
21	Letter to Secretary of State from Chairman David Bowles, United Lincolnshire Hospitals NHS Trust 17.02.09
22	Letter to Secretary of State from Cllr Amanda Puttick, Lincolnshire HOSC 29.01.09
23	Letter to Jayne Condon at NHS East Midlands from Gary Walker, United Lincolnshire Hospitals NHS Trust 30.01.09
24	Letter to IRP from United Lincolnshire Hospitals NHS Trust re Microbiology Lab at LCH 30.01.09
25	NHS East Midlands SHA Documentation - Information Template
26	Appendix 1.1 Path Links Service Strategy 2003-08 Section 7 Microbiology 09.03

27	Appendix 1.2 Consultation List 03.03
28	Appendix 1.3 Microbiology Service Strategy Final Draft 03.04
29	Appendix 1.4 Microbiology Service Strategy TMG Report 11.04
30	Appendix 1.5 Microbiology Service Strategy Trust Board Report 11.04
31	Appendix 1.6 Microbiology Service Strategy Report 03.05
32	Appendix 1.7 Trust Board Presentation Capacity Lab and Microbiology 06.05
33	Appendix 1.8 Microbiology Service Strategy Summary 06.05
34	Appendix 1.9 Microbiology Exert from Turnaround Plan 19.06.06
35	Appendix 1.9 Turnaround Plan 26.06.06
36	Appendix 1.10 HSC 10.05.06
37	Appendix 1.11 HSC 12.07.06
38	Appendix 1.12 ULHT Turnaround Plan Diagnostic Work stream 07.06
39	Appendix 1.13 ULHT Turnaround Plan Diagnostic Work stream Microbiology Options 2006
40	Appendix 1.14 ULHT Turnaround Plan Diagnostic Work stream Microbiology Clinical Risk Assessment 2006
41	Appendix 1.15 Letter to Andrew North Path Links 19.06.07
42	Appendix 1.16 Lincoln Microbiology Closure Confirmation from ULHT 02.08
43	Appendix 1.17 Lincoln Microbiology Closure Confirmation from NLG 03.08
44	Report of the Review of NHS Pathology Services in England (Lord Carter of Coles) 2006
45	Report of the Second Phase of the Review of NHS Pathology Services in England (Lord Carter of Coles) 2008
46	DH Response to the report of the Second Phase of the Review of NHS Pathology Services in England (2008)
47	Briefing Paper for Scunthorpe Microbiology Laboratory – 03.09
48	Briefing Paper for Lincoln Microbiology Laboratory – 03.09
	Evidence submitted by Path Links:
49	D1 - HSC Journey to Date 03.09
50	D2 - IRP Background Clinical Evidence CSF
51	D3 - IRP Background Intra-Op Grams
52	D4 - IRP Background Blood Cultures in Haematology
53	D5 - Anonymised Public Engagement Report 03.09
54	D6 - Risks of Pausing Microbiology 02.09
55	D7 - CPA Report Lincoln staffing CNC report
56	D8 - IRP Requested Additional Information 04.09
57	Slide Presentation by Path links to IRP
58	Photographs of Lincoln and Scunthorpe sites
59	Evidence submitted by Robert Davies – Discussion paper for ULHT Management Board 14.03.09; Paper Provision of a Microbiology Service for Lincoln on an Alternative Site; Slide Presentation; Chronology

	Further evidence submitted by Path Links:
60	D9 - Block 26 Lincoln Microbiology Condition survey 03.09
61	D10 - Microbiology Service Strategy Consultation Letter 03.09
62	D11 - Consultation List March 2009
63	D12 - Microbiology Service Strategy Report 03.05
64	D13 - TB paper on Turnaround Plan consultation 07.06
65	D14a - Microbiology MB discussion Paper 20.03.07
66	D14b - Microbiology MB discussion Paper 20.03.07
67	D15 - Letter from Cllr Puttick Requesting Pause 09.0808
68	D16 - Extracts from Estates Strategy 2009 (Draft)
69	D17 - Microbiology CPA Report 07.07
70	D18 - UKAS Report 10.08
71	D19 - UKAS IAR 01.10.08
72	D20 - UKAS IAR 0210.08
73	D21 – Email from Martin Appleby, Public Health Laboratory Building, Lincoln County Hospital 08.01.03
74	D22 - Microbiology Directorate Minutes 18.09.08
75	D23 - Microbiology Technical Group Minutes 17.09.08
76	D24 - Independent Facilities Report Lincoln Microbiology 04.09
77	D25 - Financial Assessment of Lincoln Microbiology Transfer
78	D26 - Lincoln Microbiology User Handbook March 2009
79	D27 - Extracts from ULH SLA Contract 2009-2012
80	Slide Presentation by Path Links to IRP16.04.09
81	Correspondence from Dr CAJ Brightman, 16 and 29.04.09, 25.05.09 and evidence submitted 02.04.09
82	Correspondence between Dr E Youngs, 27 April 2009 and Dr P Cowling, 01.05.09
83	Correspondence from Mr D Bowles, Chair ULHT, 06.05.09 and evidence submitted 02.04.09
84	Evidence submitted by Mr D Bruce, 02.04.09
85	Evidence submitted by Mr R Clark, 16.04.09
86	Evidence submitted by Cllrs Mrs M Davidson and Mrs M Overton, 02.04.09
87	Evidence submitted by Lincolnshire HSC to IRP 02.04.09
88	Additional information requested by Lincolnshire HSC for meeting with ULHT/Path Links, 03.12.08
89	Path Links – Easter 2008/2009 Turnaround Times, 07.05.09

Responses to the IRP enquiry line (emails, letters and phone calls)**Emails**

1	R Davies
2	J Mann
3	W Harris
4	A Jacobs
5	Cllr C Talbot
6	Cllr L Strange
7	Cllr JJ Summers
8	M Hobden
9	K McCartney
10	H Hobden
11	G Stevens
12	M Fox
13	G Anghel
14	V Hewins
15	C Wicks
16	A Hebron
17	J Gray
18	G Garill
19	J McCluskie
20	Cllr N Jackson
21	Cllr G Bardsley
22	S Patanwala

Letters

23	Dr DI Grant
24	Dr PJ Beckett
25	P Phillips
26	S Orford
27	J Gray
28	R Hessenden
29	Mr P Tesha
30	Cllr O Snell
31	Dr D Khan
32	Dr D Carmichael

Phone calls

33	Mr Bullimore
34	Dr Cowling
35	Mr Bruce
36	R Clarke
37	Mrs Moore
38	K McCartney
39	G Lee
40	R Hessenden

Appendix Nine

Panel membership

Chair

Peter Barrett Chair, Nottingham University Hospitals NHS Trust
Former General Practitioner, Nottingham

Members

Cath Broderick	Independent advisor for involvement and consultation
Fiona Campbell	Independent consultant specialising in health and social policy
Sanjay Chadha	Justice of the Peace Committee member, Multiple Sclerosis (MS) Society
Ailsa Claire	Chief Executive, Barnsley Primary Care Trust Chair/Manager, Yorkshire and Humber Specialist Service Consortia
Nick Coleman	Consultant in Anaesthesia and Intensive Care Medicine University Hospitals of North Staffordshire
Jane Hawdon	Consultant Neonatologist, University College Hospital Clinical Lead for the North Central London Perinatal Network
Nicky Hayes	Consultant Nurse for Older People King's College Hospital NHS Trust Clinical Director of the Care Homes Support Team
Brenda Howard	Director of Strategy, Nottinghamshire County Teaching PCT
Nick Naftalin*	Emeritus Consultant in Obstetrics and Gynaecology at University Hospitals of Leicester NHS Trust Former member of the National Clinical Governance Support Team
John Parkes	Chief Executive, Northamptonshire Teaching PCT
Linda Pepper*	Independent advisor for involvement and consultation Former Commissioner, Commission for Health Improvement
Ray Powles	Head Haemato-Oncology Parkside Cancer Clinic, London. Former Head of Haemato-oncology, Royal Marsden Hospital
Paul Roberts	Chief Executive, Plymouth Hospitals NHS Trust
Gina Tiller*	Part-time tutor in industrial relations Chair of Newcastle PCT
Paul Watson*	Director of Commissioning East of England Strategic Health Authority

* subgroup members that took a lead in this review

Support to the Panel

Richard Jeavons	Chief Executive
Martin Houghton	Secretary to the IRP
Chris Howgrave-Graham	Review Manager
Fiona Wood	Assistant Review Manager

Appendix Ten

About the Independent Reconfiguration Panel

The Independent Reconfiguration Panel (IRP) offers advice to the Secretary of State for Health on contested proposals for NHS reconfigurations and service changes in England. It also offers informal support and generic advice to the NHS, local authorities and other interested bodies in the consideration of issues around NHS service reconfiguration.

The Panel consists of a Chair, Dr Peter Barrett, and members providing an equal balance of clinical, managerial and patient and citizen representation.

Further information about the Panel and its work can be found on the IRP Website:
www.irpanel.org.uk