

New pathology partnership forms to serve the population of east and south east London and beyond

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On Saturday 1 May 2021, the pathology services of three London NHS Trusts will come together to form the NHS East and South East London Pathology Partnership. The new organisation, jointly owned by Barts Health NHS Trust, Homerton University Hospital NHS Foundation Trust and Lewisham and Greenwich NHS Trust will be one of the largest pathology providers in the NHS.

The new partnership, which will be hosted by Barts Health, brings together the strengths of each of these trusts' pathology services into a single NHS organisation, which will be entirely focussed upon the provision of pathology. Its purpose is to provide patients and clinicians with a high-quality, cost-effective service that ensures the long-term sustainability of NHS pathology services in east and south east London and beyond.

Tom Butler, clinical lead for the NHS East and South East London Pathology Partnership said: "From shared learning and access to the latest testing technologies to professional development opportunities for staff and the resilience of more robust services, this partnership will bring many benefits to local communities and its staff, while keeping pathology testing within the NHS. Our pathology labs do amazing things every day that benefit thousands of patients, and we are excited by the opportunity this partnership offers to do more."

Andrew Knott, managing director of the NHS East and South East London Pathology Partnership said: "Pathology plays an essential role in approximately 70% of patient pathways. The creation of a shared network for pathology across east and south east London reflects the wider NHS pathology strategy to meet the changing needs of patients and to be able to take full advantage of new diagnostic tests and techniques as they emerge."

The partnership will operate laboratories across seven hospital sites: Homerton University Hospital, Newham Hospital, Queen Elizabeth Hospital, Royal London Hospital, St. Bartholomew's Hospital, University Hospital Lewisham, Whipps Cross Hospital.

Minimal service changes will happen across these seven sites when the partnership forms on 1 May. Following this, a series of service changes are planned for the partnership, so that by December 2023 all laboratories will operate as a single network, on a single, shared laboratory information management system.

News story from Health Service Journal

"Commercial partners" could take over "entirety" of planned imaging networks

By [Sharon Brennan](#) 23 April 2021

New diagnostic imaging networks will be of such scale that they will be ‘significant operation businesses in their own right’ and will ‘need a distinct identity and arm’s length separation from the trusts’, NHS England has said.

[Guidance published yesterday](#) gave trusts “until 2023” to set up diagnostic networks which will have their “own distinct leadership [and] governance arrangements” and will be responsible for asset management, financing, quality, staffing and location of all elective and non elective imaging across England.

The networks were first proposed in NHS England’s [2019 long-term plan](#) as a way to increase testing turnaround time, reduce waiting times for scans and make more efficient use of staff. The [NHS planning guidance](#) for 2021-22 said the new networks were essential to help capacity keep pace with growing demand, which to date it has failed to do, and would be “particularly critical to support elective recovery” in the wake of the pandemic.

[In new operational guidance, NHS England](#) has outlined seven models the networks can take, which include “outsourcing the service in its entirety, including ownership of the capital assets required for delivery of the service, to a commercial partner”.

The other options are: collaboration or alliance contracting, both of which offer “poor autonomy” as decisions must be approved by all trusts; a “host trust” using delegated authority from other network members to make decisions; two joint venture models or a community interest company. All three would need HMRC approval for VAT exemption and are suitable for foundation trusts.

The latter three options would also be separate legal entities registered with the Care Quality Commission, and have nominated and approved accountable officers.

The networks would be overseen by a partnership board, with each member trust represented by a clinical director and either a financial or operational director. For some models non-executive directors are also required. The NHSE guidance said: “To manage the transformation, networks must have clear clinical, radiographic and scientific leadership, with these leaders given sufficient time and support from executive leaders to do their job effectively.”

[The papers also](#) said the new networks would not be seen as “formed” until they each had: governance, target operating and demand and capacity models; business cases progressing through SOC/OBC/FBC stages; and plans for workforce, capital and workforce.

It said this should include an “agreement with all network member trusts to procure outsourcing, equipment support and consumables collectively.” The guidance also stated that “networks will need to oversee a move away from competition between neighbouring trusts for recruitment of scarce clinical staff, and instead encourage their collaboration on plans to attract and retain staff”.

Insourcing support into these networks while enough staff are recruited to cover capacity is “likely to be more cost-effective than outsourcing”, according to the guidance.

Ringfenced capacity

The guidance documents said “imaging networks are strongly encouraged to invest in new equipment to separate the imaging service support for elective and non-elective services”.

It said “ringfenced” non-elective capacity can reduce delays to inpatient work and protect “elective services from on-the-day cancellation of planned activity”. The guidance also reiterated “co-location” of elective imaging in the community diagnostic hubs that were recommended as part of [Sir Mike Richard’s diagnostics review](#) and are currently under development.

[The guidance gave five finance options](#) for purchasing and maintaining new equipment, advising that the previous capital injection from the government to renew decade-old scanners “cannot be relied on” to be repeated in the future.

The options are: capital spend, lease finance, joint venture with a third party; commercial loan finance and managed equipment service.