



Welcome to the 4th NHS
Pathology Conference!



6th February 2025
Hilton Hotel, 303 Deansgate,
Manchester M3 4LQ



Chair Opening Address



Mr Chris Sleight MSc BSc FIBMS
Chief Officer - Greater Manchester
Diagnostics Network



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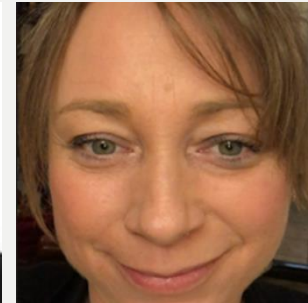




Panel Discussion



Saghar Missaghian-Cully
Managing Director
- North West
London Pathology



Ms Helen Dent
Chief Executive
BIVDA



Dr Bernie Croal
President
The Royal College
of Pathologists



Gareth Richardson
Physiological
Science Network
Programme Lead
and Workforce
Development Lead
GM Diagnostic
Network



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Refreshments & Networking



Welcome to the 4th NHS
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Refreshments & Networking



Chair Morning Reflection



Mr Chris Sleight MSc BSc FIBMS
Chief Officer - Greater Manchester
Diagnostics Network



Case Study

ProfilerLive



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Case Study





Case Study



James Johnson
Senior Director Automation and
Integration



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Interview Session



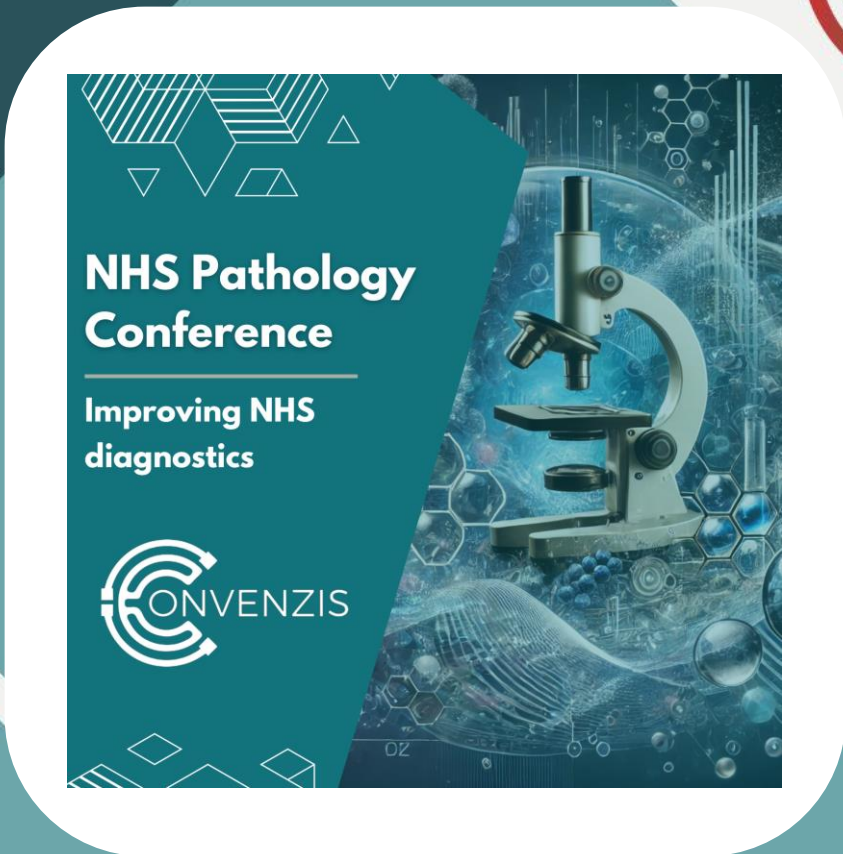
Beth Loudon
Head of Market Access
BIVDA



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Case Study





Case Study



Telmo Costa
Global Product Lead BCM
Noul Co LTD



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Lunch & Networking



Welcome to the 4th NHS
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Lunch & Networking



Chair Afternoon Address



Mr Chris Sleight MSc BSc FIBMS
Chief Officer - Greater Manchester
Diagnostics Network



GM Network Interview & Q&A



Dr Rajesh Rajendran, MBBS, FRCPath, MFPH, MAE, PG Dip in Infection Control - Associate Medical Director | Clinical Head of Division of Laboratory Medicine | Clinical Lead for GM Pathology Network Manchester University NHS Foundation Trust



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Keynote Presentation



Noman Manzoor

Pathology Laboratory Director, General Manager Pathology ,
Transfusion and Mortuary Services - South 4 Pathology
Partnership Great Western Hospitals NHS Foundation Trust



South 4 Pathology Partnership: A collaborative journey



NOMAN MANZOOR

PATHOLOGY LABORATORY DIRECTOR

GENERAL MANAGER PATHOLOGY , TRANSFUSION & MORTUARY SERVICES

*With special thanks to Jude Craft Programme Manager South 4 PP for organising the content for this presentation .

The South 4 Pathology Partnership is one of 27 pathology networks proposed by NHS England in 2018 to improve the standardisation, cost-effectiveness, and resilience of pathology services.

The Partnership operates as a collaboration between four acute trusts:

- Oxford University Hospitals NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust
- Milton Keynes University Hospital NHS Foundation Trust
- Great Western Hospitals NHS Foundation Trust

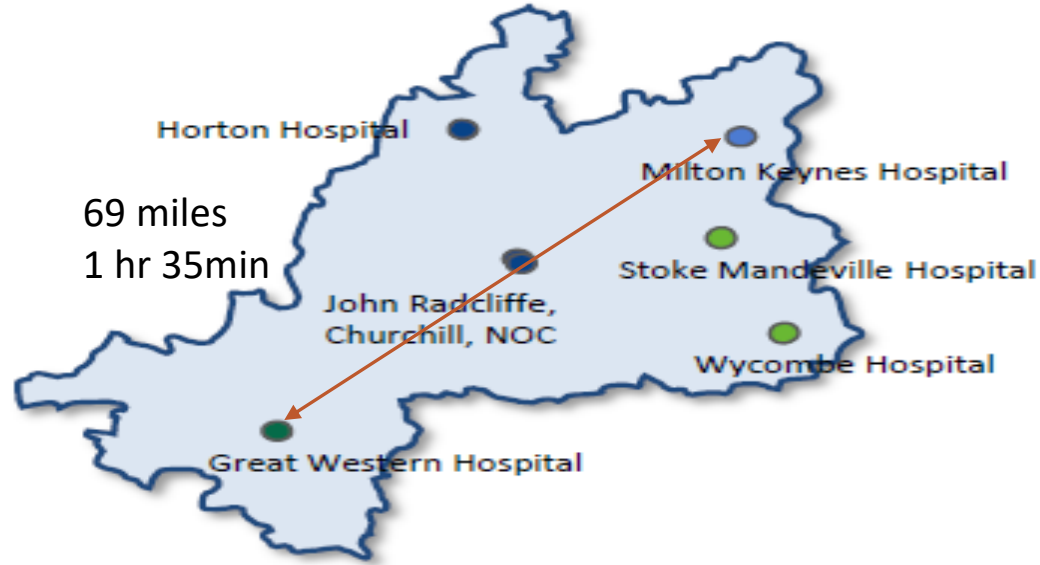
The South 4 Partnership has committed to delivering core aims of improving the **quality, efficiency, equity, and resilience** of pathology services across the region by working collaboratively to provide best value for money and excellent patient care.



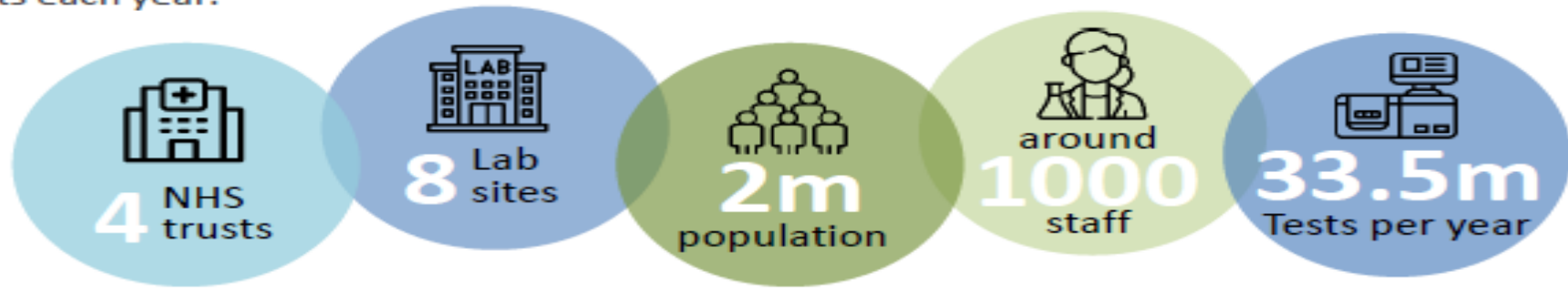


South 4

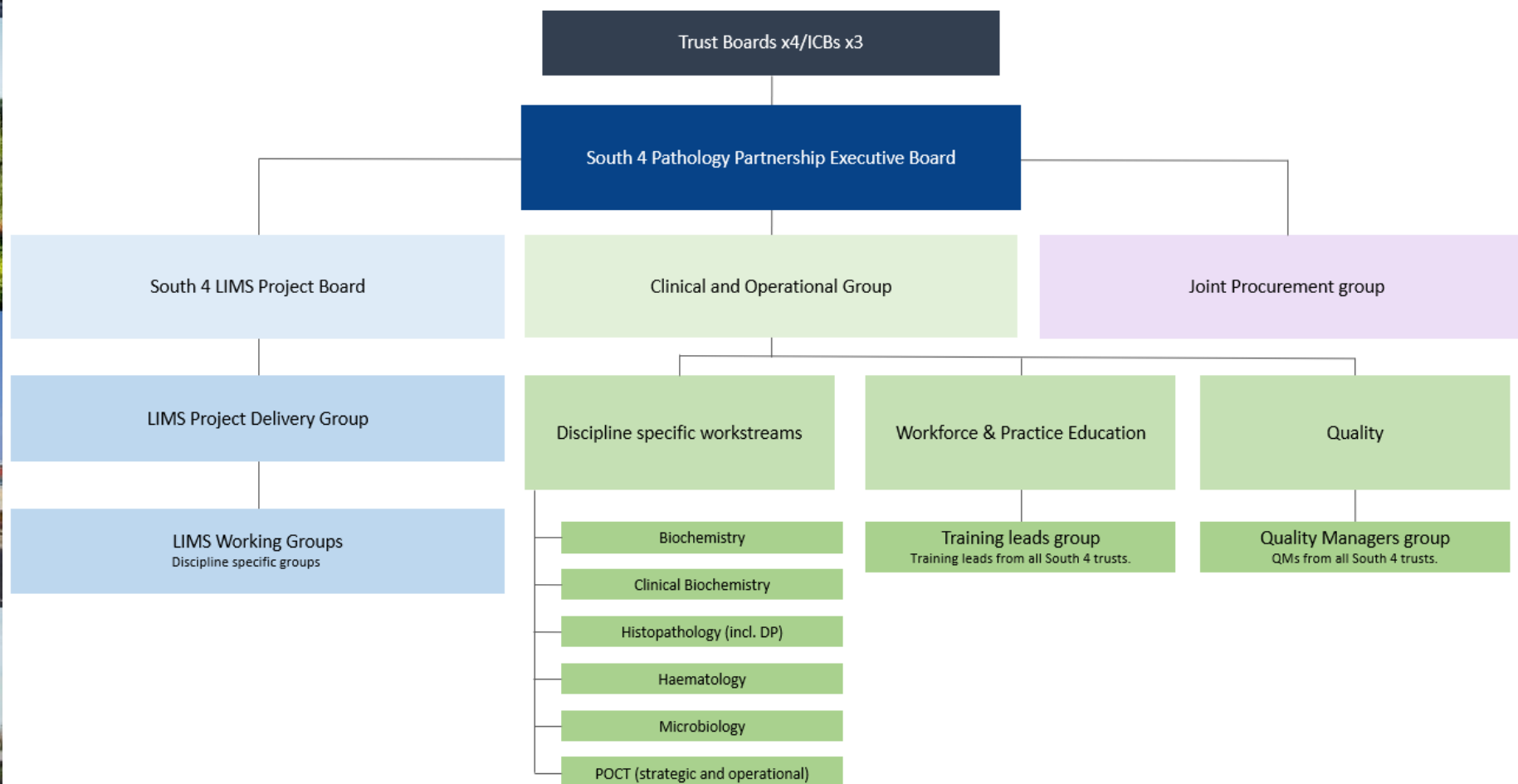
Pathology Partnership



Between us, we span three ICBs, three NHSE regions, 8 sites and deliver more than 33 million tests each year.

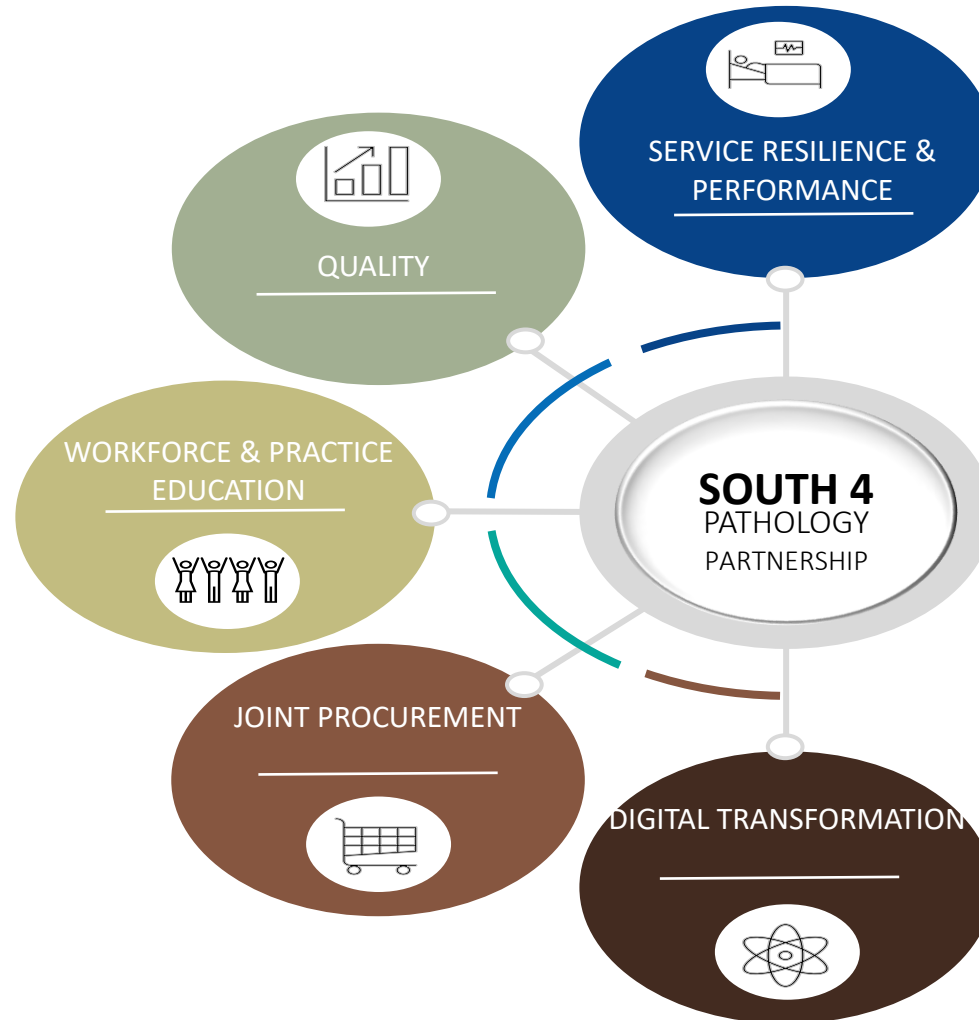


South 4 PP Boards Workstreams and Working Groups





Core Principles



The road to network maturity



Governance

- Review of South 4 Partnership status
- Annual review of governance arrangements
- Annual reporting and business planning

Leadership

- Ongoing development of Clin-Ops group
- Implementation of network EDI policy
- Deliver leadership training & coaching workshops

Workforce and practice education

- Deliver leadership training and coaching workshops
- Implement EDI strategy & action plan

Operational

- Explore scope for network-led Microbiology service transformation
- Agree service models across all disciplines including further centralisation as merited

Quality

- Sign-off of network quality policy
- Work towards harmonised SOPs and other documents supported by shared eQMS
- Progress towards implementation of GIRFT recommendations

Joint procurement

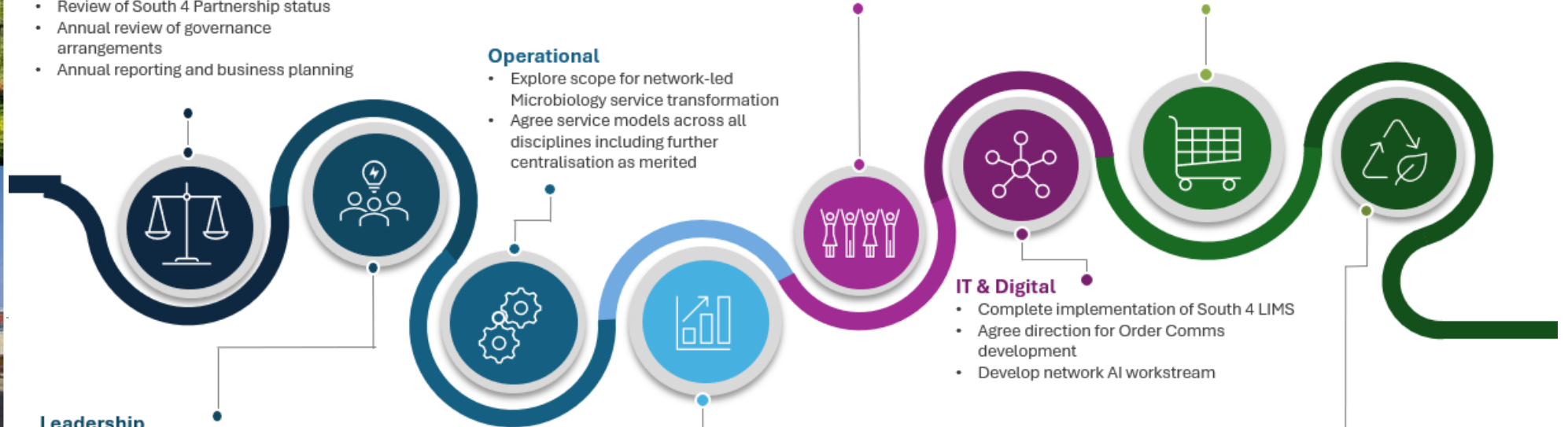
- Establish a network-wide asset register
- Progress network approach to microbiology automation
- Progress network-wide MES including establishing economic benefits

IT & Digital

- Complete implementation of South 4 LIMS
- Agree direction for Order Comms development
- Develop network AI workstream

Sustainability

- Include sustainability measures in business cases
- Review operating model from sustainability perspective, including identifying carbon hotspots
- Encourage training in sustainability





Where we are now



Governance - South4PP has executive board and clinical leadership across workstreams and projects, there is a central risk register for oversight of risks.

Leadership- Network leadership team is in place, we are following the network strategy as specified in the strategic outline case. We share our vision and achievements with key stakeholders and staff.



Operational- All projects guided by clinical and operational management group. Working towards agreed clinical services model via joint procurement, LIMS and other projects.



Quality- Quality leads are in post, colleagues across the network support each other with work related to UKAS accreditation. Taking positive steps towards harmonisation of QMS.



Where we are now contd.

IT & Digital- Roadmap for digital transformation. LIMS, digital Pathology and ordercomms to improve service resilience , data and image sharing.

Workforce- Workforce lead and PE leads in post with a clear strategy and action plan. Working towards recruitment and retention , training support and EDI.

Shared supply chain- Joint procurement working group has been established, looking at joint MES for Blood sciences.

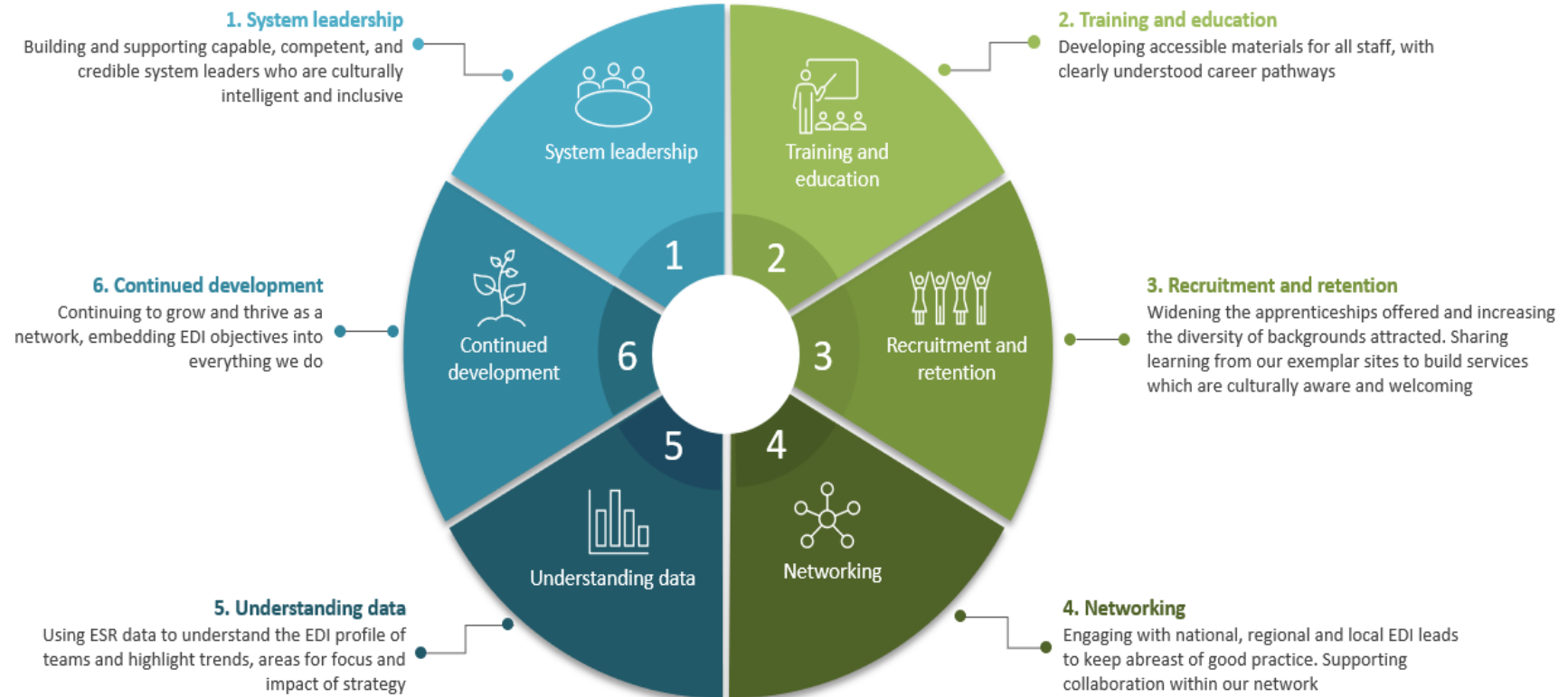


EDI at every level of network operations.



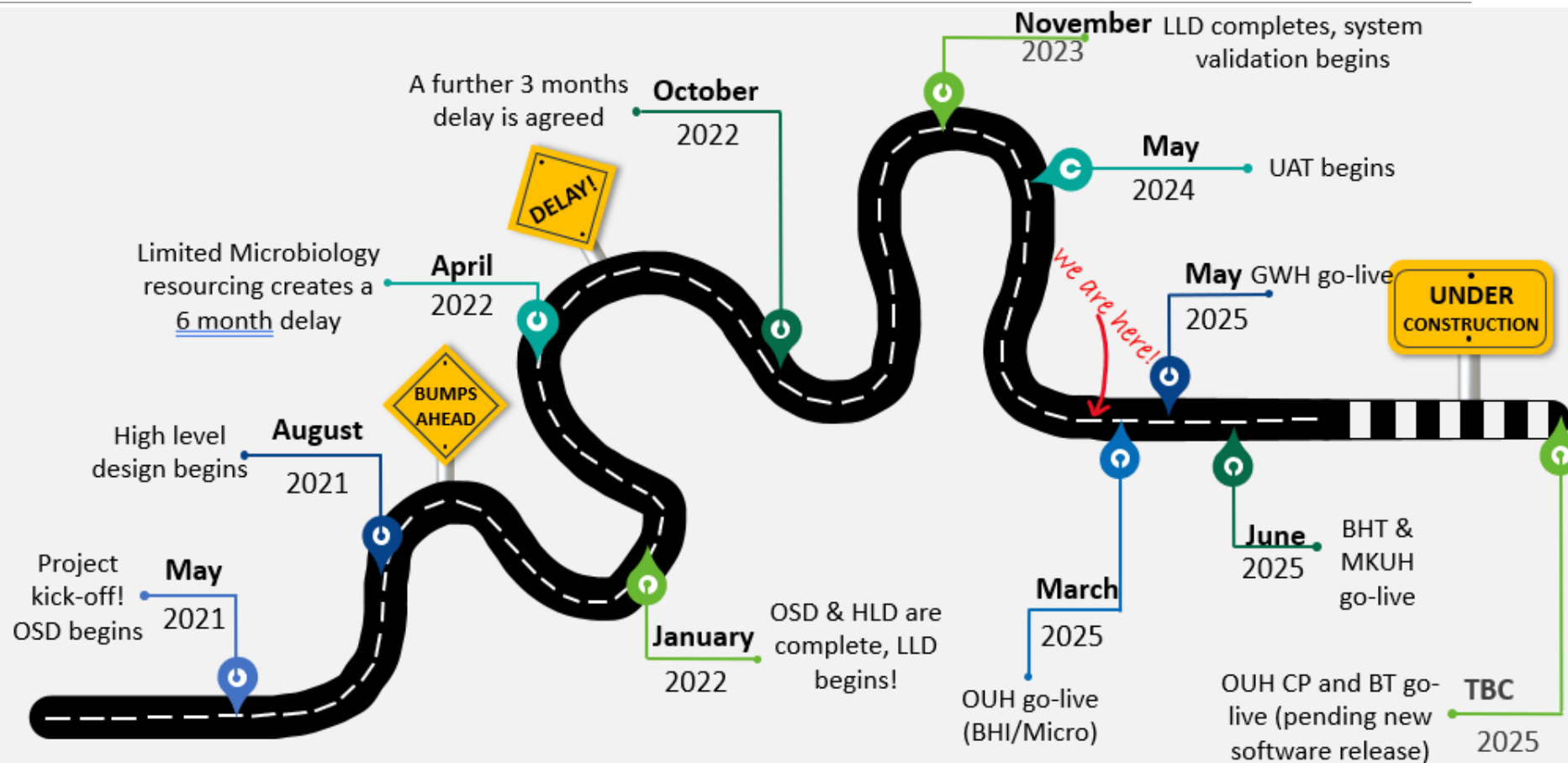
South 4

Pathology Partnership





LIMS roadmap





We are
compassionate
and **inclusive**

We each have

We are
always

We work
flexibly

NHS
South 4

Pathology Partnership

Achievements!

Year 2024



- **21** IBMS Certificate of Competence verifications
- **4** Successes in IBMS Specialist Diplomas across 4 disciplines
- **12** Staff completed the IBMS Certificate of Expert Practice in all 5 topics
- **1** Diploma in Expert Practice in Histology Dissection
- **1** Level 2 Healthcare Science Apprenticeship
- **1** Level 3 Diploma in Healthcare Science (Anatomical Pathology Technology)
- **1** Level 4 Healthcare Science Apprenticeship
- **1** MSc (STP) in Clinical Immunology
- **32** staff in Network Leadership Training!
- **Awards** for Excellence & Recognition in Learning*

Where Next

- We feel our current collaborative model is working well but we must be able to demonstrate progress, quality, and financial savings which compare favourably with consolidated networks.
- Honorary contracts for cross-site working.
- More input from the network would be valuable where there are challenges to service delivery or where trusts are struggling to meet local or national targets.
- Communication is really important: both upwards and outwards to trust management and ICBs and more widely to staff to share the goals of the network, opportunities and benefits for career progression, and to emphasise the importance of harmonisation and integration for better patient care.



Where Next Contd.



- Patients expect services to be cohesive and results to be available wherever they are seen. Our pathology services must work alongside clinical pathways to meet these requirements .
- Plans are in place to meet NHSE network maturity criteria by March 2025 being managed carefully and properly supported to ensure outstanding tasks are achieved.
- Don't break it! Change must be sympathetic, measured, and improve service delivery. We must recognise and respect the unique culture of each of our South 4 partners and value the staff that work within them.



Thank you for listening. Questions?



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Keynote Presentation



Dr Bernie Croal
President - The Royal College of
Pathologists



The Royal College of Pathologists
Pathology: the science behind the cure

Shaping the Future of Pathology: Aligning the RCPPath Strategy and 10-Year Plan

Dr Bernie Croal

RCPPath President





The Royal College of Pathologists – (UK)

- The College is a professional membership organisation with more than 13,000 members, with approximately 25% based outside of the UK.
- We set and maintain professional standards and promote excellence in the teaching and practice of pathology, for the benefit of patients.
- Our members include medically and veterinary qualified pathologists and clinical scientists in 17 different specialties.





- Aim 1** **Lead excellence in pathology practice.**
- Aim 2** **Promote the highest standards of pathology education and training.**
- Aim 3** **Foster a sense of pride and belonging among our members.**
- Aim 4** **Be the authoritative and trusted partner for pathology.**
- Aim 5** **Be a well-resourced sustainable and inclusive organisation.**



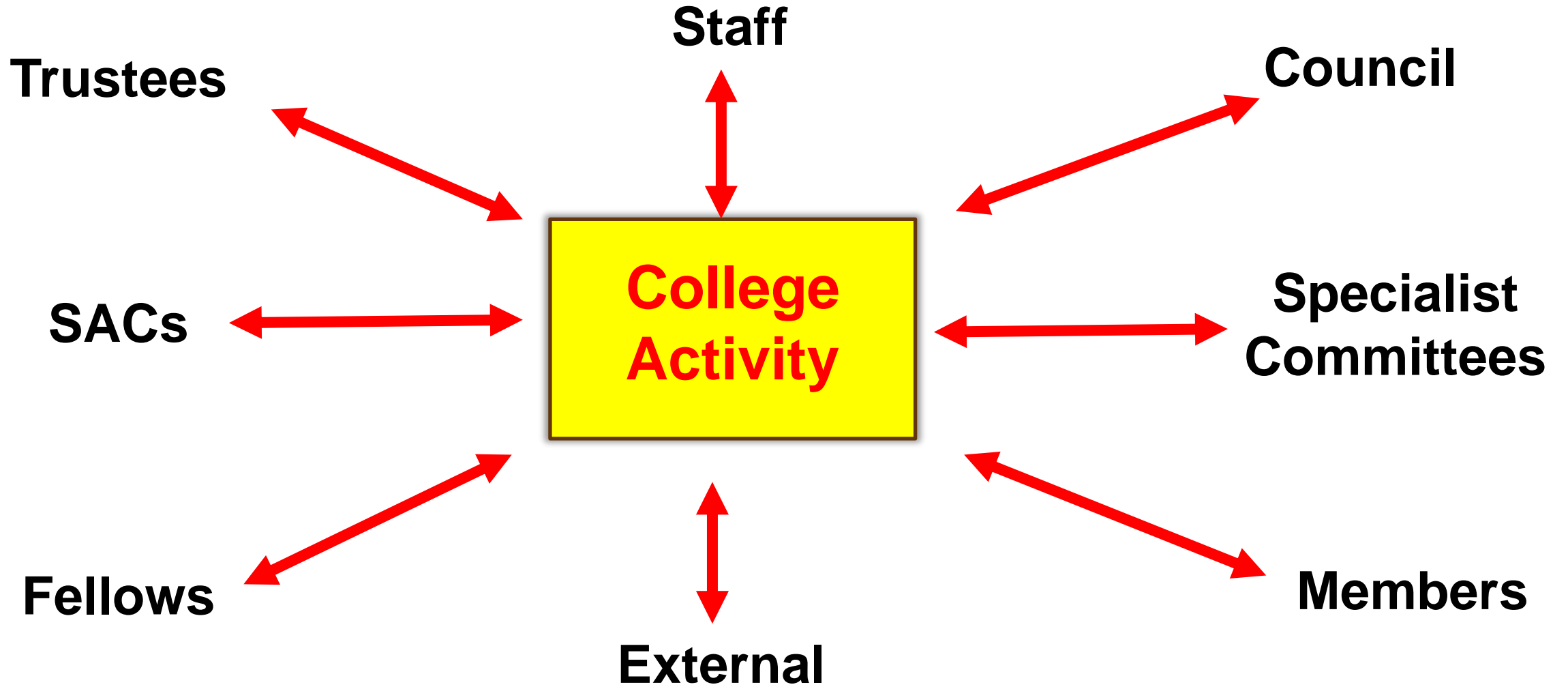
Business as Usual

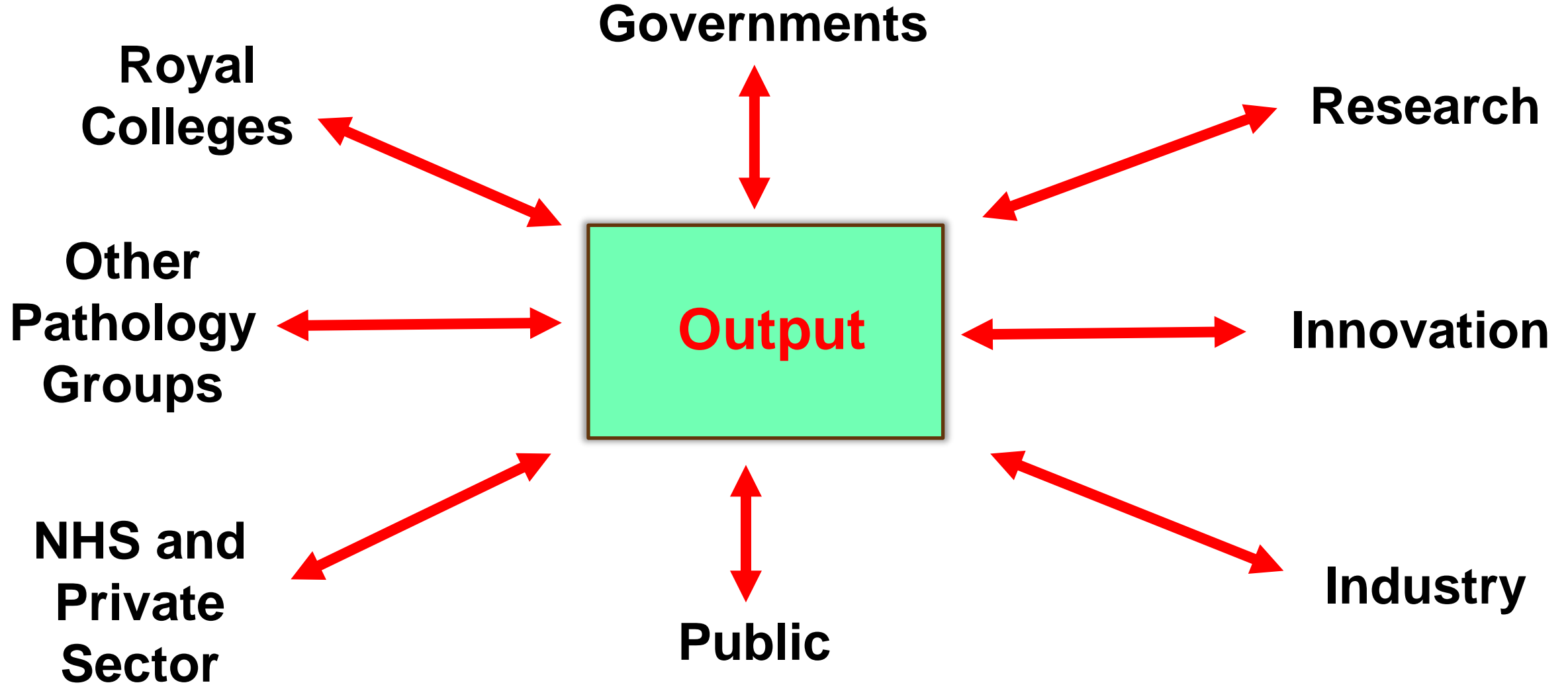
- **Examinations**
- **Training**
- **Guidelines and Standards**
- **Interaction with NHS/Gov**
- **Member Services – CPD/Education**



New Focus

- **Workforce**
- **Membership**
- **Industry Links**
- **Committees**
- **College IT System**
- **Financial Stability**





Reports Reviews Plans

- **Darzi Review**
- **Autumn Spending Review/Budget**
- **NHSE 10 Year Plan**
- **Elective Care Plan**
- **AI Plan**
- **NHSE Long Term Workforce Plan 2.....?**
- **Other Nations**



Darzi Investigation of the NHS in England



The investigation explores the challenges facing the NHS and sets the major themes for the forthcoming 10-year health plan

Context for the Independent Investigation of the National Health Service in England

- **The National Health Service is in serious trouble:** The NHS is a much-treasured public institution embedded into the national psyche but is now in critical condition and experiencing falling public confidence
- **The health of the nation is worse:** increasing long-term conditions and worsening mental health, leading to a spike in 2.8m long-term sick from 2m, while the public health grant reduced by 25% and the public health body has been split into two
- **This is not a reason to question the principles of the NHS or to blame management:** managers have been "keeping the show on the road" and there is a virtuous circle where the NHS can help people back to work and act as an engine for national prosperity

The challenges facing the NHS are interlinked...

Four main drivers are identified...

Waiting time targets have been missed consistently for nearly a decade and satisfaction is at an all-time low



People struggle to see a GP despite more patients than ever being seen, the relative number of GPs is falling, particularly in deprived areas, leading to record low satisfaction

Community waiting lists have soared to 1million with 80% being children and young people; 345k people are waiting more than a year for **Mental Health** services

A&E is in an awful state and long waits contribute 14,000 additional deaths per year, while **elective waits have ballooned** with 15x more people waiting >1 year

Patients are more likely to die if they access the right services without health deteriorating

- **Cardiovascular** mortality has rolled back as rapid access has deteriorated
- **Cancer** mortality is higher in part due to minimal improvement in detecting cancer at stage I and II
- **Dementia** has a higher mortality rate in the UK than OECD and only 65% of patients are diagnosed

Funding has been misaligned to strategy, with increased expenditure in acute driven by poor productivity



Too great a share of funding is on hospitals, increasing from 47% to 58% of the NHS budget since 2006, with 13% of beds occupied by people who could be discharged

The number of hospital staff has increased sharply, equal to a 17% since 2019, with 35% more working with adults and 75% more working with children

Patients no longer flow through hospitals properly leading to 7% fewer OP appts. per consultant, and 18% less activity for each clinician working in emergency

It has been the most austere period in NHS history with revenue prioritised over capital

- 2010-2018 funding grew at 1% compared to long term average of 3.4%
- £4.3bn has been raided from capital budgets between 2014 and 2019
- £37bn shortfall of capital investment has deprived the system of funds for new hospitals, primary care, diagnostics or digital

The pandemic's legacy has been long-lasting on the health of the NHS and population

- The NHS entered the pandemic with higher bed occupancy, fewer clinical staff and capital assets than comparable systems
- NHS volume dropped more sharply than any other comparable health system, e.g. 69% UK drop vs OECD 20% in knee replacements

The voice of staff and patients is not loud enough as a vehicle to drive change

- Patients feel less empowered or secure and compensation claims stand at £3bn per year
- Priorities of patients have not been addressed, notably in maternity reviews
- Staff sickness is equal to one-month a year for each nurse or midwife
- Discretionary effort has fallen up to 15% for nursing staff since 2019

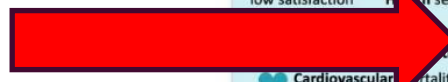
Management structures and systems have been subject to turbulence and are confused

- The 2012 Health and Social Care Act was disastrous
- The 2022 Act brought some coherence but there is a lack of clarity in responsibilities and in performance management
- Regulatory organisations employ 35 staff per trust, doubling in size in the last 20 years
- Framework of standards and financial incentives is no longer effective

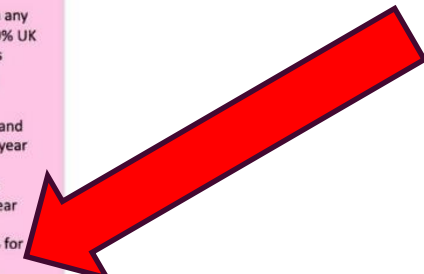
Addressing these in the forthcoming 10-year health plan needs to include...

- **Re-engage staff and re-empower patients**, harnessing staff talent to deliver change and enabling patients to control their care
- **Change financial flows** to promote and sustain the expansion of GP, MH and Community services at a local level, embracing a multidisciplinary neighbourhood care team model that brings these services together
- **Improve productivity** in hospitals through improved operational management, capital investment and empowering staff
- Across the system, **tilt towards technology** through digital systems, especially for staff outside hospitals, and embracing the potential of AI for care and life sciences
- **Clarify roles and accountabilities** in NHS England and ICBs, rebalancing management resource with emphasis on the capacity to deliver plans, while avoiding top-down reorganisation
- **Direct effort** at aspects that will drive national prosperity by supporting people to get back to work, and working with British biopharmaceutical companies

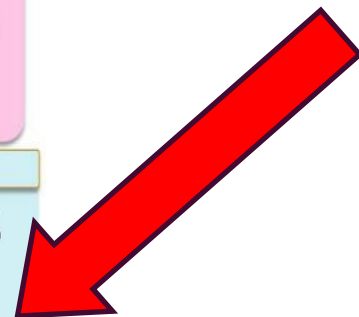
What has gone wrong?



Why?



What next?



Reports Reviews Plans

- **Darzi Review**
- **Autumn Spending Review/Budget**
- **NHSE 10 Year Plan**
- **Elective Care Plan**
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- **NHSE Long Term Workforce Plan 2.....?**
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The Royal College of Pathologists

Pathology: the science behind the cure

RCPATH'S submission to NHSE

10-year plan consultation



What do we want included in the plan?

- Pathology is essential for healthcare
- Investment in the pathology workforce
- Patient pathways and waiting list reduction
- Investment in pathology estates
- Investment in pathology IT, digital, AI and automation
- Reducing red tape - NHS research, development and innovation.
- Infected blood inquiry recommendations
- Contingency planning



Shift to Community

Moving care from hospitals to communities:

- Increased demand on pathology
- Point of care testing
- Direct to consumer testing
- Diagnostic stewardship
- Interoperable pathology IT
- Sample transport logistics
- Specific community-based, pathology-led services



Shift to Tech/Digital

Making better use of technology in health and care:

- Automation expansion
- Interoperable standardised IT systems
- Digital pathology
- Diagnostic stewardship
- AI
- Point of care testing



Shift to Prevention

Spotting illnesses earlier and tackling the causes of ill health:

- Patient-facing pathology services
- Funding of preventative programmes
- Screening
- Cancer pathways
- Infection screening and surveillance
- Genomic services
- Direct to consumer testing
- Drug problem services



The RCPa's submission – policy changes needed

Short term (immediately to 2 years) - Increased training and substantive consultant posts for pathologists and scientists, red tape removal, better integration of genomics services

Medium term (2 to 5 years) – Consistent ongoing investment in pathology, robust workforce planning models, IT systems with standardised coding, network of local diagnostic stewardship systems implementing nationally recommended guidance on appropriate use of pathology tests

Long term (5 to 10 years) - workforce planning models match training and consultant posts with current and predicted workload trends, fully interoperable IT, digital pathology fully rolled out, AI-based image recognition and decision support algorithms more widespread across pathology services.



Working together

- This College is creating its own plan for pathology – **the Pathology Plan** – that deals with the challenges we face, outlining what we can do to mitigate these issues and highlighting and showcasing the importance of pathology
- The role of pathologists, scientists, industry and other stakeholders is more important than ever
- We need to come together and innovate, creating positive outcomes and sharing and disseminating what is good and what works
- This collective responsibility is vital for the future advancement of pathology services and vital for patient care.

Workforce

- Train – Collaboration/lobbying
- Retain – wellbeing/lobbying
- Reform – workforce/Automation/
Digital/IT/AI
- Contingency – When Demand > Supply
 - Demand Optimisation
 - Hard choices



**Thank
You**



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Keynote Presentation



Joanna Andrew
IBMS President
IBMS

Driving Progress in NHS Pathology Diagnostics

Contributions to Digital Transformation,
Prevention, and Community-Based Diagnostics

The NHS 10-Year Health Plan's Vision:

- moving care from hospitals to communities
 - making better use of technology
- focussing on preventing sickness, not just treating it

How will the IBMS support these objectives in diagnostics?

Community-Based Diagnostics

The IBMS vision: Empowering community diagnostics to enhance accessibility, reduce hospital visits, and improve care pathways.

**COMMUNITY
DIAGNOSTICS**

IBMS AND ABBOTT

**SCALING POINT-OF-CARE TESTING
FOR PATIENT-CENTRED OUTCOMES**

IBMS Institute of
Biomedical Science

Abbott

Community-Based Diagnostics

- The Challenge:
 - a. Expanding diagnostics into community settings.
 - b. Ensuring patient-centred care and rapid results.
- IBMS Contributions:
 - a. *Community Diagnostics (Abbott)*: Scaling Point-of-Care Testing for Patient-Centred Outcomes.
 - b. Key Recommendations:
 - i. Develop a national POCT strategy aligned with NHS goals.
 - ii. Invest in workforce training and governance for consistent application.
 - iii. Tailor POCT to patient needs, ensuring accessibility and efficiency.

Digital Transformation in Pathology

The IBMS vision: Fully integrated diagnostic platforms enabling faster, more accurate results.



Digital Transformation in Pathology

- The Challenge:
 - a. Lack of standardisation and interoperability.
 - b. Workforce readiness for digital tools.
- IBMS Contributions:
 - a. *Earlier Diagnostics: Innovation* (PA Consulting): a strategic roadmap for modernising diagnostic services in the UK.
 - b. Highlights:
 - i. Standardisation for consistent workflows.
 - ii. Integration of IT systems for enhanced communication and collaboration.
 - iii. Unlocking AI and advanced technologies for greater accuracy and speed.

Prevention through Early Detection

The IBMS vision: Delivering efficient, timely, and equitable diagnostic services to improve outcomes.



Prevention through Early Detection

- *Time to Test (AstraZeneca): creating the capacity the NHS needs for the future of cancer testing*
- Key Recommendations:
 - a. Expand and train the workforce.
 - b. Develop streamlined, equitable testing models.
 - c. Implement accountability frameworks and improve data usage.

Workforce Development

The IBMS vision: Building a sustainable workforce equipped to meet diagnostic demands and leveraging advanced roles to improve service efficiency and patient outcomes.



Workforce Development

- Challenges:
 - a. Shortage of trained biomedical scientists.
 - b. Underutilisation of advanced practitioner roles.
 - c. Aging workforce leading to skills gaps.
- Solutions from the *IBMS Long Term Biomedical Scientist Workforce Plan*:
 - a. Introducing registration training grants to expand the talent pipeline.
 - b. Accelerating advanced and consultant-level training programmes.
 - c. Creating accessible career pathways through modular qualifications.

Outputs from IBMS Roundtables

The IBMS vision: Combine workforce strategies, digital innovation, and community care to future-proof NHS diagnostics.

- Key Messages from Roundtables:
 - Diagnostics are central to improving healthcare outcomes.
 - Workforce challenges must be addressed through investment in skills and training.
 - Digital technology is critical for enhancing diagnostics across the NHS.
- Integrated Themes from IBMS Outputs:
 - *Earlier Diagnostics: Innovation:* Standardising processes and leveraging AI for accuracy and speed.
 - *Community Diagnostics:* Expanding diagnostic capacity into community settings with POCT.
 - *Digital Cytology:* Enhancing digital efficiency enhances patient care.
 - *Advancing Cervical Cancer Screening:* Integrating self-sampling improves access for underserved communities.
 - *Time to Test:* Streamlined testing models reduce cancer backlogs.
 - *Digital Pathology:* Standardisation allows interoperability and IT advancement, broadening patient access.



Policy Recommendations

- Short-Term (1-2 years):
 - Develop a national strategy for implementing Point-of-Care Testing (POCT) and self-sampling solutions.
 - Expand training grants and resources to address immediate workforce shortages.
 - Promote standardisation in digital pathology to ensure seamless IT system integration.
- Medium-Term (2-5 years):
 - Scale pilot programmes for digital cytology and AI integration to evaluate their nationwide impact.
 - Establish clear pathways for workforce development, including advanced and consultant-level roles.
 - Develop targeted screening models informed by robust data analysis.
- Long-Term (5-10 years):
 - Fully integrate interoperable digital diagnostic systems across the NHS.
 - Ensure equitable access to diagnostics through community and home-based testing innovations.
 - Leverage AI and advanced technologies to transform diagnostic accuracy and speed.



Measuring Success

The IBMS vision: a sustainable, skilled workforce to meet future diagnostic demands.

Metrics:

- Reduction in diagnostic turnaround times.
- Increased diagnostic capacity in community settings.
- Uptake of advanced practitioner roles.
- Improved patient outcomes through early detection.
- Implementation of digital tools (e.g., AI, digital cytology) across NHS laboratories.
- Increased access to diagnostics for underserved communities.



Shape the future of NHS diagnostics with the IBMS:

- Join us in advancing innovation, improving access, and addressing workforce challenges.
- Let's collaborate to bring these solutions to life, driving better outcomes for patients and communities.
- Together, we can transform diagnostics to meet the needs of today and tomorrow.



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Panel Discussion



Saghar Missaghian-Cully
Managing Director
North West London Pathology



Joanna Andrew
IBMS President
IBMS



Dr Bernie Croal
President
The Royal College of Pathologists



Dr Rajesh Rajendran, MBBS, FRCPath, MFPH, MAE, PG Dip in Infection Control
Associate Medical Director | Clinical Head of Division of Laboratory Medicine | Clinical Lead for GM Pathology Network Manchester
University NHS Foundation Trust



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Hot Buffet Food & Drinks



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London SE1 8DJ