

The Impact of the Barnes Report

David Hughes

Consultant Histopathologist, Sheffield Teaching Hospitals

Chair, Cellular Pathology National Quality Assessment Advisory
Panel, Royal College of Pathologists

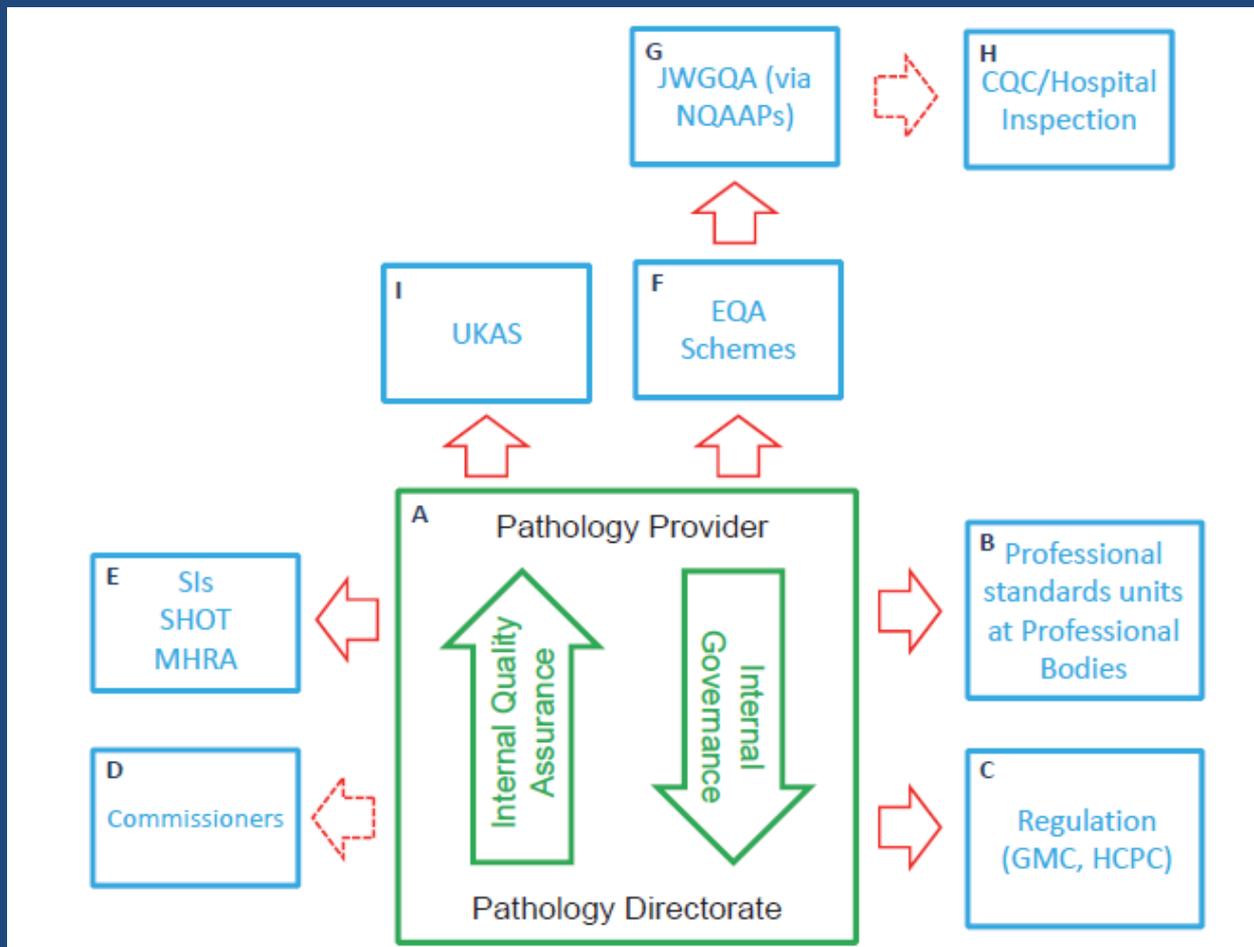
What I am going to tell you about

- The NHS England Pathology Quality Assurance Review (“Barnes Report”/PQAR)
- Its recommendations and their implications for the future of EQA
- What has happened since
- My take on the implications of the report

The PQAR



Pre-PQAR EQA governance



The main recommendations of the PQAR – 1:

Professionalising quality management

Health Education England should lead a systematic approach to develop quality management and quality improvement skills in the pathology workforce which should be recognised **as an essential requirement in CPD and individual appraisal requirements**

The main recommendations of the PQAR – 2: Beefing up the JWGQA and focussing on individual performance

The membership, role and function of the Joint Working Group for Quality Assurance should be revised and expanded:

- should set standards and performance criteria
- should advise on publication of performance data

Further consideration should be given to **assessing individual performance**

The main recommendations of the PQAR – 3:
Pathology QA must link into provider clinical
governance systems

The quality and governance systems of pathology providers must be **integrated with trust governance** and quality structures with identification of accountable board members

The main recommendations of the PQAR – 4:

Do error reporting properly and openly

The Trust Development Authority, Monitor and the Care Quality Commission should encourage trusts to **adhere to existing guidance on error reporting** and pathology providers should share knowledge from lessons learned

The main recommendations of the PQAR – 5:

Make NLMC meaningful

Continued development of the National Laboratory Medicine Catalogue to ensure consistency of data and information should remain a priority. The professional bodies, IVD manufacturers and others should **work towards minimising the differences** between analytical processes, requesting and reporting

The main recommendations of the PQAR – 6:
UKAS to make current accreditation status visible
and relevant

UKAS has agreed to regularly update the accreditation status of laboratories in order to ensure that accreditation status is shorthand for a quality assured service

The main recommendations of the PQAR – 7:

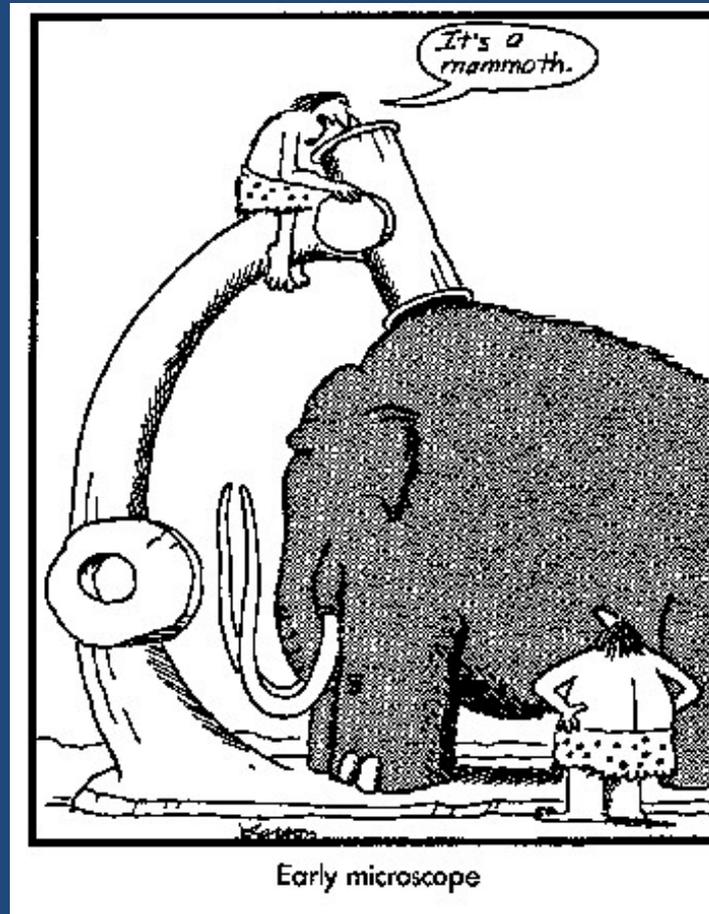
Update PSCT

In order to support Commissioners in the next planning round, the **Pathology Services Commissioning Toolkit** should be updated

The main recommendations of the PQAR – 8: Establish Oversight Group and Dashboard

A national Oversight Group should be established through NHS England who will oversee improvements in QA governance mechanisms and develop a Pathology QA Dashboard

Fine Print relevant to Cellular Pathology



Early microscope



4.32. The professional bodies, led by RCPATH, should develop methodologies for assessing the performance of individuals in EQA schemes that will give a **fair and accurate picture of their competence to practice.**



4.33. All practicing individuals responsible for reporting pathology results and providing clinical advice should be **registered with current EQA individual assessment schemes** and demonstrate regular participation as defined by the JWGQA.

They should achieve appropriate levels of performance as determined by the professional bodies. Performance in individual schemes **should be discussed and noted at annual appraisal.**



4.34. Where opportunities or a need to improve are identified, additional remedial training should be required, or **practice in the area of concern should be stopped** until appropriate retraining has been undertaken and revalidation achieved. This process should be noted formally as part of governance procedures, with **support from the employing organisation**.

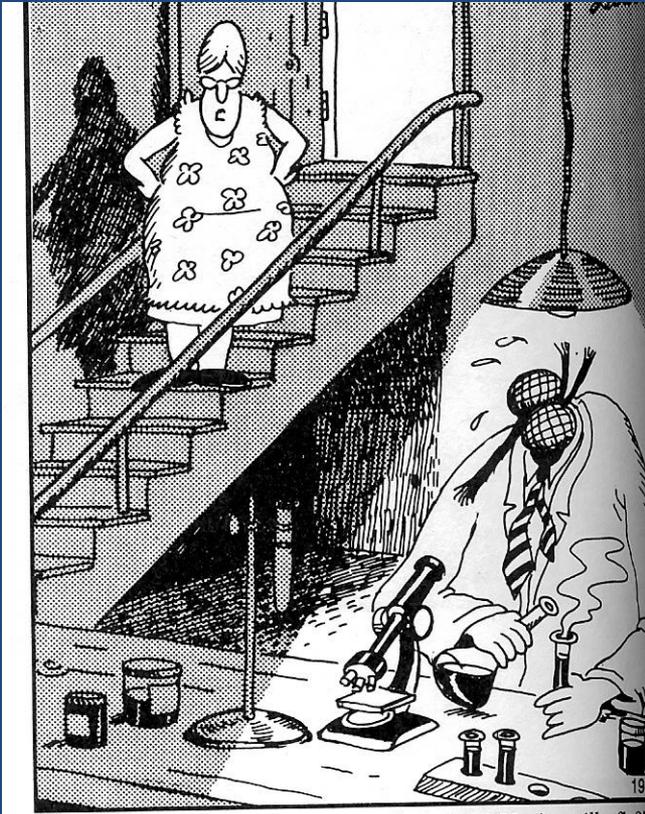


4.35. EQA schemes are designed to assess and improve individual performance and employing organisations should ensure that **resources are made available** to support participation and remedial action if required.



4.36. Provider organisations and professional bodies should ensure that individuals understand that EQA schemes are designed to assess and improve individual performance, and that **attempts at collusion are considered matters of professional probity.**

The key theme of the PQAR - governance



Our organisations need to know about, care about and react to the quality of what we do...and support us in delivering that quality

So what has happened?

The College Response



- New committee structure proposed to replace current JWGQA and NQAAPs
- Interpretative EQA to be linked to Professional Standards...or maybe not
- Interpretative and technical EQA oversight to be separated
- Cellular Pathology Interpretative EQA Scheme Organisers' meetings no longer to be hosted by the College
- And the College has gone into hiding!

The main recommendations of the PQAR – 1: Professionalising quality management

Health Education England should lead a systematic approach to develop quality management and quality improvement skills in the pathology workforce which should be recognised as an essential requirement in CPD and individual appraisal requirements



The main recommendations of the PQAR – 2: Beefing up the JWGQA and focussing on individual performance

The membership, role and function of the Joint Working Group for Quality Assurance should be revised and expanded:

- should set standards and performance criteria
- should advise on publication of performance data

Further consideration should be given to assessing individual performance

Ongoing - RCPATH
proposed the opposite

The main recommendations of the PQAR – 3:
**Pathology QA must link into provider clinical
governance systems**

The quality and governance systems of
pathology providers must be integrated with
trust governance and quality structures with
identification of accountable board
members

To an extent this already happens
but this proposal has not become visible
at a national level

The main recommendations of the PQAR – 4:

Do error reporting properly and openly

The Trust Development Authority, Monitor and the Care Quality Commission should encourage trusts to adhere to existing guidance on error reporting and pathology providers should share knowledge from lessons learned

No visible progress on this one

.....post Francis duty of candour has implications

The main recommendations of the PQAR – 5:

Make NLMC meaningful

Continued development of the National Laboratory Medicine Catalogue to ensure consistency of data and information should remain a priority. The professional bodies, IVD manufacturers and others should work towards minimising the differences between analytical processes, requesting and reporting

Last release April 2014.....

The main recommendations of the PQAR – 6:
UKAS to make current accreditation status visible
and relevant

UKAS has agreed to regularly update the accreditation status of laboratories in order to ensure that accreditation status is shorthand for a quality assured service

At present this is a binary measurement that, on a national level seems to be very reassuring

The main recommendations of the PQAR – 7:

Update PSCT

In order to support Commissioners in the next planning round, the Pathology Services Commissioning Toolkit should be updated

Not updated yet. Original version heavily biased towards reconfiguring direct access testing, so significant changes would be required to align it with the PQAR

The main recommendations of the PQAR – 8: Establish Oversight Group and Dashboard

A national Oversight Group should be established through NHS England who will oversee improvements in QA governance mechanisms and develop a Pathology QA Dashboard

Oversight group now established.
DoH will only resource development
of the dashboard

Where is this taking us?



- Potential mismatch between ambitions of the review and the resources available in the NHS to take these forward
- Context of a relatively mature EQA world internationally for numerical and technical schemes
- Interpretative schemes are a problem – the PQAR describes a greater degree of compulsion to participate and transparency in reporting

Implications for schemes



- Reporting structure for numerical/technical schemes will probably not change much
- There may be more focus on the approach to identifying poor performance
- Poor performance is likely to become more visible in terms of lines of reporting
- Interpretative schemes will have to re-examine their methodology to ensure that they are as fair representative and relevant as possible to clinical practice

Implications for Labs

- Will need a clearer narrative on QA within provider organisations
- Desire for UKAS/ISO15189 “Kite Mark”
- Requirement to professionalise quality management, if the PQAR proposals on this become reality
- Learning to live with the Dashboard, when it comes



Conclusions

- The NHS in England has woken up to the fact that quality assessment in pathology matters
- There is a desire to “harmonise upwards”
- There is a significant gap between theory and reality
- The requirement for rigorous and transparent EQA is only moving in one direction