

Implications of the PQA Review for clinical laboratories and EQA

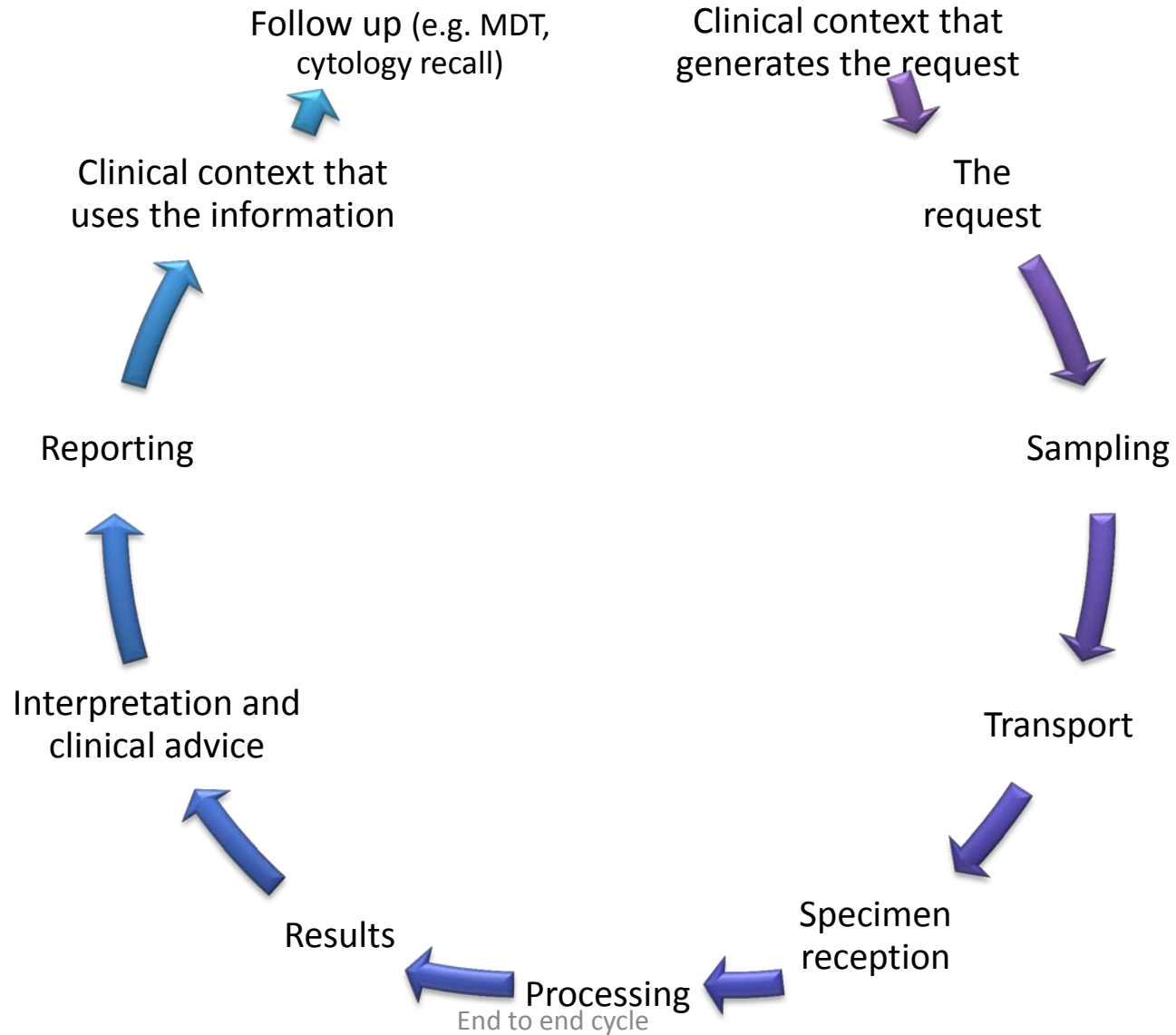
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Assuring Quality in Blood Transfusion
Royal College of General Practitioners
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The Review

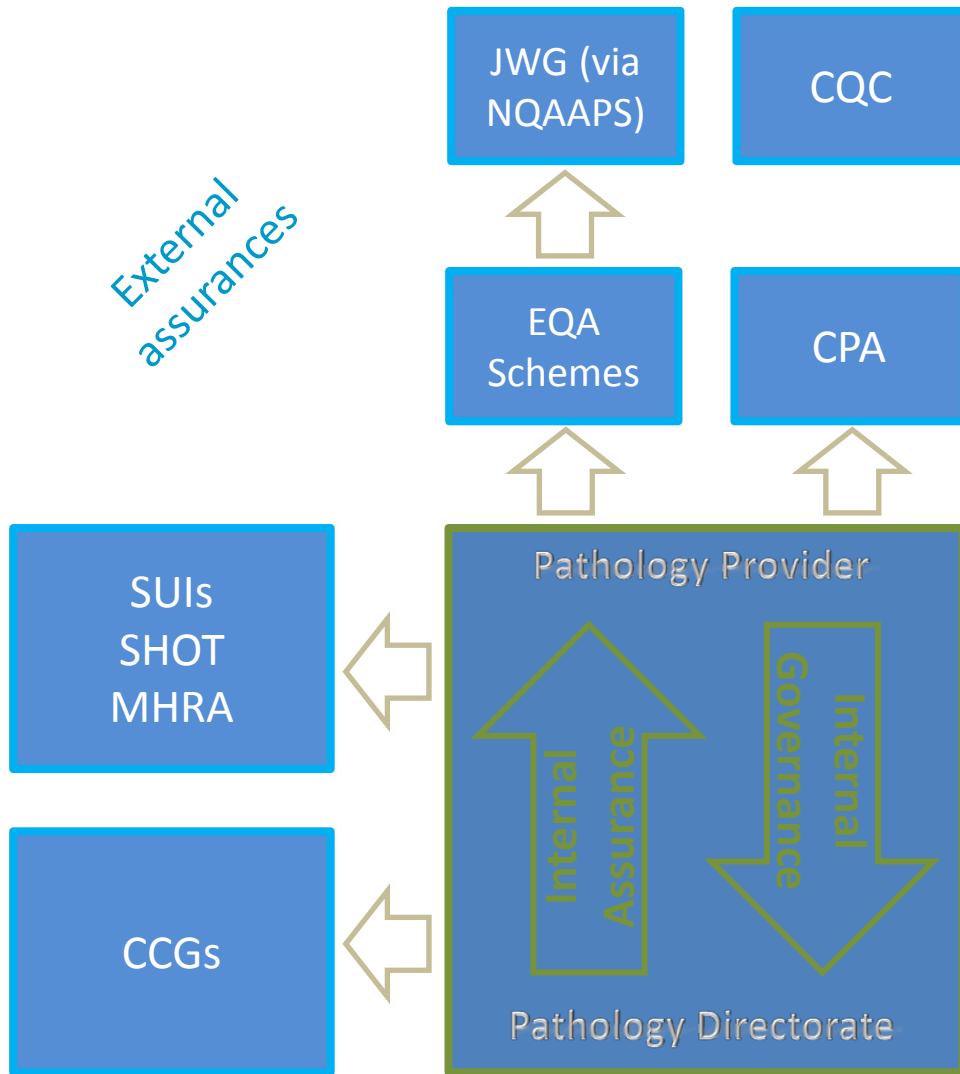
- Launched January 28th, 2014.
(england.pathQAreview@nhs.net)
- A range of recommendations covering the overall quality assurance framework.
- Well received by pathology professions and organisations involved in quality assurance.
- Implementation of recommendations progressing.

End to End Quality



The Patient

‘There must be public trust in the accuracy and integrity of medical laboratory testing. It is always patients who pay the ultimate price for misdiagnosis of specimens and errors in laboratory testing ‘



- Transparency?
 - Integration?
 - Verification?
 - Oversight?
 - Sanctions?

Current QA system

Recommendations

- Training and development for quality
- External quality assurance
- Governance and error reporting
- Informatics
- Accreditation
- Commissioning
- Oversight

External Quality Assurance

- Membership, role and function of the JWGQA should be revised and expanded.
- Consistent standards and performance criteria for all schemes should be set.
- Define and report consistent poor performance to the Chief Inspector of Hospitals.

Individual Performance

Consideration must be given to the way in which individual performance can be assessed, monitored and competence-assured.

Professional bodies should develop methodologies

All senior clinical staff should be registered with an EQA individual assessment scheme

Accreditation

The accreditation of pathology services must be updated showing clearly which laboratories are meeting minimum requirements and which are excelling to provide first-rate service quality.

UKAS has agreed to :

Undertake additional unannounced spot checks.

To work with JWGQA to reduce variation of EQA schemes and with EQA providers to agree publication of attributable data.

To work with RCPATH, IBMS and ACB to pilot assessment of joint KAls.

Governance

The quality and governance systems of pathology providers must be integrated with hospital governance and quality structures.

The Chief Inspector of Hospitals has indicated that robust information on the quality of pathology could contribute to the overall assessment of hospital quality under the new hospital inspection model.

Pathology services should publish regular quality performance reports to their host organisation, commissioners and other interested parties.

Oversight

A high level, system-wide Oversight Group should be created with responsibility for steering the improvements in quality assurance frameworks and governance mechanisms outlined in the report.

The Oversight Group should develop a Pathology Quality Assurance Dashboard which draws transparent and meaningful information from existing data sources to provide a national picture of quality improvement across England.

Review Progress

- NHS England supporting recommendations, oversight group established
- Professional bodies embracing and driving implementation
- Key groups/organisations in QA are engaged eg UKAS, JWG, MHRA
- Some pathology directorates are adopting governance recommendations

Expected Outcomes

CQC and UKAS will have access to an enhanced set of KAls to assess and assure pathology services.

Provider CEOs will have greater assurance of their pathology departments.

Commissioners will be in a better position to monitor and managed contracts.

Patients, the public and clinicians will have open and transparent details of how pathology services are quality assured.

Expected Outcomes

A culture of continuous service improvement will be embedded in pathology organisations.

Pathology will be in a better position to support patients and clinicians.

The IVD industry will be better able to ensure its technologies and materials are suitable for clinical application.

What should the Review do for the patient ?

- Access to transparent performance data, assurance of quality, informed choice , trust.
- Enhanced patient experience by improved pathology services.
- Predictable, standardised service quality.
- Integrated diagnostic processes within clinical pathways.
- Improved outcomes by better use of pathology testing and specialist advice and knowledge

What does the Review mean for you ?

- All staff have a responsibility for quality.
- Every sample represents a patient and you are an essential part of clinical care.
- You should be fully engaged in contributing to CQI, your views and ideas are an essential part of the process.
- The Review emphasises the need for data to help you to assess and assure quality, to identify development needs, and to properly implement improvement processes.

Pathology - a testing service or a clinical service ?

- Pathology has an impact on clinical quality.
- Pathology is a knowledge service not a testing service.
- Pathology must be embedded in clinical care.
- The effectiveness of services across the whole patient pathway should be assessed (ISO 15189, KIMMS , Atlas of Variation).
- The value of pathology is ignored or not understood.
- Pathology should be outward focusing, part of multidisciplinary clinical teams.
- Pathology should be advising on diagnosis, treatment and patient care.

Quality - meeting clinical expectations

- Clinical contracts require quality specification.
- How does your hospital perform (eg cancer pathway, acute admissions, cardiac pathway, discharge delays, bed occupancy) compared with targets and other hospitals ?
- Is pathology a factor, for good or bad – how do you know ?
- What are clinical and financial implications ?
- How do you engage with clinicians ?

Failing the quality challenge

- Transparent reporting of continuous poor performance to external quality assurance schemes, UKAS , CQC and CCGs could lead to :
- Unannounced accreditation visits
- Withdrawal of accreditation status
- Reports to CQC
- Impact on Trust CQC registration status
- Reports to commissioners
- Impact on commissioning contracts

What is required in pathology ?

- Changing culture and mindset
- Professionalism
- Competency
- Engagement of all staff
- Multidisciplinary teams inside and outside the lab
- Continuous quality improvement (CQI)
- Innovation
- Performance indicators and quality data

Five Year Forward View (1)

October 2014

Unless we reshape care delivery, harness technology, and drive down variations in quality and safety, then patients' changing needs will go unmet, people will be harmed....and unacceptable variations in outcomes will persist.

(See Atlas of Variation)

Five Year Forward View (2)

October 2014

...Requires comprehensive transparency of performance data....and we will measure and publish meaningful and comparable measurements of care..

The NHS will increasingly need to dissolve traditional boundaries between primary care, community services and hospitals...Increasingly we will need to manage systems – networks of care – not organisations.