



The Royal College of **Pathologists**

Pathology: the science behind the cure

**Response from the Royal College of Pathologists to
the Consultation on Services Fit for the Future, a
White Paper relating to quality and governance in
health and care in Wales**

The Royal College of Pathologists' written submission

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1 About the Royal College of Pathologists

1.1 The Royal College of Pathologists (RCPATH) is a professional membership organisation with charitable status. It is committed to setting and maintaining professional standards and to promoting excellence in the teaching and practice of pathology. Pathology is the science at the heart of modern medicine and is involved in 70 per cent of all diagnoses made within the National Health Service. The College aims to advance the science and practice of pathology, to provide public education, to promote research in pathology and to disseminate the results. We have over 10,000 members across 19 specialties working in hospital laboratories, universities and industry worldwide to diagnose, treat and prevent illness.

1.2 The Royal College of Pathologists response reflects comments made by Fellows and members of the College Wales Regional Council during the consultation, which ran from 5th July 2017 until the 26th September 2017 and collated by Dr Esther Youd, Chair of the Wales Regional Council.

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2.1 The Royal College of Pathologists welcomes the proposals set out in the consultation. The review of board governance is welcomed, especially in the context of recent issues in Betsi Cadwaladr UHB. However, whilst board leadership is clearly important, the additional benefit of having a vice chair is not clear from this document.

2.2 We think it makes sense to update the duty of quality to reflect the current organisation arrangements. We would welcome the focus on partnership working and cross boundary working. Pathology services in Wales already work across Health Board boundaries in many areas to provide high quality pathology services for the population making best use of resources, eg. in screening services or specialist services such as genetics, and there is more potential in other services which are currently hampered by cross boundary politics.

2.3 Regarding the duty of candour, support this proposal, bringing Wales in line with England and Scotland.

2.4 Whilst we support the move to have joint investigations across health and social care it should be recognised that there will be significant challenges in achieving this. The way that health and social service will need to work together will need to be well resourced and realistic about the time taken to respond. Whilst a commitment to a quick response (currently 30 days in health) is clearly good for the complainant, the reality of healthcare means that this is impractical in many cases, and the additional complexity of cross sector investigation will inevitably require appropriate time to address concerns and learn from errors.

2.5 Regarding the proposed changes to how service change is decided upon, we support the principle that Health Boards should be able to make service change decisions, taking into account independent views including clinical where necessary. Welsh Government must remain open to decision making, informed by independent clinical advice. The Royal College of Pathologists' "RCPATH Consulting" offers such independent advice.

2.6 However, the definition of what is meant by "substantial" needs to be made clear and not left to individual interpretation. The mechanism for service change where it is being considered across Health Board boundaries also needs to be clear (it is not in this paper). For example, in pathology services there have been past and present projects proposing significant service changes across Wales. As these services are often not patient facing the level of scrutiny tends to be lower. In addition, in the absence of a single national accountability, progress tends to be slow, limiting innovation and service development. Welsh Government should be clear on where it draws the line between service level autonomy vs. the proposed directed role envisaged in this paper.