



Consultation Response from the Royal College of Pathologists

A Cancer Strategy for Northern Ireland 2021-2031

11 October 2021

Background

Pathologists are at the heart of cancer screening, diagnosis, treatment and monitoring. Pathology is the service that handles the cells and tissues removed from suspicious 'lumps and bumps', identifies the nature of the abnormality and, if malignant, provides evidence to the clinician on the type of cancer, its grade and, for some cancers, its responsiveness to certain treatments.

The College hosts regional councils, comprising specialty members, for the devolved nations. These councils provide professional leadership in their country and contribute at a national level to the maintenance and development of pathology services and the quality of care that patients receive.

Pathology specialties involved in cancer diagnostics

- Histopathology is the diagnosis and study of diseases of tissue and involves examining tissue and/or cells under a microscope. Histopathologists are responsible for making tissue diagnoses and helping clinicians manage a patient's care. Histopathologists have key responsibilities for cancer screening, at the moment for breast, bowel and cervical cancer, with other programmes expected in the near future.
- Haematologists are doctors who are experts in blood, including cells already circulating in the blood and those being made in the cell factories of the bone marrow. Haematologists study blood disorders, including blood cancers and diagnose and treat these cancers.
- Blood transfusion is an important responsibility of haematologists. Some have expertise in blood and marrow stem cell transplantation to treat a range of life-threatening malignant and non-malignant disorders.

- Cytopathology is the study of cells in body fluids, smears and tissue samples, for example the study of cervical smears for the detection of changes in the cervix that could lead to cancer.
- Clinical biochemists play a key role in diagnosing patients with a wide variety of illnesses – from high cholesterol to rare genetic diseases and bowel cancer.

Strategic priorities

1 Do you agree that the strategy has identified the correct strategic priorities?

Do you have any further comments?

These are promising priorities and a good start towards tackling the current backlog. The regional pathology modernisation is progressing at pace and combined with the digital pathology roll-out will certainly improve throughput.

Following disruption caused by COVID-19, the College has serious concerns over the backlog of non-COVID-19 illness and the related surge of demand for pathology services, particularly for cancer diagnosis and treatment both tissue and blood cancers.

Theme 1: Prevention

2 Do you agree that these recommendations will reduce the number of preventable cancers in NI?

Do you have any further comments?

The College welcomes the focus on screening in the strategy.

Every blood test, biopsy sample, cancer screening test or search for infection will involve a pathology team. Some screening tests such as the heel prick test are only offered to newborn babies, while others such as breast screening and abdominal aortic aneurysm screening are only offered to adults. The heel prick test carried out on newborn babies allows blood to be tested for diseases such as sickle cell anaemia and cystic fibrosis, as well as various inherited metabolic diseases.

Early in 2019, the College hosted a working conference to contribute to Professor Sir Mike Richards' review of national cancer screening programmes in England. The review examined breast, bowel and cervical screening programmes. The event brought together doctors, nurses, policy experts, representatives from public health, the charity sector and patient groups.

Many of the concerns raised on screening can be applied to Northern Ireland. Feedback from the participants raised a number of issues about the screening programmes. In particular, the problems caused by the age and complexity of IT systems in use; a highly committed workforce faced with increasing demand and a lack of robust workforce planning; the need to make screening more convenient and acceptable to those being screened; and the complex and multi-layered arrangements for accountability and governance, which can mean that when incidents do occur, it is not always obvious which organisation should take the lead on investigating.



Screening programmes are key to detecting cancer early. The sooner a diagnosis is made the easier the cancer is to treat, and pathologists are critical to the diagnosis of cancer.

We welcome the drive to increase the uptake of screening, but without the right IT support and investment in workforce, pathologists will not be able to continue to keep pace with increasing demand. Ensuring that we can deliver a world class screening programme depends on having the right number of pathology staff with the right expertise in the right places.

Improving public health and ending health inequalities

Health screening programmes are vital to finding out if people are at higher risk of a health problem, so that early treatment can be offered, or information given to help them make informed decisions.

Equal access to screening must be prioritised. Our members tell us that there is a need to reduce inequalities, especially in lower socio-economic status groups or high-risk groups, e.g., homeless women. There are transport issues, issues of poverty and larger older populations face particular problems in rural areas. Communication should be in easy-to-understand language with simple explanations of what is involved. This would help demystify the procedures.

Theme 2: Diagnosis and Treatment

3 Do you agree that these recommendations will improve outcomes for people living with cancer?

Greater investment is needed in the following areas:

- Capital funding is essential, and it should be focused on modernisation and optimisation of services in Northern Ireland. For example, the pathology modernisation alongside molecular pathology digital imaging for pathology is under-resourced and is behind the rest of the UK.
- We welcome the progress so far to replace the existing Laboratory Information Management Systems (LIMS). This is a really important step in the transformation of pathology services in Northern Ireland. The IT system will bring numerous patient benefits and improve pathology services for patients in Northern Ireland e.g., by making patients' test results more accessible and improving access to expert advice and opinion on diagnoses.
- The College calls for increased investment in pathology services, particularly in the recruitment and training of pathologists and scientists and clinical and biomedical scientists.
- A key enabler noted in the document is related to increasing access to diagnostics closer to the patient, including the use of phlebotomy hubs. Such hubs must have appropriate governance and management by laboratory services, with relevant consultant (clinical scientist or medical pathologist) oversight. Training for phlebotomists and the setup of transport services are also key to the success of such phlebotomy services, and these must be managed by clinical labs and the professionals who have the appropriate training and expertise. The use of some point of care tests (POCT) may also be relevant at particular



hubs and should be considered. However, this will require further investment in pathology staffing as noted above.

- Access to phlebotomy hubs for primary care patients will also have a positive impact on current primary care challenges. This should include an extended working day or out-of-hour service. There have been recent challenges around the lack of clinical access to transfer some urgent or critical lab results that are released from the lab teams running a 24/7 service. GP OOH are unwilling to handle such calls and many patients are simply referred to ED for a 'check' which often shows no immediate treatment is necessary. If such repeat sample 'checks' were managed in the community away from over-stretched EDs by the relevant laboratory consultants (FRCPATH clinical scientist or medical pathologist) who are often involved in such calls, then this would have a positive impact on patient experience. Such services could also be accessed by cancer patients receiving treatment who require an urgent follow-up blood test check – and avoid the need to re-attend clinic within the hospital).
- The College recommends more investment in laboratory staff in Northern Ireland, who are under-resourced and under-valued, to enable more effective diagnosis and monitoring. Too much funding is wasted by inappropriate testing or send-away testing due to geographic restraints.

Consideration should be given to review the possibility of expanding the clinical scientist role as part of the staff skill mix review. The recent proposals around legislation changes to allow other staff such as clinical scientists and other healthcare professionals to be able to supply and administer medicines (which could include some basic chemotherapy drugs) to particular patient groups using patient group directions could be explored to alleviate the pressures on medical teams.

- The College has concerns about Scientist Training Programme (STP) posts in Northern Ireland. Several Trusts have indicated that they will not take on any future STP posts unless there is a consultant post available for them in the future. The lack of funding for higher specialist training posts is a substantial barrier that is being addressed currently with the Department of Health. It is essential that funding for higher specialist posts is supported to bridge the gap until consultant posts are vacated.
- There are no specialist paediatric histopathology services in Northern Ireland which means that post-mortem examinations on infants are carried out in England.

Do you have any further comments?

Digital pathology

One area the College is keen to develop as a profession is to harness technology to achieve the best possible outcomes for the workforce and patients. Digital pathology has the potential to improve patient care and support the pathology workforce by making the diagnosis and monitoring of disease much more efficient. However, in order to transform pathology services and support patient care and safety, we need investment in IT infrastructure, staffing and training.

Digital pathology also facilitates remote working in several ways which are useful during the pandemic and going forward will help with staffing issues - home reporting, avoiding the need to be physically in the same space as a colleague giving a second opinion, and facilitating trainee pathologists in learning.



Any investment should also build on the initial investment of the NHS to develop centres of excellence in digital pathology nationally. These centres can help with any further expansion of the technology across the NHS, by sharing knowledge and standards. It is the view of the College that digital pathology should be centrally funded and rolled out nationally in a similar way to digital radiology.

Theme 3: Supporting People

4 Do you agree that these recommendations will deliver person centred care?

Do you have any further comments?

We welcome the long-term vision for Precision Cancer Medicine in NI for all cancer patients to have access to high quality, comprehensive and timely molecular characterisation of their tumour to inform therapeutic and clinical management. However, NI lags behind other regions of the UK in developing this service.

We feel that, in precision medicine, an opportunity is being missed. Northern Ireland has an international reputation as having both clinical, academic and industrial expertise in personalised medicine and there is no mention of utilising this in the strategy. This is definitely a new area that will impact on patient outcomes.

Genomic medicine has the potential to transform lives by:

- enabling a quicker diagnosis for patients with a rare disease
- matching people to the most effective medications and interventions, reducing the likelihood of an adverse drug reaction
- increasing the number of people surviving cancer each year because of more accurate and early diagnosis and more effective use of therapies

College view on Genomics

- Genomic medicine provides an incredible opportunity for faster, accurate diagnosis and tailored treatment for people with cancer, and with inherited diseases, and is key to improving patient care.
- Pathology is vital to the success of genomic testing. However, there must be equity of access to tests and treatment and genomic services will require significant investment and enough staff equipped with knowledge and laboratories with equipment to meet this.
- The College is concerned that there is no planned resource provision for the significantly increased workload that the Genomic Medicine Service will create for pathology, which will grow over time. Without this being addressed there will be issues in providing the quality and level of service.

Workforce pressures



- Workforce pressures are being compounded by the pandemic. There have been reductions in patients seeking help for their symptoms, including a huge decline in referrals from primary care and substantial delays in diagnosis due to cessation of diagnostic services.
- The coronavirus crisis has highlighted pre-existing problems facing rural trusts in N Ireland. Our members tell us that this means patients wait longer for a diagnosis in rural areas. It can be hard to recruit and retain doctors and nurses who are willing to work in smaller hospitals, which means trusts rely more heavily on agency staff to fill gaps in rotas. This has a knock-on effect on patient care with patients travelling long distances.
- Many district general hospitals have been unable to fill microbiology posts over recent years, and workforce pressures are keenly felt. This is important as these members work on infection control. Throughout the COVID-19 pandemic our microbiology, virology and infection control team members have continued to support patients, the public and College members during the spread of COVID-19. This will not be the last pandemic - capacity will always be needed for major incidents and disease outbreaks.

Theme 4: Implementation

5 Do you agree that these recommendations will enable delivery of the 10-year strategy?

Do you have any further comments?

- Workforce intelligence and planning is vital to ensure the current and future laboratory workforce is matched to the needs of our healthcare systems. Existing systems and investment need significant re-focus so as to repair existing and avoid future staffing gaps.
- The College calls for increased investment in remote and rural services, including enabling and funding the use of shared oversight by the larger health boards. More flexible approaches to recruitment, including enhanced rates of pay, need to be considered in order to be able to compete in a UK/international market.
- Since the launch of our histopathology workforce report, [Meeting Pathology Demand](#), a pay premium has been introduced for new histopathology trainees in England. We are now calling for the recruitment and retention premium to be extended to all, including specialist histopathology trainees in areas in Wales, Scotland, and Northern Ireland.
- There is an urgent need to invest in recruitment of pathology staff, especially in the more rural parts of Northern Ireland, to alleviate delays in diagnosis. Financial incentives should be offered to trainees who commit to working in 'hard to recruit' areas, many of which are rural.
- The roll-out of digital pathology would benefit patients in rural areas such in Northern Ireland by enabling the rapid referral of cases between organisations or across pathology networks, enhancing access to expert advice and opinion on diagnoses.
- The COVID-19 crisis has highlighted pre-existing problems facing rural areas in Northern Ireland. Our members tell us that this means patients wait longer for a diagnosis in these areas. It can be hard to recruit and retain doctors and nurses who are willing to work in



smaller hospitals, which means health boards rely more heavily on agency staff to fill gaps in rotas. This has a knock-on effect on patient care, with patients travelling long distances.

- There is reference to an extension of oncology services to a 7-day service across all Trusts. This will undoubtedly involve more lab sample testing at weekends and outside the core working hours. It is essential that the relevant laboratory leads are included in any conversations and plans to expand front-end services. Laboratories typically operate a reduced staff and testing repertoire and an on-call service at weekends and evenings/overnight. Any change that will lead to an increase in samples and workload during these times could have a knock-on negative effect on the current urgent sample workflows from EDs and critical wards that are handled 24/7. There needs to be adequate laboratory investment and support and dialogue with the relevant teams to ensure a safe and efficient 7-day oncology service.

Contact details

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About the Royal College of Pathologists

The Royal College of Pathologists is a professional membership organisation with more than 11,000 fellows, affiliates and trainees, of which 23% are based outside of the UK. We are committed to setting and maintaining professional standards and promoting 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, including cellular pathology, haematology, clinical biochemistry, medical microbiology and veterinary pathology.

The College works with pathologists at every stage of their career. We set curricula, organise training and run exams, publish clinical guidelines and best practice recommendations and provide continuing professional development. We engage a wide range of stakeholders to improve awareness and understanding of pathology and the vital role it plays in everybody's healthcare. Working with members, we run programmes to inspire the next generation to study science and join the profession.

