

BIVDA Briefing on NICE's Diagnostic Pathology Impact Report

Background

NICE has published an impact report into diagnostic pathology services as it seeks to examine the progress being made in this area and identify improvements which still need to be effectuated. The report is based on available uptake data and addresses 5 NICE-recommended pathology diagnostics. These include two diagnostics that were originally identified by the Accelerated Access Collaborative (AAC) as rapid uptake products; high-sensitivity troponin tests and placental growth factor (PIGF)-based tests for suspected pre-eclampsia. Other NICE-recommended tests described in the report for which uptake data was not available include natriuretic peptide testing for heart failure, faecal calprotectin tests for inflammatory bowel diseases and follicle-stimulating hormone (FSH) tests for diagnosing menopause.

NICE highlights that 1.2 billion pathology tests are estimated to be carried out each year in England and around 95% of clinical pathways rely on access to pathology services. Pathology encompasses 17 specialties and impacts on all areas of healthcare. In particular, diagnostic pathology plays a key role in the prevention and early detection of cancer. Early cancer detection is an important focus in healthcare at present, with Cancer Research UK (CRUK) having released its Early Detection and Diagnosis of Cancer Roadmap. According to CRUK, only 55% of cancers are currently detected early in England, for example.

Current NICE actions

NICE works to identify and support the adoption of new diagnostics through its diagnostics assessment programme and has a dedicated adoption team that supports the uptake of new technologies recommended by NICE. They create an adoption report for all diagnostics guidance in development to understand the current context in clinical practice. The NICE team engage with clinical teams, commissioners, patient groups and industry to gather real-world experiences from health organisations and to identify adoption barriers and solutions.

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England by developing 29 pathology network hubs in 2017. These shared the goal of reducing unwarranted variation and costs. The NHS Long Term Plan supported their establishment and these networks are now in place across the country. The NHS Improvement's Pathology Networking in England: State of the Nation Report states that 97% of all trusts have made progress towards networking their pathology services.

Recommendations

- Among the recommendations in the report, consultation with external stakeholders has identified a gap in uptake of appropriate use of N-terminal pro-B-type natriuretic peptide (NT-proBNP) testing when diagnosing heart failure. The report goes on to state that the diagnostic pathology evaluation system could be changed to make pathways consistent across providers, and to improve data collection to identify gaps in the uptake of tests, enabling focussed adoption efforts.

- Improvement of pathology data is an important issue tackled in the report. Crucially, there is no single national data collection for pathology services. This will be addressed by the work of the new pathology quality assurance dashboard (PQAD). The dashboard will report on pathology services month by month to help understand how services are performing and drive improvement. NHS England and NHS Improvement will collect this data quarterly for benchmarking.
- In addition to the PQAD, the 'Getting It Right First Time (GIRFT) programme is developing a pathology specialty report utilising clinical data, visits, current best practice and clinical experience of providing pathology services. A set of recommendations and actions to help improve pathology services have been produced through the gathering of emerging themes by GIRFT pathology clinical leads. One of the recommendations in the GIRFT pathology report is likely to be for a pathology data repository. The NHS England Diagnostics: Recovery and Renewal Report also calls for standardised data collection across all diagnostics.

Insights from Dr Michael Osborn, president of the Royal College of Pathologists and shared learning examples feature in the publication. Dr Osborn writes that "Pathology-related guidance produced by NICE is helping address this backlog by signposting ways in which specialist services can be maintained while reducing the risks from COVID-19". On the issue of data availability, he comments: "Accurate data is vital to this process and the pathology quality assurance dashboard (PQAD) will help to provide this. However, to achieve the best results the system must encompass the whole of healthcare...and there needs to be easy secure transferability of data across the NHS for treatment and research purposes".

Moving forward, NICE will work with GIRFT to address joint actions from their pathology workstream and other stakeholders such as ourselves, (BIVDA), the Association for Clinical Biochemistry and Laboratory Medicine (ACB) and British Society for Heart Failure. NICE will continue to work alongside NHS England, NHS Improvement to support pathology priorities in the NHS Long Term Plan.